

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

September 30, 2024

Mr. Brandon Metzler  
Clerk of the Legislature  
P.O. Box 94604  
Lincoln, NE 68509

Subject: Quality Management Strategy Report

Dear Mr. Metzler:

In accordance with Nebraska Revised Statute § 83-1216.01, please find the attached report regarding outcomes, improvement priorities, and activities of the department during the fiscal year 2024.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tony Green".

Tony Green  
Director, Division of Developmental Disabilities

Attachment

# Division of Developmental Disabilities

## Quality Management Strategy Report

September 2024

Neb. Rev. Stat. § 83-1216.01

# Quality Management Strategy (QMS) Report

The Quality Management Strategy (QMS) Report for FY 2024 provides an overview of the quality improvement initiatives and quality assurance (QA) activities undertaken by the Nebraska Department of Health and Human Services (DHHS) Division of Developmental Disabilities (DDD). This report focuses on the progress made in enhancing the quality of life for participants in the Home and Community-Based Services (HCBS) Waiver programs. These programs are designed to provide community-based services for individuals who might otherwise require institutional support, including persons with intellectual and developmental disabilities, aged individuals, and individuals with other disabilities.

The five Nebraska HCBS waiver programs include:

- Comprehensive Developmental Disabilities (CDD) Waiver
- Developmental Disabilities Adult Day (DDAD) Waiver
- Family Support Waiver (FSW)
- Aged and Disabled (AD) Waiver
- Traumatic Brain Injury (TBI) Waiver

Through ongoing quality improvement efforts, including increased provider training, person-centered planning, mortality reviews, critical incident management, and participant satisfaction surveys, the DDD aims to deliver person-centered services that promote choice, independence, and a better quality of life for all participants.



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## 2024 QUALITY INITIATIVES



 <b>MORTALITY REVIEWS</b>	 <b>CRITICAL INCIDENT MANAGEMENT (CIMP) AND ROOT CAUSE ANALYSIS (RCA)</b>	 <b>HUMAN AND LEGAL RIGHTS ADVISORY COMMITTEE (HLRAC)</b>	 <b>TECHNICAL ASSISTANCE PROGRAM (TAP)</b>	 <b>ONSITE PROVIDER REVIEW (OPR) AND REPORT CARD</b>	 <b>UTILIZATION REVIEW (UR)</b>
<p>This process includes triage, other participants at risk determinations, and initial/comprehensive reviews. These reviews identify factors that may have influenced the participant's health leading to their death, information indicating the death was potentially preventable, and determine any concerns with quality of care, service level, and emergent care delays.</p>	<p>The CIMP is used to review General Event Reports (GERs) and complete RCA activities to assist the provider or agency in preventing the recurrence of the incident while seeking to maintain the safety of involved participants.</p> <p>Note: RCA previously referred to as Targeted Analysis (TA)</p>	<p>The HLRAC assesses and provides consultation regarding human and legal rights and restrictions imposed through approved person-centered plans, and ensures people are exercising their full rights.</p>	<p>TAP provides training and technical assistance (TA) to providers based on requests. The program includes onsite assistance and a library of tools, resources, and best practices.</p>	<p>The OPR is designed to assess the quality of services delivered through person-centered interviews and organizational review. A performance report card will be generated using key data from the provider reviews, incident information, and other performance measures.</p>	<p>The UR process reviews a sample of claims to validate service provision and utilization of authorized services. Aggregated data from utilization reviews will be collected and analyzed to reveal systemic issues with submitted claims.</p>
		<p>Started: December 2023</p>	<p>Started: May 2024</p>	<p>Expected: October 2024</p>	<p>Expected: Early 2025</p>

## Mortality Review Process

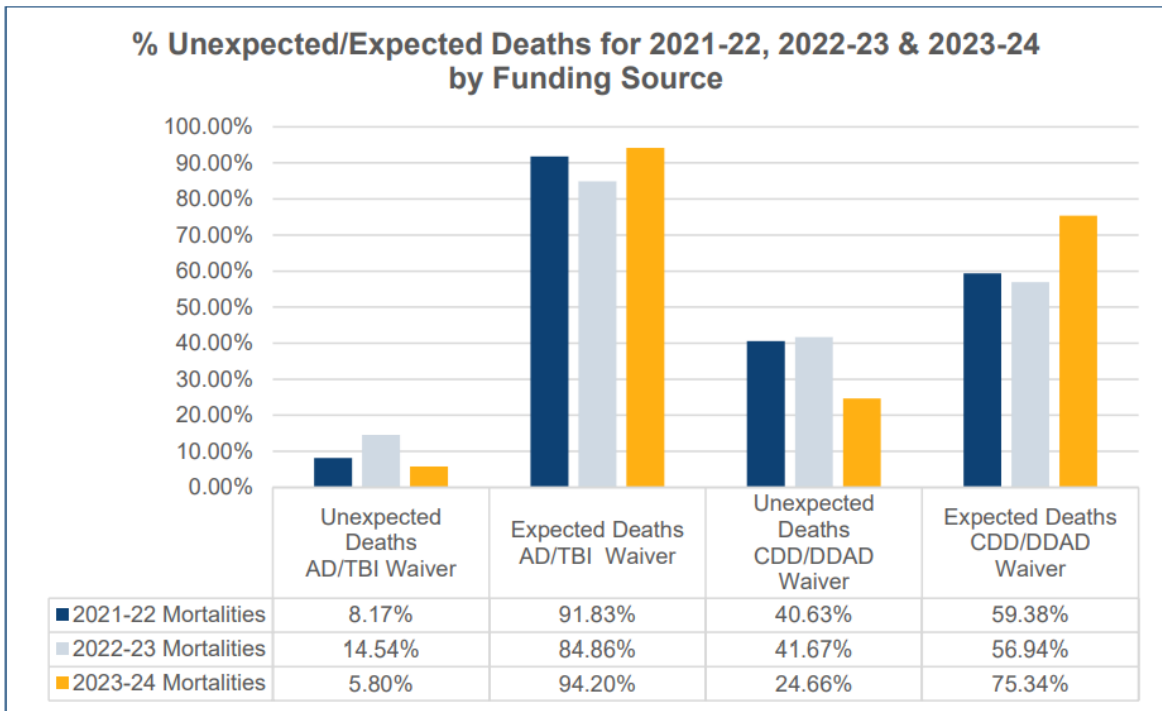
The review and analysis of deaths of participants receiving services is an important component of the quality and risk management systems within DDD. The mortality review process collects and analyzes data from mortality reports and case reviews to identify important patterns and trends that may help increase knowledge about risk factors and provide information to guide system enhancements and improvements.

In July 2021, DDD partnered with Liberty Healthcare Corporation (Liberty) to assist with the development and implementation of a redesigned and more robust mortality review process. Between July 1, 2023, and June 30, 2024, the mortality review process has evolved, resulting in the following improvements:

- Further refinement and enhancement of the triage and mortality review processes;
- Improve the validity and reliability of data collected from mortality reviews and expand the data collected about mortalities of supported participants;
- Implementation of the redesigned technical platform (QIDS) used to document mortality reviews with updated processes and enhanced data collection and analysis;
- Notification of Death reporting system;
- Triage of individual cases;
- Initial Mortality Review;
- Comprehensive Mortality Review;
- 2<sup>nd</sup> Level Physician Review;
- 2<sup>nd</sup> Level Mortality Review Team Review;
- Mortality Review Committee;
- Follow-up and Closure Process; and
- Collection, analysis, interpretation, and reporting of mortality data

The DDD and Liberty Healthcare have focused their efforts on developing training topics based on mortality review findings and data. The training topics included: identifying changes in health status, recognizing, and responding to Fatal Five Plus conditions, and responding to acute care needs. These training efforts, along with provider-specific recommendation letters following a completed mortality review, have led to a reduction in deaths associated with fatal conditions, as well as improved overall quality of care.

In comparing the FY 2021-22 and FY 2022-23 data to this year's data, unexpected deaths dropped significantly for both waiver groups, as shown in the chart below. There continues to be a much greater percentage of unexpected deaths occurring in the Intellectual and Developmental Disabilities (IDD) population than in the Aged and Disabled (AD) population, likely a reflection of the increased age of the AD population and the lower life expectancy of the IDD population.



Mortality recommendation letters are sent to providers through the Mortality Review Team or the Mortality Review Committee. The chart below shows the type of recommendations that were included in the letters for FY 2024.

### Mortality Recommendations Sent to Providers July 2023 - June 2024

Recommendation Types Sent to Providers	Value	%
Advocacy	1	2.86%
Create or Modify Current Procedure	1	2.86%
Education For Staff	25	71.43%
Level of Services determination/assessment	1	2.86%
Other	3	8.57%
Training/education for staff	4	11.43%
<b>Total</b>	<b>35</b>	<b>100.00%</b>

## Critical Incident Management Process (CIMP)

In alignment with Centers for Medicare & Medicaid Services (CMS) requirements, the DDD has strengthened the Critical Incident Management Process (CIMP) by partnering with Liberty. The current process, which was fully implemented for DD waivers by October 2022 and for AD and TBI waivers by March 2023, utilizes a Root-Cause Analysis (RCA) method.

The RCA is conducted both virtually and in-person and supports providers in identifying the root causes of negative outcomes and developing improvement plans. RCA is an effective quality tool to determine factors impacting a critical incident occurrence.

In FY 2024, two hundred and eighty-one (281) root-cause analyses were completed resulting in actionable insights and improved service delivery. The chart below shows that twenty-two (22) actions/topics (324 total actions/topics) were recommended from the 281 RCAs completed in FY 2024.

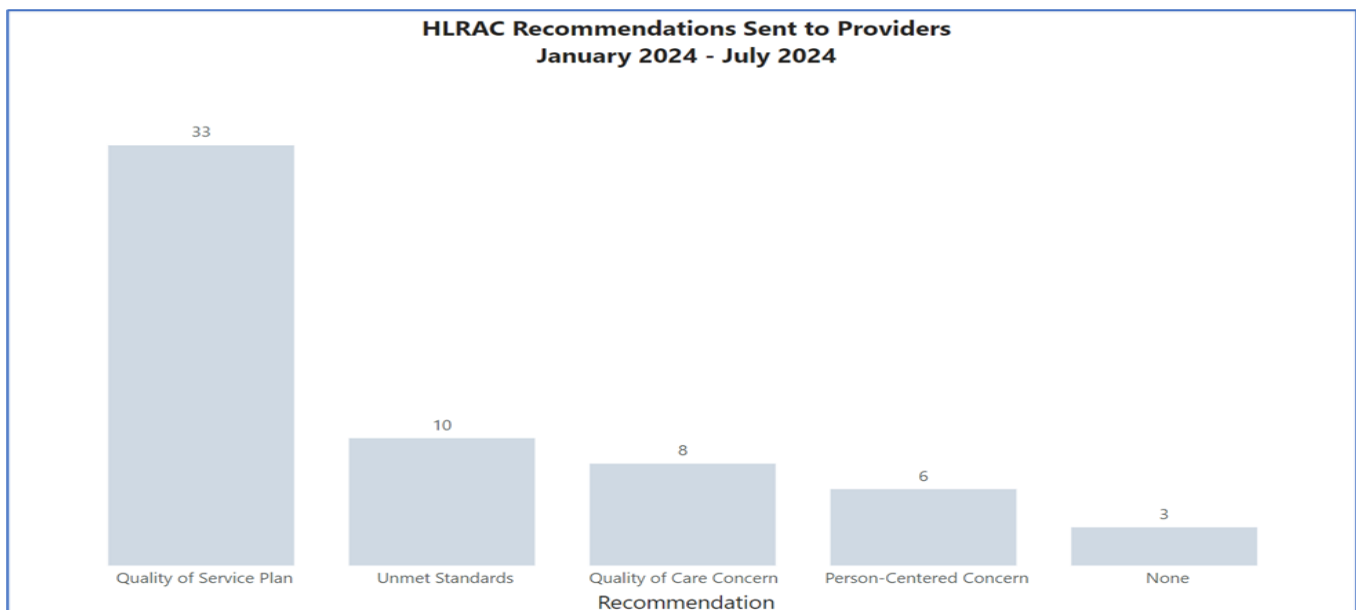
TOPIC	%
Modify Current Procedure	74 22.84%
Write a Procedure	61 18.83%
ISP Team Meeting to Update ISP	37 11.42%
General Retraining	23 7.10%
Create Form	18 5.56%
Medical/Mental Health Visit/Evaluation	16 4.94%
Update Form	14 4.32%
Advocacy	13 4.01%
CIMP Compliance Method Needed	12 3.70%
Update FBA/BSP	12 3.70%
Other	9 2.78%
Physical Environment Change	8 2.47%
Protocol Development	7 2.16%
Education For Staff	6 1.85%
Update Safety Plan	4 1.23%
Modify Current Policy	3 0.93%
Update/Obtain FBA	3 0.93%
Access to Care/Services - Referral To DDD	1 0.31%
Education For Participant	1 0.31%
Personnel Action	1 0.31%
Referral to DDD - Noncompliance	1 0.31%
<b>Total</b>	<b>324 100.00%</b>

## Human and Legal Rights Advisory Committee (HLRAC)

The Human and Legal Rights Advisory Committee (HLRAC) plays a critical role in safeguarding the rights of participants in Nebraska’s Home and Community-Based Services (HCBS) Waiver programs. HLRAC, which was created and implemented in March 2024, evaluates, and provides consultation regarding human and legal rights, particularly focusing on restrictions imposed through approved person-centered plans. The committee ensures that participants are exercising their full rights and that any rights restrictions comply with federal, state, and civil rights regulations, as well as DHHS policies.

The HLRAC reviews case note entries from agency providers to ensure adherence to relevant laws, regulations, and waiver requirements. This review process examines whether the imposed restrictions address genuine safety concerns, explore less restrictive alternatives, and assess whether support strategies are in place to work toward restoring participants' rights. Additionally, cases that meet specific criteria, such as long-standing or multiple restrictions, are referred to the HLRAC for further review and recommendations. The committee, which meets quarterly, includes a diverse group of professionals and advocates who collaborate to offer best practice recommendations and resources aimed at reducing restrictions and enhancing participants’ skills to regain their rights.

HLRAC recommendation letters are sent to the provider, participant receiving services, and their guardian (if applicable) following the HLRAC review process. The chart below shows the types of recommendation letters that were sent since the launch of the initiative.



## Provider Training and Technical Assistance

A key focus of the DDD in FY 2024 has been the expansion of provider training and technical assistance. Through collaboration with Liberty, the Division has implemented targeted training based on data-driven insights from critical incident and mortality reviews. This initiative is known as the Training and Technical Assistance Program (TAP).

TAP includes the following activities:

- Coordinating Technical Assistance Requests;
- Creation of a resource library of best practice materials that can be shared across provider agencies and groups;
- Analysis of data to identify providers or regions that need additional targeted support and provide outreach in the form of consultation; and
- Provides at least four systemic education programs per year to providers and/or Support Coordinators based on data analysis.

TAP launched in May 2024 and is currently accepting referrals and requests for technical assistance and has provided or developed two systemic education programs to date (Recognizing and Preventing Abuse, Neglect, and Exploitation and Incident Follow-Up and General Event Report (GER) Resolution).

## National Core Indicators (NCI) Survey

To assess the quality of life and satisfaction among participants receiving DD and AD waiver services, the DDD renewed its contract with the Munroe-Meyer Institute (MMI) to conduct National Core Indicators (NCI) surveys. These Experience of Care surveys provide valuable data on participant satisfaction, helping identify areas for system improvement.

A few highlights from the NCI-IDD results:

- The data shows that Nebraska continues to score higher than the national average on metrics related to individual choice and decision-making for participants receiving DD services;
- Nebraska is in the Top 10 states for people making their service plans; and
- In Nebraska, 31% of waiver participants have a paid job in their community, while the national average is 17%.

The NCI-IDD In-Person Survey showed areas of opportunity related to the workforce. Nebraska's results were near the national average in most categories. Survey results for “staff do things the way the person wants them done (National Average 86% / Nebraska Average 83%) and “person’s staff change too often” (National Average 40% / Nebraska Average 56%) indicate where services in Nebraska can improve.

## Conclusion

The DDD’s Quality Management Strategy for FY 2024 reflects a commitment to continuous improvement, person-centered service delivery, and enhanced quality of life for participants in Nebraska’s HCBS waiver programs. Through strategic partnerships, data-driven decision-making, and ongoing quality improvement efforts, the Division is well-positioned to continue delivering high-quality, person-centered services that meet the needs and aspirations of all participants.

Moving forward, the DDD will continue to build on the successes of FY 2024 by focusing on expanding provider training, further integrating person-centered planning practices, refining the mortality review and critical incident management processes, and utilizing participant feedback to drive system improvements. These efforts will ensure that Nebraska’s HCBS waiver programs continue to provide meaningful, high-quality support to individuals with disabilities and their families.