

Developmental Disabilities Advisory Committee

Meeting Minutes

December 11, 2024

I. Call to order:

Lorie Regier called to order the regular meetings of the DD Advisory Committee at 9:54 am on Wednesday, December 11, 2024, at DHHS, Conference Room P, 5220 South 16th St, Lincoln, NE.

II. Roll call:

The following persons were present:

Advisory Members Present: Dorothy Ackland, Mike Browne, Linda Clemens, Dianne DeLair, Jennifer Hansen, Kristen Larsen, Cathy Marinez, Cris Petersen, Lorie Regier, Joe Valenti, Angie Willey, Suzanne (Suzie) Wahlgren, Mark Shriver (Arrived at 11:15 AM)

Advisory Members Absent: Cristina Evans, Jennifer Miller, Lisa Pruitt, Debbie Salomon

DHHS Staff: Tony Green, Jenn Clark, Kristen Smith, Colin Large, Rebecca Overman, Paul Edwards

III. Approval of Agenda:

- Motion made by Joe Valenti to approve the agenda as presented, seconded by Cris Petersen. Motion carried following roll call vote of all members present:
 - All in Favor: Dorothy Ackland, Mike Browne, Dianne DeLair, Jennifer Hansen, Kristen Larsen, Cathy Marinez, Cris Petersen, Joe Valenti, Angie Willey, Suzanne (Suzie) Wahlgren
 - All Opposed: None
 - Abstain from voting: Linda Clemens
 - Not Present: Mark Shriver

IV. Approval of Meeting Minutes:

- Motion made by Chris to approve the minutes as presented. Motion seconded by Angie. Motion carried following roll call vote of all members present.
 - All in Favor: Dorothy Ackland, Mike Browne, Dianne DeLair, Jennifer Hansen, Kristen Larsen, Cathy Marinez, Cris Petersen, Joe Valenti, Angie Willey, Suzanne (Suzie) Wahlgren
 - All Opposed: None
 - Abstain from voting: Linda Clemens
 - Not Present: Mark Shriver

V. Elimination of the Waitlist Update – Kristen Smith:

- Waitlist offers as of the end of November 2024
 - 175 offers made in November. These offers for adults on the waitlist for the Developmental Disability Adult Day (DDAD) Waiver.
 - 1350 total offers made to-date since ending waitlist announced.

- Around 1200 offers were for children, ages 0-21, for the Family Support Waiver (FSW).
- 250 offers will be going out in December.
- Provider Capacity
 - We continue to have more agencies enrolling.
 - Consider narrowing down the referral process.
 - What you are hearing about and why families are choosing more Independent Providers:
 - *Example shared:* They want Uncle to be the respite provider, SC discouraging people on the AD waiver choosing an Independent Provider. *Division response:* The SC should not be discouraging that, however, they do need to make sure that the families understand the pros and cons of their choices so they can make appropriate decisions. When a family chooses an Independent Provider, most times, the family has to handle life issues on their own. Such as, the provider is sick, who will cover?
 - Do you have a list of Independent Providers?
 - Division is currently working through some of the data and reporting requirements to post a Independent Provider Directory.
- Other Comments re: Waitlist Elimination
 - Website: Cris Petersen
 - We talked about when people are new to the website. People don't how to navigate it. Consider doing an instructional video to give instructions and navigate them through the process. Make it more user friendly and having pop up videos. Response: The department has made videos for DD waivers, and they have all been posted. **FOLLOW UP:** The division would request the committee review and provide feedback on the DD Eligibility videos created/posted on the website. Videos about the DD Eligibility Process can be found on the Eligibility for Medicaid HCBS Waiver Services webpage: <https://dhhs.ne.gov/Pages/DD-Eligibility.aspx>
 - State Review Team (SRT) Comment to Division: Thank you for working on the SRT. Want to say thank you for all the work you have done. It feels like you guys are listening and working to improve systems.

VI. Legally Responsible Individual (LRI):

- The division has continued to explore allowing Legally Responsible Individuals (LRI) to be paid caregivers. The division has been meeting a smaller group over the past several months. This update is from the discussions with the smaller group:
 - LRI as paid caregivers is to be a standalone service for personal care, no companionship, would include behavioral or medical support if needed to secure safety.
 - LRI is defined as a parent of a minor child or the spouse of a participant. LRI Personal Care cannot be provided for the ordinary person care. It is for the extraordinary care that is identified and needed per participant.
 - Most states have a tool to identify extraordinary needs. The Division has reviewed tools from other states and preferred Ohio's tool.
 - The proposed new service for LRIs would require the LRI to work for agency providers. An exception process is under consideration.

- There is a 40-hour cap on this service for a week. Driven by the assessment tool.
- Request from Committee: As this rolls out would the Division keep this committee updated with the number of participants that are taking part.
FOLLOW UP: The division to explore a new monthly report on the utilization of this service. This is to include things such as: How many are going through the exception process.

VII. Olmstead Plan Evaluation Report presented by Partners for Insightful Evaluations (PIE)

- HANDOUT: Nebraska Olmstead Plan Evaluation PowerPoint
 - Question asked to PIE: Was there any kind of remuneration for completing the evaluation. Response: There wasn't any incentive to complete it beyond just wanting to.
 - People who are most engaged with the Olmstead Plan and people who are most engaged in advocacy circles are most likely to fill this out. It's not necessarily a representative sample of all individuals in our waivers or even all individuals with disabilities in the state. It's very much reflective of the people who are most committed and involved.

VIII. Public Comment:

- **Edison McDonald, ARC of Nebraska:** We have two new tax credits this year that I think everybody needs to be talking about. 1) The caregiver tax credit that allows for up to \$2,000 per person per year to be reimbursed. And we've got on our social media Great new tool from the AARP to help determine your eligibility for that. 2) new employment tax credit that provides a tax credit for the agency providing the employment services for the employer and for the DSP to help encourage supported integrated deployment and focus here. We just published a senatorial dinner sign up for March 25th. But if you're going to go to our website, you can register for that.
- **Kristen Larsen, Nebraska DD Council:** DD Council is gearing up to develop the next 2027-2031 State Plan. NCDD has to begin this process up to 18 months before submitting it to our federal oversight agency, ACL, for approval. NCDD has established a contract with Dr. Kerry Miller from the MMI group to conduct the Needs Assessment to collect information this summer. Developing the Needs Assessment will be the focus when our planning committee begins looking at this in March. NCDD has been recruiting some non-council members to join the committee. Please feel free to let me know if you have any interest in serving on our Planning Committee. We have council members that serve on the Planning Committee, and NCDD is lugging in folks that are non-Council members. And keep in mind, when developing the next State Plan, that the DD Act requires-us to look at specific Areas of Emphasis beyond DD waiver services, such as education, health, transportation, and childcare. It can be a little overwhelming, and since we are a minimum allotment state, so we don't receive a lot of funding, so it's hard to tackle big issues like transportation because you can't address transportation gaps and barriers with the Council's half a million dollars limited budget, especially since our funds also cover staff costs.

- **Mark Shriver, Monroe Meyer Institute (MMI):** MMI has been heavily working on developing identifying outcomes for training. We have seven areas we've worked on with the Division (Paul, Tony, and Kristen). They are collecting information from other standardized training across the nation and what is currently trained within agencies in Nebraska. Currently working on the seven content areas we've identified. Plan to do a survey to gather more information in January 2025 of DSPs and providers and care recipients as well. Tentative plan to have implemented by January 2026.
- **Dorothy Ackland:** There was an incident that made the news out of Omaha with a participant who passed away. Dorothy expressed concerned that staff did not realize someone might refuse meds once but not understand the consequences and was worried about what that might mean for her. She wrote to Lawmakers, advocates, etc.

IX. InterRAI Assessment Update presented by Myers and Stauffer: Alisha Golec, Julie Kotchevar, Townsend Peters, & Alicia Jansen

- **HANDOUT:** interRAI Assessment Status Update by Myers and Stauffer PowerPoint
- **Validity:** Joe Valenti
If we feel the interRAI is matching up with the ICAP, that means the ICAP is valid correct?
Response: Julie responded that no, the ICAP is not valid any longer and is outdated. It is no longer a relevant measure. The pilot work using both tools is for a comparison and to ensure that the developed algorithms are accurate.
- **FOLLOW UP:** The Committee requested that initial results are shared at the next meeting. This will be dependent on pilot progress as it will end shortly before the meeting.

X. Next meeting date January vs. February:

- Next meeting is currently scheduled for January 8, 2025.
- Discussion followed regarding if holiday conflicts, upcoming session, time for work to be complete between December and January.
- Motion made by Joe Valenti to cancel the January 8, 2025 meeting and continue with the next hybrid meeting on February 12, 2025. Motion carried following roll call vote of all members present:
 - All in Favor: Dorothy Ackland, Mike Browne, Dianne DeLair, Jennifer Hansen, Kristen Larsen, Cathy Marinez, Cris Petersen, Joe Valenti, Angie Willey, Suzanne (Suzie) Wahlgren, Mark Schriver
 - All Opposed: None
 - Abstain from voting: Linda Clemens

XI. Adjournment: Committee meeting ended at 1:34 pm

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

**Nebraska DHHS DDD
Quality Team
Strategic Plan
2025**

December 2024

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DHHS Mission and Values

DHHS Mission

Helping people live better lives

Our Values

Constant Commitment to Excellence: Takes timely action regarding tasks or information; works to eliminate mistakes; looks for, and embraces, opportunities for organizational improvements; actively seeks to provide prompt, efficient, and courteous service; shows initiative.

High Personal Standard of Integrity: Avoids any impropriety, bias, or conflict of interest; follows through on commitments; is truthful; shows good judgment in decisions made.

Positive and Constructive Attitude and Actions: Maintains constructive communication with others; supports co-workers, customers, and clients; expresses appreciation for the efforts and work of others; is constructive and helpful.

Openness to New Learning: Open to new ideas and trying new ways of doing things; open to the idea that a given view or opinion is often made better by the input of others; open to the challenge of unfamiliar tasks and problems.

Dedication to the Success of Others: Aids in the growth and success of colleagues; treats all people with respect and dignity; views the success of the whole as a personal success; gives the assumption of good intent to others.

Participant Rights

DHHS-DDD holds participant rights in the highest regard and ensures the protection of all participants receiving services and support from the Division and/or its subcontracted entities. All participants have the same legal, human, and civil rights and freedoms guaranteed to all citizens.

Reflection: 2024 QUALITY INITIATIVES

Initiative	Expected Outcomes
Critical Incident Management Process	Provider preparation and attention to key action steps
	Decrease of emergency & safety incidents
	Improved participant health outcomes
Mortality Review	Provider preparation and attention to key action steps
	Decrease quality gaps among decedents
	Increase detection of deaths and screening for quality issues
Human & Legal Rights	Fewer human & legal rights restrictions
	Decreased psychotropic polypharmacy
National Core Indicators	Increased participant satisfaction with services
	Service plan goals that reflect the person's vision of a good life
	Increased participant choice in daily life

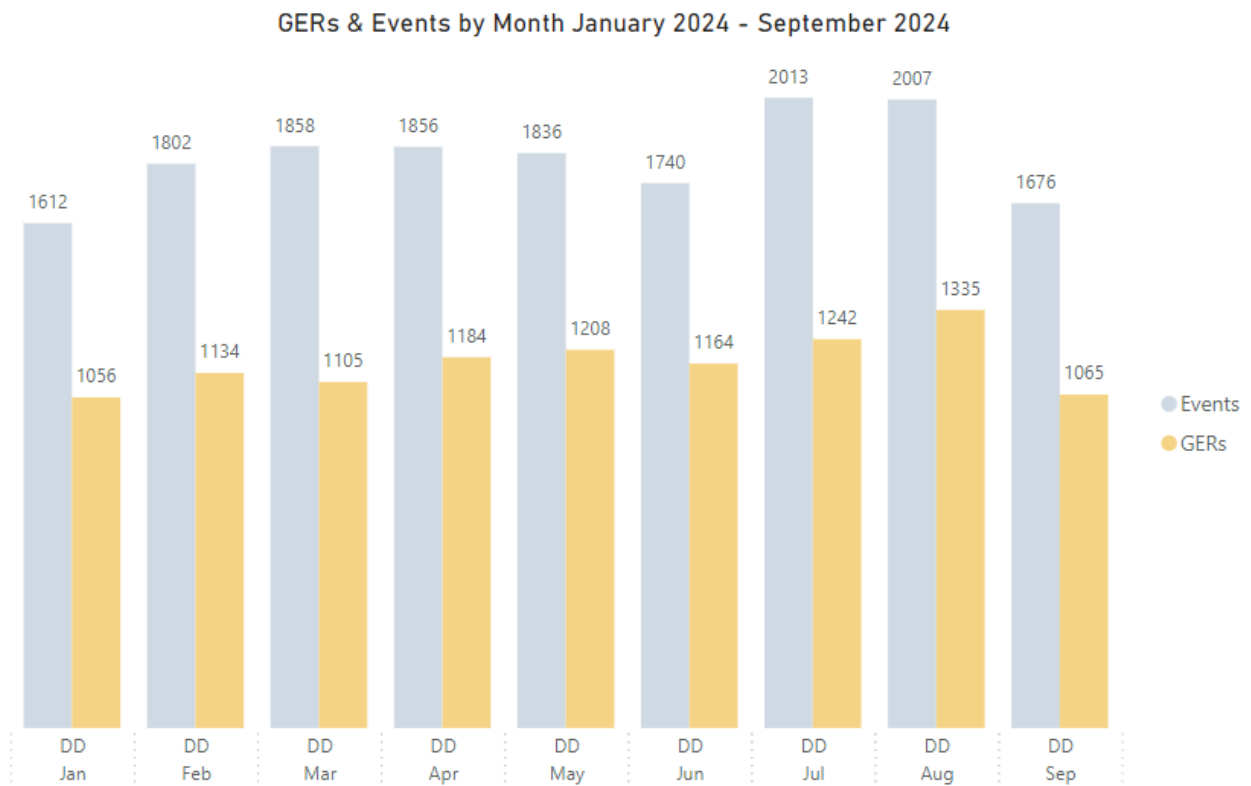
Critical Incident Management Process (CIMP)

Critical incident reviews are conducted for all Home and Community Based Services (HCBS) waivers across the state. They are conducted by monitoring the quality of the General Event Reports (GER), General Event Report Resolutions (GERR), and by doing in-depth Root Cause Analyses (RCA) for incidents that meet the necessary escalation criteria. This involves reviewing 100% of all GERs entered for the AD and TBI Waivers, and 100% of High-Level and 10% of Medium-Level GERs on the CDD and DDAD Waivers.

Through these reviews, Incident Review Specialists determine if the incident(s) meet the criteria to have a Root Cause Analysis. When an incident meets this criterion, an RCA is initiated, and a collaborative process with the participant’s Individual Support Planning (ISP) team is initiated to identify the root cause and develop a thorough plan to remediate and help prevent or lessen reoccurrence.

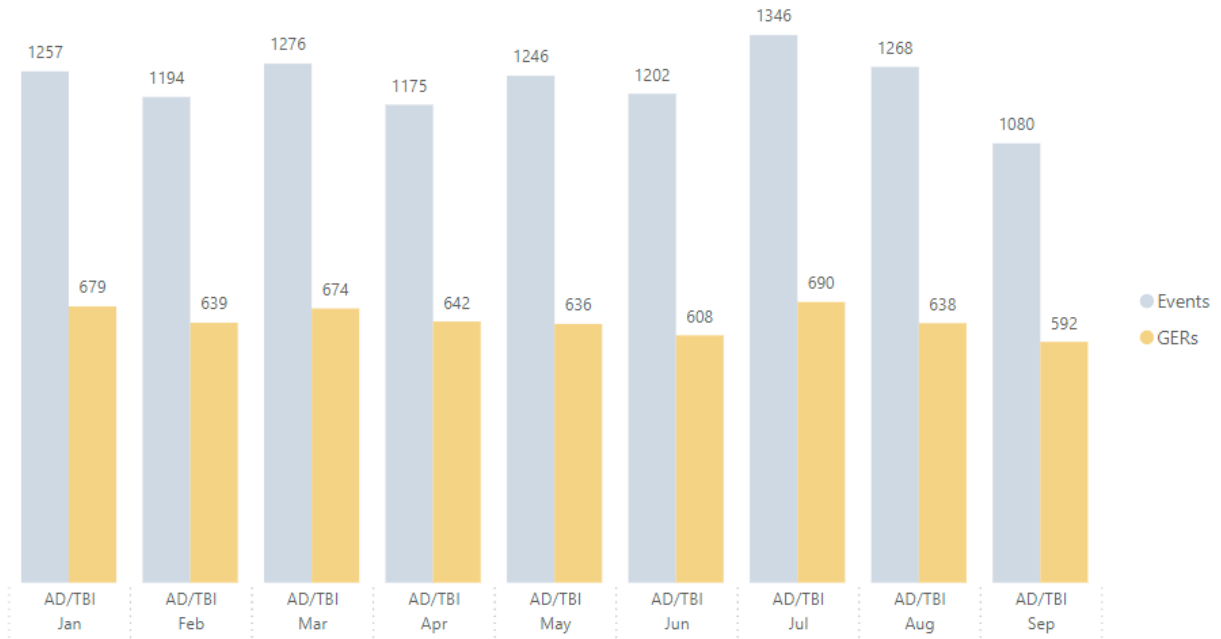
Number of incident review conduct per waiver per month for 2024

Comprehensive Developmental Disability (CDD) Waiver and Developmental Disability Adult Day (DDAD) Waiver



Aged and Disabled (AD) Waiver and Traumatic Brain Injury (TBI) Waiver

GERs & Events by Month January 2024 - September 2024



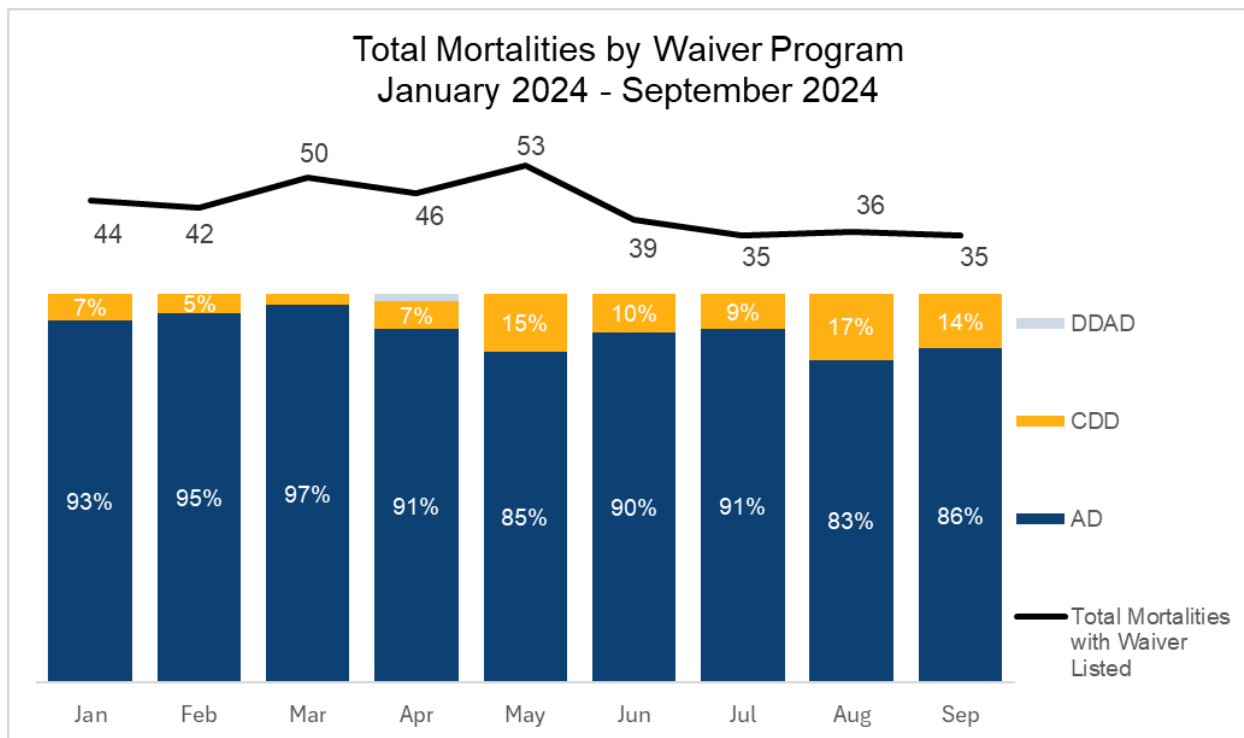
Outlook for 2025

Continue to develop and enhance the Critical Incident Management Process (CIMP) to review General Event Reports (GER) and complete Root Cause Analysis (RCA) activities to assist the provider or agency in preventing the recurrence of the incident while seeking to maintain the safety of involved participants.

Mortality Review Process

A mortality review is conducted on 100% of mortalities on Nebraska’s Home and Community-Based Services (HCBS) Waivers and at the Beatrice State Developmental Center (BSDC).

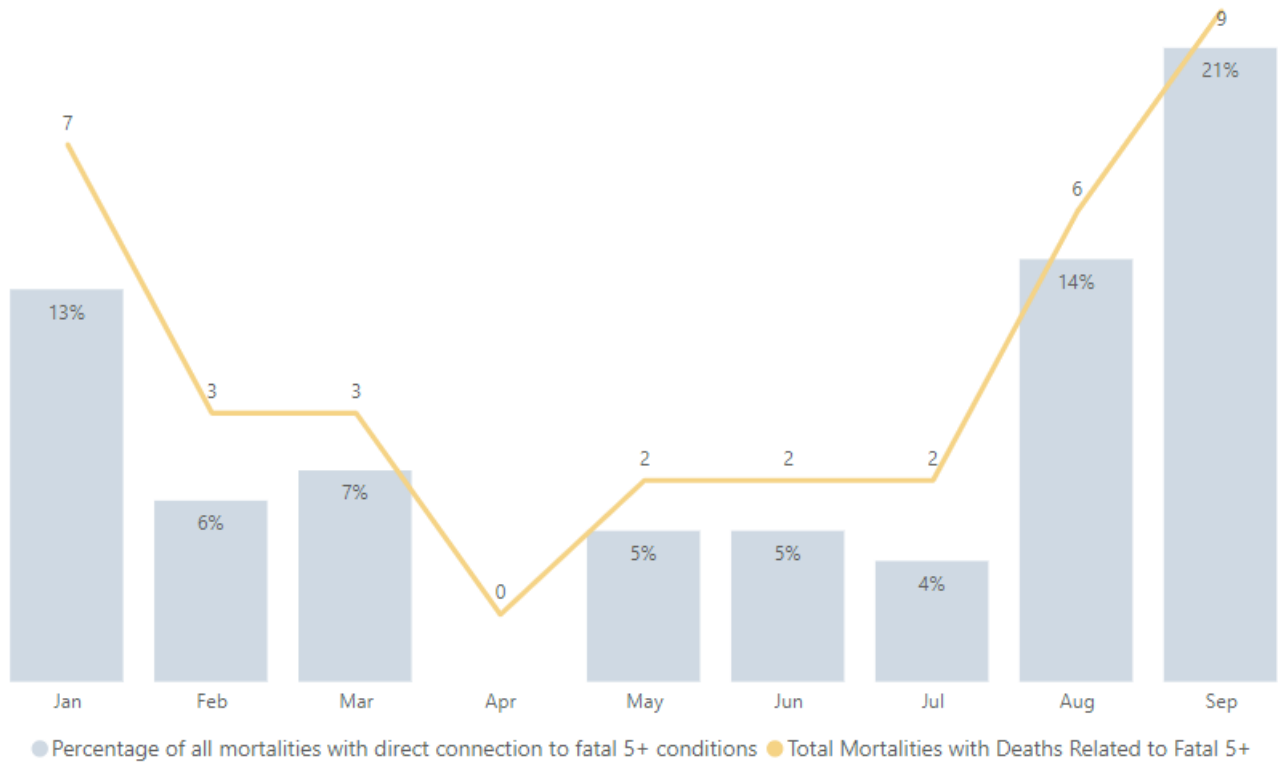
The Mortality Review Process includes triage, determining other participants at risk, initial mortality review, and comprehensive mortality review. All mortality cases are reviewed to identify factors that may have influenced the participant’s health leading to their death, and any information indicating the death was potentially preventable. Mortality cases are also reviewed to determine any concerns related to quality of care, level of service, delays in emergent care, or abuse, neglect, or exploitation (ANE).



A Mortality Review Committee (MRC) meets quarterly and identifies trends in mortality data, makes individual or systemic recommendations, and supports the implementation of recommendations leading to quality improvement initiatives at systemic and provider levels. MRC’s recommendations seek to improve the quality of care and prevent avoidable deaths.

Percentage of all Deaths Directly Related to Fatal 5+ Conditions

January 2024 - September 2024



Outlook for 2025

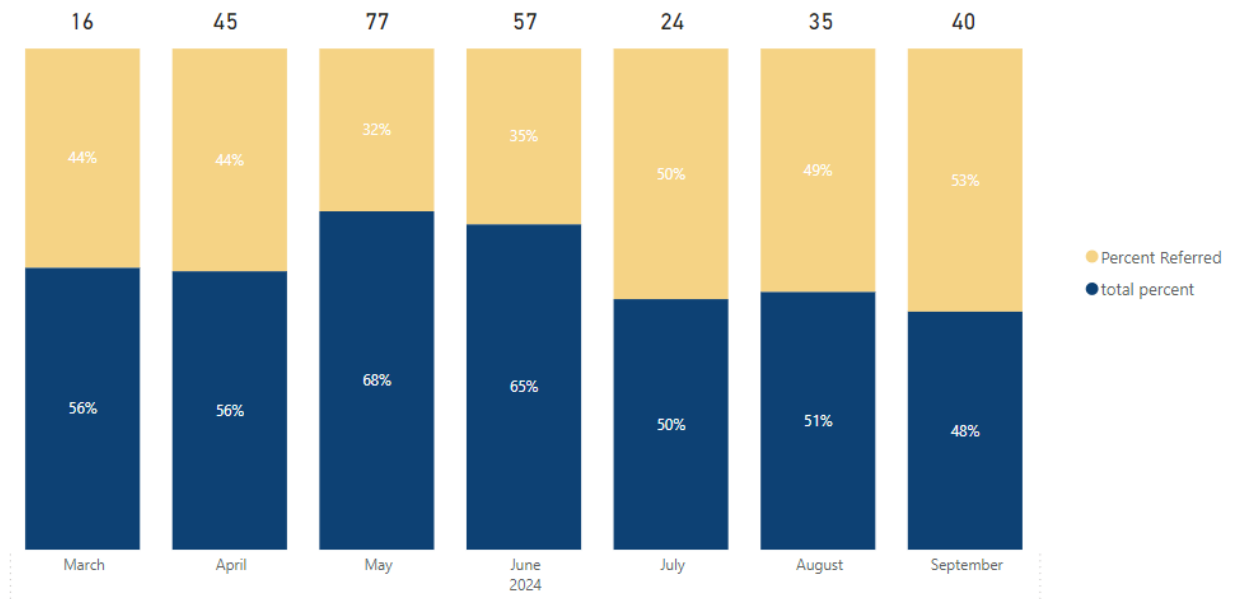
Continue the mortality review process and operation of the Mortality Review Committee once per quarter to address individual and systemic issues and analyze trends to generate recommendations to DDD for improving the quality of services.

Human and Legal Rights Review

Human and legal right reviews are conducted on a sample of Provider Human and Legal Rights Committee (HLRC) case note entries each month. Through these reviews, data is collected. Reviews help identify compliance concerns with the DDD rights restriction policies and regulations.

Case information is also reviewed for potential referral to the **Human and Legal Rights Advisory Committee (HLRAC) Based** on specific escalation criteria. Cases that meet the escalation criteria are triaged bi-weekly. The HLRAC meets quarterly and provides consultation regarding human and legal rights and restrictions imposed through approved person-centered plans. The HLRAC makes individual and systemic recommendations that support less restrictive interventions and improved outcomes for DD Waiver participants.

Percent of HLRAC Case Reviews Referred to DDD Quality for Compliance



Outlook for 2025

Continue to operate the Human and Legal Rights Advisory Committee (HLRAC) once per quarter to address individual and systemic recommendations to the division. Provide consultation regarding human and legal rights and restrictions imposed through approved person-centered plans and ensure people are exercising their full rights. Continue to refine the processes for key data capture points and provide education regarding rights restrictions and the HLRC processes to internal and external stakeholders.

National Core Indicators (NCI)

The Division contracts with Munroe-Meyer Institute (MMI) to conduct National Core Indicators (NCI) surveys for participants utilizing DD and AD waiver services. These surveys yield invaluable data about the satisfaction of those receiving DD and AD Waiver services, as well as identifying areas in which the system can be improved. The Division’s commitment to continuing the Person-Centered Planning initiative will empower participants to plan their life, find their voice, and work toward reaching their goals.

The Division also works with MMI to operate an interactive dashboard for NCI data. This dashboard can be accessed at [Data Dashboard and Reports | Munroe-Meyer Institute | University of Nebraska Medical Center \(unmc.edu\)](#). The dashboard allows easier access and better utilization of survey information.

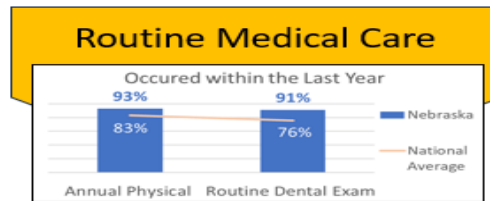
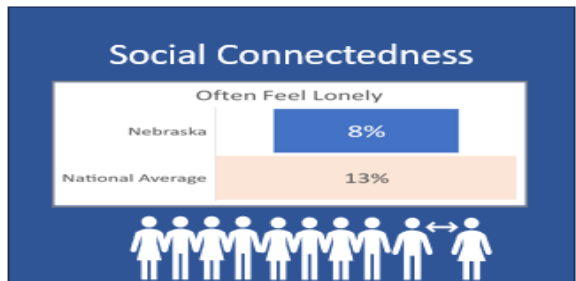
Developmental Disabilities Survey Report

The Munroe-Myer Institute provides an interactive dashboard with National Core Indicators for Developmental Disabilities (NCI-DD) responses. The dashboard permits people to explore all questions answered by respondents.

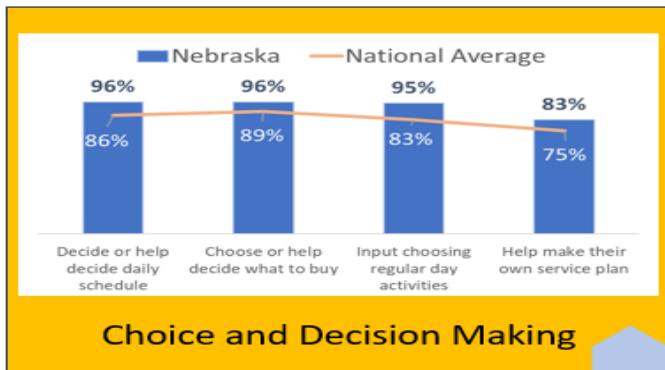
420
Surveys
Conducted

Survey Response Examples

Survey Year 2022-2023



Nebraska is #1 for Routine Dental Care!





Nebraska is in the Top 10 states for people making their own service plans!



The Aging and Disabilities National Indicators Survey (NCI-AD) reaches out to adults receiving services through the Aged and Disabled Waiver and the Traumatic Brain Injury Waiver, and individuals receiving services through nursing care facilities or in their homes through the Personal Assistance Services (PAS) program.


649
Surveys
Conducted

AD Waiver compared to the Average
Survey Year 2022-2023

 Percentage of people who can contact their case manager when they need to. **99%** 

 **6%** Percentage of people who often feel lonely.
National average is 19%.

94%
Percentage of people whose services help them live the life they want!
National average is 87%.

 **98%** Percentage of people had a physical exam/ wellness visit in the past 12 months.
National average is 86%.

Outlook for 2025

Continue collaboration with Munroe-Meyer Institute (MMI) to conduct National Core Indicators (NCI) surveys for participants utilizing DD and AD waiver services. Develop strategies to disseminate findings and incorporate results into the overall division strategic plan.

NEW 2025 QUALITY INITIATIVES	
Initiative	Expected Outcomes
Onsite Provider Review	Provider resource to promote organizational strengths
	Demonstrate provider quality
	Improved transparency for participant
Utilization Review	Increase system transparency
	Validation of service value
	Increased analysis of data
Provider Capacity	Provider capacity and organizational development
	Promote quality of service delivery.
Plan of Improvement / Review and Discovery	Affirmation Provider Delivery of Services
	Participant Safety

Onsite Provider Reviews (OPR)

OPR will involve a select number of person-centered interviews of participants served by the provider to show the quality and value of services provided to the participant. The Onsite Provider Review team will produce a public facing response to the results of an onsite review. Providers will receive a Performance Report Card that incorporates key data for public posting on the outcomes of the provider reviews, incident information, and other performance measures identified by the Division.

A pilot for all waivers is to begin December 1, 2024, with an anticipated launch for all waivers on February 1, 2025.

Utilization Review

Utilization Review is an enhanced process, which will include a review of a representative sample of provider claims to validate that services were provided, as well as a review of a representative sample of authorizations and claims to evaluate the utilization of services authorized. Aggregate data from these reviews will be collected and analyzed to reveal systemic issues with claims submission so that improvements in the system can be implemented, and efficient and effective use of waiver supports is assured.

Utilization Review is planned to begin in the second quarter of 2025.

Enhancing Provider Capacity

The Division plans to collaborate with the Munroe-Meyer Institute at the University of Nebraska Medical Center to design a training program to offer development and education of Direct Support Professionals (DSPs).

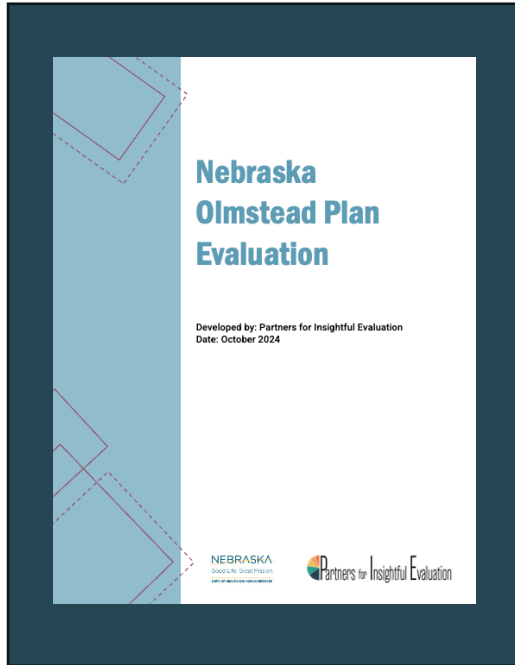
These potential interactive training modules would provide base knowledge around topics such as Abuse and Neglect, Individual Choice, Civil Rights, Dignity/Respect, Confidentiality and Consent, Individual Support Plans, DHHS Structure/Organization and Service Impact, and Emergency Procedures/First Aid/Medical Support Plans.

The goal of this ongoing training program is to strengthen and enhance this critical job necessary in the delivery of waiver services in the State of Nebraska.

Plan of Improvement / Review and Discovery

When issues of provider non-compliance are identified, a plan of improvement notification can be issued. The plan of improvement is specific in pinpointing areas found to be out of compliance and in need of correction.

Based upon the results of a review and discovery report additional actions can be taken by the Division to direct a provider to correct/improve identified issues and incorporate a means to prevent recurrence.



Nebraska Olmstead Plan Evaluation

Partners for Insightful Evaluation (PIE)

December 11, 2024



Background

- Purpose:
 - Assess progress and understand successes and impacts of current Plan
 - Determine what should be included in the next iteration of the Plan
 - Identify what works well and what improvements could be made
- Methods:
 - Interviews and focus groups
 - Surveys
 - Administrative records and other state plans

Nebraska's Olmstead Plan Evaluation Project

Nebraska is in its second iteration of the Olmstead Plan. The plan offers a roadmap for the state to be consistent with the principles of the 1999 Supreme Court *Olmstead* decision. Each plan covers three state fiscal years, which run from July through June. Every three years an evaluation is required of the Plan. The evaluation for the 2023 – 2025 Olmstead Plan is being done by [Partners for Insightful Evaluation \(PIE\)](#), an evaluation company in Lincoln, NE.



Purpose of Project

The intent of the evaluation is to:

- 1) Assess progress and better understand the successes and impacts of the current Olmstead Plan;
- 2) Determine what should be included in the next iteration of the Olmstead Plan, including ways to measure progress;
- 3) Identify what works well and what improvements could be made for implementing the plan.

Findings will be used to draft the next Olmstead Plan by December 2024.

Questions Being Explored

- To what degree **has progress been made** among the seven goals of the Olmstead Plan?
- What **improvements and impacts have resulted** from the Olmstead Plan, including collaborations between state agencies?
- What activities and outcomes **should be included in the next iteration of the Plan**?
- What are the **barriers/challenges** and **facilitators/successes** for implementing the Olmstead Plan?
- To what degree **do the metrics in the Olmstead Plan support the goals and outcomes**? How could they better align?

Data/Information to Answer Questions

A variety of primary (collected by PIE) and secondary (already existing) data will be used for the evaluation, including:

- **Interviews and focus groups** with 1) individuals from state agencies who serve on the advisory committee or steering group; 2) Olmstead Plan staff; 3) workgroup members; and 4) individuals with disabilities.
- **Surveys.** One survey will be for individuals with disabilities and family members or caregivers while another will be for those who are involved with the Olmstead Plan.
- **Administrative records**, including meeting minutes, workgroup reporting templates, and attendance logs.



Getting Involved

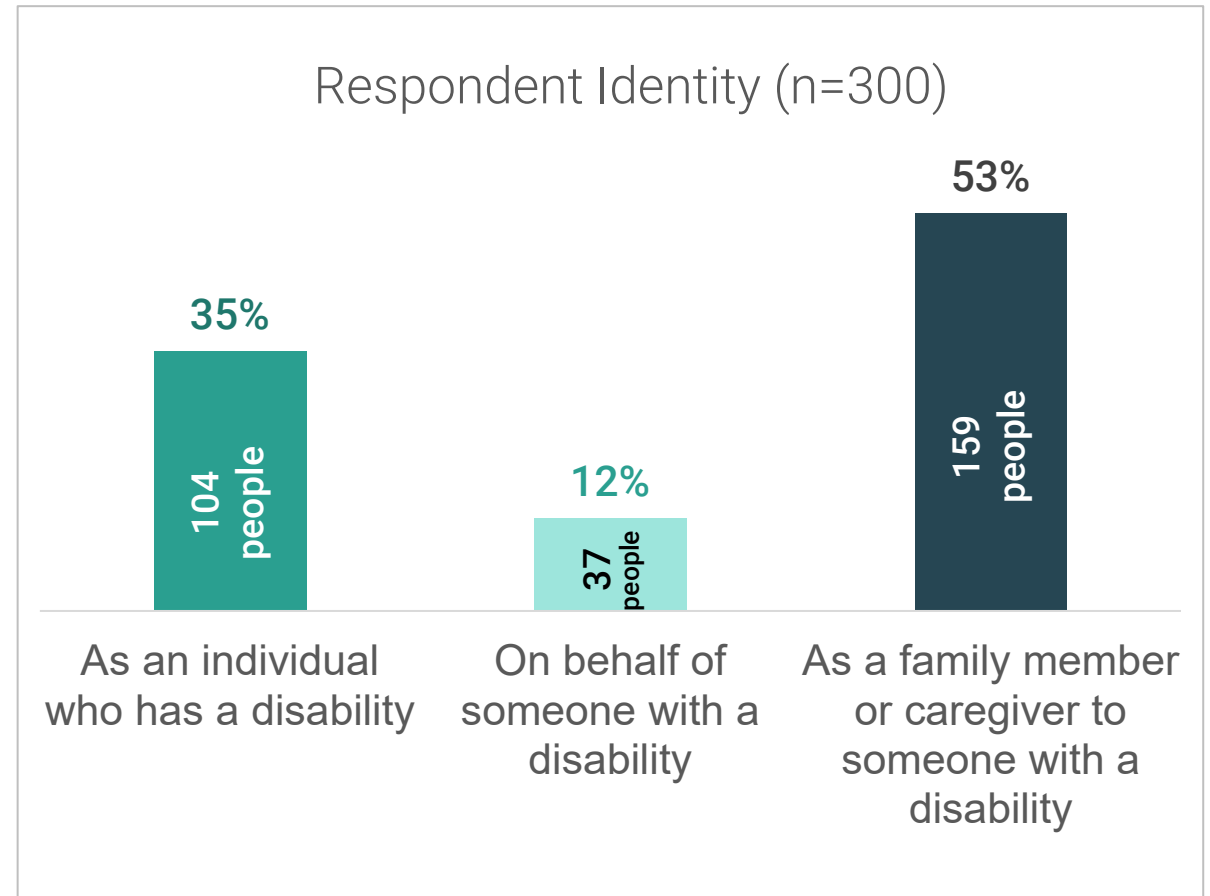
- Learn more about Nebraska's Olmstead Plan here: <https://dhhs.ne.gov/Pages/Olmstead.aspx>
- Participate in and share out data collection opportunities, including the surveys in February 2024.
- Look for summary reports sharing the feedback in December 2024.



Data Collection

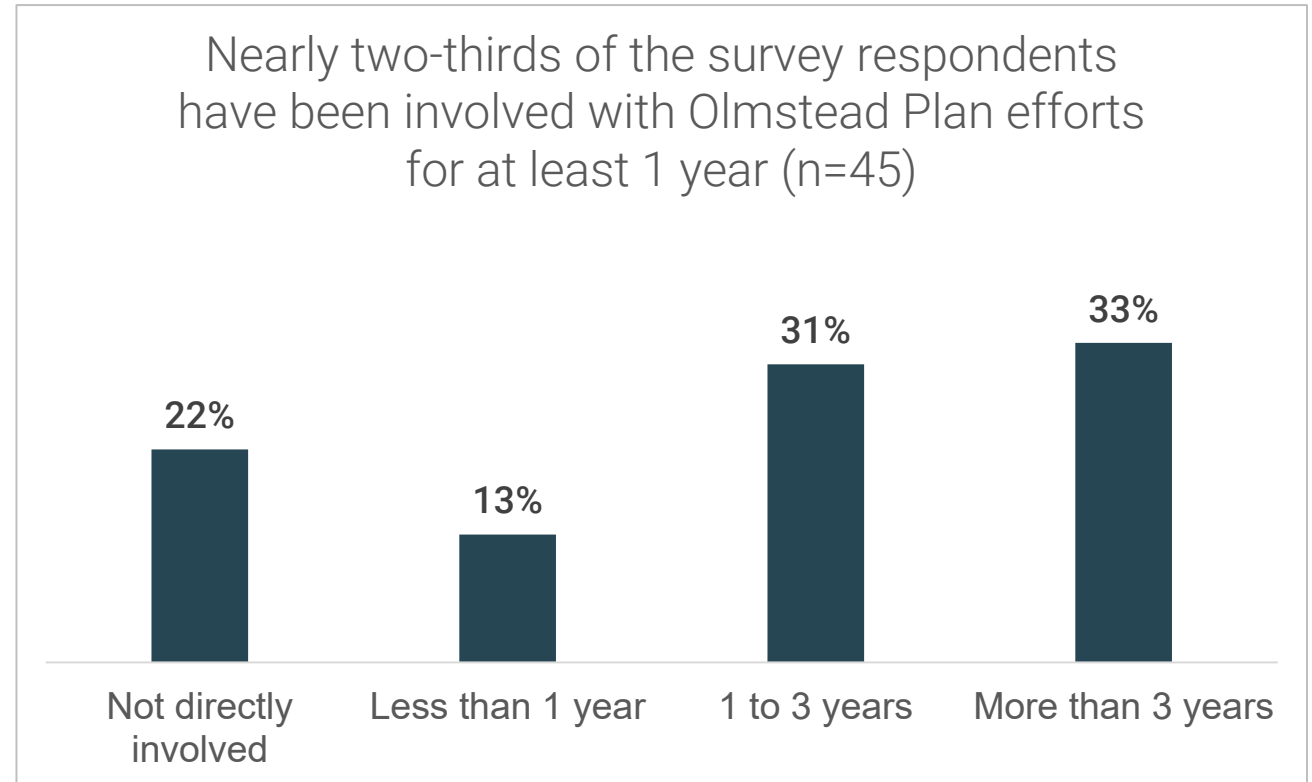
Survey Details: Individuals with Disabilities

- Initial dissemination
 - Available February 4 through March 26
 - 175 people completed at least one question
 - 40 were individuals who have a disability (+24 on their behalf)
- Second dissemination
 - Available May 6 through May 28
 - 135 people completed at least one question
 - 64 were individuals who have a disability (+13 on their behalf)
 - Survey made available in Spanish, but none were completed



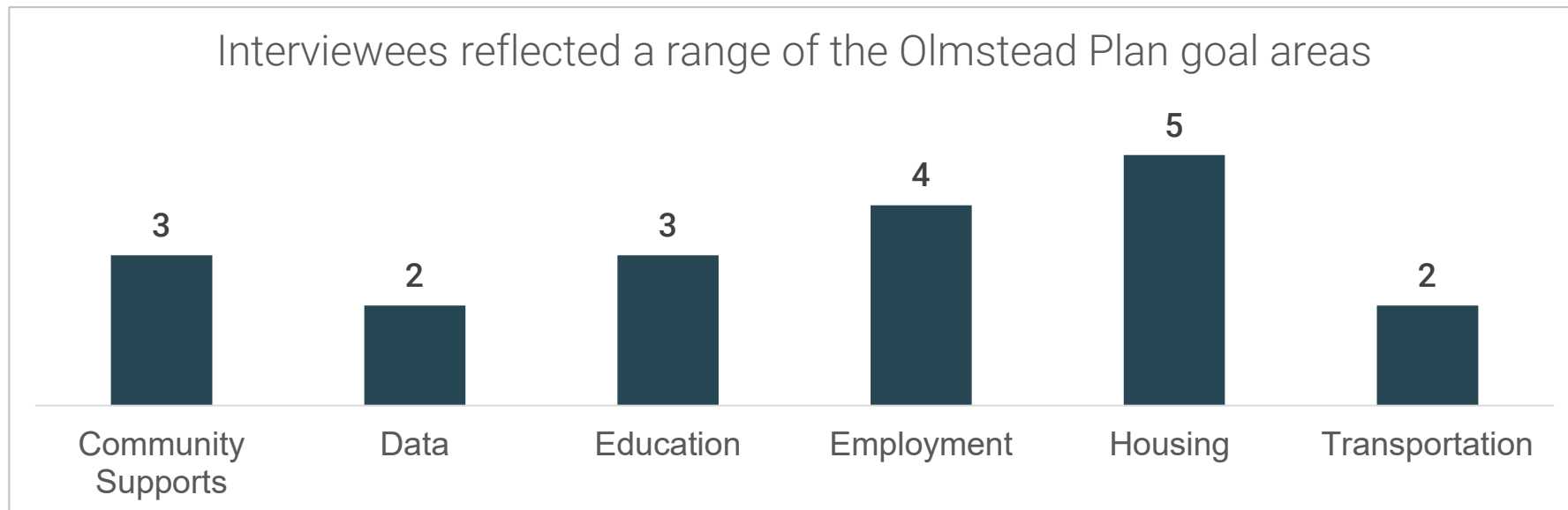
Survey Details: Workgroup Members & Partners

- Available February 9 through March 22, 2024
- Sent to 83 individuals
 - 54% participated in the survey



Interview Details

- Conducted interviews with 18 individuals
 - Reflected 9 unique agencies



Focus Groups Details

- Conducted four virtual focus groups

Audience	Date	No. of Participants
Individuals with Disabilities	4/9/24	4 live, 2 via online form
Family Members/caregivers	4/4/24	2 live, 5 via online form
Workgroup members	4/5/24	6 live, 1 via online form
DHHS Olmstead Plan staff	5/22/24	3

Other State Olmstead Plans

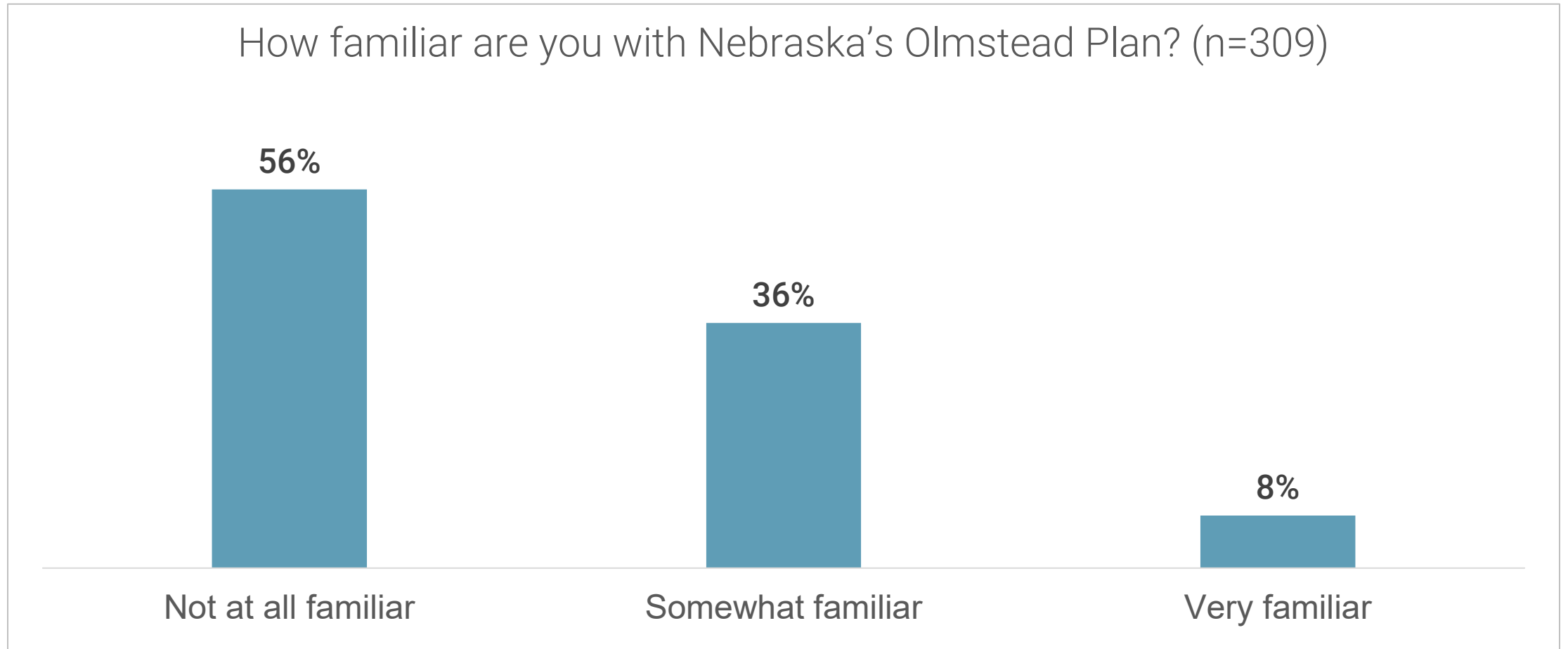
State	Document Reviewed	Included?
Arizona	Plan	Yes
Colorado	Plan	Yes
Delaware	Settlement Agreement Progress Report	Yes
District of Columbia	Plan	Yes
Georgia	Plan	Yes
Illinois	<ul style="list-style-type: none"> ■ Colbert - FY23 Plan ■ Ligas - FY24 Plan 	Yes
Iowa	Plan	Yes
Kentucky	Compliance Plan	Yes
Maine	Plan	Yes
Massachusetts	Plan	Yes
Minnesota	Plan	Yes
Missouri	Strategic Plan	Yes
Nevada	Plan Presentation	Yes

State	Document Reviewed	Included?
New Jersey	Plan	No - outlines transition plan
New York	Report & Recommendations of Olmstead Cabinet	Yes
North Carolina	Plan	Yes
North Dakota	Plan	Yes
Ohio	PIE Interview Notes	Yes
Oklahoma	Strategic Plan	Yes
Pennsylvania	Plan	Yes
Texas	Plan	Yes
Vermont	Plan	Yes
Virginia	Plan	Yes
Washington	Plan	No - overview of services and activities by agency
West Virginia	Plan Update	Yes



Results

Familiarity with the Olmstead Plan

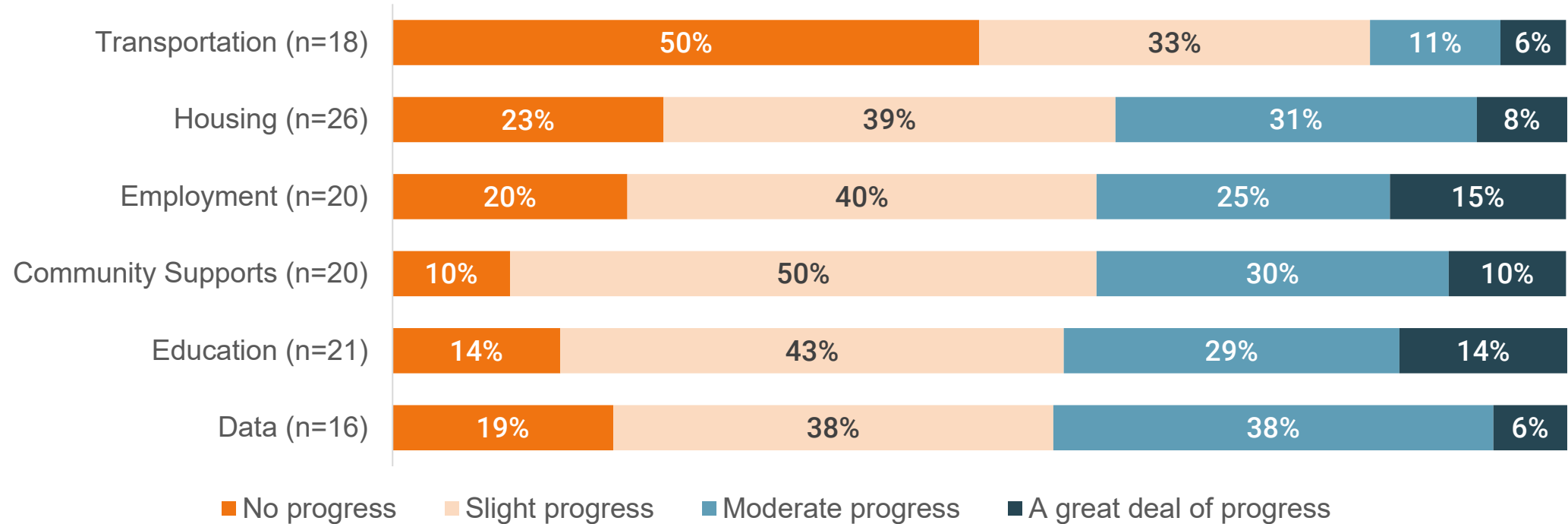


Progress Toward Annual Benchmarks

Goal	FY23 Benchmarks Achieved	FY24 Benchmarks Achieved
1 Community-Based Services (7 outcomes)	71%	71%
2 Housing (6 outcomes)	67%	50%
3 Services in Appropriate Settings (6 outcomes)	83%	67%
4 Education & Employment (7 outcomes)	57%	29%
5 Transportation (4 outcomes)	25%	0%
6 Data-Driven Decision Making (6 outcomes)	83%	100%
7 High Quality Workforce (5 outcomes)	100%	60%

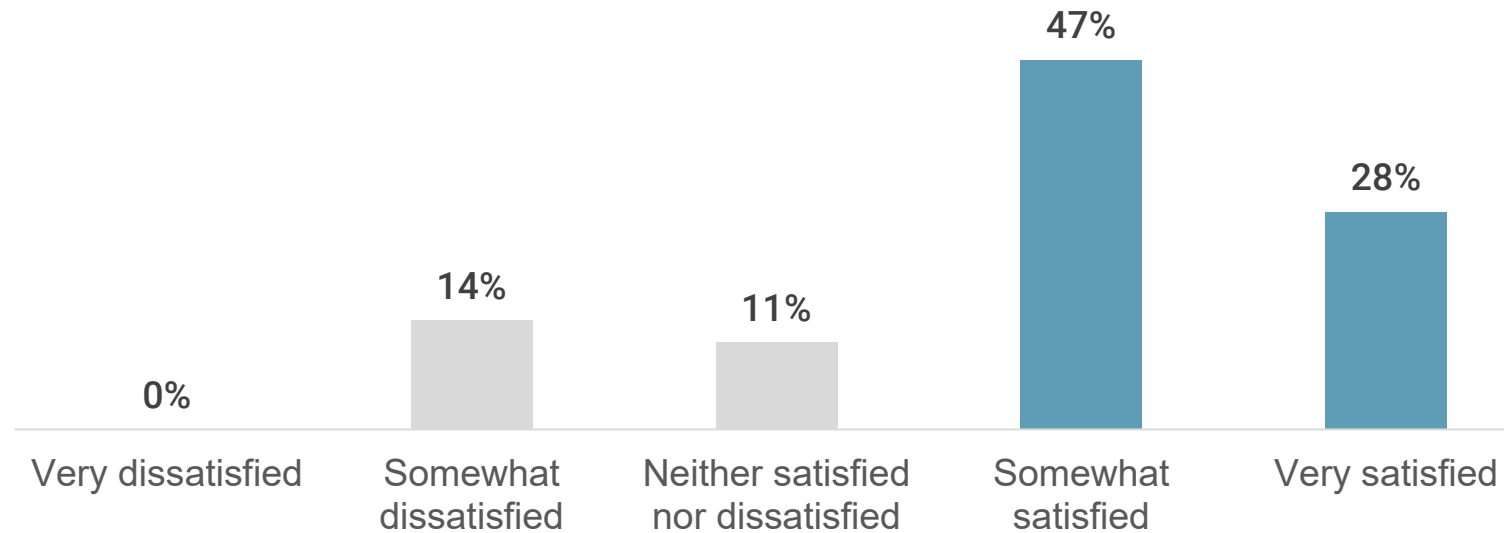
Perception of Progress

The perceived amount of progress varied by goal, though on average, a great deal of progress was reported by 10%



Satisfaction with Objectives

About 75% of survey respondents reported they were **somewhat or very satisfied** with the objectives included in the Olmstead Plan (n=36)



NOTE: This is likely because the outcomes align with efforts that state agencies are already doing; many partners would like to see “stretch goals” integrated



Overall Recommendations

Plan Development and Revision



Extend plan duration to 6 years with mid-point updates.



Work with agencies that will be doing the work to identify specific outcomes after workgroups identify high-level priorities.

Content: General Plan



Clarify terminology used throughout the plan.



Add statement of need and information about data sources.



Consider what other states include in their Olmstead Plans.

Content: Priorities Areas



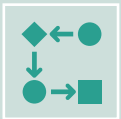
Consider prioritizing specific communities, populations, or areas that would benefit the most from activities and intervention.



Consider new priorities such as health/medical care and collaboration/service coordination.



Remove data as a stand-alone goal and instead incorporate as an objective within relevant goals.



Articulate progress and successes to date for each priority area

Content: Outcomes & Benchmarks



Consider reducing the number of outcomes in the plan.



Define success for each workgroup area.



Include outcomes that stretch beyond current agency activities.



Clarify baseline data to provide clarity on progress.



Consider an extended timeline for benchmarks beyond annual timelines.



Take a broader approach rather than writing very specific action steps.



Ensure agency capacity to report on metrics before finalizing.

Dissemination



Consider developing a plain language version of the Olmstead Plan.



Include activities related to communication and outreach efforts.

Implementation & Coordination



Consider developing an online dashboard for monitoring progress.



Identify and recruit partners currently missing from workgroups.



Define roles and responsibilities of each Olmstead group.



Build more cohesion among workgroup members.



Goal—Specific Recommendations

Goal 1 (Community Services) Recommendations

1

Identify specific communities or populations for targeted intervention

2

Modify or add outcome-focused measures alongside process measures

3

Include outcomes related to building systems for easier service access

Goal 2 (Housing) Recommendations

1

Define key terms (e.g., accessible, affordable) within the housing goal

2

Revisit outcomes with responsible agencies to ensure alignment

3

Prioritize bringing on a member from the governor's office or legislature

4

Identify areas of crossover between agency goals and points of collaboration

Goal 3 (Appropriate Settings) Recommendations

1

Consider aligning or combining efforts under Goal 3 with Goal 1 (Community Services)

Goal 4 (Education/Employment) Recommendations

1

Clarify which outcomes relate to education vs. employment

2

Consider separating education and employment into distinct goals

3

Review and incorporate recommendations from Dr. Lisa Mills' report on supported employment

4

Add an objective related to collaboration

Goal 5 (Transportation) Recommendations

1

Revisit outcomes to ensure alignment with overall goal

2

Brainstorm ways to overcome identified barriers

3

Identify specific communities or areas for targeted intervention

Goal 6 (Data-Driven Decision Making) Recommendations

1

Consider removing data as a stand-alone goal, integrating it into other goals

2

If kept as a goal, focus on understanding, gathering, and sharing of basic data needs

3

Utilize the data workgroup to showcase progress toward all goals

4

Integrate ongoing evaluation efforts into data work

Goal 7 (High Quality Workforce) Recommendations

1

Consider creating a health-focused workgroup to address workforce outcomes



Questions? Feedback?

hello@pievaluation.com



Nebraska DD Advisory Committee:

interRAI Assessment Status Update

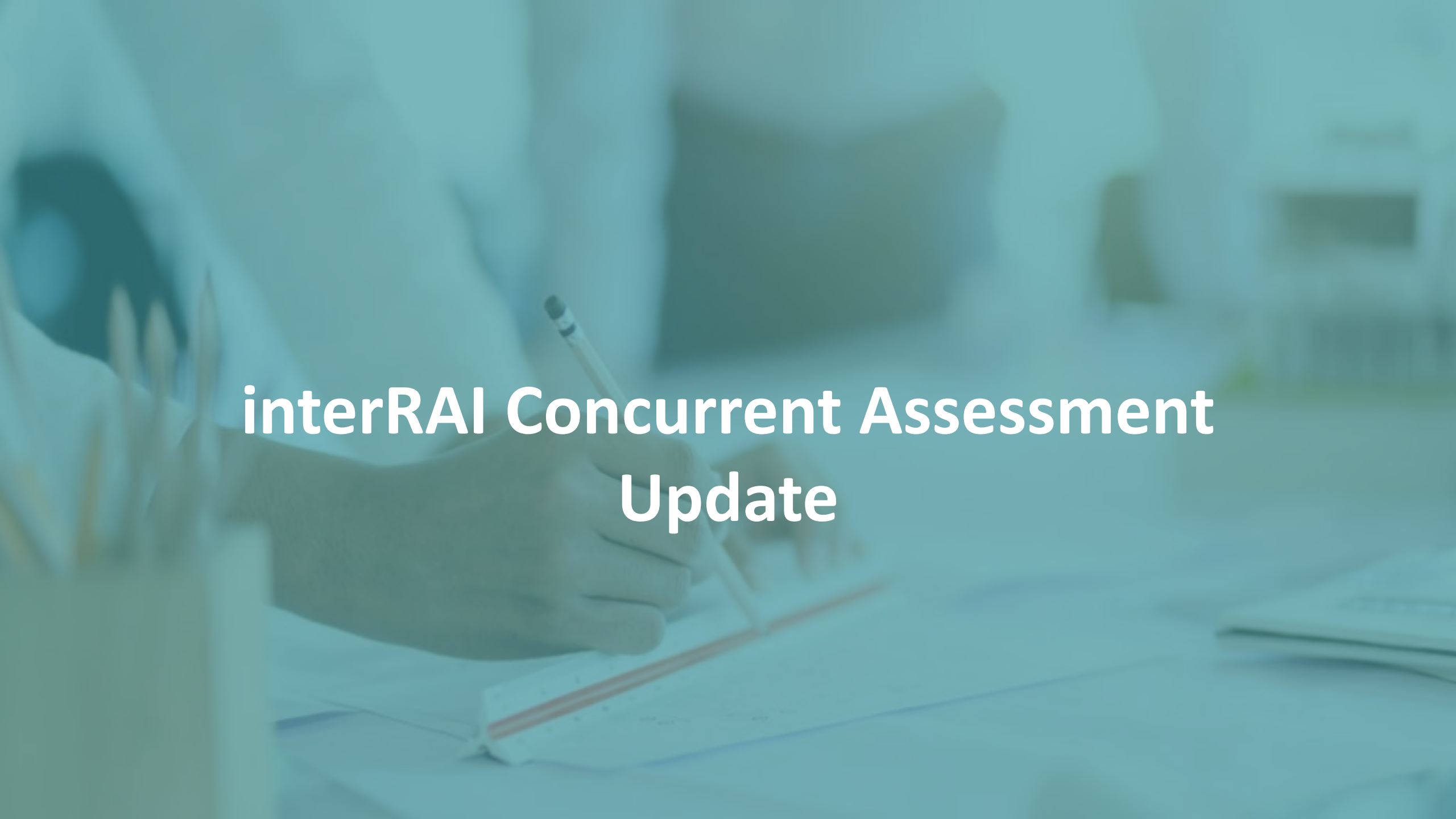
Myers and Stauffer
December 11, 2024
10:35 AM – 12:00 PM CST



**MYERS AND
STAUFFER** LC
CERTIFIED PUBLIC ACCOUNTANTS

Agenda

- interRAI ICF Concurrent Assessment Update
 - *Project Overview*
 - *Concurrent Assessment Period Status*
 - *Pilot Methodology*
 - *Timeline*
 - *interRAI Validity and Reliability*
- Questions



interRAI Concurrent Assessment Update

Project Overview

DDD is working with Myers and Stauffer to implement the interRAI Intellectual Disabilities (ID) and interRAI Child and Youth Mental Health and Developmental Disabilities (ChYMH-DD) as replacements to the Developmental Index (DI) and Inventory for Client and Agency Planning (ICAP).

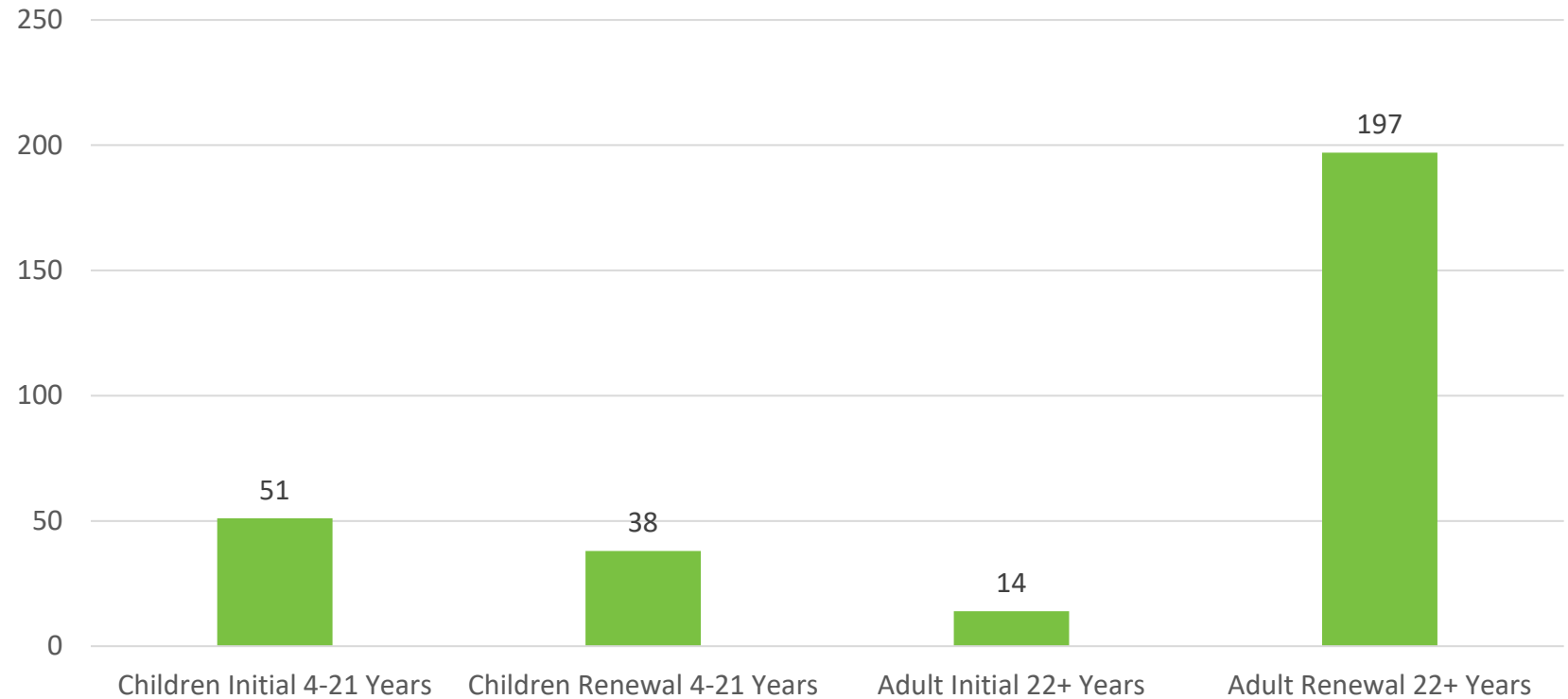
For a successful full implementation of the interRAI, the data collected on the interRAI will be used to determine:

- Level of Care (LOC);
- Assessment-informed service planning;
- Assessment-informed waiver enrollment;
- Acuity-based budget and reimbursement decisions.

Concurrent Assessment Period Status

300

Total Assessments
Submitted and Processed



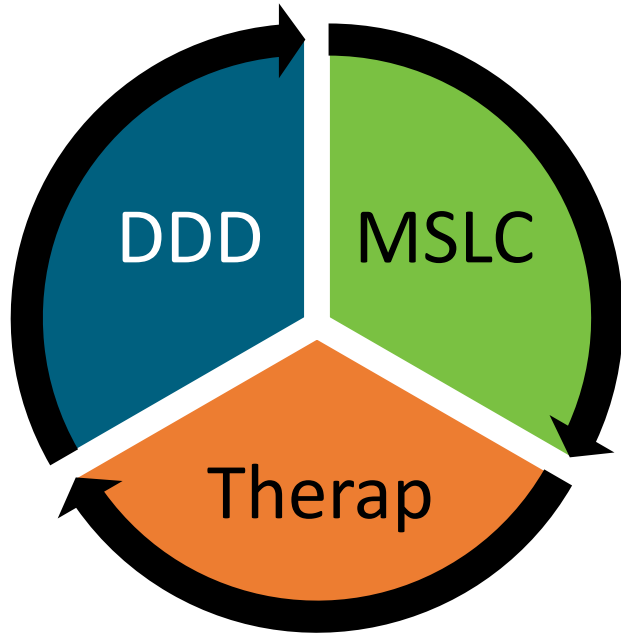
Pilot assessment completes listed above likely do not align with E&E and SC internal assessment submission figures. This disparity is a result of data validation processes post-submission that MSLC must resolve before marking an assessment complete and it appearing in the tracking figures above. The delay between assessor submission and tracked complete is between 7-14 days.

In-progress Pilot Activities



1. Concurrent assessment period for interRAI ID and interRAI ChYMH-DD.
2. LOC and budget algorithm development in partnership with DDD and Therap.
3. interRAI ID and interRAI ChYMH-DD Policy Manual development.

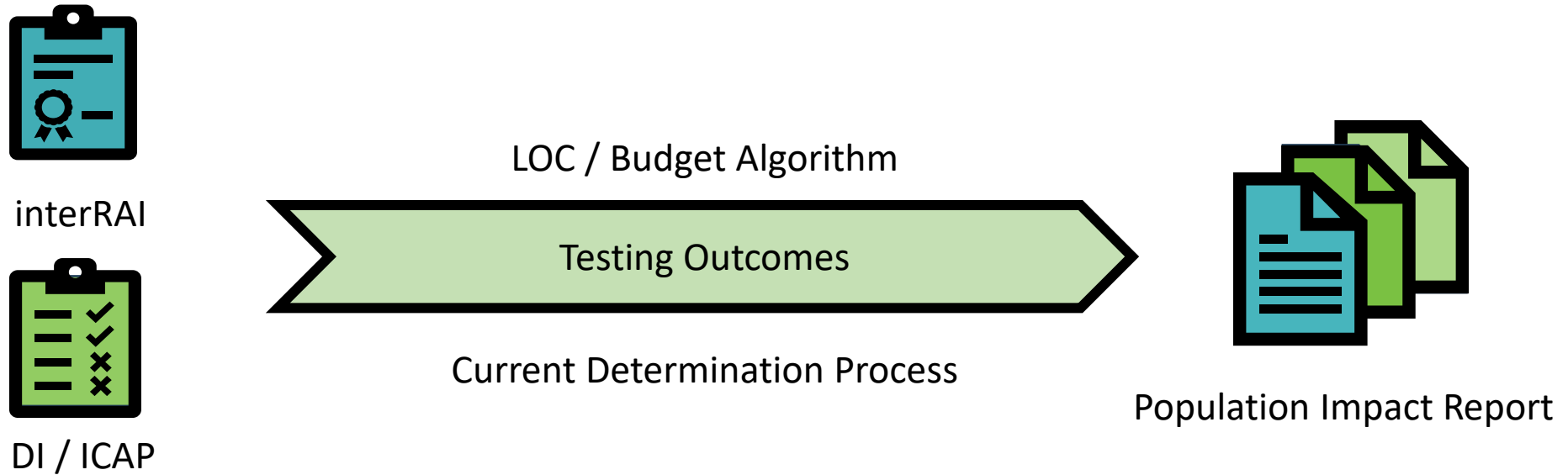
Algorithm Methodology



LOC and budget algorithms are in joint development between MSLC, DDD, and Therap.

- Half of DI domains require assessors to use their professional judgement to render a determination **without** providing quantifiable scores to inform that decision.
- Every interRAI element used for eligibility or budget determinations has a discrete and quantifiable metric to guide assessor's decisions.
- interRAI captures acuity of support needs, frequency of support use, and severity of impairment.

Analysis Methodology



- interRAI concurrent assessment period results will be compared against those generated through the current process with the DI and ICAP.
- The output of the concurrent assessment period will be the population impact analysis report, which will measure the impact the change of assessment tool will have on LOC decisions.

interRAI Implementation Timeline

May-July 2024

- Assessment Review and modifications
- Training and policy development

Sept. 2024 – Jan. 2025

- interRAI concurrent assessment period

Summer 2025

- interRAI ICF LOC process rollout
- Closing of registry

August 2024

- Assessor interRAI administration trainings

Feb. 2025

- Population impact analysis
- Waiver amendment submission

interRAI

Validity and Reliability

The interRAI suite of assessment tools is widely recognized as a valid and reliable resource for evaluating the needs and strengths of individuals across various care settings.

These tools are developed by international, multi-disciplinary clinical and research teams with evidence-based practices to ensure accuracy and consistency across diverse populations.

The purpose of this pilot is to ensure the interRAI tools accurately detect and capture the criteria Nebraska uses to determine service eligibility and we are not revalidating the interRAI.

interRAI was selected because of the extensive published validity and reliability research demonstrating its efficacy.

Assessment Validity

Content Validity:

Measures how well an assessment tool covers the full range of concepts its intended to evaluate.

Construct Validity:

Evaluates whether a tool accurately measures the concept (i.e., construct) it is intended to measure.

Convergent Validity:

Investigates whether a tool's measurements correlate well with other measures it should be related to.

Criterion Validity:

Assesses the extent to which a tool's results correlate with other established tools.

interRAI Validity

interRAI developed its suite of assessments with extensive input by and with front-line clinical works, researchers, and practitioners.^{1 2}

Content Validity

interRAI researchers and independent researchers validated its instruments across many established scales.^{3 4 5 6 7 8 9 10 11}

Construct Validity

Criterion Validity

interRAI ID subscales (e.g., cognitive, self-care, depression) are validated against comparable scales and are highly positively associated with capturing ID severity.^{12 13}

Construct Validity

Criterion Validity

ROC analysis of interRAI ChYMh-DD anxiety scores are significantly predictive of DSM-IV anxiety diagnosis.^{14 15}

Construct Validity

Convergent Validity

Assessment Reliability

Inter-Rater Reliability: Gauges the degree of agreement between different assessors using the same tool to evaluate the same individuals.

Internal Consistency: Assesses whether items within a single domain or scale of the tool are correlated and measure the same construct (e.g., cognitive ability).

Test-Retest Reliability: Measures the stability of the tool over time (i.e., whether results are repeatable under similar conditions at different points of time).

interRAI Reliability

The interRAI suite has consistently demonstrated inter-rater reliability across populations and settings.^{16 17 18 19 20}

In a 12-nation study on interRAI reliability, interRAI tools showed “substantial overall reliability.”²¹

interRAI ID inter-rater reliability of embedded subscales (i.e., self-care, aggression, depression, clinical, and psychiatric) perform in good to excellent range with high internal consistency.^{22 23}

interRAI ChYMh-DD anxiety scale indicated strong reliability with significant correlations with other established scales.^{24 25}

Inter-Rater

Inter-Rater

Internal Consistency

Test-Retest

Inter-Rater

Internal Consistency

Inter-Rater

Internal Consistency

Test-Retest



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