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Strategic Planning Session

In-Depth Analysis Report

October 15, 2021



Executive Summary 1

Methodology..... 1

Participation Outreach1

Session Planning and Execution.....1

Feedback and Follow-Up4

Qualitative Feedback Highlights..... 4

HCBS Waiver Performance Measures/CMS Assurances.....4

ICAP/InterRai4

Qualified Providers.....4

Service Plan.....5

Internal Quality.....6

Mortality Reviews6

Critical Incident Management.....6

Person Centered Plan Reviews7

Outcomes-Based Provider Quality Management7

Provider Technical Assistance and Training7

Participant Surveys8

Participant Experience Surveys and National Core Indicator (NCI) Surveys8

Systemic Quality Improvement.....9

Data Analysis, Tracking, and Trending9

Recommendations..... 9

Appendices.....11

Appendix A12

Appendix B12

Appendix C12



Executive Summary

On October 15, 2021, Liberty Healthcare Corporation (Liberty) hosted a one-day Quality Management Strategy (QMS) Strategic Planning Session with internal and external stakeholders to seek feedback on the current and proposed system and discuss how to incorporate promising practices.

Liberty compiled feedback obtained during the Strategic Planning Session and aligned the responses received by current likes, dislikes, and future wishes. Before drafting this report, Liberty distributed a summary of the session to all attendees for them to review and provide additional input for all topics discussed during the meeting.

After the Strategic Planning Session, a Collaborative Workgroup was formed to engage stakeholders to obtain their feedback on the current and proposed system through a series of feedback sessions rather than a single session. Thus, internal and external stakeholders will have opportunities to participate during the discovery and design phases of Liberty's recommended quality initiatives. The first Collaborative Workgroup was held on November 30, 2021.

Methodology

The Stakeholder Strategic Planning Session development method was comprised of three phases:

1. Participation Outreach
2. Session Planning and Execution, and
3. Feedback and Follow-Up.

Participation Outreach

Participation in the strategic planning session was made available to anyone interested in attending. Invitations to the event were placed on the Department of Health & Human Services (DHHS-DDD) website, Facebook page, Therap splash page and sent out to the email distribution list. When the interested attendees registered, they were then sent a calendar invite for the event. A Zoom meeting was set up and registration was required to collect demographic information including name, city and state, email address, and participant type: participant, provider, family/guardian, state employee, or advocacy group representative.

In addition to the generalized outreach mentioned above, specific outreach via email and phone calls were sent to people identified by DHHS-DDD as key influencers and communicators throughout the state. This outreach was focused and intended to include specifically family members and people receiving services through the state's home and community-based services (HCBS) waivers.

Session Planning and Execution

The expected registration was around 50 people to accommodate this number and give ample opportunity for stakeholders to give feedback, a workshop format was developed with smaller



breakout sessions. The format and content of this session were approved by the DHHS-DDD before implementation.

Figure 1 Stakeholder Strategic planning agenda.

Time	Scheduled Activity
9:00 AM - 9:30 AM	Introductions and Overview (DHHS-DDD/Liberty Presentation)
9:30 AM – 11:00 AM	Breakout Sessions (Groups assigned by DHHS-DDD/Liberty): <ul style="list-style-type: none">• Health and Welfare (mortality review, critical incident management)• Service Planning (level of care assessments, person-centered individualized service plan)• Qualified Providers (provider quality reviews, technical assistance, training, performance improvement)• Quality of Life (Participant Experience Surveys, National Core Indicators)
11:00 AM - 11:20 AM	Break
11:20 AM - 12:20 PM	Putting it all together (DHHS-DDD/Liberty Breakout Session Facilitators Report Out & Discussion)
12:20 PM - 12:30 PM	Wrap Up/Next Steps



It was determined by the DHHS-DDD that a fifth breakout group for all state employees would be added to support external stakeholders to speak freely. Attendees that registered ahead of time were sent easy read versions of handouts detailing what the session topic included along with additional resources to explore as interested (Appendix A). This was intentionally developed to be accessible for all people no matter their knowledge of the system and especially accessible to participants.

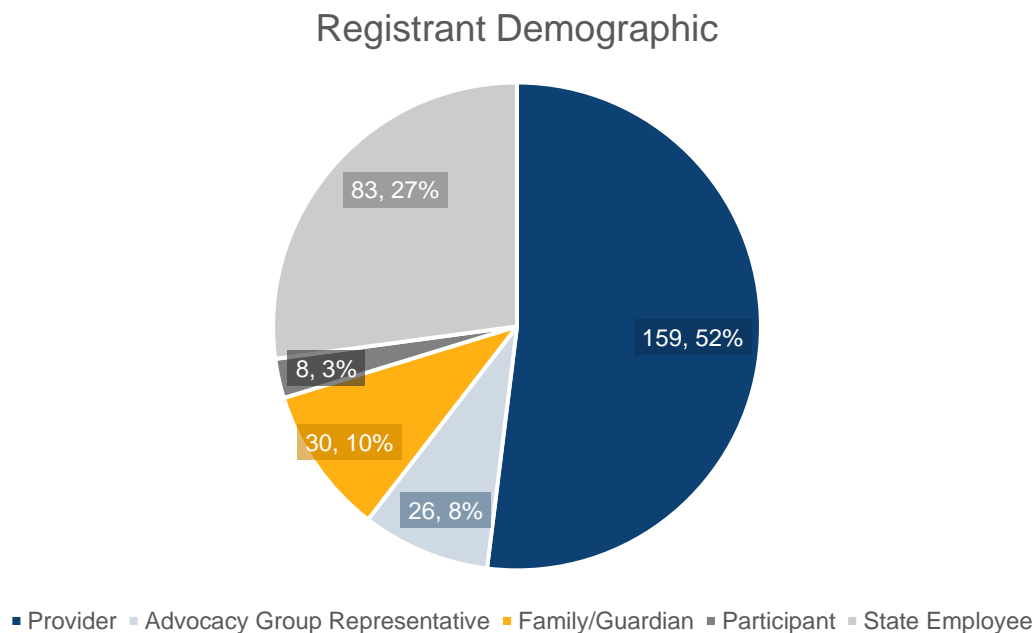
Each session (other than the state employee session) was facilitated by one DHHS-DDD staff and one Liberty Healthcare staff. Facilitators used the Facilitator Worksheet (Appendix B) to guide the discussion and capture information logically and clearly.

Figure 2 below shows the registration data collected from the Zoom meeting. There were 308 people registered for the event and an average of 180 people attended at any given time during the meeting.

Prior to the meeting, registrants that registered at least 24 hours in advance of the meeting were preassigned to one of the four break out groups:

- **Health and Welfare** (mortality review, critical incident management)
- **Service Planning** (level of care assessments, person centered individualized service plan)
- **Qualified Providers** (provider quality reviews, technical assistance and training, performance improvement)
- **Quality of Life** (Participant Experience Surveys, National Core Indicators)

Figure 2 Strategic Planning Registrant Demographics





Multiple methods were used to engage attendees in this meeting including direct contact with recommended participants and outreach to service coordination leadership however, only 3% of the attendees identified themselves as a participant. This will be an area addressed in the recommendations section.

Feedback and Follow-Up

After the Stakeholder Strategic Planning meeting, all facilitator worksheets were collected, and feedback was compiled into a document titled Feedback Report for Stakeholder Review (Appendix C). This document was emailed to all stakeholders registered for the stakeholder meeting regardless of their ability to attend the meeting on October 22, 2021. Registrants were asked to send any additional feedback for inclusion in this report. Those additional items for feedback and any clarifying information sent were included in the feedback featured below.

Qualitative Feedback Highlights

In this section, attendee feedback is organized by topic areas. Topic areas without feedback are not included in this list.

HCBS Waiver Performance Measures/CMS Assurances

ICAP/InterRai

What is happening at that moment in time does not capture the accurate level of care. Only information from the last 30 days is included and thus is not an accurate representation. The current level of care system doesn't take into consideration the current level of support contributing to their level of function at that time. The assessment should be an email to the team vs. snail mail. The data used isn't accurate; they are using 1 month not 3 months, which is a concern. We recommend they use a year or 6 months. The service coordinator should also be a part of the overall ICAP assessment. ICAP assessments need to be timely, get caught up, and stay on schedule. There needs to be better communication about the ICAP process for providers and families. The ICAP scoring needs to be completed in a manner that helps to also capture unique safety needs. Level of Care (LOC) format should remain the same for the Aging & Disabled Waiver and Nursing Facility approvals, using the current tool versus the InterRai.

Qualified Providers

There was a lot of feedback related to qualified providers. There are good service coordinators that are really in tune with what a family's needs are. Provider staff are genuinely good people who want to help people live better lives. Stakeholders recommended that the DHHS-DDD continue to

There are good service coordinators that are really in tune with what a family's needs are.



reinforce the need for independent providers. They also like the State Bulletins describing requirements and expectations of the state and providers. The stakeholders also mentioned that they like the Technical Assistance Email which can be used by providers to ask questions and seek clarification from the state. The monthly HCBS phone calls with the state; additional phone calls as needed are helpful. They recommend that the DHHS-DDD keep communication channels open since this is great for providers to receive consistent messages from DHHS-DDD and can ask questions. This helps to promote a more consistent message between service coordinators and locations, since several times, we are hearing different things from different service coordinators at various locations.

Stakeholders recommended having a better system to hold providers accountable. Currently, providers will have families sign release forms so that they are not held accountable, and families sign those not knowing what they are signing.

Stakeholders had quite a few recommendations concerning the training of providers. They recommended that the DHHS-DDD provide training to agency providers as well. Currently, regulations have an overview of what we need to do – but all agencies then must interpret and implement them in their own way which can be confusing. Independent providers receive training, but agency providers are to create their own training and can do so however they want. For instance, providers must train on Abuse and Neglect, and they must have proof of it being trained to each staff – but no one checks the actual training contents, just a record saying that someone received that training.

Certification of providers was also a topic that the stakeholders had a lot of feedback about. They suggested better communication between departments of DHHS. It is often apparent that departments within DHHS (like the licensure unit vs Medicaid enrollment vs DDD vs public health) do not communicate. Even during certification this past year, the surveyors from DHHS public health admitted that they were not sure why providers have started doing things certain ways and have overheard providers talk about processes that they were not familiar with – when it is because DHHS-DDD had implemented a new process on top of our regulations. Public health audits providers against the regulations but DDD provides oversight/instructions to providers on the regulations as well as additional items that they want to be followed. The inconsistent messages create a large amount of confusion for providers and decrease the quality of care in some situations.

Service Plan

Participants in the strategic planning session had many positives concerning service planning. They stated that staffing ratios are good, and this allows for more person-centered plan implementation. Participants felt that Nebraska does focus on the person first – having the voice they want. They also stated that Nebraska does a respectable job meeting the needs of the individual as they change.

Feedback was received from attendees concerning including populations from all waivers in service decisions and making processes more inclusive of all people utilizing the waivers. They also stated that it would be beneficial to include more



partnerships during transition planning and allow more transparency for parents, especially about billing. They suggested integrating the ISP into the Therap form so that it's on their profile more easily and provides for more consistency between providers.

The attendees suggested that there should be more involvement from the person supported and those that know them best when habilitation goals are written. There has been a lot of training on Person-Centered Planning (PCP) but the policies and practices from the DHHS-DDD have not been updated to be in line with PCP and self-determination. The current policies get in the way of a true PCP process. Some parents in the group stated that with a true PCP process, parents and guardians should have access to information just like providers and service coordinators do especially about the person's plans, General Event Reports (GERs), funding expenditures. They stated that this would shift the power of knowledge from being held within the system only to being held by the person receiving services.

The attendees suggested that there should be more involvement from the person supported and those that know them best when habilitation goals are written.

Stakeholders suggested that services coordinators receive better training and access to information so that they can present messages to participants, family members, guardians, and providers in a more consistent manner.

Internal Quality Practices

Mortality Reviews

Planning session attendees requested that additional information about the mortality process be sent out. They recommended a monthly email to keep stakeholders informed. They would also like ongoing reminders of what to expect if there is a mortality review.

Critical Incident Management

Feedback was collected from a variety of family members, providers, and advocacy group representatives concerning the current critical incident management process. They stated that in the developmental disabilities Waivers, the critical incident guide is beneficial to provide to staff and participants. They stated that the guide for follow-up is also useful to help staff know how to complete the incident follow-up. In the Aging & Disabled Waiver, they like how reports can be put directly into CONNECT and that it's the same system the service coordinators are using when working with participant files. They like that this is a centralized system that is accessible. Attendees also stated they appreciate the feedback and technical assistance received from the state after the GER follow-up is complete.



Participants also identified some areas that could be improved upon to support a more effective risk management system. They stated that failed reporting is a concern, and it presents risks to the participant and/or public. Service Coordinators should also better communicate incident information to others within the state especially to those completing the funding reviews. Family members and participants should be more involved in what should be considered a reportable incident.

It was recommended that the Division provide training to participants and guardians concerning critical incidents.

Suggestions on improving the service guide were made including recommending that definitions in the service guide need to be re-evaluated. For example, abuse of an adult, may not be reportable unless the individual is physically injured. This presents opportunities for participants to be systematically at risk without risk mitigation. They also stated that the GER guide leaves some things open for interpretation and that providers get mixed messages from the DHHS-DDD on how things should be labeled on a GER.

They also had information about suggested training around incident reporting and critical incident management. It was recommended that the DHHS-DDD provide training to participants and guardians concerning critical incidents. They requested more training on the system as a whole including abuse, neglect, and exploitation. The group suggested that training provided to stakeholders be recorded and posted on the website so they can be referenced at another date and used for ongoing training.

Family members and guardians had some specific concerns around critical incidents. They feel it would be beneficial if there was a recognized place for parents to report events when a person receiving services is not receiving any services at the time. An example would be when their child receives services some days of the week and they live with the parents. The parents are the person's primary caregivers on nights and weekends. If events happen during the time, the person is not receiving services, there would not be a report generated. When it comes time to review a GER- it seems to be more dependent upon only what is reported by the service provider, not the parent.

Person-Centered Plan Reviews

Family members/ guardians stated that findings from ISP reviews should be sent to parents and guardians also.

Outcomes-Based Provider Quality Management

Provider Technical Assistance and Training

Stakeholders had a lot of feedback around training and technical assistance. Recommendations were made concerning increasing the training provided from DHHS-DDD across the board including making the training accessible on-demand via recorded videos.



Training for independent providers was identified as a significant gap. Without the larger provider agency to support training and onboarding needs required training such as Therap, is delayed and sometimes missed. It was suggested that the state host monthly training for independent providers on diverse topics.

The stakeholders also recommended that the state moves from just requiring that a provider have the training, for example on abuse and neglect, to requiring what that training is comprised of. They also asked for more training on the use of Therap.

A significant concern of stakeholders was that current training and technical assistance from DHHS-DDD does not align with current regulations. The Division of Public Health (DPH) completes certification reviews on providers using these regulations and agencies are having a tough time when processes don't align with regulation.

Participant Surveys

Participant Experience Surveys and National Core Indicator (NCI) Surveys

The stakeholders in attendance at the strategic planning meeting liked that the state is participating in NCI and surveys for people. They are in person and are good conversations. They like that NCI is part of a national platform. It is standardized and offers a good baseline. They appreciate that some questions are phased so they are easy to understand. Stakeholders also stated that they like that it addresses the utilization of assistive technology. The fact that NCI considers work as an indicator of the quality of life is a positive and that questions concerning COVID-19 were added. The group also stated they were glad it reviews choosing services.

The stakeholders suggested that the DHHS-DDD think of ways to serve Nebraskans better and have surveys geared towards them specifically. They would like to see the support team/ ISP team talking about the Individual survey and using it to make the person's life better. The survey could be used to define the quality of life for people in an aggregate way. The group also suggested that the surveyors could account for age in surveys that can be more person-centered and individualized. They would like to see DHHS-DDD more effectively use the data to make systems changes.

The survey could be used to define the quality of life for people in an aggregate way.

The stakeholders were also concerned about the disconnect from the survey and needed follow-up. It was unclear what is being done when a surveyor finds significant health and safety concerns during a survey. There might be a missed opportunity to address these concerns immediately.

The stakeholders would like to see a few areas changed completely. They state that some of the groups of questions only apply to a specific situation for example



living situations. They would like to make sure that people in all areas of the state have access to participate in the survey. They felt it was also important to include people who are on the waiting list for services in the survey process. They would like to see some questions about human and legal rights committees added to the survey and make the questions more all-encompassing including a safety review. They also feel the survey has too many questions and can be a very overwhelming process for some people.

Ensure that the language on the surveys is accessible to everyone. There is also a gap that doesn't prevent transitional aged youth from falling through the gap in services. They should also be included in surveys more often.

Systemic Quality Improvement

Data Analysis, Tracking, and Trending

Stakeholders suggested reviewing data being required to be collected by asking *"how will the data collected be used?"* All data collection should be usable and lead directly to the facilitation of improved services. They suggested ensuring that data collected is more accurate and would like the state to use data more effectively to make systems changes. Stakeholders stated that there is currently no way to compare reports systematically to aggregate data to identify trends. They recommend supporting service providers for a more consistent reporting system.

Recommendations

1. More targeted and strategic development of participant self-advocacy skills.

There was little to no engagement from people receiving waiver services at the meeting. While outreach was conducted few understood how they could contribute, and few were supported robustly enough to be able to participate. The DHHS-DDD would benefit from increasing the advocacy skills of participants to get a more well-developed perspective of service delivery and how it impacts the quality of life for people.

2. Evaluate and improve stakeholder training and engagement.

A common theme within each of the groups was a desire to have more opportunities like this one to engage in thought-provoking conversations with others and give and receive feedback.

3. Develop resources to assist family members and participants to navigate the system.

Many comments were made about the difficulty of effectively navigating the system from eligibility to waitlists to service planning and provision. More resources are needed to assist families in learning how to best navigate an inherently complex system.



4. Develop a strategic plan to address the workforce capacity issues which includes the development of individual providers.

Not surprisingly, workforce concerns were a theme within the feedback that was received during this meeting. The stakeholders would like to see more support from DHHS-DDD around workforce engagement and development. By engaging in conversations and strategic planning specifically focused on addressing the workforce issues, the DHHS-DDD could engage providers positively as well as plan for innovative ways to address this growing concern.

5. Increase written processes and resources to support consistent messaging from state to providers.

Stakeholders expressed concern about messages from different state employees being very inconsistent. This leads to confusion and a drift of focus from supporting people to live high-quality lives. Writing procedures and policies that staff can reference for information will increase consistency throughout the state.

6. Support providers to communicate with participants effectively.

DHHS-DDD would benefit from providing technical assistance to providers to help support them including participants in all aspects of service provision. Supporting providers to become more knowledgeable about options, resources, and support opportunities will create empowered participants who have a chair at the table.

7. DHHS-DDD should implement a system of policies and procedures that are applied consistently and a specific process for technical assistance to support providers to apply those policies and procedures.

Providers are anxious to learn more about best practices and how to implement changing policies and procedures. The state should develop a plan to better inform providers about changes and provide technical assistance around how to implement any changes.



Appendices



Appendix A



Health-and-WelfareQualified-Providers- Quality-of-Life-10.1 Service-Planning-1.1
-10.13.pdf 10.13.pdf 3.pdf 1.22.pdf



Appendix B



Facilitator
worksheet.docx

Appendix C



Feedback Report
for stakeholder review