

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

A New Vision for Community Integration:

Nebraska's *Olmstead Plan*

TABLE OF CONTENTS

Introduction	3
The History of Olmstead	3
The Foundation for Nebraska’s Olmstead Plan	4
Core Values	5
Guiding Principles	5
Development of Nebraska’s Initial Olmstead Plan	6
Nebraska’s Revised Olmstead Planning Process	7
Additional Opportunities for Stakeholder Input.....	8
Goals	9
Goal 1: Nebraskans with disabilities will have access to individualized community-based services and supports that meet their needs and preferences.....	9
Goal 2: Nebraskans with disabilities will have access to safe, affordable, accessible housing in the communities in which they choose to live.	13
Goal 3: Nebraskans with disabilities will receive services in the settings most appropriate to meet their needs and preferences.	16
Goal 4: Nebraskans with disabilities will have increased access to education and choice in competitive, integrated employment opportunities.....	20
Goal 5: Nebraskans with disabilities will have access to affordable and accessible transportation statewide.	23
Goal 6: Individuals with disabilities will receive services and supports that reflect data-driven decision-making, improvement in the quality of services, and enhanced accountability across systems.	26
Goal 7: Nebraskans with disabilities will receive services and supports from a high-quality workforce.....	30
Closing Summary.....	33
Appendixes.....	34
Appendix A – Olmstead Steering Committee Members at publication	34
Appendix B – Olmstead Advisory Committee Members at publication.....	35

INTRODUCTION

The Nebraska Department of Health and Human Services (DHHS) is committed to ensuring that people with disabilities experience a life of inclusion and integration in the communities in which they chose to live. The DHHS mission of “Helping People Live Better Lives,” represents a vision of providing Nebraskans with disabilities the opportunity to live, work, and be served in the most integrated settings of their choice.

This revised Olmstead Plan builds on the progress the state is making, by focusing on key areas to enhance the opportunities of people with disabilities in where and how they access appropriate resources, services, and supports in the community. Nebraska’s achievements are indicative of the progress made to provide more access and options for integrated settings through the provision of resources, services, and supports to individuals with disabilities who are at risk of institutionalization.

During this revision and update of the Olmstead Plan, first published in 2019, Nebraska state agency leaders, in partnership with stakeholders throughout the state, dedicated time, commitment, and ideas to the Olmstead planning process. The Plan was updated with input from a variety of stakeholders, including individuals who access public disability services. Stakeholder collaboration will continue. Given the competing demands for Nebraska’s finite resources, this plan is grounded in reality; the goals and measures reflect progress accomplished in previous years and which can be reasonably achieved in the coming years.

Nebraska’s Olmstead Plan is a framework designed to provide a solid structure for a flexible plan to ensure laws, regulations, and future planning are consistent with the principles of the Olmstead decision. The Plan is intended to be evolutionary and will continue to be refined through revision to meet the needs of Nebraskans with disabilities. The needs and desires of people with disabilities continue to change, as do the resources and supports to assist them. This means that while the values, guiding principles, and goals are expected to remain constant over time, the strategies, programs, activities, outcomes, and benchmarks of progress may be updated to adapt to changes in policy or programs and to fit with new opportunities and unforeseen challenges.

The History of Olmstead

In 1999, the United States Supreme Court ruled in *Olmstead v. L.C.*, that the Americans with Disabilities Act (ADA), as well as the regulations promulgated under that statute, prohibit the unjustified institutional segregation of individuals with disabilities.^{1, 2, 3} Specifically, the court

¹ United States Department of Justice Civil Rights Division. Information and technical assistance on the Americans with Disabilities Act. Retrieved on 11/2/19 from https://www.ada.gov/ada_intro.htm.

² *Olmstead vs. L.C.*, 527 U.S. 581 (1999). <https://www.loc.gov/item/usrep527581/>

³ In 28 CFR § 35.108, the ADA defines disability as (i) A physical or mental impairment that substantially limits one or more of the major life activities of such individual; (ii) A record of such an impairment; or (iii) Being regarded as having such an impairment and indicates that the definition of “disability” shall be shall be construed broadly in favor of expansive coverage.

concluded that public entities must provide community-based services, as opposed to institutionally-based services, to persons with disabilities when:

- The public entity’s treatment professionals determine that community-based placement is appropriate;
- The affected individuals do not oppose community-based treatment; and
- Community-Based services can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others who are receiving disability services from the same public entity.⁴

The court also signaled that public entities should develop “a comprehensive, effective working plan for placing qualified persons with disabilities in less restrictive settings.” These plans were to reflect an analysis of the extent to which the public entity is providing services in the most integrated setting and should contain concrete and reliable commitments to expand integrated opportunities.

To assist states in their compliance with *Olmstead*, the U.S. Department of Justice provided the following definition of integrated settings:

*Integrated settings are located in mainstream society; offer access to community activities and opportunities at times, frequencies, and with persons of an individual’s choosing; afford individuals choice in their daily life activities; and provide Individuals with disabilities the opportunity to interact with non-disabled persons to the fullest extent possible. Evidence-based practices that provide scattered-site housing with supportive services are examples of integrated settings.*⁵

*By contrast, segregated settings often have qualities of an institutional nature. Segregated settings include, but are not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals’ ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities.*⁶

THE FOUNDATION FOR NEBRASKA’S OLMSTEAD PLAN

Core values and guiding principles were established in the first Olmstead Plan, published in 2019,

⁴ *Olmstead vs. L.C.*, 527 U.S. 581 (1999). <https://www.loc.gov/item/usrep527581/>

⁵ U.S. Department of Justice Civil Rights Division (2011). Statement of the Department of Justice on enforcement of the integration mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.* https://www.ada.gov/olmstead/q&a_olmstead.htm

⁶ Ibid.

to ensure Nebraska’s Olmstead Plan builds on Nebraska’s *Olmstead* vision for people with disabilities to learn, work, and enjoy life in the most integrated setting. These core values and principles are shared across state agencies to help people live better lives through person-centered initiatives, measurable outcomes and benchmarks, and overall transparency.

Core Values

Nebraska’s Olmstead Plan reflects the following fundamental beliefs in supporting individuals with disabilities. Nebraska is committed to:

- Person- and family-centered approaches;
- Ensuring the safety of, and improved quality of life for, people with disabilities;
- Services that are readily available, at locations accessible to individuals in need and their families; and
- Supporting individuals to live a meaningful life in the community they choose.

Guiding Principles

In addition to Core Values, the following Guiding Principles serve as a foundation for Nebraska’s Olmstead Plan:

Self-Determination and Choice

Individuals with disabilities and their families will be supported in controlling decisions about their lives, selecting from an array of services, supports, and providers.

Independence and Least Restrictive

Individuals will receive services that maximize their full potential, in the least restrictive and most integrated settings possible to meet their needs.



Photo credit: Michele Zephier

Use of Respectful Language, Including “People First” Language

Individuals with disabilities will be treated with dignity and as individuals who have their own unique strengths, wishes, desires, and other identities which impact their lived experience.

Families, caregivers, and loved ones of individuals with disabilities will also be treated with dignity and as individuals who have their own unique perspectives and other identities which impact their lived experience.

Evidence-Based Strategies

Individuals with disabilities and their families will have access to services and supports that adhere to evidence-based practices to achieve the best outcomes.

Services Across the Life Span

Nebraskans who identify with disabilities will have access to age-appropriate services and supports from birth to the end of life.

Safety

Nebraskans who identify with disabilities will be served in environments that are free from abuse and neglect and meet ADA compliance standards for health and well-being.

Diversity

Services will honor the geographical differences, race, ethnicity, religion, socio-economic, and gender identities of all individuals with disabilities.

Inclusion

All individuals with any type of disability will have the opportunity to live, learn, work, and socialize with members of their community who do not have disabilities.

Integration

Services and supports will afford individuals with disabilities the opportunity to live as neighbors in, and to participate as active members of, their communities.

Accountability

The systems and services that support individuals with disabilities will be accountable to Nebraska's state administration, legislature, taxpaying citizens, and, most importantly, those they serve.

DEVELOPMENT OF NEBRASKA'S INITIAL OLMSTEAD PLAN

Legislative support and leadership were instrumental in the development of the initial Plan. After the Supreme Court's *Olmstead* decision was made, the Nebraska legislature introduced LB1033. The bill became law on April 18, 2016, requiring DHHS to "develop a comprehensive, effective working plan for placing qualified persons with disabilities into integrated community-based service settings."

DHHS was charged with convening a team to assess components of the strategic plan and its development. DHHS consulted with other state agencies and their programs that serve individuals with disabilities. These entities now comprise the stakeholder Olmstead Advisory Committee.

The passage of the law was not accompanied by funding to support the effort. However, in August 2018, the Planning Council on Developmental Disabilities, part of DHHS's Division of Public Health, announced it was providing funding to retain the necessary consultants to assist in developing Nebraska's Olmstead Plan. The Technical Assistance Collaborative (TAC) was selected to provide

this assistance.⁷

As TAC proceeded with DHHS in developing the Plan, it became clear that DHHS could not provide a comprehensive Olmstead Plan without additional partners. In response, Nebraska legislators passed LB570, which expanded the scope of agencies to be part of the Olmstead Steering Group, extended the completion date of the Plan to December 15, 2019, and required DHHS to use an independent consultant to assist with its periodic assessment and revision. The bill also included state funding to support the process.

A list of Steering Committee members can be found in Appendix A.

Legislative support for an Olmstead Plan underscores Nebraska’s commitment to ensuring individuals with disabilities have opportunities to live as fully integrated members of their communities. In addition, implementing a comprehensive, effective working Plan keeps the state accountable for complying with the letter and spirit of the *Olmstead* decision and the ADA.

NEBRASKA’S REVISED OLMSTEAD PLANNING PROCESS

Periodic evaluations of the Nebraska Olmstead Plan were codified in LB570 when it was signed in 2019. These evaluations, conducted by an independent consultant, were to be completed after the initial Olmstead program year and every three years thereafter. The initial evaluation of the Olmstead Plan, due December 15, 2021, was conducted by TAC.

TAC consultants completed their research and review between July and October 2021. In their review, TAC drew on multiple sources of information to assess the state’s progress and identify challenges. This included:

- Quarterly progress updates from DHHS and other sister agency staff on measures and outcomes;
- Information on the status of goals and strategies gathered during meetings of the Steering, Advisory, Data, Housing, and Employment and Education workgroups;⁸
- Key informant interviews conducted in July and August 2021;
- Focus groups with stakeholders conducted in September and October 2021; and



⁷ The Technical Assistance Collaborative, Inc. 31 St James Avenue Suite 950 Boston, MA 02116 <http://www.tacinc.org/> was selected through a Request for Information process to assist Nebraska with development of this Olmstead Plan.

⁸ Originally meeting as a joint Employment and Education workgroup, the workgroup was split during the summer of 2022 to become a workgroup on employment and a workgroup on education.

- Virtual meetings with Project Management staff to understand the progress and challenges DHHS has experienced.

In that report, TAC noted several successes as well as numerous opportunities for improvement in the Nebraska Olmstead Plan. A theme of both TAC’s research and review and their final report was the need to develop more tightly aligned outcomes and actions under each of the larger Olmstead goals. This recommendation featured heavily in committee discussions during the development of this latest iteration of the plan.

A copy of the TAC report on year one implementation can be found at:

https://nebraskalegislature.gov/FloorDocs/107/PDF/Agencies/Health_and_Human_Services_Department_of/708_20211215-142757.pdf

Following the submission of the Progress Report, Nebraska recommitted itself to further developing and improving the initial Olmstead Plan. Working from the Olmstead Progress Report, leadership engaged in a revisioning process to act on TAC’s recommendation and bring forward many of the goals and desires of stakeholders to improve the existing Plan. This year-long process of the workgroup, Advisory, and Steering committee meetings brought forward many strategies and outcomes, as well as data measures, outlined in this updated Plan.

Additional Opportunities for Stakeholder Input

Leadership recognized that transparency is important for building trust in the revision of the Plan, and in garnering support for this revised Plan. The following groups were organized to aid in developing this revised plan and met regularly throughout the revision process.



The Olmstead Advisory Committee continued to meet monthly between March 2021 and December 2022. Committee members represent a balance of populations with different disabilities, roles within the system, areas of expertise, and geography. The committee provided input on strategies in the plan, suggested edits to the draft, and provided additional recommendations.

The list of Olmstead Advisory Committee members can be found in Appendix B.

Supporting the Advisory Committee were five workgroups established around the Olmstead goals, including data (15 members), employment (27 members), housing (56 members), transportation (26 members), and education (26 members). These groups generally met monthly to generate initial ideas and revise existing outcomes. Workgroups provided an opportunity for stakeholders

to directly engage with the Olmstead process and provided a forum to develop the strategies that would achieve the goals of Olmstead. Additionally, these workgroups strove to define benchmarks for progress in achieving the Plan goals.

Additionally, an [Olmstead Plan webpage](#) was created to provide updates and opportunities for engagement with the broader public and solicit input from constituents and stakeholders unable to participate in workgroups or other meetings. Hosted on the DHHS website, the page provides Plan development updates, informational resources about *Olmstead* in the state and nation, and Advisory Committee meeting announcements. A dedicated email address is provided on the site for the public to submit questions and comments related to posted materials.

GOALS

Nebraska’s vision is for all individuals with disabilities to live, learn, work, and enjoy life in the most integrated setting of their choosing. This Plan sets forth seven primary goals, as noted above. These goals have carried over since the initial Olmstead Plan was created. In support of these goals are desired outcomes with corresponding baseline data measures and benchmarks by which to mark progress and the agency or agencies responsible for achieving that outcome.

Goal 1: Nebraskans with disabilities will have access to individualized community-based services and supports that meet their needs and preferences.

Outcome: Increase utilization of crisis intervention through the implementation of the 9-8-8 plan and the National Suicide Prevention Lifeline.

Baseline Data: *Baseline data to be determined in FY23 to measure call volume and the number of individuals served in activated crisis response (Mobile CRT).*

Benchmarks:

- In FY23, implement the #988 plan and determine initial usage statistics as a baseline.
- In FY24, increase call volume and number served by crisis response services by 4% from FY23.
- In FY25, increase call volume and number served by crisis response services by 4% from FY24.

Action Items:

- Division of Behavioral Health (DBH) will implement the statewide #988 system.
- DBH in collaboration with statewide 9-8-8 partners will develop usage metrics to establish a baseline.
- DBH will develop statewide partnerships and marketing efforts to increase usage of the 9-8-8 system.

Agency Responsible: DHHS—Division of Behavioral Health (DBH)

Outcome: Increase usage of the “No Wrong Door”/2-1-1 system.

Baseline Data: *In the first quarter of site migration there were 500 website page views, 406 website sessions, and 132 referrals to Area Agency on Aging/Aging and Disability Resource Center (AAA/ADRC).*

Benchmarks:

- In FY23, increase all tracked all baseline metrics by 4% of four times the initial quarter.
- In FY24, increase all tracked all baseline metrics by 4% from FY23.
- In FY25, increase all tracked all baseline metrics by 4% from FY24.

Action Items:

- DHHS will move the ADRC provider directory to the 2-1-1 system.
- DHHS will develop usage metrics to establish a baseline.
- DHHS will develop statewide partnerships and marketing efforts to increase system usage.

Agency Responsible: DHHS—Division of Behavioral Health (DBH)

Outcome: The Commission for the Deaf and Hard of Hearing (NCDHH) will increase educational outreach on the services available to support integrated community living.

Baseline Data: *In FY20, the Commission for the Deaf and Hard of Hearing conducted 102 virtual and in-person presentations.*

Benchmarks:

- In FY23, increase the number of virtual presentations and in-person training by 4% from FY20.
- In FY24, increase the number of virtual presentations and in-person training by 4% from FY23.
- In FY25, increase the number of virtual presentations and in-person training by 4% from FY24.

Action Items:

- NCDHH will develop an outreach plan to include public and private entities or service providers, legal or governmental entities, places of employment (where Nebraska Vocational Rehabilitation or Nebraska Commission for the Blind and Visually Impaired is not involved), educational entities, and members of the public who serve Deaf and Hard of Hearing population.
- NCDHH will outreach to identified entities to identify partnership and educational opportunities.
- NCDHH will increase the number of in-person and online training to meet benchmark goals.

Agency Responsible: Nebraska Commission for the Deaf and Hard of Hearing (NCDHH)

Notes: Measuring from FY19 as an indicator of the pre-COVID level of outreach and education.

Outcome: The Division of Developmental Disabilities (DDD) will reduce the Medicaid Home and Community-Based Services (HCBS) Developmental Disabilities (DD) Waiver Registry by 1,500 individuals from January 1, 2023.

Baseline Data: *As of December 2022, the registry included 2,271 individuals including 1,177 minors.*

Benchmarks:

- In FY23, will request funding sufficient to reduce the number of individuals on the registry by 500.
- In FY24, will request funding sufficient to reduce the number of individuals on the registry by 500.
- In FY25, In FY23, will request funding sufficient to reduce the number of individuals on the registry by 500.

Action Items:

- DDD will increase its requested appropriation by 3% for the FY22/23 biennium to increase waiver offers in FY22 and FY23.
- DDD will increase its requested appropriation by 3% from FY24/25 biennium to increase waivers offers in FY24 and FY25.

Agency Responsible: DHHS— Division of Developmental Disabilities (DDD)

Outcome: Increase access to medication-assisted treatment (MAT) for adults with Opioid Use Disorders (OUD).

Baseline Data: *In FY21, 394 individuals accessed medication-assisted treatment for adults with Opioid Use Disorders through a 1115 Medicaid waiver managed by DHHS.*

Benchmarks:

- In FY23, Medicaid and Long-Term Care (MLTC) will increase the number of waiver participants by 2% from FY21.
- In FY24, MLTC will increase the number of waiver participants by 2% from FY23.
- In FY25, MLTC will increase the number of waiver participants by 2% from FY24.

Action Items:

- MLTC will increase community partnerships and collaborations in each District Health Board area.
- MLTC will provide training to all District Public Health Boards on Medication Assisted Treatment (MAT) resources for adults with OUD.
- MLTC will provide training for state and local law enforcement agencies.

Agency Responsible: DHHS—Medicaid and Long-Term Care (MLTC)

Outcome: Increase usage of telehealth to support patient-provider relationships and minimize barriers to service for Nebraskans with disabilities.

Baseline Data: Currently, Medicaid and Long-Term Care (MLTC) does not collect telehealth usage data from Managed Care Organizations (MCO).

Benchmarks:

- In FY23, MLTC will develop baseline telehealth usage metrics in partnership with MCO.
- In FY24, MLTC will increase telehealth usage overall by 2% from FY23 with 75% of counties showing at least a 0.5% increase.
- In FY25, MLTC will increase telehealth usage overall by 2% from FY24 with 75% of counties showing at least a 0.5% increase.

Action Items:

- MLTC will coordinate with MCOs to develop annual reporting on telehealth usage metrics.
- MLTC will identify regulatory obstacles to the use of telehealth in the state and coordinate with DHHS leadership to identify solutions.
- MLTC will work with MCOs to educate participants on telehealth resources.

Agency Responsible: DHHS— Medicaid and Long-Term Care (MLTC)

Outcome: Decrease in the average amount of days between when an Aged and Disabled Waiver referral is entered into the database and when the service request is assessed by Assistive Technology Partnership (ATP) Program.

Baseline Data: Average of 21.02 days from referral to assessment completion in FY21 with 801 total referrals.

Benchmarks:

- In FY23, maintain the average days between referral and service request assessment while increasing referrals.
- In FY24, decrease average days between referral and service request assessment by 1.35 days from FY23.
- In FY25, decrease average days between referral and service request assessment by 1.35 days from FY24.

Action Items:

- Conduct a process map and evaluation to identify bottlenecks and inefficiencies in the current referral to the assessment process.
- Identify and train staff on improved referral to the assessment process for ATP referrals.
- Implement improved referral to the assessment process for ATP referrals to reduce process length.

Agency Responsible: Assistive Technology Partnership Program (ATP)

Notes: Maintaining the average days from FY22 to FY23 will require process improvement to account for a 20% increase in referrals post-Covid.

Goal 2: Nebraskans with disabilities will have access to safe, affordable, accessible housing in the communities in which they choose to live.

Outcome: Increase community-integrated housing opportunities for persons with serious mental illness (SMI) by 4% from FY23.

Baseline Data: Division of Behavioral Health (DBH) will determine the baseline number of individuals receiving supportive housing with DBH funds in FY23.

Benchmarks:

- In FY23, establish a baseline and increase the biennium budget request to support a 4% increase in the total number of individuals receiving supportive housing over the biennium.
- In FY24, increase the number of individuals receiving supportive housing with DBH funds by 1% from FY23.
- In FY25, increase the number of individuals receiving supportive housing by DBH funds by 3% from FY24.

Action Items:

- DBH will establish a baseline of total individuals receiving supportive housing FY23.
- DBH will increase its biennium budget request to support an increase in supported housing units by 4%.
- DBH will partner with regional Public Health Boards, community resource organizations, and local governments to develop new, integrated, and accessible units in new and established housing developments.
- DBH will develop and conduct training for providers, community partners, local governments, and the public on accessing housing supports for individuals with SMI.

Agency Responsible: DHHS— Division of Behavioral Health (DBH)

Outcome: Increase funding for the revitalization and development of housing units for persons with disabilities and the creation of new supported housing units by 5% over FY22.

Baseline Data: Department of Economic Development (DED) will determine the baseline data information for the number of housing units developed which includes universal design standards.

Benchmarks:

- In FY23, establish baseline data for new housing units developed in FY22 which meet universal design standards.

- In FY24, increase funding for units to be developed by 2% percent over the baseline number of units.
- In FY25, increase funding for units to be developed by 3% over a number of units in FY24.

Action Items:

- Nebraska Investment Finance Authority (NIFA) will use the Collaborative Resources Allocation for Nebraska (CRANE) program to set aside 33% of Low-Income Housing Tax Credit (LIHTC) funding for harder-to-fund projects and workforce housing.
- DED and NIFA will use the appropriate scoring criteria to award funding to LIHTC and HOME applicants.
- NIFA will award grants such as Housing Study Grant Program (HSGP), Outreach Partnership Grant (OPG), and the Native American Community Impact Grant (NACIG) through the Community Engagement Department for the investment in communities and encourage growth.
- NIFA will continue to apply for and develop grant funding to which the people of Nebraska can apply.

Agency Responsible: Department of Economic Development (DED) and Nebraska Investment Finance Authority (NIFA)

Notes: Universal design standards are established by Housing and Urban Development (HUD) and the Uniform Federal Accessibility Standards (UFAS).

Outcome: Increase training and education on home accessibility modification programs within Nebraska for both Medicaid and non-Medicaid eligible populations.

Baseline Data: Currently there is one piece of education material relative to home accessibility programs in existence for Nebraska.

Benchmarks:

- In FY23, establish a baseline number of downloads and website visits to home accessibility modifications publications available on the Assistive Technology Partnership (ATP) website and the number of individuals participating in in-person or online home accessibility modifications presentations based on FY22 data.
- In FY24, develop new and improve existing education materials around housing accessibility needs in Nebraska for Medicaid and non-Medicaid eligible populations.
- In FY25, increase publication downloads and website visits to home accessibility modifications publications available on the ATP website by 4% combined and conduct virtual and in-person training on materials to 4% more individuals than the baseline number of individuals.

Action Items:

- Develop a committee to review and research accessible housing publications and presentations to identify existing educational gaps between Medicaid and non-Medicaid

stakeholders.

- Develop a comprehensive overview of programs, funding sources, and the need for home accessibility modifications in Nebraska.
- Identify barriers to accessing existing programs for Medicaid and non-Medicaid populations.
- Develop new and improve existing education materials around housing accessibility needs in Nebraska for Medicaid and non-Medicaid eligible populations.
- Develop stakeholder engagement and communications strategy to increase presentations and outreach to relevant individuals, organizations, and local governmental entities.

Agency Responsible: Assistive Technology Partnership (ATP)

Outcome: Increase the number of home modification assessments completed by Assistive Technology Partnership (ATP) by one percent over the baseline for the Medicaid Home and Community-Based Services (HCBS) waivers.

Baseline Data: In FY22, 344 home modification assessments were completed for the Medicaid HCBS waivers.

Benchmarks:

- In FY23, maintain the number of assessments completed in FY22 for the Medicaid HCBS waivers.
- In FY24, increase the number of assessments by 3% over the FY23 data for the Medicaid HCBS waivers.
- In FY25, increase the number of assessments by 5% over the FY24 data for the Medicaid HCBS waivers.

Action Items:

- ATP will identify existing communications and educational gaps among waiver participants, community service organizations, and local government entities.
- ATP will develop a communications plan to increase program awareness among waiver participants, community service organizations, and local government entities.
- ATP will promote home modification programs through print, digital, and media marketing.
- ATP will provide in-person and virtual training and education to waiver participants, community service organizations, and local government entities on home modifications.

Agency Responsible: Assistive Technology Partnership (ATP)

Outcome: Increase the number of people with disabilities receiving state-funded rental assistance by 150.

Baseline Data: In FY22, 944 individuals with disabilities received state-funded, rental assistance.

Benchmarks:

- In FY23, the Division of Behavioral Health (DBH) will target increased access to housing for persons with Serious Mental Illness (SMI)/Substance Use Disorder (SUD) by an additional 50 individuals.
- In FY24, DBH will target increased access to housing for persons with SMI/SUD by an additional 50 individuals over FY23.
- In FY25, DBH will target increased access to housing for persons with SMI/SUD by an additional 50 individuals over FY24.

Action Items:

- DBH, in partnership with state and local housing agencies, will encourage and facilitate access to new federal resources to create housing for people living with disabilities.
- DBH will increase the biennium budget request to increase available rental assistance offers by 50 individuals per year.

Agency Responsible: DHHS—Division of Behavioral Health (DBH)

Outcome: Increase the funding for the number of accessible units for people with disabilities.

Baseline Data: In FY22, the Department of Economic Development (DED) awarded \$51,425,502 in funding to eligible applicants for housing and community development.

Benchmarks:

- In FY23, increase funding for housing development by 10% over FY22.
- In FY24, increase funding for units to be developed by 12% over FY23.
- In FY25, increase funding for units to be developed by 15% over FY24.

Action Items:

- DED will use the appropriate scoring criteria to award funding to grant-funded HOME applicants.
- DED will apply for grants and matching programs to account for at least 120% of the projected increase in funding each year.

Agency Responsible: Department of Economic Development (DED)

Goal 3: Nebraskans with disabilities will receive services in the settings most appropriate to meet their needs and preferences.

Outcome: Increase awareness and education on Home and Community-Based Services (HCBS) benefits and options for members to live in the community.

Baseline Data: In FY22, 90,274 accessed the Division of Developmental Disabilities (DDD) website homepage.

Benchmarks:

- In FY23, increase website traffic by 3% from FY22.
- In FY24, increase website traffic by an additional 3% from FY23.
- In FY25, increase website traffic by an additional 3% from FY24.

Action Items:

- DDD will coordinate with Medicaid and Long-Term Care (MLTC) to facilitate linkages between MLTC and DDD webpages to facilitate members' access to information about HCBS benefits, thereby better informing members of their option to live in the community.
- DDD will actively engage with other DHHS divisions to identify opportunities for linkages to DDD webpages to facilitate members' access to information about HCBS benefits, thereby better informing members of their option to live in the community.
- DDD will seek external partners and resource networks to identify opportunities for website linkages to facilitate public access to information about HCBS benefits.

Agency Responsible: DHHS— Division of Developmental Disabilities (DDD)

Outcome: Support both provider and services recipient education regarding community-based services for Intermediate Care Facilities for Individuals with intellectual disabilities (ICF-IID) facilities.

Baseline Data: In FY22, 17 offers were made, and 17 were accepted, by individuals residing in ICF-IID facilities.

Benchmarks:

- In FY23, will increase finding offers to individuals living in ICF-IID facilities by 5% over FY22.
- In FY24, will increase finding offers to individuals living in ICF-IID facilities by 5% over FY23.
- In FY25, will increase finding offers to individuals living in ICF-IID facilities by 5% over FY24.

Action Items:

- Medicaid and Long-Term Care (MLTC), Division of Developmental Disabilities (DDD), and Division of Behavioral Health (DBH) will provide in-reach to people in nursing homes and other institutions or segregated settings.
- MLTC, DDD, and DBH will develop print and web resources targeting individuals currently residing in ICF-IID facilities to present opportunities available in community-based services.
- DDD will increase biennial budget requests to increase the number of waiver offers to individuals on the DD registry.

Agency Responsible: DHHS—Division of Behavioral Health (DBH), Division of Developmental Disabilities (DDD), and Medicaid and Long-Term Care (MLTC)

Outcome: Reduce admissions to Lincoln Regional Center (LRC) for competency evaluation and restoration services.

Baseline Data: In 2021, LRC completed 306 outpatient competency evaluations. Once admitted, patients stayed at LRC for an average of 107 days (men) and 96 days (women) for competency restoration.

Benchmarks:

- In FY23, reduce the number of LRC admissions for competency services by 5% from FY22.
- In FY24, reduce the number of LRC admissions for competency services by 5% from FY23.
- In FY25, reduce the number of LRC admissions for competency services by 5% from FY24.

Action Items:

- Division of Behavioral Health (DBH) will participate in the GAINS Center Learning Collaborative to learn best practices to reduce the number of persons referred to LRC for competency evaluations.
- DBH will pilot and implement new best practices developed through the GAINS Center Learning Collaborative.
- DBH will engage with national professional and academic associations to learn and develop best practices for diverting individuals from in-patient services.
- DBH will partner with state and local law enforcement agencies and court organizations to educate on best practices and resources for competency-based evaluations.

Agency Responsible: DHHS—Division of Behavioral Health (DBH)

Outcome: Increase support and help individuals and families through the Nebraska Families Helpline.

Baseline Data: In FY21, 10,854 individuals were provided support and referrals to local resources: 1,020 calls from new unique families; 347 families accepted referrals to family navigator services.

Benchmarks:

- In FY23, increase the number of calls by 5% from FY21.
- In FY24, increase the number of calls by 5% from FY23.
- In FY25, increase the number of calls by 5% from FY24.

Action Items:

- Division of Behavioral Health (DBH) will engage with local and regional mental health authorities to develop an awareness of the *Nebraska Family Helpline*.
- DBH will support the development and distribution of marketing and outreach materials to support public awareness.
- DBH will engage with Education Service Units (ESU) to develop awareness among ESU staff and local communities about *Nebraska Family Helpline*.

Agency Responsible: DHHS—Division of Behavioral Health (DBH)

Outcome: Assist Native American women with substance use disorder (SUD) to seek treatment

while parenting their children.

Baseline Data: In FY20/21, 273 women were provided residential and outpatient services.

Benchmarks:

- FY23, enter sub-award with St. Monica’s *Women are Sacred* substance use treatment program.
- FY24, set baseline enrollment and quality monitoring metrics
- FY25, increase enrollment by 3% over FY24 and maintain quality metrics.

Action Items:

- Division of Children and Family Services (CFS) will continue expansion to Native American families of an evidence-based approach for women with SUD who have children.
- CFS will partner with Nebraska’s tribal nations to develop awareness and support the usage of available programs and resources.
- CFS will partner with health centers and resources supporting the Native American community to develop awareness and support the usage of available programs and resources.

Agency Responsible: DHHS—Division of Children and Family Services (CFS)

Outcome: Reduce the time individuals with severe mental illness (SMI) spend waiting in jail for competency evaluation and restoration services.

Baseline Data: In 2021, 163 individuals with severe mental illness (SMI) waited in jail an average of 156 days (men) and 93 days (women) from the date of their court order to be admitted to Lincoln Regional Center (LRC) for pre-trial competency evaluation and restoration services.

Benchmarks:

- FY23, reduce wait time for competency restoration at LRC by 5% from FY22.
- FY24, reduce wait time for competency restoration at LRC by 5% from FY23.
- FY25, reduce wait time for competency restoration at LRC by 5% from FY24.

Action Items:

- Division of Behavioral Health (DBH) will participate in the GAINS Center Learning Collaborative to learn best practices to reduce the number of persons referred to LRC for competency evaluations.
- DBH will pilot and implement new best practices developed through the GAINS Center Learning Collaborative.
- DBH will engage with national professional and academic associations to learn and develop best practices for diverting individuals from in-patient services.
- DBH will partner with state and local law enforcement agencies and court organizations to educate on best practices and resources for competency-based evaluations.

Agency Responsible: DHHS—Division of Behavioral Health (DBH)

Goal 4: Nebraskans with disabilities will have increased access to education and choice in competitive, integrated employment opportunities.

Outcome: The Nebraska Department of Education (NDE) will support the development of improved processes to offer education, advocacy, and support to all parents of children eligible for special education services.

Baseline Data: *Currently there is no requirement for districts to participate or develop tiered educational supports.*

Benchmarks:

- In FY23, develop Universal/Tier 1 support guidelines and best practices available to all school districts.
- In FY24, develop Targeted/Tier 2 support guidelines and best practices for all districts needing facilitated Individual Education Plans (IEPs).
- In FY25, develop Intensified/Tier 3 support guidelines and best practices for all school districts needing corrective action.

Action Items:

- NDE will support the development of improved processes to offer education, advocacy, and support to all parents of children eligible for special education services.
- NDE will provide resources to support the development of Parental Navigator support.
- NDE will develop resources to support the development of tiered IEP training which include Universal/Tier 1 support for all school systems, Targeted/Tier 2 support for systems needing facilitated IEPs, and Intensified/Tier 3 support for systems needing corrective action.
- The NDE, Offices of Special Education and Early Childhood Education will provide recommendations to early childhood programs on establishing policies that aim to prevent, severely reduce, and ultimately eliminate suspension and expulsion.

Agency Responsible: Nebraska Department of Education (NDE)

Outcome: Increase the percentage of children ages 3-5 and 5-21 with Individual Education Plans (IEP)s who receive their special education and related services inside the regular class 80% of the day.

Baseline Data: *In 2020, 81.16% of children ages 3-5 and 5-21 with IEPs received their special education and related services inside the regular class 80% of the day.*

Benchmarks:

- In 2023, increase the number of children ages 3-5 and 5-21 with IEPs who receive their special education services, by .3% over 2020.
- In 2024, increase the number of children ages 3-5 and 5-21 with IEPs who receive their special education services, by .3% over 2023.
- In 2025, Increase the number of children ages 3-5 and 5-21 with IEPs who receive their special education services, by .3% over 2024.

Action Items:

- The Nebraska Department of Education (NDE), Offices of Special Education and Early Childhood Education will provide recommendations to early childhood programs on establishing policies that aim to prevent, severely reduce, and ultimately eliminate suspension and expulsion.

Agency Responsible: Nebraska Department of Education (NDE)

Outcome: Increase the number of clients served by the Nebraska Commission for the Blind and Visual Impaired (NCBVI).

Baseline Data: *In FY22, 194 clients served is the baseline for clients between ages 14-24.*

Benchmarks:

- In FY23, increase the number of clients served by NCBVI by 6 clients over FY22.
- In FY24, increase the number of clients served by NCBVI by 5 clients over FY23.
- In FY25, increase the number of clients served by NCBVI by 5 clients over FY24.

Action Items:

- NCBVI will work to increase the number of student-aged blind youth being served by our agency and attending school.

Agency Responsible: Nebraska Commission for the Blind and Visual Impaired (NCBVI)

Outcome: Increase the number of credentials received by clients who are assisted by the Nebraska Commission for the Blind and Visual Impaired (NCBVI).

Baseline Data: *In FY22, 17 credentials were earned by individuals supported by NCBVI between the ages of 14 and 24 including 13 high school diplomas; one Associate's degree; one Bachelor's degree; one Master's degree; one Certificate (Culinary).*

Benchmarks:

- In FY23, increase the total number of credentials earned by 2% annually from FY22.
- In FY24, increase the total number of credentials earned by 2% annually from FY23.
- In FY25, increase the total number of credentials earned by 2% annually from FY24.

Action Items:

- NCBVI will continue supporting youth who are blind or visually impaired to graduate and transition to adulthood.

Agency Responsible: Nebraska Commission for the Blind and Visual Impaired (NCBVI)

Outcome: Increase the 4-year and 5-year graduation/completion rate for students identified as Special Education statewide.

Baseline Data: In Academic Year (AY) 19, the 4-year graduation rate was 69% and the 5-year graduation rate was 90% for students in special education.

Benchmarks:

- In AY23, increase the 4-year and 5-year graduation/completion rate by .5% over AY19.
- In AY24, increase the 4-year and 5-year graduation/completion rate by 1% over AY19.
- In AY25, increase the 4-year and 5-year graduation/completion rate by 1.5% over AY19.

Action Items:

- Nebraska Department of Education (NDE) will track and report 4- and 5-year graduation rates for students in special education.
- NDE will support Educational Service Units (ESU) by providing education and resources on best practices for increasing the graduation rate for students in special education.
- NDE will support local districts by providing education and resources on best practices for increasing the graduation rate for students in special education.

Agency Responsible: Nebraska Department of Education (NDE)

Outcome: Increase the number of individuals supported by the Nebraska Commission for the Blind and Visually Impaired (NCBVI) or Vocational Rehabilitation (VR) services who exit with and maintain competitive employment.

Baseline Data: Program Year (PY) 2021 Nebraska's employment rate for VR clients second quarter after exit was 61.6%. PY 2021 Nebraska's employment rate for VR clients fourth quarter after exit at 58.6%.

Benchmarks:

- In PY22, increase the employment rate in the second quarter and the fourth quarter after exit by 1% from PY21.
- In PY23, increase the employment rate in the second quarter and the fourth quarter after exit by 1% from PY22.
- In PY24, increase the employment rate in the second quarter and the fourth quarter after exit by 1% from PY23.

Action Items:

- Department of Labor (DOL), Nebraska Commission for the Blind and Visually Impaired (NCBVI), and Nebraska Vocational Rehabilitation (VR) will continue to align efforts to increase the number of businesses, in a variety of sectors, that are hiring retaining and advancing employees with disabilities.

Agency Responsible: Nebraska Commission for the Blind and Visual Impaired (NCBVI), Nebraska Vocational Rehabilitation (VR), and other Workforce Innovation and Opportunity Act partners.

Outcome: Increase the number of students who participate in Project SEARCH and are employed.

Baseline Data: In FY22, 3,318 students enrolled in Project Search: 3,049 completed the program, and 2,233 were employed.

Benchmarks:

- In FY23, increase the number of Nebraska students participating in Project Search by 2% over FY22.
- In FY24, increase the number of Nebraska students participating in Project Search by 2% over FY23.
- In FY25, increase the number of Nebraska students participating in Project Search by 2% over FY24.

Action Items:

- Nebraska Vocational Rehabilitation (VR) will help people with disabilities prepare for, find, and keep jobs.
- Nebraska VR will help businesses recruit, train, and retain employees with disabilities.
- Nebraska VR will help identify employers and job openings that match a participant’s interests.
- Nebraska VR will identify a person’s strengths and abilities to find success in employment.

Agency Responsible: Nebraska Vocational Rehabilitation (VR)

Goal 5: Nebraskans with disabilities will have access to affordable and accessible transportation statewide.

Outcome: Provide the state with trip planning software and make software available to Nebraskans on their website.

Baseline Data: Nebraska Department of Transportation (NDOT) will launch Pilot, a vendor software program, in FY23 and establish baseline usage data. Currently, NDOT does not have a unified trip-planning platform available to all Nebraskans.

Benchmarks:

- In FY23, NDOT will procure a vendor program and build technical infrastructure to launch the pilot.
- In FY24, pilot vendor program in Nebraska and establish baseline usage and quality data.
- In FY25, increase program usage by 1% over the established baseline.

Action Items:

- NDOT will continually assess the software's ability to meet trip planning needs via consumer satisfaction surveys and other performance data.

Agency Responsible: Nebraska Department of Transportation (NDOT)

Outcome: Improve universally accessible, efficient, affordable, and equitable transportation services across Nebraska.

Baseline Data: In FY22, rural, local bus systems handled 522,430 rides and intercity buses handled 27,236 rides. In FY21, urban counties had 1,485,382 rides.

Benchmarks:

- In FY23, increase trips by 1% over the baseline.
- In FY24, Increase trips by 1% over FY23.
- In FY25, increase trips by 1% over FY24.

Action Items:

- Nebraska Department of Transportation (NDOT) will provide data for the numbers of trips provided and miles traveled.
- NDOT will partner with a vendor to develop marketing and outreach materials.
- NDOT will engage in outreach and an awareness-building campaign within pilot-served communities.

Agency Responsible: Nebraska Department of Transportation (NDOT)

Outcome: Increase accessible public transportation ridership in rural areas.

Baseline Data: In FY21, Nebraska's rural public transportation systems reported a ridership of 471,379 rides.

Benchmarks:

- In FY23, increase rural passenger ridership by 5% from FY21.
- In FY24, increase rural passenger ridership by 3% from FY23.

Action Items:

- Through the statewide mobility management project, the Nebraska Department of Transportation (NDOT) will continue to implement marketing strategies to increase

awareness about the availability of public transportation, with plans to make it universally accessible.

Agency Responsible: Nebraska Department of Transportation (NDOT)

Outcome: Increase inter-city passenger boardings between Kearney, Grand Island, and Hastings.

Baseline Data: In FY22, inter-city routes between Kearney, Grand Island, and Hastings reported 27,236 passenger boardings.

Benchmarks:

- In FY23, Nebraska Department of Transportation (NDOT) will support new services to better connect the cities of Kearney, Grand Island, and Hastings.
- In FY24, NDOT will establish baseline data on usage including new and existing services.
- In FY25, increase ridership by 5% from FY24.

Action Items:

- Launch intercity schedule accessible inter-city bus service to connect Kearney, Grand Island, and Hastings.
- NDOT will develop marketing and outreach materials.
- NDOT will engage in outreach and awareness-building campaign.
- NDOT will identify and initiate any modifications to bus stop locations or design to meet federal requirements.

Agency Responsible: Nebraska Department of Transportation (NDOT)

Outcome: Expand transportation access to communities that have no public transportation for individuals with disabilities.

Baseline Data: As of January 2023, 88 counties of 92 have some form of accessible public transportation.

Benchmarks:

- In FY23, expand public transportation to two unserved counties.
- In FY24, expand public transportation to two additional unserved counties.
- In FY25, expand public transportation to all counties.

Action Items:

- Nebraska Department of Transportation (NDOT) will coordinate with local and county governments to identify opportunities for service area expansion into unserved areas and counties.
- NDOT will coordinate with local and county governments to identify service needs and barriers in unserved areas and counties.
- NDOT will support local and county governments to develop new services to provide

transportation options in unserved counties.

Agency Responsible: Nebraska Department of Transportation (NDOT)

Outcome: Increase the number of individuals with disabilities receiving Nebraska Department of Education- Assistive Technology Partnership (NDE-ATP) supported vehicle modifications.

Baseline Data: In FY22, NDE-ATP supported 89 completed vehicle modifications and 19 vehicle modification repairs.

Benchmarks:

- In FY23, NDE-ATP completed vehicle modifications and repairs will increase by 5% from FY22.
- In FY23, NDE-ATP completed vehicle modifications and repairs will increase by 3% from FY22.
- In FY24, NDE-ATP completed vehicle modifications and repairs will increase by 3% from FY23.

Action Items:

- NDE-ATP will develop a communication strategy to identify and address potential awareness gaps among DHHS, contracted, and Early Development service coordination staff and Nebraska Vocational Rehabilitation (VR) staff on vehicle modifications and the process to obtain them.
- NDE-ATP will develop a communication strategy to identify and address potential awareness gaps among participants and families on vehicle modifications and repairs.
- NDE-ATP will develop new print and digital materials and presentations, as appropriate, to increase program and process awareness.

Agency Responsible: Assistive Technology Partnership (ATP)

Goal 6: Individuals with disabilities will receive services and supports that reflect data-driven decision-making, improvement in the quality of services, and enhanced accountability across systems.

Outcome: Improve interagency data sharing and demonstrate data outcomes.

Baseline Data: There is currently no coordinated data-sharing framework to track the Department of Health and Human Services (DHHS) treatment, prevention, and recovery support services with Probation information to determine and enhance outcome indicators, utilization, capacity, or other metrics.

Benchmarks:

- In FY23, the Division of Behavioral Health (DBH) will conduct the final crosswalk of DHHS

treatment, prevention, and recovery support services.

- In FY24, DBH will incorporate Probation information into the crosswalk.
- In FY25, DBH will crosswalk shared outcomes for identified services, data sources, and leads for access, service utilization, capacity, outcomes, complete shared data standard operating procedures, as needed, and establish baseline metrics.

Action Items:

- DBH will lead The Behavioral Health Collaborative to crosswalk services, metrics, and outcome indicators to improve interagency data sharing and demonstrate outcomes in regularly scheduled meetings.
- DBH will coordinate with the Office of Chief Information Officer (OCIO) to identify project risks and opportunities.
- DBH will receive support project management support, as needed, to facilitate project completion from DHHS and/or external project management resources.

Agency Responsible: DHHS—Division of Behavioral Health (DBH)

Outcome: Increase evidence-based programs through the Family First Prevention Services Act within the Department of Health and Human Services (DHHS).

***Baseline Data:** In FY22, DHHS supported two evidence-based programs: Healthy Families America and Family Centered Treatment.*

Benchmarks:

- In FY23, increase the use of Evidence-Based Practices (EBP) services provided through the Family First Prevention Services Act (FFPSA).
- In FY24, increase the number of evidence-based programs within DHHS from two to four.
- In FY25, increase the number of evidence-based programs within DHHS from four to eight.

Action Items:

- Division of Children and Family Services (CFS) will evaluate existing programs to identify program or area gaps that may be served by EBP services provided through FFPSA.
- CFS will evaluate successful EBP services to identify new opportunities for EBP services.
- CFS will partner with community health boards, tribal nations, and other stakeholders to identify opportunities for EBP service expansion within the state.

Agency Responsible: DHHS—Division of Children and Family Services (CFS)

Outcome: Department of Health and Human Services (DHHS) divisions will generate comprehensive and longitudinal data to identify and track individuals with disabilities across the age span receiving services, the services provided, and the settings in which services are provided, and will use these data to report changes in service delivery via the Olmstead Plan evaluation process.

Baseline Data: *DHHS divisions are only able to generate limited reports on individuals currently being served, and the services they are receiving.*

Benchmarks:

- In FY23, DHHS will establish a methodology for intra-agency data-sharing capabilities to identify individuals and families receiving services across divisions, providing for a comprehensive analysis of services provided, the cost of care, and gaps in care.
- In FY24, DHHS divisions will report and analyze data across divisions and establish baseline data points for continued program evaluation.
- In FY25, will conduct an initial year evaluation of programs and services to identify progress and opportunities for further enhancements to data sharing and reporting.

Action Items:

- DHHS will identify and address intra-agency data-sharing capabilities and limitations.
- DHHS will create necessary data structures, supporting documentation, and Standard Operating Procedures (SOP) to track individuals and families across division-specific programs.
- DHHS will establish comprehensive baseline information for longitudinal tracking, evaluation, and planning.
- DHHS will create a report on the initial year evaluation of programs and services to identify progress and opportunities for further enhancements to data sharing and reporting.

Agency Responsible: Department of Health and Human Services (DHHS)

Outcome: **The Division of Developmental Disabilities (DDD) will evaluate the Home and Community-Based Services (HCBS) waiver system and registry to identify best practices in waiver management and service provision.**

Baseline Data: *In FY23, DDD contracted with Optumas to conduct a system evaluation to include all HCBS waivers and management of the Developmental Disability (DD) registry.*

Benchmarks:

- In FY23, Optumas will conduct a system evaluation and provide technical assistance to the state on HCBS waiver management and the DD registry and submit a report to the Nebraska Legislature by December 2023.

Action Items:

- Department of Health and Human Services (DHHS) will review the results of the system evaluation with internal leadership and legislative partners to assess opportunities and limitations for system enhancement.

Agency Responsible: DHHS—Division of Developmental Disabilities (DDD)

Outcome: **Increase tracking of incidents and quality improvement actions with Home and**

Community-Based Services (HCBS) programs.

Baseline Data: In FY22, the Division of Developmental Disabilities (DDD) launched a pilot program to track all incidents of risk, injury, or death across all HCBS waivers and engage in quality improvement actions.

Benchmarks:

- In FY23, DDD will transition from a pilot program to implement reporting and evaluation process for all incidents of risk, injury, or death across HCBS waivers and publish quarterly reports on trends and opportunities for system improvement.
- By FY24, DDD will implement codified provider quality assurance and improvement actions to address individual and systemic issues.
- By FY25, DDD will develop and implement a provider scorecard to provide participants with relevant information in selecting and evaluating agency and independent providers.

Action Items:

- DDD will consolidate all incident reporting into a single case management system.
- DDD will develop data sharing between a single case management system and a Quality Improvement Data System.
- DDD will determine a regular reporting structure for meaningful system quality improvement.
- DDD will develop a process for ad hoc reporting to support quality assurance and improvement initiatives within DDD and DHHS.

Agency Responsible: DHHS—Division of Developmental Disabilities (DDD)

Outcome: Increased publicly available tracking and reporting of DD system quality and performance metrics through the DHHS website.

Baseline Data: Currently the DD division reports system quality and performance metrics through open meetings and has not developed a publicly available digital dashboard for information sharing.

Benchmarks:

- In FY 23, DDD will develop a dashboard to publish National Core Indicators (NCI) quality information on the DHHS website.
- In FY 24, DDD will develop a dashboard to publish registry information on the DHHS website.
- In FY 25, DDD will develop a provider information dashboard on the DHHS website.

Action Items:

- DDD will internally develop or contract with a vendor to develop an NCI dashboard.
- DDD will internally develop or contract with a vendor to develop a registry dashboard.
- DDD will internally develop or contract with a vendor to develop a provider information

dashboard.

- DDD will develop marketing and outreach materials to better connect participants, advocates, and providers to the available information.

Agency Responsible: DHHS-Division of Developmental Disabilities (DDD)

Goal 7: Nebraskans with disabilities will receive services and supports from a high-quality workforce.

Outcome: Increase in the number of certified peer support specialists statewide to support individuals with mental health and/or substance use disorders in their recovery.

Baseline Data: *The Division of Behavioral Health (DBH) has supported 187 individuals to become Certified Peer Support Specialists as of December 2022.*

Benchmarks:

- In FY23, increase the peer workforce by 3% over baseline.
- In FY24, increase the peer workforce by 3% over FY23.
- In FY25, increase the peer workforce by 5% over FY23.

Action Items:

- DBH will engage with community partners, local health boards, and existing Certified Peer Support Specialists to develop an awareness of Peer Support Specialist Core Curriculum and Certification.
- DBH will identify gaps between curriculum, exam, and certification to remove obstacles and develop appropriate supports.
- DBH will develop a communication strategy to increase knowledge and awareness of the Certified Peer Support Specialist Core Curriculum and Certification among program eligible population.

Agency Responsible: DHHS—Division of Behavioral Health (DBH)

Outcome: Increase workforce competencies to serve individuals with complex and co-occurring behavioral health needs.

Baseline Data: *As of December 2022, a total of 1,922 community-based provider staff have received Division of Behavioral Health (DBH)-sponsored training and increased their competencies to treat and support adults and/or youth with mental health and/or substance use disorders; deliver evidence-based practices and improve rehabilitation and recovery-orientated service outcomes.*

Benchmarks:

- In FY23, an additional 100 community-based provider staff will receive DBH-sponsored training.

- In FY24, an additional 100 community-based provider staff will receive DBH-sponsored training.
- In FY25, an additional 100 community-based provider staff will receive DBH-sponsored training.

Action Items:

- Behavioral Health Education Center of Nebraska (BHECN) and DBH will continue to collaborate and align strategic planning, to advance the implementation of evidence-based practices (EBP) through workforce training and growing the behavioral health workforce.

Agency Responsible: DHHS—Division of Behavioral Health (DBH)

Outcome: Increase competency in person-centered planning among participants, families, providers, and service coordinators across all Home and Community-Based Services (HCBS) waivers.

Baseline Data: *In FY21, the Division of Developmental Disabilities (DDD) trained 527 service coordinators for HCBS waivers in Charting the LifeCourse (CtLC), a person-centered planning framework. In FY22, DDD joined the Community of Practice (CoP) through the National Association of State Directors of Developmental Disabilities Services (NASDDDS) to further develop and integrate Charting the LifeCourse into the HCBS services and supports system in the state.*

Benchmarks:

- In FY23, DDD will train 5 state staff in the CtLC Supporting Families Leadership Series to become CtLC Ambassadors.
- In FY24, DDD will train 5 additional state staff in the CtLC Supporting Families Leadership Series to become CtLC Ambassadors and develop an Ambassador-led in-person training program.
- In FY25, DDD will train 5 additional state staff in the CtLC Supporting Families Leadership Series to become CtLC Ambassadors and implement the Ambassador-led in-person training program statewide.

Action Items:

- DDD will partner with the CoP to develop branding and marketing materials to create a unified brand for CtLC within the state.
- DDD will schedule 15 hours of technical assistance for CtLC-related projects per year through the CoP.
- DDD will send staff to the CtLC annual meeting to further develop an understanding of best practices in person-centered services and supports.
- DDD will participate in train-the-trainer opportunities through CtLC to develop CtLC Ambassadors within the state.
- DDD will partner with the Nebraska Council on Developmental Disabilities to further expand CtLC knowledge and awareness among participants, families, and providers.

Agency Responsible: DHHS – Division of Developmental Disabilities (DDD) and Nebraska Council on Developmental Disabilities

Outcome: Establish rate structure for Aged and Disabled Waiver providers based on provider costs and an evaluation of peer state rate structures.

Baseline Data: As of January 1, 2023, the Division of Developmental Disabilities (DDD) negotiates rates with individual providers on the Aged and Disabled Waiver.

Benchmarks:

- In FY24, DDD will seek Centers for Medicare and Medicaid Services (CMS) approval of an established rate structure based on provider costs and an evaluation of peer rate structures.
- By FY25, DDD will implement updated provider rates for 100% of new Aged and Disabled Waiver service providers.

Action Items:

- DDD will seek CMS approval of an established rate structure based on provider costs and an evaluation of peer rate structures.
- DDD will incorporate a new rate setting methodology into the new provider orientation and certification process.
- DDD will educate existing providers on new rates and methodology as well as potential business impacts.
- DDD will align existing provider rates with new rates based on the updated rate structure.

Agency Responsible: DHHS—Division of Developmental Disabilities (DDD)

Outcome: Increase provider rates to incorporate a \$15 per hour minimum wage for all direct service providers and other employees across all Home and Community-Based Services (HCBS) waivers by January 2026.

Baseline Data: In 2022, Nebraska voters passed a state constitutional amendment to increase the minimum wage in the state from \$9.00 to \$15.00 per hour by 2026 and increase by the cost of living thereafter.

Benchmarks:

- In FY24, DDD will conduct a rate rebasing study on Developmental Disabilities waivers to determine rate changes necessary to comply with increased minimum wage.
- In FY25, DDD will implement new rates and amend all HCBS waivers as necessary to comply with the \$15.00 minimum wage.

Action Items:

- DDD will amend waivers to implement a rate rebase on the Aged and Disabled and Traumatic Brain Injury waivers.

- DDD will conduct a rate rebasing study on Developmental Disabilities waivers to determine rate changes necessary to comply with increased minimum wage.
- DDD will implement new rates and amend all HCBS waivers as necessary to comply with \$15.00 minimum wage.

Agency Responsible: DHHS—Division of Developmental Disabilities (DDD)

CLOSING SUMMARY

To be effective, an Olmstead Plan must demonstrate success in diverting individuals from admissions to segregated settings and moving individuals to ever more integrated settings. In recognition of this standard, LB570 requires that progress on the Plan’s implementation next be reported in 2025 (every three years after the initial evaluation). Until that time, the Steering, Advisory, and workgroup committees will continue to meet to monitor progress, assess new opportunities, and address persistent challenges.

All *Olmstead* activities are subject to fiscal, statutory, regulatory, and policy decisions and directives from state and federal bodies. Significant changes in funding, statutes, regulations, or policy could impact the ability of the agencies to engage in the strategies within this Plan and achieve the state measures.

Some stakeholders may believe that this Plan version does not go far enough in ensuring Nebraskans with disabilities have the opportunity for community inclusion. It is critical that all view this revised plan as a point along the journey toward full integration and equity within the state. Nebraska intends for the Olmstead Plan to be a living plan rather than a static document. For this reason, leadership anticipates the goals, measures, and strategies will need to be continuously adjusted and refined to ensure Nebraskans with disabilities are living, learning, working, and enjoying life in the most integrated setting of their choosing.

APPENDIXES

Appendix A – Olmstead Steering Committee Members at publication

- Carlos Servan – Executive Director, Nebraska Commission for the Blind and Visually Impaired
- Caryn Vincent – Public Health Strategic Advisor, Public Health Administration, Department of Health and Human Services
- Dan Curran – Deputy Director, Nebraska Department of Economic Development
- Dannette Smith – Chief Executive Officer, Department of Health and Human Services
- Dianne DeLair – Legal Services Director, Disability Rights of Nebraska
- Dr. Mark Shriver, Director, University Center for Excellence in Developmental Disabilities, Munroe-Meyer Institute
- John Albin – Commissioner, Nebraska Department of Labor
- John Hilgert – Director, Nebraska Department of Veterans Affairs
- Matt Blomstedt – Former Director, Nebraska Department of Education
- John Turner – Partner and Program Development Manager, Nebraska Investment Finance Authority
- Justin Schroeder – Director, Safety Division—Nebraska Department of Labor
- Kari Ruse – Highway Programs Specialist, Nebraska Department of Transportation
- Kathy Hoell – Advocate
- Kelsey Cruz – Public Information Officer, Nebraska Commission for the Deaf and Hard of Hearing
- Kevin Bagley – Director, Division of Medicaid and Long-Term Care, Department of Health and Human Services
- Kim Davis – Advocacy Specialist, Nebraska Commission for the Deaf and Hard of Hearing
- Kristen Larsen – Director, Nebraska Council on Developmental Disabilities
- Larry Kahl – Chief Operating Officer, Department of Health and Human Services
- Linda Wittmuss – Deputy Director, Division of Behavioral Health, Department of Health and Human Services
- Mark Smith – Program Training Coordinator, Munroe-Meyer Institute
- Mary Angus – Advocate
- Mike Carr – ADA Coordinator, Department of Corrections
- Shannon Harner – Executive Director, Nebraska Investment Finance Authority
- Sheri Dawson – Director, Division of Behavioral Health, Department of Health and Human Services
- Sherri Jones – Dean, University of Nebraska—Lincoln, College of Education and Human Sciences
- Stephanie Beasley – Director, Division of Children and Family Services, Department of Health and Human Services
- Tony Green – Director, Division of Developmental Disabilities, Department of Health and Human Services

Appendix B – Olmstead Advisory Committee Members at publication

- Allison Hatch – Lincoln Partnership for Economic Development
- Bradley Wardyn – Nebraska Department of Veterans' Affairs
- Brenda Moes – Division of Behavioral Health—DHHS
- Carlos R. Servan – Nebraska Commission for the Blind and Visually Impaired
- Caryn Vincent – Public Health Strategic Advisor—DHHS
- Casey Muzic – Midland Area Agency on Aging
- Cindy Kadavy – Nebraska Health Care Association
- Cynthia Brammeier – State Unit on Aging—DHHS
- Derek Rodgers – UNL College of Education and Human Sciences
- Diane DeLair – Disability Rights Nebraska
- Don Dew – Nebraska Statewide Independent Living Council
- Eddison McDonald – ARC of Nebraska
- Gloria Eddins – Department of Administrative Services
- Hannah Wieger – Nebraska Methodist College
- Jana Dye – Department of Labor
- Joni Thomas – Nebraska Total Care
- Julie A. Smith – Nebraska Administrative Office of Probation
- Kari Ruse – Nebraska Department of Transportation
- Kathy Hoell – Advocate
- Kathy Scheele – Division of Medicaid and Long-Term Care—DHHS
- Keri Bennett –Nebraska Vocational Rehabilitation
- Kierstin Reed – LeadingAge Nebraska
- Kim J. Davis – Nebraska Commission for the Deaf and Hard of Hearing
- Kristen Larsen – Nebraska Council on Developmental Disabilities
- Linda Wittmuss – Division of Behavioral Health
- Lindy Foley – Nebraska Vocational Rehabilitation
- Margaret (Peg) Huss – Advocate
- Mark A. Smith – Munroe-Meyer Institute
- Mark Bulger – Advocate
- Mary Angus – Advocate
- Payne Ackerman – Liberty Healthcare
- Penny Clark – DHHS Long-Term Care Ombudsman
- Roger E. Robinson – Division of Children and Family Services—DHHS
- Rose Baker – Department of Economic Development
- Sherri Jones – UNL College of Education and Human Sciences
- Tobias Orr – Assistive Technology Program