

Good Life. Great Mission.

Helping People Live Better Lives

| DHHS BUSINESS PLAN | JULY 2017 - JUNE 2018 |

NEBRASKA
DEPT. OF HEALTH AND HUMAN SERVICES





COURTNEY N. PHILLIPS, PhD, CEO

“Good Life. Great Opportunity.” When Governor Pete Ricketts launched this new state branding campaign, each state agency had the option to pick its own great word. For us at DHHS, the choice was simple – “Good Life. Great Mission.” We chose “mission” because it embodies who we are and what we do. Our mission is helping people live better lives and that is what drives us and inspires us as we continue our journey of improvements to become an even more effective, efficient, and customer-focused Department.

We appreciate continued support from Governor Ricketts, as well as his leadership and commitment to operationalizing excellence in state government.

Our first-ever Business Plan, released last June with those priorities in mind, was embraced by our team. We completed 19 of the 25 priority initiatives with significant progress made on the remainder. In fact, over 93 percent of the 213 deliverables identified for the period ending June 30, 2017, were accomplished.

I am pleased to release our 2017-18 Business Plan which outlines 20 priority initiatives for the fiscal year ahead. Some build upon last year’s priorities, while others provide new opportunities for the Department and ultimately, for those we serve. It will carry us forward and hold us accountable not only to ourselves, but also to policy makers, stakeholders, and the public.

I am confident it will be met with continued enthusiasm by our highly-talented team members who are dedicated to our mission. They strive to provide strong customer service in a culture that is open to change and encourages ongoing improvement.

By setting and achieving these initiatives, we are positioning DHHS to continue helping people live better lives. We are Good Life. Great Mission.

#TeamDHHS

Message from the CEO	2
Executive Summary	4
A Look Back at 2016-2017 Accomplishments	6
Introduction and DHHS Overview	10
DHHS Initiatives	14
INTEGRATING SERVICES AND PARTNERSHIPS	
Nebraska System of Care for Children, Youth and Families.....	14
Keeping Families Together.....	16
Beatrice State Developmental Center.....	18
PROMOTING INDEPENDENCE THROUGH COMMUNITY-BASED SERVICES	
Medicaid Long-Term Care Services and Supports Redesign.....	19
Timely Access to Developmental Disability Services.....	21
FOCUSING ON PREVENTION TO CHANGE LIVES	
Prescription Drug Overdose Prevention and Prescription Drug Monitoring.....	22
Prevent and Reduce the Number of Children in Out-of-Home Placements.....	23
Expansion of Alternative Response.....	25
LEVERAGING TECHNOLOGY TO INCREASE EFFECTIVENESS	
Nebraska Caregiver Responsibility Tool.....	26
Child and Adult Abuse/Neglect Central Registry.....	27
Behavioral Health Centralized Data and Electronic Billing Systems.....	28
Electronic Benefit Transfer Cards for the WIC Program.....	29
MMIS Replacement Project – Data Management Analytics and Claims Broker Services.....	30
Medicaid Eligibility and Enrollment System.....	31
INCREASING OPERATING EFFICIENCIES AND IMPROVEMENTS	
Maintain and Improve ACCESSNebraska’s Performance.....	32
Patient Admission and Discharge Flow at the Lincoln Regional Center.....	34
Developmental Disabilities Quality Management.....	35
Children’s Services Licensing and Community-Based Developmental Disability Agency Provider Certification.....	36
Reduce Single State Audit Findings.....	38
Streamlining Operational Improvements.....	39
DHHS Values and Core Competencies	41

EXECUTIVE SUMMARY

The 2017-2018 Business Plan, “Good Life. Great Mission.”, outlines key priorities that will guide the work of the Department through the next year. The Department’s first business plan, launched last year, resulted in sustainable improvements and measurable outcomes. Several examples are shared in the Look Back section of this Business Plan.

DHHS team members are motivated by our great mission - helping people live better lives - to develop high-quality, efficient, and customer-friendly services. Their work touches the lives of Nebraskans every day, and the team works diligently to be responsive in serving our state’s most vulnerable citizens.

Governor Pete Ricketts has set state government on a positive trajectory with a set of five priorities to guide the work of state agencies, as well as establishing a new branding initiative for Nebraska: Good Life. Great Opportunity. The five priorities the Governor has identified are:

- A more efficient and effective state government
- A more customer-focused state government
- Grow Nebraska
- Improve public safety
- Reduce regulation and regulatory complexity

The Department’s Business Plan identifies 20 priorities that strategically align with the Governor’s priorities and branding initiative. These priorities will guide current and future work of the Department through June 2018, resulting in measurable improvements, and continues our focus on being accountable and transparent. The priorities are grouped under five categories that span the work of the Department:

- Integrating Services and Partnerships
- Promoting Independence through Community-Based Services
- Focusing on Prevention to Change Lives
- Leveraging Technology to Increase Effectiveness
- Increasing Operating Efficiencies and Improvements



Nebraska Governor Pete Ricketts and DHHS CEO Courtney Phillips tour a DHHS office.

Integrating Services and Partnerships

DHHS continues to align with the Governor’s priority of creating a more efficient, and effective state government. We continue to prioritize integrating services across our Department to create simplified processes and increase quality of care for clients.

To become a more comprehensive and coordinated system, DHHS and our partners will work across Divisions, disciplines, and programs to create greater value for taxpayers and deliver better outcomes to the people we serve.

There are three DHHS priorities in this category:

- Nebraska System of Care for Children, Youth and Families
- Keeping Families Together
- Beatrice State Developmental Center

Promoting Independence through Community-Based Services

Community-based services are a vital support system for clients to maintain their independence and thrive in their home Nebraska communities. The Department continually transforms and improves the service delivery system to

enhance community capacity and minimize reliance on institutional services. The DHHS team is committed to serving our clients in safe and supportive environments and will continue to use stakeholder engagement to guide our work.

There are two priorities in this category:

- Medicaid Long-Term Care Services and Supports Redesign
- Timely Access to Developmental Disability Services

Focusing on Prevention to Change Lives

DHHS invests in building healthy life tools for Nebraskans. These preventive tools can take on many forms, whether it is providing support to families, preventing child abuse or neglect, or preventing disease. By working with Nebraskans to achieve lifelong success, the Department improves lives and helps grow Nebraska – Good Life. Great Mission.

There are three priorities in this category:

- Prescription Drug Overdose Prevention and Prescription Drug Monitoring
- Prevent and Reduce the Number of Children in Out-of-Home Placements
- Expansion of Alternative Response

Leveraging Technology to Increase Effectiveness

As the Department looks toward the future, technology will continue to be a valuable tool. DHHS must keep pace with the constantly changing landscape and streamline and automate processes, provide real-time data, and make our information and services more accessible, timely, and customer focused.

There are six priorities in this category:

- Nebraska Caregiver Responsibility Tool
- Child and Adult Abuse/Neglect Central Registry
- Behavioral Health Centralized Data and Electronic Billing Systems
- Electronic Benefit Transfer Cards for the WIC Program

- MMIS Replacement Project – Data Management Analytics and Claims Broker Services
- Medicaid Eligibility and Enrollment System Phase II and Phase III Planning

Increasing Operating Efficiencies and Improvements

Operational excellence is a foundation of our administration. DHHS continually looks for more efficient and effective ways to improve processes and programs. Improvements in processes make the Department well positioned to serve Nebraskans.

There are six priorities in this category:

- Maintain and Improve ACCESSNebraska's Performance
- Patient Admission and Discharge Flow at the Lincoln Regional Center
- Developmental Disabilities Quality Management
- Continued Process Improvements – Children's Services Licensing and Community-based Developmental Disability Agency Provider Certification
- Reduce Single State Audit Findings
- Streamlining Operational Improvements

The Department of Health and Human Services will work diligently to achieve these 20 priority initiatives as outlined in the plan. Nebraskans can be confident the Department will continue its commitment to helping people live better lives.



A LOOK BACK AT 2016 – 2017 ACCOMPLISHMENTS

This section highlights a selection of the Department’s successes from the 2016-2017 Business Plan. In addition, all 25 priority initiatives are listed with pie charts depicting results.

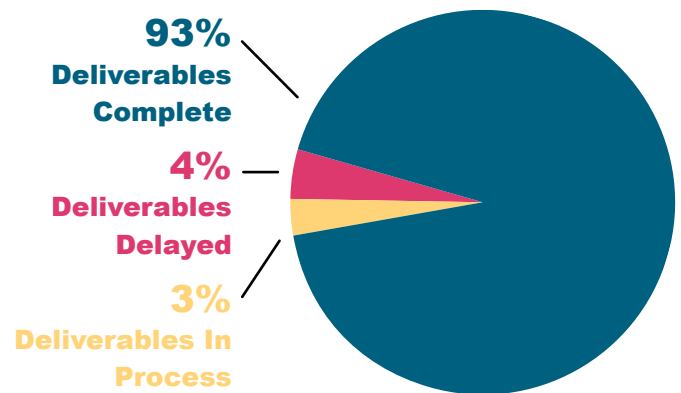
The initiatives identified in the 2016 -2017 Business Plan show a year of real improvements, sustainable progress, and better lives for Nebraskans. The 25 initiatives in our first Business Plan served as a roadmap to achieve Governor Ricketts’ goal of improving state government through strategic actions and measurable outcomes, creating a more effective and efficient Department, reducing regulatory burden, and improving customer service.

The Department completed 19 of the 25 initiatives with significant progress made on the remainder. Over 93 percent of the 213 deliverables identified for the plan year were accomplished. Several of the initiatives span beyond the 2016-2017 Business Plan and are being carried forward with expanded strategies and deliverables.

Progress is evident in continued improvements to ACCESSNebraska. The Legislature’s ACCESSNebraska Oversight Committee commended the Department, and

ended their oversight. Average call wait times for economic assistance decreased from 14 minutes in August 2015 to under five, and wait times for the Medicaid customer service centers have been consistently under five minutes. Timely processing of 95.28 percent of Supplemental Nutrition Assistance Program (SNAP) applications ranks Nebraska 15th in the nation compared with 48th in April 2015.

2016 - 2017 Deliverables Complete



INTEGRATING SERVICES AND PARTNERSHIPS

Heritage Health (Medicaid Managed Care)

9 of 9 deliverables met

Implement Medicaid managed care, integrating physical, behavioral and pharmacy health services.



Behavioral Health System of Care for Children, Youth and Families

4 of 4 deliverables met

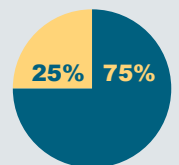
Establish a framework for integrating mental health services and supports for children who have a serious emotional disturbance through a collaboration with public and private partners.



Family-Focused Case Management in Economic Assistance

3 of 4 deliverables met

Promote self-sufficiency and reduce the number of persons on public assistance programs leading to sustainable employment and improved parenting.



Cross-Division Solutions Team

9 of 9 deliverables met

Identify solutions for individuals and/or families who have complex needs that necessitate coordinated services from multiple DHHS Divisions.



● Completed ● In Process ● Delayed

We improved our application process for developmental disability services. The Department consistently heard the process was confusing and cumbersome, and worked in partnership with families, individuals and stakeholders to create efficiencies.

Time to determine eligibility was slashed from an average of 69 days to 14. The application was streamlined from 14 pages to three, and developmental disability services were added to the ACCESSNebraska website to access information any time.

We prioritized a customer-friendly process for the approximately 176,000 professionals the Department licenses. Simplified applications, streamlined screening and faster turnaround times are improvements made to nurse, medication aide, and other licensing processes. For example, turnaround time for medication aide applications now averages nine days instead of 39.

The Department also launched the Nebraska Behavioral Health System of Care for children. This statewide public-private partnership builds on existing behavioral health resources and relationships and realigns existing dollars so families can more easily navigate the behavioral health system. It gives children and families a voice and a meaningful role in the decision-making process, which positively impacts their care. The first statewide service, crisis response, was launched in May 2017.

FOCUSING ON PREVENTION

Prescription Drug Overdose Prevention and Prescription Drug Monitoring
11 of 11 deliverables met

Expand access and enhance use of the Prescription Drug Monitoring Program.

100%

Expansion of Alternative Response
8 of 8 deliverables met

Expand the delivery of Alternative Response and connect families to supports and services that help prevent children from being placed outside the family home due to safety threats.

100%

Reduction in Out-of-Home Placements of State Wards by Safely Expediting Reunifications
12 of 12 deliverables met

Implement best-practice interventions to safely prevent the number of children in out-of-home placements, resulting in improvement of public safety.

100%

● Completed ● In Process ● Delayed

PROMOTING INDEPENDENCE THROUGH COMMUNITY-BASED SERVICES

Developmental Disabilities Home and Community-Based Waivers, and Community-Based Transition Plan
15 of 15 deliverables met

Develop and implement Developmental Disabilities HCBS waivers focused on person-centered, customer-focused planning.

100%

Developmental Disabilities Registry of Unmet Needs
5 of 5 deliverables met

Identify the service needs of individuals deemed eligible for DD services, and through the Registry, track those services by funding source.

100%

Long-Term Services and Supports Redesign Project
5 of 6 deliverables met

Strengthen access, coordination and integration of care through streamlined eligibility processes and collaborative care.

83%

Increasing Access to Evidenced-Based Community Treatment Services for At-Risk Youth
4 of 4 deliverables met

Expand services to at-risk youth to reduce out-of-home placements, prevent recidivism in juvenile offenders and improve family relationships.

100%

● Completed ● In Process ● Delayed

Our Medicaid program received federal approval to cover behavioral modification services to support the needs of children with autism spectrum disorder and other developmental services and their families. The implementation of multisystemic therapy and functional family therapy services to reduce out-of-home placements and improve family relationships were part of last year's Business Plan. These services will help many of the children we serve through Medicaid lead more fulfilling lives.

Medicaid's new managed care program, Heritage Health, began operations Jan. 1, 2017, integrating physical health, behavioral health, and pharmacy services into a single comprehensive and coordinated system. Having one health plan responsible for a more complete range of services encourages better health outcomes and more cost-effective services. Nebraska's three Heritage Health

plans, UnitedHealthcare Community Plan, WellCare, and Nebraska Total Care, must meet rigorous requirements relating to access to care, including having extensive provider networks so our state's Medicaid members have access to services no matter where in the state they live. The plans are also required to process 90 percent of claims that are complete and without error when submitted, within 15 days of receipt. In May and June, 2017, all three plans paid more than 97 percent of these clean claims within 15 days.

The Department gained approval from the federal Centers for Medicare and Medicaid Services for two of its Medicaid Developmental Disabilities Home and Community-Based Services waiver applications, the Medicaid Developmental Disabilities Comprehensive Waiver, and the Medicaid Adult Day Services Waiver.

LEVERAGING TECHNOLOGY TO INCREASE EFFECTIVENESS

Improve Utilization of THERAP

11 of 11 deliverables met

Use electronic documentation system to its greatest functionality while evaluating its effectiveness for continued utilization.

100%

Developmental Disabilities Eligibility Determinations

17 of 17 deliverables met

Create a more user-friendly application process and ensure an accurate and timely eligibility determination.

100%

Veterans' Homes Electronic Health Record and Pharmacy Management Software

21 of 21 deliverables met

Implement a new integrated EHR system including conversion of legacy system data.

100%

Behavioral Health Centralized Data System

5 of 5 deliverables met

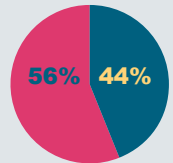
Improve data that informs service planning for the public behavioral health services for children and adults.

100%

Medicaid Client Eligibility and Enrollment Solution

4 of 9 deliverables met

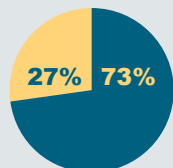
Increase automation for eligibility processing and make it more customer-friendly by utilizing technology that can be further leveraged by DHHS in the future.



Medicaid Management Information System (MMIS) Replacement Project

8 of 11 deliverables met

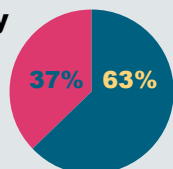
Provide Nebraska Medicaid with improved capability to manage the vast amounts of data it receives.



Enterprise Technology Delivery

5 of 8 deliverables met

Create an enterprise IT strategy within DHHS that provides a long-term foundation and sustainability.



● Completed

● In Process

● Delayed

Another highlight was achieving national public health accreditation, showing we have high-performing public health programs and services that meet the needs of Nebraska communities and citizens.

The Department and the Nebraska Health Information Initiative launched an enhanced prescription drug monitoring program as part of our prescription drug overdose prevention initiatives. Health care professionals who prescribe and dispense medications now have online access to patients' controlled substance medication histories, and all dispensed prescriptions for controlled substances must be reported to the system.

The accomplishments of the past year are due to the work of a dedicated team who live the DHHS mission of helping people live better lives.



INCREASING OPERATING EFFICIENCIES AND IMPROVEMENTS

Public Health Accreditation

6 of 6 deliverables met

DHHS Division of Public Health achieves national accreditation.

100%

LPN/RN Licensure Application Improvements

8 of 8 deliverables met

Reduce amount of time required to process nurse licensing applications.

100%

Central Nebraska Veterans' Home

8 of 9 deliverables met

Meet construction timeframes and transition plan milestones for members, employees and volunteers.

11% 89%

Employee Recruitment and Retention

8 of 8 deliverables met

Enhance human resources operations to establish a foundation and long-term strategic plan for recruitment and retention.

100%

Improve Flow and Decrease Wait List at Lincoln Regional Center

4 of 4 deliverables met

Increase access to appropriate and effective integrated behavioral health services, particularly for individuals with complex mental health needs.

100%

Maintain and Improve ACCESSNebraska Performance for Economic Assistance Program

6 of 6 deliverables met

Evaluate and implement more efficient and effective systems in ACCESS-Nebraska that improve customer service and long-term performance.

100%

Single Audit Corrective Action Plans

3 of 3 deliverables met

Fully implement all corrective action plans by June 30 of the fiscal year following an audit period.

100%

● Completed

● In Process

● Delayed

INTRODUCTION

The Department of Health and Human Services celebrated its 10-year anniversary on July 1, 2017. The creation of a single department, through legislation in 2007, defined the core areas of its responsibilities into divisions that would be more easily understood by those we serve. This was an additional commitment to provide accountability, accessibility, and transparency.

It is with that commitment that we release this Business Plan which will guide the work of the Department of Health and Human Services through June 2018. The Plan outlines 20 priority initiatives that will create a more effective and efficient Department that is customer focused. The Plan defines goals and charts progress as we continue our mission of helping people live better lives. While the Business Plan does not represent the full work of the Department, its purpose is to present the top priorities.



DHHS OVERVIEW

Organizational Review

The Department of Health and Human Services provides important and oftentimes life-sustaining services to all Nebraskans. As Nebraska's largest state agency, DHHS is responsible for nearly one-third of state government in terms of employees and budget.

The Department's values guide employees in achieving our mission and effectively implementing the state- and federally-mandated programs and services that assist Nebraskans. These values include: constant commitment to excellence, high personal standard of integrity, positive and constructive attitude and actions, openness to new learning, and dedication to the success of others.

Leadership and Management

The Chief Executive Officer, who is appointed by the Governor and confirmed by the Legislature, directs the responsibilities and work of the Department.

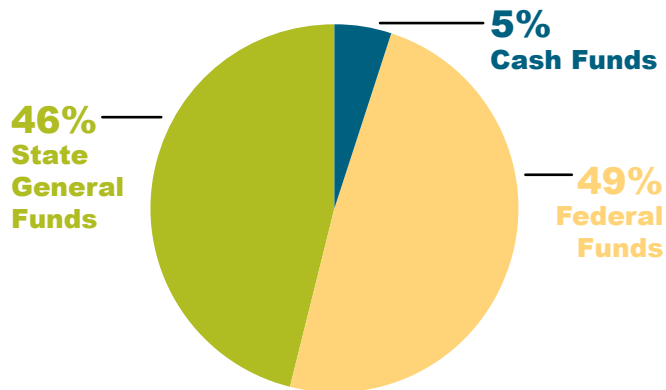
As of July 1, 2017, the Department is comprised of five Divisions and seven operational areas. The five Division Directors, who are appointed by the Governor and confirmed by the Legislature, report to the CEO. The Divisions are Behavioral Health, Children and Family Services, Developmental Disabilities, Medicaid and Long-Term Care, and Public Health.

Operational areas include Communications and Legislative Services, Financial Services, Human Resources and Operational Excellence, Information Systems and Technology, Internal Audit, Legal Services, and Support Services.

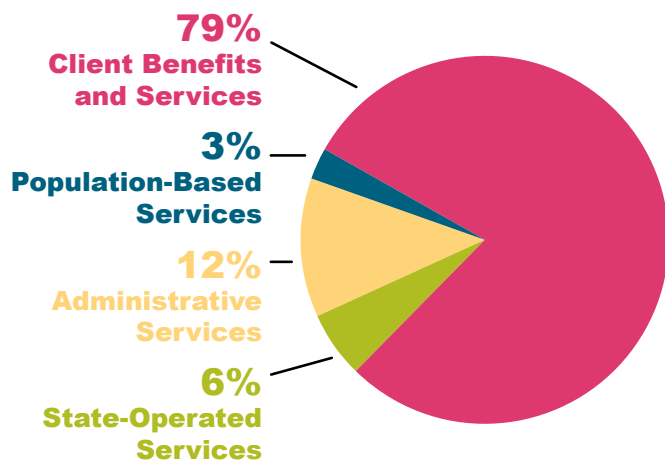
The Division of Veterans' Homes, which had been part of DHHS, became part of the Nebraska Department of Veterans' Affairs on July 1, 2017 as a result of LB 340, passed in 2017.

At the end of June 2016, the Department reported 5,562 full-time equivalent employees. This includes staff in all offices and the ten 24-hour facilities located across the state.

Appropriations to support programs and services for Fiscal Year 2017 totaled \$3,674,513,663. The funds came from three sources: federal funds (49 percent), state general funds (46 percent), and cash funds (5 percent).



In State Fiscal Year 2017, more than three-fourths (79 percent) of DHHS appropriations were for cash benefits and services to Nebraskans. Six percent was for state-operated facility-based services, such as the Beatrice State Developmental Center, three Regional Centers, four Veterans' Homes, and two Youth Rehabilitation and Treatment Centers. Three percent was to provide population-based services, including public health prevention and promotion activities. Twelve percent went for administrative services, including the functions of determining eligibility for Department programs, the protection and safety of children, and service coordination.



The two guiding principles for managing the Department's budget are transparency and accountability. As a public agency, DHHS has a responsibility to use citizens' tax dollars wisely and to uphold the highest standards of fiscal integrity.



DIVISION OF BEHAVIORAL HEALTH

SHERI DAWSON, DIRECTOR

The Division of Behavioral Health is the behavioral health authority for the state and directs the administration and coordination of the public

behavioral health system to address prevention and treatment of mental health and substance use disorders. The Division's mission is to provide leadership and resources for systems of care that promote and facilitate resilience and recovery for Nebraskans.

The Division provides funding and contract management to six behavioral health regions and a variety of providers to ensure community-based mental health and substance abuse prevention and treatment services are available.

The Division operates three Regional Centers: Lincoln (LRC), Norfolk (NRC), and Hastings (HRC). Combined, they serve about 400 people. Services include general psychiatric services for those committed by a board of mental health or ordered there by a court (LRC), as well as treatment to sex offenders (NRC, LRC). Services also include treatment in a psychiatric residential treatment facility or substance use disorders for young men (HRC) and for young men who have sexually harmed (LRC/Whitehall). Most of the young men served have been involved in the criminal justice system.

An Office of Consumer Affairs focuses on recovery initiatives, planning, research, and advocacy for behavioral health consumers.

The Division provides the Behavioral Health Network of Care, an online resource for people with mental illness, their caregivers, and service providers that lets people access information about issues such as treatments, resources and diagnoses, and wellness recovery action plans. Consumers can also choose to communicate directly with other participants and to organize and store their own personal health information.



DIVISION OF CHILDREN AND FAMILY SERVICES

MATT WALLEN, DIRECTOR
(Effective August 5)

The Division of Children and Family Services provides child and adult protective services, economic assistance services, and juvenile rehabilitation and treatment services.

Child protective services include prevention activities, investigations of child abuse and neglect, in-home services to keep children at risk of abuse and neglect safely with their parents, domestic violence services, foster care and adoption services for children who cannot safely live at home, and transitional services designed to assist and promote self-sufficiency for youth preparing for adulthood. Services are organized into five service areas geographically aligned with judicial districts.

Adult protective services investigate reports of vulnerable adults who have been abused, neglected or exploited, intervene when maltreatment is confirmed, and connect individuals with the supports and services needed.

Economic assistance programs are a safety net for more than 270,000 Nebraskans and include programs such as Supplemental Nutrition Assistance Program (SNAP); Employment First education and job training; Aid to Dependent Children; Assistance to the Aged, Blind or Disabled; refugee resettlement; energy assistance; child care subsidy, as well as child support enforcement.

During State Fiscal Year 2017, the DHHS Office of Juvenile Services served an average of 113 youth in two accredited Youth Rehabilitation and Treatment Centers in Kearney and Geneva.



DIVISION OF DEVELOPMENTAL DISABILITIES

COURTNEY MILLER, DIRECTOR

The Division of Developmental Disabilities administers publicly funded developmental disability services to approximately 5,000 individuals within a community-based setting. As of June 2017, another 109 people live in four DHHS intermediate care facilities for persons with developmental disabilities (ICF/DD) in Beatrice.

The Division of Developmental Disabilities strives to support the choices of individuals with disabilities and their families by promoting and providing flexible, quality, member-driven services and supports within communities, and valuing our community connections with an emphasis on looking at a person's strengths and gifts.

The Division administers two home and community-based services (HCBS) Medicaid waivers as well as case management services. Services are provided based on each person's identified needs, state and/or federal guidelines and, when applicable, the availability of funds. While some services are delivered directly by DHHS, most services are delivered through a large network of individual and Department-contracted providers. The Division collaborates with other agencies, providers, families, and self-advocates, increasing opportunities for individuals with developmental disabilities to access the most integrated, least restrictive services and supports.

A registry of unmet needs and a waiting list are maintained by the Division to track applicants seeking services. Previously the Division maintained one large list. Those on the registry are requesting services for a future date, and those on the waiting list are past their identified date of need. Today, we know that approximately 1,000 people are requesting services in the future (registry), and approximately 2,000 are requesting services and are past their date of need (waiting list).

A clinical team is available to provide dental, nutritional, medical and psychiatric consultations, and support to eligible individuals in the community at large. Additional specialized staff provide training across the state in functional behavioral assessment, physical and nutritional management, and other topics relevant to supporting people with developmental disabilities.



DIVISION OF MEDICAID AND LONG-TERM CARE

THOMAS "ROCKY" THOMPSON,
INTERIM DIRECTOR

The Division of Medicaid and Long-Term Care (MLTC) includes Medicaid and the Children's Health

Insurance Program, Home and Community Services for Aging and Persons with Disabilities, and the State Unit on Aging.

Medicaid pays for health care services to eligible elderly individuals, persons with disabilities, low-income pregnant women, and children and their parents, covering more than one in every 10 Nebraskans. It administers non-institutional home and community-based waivers for the aged, adults and children with disabilities, and infants and toddlers with special needs. MLTC is also responsible for Medicaid eligibility determination, policy, provider enrollment, rate setting and reimbursement activities, claims processing, and program integrity activities.

The State Unit on Aging collaborates with public and private service providers to ensure a comprehensive and coordinated community-based services system that assists people to live in a setting they choose and continue to be contributing members of their community. The Unit partners with Nebraska's aging network that includes eight Area Agencies on Aging.



DIVISION OF PUBLIC HEALTH

DR. TOM WILLIAMS, DIRECTOR

The Division of Public Health brings together all the elements of public health within the Department of Health and Human Services.

It's committed to ensuring Nebraskans receive safe, effective, quality care as well as helping them live a healthy lifestyle throughout their entire lives.

The Division has two sections. One is Health Licensure and Health Data and the other is Community and Environmental Health. Health Licensure and Health Data is responsible for epidemiology and informatics; licensure, regulation and investigations of health-related professions,

occupations, facilities and services; public health preparedness and emergency response; and vital records, including birth, death and marriage certificates. Community and Environmental Health is responsible for community and rural health planning, environmental health, health promotion, and lifespan health services.

GENERAL OPERATIONS

DHHS has seven operational sections that provide specialized expertise and support to all Divisions. The daily work of these areas impacts the success of every team member in carrying out the DHHS mission of helping people live better lives.

Communications and Legislative Services (CLS) manages public, internal, and stakeholder communications including media relations, outreach and publicity/promotion efforts, the DHHS website, social media, newsletters, video productions, and graphic design. CLS also leads the legislative activities for the Department.

Financial Services provides support through budget development and monitoring, state and federal report preparation, program evaluation, accounting transactions, and revenue collections and monitoring. Financial Services also offers grant and contract support, claims processing, research, financial and program analysis, and cost allocation.

Human Resources and Operational Excellence provides personnel support to Department employees and managers across the state, including staffing requests for position reclassification and salary grade adjustments; analysis of staffing plans; workers' compensation and benefits; employee and labor relations; employee recognition, recruitment, selection, placement, retention, and succession planning; and the Employee Assistance Program. In addition, HR is responsible for training coordination, staff development, and team facilitation. Operational Excellence is an internal consulting team that identifies, develops, implements, and evaluates business practices throughout DHHS for efficiency and effectiveness with a concentration on improved services, reduced costs, and streamlined processes. Work may also impact other state agencies and external stakeholders. Operational Excellence provides additional assistance to DHHS program staff to implement corrective action plans.

Internal Audit evaluates, identifies, and assists areas in need of improvements with their current processes and procedures, and provides guidance and information to DHHS staff regarding procedures, operational controls, regulations, internal controls, and best practices. Internal Audit also maintains audit records and provides a DHHS point of contact for the coordination of all audits, reviews, attestations, or site visits in which a federal or state official is reviewing one or more DHHS programs or grants.

Information Systems and Technology (IS&T) provides planning and project management, implementation and ongoing support of information systems, network and hardware support including procurement and installation, and local area network management and maintenance. IS&T also offers an internal help desk support for both system-specific and Department-wide questions and concerns.

Legal Services provides legal advice to DHHS Divisions; represents DHHS in administrative hearings and court cases; interprets state and federal laws and regulations; provides records management; drafts and reviews legislation, rules and regulations, contracts, and other documents.

Support Services provides technical assistance and support in purchasing; equipment inventory; surplus property; vehicle management; risk management; land-based telecommunications; language line; Spanish translation; security and emergency planning; building access control; centralized scanning; property insurance administration; distribution of mail, and forms and supply management, contractual services, and sub-awards.

#BetterTogether

The daily work of these areas impacts the success of every team member in carrying out the DHHS mission of Helping People Live Better Lives.

INTEGRATING SERVICES AND PARTNERSHIPS

Nebraska System of Care for Children, Youth and Families

CONTINUED INITIATIVE FROM 2016-2017



BACKGROUND:

System of Care (SOC) is a framework for integrating mental health services and supports for children and youth who have a serious emotional disturbance, and their families, through a collaboration across and involving public and private partners, families and youth. It is a different way of doing business that improves access to a full array of coordinated community-based services while building on the strengths of individuals in providing prevention, treatment and support services. A system of care is person-centered, strength-based, culturally responsive, individualized, integrated, outcome-driven, research-based, and adequately and flexibly financed. Nebraska's System of Care effort has been aided by a \$12 million dollar, four-year federal grant awarded to DHHS' Division of Behavioral Health in 2016. As a result, a crisis response program is the first service now available statewide as part of the Children's System of Care. Crisis response teams providing immediate mental health crisis counseling to those in need are available at the local level through six Regional Behavioral Health Authorities.

GOAL:

Through the Nebraska System of Care for children, youth and their families, behavioral health services are integrated across public and private systems to support consumers and impact health. During the previous year, SOC efforts focused on increasing access to services. Through the development of a statewide Youth Mobile Crisis Response program and expansion of intensive case management services and other community based behavioral health services, youth and their families experience greater access to needed services and supports. The SOC created a common language for care through development of a cross systems glossary of terms and began the process of improving service delivery by eliminating duplication through mapping currently available services and reviewing existing funding streams. This phase is dedicated to reducing reliance on inpatient and residential services by increasing community-based services at a rate equal to or greater than the reduction in inpatient and residential services.

STRATEGY:

State-level standing work teams and local leadership groups will identify and implement mechanisms that enhance crisis response and furthers the use of appropriate evidence-based services. Professional consultation and therapeutic consultation services are being developed to support youth in educational settings. Expansion of services will also include intensive outpatient services in Region 1, a home-based family therapy model referred to as parent and child therapy (PACT) in Region 6, and expansion of the capacity to serve youth in the professional partner programs and peer support services in most Regions.

The SOC is also building on the work of our system partners regarding expansion of multisystem therapy. Clinical review will be completed regarding the top 10 percent of youth served with the most complex behavioral health needs as identified by service utilization and costs. The information gathered from the review will be used to identify services that will best meet their needs.

DELIVERABLES:

Deliverable	Target Completion
Convene identified cross-system partners for ad hoc data team.	August 2017
Review Medicaid State Plan.	August 2017
Complete data analysis of clinical conditions and underserved populations.	October 2017
Develop crosswalk of crisis continuum regulations, licenses and policies.	October 2017
Reduce reliance on inpatient and residential services by increasing community-based services at a rate equal to or greater than the reduction in inpatient and residential services.	December 2017
Initiate 10 trainings for parent, caregiver, and childcare providers on SOC services and supports.	December 2017
Identify a minimum of 10 potential services and funding options including maximizing or redirecting existing resources and considering possible Medicaid State Plan amendments.	December 2017
Identify a minimum of 5 evidence-based services that meet the needs of population from data analysis.	December 2017
Develop implementation or expansion plan for identified evidenced-based services.	March 2018
Establish a subgroup of the Financial Investment Workgroup to determine the flow of funding, payment mechanisms, rates, and information systems needed to manage authorizations, payments, and reporting.	June 2018
Develop a protocol for determining financial responsibility for payment of services that is consistent with the flow of funding, payment mechanisms, and information systems needed to manage payments.	June 2018
Identify community-based service alternatives for residential services.	June 2018

Keeping Families Together

CONTINUED INITIATIVE FROM 2016-2017



BACKGROUND:

Increasing income is a key factor in assisting families to achieve self-sufficiency. With a focus on providing services that improve the lives of our clients, the Division of Children and Family Services (CFS) will help grow Nebraska by expanding programming that assists families to:

- Eliminate barriers to employment,
- Find sustainable employment, and
- Reduce or eliminate reliance on public assistance.

CFS initiated two pilot programs – Family Focused Case Management (FFCM) and Supplemental Nutrition Assistance Program/Department of Labor Employment program (SNAP/DOL) – to stabilize and strengthen families to prevent intergenerational poverty and achieve self-sufficiency. The two programs aim at getting people who are unemployed and underemployed into jobs that help them reduce or eliminate their reliance on public benefits. FFCM was initiated in last year's Business Plan and SNAP/DOL is added to this Business Plan to bring an additional dimension to efforts to help more clients find better jobs to keep families together and prevent child abuse and neglect.

- **Family Focused Case Management Pilot** emphasizes working on the strengths of every member of the family. By partnering with our

Employment First contractors, training is provided to help eliminate barriers to long-term sustainable employment as well as job training and skill building. In addition, DHHS provides case management services that utilizes multiple DHHS programs to meet the family's needs. With expertise in family issues, community resources and multi-generational poverty, DHHS case managers help families complete a comprehensive assessment. The results are discussed and the family is given a choice to participate in the program. Families then establish a plan with specific tasks and goals to be completed. The case manager coaches the family to achieve the outcomes.

- **SNAP/Department of Labor Employment Pilot** helps SNAP clients who are already working advance their careers so they rely less or not at all on public benefits. In collaboration with the Department of Labor, the DHHS case managers provide assessment and coaching and help clients overcome barriers keeping them from higher-paying jobs. DOL staff provide job skill building, job training, job placement searches, résumé reviews, interview preparation, vouchers to buy clothing for interviews, and similar services. SNAP recipients completing the program have been connected with higher-paying jobs, benefits and/or better hours that help them to better support their families and improve family life.

GOAL:

The goal of this initiative is to stabilize and strengthen families to prevent intergenerational poverty and achieve self-sufficiency. The support and coaching provided to participating families will enable them to overcome problems and barriers as they arise. Families increase self-sufficiency resulting in employment or an increase in income, achieving personal satisfaction by reaching a career goal, securing housing, better school attendance and passing grades, and family spending more time together.

The Family Focused Case Management Pilot will assist 125 families by addressing the needs of all family members as a part of a self-sufficiency planning process. Work on

the pilot started in January 2016. Development took longer than anticipated and it was implemented in October 2016. An evaluation will be presented in January 2018 when next steps will be determined, including expansion into other programs and locations statewide. In the coming year, our goal will be to help 25 percent of participants achieve self-sufficiency.

The SNAP/DOL Employment Pilot in Grand Island will expand to Columbus. The pilot will also start in Hastings and Norfolk where technology will be used as a primary source of communication with participants. The goal is to provide services to a minimum of 70 families, and help 50 percent find higher-paying jobs, benefits and/or better hours.



STRATEGY:

Four CFS employees will staff the Family Focused Case Management Pilot through October 2017 in Omaha and North Platte. The Family Focused Case Management staff will complete assessments on all clients referred to the Employment First Program. Families who agree to participate in the program will develop an action plan to eliminate barriers and DHHS will provide coaching and mentoring to participants.

The Employment First contractors will assist with job assessments, skill development, and education to establish a career path.

Once Phase I of the pilot is complete, the Family Focused Program will be evaluated. The evaluation will look at the number of families assisted, the number of barriers to self-sufficiency that were eliminated, the amount of time to eliminate a barrier, families' readiness for their career path, and successful completion of the program. The evaluation will also review families who were not successful in the program and the reasons.

A second pilot phase will be launched utilizing lessons learned. The second phase could mean additional sites or an emphasis on a different DHHS population such as families at risk of abuse and neglect.

CFS will expand the SNAP/DOL Employment Pilot by continuing to develop the case management skills of the current pilot staff in Grand Island. A staff member will be redirected to expand into Columbus and Norfolk.

DELIVERABLES:

Deliverable	Target Completion
Expand SNAP/DOL Employment Pilot to Hastings.	July 2017
Expand SNAP/DOL Employment Pilot to Columbus.	September 2017
Completion of Phase I of Family Focused Case Management Pilot.	January 2018
Evaluation of Phase I of Family Focused Case Management Pilot.	January 2018
Launch Phase II of Family Focused Case Management.	March 2018
Expand SNAP/DOL Employment Pilot to Norfolk.	May 2018
Achieve self-sufficiency for 25% of participants in Family Focused Case Management.	July 2018
Help 50% of participants in the SNAP/DOL Employment Program find better-paying jobs, benefits and better hours.	July 2018
Completion of Phase II of Family Focused Case Management.	January 2019

Future of the Beatrice State Developmental Center

NEW INITIATIVE



BACKGROUND:

LB 895, passed by the Legislature in April 2016, required a comprehensive analysis of the Beatrice State Developmental Center (BSDC) and Bridges. The Division of Developmental Disabilities assessed the current state of both programs and made recommendations for the future.

Bridges closed in June 2017. Based on identified service gaps and the current state of developmental disabilities service array, the Division made the following preliminary recommendation: BSDC will remain open and will continue the current level of services for the individuals living there. BSDC will expand the service array to include crisis intervention and respite services.

Crisis intervention services will include behavioral support and medical professionals trained to work with individuals with intellectual and developmental disabilities (I/DD). Crisis intervention services will occur in the individual's current residence or at BSDC. Crisis services will be time-limited, but tailored to meet the specific needs of each individual.

Respite services will be offered to adults and their families. BSDC will serve as a respite provider only when all other options have been exhausted. BSDC will have the ability to work with individuals who have intense medical and behavioral needs.

BSDC will remain open and will continue the current level of services for the individuals living there. BSDC will expand the service array to include crisis intervention and respite services.

The Division requested a 36-month period to implement, evaluate, and continue to increase provider capacity. Crisis stabilization is the focus of the preliminary recommendation. However, the Department will take additional steps, working hand-in-hand with stakeholders, to further develop the service array while increasing provider community capacity.

GOAL:

The goal is to establish the Beatrice State Developmental Center as a resource able to serve multiple groups of Nebraska citizens with intellectual and developmental disabilities. Crisis intervention and respite services will benefit the individuals served and their providers and families while collaborating with community providers to build community capacity. By April 2018, BSDC will have 90 percent of individuals admitted under crisis intervention status recommended for discharge within 90 days.

STRATEGY:

The Division of Developmental Disabilities will ensure that a well-developed crisis intervention and stabilization delivery system is present. The Division will make available emergency and last stop respite services to individuals with intellectual and developmental disabilities. Division collaboration with stakeholders across Nebraska will allow for development of strategies to address the diverse needs of individuals with intellectual and developmental

disabilities. The Division will maintain data to assess needed services, utilization of resources, and success of the programs.

DELIVERABLES:

Deliverable	Target Completion
Recruiting, hiring, training practitioner positions; fill 90% of positions.	December 2017
Develop policies and procedures for eligibility, billing, and metrics for new services (respite and community-based crisis stabilization).	December 2017
Identify staff members who will provide new services and provide training.	January 2018 and ongoing
Conduct 4 trainings yearly for BSDC staff on crisis intervention.	February 2018 and ongoing
Review capacity of nursing facilities and identify possible community collaboration opportunities.	February 2018
Have 90% of individuals admitted under crisis intervention status recommended for discharge into community within 90 days.	April 2018
When appropriate, place developmentally disabled court-ordered custody act (DDCA) individuals for emergency evaluations at BSDC, rather than at the Regional Centers.	Ongoing
Meet quarterly with Department of Administrative Services to identify structural and maintenance needs for the physical plant.	Ongoing
Develop and implement respite program.	June 2018
Develop and implement crisis program.	June 2018
Partnership development with community healthcare networks and first responders.	June 2018 and ongoing
Achieve respite certification.	June 2018

PROMOTING INDEPENDENCE THROUGH
COMMUNITY-BASED SERVICES

Medicaid Long-Term Care Services and Supports (LTSS) Redesign

CONTINUED INITIATIVE FROM 2016-2017



BACKGROUND:

Nebraska’s new health care delivery system, which combines physical health, behavioral health, and pharmacy programs into a single comprehensive and coordinated managed care system for Medicaid and Children’s Health Insurance Program (CHIP) clients, successfully launched on Jan. 1, 2017. Heritage Health’s integration of services offers better communication among primary care providers and behavioral health providers, more opportunities for preventive care, and more consistent, all-inclusive coverage for individuals. Of note, in the first calendar quarter of 2017, over 41,000 individuals were assigned to care managers who directly help the individuals establish key relationships with primary care providers to reduce emergency room visits and other avoidable episodes of care. This system of care management protects the financial sustainability of the

Medicaid program. It also results in significant improvements in the lives of Medicaid members with complex medical needs.

Managed care is a system in which the state contracts with a managed care organization (commonly referred to as a MCO or health plan) to provide health care benefits and services to Medicaid and CHIP enrollees. Managed care is designed to improve access to care, enhance health outcomes, and reduce costs by eliminating inappropriate and unnecessary care through the use of preventive services and improved care coordination. Heritage Health offers a choice of three plans: Nebraska Total Care, UnitedHealthcare Community Plan of Nebraska, and WellCare of Nebraska.

While Medicaid-enrolled individuals have their physical, behavioral, and pharmacy health services coordinated by their Heritage Health plan, and their dental benefits administered through the dental benefit manager, long-term supports and services will continue to be administered, as it is today, by the Medicaid program. Nursing home care and services that help Medicaid members stay in the community when they may otherwise need facility level of care are examples of LTSS. LTSS programs in Nebraska and across the nation are working to address issues associated with an aging population, increasing costs of medical care, and budget concerns.

GOAL:

This effort will address high-priority systemic issues in the current LTSS programs, establish a no wrong door policy for initiating access to services, implement a uniform assessment tool, and transition to a managed long-term services and supports (MLTSS) delivery system. This system will promote the delivery of Home and Community-Based Services (HCBS) and improve the quality accountability of the services provided. It will also deploy DHHS resources more efficiently to ensure long-term system sustainability.

STRATEGY:

The redesign effort is a collaborative initiative between MLTC, other DHHS Divisions, and long-term care stakeholders to evaluate the current long-term care landscape, identify key opportunities for improvement, and restructure the overall system to meet the future challenges and growing demand for long-term supports and services.

DELIVERABLES:

Deliverable	Target Completion
Final LTSS redesign plan released.	September 2017
Begin planning and implementation phases.	September 2017
Fiscal agent in place serving 7,000 providers.	January 2018
No wrong door work plan developed.	January 2018
Standardized assessment work plan developed, 50% of the redesign project completed.	July 2018
Begin implementation of LTSS.	January 2020

Timely Access to Developmental Disability Services

CONTINUED INITIATIVE FROM 2016-2017



BACKGROUND:

All individuals who request services from the Division of Developmental Disabilities are placed on a statewide registry. Those who are determined eligible for Medicaid waivers are placed on a waiting list for services. As funding becomes available, individuals are offered services via a funding offer letter. As part of the previous Business Plan, the Division reviewed all individuals on the statewide registry to determine if they still desired services. With an accurate reflection of those with a need and waiting for services, service coordinators have the ability to reach out to them on an annual basis to offer service coordination and make them aware of other services available through other areas of DHHS.

This next initiative is to ensure that timely access to services occurs once an opening (often referred to as a “slot”) on the Medicaid Home and Community-Based (HCBS) waiver becomes available and is offered, and the individual accepts the waiver service offer.

GOAL:

The goal is to decrease the amount of time that elapses between when an individual who is eligible for DD services accepts a funding offer and when the individual actually

starts receiving services. The goal is to achieve the provision of service delivery within 60 days of funding offer acceptance. As of June 30, 2017, it took an average of 97 days for participants who accepted offers between January and June 2017 to start services.

STRATEGY:

All individuals determined eligible for DD services will be offered service coordination from the Division while on the registry and waiting list. A clear distinction between a registry and waiting list will be made with the adoption of newly written NAC 403 regulations. Only those individuals meeting the criteria of being on the waiting list will receive funding offers. Individuals on the waiting list will be assessed annually to ensure they continue to meet eligibility through the level of care assessment, therefore decreasing unnecessary lag time after a funding offer.

DELIVERABLES:

Deliverable	Target Completion
All newly DD-eligible individuals will be offered service coordination upon eligibility determination.	July 2017
Develop tracking mechanism for funding offers.	July 2017
Promulgate NAC 403 regulations.	October 2017
Re-write operational guideline for staff that outlines duties between funding offer and provision of services.	November 2017
Individuals begin provision of service delivery begins within a 60 days of a Medicaid HCBS funding offer acceptance 90% of the time.	December 2017
Complete an annual Level of Care assessment for 100% of individuals on the waiting list in compliance with federally approved HCBS waiver application.	June 2018
Monitor data to ensure progress towards goal.	Ongoing

Prescription Drug Overdose Prevention and Prescription Drug Monitoring

CONTINUED INITIATIVE FROM 2016-2017



BACKGROUND:

The Nebraska Department of Health and Human Services identified preventing unintentional drug overdose as a priority. DHHS has received two federal grants to provide more concentrated and coordinated efforts on this issue.

The rate of drug overdose deaths and emergency department visits in Nebraska has increased. The state's drug overdose death rate was 8.0 per 100,000 people in 2015 up from 3.6 per 100,000 in 2004. Emergency department visits related to drug overdoses were 128.6 per 100,000 people in 2014 up from 113.5 per 100,000 in 2007. Data through 2014 also indicates an increase in the rate of neonatal abstinence syndrome which happens when a baby is exposed to drugs before birth and then goes through withdrawal after birth. These trends

correspond with the national trend driven by the alarming increase in prescription opioid addiction. Reducing prescription drug abuse/misuse in Nebraska will help drive a reduction in drug overdose deaths, drug overdose hospitalizations, addiction, and in the rate of neonatal abstinence syndrome.

GOAL:

The Prescription Drug Monitoring Program (PDMP) will have more than 90 percent of Nebraska's 516 community pharmacies reporting all dispensed substances by the end of June 2018, and will register 30 percent of 22,790 eligible PDMP users (any provider who can prescribe medications and all pharmacists) by March 2018. Additionally, DHHS will develop and implement naloxone education resources for EMS, prescribers and dispensers, and pain management guidance for providers by December 2017.

STRATEGY:

The strategies listed below follow the best available evidence from the Centers for Disease Control and Prevention for states to address prescription drug overdoses. Nebraska will advance the following strategies to ensure the health and well-being of their residents.

- Identify and implement ways to further expand access and increase use of the PDMP. A PDMP is a state-run database that tracks prescriptions for controlled substances and can help improve painkiller prescribing, inform clinical practice, and protect patients at risk. In Nebraska, the PDMP is a patient safety focused tool that currently collects controlled substance data and will collect data on all dispensed prescriptions beginning January 1, 2018.
- Implement and promote opioid prescribing guidance document based on promising practices.
- Increase the knowledge of expanded access to and use of naloxone, the opioid overdose antidote.
- Conduct public health surveillance using PDMP and syndromic surveillance data to identify areas of need and publically disseminate reports on a regular basis.

DELIVERABLES:

Deliverable	Target Completion
Implement naloxone education for EMS providers.	November 2017
Implement naloxone education for prescribers and pharmacists.	December 2017
Finalize pain management guidance document.	December 2017
Develop naloxone PSA campaign.	March 2018
Register 30 percent of eligible PDMP users.	March 2018
Develop and implement pain management guidance education.	March 2018
90% of Nebraska community pharmacies will report all dispensed substances to PDMP.	June 2018
Continue training pharmacist, prescribers, and designees on access and use of PDMP system in high burden areas and statewide.	Ongoing
Collaborate with syndromic surveillance data to identify "hotspots."	Ongoing
Disseminate public health surveillance reports publically on a regular basis.	Ongoing
Continue to convene Drug Safety Advisory Group.	Ongoing

Prevent and Reduce the Number of Children in Out-of-Home Placements

CONTINUED INITIATIVE FROM 2016-2017



BACKGROUND:

Many children coming into the child welfare system have been traumatized by experiences of abuse or neglect. This trauma is often chronic and/or complex. Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the traumatic event(s). This may reduce their capacity to master developmental tasks. The longer traumatic stress goes untreated, the further children tend to stray from appropriate developmental pathways.

In the coming year, the Division of Children and Family Services (CFS) Protection and Safety unit will continue work to safely reduce the number of children in out-of-home placements. CFS will collaborate with service providers to implement Family Centered Treatment (FCT). This evidence-based service is scheduled to be implemented in areas of the state in October 2017. FCT is designed to prevent unnecessary removals and to expedite reunification safely.

To facilitate the implementation of FCT, a comprehensive study was conducted in Fall 2016 of the service array available to families across the state served by CFS. Service providers, foster care families, judges, and DHHS staff from several Divisions participated in the study through focus groups, surveys, conference calls, and meetings. Twelve recommendations to enhance services were advanced to address the identified service gaps by implementing a longer term, home-based therapeutic, evidence-based service focused on serving families with complex needs, such as:

- Substance abuse;
- Multigenerational abuse;
- Multiple involvements with child welfare;
- Domestic violence;
- Mental health needs;
- Significant family functioning issues; and
- Families of children with significant mental health or developmental delays resulting in significant behavioral issues.

Currently, about 61 percent of children served by CFS are in out-of-home placements.

GOAL:

CFS will implement best-practice interventions and services designed to safely prevent and reduce the percent of children in out-of-home placements to 55 percent by the end of the state fiscal year.

STRATEGY:

Research shows that children placed in out-of-home care experience trauma and are exposed to psychological and emotional risks that are likely to affect them for many years. CFS is committed to keep children at home whenever it is safe to do so.

In order to ensure the most appropriate child welfare services are available, CFS requested an analysis of Nebraska’s child welfare service array with recommendations for best practice. A main area of focus for this review was to consider the preservation and reunification services that exist throughout the state. High quality, home-based family preservation services are critical when making removal decisions and ensuring safety when the decision is for the children to remain at home with their families. The review by the consultant recommended that CFS consider an evidence-based practice with a broad and generalizable family systems approach, such as Family Centered Treatment.

Many children who are in out-of-home placements are there because of a parent’s addiction to illegal substances, preventing them from safely parenting their children. Equipping those that conduct drug tests with as much information and education about substance use disorders as possible, makes good sense. CFS will add Recovery Coaching as a component of training that Family Support

workers receive, allowing them to play a more supportive role in connecting parents to treatment and recovery services.

To continue our efforts of supporting families battling addictions, CFS will soon begin to track the substance abuse evaluation recommendations that are made by substance abuse professionals. This will provide valuable data to both CFS and the Division of Behavioral Health to be used when examining and making capacity decisions about substance abuse services across the state.

When safety planning with families, services are often needed immediately to prevent children from being removed from their family home. CFS will strengthen the In-Home Safety service to ensure that it is immediately accessible and able to assist families identify individuals to partner with the family in order to provide safety, stability, and support. The In-Home Safety service will also coordinate the initial Family Team Meeting, bringing together a team of individuals with a vested interest in keeping children safe and providing support to all family members.

The strategies developed will be fully operational by the mid-2017-2018 state fiscal year.

DELIVERABLES:

Deliverable	Target Completion
Sign contract for In-Home Safety Service.	July 2017
New In-Home Safety language effective.	July 2017
Providers selected by FCT for licensure.	August 2017
Recovery Coach Training selected by workgroup.	August 2017
Begin implementation of Recovery Coach Training into Family Support Group training	September 2017
New N-FOCUS changes to capture level of care recommendations from substance use evaluations.	August 2017
Training FCT contractor & CFS staff.	September 2017
FCT Contracts signed.	October 2017
Implement FCT in various parts of the state.	October 2017
Reduce the percent of children in out-of-home placements to 55%.	July 2018

Expansion of Alternative Response

CONTINUED INITIATIVE FROM 2016-2017



BACKGROUND:

Alternative Response (AR) helps families connect to the supports and services that strengthen parental protective factors so families can safely care for their children. Its goal is to address the needs of families with less severe reports of child abuse and/or neglect so they avoid further involvement in the child welfare system.

The Division of Children and Family Services (CFS) launched AR in October 2014 in five counties as a pilot project. It now serves families in 57 counties across the state. LB 225 was passed in 2017 by the Legislature and signed by Governor Ricketts, which continues AR and allows implementation in the state's other 36 counties.

AR is part of the Title IV-E Waiver Demonstration Project awarded in 2013 by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families. The University of Nebraska-Lincoln Center on Children, Families and the Law will assess AR's processes, outcomes, and costs as a third-party evaluator, which is required by the terms and conditions of the demonstration project.

The demonstration project will conclude in 2019 and the final evaluation will be completed in December 2019.

GOAL:

Families who receive Alternative Response will be more likely to remain together and not have their children removed from their home. By June 2018, Alternative

Response families will be 5 percent more likely than the traditional response comparison group to have their children remain in their home six months after case closure.

STRATEGY:

Implement Alternative Response statewide. CFS will collaborate with internal and external stakeholders on implementing AR in the remaining counties in the state. Additionally, evaluation and Continuous Quality Improvement data will be reviewed to assess program strengths and identify areas of growth in order to make adjustments that better serve Nebraska children and families.

DELIVERABLES:

Deliverable	Target Completion
Implement Alternative Response in 35 counties (Dawson, Gosper, Furnas, Knox, Cedar, Antelope, Pierce, Nance, Platte, Colfax, Saunders, Butler, Polk, Merrick, Hamilton, York, Seward, Cherry, Keya Paha, Boyd, Holt, Rock, Brown, Blaine, Loup, Garfield, Wheeler, Custer, Clay, Fillmore, Gage, Jefferson, Nucholls, Saline, and Thayer).	October 2017
Develop Alternative Response implementation plan with the tribes for Thurston County.	December 2017
Less than 10% of families receiving Alternative Response will have children removed within six months.	June 2018
90% of families receiving Alternative Response will obtain the help they needed.	June 2018
Support development of the Nebraska Children and Families Foundation's Child Well-Being Communities.	Ongoing
Provide and/or connect families to services and supports within their communities.	Ongoing
Report to the Children's Commission and the Health and Human Services Committee of the Legislature.	November 2018
Third-party evaluation report from the University of Nebraska-Lincoln Center on Children, Families and the Law.	December 2019

Nebraska Caregiver Responsibility Tool

NEW INITIATIVE



BACKGROUND:

When children cannot reside safely in their own homes, foster parents provide a safe, stable, and nurturing home for them. One of the tools used to determine the rate at which a foster parent is reimbursed is the Nebraska Caregiver Responsibility (NCR) tool, which documents the levels of care the foster parent has agreed to provide to meet the needs of the child.

The NCR tool covers eight areas of care which may be provided: medical/physical health and well-being; family relationships/cultural identity; supervision/structure/behavioral and emotional; education/cognitive development; socialization/age appropriate expectations; support/nurturance/well-being; placement stability; and transition to permanency and/or independent living.

Currently, caseworkers complete the paper NCR form in a face-to-face meeting with the foster family. When workers return to the office, they scan signatures and manually enter the information into the N-FOCUS system, documenting the agreement, and allowing for the correct amount of payment for the foster parents. This is time-consuming, inefficient, duplicative, and open to error as information is manually transferred from paper into N-FOCUS.

GOAL:

To develop and implement a web-based application to be used by caseworkers in real time. Caseworkers will no longer complete an NCR paper copy during the meeting with foster parents and then return to the office to manually input the data. Instead, the foster parents' responses will be directly uploaded to NFOCUS with the web based application in real time. Implementing this technology solution will save caseworkers about 15 minutes per survey, reducing caseworkers' input time by 30 percent from 50 minutes to 35 minutes per survey. On average, CFS completes about 700 surveys each month for new and existing foster parents. Achieving this goal will have two direct improvements – it will save caseworkers about 175 hours per month allowing them to spend that time with the children and families they serve, and it will allow the Department to process payments to foster parents more promptly. All caseworkers will be trained during December 2017, with full implementation in January 2018.

STRATEGY:

Through this initiative, DHHS will develop and implement a webpage using responsive design to support creating, updating, and finalizing NCRs using a computer, tablet, or mobile device. This will allow caseworkers to complete the NCR form electronically, in real time, while with the foster family. The completed form will be loaded automatically into N-FOCUS. Workers will be able to use search functionality to find specific children and/or existing NCRs that are already documented in the system. Based on the success of this application, other similar functions will be considered for automation.

DELIVERABLES:

Deliverable	Target Completion
Design.	June 2017
Communication to staff begins.	September 2017
Development.	September 2017
Solution testing.	November 2017
Acceptance testing.	December 2017
User training.	December 2017
Begin implementation.	December 2017
Full implementation	January 2018

Child and Adult Abuse/Neglect Central Registry

NEW INITIATIVE



BACKGROUND:

DHHS is required by state law to maintain records of individuals whom the courts or DHHS have substantiated allegations of abuse and/or neglect of a child or vulnerable adult. This Central Registry is used in helping determine whether or not an individual should care for, or be around, children or vulnerable adults.

DHHS conducts over 120,000 Central Registry background checks annually to help organizations and businesses evaluate potential employees and volunteers. Requests are made by organizations such as hospitals, child care centers, adoption and foster care agencies, nursing facilities, in-home service providers, schools, community service and faith-based groups, third-party background check agencies, law firms, and for individuals requesting self-checks.

This process currently takes an average of four to five business days to complete once a request has been received. In addition, about 1,000 requests each month are returned because necessary information is missing or illegible, which prolongs the process.

The development of a web portal will replace the current process in which organizations fax requests. Individuals, organizations, and businesses will be able to check the status of their request. System functionality will be enhanced to prompt DHHS staff to enter identifying information unique to each person added to the Central Registry, such as birth dates and Social Security Numbers, to improve the integrity of the data.

GOAL:

New processes will reduce the time it takes to complete a Central Registry background check from an annual average of four to five business days to an annual average of one to two business days. These results will be realized by February 2018. The improvements will make it easier for organizations and citizens to do business with DHHS by providing results more quickly than can be achieved today, provide secure solutions to DHHS and the citizens we serve, and expedite the employment of individuals which helps grow Nebraska.

STRATEGY:

There are two parallel processes within this initiative. The first is to review and implement changes to the current Central Registry process to help reduce the time it takes to complete a background check, including the development of a public website to receive and authenticate requests. The second is to improve data quality so future Central Registry background checks can be automated, making it easier to perform searches against the system and require little to no manual processes. Functionality will be added to collect a fee electronically for background checks, which was approved by the Legislature through LB 225 passed in 2017.

DELIVERABLES:

Deliverable	Target Completion
Web portal solution and initial testing.	July 2017
System updates to enhance data search functions.	August 2017
Web portal user testing.	September 2017
Web portal training developed.	September 2017
Web portal pilot complete.	October 2017
System updates to improve data maintenance.	October 2017
Project complete and available to all users.	November 2017
Goal of one to two business days met.	February 2018

Behavioral Health Centralized Data and Electronic Billing Systems

CONTINUED INITIATIVE FROM 2016-2017



BACKGROUND:

The Division of Behavioral Health (DBH) is the state behavioral health (mental health and substance use) authority. As the state authority, it has the responsibility for transparency in reporting, monitoring outcomes and managing processes designed to provide effective and efficient prevention and treatment services to the consumers of behavioral health services in Nebraska.

Part of remaining effective and efficient requires leveraging new technology by replacing time-intensive manual processes associated with managing contracts and services for providers. This allows for greater efficiencies and coordination of service delivery between providers, Regional Behavioral Health Authorities and the Division of Behavioral Health. Leveraging technology, including the integration and interfacing between clinical and billing data systems, ultimately affects individuals for the better and leads to system improvements.

GOAL:

The Division of Behavioral Health will achieve integration across treatment and fiscal data through the adoption of

the Centralized Data System (CDS) and Electronic Billing System (EBS). Community-based provider Interface functionality between CDS and EBS implementation is targeted at 50 percent by August 2017 and 100 percent by December 2017. EBS is set to go live in July 2017 with a target of 50 percent utilization by December 2017 and 100 percent utilization by June 2018 by DBH/Region funded providers.

STRATEGY:

Combine EBS with CDS for electronic billing, automated workflow, and online reporting for providers and DBH. Moving to an electronic system for billing will create savings in time, materials, and postage for behavioral health providers, Regional Behavioral Health Authorities, and DHHS. Through an electronic interface between the CDS and EBS, DBH will be able to conduct cost analysis by provider and by persons served across the behavioral health continuum of care. Greater accuracy in billing and payment processing will be realized through the ability to review billings against real time utilization data, allowing for an estimated 25 percent reduction in the amount of time preparing and processing monthly billings. Furthermore, the system will allow for greater analysis and reporting mechanisms to identify and understand cost efficiencies across services and allow for improvement in data driven purchasing decisions.

DELIVERABLES:

Deliverable	Target Completion
Go live with EBS.	July 2017
50% implementation of interface functionality between CDS and EBS.	August 2017
Lincoln Regional Center access to CDS complete.	October 2017
50% of DBH/Region funded providers using the EBS system.	December 2017
100% implementation of interface functionality between CDS and EBS.	December 2017
100% of DBH/Region funded providers using the EBS system.	June 2018

Electronic Benefit Transfer Cards for the WIC Program

NEW INITIATIVE



BACKGROUND:

Since the implementation of the Supplemental Nutrition Assistance Program's (SNAP) electronic benefit transfer (EBT) card, families and retailers have been asking for the Women, Infants and Children (WIC) Program to provide benefits through an electronic card, similar to the SNAP EBT card.

In 2010, Congress amended provisions of the Child Nutrition Act of 1966, including a new requirement for all WIC state agencies to implement EBT by October 1, 2020. WIC Electronic Benefit Transfer known as eWIC is an electronic benefits system that gives access to WIC food benefits through an electronic card instead of paper checks.

The eWIC card will work similar to a debit card, except that the cardholder's account contains specific foods instead of a dollar amount. The card can be used at WIC authorized grocery stores in Nebraska. At the beginning of every month, specific food benefits will be automatically deposited into the family's eWIC account. Every time a purchase of a WIC-approved food item is made, that item is subtracted from the family's monthly balance.

Using eWIC will make the purchase of WIC foods easier for WIC families. All of one family's benefits can be loaded onto an eWIC card versus receiving separate checks for each family member. eWIC offers families flexibility. When families shop, benefits that aren't used are available for the next trip to the grocery store that month versus families having to use all their benefits at once with a check. eWIC

is more effective and efficient. It adds more security to the processing of WIC benefits for WIC retailers and eliminates paper checks and the check printers at the local clinics.

In preparation for eWIC, the DHHS WIC Program successfully completed the transfer and implementation of a new WIC computer system, called Journey, in December 2015. Journey's modern technology includes eWIC functionality and makes it possible to move ahead with eWIC implementation.

GOAL:

State and pilot agency staff and pilot retailers will be trained on eWIC functionality by March 2018. DHHS will launch the eWIC pilot program to more than 700 WIC families in March 2018. Once implemented, eWIC will also provide additional data for program management about foods purchased, which can be used by WIC staff to individualize nutrition education provided to families.

STRATEGY:

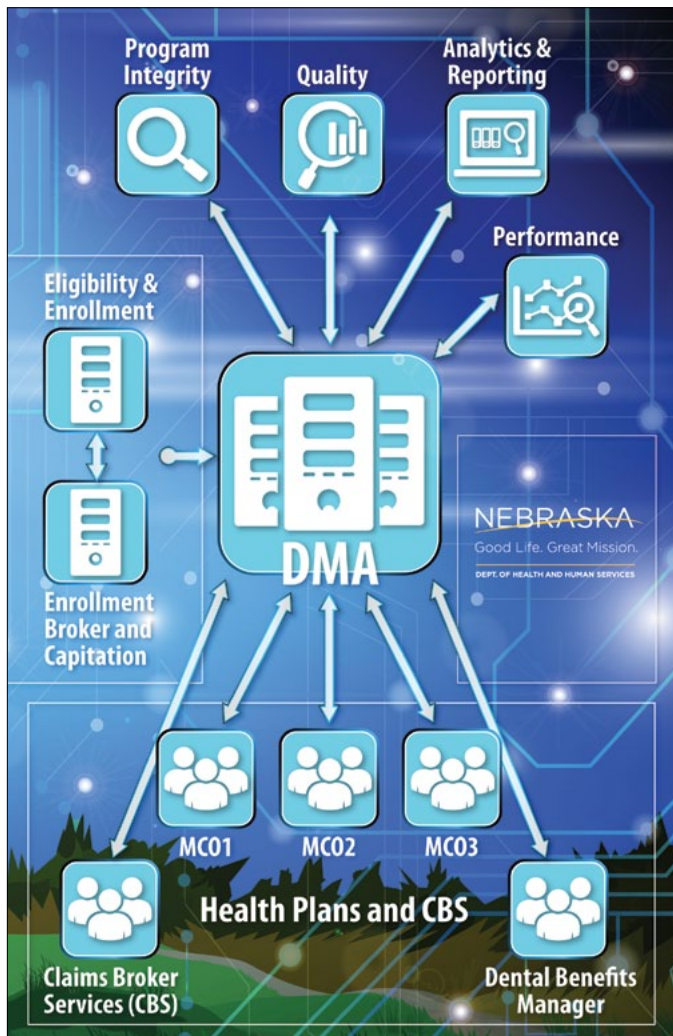
DHHS WIC has been preparing for eWIC by identifying and completing eWIC readiness steps prior to project implementation. An eWIC team has been meeting weekly to work on readiness activities. The eWIC project will involve the surveying, preparation, and training of WIC approved retailers, training of WIC local agency staff, and DHHS staff working together with the quality assurance contractor, Journey system contractor, and eWIC contractor to prepare for the pilot of eWIC. After the project kickoff meeting, a detailed project work plan and schedule will be completed which will outline steps, timelines, and responsibilities for the work of the project.

DELIVERABLES:

Deliverable	Target Completion
System design.	August 2017
Server connectivity confirmed.	November 2017
User acceptance testing.	February 2018
Pilot retail readiness completed.	March 2018
Pilot launch.	March 2018

MMIS Replacement Project – Data Management Analytics (DMA) and Claims Broker Services (CBS)

CONTINUED INITIATIVE FROM 2016-2017



BACKGROUND:

The current Medicaid Management Information System (MMIS) has served the state well for over 35 years, but has become outdated as the Medicaid program has evolved. The planning effort to replace the existing system with a solution that will meet the long-term goals of DHHS has continued with completion of a strategic analysis. This analysis included reviewing numerous replacement options, conducting cost benefit analysis, and analyzing the marketplace for solution support.

The analysis resulted in a plan to replace key functionality of the current MMIS with a phased-in modular procurement approach. The primary focus of this approach is the addition of a data management analytics (DMA) system. Upon issuance of an intent to award the DMA contract, there were multiple protests to the award. Each protest was reviewed and resolved. This process changed the estimated implementation date. Upon initiation of project activities with the vendor, MLTC anticipates an approximate 20-month implementation effort.

GOAL:

Through this initiative, DHHS will:

- Implement the DMA system so that Medicaid will be able to effectively process encounter data from the managed care organizations for monitoring and oversight purposes and produce reports required by federal law.
- Establish an enterprise data warehouse and decision support system.
- Enhance Medicaid's ability to conduct surveillance utilization reviews and detect fraud, waste, and abuse.
- Transition the low volume of remaining fee-for-service claims to the CBS for processing.
- Sunset Nebraska's reliance on its nearly 40-year-old MMIS.

STRATEGY:

Medicaid is finalizing contract negotiations with Deloitte Consulting, LLP to implement a data management and analytics solution (DMA). The DMA system will improve Medicaid's capability to manage and utilize the vast amounts of data received every day. Managing and utilizing data to produce accurate, timely reports, and make informed business decisions continues to become more critical for the Nebraska Medicaid program.

An additional important component of the modular MMIS replacement strategy is the claims broker service (CBS). Medicaid will fully transition any remaining fee-for-service claims to a claims broker service for processing, which, in combination with other efforts, will ultimately allow Medicaid to fully retire its MMIS. The Heritage Health contracts were

awarded, with one Medicaid managed care organization (MCO), UnitedHealthcare, contracted to process fee-for-service claims. The CBS capitalizes on UnitedHealthcare's capacity and technological infrastructure already developed and in place to pay claims through existing at-risk Nebraska Medicaid contracts.

DELIVERABLES:

Deliverable	Target Completion
DMA contract signed/project kick-off.	August 2017
DMA project design phase begins.	September 2017
DMA project development finalized.	December 2018
DMA implemented.	February 2019
CBS development.	Ongoing



Medicaid Eligibility & Enrollment System (EES) Phase II and Phase III Planning

CONTINUED INITIATIVE FROM 2016-2017



BACKGROUND:

The Patient Protection and Affordable Care Act (ACA) required significant changes to the state Medicaid eligibility and enrollment system (EES). Nebraska's current Medicaid eligibility system could not meet the ACA requirements without significant modification and investment. While changes were made to the eligibility system to meet some requirements of the ACA in 2014, the state required a new EES for Medicaid. As a result, Nebraska is implementing a new Medicaid EES called NTRAC.

DHHS is replacing the functionality of the current eligibility and enrollment solution (NFOCUS) by initially moving Medicaid to the Curam/IBM platform and standing up the underlying infrastructure to support ongoing operations.

The integration efforts necessary for the new EES to interface with the legacy Medicaid Management Information System (MMIS) and NFOCUS are intricate and intensive, and may impact design timeframes moving forward.

By design, this foundational work can be leveraged to reduce costs and effort to support additional programs, unifying the DHHS eligibility systems across Divisions, and providing economy of scale in operations.

GOAL:

Implement NTRAC, a new Medicaid eligibility and enrollment system, to ensure compliance with changes in federal regulations required by the Patient Protection and Affordable Care Act (ACA).

INCREASING OPERATING EFFICIENCIES
AND IMPROVEMENTS

**Maintain and Improve
ACCESSNebraska's Performance**

CONTINUED INITIATIVE FROM 2016-2017



STRATEGY:

MLTC will work to implement this project on a timeline that considers strategic business decisions, lessens project risks, and maximizes resources. The complexity of the customization needed to interface with the existing legacy systems as well as meet intricate federal regulations led to an attenuated testing period. DHHS has now fully completed the operational requirements phase for the anticipated solution and is moving into the system development.

Following the implementation of the new EES for Medicaid, the state will leverage the same platform for other state aid programs, including multiple economic assistance programs provided by the Division of Children and Family Services (CFS). By using the same system, ACCESSNebraska will operate under one eligibility system for both Divisions of the Department of Health and Human Services, resulting in efficiencies in cost and eligibility determination. Funding to move the economic assistance programs to the EES was included in the budget for fiscal years 2018 and 2019.

Planning is underway on this third phase of the EES project.

DELIVERABLES:

Deliverable	Target Completion
EES Phase II project design phase completed.	August 2017
EES Phase II project development finalized.	August 2018
EES Phase II project testing stage completed.	September 2018
EES Phase III procurement process.	October 2018
Project planning for transition of CFS programs.	December 2018
EES Phase II implementation.	February 2019

BACKGROUND:

The efficient, accurate, and timely delivery of benefits to low-income Nebraskans through ACCESSNebraska's Economic Assistance and Medicaid programs is critical to meeting their physical health and service needs that make their lives better.

Economic Assistance delivers services for federal public assistance programs including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Low-Income Home Energy Assistance Program (LIHEAP), Assistance to the Aged, Blind, or Disabled (AABD), Child Care, and Social Services Block Grant (SSBG). In Nebraska, TANF includes Aid to Dependent Children (ADC) and Employment First.

Long-Term Care determines eligibility for Medicaid and Medicaid services, coordinates services for the Aged and Disabled Children Waiver, and provides service delivery for the Personal Assistance Services program.

The Divisions of Children and Family Services and Medicaid and Long-Term Care combined the operational structure of eligibility programs into one team named Eligibility Operations for greater efficiency. This includes more than 50 field office locations along with four Customer Service Centers, a website, and the ACCESS-Nebraska Document Imaging Center. Eligibility Operations staff provide customer service and make eligibility determinations for low-income Nebraskans.

The efficient, accurate, and timely delivery of benefits to low-income Nebraskans through ACCESSNebraska's Economic Assistance and Medicaid programs is critical to meeting their physical health and service needs that make their lives better.

GOAL:

ACCESSNebraska will achieve the performance goals currently in place to continue to provide efficient services for clients that result in quicker access to benefits. These include speeding the reception of client information by using collateral contacts, data matches and other electronic solutions, and maintaining call wait times below 5 minutes, which have fallen from nearly 24 minutes in August 2014. In addition, customer service will be enhanced by a focus on improving communication between Economic Assistance and Medicaid for required documentation and eligibility verifications. Our goal will be to increase the Economic Assistance programs' same-day eligibility determinations from 35 percent to 38 percent, or 14,000 clients, in the next fiscal year so they receive a decision and benefits to help their family that same day for current clients or two to three days for new clients.

STRATEGY:

Communication will improve by Economic Assistance and Medicaid working together to reduce duplicate verification requests, and other process improvements involving the handling of the verifications.

Eligibility Operations will emphasize same-day processing in making eligibility determinations the first time an application is handled.

DELIVERABLES:

Deliverable	Target Completion
Increase Economic Assistance Programs same-day eligibility determinations from 35% to 38%, or 14,000 SNAP recipients, by employees obtaining client information from collateral contacts, data matches, and other electronic solutions to receive information.	July 2018
Call wait times will average 5 minutes or less each month by monitoring daily operations with: Daily meetings to manage high call volume and other factors that impact wait times. <ul style="list-style-type: none"> Monthly employee performance meetings. Bi-weekly assessment of pending applications. Bi-monthly continuous quality improvement meetings to identify and address needs. 	Each Month
The processing of Economic Assistance Program applications will average 10 days or less each month.	Each Month
The processing of Medicaid Eligibility Program applications within the federal timeframes 90% of the time or better.	Each Month
SNAP program timeliness in processing applications will be 96% or better monthly.	Each Month
SNAP program accuracy will be 95% or better as shown by the USDA Food and Nutrition Services measurements.	Ongoing

Patient Admission and Discharge Flow at the Lincoln Regional Center

CONTINUED INITIATIVE FROM 2016-2017



BACKGROUND:

Individuals treated at the Lincoln Regional Center (LRC) include those committed by mental health boards and the court, including those incompetent to stand trial, those in need of competency evaluations, those not responsible for a crime for reasons of insanity, and individuals who have been deemed sex offenders.

LRC experiences a waiting list for admission or commitment. Improving access through the reduction of wait times provides for prompt connection to treatment, results in better patient outcomes, and frees up community-based beds. A focus is to return consumers to a community setting of their choice through the assistance of partners throughout the system. Flow through LRC is impacted by several variables including processes and staffing.

GOAL:

Nebraska citizens experience access to culturally responsive behavioral health services at the right time and place to meet their needs. The average monthly days waiting for admission to LRC for court-ordered individuals will be reduced from 44.1 days in 2016 to 38 days by June 2018. The average monthly days waiting for admission to LRC for mental health board-committed individuals will be reduced from 9.5 days in 2016 to 8 days by June 2018.

STRATEGY:

The Division of Behavioral Health and Regional Center staff have initiated Operational Excellence projects – Lean Six Sigma methodology directed at key processes impacting flow and waitlist at the Lincoln Regional Center, including timelines, communication, forms, staffing, and recruitment and retention of workforce. Through the implementation of structured process improvement projects, staff are trained in techniques and tools, and empowered to drive improvements in patient flow. Mapping out hospital admission and discharge processes and timelines as well as workforce recruitment and retention is expected to facilitate targeted improvement. Information gathered through process improvement work will help form additional strategies to achieve the goal.

DELIVERABLES:

Deliverable	Target Completion
100% of identified staff trained in Lean Six Sigma Yellow Belt.	July 2017
Implement daily huddles using the Quality, Delivery, Inventory, and Productivity (QDIP) format to address court waitlist times.	September 2017
Implement pilot project addressing lead time within control of LRC from court order to discharge timeframe.	September 2017
Number of days waiting for court-ordered admission to LRC reduced to 38 days.	June 2018
LRC nurse vacancy rate reduced to 18%.	June 2018
Number of days waiting for mental health board commitment to LRC reduced to 8 days.	June 2018

Developmental Disabilities Quality Management

NEW INITIATIVE



BACKGROUND:

The Division of Developmental Disabilities provides services to adults and children with intellectual and developmental disabilities. Part of the provision of services is to ensure quality. The Division is tasked with developing and implementing a quality management strategy.

The Division is committed to developing and implementing a quality management system that is applicable to Home and Community-Based Services (HCBS) and Intermediate Care Facilities (ICFs). The system will view quality as a multi-faceted strategy that incorporates qualitative and quantitative data. This system will take a person-centered

approach that ensures the best possible and safest life for Nebraskans with intellectual and developmental disabilities.

The system will also ensure accountability for the providers of services. The system will incorporate adequate licensing and review metrics. In addition, the system will hold the Division of Developmental Disabilities accountable. The system will produce reports to allow the greatest amount of transparency possible through the use of customizable software that creates consistent and accurate data utilized to analyze quality.

The system will ensure local trends are reported but also ensure Nebraska is meeting requirements as outlined by the Centers for Medicare and Medicaid Services. The system will focus on ensuring best practices are in line with statewide needs and pertinent indicators. The system will incorporate the National Core Indicators (NCI).

The Division is committed to developing and implementing a quality management system that is applicable to Home and Community-Based Services (HCBS) and Intermediate Care Facilities (ICFs).

GOAL:

The Division of Developmental Disabilities will enhance our current quality management system, which is outdated and needs to be more comprehensive. Our shared goal is to deliver safe, high-quality integrated services and supports. To succeed, the Division will incorporate sustainable quality management and quality improvement principles in the planning, design, delivery, and evaluation of supports and services for individuals with developmental disabilities and develop and implement quality management strategies that support the achievement of positive outcomes for individuals with developmental disabilities in Nebraska, and promote the health of the Division as an organization. By July 2018, self-advocates will join Division staff to perform at least 50 quality review surveys and will partner with external surveyors to conduct a portion of the 400 NCI surveys in Nebraska.

STRATEGY:

The Division of Developmental Disabilities will engage with various stakeholders and advisory committees throughout the state of Nebraska. The Division will work with each group to ensure quality is clearly defined and all aspects are integrated into the plan. The system will incorporate in-person feedback along with measurable data. Stakeholder feedback, integrity checks, and ongoing review to constantly improve quality will be an important part of the strategy.

DELIVERABLES:

Deliverable	Target Completion
Finalize quality management strategy.	September 2017
Train 10 self-advocates to conduct the Division's quality review surveys.	October 2017
Begin producing quarterly reports, and strategies, that will be monitored each quarter for progress on meeting or exceeding the 32 sub-assurance measures required in new CMS waivers.	October 2017
Review 1st and 2nd quarterly reports, and identify strategies for improvement to meeting or exceeding the 32 sub-assurance measures required in new CMS waivers.	January 2018
Review 1st, 2nd, and 3rd quarterly reports, and identify strategies for improvement to meeting or exceeding the 32 sub-assurance measures required in new CMS waivers.	April 2018
Completion of NCI survey for Developmental Disabilities.	July 2018
Quality management stakeholder groups.	Ongoing
Quality management initiatives and discussion.	Ongoing

Continued Process Improvements – Children's Services Licensing and Community-Based Developmental Disability Agency Provider Certification

CONTINUED INITIATIVE FROM 2016-2017



BACKGROUND:

One of the Department's priorities is a timely and customer-friendly process for the professionals, businesses, and facilities it licenses or certifies. Simplified applications, streamlined screening, and faster turnaround times are improvements that were made to nurse, medication aide, and other licensing processes over the last year. Children's Services Licensing (CSL) and community-based provider certification are two areas currently working on process improvements.

CSL is the program area responsible for the licensure of child care and preschool facilities in Nebraska. Data showed that it takes over 133 days from receiving a complete application to issuing a license for a new center-based program. The licensing process includes inspections by a fire marshal, a health inspector, and a Child Care Inspection Specialist. Programs must meet all requirements before a license can be issued.

Earlier this year, CSL began to review child care and preschool regulations in order to identify needed modifications to reduce regulatory burden and/or make the regulations more clear. Child care regulations were last revised in 2013.

Simplified applications, streamlined screening, and faster turnaround times are improvements that were made to nurse, medication aide, and other licensing processes.

Agency providers of certain developmental disability services must meet requirements of waiver plans that are approved by the Centers for Medicare and Medicaid Services (CMS) in order for the state to continue to receive federal matching funds. Initial and ongoing certification processes for agency providers are included in these requirements. The initial certification process for new agency providers has been changed and re-assigned multiple times in the past five years in an effort to ensure safe, quality services by new providers, and based on unsuccessful situations involving new providers failing to operationalize safe habilitation services. Additional steps were added to the initial certification process to improve the quality of new providers being certified. These extra steps added time and work for potential new providers and increased workload and turnaround time for the DHHS teams processing the initial certification. A review of the current process found it takes an average of 163 days to complete.

GOAL:

Children's services licensing:

- Develop a draft set of regulations for all child care/preschool license types by the end of 2017.
- Decrease turnaround time for issuing provisional licenses to center-based programs after receiving a complete application from 133 days to 75 days or less by the end of June 2018.

Community-based DD agency provider certification:

- Decrease time required for issuing initial certification to a new agency provider by 50 percent from 163 days to 82 days by June 2018.

STRATEGY:

Children's services licensing:

- **Offer online applications.** Applicants will have the opportunity to submit applications online. Ensure application is up to date on webpage and encourage applicants to use website as a resource for information.
- **Clear and concise communication.** The application for center-based programs was revised in October 2016. Continued review of the application will occur in order to ensure it is clear and concise to applicants and outside entities like fire/health inspectors. The team is tracking the number of times applications are returned due to error.
- **Tie specific time frames to completion.** Give team specific timeframes to complete assigned steps in the licensing process. Examples include: reviewing all applications within three days of receipt; conducting inspection within 30 days of assignment.
- **Review and assess regulations to determine needed modifications to reduce regulatory burden and make regulations more clear.** Provide clarity to the regulations governing children's services licensing through an in-depth internal program review along with partner and stakeholder involvement. Identify requirements that are duplicative and eliminate requirements that if removed would not have a negative impact on the well-being and safety of children in care.

Community-based DD agency provider certification:

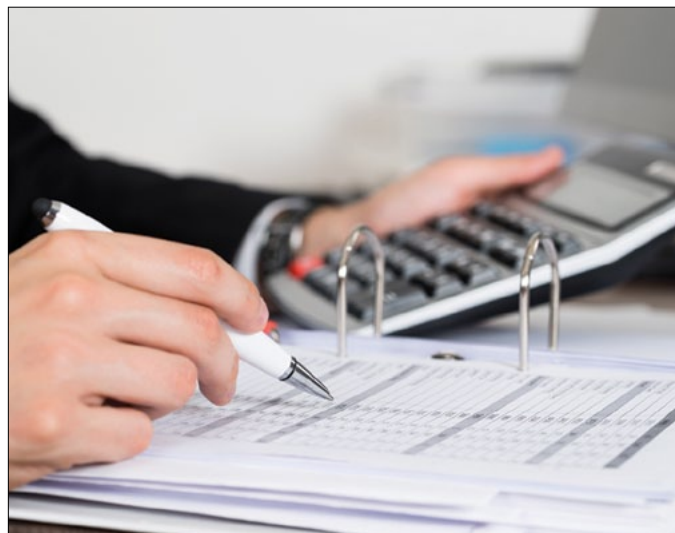
- **Create a process to certify new providers that is faster, simpler, and more clearly defined.** As a result, the steps, re-work, time, and frustration level for potential providers and DHHS will decrease.

DELIVERABLES:

Deliverable	Target Completion
Children's Services Licensing	
Customer-focused upgrades to child care licensing website so applicants can submit license application online.	July 2017
Schedule input sessions and meeting with internal and external stakeholders for input on regulations related to children's services licensing.	October 2017
Develop draft regulations for all child care and preschool programs licensed by DHHS.	December 2017
Average number of days from receiving application to issuing license for center-based child care programs is 75 or less.	June 2018
Community-based DD agency provider certification	
Revise provider policy and worksheet.	July 2017
Create streamlined application format that includes letter of intent.	July 2017
Revise orientation for potential providers including a webinar option.	July 2017
Revise website and FAQs for potential providers.	July 2017
Revise process instructions and application packet.	July 2017
Revise provisional certification letter.	July 2017
Pilot new certification process.	July 2017
Evaluate pilot trials.	October 2017
Adjust process based on feedback from pilot.	May 2018
Decrease time required for issuing initial certification from 163 days to 82.	June 2018

Reduce Single State Audit Findings

CONTINUED INITIATIVE FROM 2016-2017



BACKGROUND:

The Nebraska Department of Health and Human Services is required to have a Single Audit based on the level of federal funds it expends. This is conducted annually by the Nebraska Auditor of Public Accounts and focuses on two areas: compliance with federal requirements and a financial audit of the Nebraska Comprehensive Annual Financial Report.

Non-compliance with federal rules results in audit findings, requiring a corrective action plan for each finding. The lack of a clear focus to ensure prompt and effective responses to audit findings resulted in an increased number of initial findings and repeat findings for DHHS.

Improving audit operating efficiencies was included in the previous Business Plan and remains an initiative moving forward. The Internal Audit section is now responsible for tracking findings and testing for compliance with the corrective action plans.

This focus has resulted in a downward trend in the number of findings from 62 in 2013 to 41 in 2016, and a decrease in the amount of questioned costs from over \$27 million in Fiscal Year 2012 to just over \$1.4 million in Fiscal Year 2016. While positive change has occurred, more must be accomplished, and efforts are directed toward continued operating efficiencies and improvements.

GOAL:

Based on a review of severity of recent findings and questioned costs, financial, and program risk will be reduced by decreasing the overall number of findings, with emphasis on repeat findings, from 41 in 2016 to 33 in 2017, and to reduce questioned costs by \$750,000.

STRATEGY:

Actions will include the review of potential audit issues before they become findings, and the timely implementation and testing of effective corrective action plans.

- Each finding is assigned to specific staff at DHHS responsible for overseeing implementation of the corrective action plan developed in cooperation with, and approved by, all necessary parties at DHHS, immediately upon notice of finding from the APA.
- Internal Audit staff track each finding, report on implementation status, and test each corrective action plan to ensure that the corrective action plan is complete and will be effective in mitigating the risk of repeat findings. Communication occurs with program staff, Division directors, and DHHS management.

DELIVERABLES:

Deliverable	Target Completion
Compliance testing reports and evaluations issued.	May 2017
Follow-up testing.	June 2017 and as needed
Meetings with major program audit contacts.	Bi-weekly, ongoing
Meetings with Division Directors and Deputies.	Monthly, ongoing
Major program exit conferences held with APA.	Throughout 2017 as APA completes program audits
2017 Single Audit complete.	March 2018

Streamlining Operational Improvements

NEW AND CONTINUED INITIATIVE FROM 2016-2017



BACKGROUND:

Several critical initiatives are underway in General Operations areas to streamline and improve operations and enhance customer service.

One of the initiatives focuses on proactive strategic human resources (HR) operations including recruiting, developing, and retaining outstanding team members, which is key to the Department's success. In 2016, the annual turnover was 19.5 percent and the average length of time from job posting to job offer was 40 days. Areas of need and opportunities for improvement were identified and led to the development of a structured onboarding model including standard practices to recruit, develop and retain top talent, which will be implemented agency-wide in July 2017. By June 2018, efforts will be taken to reduce new hire turnover by 5 percent, reduce the average length of time from job posting to job offer to 30 days, and implement a mechanism to evaluate the efficiency and effectiveness of the onboarding model will be implemented.

Several technologies will be consolidated resulting in reduced costs, streamlined administrative activities, and more efficient and effective services. DHHS currently stores documents in multiple document imaging technologies to support our eligibility operations. Processes will be updated and documents consolidated in the SharePoint document management solution. In addition, the interactive voice response (IVR) systems for the Medicaid and Child Support Enforcement customer service centers, which allow computers to interact with a caller through audio or touch-tone telephone to receive information the caller needs, are currently under separate contracts. DHHS is partnering with the State Information Technology Service Bureau to identify needs and combine resources to develop a consolidated contract and technology solution.

GOAL:

These initiatives support the Department's continuous efforts to strategically align the state's resources with the services we provide. By August 2017, multiple document imaging technologies and interactive voice response technologies will be consolidated to one each. By June 2018, new hire turnover will be reduced by five percent and the average length of time from job posting to job offer reduced to 30 days.

STRATEGY:

Work teams have been established specific to each initiative with the focus on collaborating with stakeholders, developing statements of work and project plans, identifying solutions and necessary changes, improving communications to impacted employees, and delivering on implementation plans.

DELIVERABLES:

Deliverable	Target Completion
Implement a recruitment/onboarding model which allows for the acquisition of top talent through efficient, effective recruitment strategies, and processes.	July 2017
Consolidation of document image storage.	August 2017
Consolidation of interactive voice response units for Medicaid and Child Support into one system.	August 2017
Identify areas needing improved communication within onboarding practices.	October 2017
Continue to review onboarding model and identify processes and practices that can be streamlined.	December 2017
Identify metrics and assessment processes and/or data analysis to evaluate the effectiveness of the mentoring program.	January 2018
Reduce new hire turnover by 5%.	June 2018
Establish reporting metrics to evaluate the efficiency and effectiveness of the onboarding model.	July 2018

NEBRASKA

DEPT. OF HEALTH AND HUMAN SERVICES

DHHS MISSION:

"HELPING PEOPLE LIVE BETTER LIVES"

DHHS VALUES:

Constant Commitment to Excellence:

Takes timely action in regard to 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.

DHHS CORE COMPETENCIES:

Demonstrates Responsibility & Accountability:

Cares for and maintains equipment/facilities; conserves supplies and funds; takes responsibility and is reliable for completing assigned tasks; acknowledges and corrects mistakes; adheres to the expectations of their supervisor.

Demonstrates Professional Composure:

Demonstrates calm, dignity and self-control under pressure; defuses situations with empathy and respect.

Demonstrates Effective Interpersonal Relationships:

Works to gain the trust of others; demonstrates courtesy, and civility; is open and transparent with tact; is sensitive and attentive while doing active listening; promptly and effectively deals with conflict; shares opinions while respecting the differing opinions of others.

Demonstrates Productive Communication:

Demonstrates good oral, written, and listening skills; contributes to effective meetings; clearly and accurately shares information.

Demonstrates Support of Their Team:

Shows respect for team leadership; promotes a friendly climate, good morale, and cooperative team relationships; values all team members.

Demonstrates Self-Improvement:

Participates in training and development opportunities; welcomes new learning and the challenge of unfamiliar tasks; seeks to do the job better.

***Demonstrates Motivating Others:**

Inspires, motivates, and guides others toward accomplishing their work; gives recognition for contributions.

***Demonstrates Developing Others:**

Clearly defines expectations; invests time and effort to improve performance; knows all direct reports, and recognizes unique skills and temperament of each; uses an array of development tools; links individual performance to organizational goals.

***for supervisors**

NEBRASKA

DEPT. OF HEALTH AND HUMAN SERVICES

dhhs.ne.gov

