

# 2023 FIRST QUARTER PROVIDER MEETING

## Developmental Disability Waivers

January 5, 2023

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# Agenda

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- ▶ Welcome
- ▶ Medicaid Provider Standards and Expectations
- ▶ Emergency Safety Intervention Training Expectations
- ▶ Shared Living Provider Back-up Staff and Hours
- ▶ Safety Plans and BSPs
- ▶ Exception Request Process
- ▶ Authorization Changes
- ▶ Liberty
- ▶ Questions and Answers



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# Medicaid Provider Standards and Expectations

You, your staff, or subcontractors, cannot charge participants, families, or guardians additional fees or costs above what DHHS pays for the waiver service they are receiving.

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# Emergency Safety Intervention (ESI) Training

▶ During QA processes, we are finding providers not following regulations for Emergency Safety Intervention training.

▶ All staff must be trained on the physical aspects, per Provider Bulletin 20-07, issued 10/2020.

All ESI systems (at a minimum) must include in-person teaching methods addressing the following:

- Recognizing stimulus, triggers, de-escalation techniques
  - An explanation of the cycle of behavior (from antecedent to conclusion of behavior)
  - Communication skills for de-escalation
  - Identification of when ESI is appropriate
- Body mechanics
  - Stance and balance
  - Awareness of position, posture, and proximity
- Emergency Safety Interventions (physical interaction skills)
  - Accompanying
  - Assisting
  - Escorting
  - Supporting
  - Avoiding
  - Redirecting
  - Releasing
  - Restraining
- Identification of symptoms of medical distress
- Identification of prohibited interventions, that may include (but are not limited to): hyperextension, pressure on the chest/neck, and infliction of pain.

# ESI Provider Bulletin 20-07 Continued

“Current agency providers are also required to ensure that all staff working directly with participants are trained in the ESI system.”

Providers holding a current certification are required to assure that an ESI system is identified in the agency policies and procedures manual and that the curriculum for the ESI system contains the teaching methods listed in this bulletin. Current agency providers are also required to ensure that all staff working directly



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with participants are trained in the ESI system. Current providers must meet these requirements by September 30, 2021.

Current providers will be required to submit both the applicable section of their policy and procedures manual **and** the curriculum used to train staff to [DHHS.DDProviderRelations@nebraska.gov](mailto:DHHS.DDProviderRelations@nebraska.gov) no later than March 31, 2021. DHHS-DD will review the policies, procedures and the curriculum, and issue a letter to the provider indicating the result of the review.



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# ESI Training Expectations in Regulations

Title 404 NAC 4.003.03(C) “Employees must be trained and demonstrate competency”

003.03(C) Employees must be trained and demonstrate competency within 180 calendar days of hire regarding the implementation of the provision of services to individuals. This training must include:

- (i) Implementation and development of the individual support plan (ISP) and interdisciplinary process;
- (ii) Positive support techniques;
- (iii) ★ Division approved emergency safety intervention techniques;
- (iv) Concepts of habilitation, socialization, and age-appropriateness, depending on the needs of the individual;
- (v) Use of adaptive and augmentative devices used to support individuals, as necessary;
- (vi) Other training required by the provider; and
- (vii) Other training as required by the specific service options.

# Shared Living Provider Back-Up Staff and Hours

- ▶ It is up to the agency provider to vet the back-up staff your SLPs are using.
  - There is a cap on back-up staff hours of 360 per the participant's IBA year.
  - Make sure your SLPs are aware and tracking hours accurately.
- ▶ There will be upcoming changes to SLP expectations.
  - This is due to several agencies approaching DDD requesting help getting everyone on the same page.
  - Our proposed ideas are being presented to NASP this month and will be sent to all providers for review after we receive feedback.

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# Safety Plan and BSPs

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There have been some questions on Consultative Assessment hours for writing safety plans.

- ▶ When you are writing a safety plan or updating it, and it is not tied to an FBA, you do not need Consultative Assessment hours.
- ▶ Safety Plans and BSPs both need to include all required information in the documents.

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# Safety Plan Instruction in Policy Manual

## **Safety plan must include (Policy Manual, 3.5, p. 32):**

- ▶ A summary of all identified risks for the participant, including those not addressed with rights restrictions, including any known triggers or warning signs.
- ▶ A detailed description of all supports, strategies, and equipment used to address the identified risks, including any rights restrictions and non-restrictive supports.
- ▶ A description of supervision needs, including alone time both within and outside the residence.
- ▶ Specific instructions for when and how the provider uses all supports, strategies, and equipment, including descriptions of when the use of a rights restriction starts and ends.
- ▶ The information in the Safety Plan must match the ISP team's decisions regarding supports and restrictions.
- ▶ The provider is responsible for developing the safety plan. Restrictions must be approved by ISP team and human rights committee.
- ▶ Safety Plan template:  
<https://dhhs.ne.gov/DD%20Documents/Safety%20Plan%20Template%20Form.pdf>

# BSP Instruction in Policy Manual

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## Behavior Support Plans (BSP) (Policy Manual, 3.6, p. 32)

- ▶ When a participant has a rights restriction to address a risk related to a problem behavior, there must be a behavior support plan to teach the participant the skills needed to reduce or eliminate the rights restriction.
- ▶ A behavior support plan must be based on a behavior assessment (Functional Behavior Assessment) completed by a Licensed Psychologist, Licensed Independent Mental Health Practitioner (LIMHP), Advanced Practice Registered Nurse (APRN), or a Board-Certified Behavior Analyst (BCBA) supervised by a Licensed Psychologist, LIMHP, or APRN, acting within their scope of practice.
- ▶ The behavioral assessment is the assessment and baseline used to develop the behavior support plan.

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# Exception Request Process

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- ▶ There must be a team discussion with the agency, guardian (if applicable), and Service Coordinator before a request is submitted.
  - The team needs to consider additional resources available to the participant.
- ▶ Current plans (Safety and BSP) must align with current authorizations.
  - If not, the team must work toward alignment before submitting the request.
- ▶ When a participant is changing providers, an approved exception does **not** follow them.
  - A new request must be submitted if needed by the onboarding provider.
- ▶ Complete the form:
  - Verify Part 1 (completed by the Service Coordinator) per team discussion.
  - Provider completes Part 2 in entirety.

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# Service Authorizations (1:1 and Above)

- ▶ It has come to our attention that due to staff shortages, there have been times when individuals with 1:1 staffing and above, have not had that staffing level.
- ▶ We developed a plan to follow should this happen.
- ▶ The agency provider should reach out to the participant's assigned Service Coordinator (SC) to complete an additional high tier Service Authorization so the provider can bill.
  - There will be two authorizations in place: the advanced (or higher) and a high authorization.
  - If there is a time when the participant does not have their designated staffing ratio, the high authorization must be billed.
  - If a SC is aware of a participant who does not receive their approved staffing level, they will initiate an additional authorization for high tier so the provider can bill.
- ▶ SCs will be doing audits based off billing, t-logs, and random visits.

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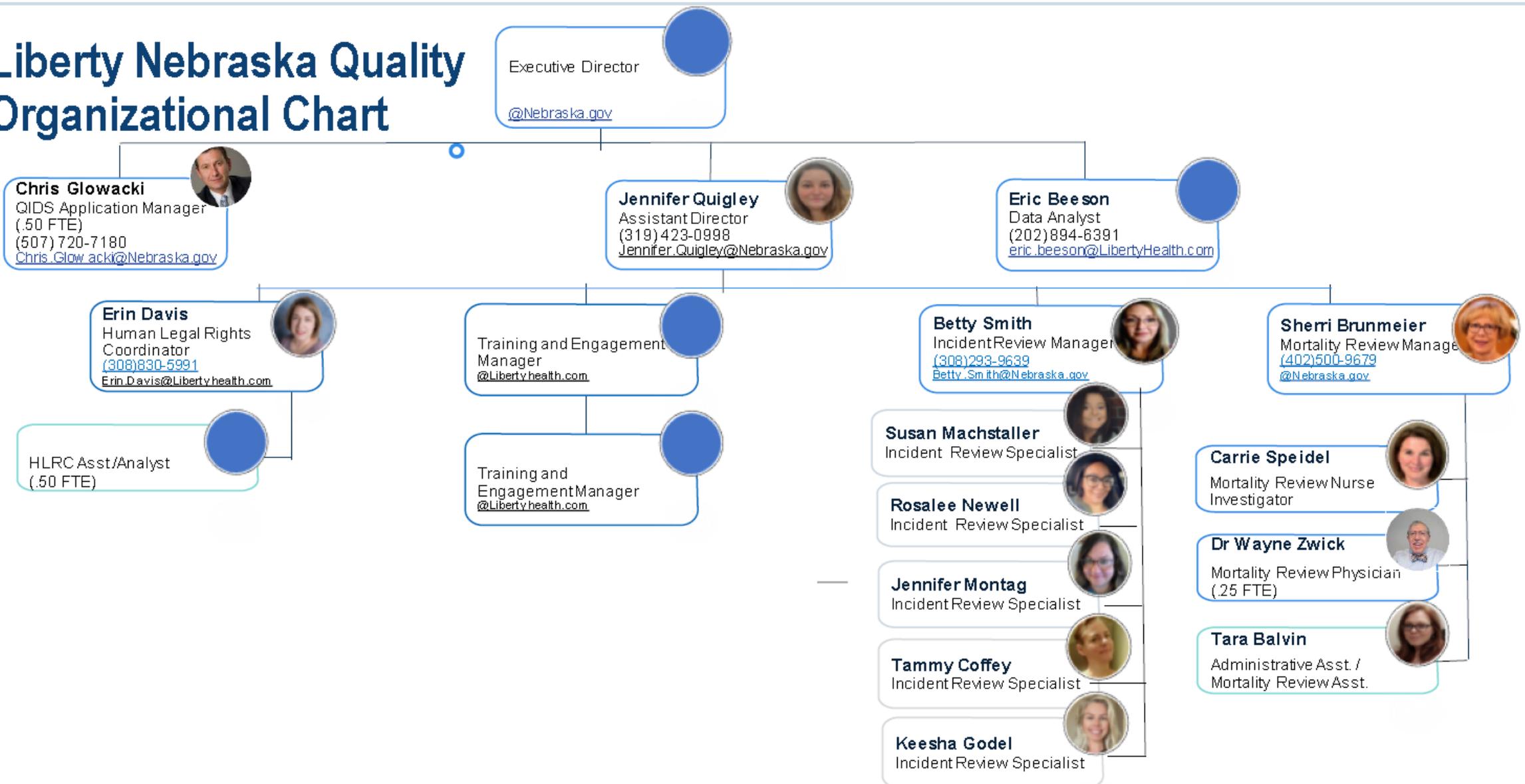
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# Liberty Updates



# Liberty Nebraska Quality Organizational Chart





# Targeted Analysis Discussion

Betty Smith, Incident Review Manager

# QUALITY REVIEW EVALUATION



When the Quality Review of an incident is complete, the Incident Review Specialist (IRS) evaluates the Quality Review to see if it meets escalation criteria.



If it does not, the Targeted Analysis (TA) Process ends.



If it does, the IRS emails the Escalation Form to the Incident Review Manager (IRM).



The IRM reviews the Escalation Form with the IRS team to decide if a TA is needed.



If no, the process ends. If yes, the IRS begins the Desktop Review.

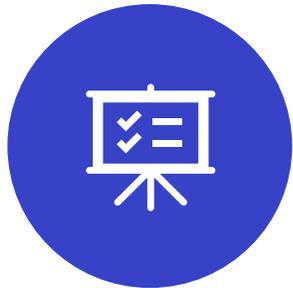


## WHEN DO WE USE THE TARGETED ANALYSIS PROCESS?

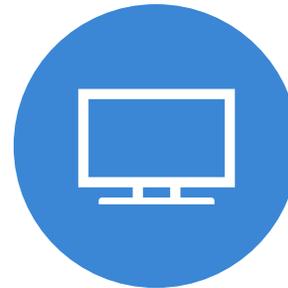
Targeted Analysis is triggered when an incident meets the following escalation criteria:

- Substantiated abuse, neglect, or exploitation incident.
- Flagged incident for Others-at-Risk check, plus at least three additional high-level GER within the previous 30 days.
- Incident of any prohibited intervention/ unauthorized use of restraints resulting in a negative outcome.
- Trend of three or more incidents within 30 days for significant injuries, financial issues, police calls to site, increase in falls, ongoing staff issues, or unexplained hospitalizations.
- Three or more incidents within the past 30 days of provider trending, such as medication errors requiring medical evaluation or treatment.
- Incident of person missing 24 hours or more.
- Serious incidents that do not meet above criteria.

# WHAT ARE THE STEPS IN THE TARGETED ANALYSIS PROCESS?



The Quality Review Evaluation to determine whether a Targeted Analysis is needed based on criteria and IRS team review.



A Desktop review to determine if onsite RCA is needed.



An onsite Root Cause Analysis and TA brief completion.



Remediation that includes provider completion of the action plan.

# DESKTOP REVIEW PROCESS



The IRS sends notification to the individual and provider that a Targeted Analysis is being conducted related to the incident.



Provider Sends Guardian Notification to Guardian.



The IRS requests and retrieves additional documents for the desktop review.

# Document Request

- Providers have two business days from the date of the letter to provide either the documents requested or a reason why the documents are unavailable.
- The IRS will utilize the information received in the document request to determine if an on-site review is needed.
- If the IRS is unable to adequately assess the incident with the information provided or the incident demonstrates unresolved concerns around trending, health, and/or safety, then it will be escalated to an on-site review.



Attn:

Cc:

10/24/2022

The Developmental Disabilities Division, alongside Liberty Healthcare, is conducting a targeted analysis based on the events contained in the GER(s) listed below. This review is to support continuous quality improvement and identify root causes that may be preventable in the future. Below you will also find a list of documents we need to obtain to complete the desk review of this incident.

The documents with an X are the documents that are being requested. These documents must be provided to the targeted analysis facilitator listed below within 2 business days of receipt of this request. If these documents are unavailable, please provide the reason for the unavailability as part of your document request response. If you have questions or concerns, please feel free to contact the Incident Review Manager, Betty Smith at [betty.smith@nebraska.gov](mailto:betty.smith@nebraska.gov).

GER #:

Facilitator Name:

Facilitator Phone number:

Facilitator Email:

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Required Documents:

- Abuse, Neglect, Exploitation investigation documentation
- Copy of Medication Administration Record for date. through date.
- Staff Training for Staff(s) Name. for topic.
- Policy and/or procedure detailing your enter name..
- Shift Notes or logs for date. through date.
- Other

•  
•

# ONSITE DETERMINATION PROCESS



The IRS completes a desktop review (a more in-depth, comprehensive review of all circumstances and facts related to the incident).



The IRS uses criteria to determine if an onsite RCA is needed.



If no additional information is needed and it doesn't meet onsite criteria, the IRS completes and submits the TA brief to IRM.



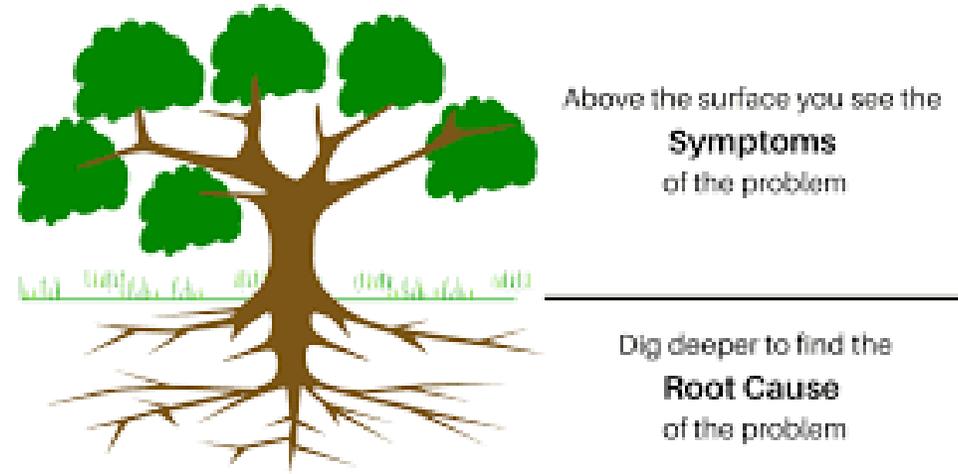
If it does meet criteria, the IRS begins the Root Cause Analysis process.

## CRITERIA FOR ON-SITE RCA

An onsite RCA should be completed with the provider, if the below criteria are met, following the desktop review:

- There have been other incidents or near misses that closely align with the current incident for which adequate solutions have not been identified or implemented.
- This incident resulted in serious harm or death that was possibly preventable or avoidable in nature.
- The root cause of the incident is not apparent or is unknown.
- There is evidence of systemic or process issues that have not been addressed sufficient to prevent such incidents in the future.

# Targeted Analysis



- The Targeted Analysis process is patterned after the Root Cause Analysis process.
- It is a systematic process to discover the root causes of problems or issues in order to identify appropriate solutions and prevent recurrences.
- Relies on data to inform the process.
- Focused on the **HOW** and **WHY** something happened rather than **WHO** is responsible.

# Agenda

- First few hours depend on if additional information gathering is needed.
- The RCA process is limited to one to two hours and includes:
  - Defining the Problem.
  - Identifying Causal Factors.
  - Identifying the Root Cause.
  - Developing an Action Plan.



## Root Cause Analysis / Targeted Analysis Onsite Agenda

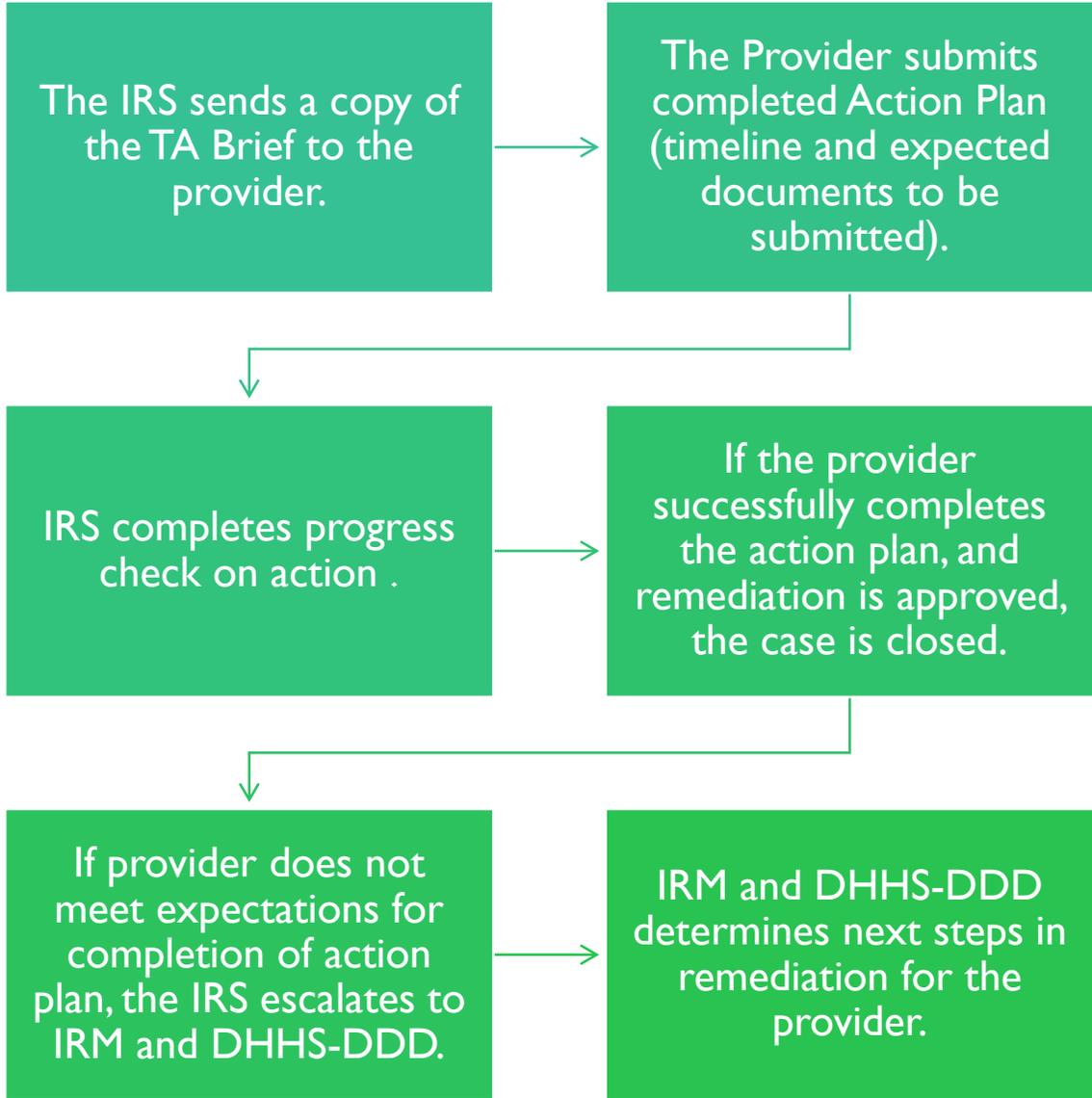
Provider:

Date/Time of Onsite:

Facilitator(s):

Time	Activity	Documents needed	People Involved
10:00 am	Opening presentation	PPT printed, Rules of Engagement	
10:15 am	Information Gathering if needed		
12:00 pm	Lunch		
1:00 pm	Defining the problem <ul style="list-style-type: none"> <li>• Review results of desktop</li> <li>• Develop Problem Statement</li> </ul>	RCA Form	
1:30 pm	Identifying Causal Factors <ul style="list-style-type: none"> <li>• Fishbone Diagram</li> <li>• 5 whys</li> </ul>	Flip Chart	
2:00 pm	Identifying the Root Cause(s)	RCA Form	
2:30 pm	Developing the Action Plan <ul style="list-style-type: none"> <li>• S.M.A.R.T</li> <li>• Define Success</li> </ul>	Action Plan Form	
2:45 pm	Next Steps		

# REMEDIATION PROCESS





# 2023 New Services Timeline

Jennifer Quigley, Interim Executive Director



# 2023 Roadmap

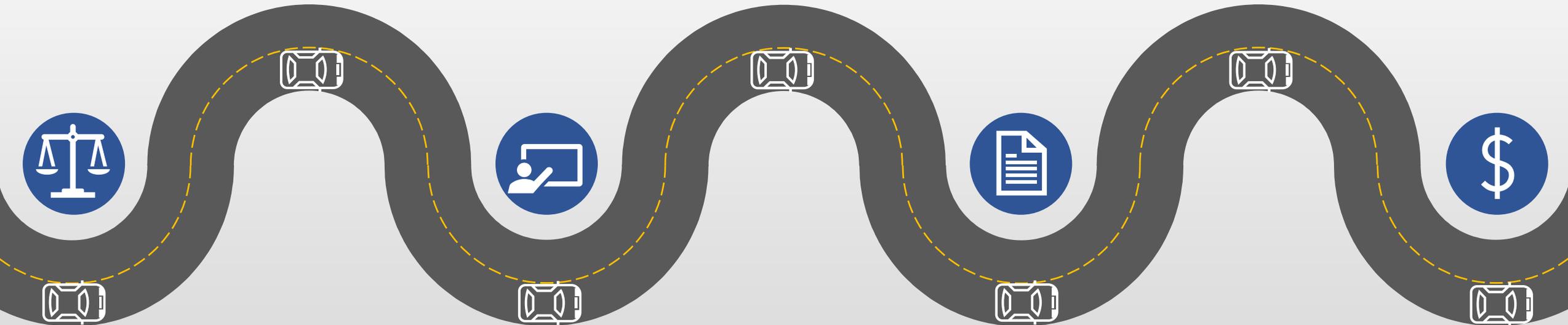
Liberty will be operationalizing the services below in 2023 through the end of the contract.

## Training, Engagement, and Technical Assistance

- Collaborative WG review **March 2023**.
- Go-Live **April 2023**.
- Manages provider training and engagement plan.
- Data focused trainings specializing in Quality Improvement and Person-Centered Practices.

## Utilization Reviews

- Collaborative WG review **November 2023**.
- Go-Live **December 2023**.
- Sampling provider billing against services provided and authorizations.



## Human and Legal Rights Committee

- Collaborative WG review **Jan 2023**.
- Go-Live **Feb 2023**.
- Doesn't replace Provider HLRC.
- Focuses on Preserving and Promoting Rights for Waiver Participants.

## Onsite Provider Review and Report Cards

- Collaborative WG review **June 2023**.
- Go-Live **July 2023**.
- Focus on Outcome and Person-Centered practices.
- Publicly posted data report cards to inform provider choice.



# 2023 Implementation

## Human and Legal Right Committee – Feb 2023

- Review by Collaborative workgroup in January 2023.
- Liberty and DHHS-DDD will co-chair.
- Liberty will process referral packets, document committee outcomes, and report to teams and DHHS-DDD outcomes.
- Data Collection to inform service quality improvement.
- Person Centered Plan team Technical Assistance.

## Training and Technical Assistance – April 2023

- Review by Collaborative Workgroup in March 2023.
- Two Training and Engagement Managers.
  - One Specializing in Person Centered Practices
  - One Specializing in Continuous Quality Improvement
- Implement Change Management and Communication plans.
- Develop Annual Provider Training Plan based on system-wide data trends.

## Provider Onsite Review and Report Card – July 2023

- Review by Collaborative Workgroup in June of 2023.
- 10 Provider Reviews each month.
- Two components:
  - Compliance organization review of PnPs
  - Person Centered interviews and review
- Performance Report Card for each provider each year and incorporates key data for public posting on the outcomes of the provider review, incident information, and other identified performance measures by DD.

## Utilization Review – Dec 2023

- Review by Collaborative Workgroup in November of 2023.
- Representative Sample of:
  - Provider Claims to validate against services provided
  - Authorizations and claims to evaluate utilization of services
  - Findings of reviews will be issued, and data collected to inform quality systems improvement



## Questions?

Mortality and General Questions: [Nebraska.Quality.Help@libertyhealth.com](mailto:Nebraska.Quality.Help@libertyhealth.com)

Critical Incident Questions: [NEGERHelp@libertyhealth.com](mailto:NEGERHelp@libertyhealth.com)

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# Questions?

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# THANK YOU

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