

**NEBRASKA LIFESPAN RESPITE NETWORK
REQUIRED AND RECOMMENDED SERVICE STANDARDS**

Legal Basis: (Neb.Rev.Stat. §68-1520 through 1528)

In 1999, the Nebraska Legislature established the Nebraska Lifespan Respite Program (LB 148). Based on this legislation, the Department of Health and Human Services established six Lifespan Respite Service Areas to coordinate respite resources across Nebraska. The Lifespan Respite Network was established to:

1. Create a single point of contact within each Service Area to provide information and referral regarding respite resources;
2. Increase the public's awareness of respite and provide community outreach by involving interested stakeholders and building on existing resources;
3. Increase access to respite resources by recruiting appropriate providers and promoting the expansion of respite services;
4. Ensure training is available for both consumers and providers by coordinating existing training resources and recruiting additional resources to meet the training needs across the Lifespan; and
5. Implement ongoing evaluation of providers, caregivers and the respite system to determine unmet needs.

The Service Standards described in this document are minimum standards intended to help the Nebraska Lifespan Respite Network to develop and coordinate respite services that best meet the needs of individuals and caregivers across the state. Adherence to the standards listed as 'Required Activities' is a requirement of agency in each of the six service areas awarded subgrants to implement and manage the Lifespan Respite Program, and this document serves as an attachment to these agencies' Subgrant Terms and Assurances. Standards listed as 'Recommended Activities' are not a requirement of the subgrants, but are meant to offer mechanisms for improved service.

The Nebraska Lifespan Respite Network is a statewide system and, as such, these standards are intended to establish continuity across the six local networks that make up the system. The required and recommended service standards established in this document apply specifically to the agencies awarded subgrants by HHS to conduct administrative duties for the six geographic regions designated by the Nebraska Lifespan Respite Network. These agencies are referred throughout the document as 'local networks'.

DEFINITIONS:

Caregiver means a friend, family member, or legal guardian residing with and providing ongoing care for an individual unable to care for himself or herself. (For respite, Caregivers must be "available on a 24-hour per day basis to assume responsibility for the care and supervision of the client. This may include a caregiver who is employed outside the home if s/he retains 'on-call' responsibility while away from the client."

Nebraska Respite Network means a statewide network responsible for the coordination of a statewide system that coordinates respite resources through six offices located in different geographic areas of the state.

Nebraska Respite Network Coordinator means one of six coordinators across Nebraska responsible for the coordination of respite resources within a multiple-county area.

Provider means the individual or agency that provides temporary relief (care, assistance or supervision) for the usual caregiver.

Respite Subsidy Program Across the Lifespan is designed to provide funding for caregivers to purchase respite services. The program is centralized and administered through the HHSS Central Office

Aged and Disabled Waiver (Home and Community-Based Waiver Services for Aged Persons or Adults or Children With Disabilities) - Home and community-based waiver services offer eligible persons a choice between entering a Nursing Facility (NF) or receiving supportive services in their homes. Medicaid funding through the Nebraska Medical Assistance Program (NMAP) is used to fund either service option. The average cost of waiver services funded by Medicaid must not exceed the average cost to Medicaid for NF services.

To be eligible for support through this "Aged and Disabled Waiver," a potential client must meet the following general criteria:

1. Have care needs equal to those of Medicaid-funded residents in Nursing Facilities;
2. Be eligible for Medicaid; and
3. Work with the services coordinator to develop an outcome-based, cost effective service plan.

EDN (Early Development Network) serves children from Birth until August 31 of the year in which they are three. EDN is Part III of IDEA (Individuals with Disabilities Education Act). EDN is the single point of entry to services

coordination for eligible infants and toddlers as identified by each planning region team via the systems contract. EDN was formerly the Early Intervention Program Early Intervention Medicaid Home and Community-Based Waiver is a Medicaid-funded program which pays for services coordination and respite care for infants and toddlers in the Early Intervention Program who have needs which qualify them for Nursing Facility level of care.

Area Agencies on Aging (AAA's) serve persons age 65 and older. For purposes of this document the area of the agency that provides services coordination and resource development for the Aged and Disable Waiver is the Medicaid related Program.

Independent Living Centers (ILC's) serve ages 18 to 64. . For purposes of this document the area of the agency that provides services coordination and resource development for the Aged and Disable Waiver is the Medicaid related Program. Currently the League of Human Dignity and the Center for Independent Living have contracts with the AD Waiver Program.

HHSS Services Coordinators for the AD Waiver serve children from August 31 of the year in which they are three through age 17.

EDN Services Coordinator's for the AD Waiver serve children from Birth until August 31 of the year in which they are three.

Developmental Disabilities System (DD) serves all ages For Purposes of this Document the HHSS Service Coordinators and supervisors are your contacts.

Rules and Regulations for the different programs are available on the HHSS website. <http://www.hhs.state.ne.us/reg/regs.htm>

COORDINATION WITH MEDICAID

Purpose

Because the Nebraska Lifespan Respite Network is funded by Medicaid, it is vital for local networks to develop formal relationships with Medicaid-related programs and staff in their service area. This includes the Aged and Disabled Medicaid Waiver, the Developmental Disabilities Medicaid Waivers, and the Early Intervention Medicaid Waiver, and those programs—HHS or other contracted agencies—that provide services coordination and/or resource development services for Medicaid-eligible persons: local Area Agencies on Aging (AAA), Independent Living Centers (ILC), Developmental Disabilities System, and Early Development Network.

Required Activities

1. The required strategic planning process must include information provided by all Medicaid-related programs regarding types of providers needed, types of clients in need of respite, training needs of providers, and problem areas regarding providers, at a minimum. All programs must be included in this process in order to have representative information for all ages of the Lifespan that use respite services.
2. At least one Medicaid-related program staff representing each of the age categories of the Lifespan (children with disabilities and/or complex medical needs, adults with disabilities and/or complex medical needs, and elderly persons) must be members of the local network's Advisory Committee. This includes the following participation:
 - a. For children on the Aged & Disabled Waiver, a Services Coordinator or supervisor from HHS;
 - b. For adults on the Aged & Disabled Waiver, a Services Coordinator or supervisor from an Independent Living Center in the service area;
 - c. For elderly on the Aged & Disabled Waiver, a Services Coordinator or supervisor from an Area Agency on Aging in the service area;
 - d. For persons on the Developmentally Disabled Waiver, a Service Coordinator or supervisor from HHS; and
 - e. For children on the Early Intervention Waiver, a Services Coordinator or supervisor from the Early Development Network.
3. A minimum of quarterly face-to-face meetings with each Medicaid-related program must occur. Difficulties in working collaboratively with any of these programs should be reported to the Respite Coordinator at HHS Central Office.
4. Information about communication between the local network and Medicaid-related programs must be provided as part of monthly reporting requirements, including:
 - Frequency of contact with each Medicaid-related program (e.g., daily, weekly, monthly). This includes e-mails, meetings, presentations, phone calls, etc.
 - Type of respite providers needed based on client need identified by each Medicaid-related program
 - Follow-up on ability of local respite network to fulfill the need for various types of providers identified by Medicaid-related programs
 - Action taken and feedback to Medicaid-related programs on their previous identification of provider need and any other respite-related issue raised
5. The list of current respite provider resources (with the current date on it, for reference) must be shared with all Medicaid-related programs based on their request, so that Medicaid program staff working with a client who

- qualifies for and is in need of respite services may make arrangement for that service directly.
6. When the local network misses a telephone call from any of the Medicaid-related programs, the network must return the call within one working day.

Recommended Activities

In addition to these requirements, some recommendations for communication with Medicaid-related programs include:

- When respite concerns or resource needs are identified by the Services Coordinator, the local network should consider making arrangements to attend client-specific team meetings on these issues, if invited
- When appropriate, make referrals to Medicaid-related programs
- As appropriate, use other existing meetings with Medicaid-related staff for regular contact

PLANNING PROCESS

Purpose

Strategic plans will help each local network to most efficiently achieve the mission of the Nebraska Lifespan Respite Network. The planning process will allow the local network to lay out specific goals; objectives and activities based on a clear understanding of the need for respite services in the geographic area.

Required Activities

1. The local network must develop a strategic plan for its service area every two years.
2. For each topic area, the plan must include: (a) a statement of need, (b) at least one goal, and (c) at least one specific measurable objective.
3. Goals and objectives must address the needs of all age categories across the Lifespan (children with disabilities and/or complex medical needs, adults with disabilities and/or complex medical needs, and elderly persons).
4. Topic areas include:
 - Coordination with Medicaid
 - Provider Recruitment
 - Provider Training
 - Caregiver Training
 - Information and Referral
 - Client Satisfaction
 - Record Keeping and Reporting
 - Complaint Processes

Attachment 2: NE Lifespan Respite Network Service Standards
Building Long-Term Sustainability in Nebraska's Lifespan Respite Program

- Quality Review
 - Advisory Committee Roles and Composition
5. The plan must analyze the need for respite providers including (1) current number of respite providers by age categories, (2) turnover rates of providers, (3) need for recruitment, and (4) percentage increase of providers to meet the projected needs over the next year period.
 6. The plan must describe intended outreach efforts that will increase public awareness, increase access to respite resources and create a single point of contact. This plan, as it relates to potential providers, must directly relate to the percentage increase described in #5 above, and should be provided under 'Provider Recruitment'. Outreach plans related to potential caregivers should be described under 'Information and Referral'. Plans must be approved by HHS Central Office.
 7. The first year of the two year plan must be submitted to the Nebraska Department of Health and Human Services (HHS) by March 1st of the initial year, in order to allow time for review and awarding of the grant for implementation on July 1st of the same year. Subsequently, new plans will be required by March 1st every year.
 8. An-annual progress report is due to the Respite Coordinator at HHS Central Office by August 30th each year.
 9. In developing the plan, the local network must solicit input on pertinent topics as appropriate from the following sources, and cite the sources appropriately:
 - Its Advisory Committee
 - Current respite providers
 - Current caregivers
 - A variety of health and human service agencies that serve all age categories across the Lifespan, such as Head Start programs and local public health departments
 - Hospital discharge planners and home health and hospice providers
 - Representatives from all local Medicaid-related programs, including the Aged and Disabled Medicaid Waiver, the Developmental Disabilities Medicaid Waivers, and the Early Intervention Medicaid Waiver, and those programs—HHS or other contracted agencies—that provide services coordination and/or resource development services for Medicaid-eligible persons: local Area Agencies on Aging (AAA), Independent Living Centers (ILC), Developmental Disabilities System, and Early Development Network
 - Internet-based resources, including Answers4Families, CONNECT, and IRIS; and the local 211 referral system, as available and with assistance from the Respite Coordinator at HHS Central Office
 - Other advisory groups for health or human service programs in the service area
 - Evaluations of presentations and activities within the service area

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Building Long-Term Sustainability in Nebraska's Lifespan Respite Program

- Statistical information collected by the local network, including referral outcomes
 - Other community assessments and plans developed in the service area, such as Head Start community needs assessments and Area Agency on Aging annual plans.
10. The plan must briefly describe how qualitative and quantitative data was collected.

PROVIDER RECRUITMENT

Purpose

Because the Nebraska Lifespan Respite Network is funded by Medicaid, the local network must first focus its provider recruitment efforts on the need articulated by Medicaid-related programs within its service areas. The source of this information should come, primarily, from local staff performing resource development for the Aged and Disabled Medicaid Waiver, the Developmental Disabilities Medicaid Waivers, and the Early Intervention Medicaid Waiver, including local Area Agencies on Aging (AAA), Independent Living Centers (ILC), Early Development Network and HHS staff.

Required Activities

1. Provider recruitment efforts must be described in the strategic plan, and must directly relate to an analysis of the need for respite providers, including: (1) current number of respite providers by age categories, (2) turnover rates of providers, (3) need for recruitment, and (4) percentage increase of providers to meet the projected need over the two-year period.
2. The local network's plans for provider recruitment must directly address the needs identified by Medicaid-related programs. Problems receiving this information from Medicaid-related programs should be reported to the Respite Coordinator at HHS Central Office.
3. The local network must assure that Adult Protective Services and Child Protective Services checks are done on providers annually.
4. Once provider recruitment plans are developed, the network must monitor and report to HHS Central Office on progress toward these plans in their monthly reports.

Because local networks and Medicaid-related program contractors are an extension of HHS, and because HHS Central Office has signed HIPAA business agreements with these local networks on file, it is acceptable and appropriate for all Medicaid-related programs to share information with local networks.

Recommended Activities

Examples of recommended recruitment strategies include:

- Local advertisement on television and radio
- Exchanging provider lists with other respite agencies
- Information sharing and presentations to post-secondary health programs such as nursing, occupational and physical therapy, as well as to school staff such as para-educators and special education teachers
- Information sharing at volunteer fairs, health fairs and other appropriate local events
- Posting information on appropriate web sites
- Recruiting at senior centers, senior volunteer programs, Independent Living Centers, high school and college students, churches and larger corporations
- Utilize current providers adequately and recognize and thank them for their work in order to maintain positive relationships and continue relying on their services

PROVIDER TRAINING

Purpose

Because providers are responsible for the care and safety of clients, it is important for them to have adequate understanding about what is expected of them in this role. In order to optimize the use of providers across the Lifespan, it is equally important that providers be trained for respite care and that resources for such care are available across the service populations of children with disabilities and/or complex medical needs, adults with disabilities and/or complex medical needs, and elderly persons.

Required Activities

Respite providers are not employees of the Department of Health and Human Services or of the Nebraska Lifespan Respite Network. As such, training cannot be required in order for them to be recommended or used. However, the local network must adhere to the following requirements:

1. The local network is required to offer opportunities for training across the Lifespan to providers on the following topics:
 - What is respite care
 - Activities of daily living
 - Positioning and handling
 - Seizures and medications
 - First aid and emergency procedures
 - Behavior strategies
 - Family-provider issues

Attachment 2: NE Lifespan Respite Network Service Standards
Building Long-Term Sustainability in Nebraska's Lifespan Respite Program

- Emergency medical treatment consent and release of liability
 - Nebraska Nurse Practice Act
 - Confidentiality
 - Contracting and billing procedures
 - Abuse and neglect reporting requirements
 - Philosophy on client choice and client direction
 - Specific diagnosis-related trainings, such as:
 - Alzheimer's Disease
 - Autism
 - Traumatic Brain Injury
 - Developmental Disabilities
2. The local network is not required to provide training to respite providers directly; however, it is required to maintain a list of community resources available for pertinent training topics and utilize them as appropriate.
 3. The local network must maintain relationships with community resources for training in order to be aware of scheduled training opportunities.
 4. The local network must share information on trainings with respite providers and advertise these events—when sponsored by the local network.
 5. If a resource is not available locally to provide training on a topic listed in #1 above, the local network must find such a resource elsewhere. Satellite training and videotaped presentations are acceptable and encouraged when appropriate.
 6. The local network is required to meet with Medicaid-related programs to prepare and coordinate an explanation of these programs for new respite providers. Explanation of Medicaid-related programs must include information on eligible providers, provider requirements, billing procedures, types of clients, and types of client needs.
 7. The local network is required to conduct evaluations of all trainings and use the results to inform the strategic plan.
 8. The local network must assist providers in locating translation of training materials so they are available in the appropriate language for non-English speaking providers, as well as interpretation services during the training, as needed.
 9. The local network is required to suggest the provider contact the Internal Revenue Service or local tax professional(s) for information on the legal obligations, as a contractor, for filing and payment of Social Security and all taxes. The local network should not attempt to interpret this information for training, as it is complex.

CAREGIVER TRAINING

Purpose

No matter the source of payment for respite services, it is the caregiver who employs the respite provider and, as such, he/she is responsible for assuring the safety of the client and for meeting all legal obligations of employment. It is in the best interest of the caregiver, then, to have a firm understanding of the parameters of respite care and his/her rights and responsibilities in establishing and using respite services.

Required Activities

1. The local network is required to offer opportunities for training to caregivers on the following topics:
 - How to hire and fire providers
 - How to train and evaluate providers, particularly with regard to the unique needs of their loved one
 - How to identify and report abuse and/or neglect
 - Administrative issues surrounding respite care (e.g., billing, available financial assistance, reporting changes of condition or need, and fraud)
 - Content of the Nebraska Nurse Practice Act, particularly an understanding of the health maintenance activities a provider is allowed to conduct
 - Philosophy of client choice and client direction
2. The local network is required to suggest the caregiver contact the Internal Revenue Service or local tax professional(s) for information on the legal obligations, as an employer, for withholding Social Security taxes when using an independent local contractor or an agency as the respite provider, and also how to file taxes to the Internal Revenue Service. The local network should not attempt to interpret this information for training, as it is complex. The local network is not required to provide the training to caregivers directly; however, it is required to maintain a list of community resources available for pertinent training topics and utilize them as appropriate.
3. The local network must maintain relationships with community resources in order to be aware of scheduled training opportunities.
4. The local network is required to share information on trainings with caregivers and to advertise these events, when sponsored by the local network.
5. If a resource is not available locally to provide training on a pertinent topic, it is the local network's responsibility to find such a resource elsewhere. Satellite training and videotaped presentations are acceptable and encouraged when appropriate.

6. The local network is required to meet with Medicaid-related programs to prepare and coordinate an explanation of these programs for caregivers. Explanation of Medicaid-related programs must include information on eligibility, client/caregiver requirements, authorization procedures, types of clients and types of client needs.
7. The local network must assist caregivers in locating translation of training materials so they are available in the appropriate language for non-English speaking caregivers, as well as interpretation services during the training, as needed.
8. If requested by caregivers, the local network must assist them in locating respite care in order to attend training.

Recommended Activities

Recommended practices related to caregiver training include:

- Financial assistance (e.g., care for the client or mileage) is recommended for caregivers in order for them to attend training.
- Provide written information during training for reference afterward.
- Suggest to caregivers that they conduct other background checks, in addition to those that are required, before hiring and using a provider. This might include additional reference checks, or a criminal history check or sex offender registry check through local law enforcement and the state patrol.

INFORMATION AND REFERRAL

Purpose

The local network is often the first point of contact for a caregiver in need of respite services. As such, it is vital that the local network shares pertinent information and be as accessible as possible for both interested caregivers and interested providers.

Required Activities

1. The local network must be available—in some capacity—during regular business hours to assist caregivers in accessing respite services. The local network must have voicemail or an answering service of some type when no one is directly available to assist a caregiver during regular business hours, and must check this service daily during the business week.
2. The network must fund and operate the statewide toll-free line, and must report the number and geographic location of incoming calls on monthly reports.
3. The network must describe its intended outreach efforts in the strategic plan that will increase public awareness, increase access to respite

- resources and create a single point of contact. Outreach plans related to potential caregivers should be described under 'Information and Referral'. Plans must be approved by HHS Central Office.
4. The local network must advertise its services to caregivers across the Lifespan, as articulated in the strategic plan.
 5. Information that must be maintained and available to the general public includes: (a) possible resources to assist in paying the cost of respite services and their eligibility criteria, and (b) a list of current (within six months) respite providers across the Lifespan, including contact information.
 6. The list of current respite providers and their contact information must be updated and verified for accuracy at least every six months, and disseminated to all Medicaid-related programs based on their request.
 7. The local network must use the standardized taxonomy protocol for recording information on resources in the system prescribed by HHS.
 8. The network must have basic knowledge of other community resources that may be related to caregivers using respite, so that referrals may be made as appropriate.

CAREGIVER SATISFACTION

Purpose

The satisfaction of the caregiver is crucial to the success of any respite program. It is vital, then, to gauge the opinions of caregivers that use these services, in order to make any necessary changes.

Required Activities

1. The local network must conduct satisfaction surveys with caregivers within 30 days after initial contact for assistance. The primary purpose of this survey should be to evaluate providers.
2. The satisfaction survey must be developed by the local network, with input from its Advisory Committee, and must include a minimum of the following data in a standard format:
 - Did the caregiver contact the provider?
 - How many providers did the caregiver contact?
 - How many providers did the caregiver use?
 - Was the caregiver satisfied with the provider(s) that was used?
 - If the caregiver was not satisfied with the provider, what was the specific issue?
3. Evaluations must be conducted after all training opportunities provided to caregivers, to determine the effectiveness of the training and speaker, and the value of the topic to caregivers.

4. The training evaluation should also be developed by the local network, with input from its Advisory Committee, and ask for the following data in a standard format:
 - Satisfaction with and perception of knowledge of the training speaker(s)
 - Satisfaction with and appropriateness of the training format
 - Satisfaction with and knowledge gained from the training content
5. A process for timely follow-up on concerns and complaints articulated on surveys and evaluations must be developed and implemented by the local network and its Advisory Committee.
6. The annual report of progress on the two-year strategic plan must include a summarization of both satisfaction surveys and training evaluations.

Recommended Activities

Some recommended practices with regard to caregiver satisfaction include:

- Providing self-addressed stamped envelopes in all surveys and evaluations that are to be mailed in
- Consider offering incentives for completing surveys and evaluations
- Set aside time at the end of all trainings and support group meetings to discuss any issues that caregivers may want to discuss regarding respite
- Keep in regular (e.g., monthly) contact with caregivers regarding respite services
- Offer annual recognition events (e.g., a dinner) for caregivers to improve their satisfaction
- Consider putting survey and evaluation forms on a website that caregivers may complete

RECORD KEEPING AND REPORTING

Purpose

Collecting and keeping information on program activities is a primary evaluation tool, as well as a mechanism for establishing accountability. By reporting specific information, HHS Central Office will be able to evaluate the progress and effectiveness of each local network to achieve the mission of the Nebraska Lifespan Respite Network.

Required Activities

1. Monthly reports must be submitted to HHS that include the following statistical information:
 - Total unduplicated number of providers on the resource list by age category of client served (children with disabilities and/or complex medical needs, adults with disabilities and/or complex medical needs, elderly)

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- Number of new providers signed up in the month
 - Number of providers that went off the resource list and their reasons
 - Number of providers that agree to become Medicaid providers
 - Number of caregivers that requested respite services by source of funding (private pay, Medicaid, DD Waivers, A&D Waiver, EI Waiver, EDN); and by age category
 - Average length of time from request to match with a provider
 - Caregiver satisfaction elements from survey
 - Number of trainings held, by audience (caregiver, provider); number attending each; and evaluation results for each category
 - Number of complaints made, by group (caregiver, provider, general public); type of complaint; result of complaint
 - Number and geographic location of incoming calls on statewide toll-free line
2. In addition to this statistical information, a brief narrative description of the following is required:
- The needs described by caregivers as they request respite services
 - Other networking meetings held (number, who with, what was the outcome)
 - Outreach efforts toward providers and caregivers, and the result of those efforts (number of providers and caregivers recruited)
 - Recognition and retention efforts with providers and/or caregivers
3. As stated elsewhere, communication with all Medicaid-related programs is vital to the success of the respite network. Information about communication with these programs must be provided monthly. This includes the Aged and Disabled Medicaid Waiver, the Developmental Disabilities Medicaid Waivers, and the Early Intervention Medicaid Waiver, and those programs—HHS or other contracted agencies—that provide services coordination and/or resource development services for Medicaid-eligible persons: local Area Agencies on Aging (AAA), Independent Living Centers (ILC), Developmental Disabilities System, and Early Development Network. Required information includes:
- Frequency of contact with each Medicaid-related program
 - Type of respite providers needed based on client need identified by each Medicaid-related program
 - Follow-up on ability of local network to fulfill provider needs identified by Medicaid-related programs
 - Action taken and feedback to Medicaid-related programs on their previous identification of provider need and any other respite-related issue raised
4. During the two interim years between new strategic plans, the local network must develop an annual progress report, based on the approved plan. The annual progress report is due to the Respite Coordinator at HHS Central Office by August 30th each year and must follow the topic

areas used for the strategic plan.

COMPLAINT PROCESS

Purpose

Any service-providing program should anticipate that there will be problems, and develop a mechanism to address these problems. For the Nebraska Lifespan Respite Network, a primary mechanism to gauge and address issues is by developing and implementing a complaint process for caregivers and providers.

Required Activities

1. The local network must develop, with the assistance of its Advisory Committee, and implement a complaint process that will establish a consistent:
 - a. Point of contact for all complaints
 - b. Investigation process including appropriate person(s) to investigate complaints against the network, caregivers and providers
 - c. Recording keeping mechanism for all steps of the complaint process, such as a complaint log
 - d. Timelines for completion of investigation and determination of outcome
 - e. Criteria for types of complaints that require follow-up with the complainant, versus those that do not
2. All complaints made by caregivers must be followed up immediately.
3. Complaints against the local network must be given to the local network's Advisory Committee and to the Respite Coordinator at HHS Central Office for investigation.
4. Once a complaint process is established, the local network must provide information about this process to current caregivers and respite providers, and to all new caregivers and providers that utilize the network from that point forward.
5. When asked, information about the complaint process must be provided to the general public.
6. Advisory Committee meetings must include a public comment period for the general public to share concerns and complaints.
7. Complaint information must be recorded as part of monthly reporting requirements, also described in this document. This information must include number of complaints made by group (caregiver, provider, and general public), type of complaint, and result of complaint.
8. Complaint information must be analyzed annually in developing and modifying the strategic plan.
9. Any complaint involving suspected abuse, neglect or exploitation must be reported to the HHS Abuse and Neglect Hotline (1-800-652-1999) or law

enforcement immediately. Any other suspected criminal activity must be reported to law enforcement immediately.

QUALITY REVIEW PROCESS

Purpose

A quality review process will help each local network determine whether the services available are actually meeting the needs of clients and caregivers. Both the local network and HHS Central Office need to assess the performance of the network in order to make improvements in efficiency and quality.

Required Activities

HHS Central Office implements a standardized quality review process across all service areas. This process includes two annual components:

- A. A review of Subgrant requirements—including adherence to all requirements in this addendum,
 - B. A review of progress toward achievement of the strategic plan together with goals and objectives for the upcoming year, and
 - C. A peer review, which allows for coordinators from each local network—together with HHS Central Office staff and others—to participate in the overall evaluation of another local network.
1. The local network is required to conduct all activities and meet all obligations stipulated in the “Subgrant Terms and Assurances” with HHS.
 2. The local network is required to submit, modify and report on a two-year strategic plan, as described elsewhere in this document.
 3. The local network is required to host a peer review of their network once every two years.
 4. The local network’s coordinator is required to participate as an evaluator in one peer review every two years.
 5. The local network is required to provide access to all documentation and records to their peer review team, including complaint logs, satisfaction surveys, training evaluations, and Advisory Committee agendas and minutes.
 6. If requested by HHS, the local network must participate in all HHS Quality Assurance efforts of the Medicaid-related programs, including the Aged and Disabled Medicaid Waiver, the Developmental Disabilities Medicaid Waivers, and the Early Intervention Medicaid Waiver.
 7. The local network must develop a mechanism to self-evaluate its capacity and ability in the following areas: Information and referral; public awareness; recruitment efforts; provider training; and caregiver training.

ADVISORY COMMITTEE ROLES AND COMPOSITION

Purpose

An Advisory Committee is an ideal mechanism through which to gain professional consultation from a broad and diverse group of advisors who understand the importance of your work and have a desire to see you succeed. For the Nebraska Lifespan Respite Network, it is important that all local network Advisory Committees have the same understanding of their responsibility.

Required Activities

Advisory Committee Composition:

1. As stipulated in Subgrant Terms and Assurances, each local network is required to have an Advisory Committee that represents the entire Lifespan.
2. The total number of Advisory Committee members is at the discretion of the local network; however, it is required that every attempt be made to garner a minimum of 20% of the total membership from family caregivers for children with disabilities and/or complex medical needs, adults with disabilities and/or complex medical needs, and elderly persons, that are co-residing. If unable to meet the 20% requirement, the network must provide documentation of attempts made to the HHS Respite Coordinator.
3. Total membership must reflect diversity in:
 - a. Race/ethnicity to the extent that they represent all cultures that are most prevalent in the service area,
 - b. Income level, and
 - c. Geographic representation across the service area.
4. Advisory Committee membership must include a wide breadth of professional members that include:
 - a. Representation of agencies that provide services across the Lifespan (children and adults with disabilities and/or complex medical needs and elderly persons), and
 - b. Various perspectives, including but not limited to health care providers, behavioral health care providers, local government and community leaders, and education.
5. Advisory Committee membership must include representation from a minimum of three Medicaid-related programs that represent services to each of the three age categories. Possible membership may come from the following: the Aged and Disabled Medicaid Waiver, the Developmental Disabilities Medicaid Waivers, and the Early Intervention Medicaid Waiver, and those programs—HHS or other contracted agencies—that provide services coordination and/or resource development services for Medicaid-eligible persons: local Area Agencies on Aging (AAA), Independent Living Centers (ILC), Developmental Disabilities System, and Early Development Network.

6. Network agency staff may not serve on the Advisory Committee as voting members.

Advisory Committee Responsibilities:

The local network's Advisory Committee must:

1. Review the local network's budget and expenditures, at least quarterly
2. Provide input to the local network on:
 - a. Hiring of the coordinator
 - b. Duties/responsibilities of the coordinator
 - c. Hours of service
 - d. Public information messages to be used
 - e. Strategies to assure that services are available to all ages of the Lifespan, all predominant racial/ethnic groups in the service area, and all persons eligible for Medicaid-related programs, and are geographically disbursed throughout the service area
3. Represent the philosophy and mission of the Nebraska Lifespan Respite Network throughout the service area
4. Serve as a liaison between the Nebraska Lifespan Respite Network and other boards that a member may serve on
5. Design, provide input to, and evaluate the strategic plan every two years—particularly the effectiveness of the network to meet the need for providers, and review it for changes/updates in the interim
6. Review the coordinator's performance annually in relation to achievement of the strategic plan
7. Assist the local network in developing and implementing a complaint process
8. Participate in an annual quality review process, including a peer review
9. Maintain records, including meeting agendas and minutes
10. Include a public comment period within each meeting for input from the community
11. Develop a mechanism to self-evaluate the network's capacity and ability in the following areas: Information and referral; public awareness; recruitment efforts; provider training; and caregiver training.

Recommended Activities

Though not required, it is recommended that the local network consider the following best practice strategies as well:

1. Reimburse caregiver members for mileage to meetings
2. Provide child care or attendant care for caregiver members at meetings to make it convenient to attend
3. Develop a special project for the Advisory Committee to work on that allows them to contribute to the program in a non-traditional manner
4. Offer conference calling as an option for members that must otherwise travel long distances to meetings

Utilize electronic communication and faxing for materials when possible