

Division of Developmental Disabilities

District 1: October 7, 2020

District 2: October 21, 2020

District 3: October 28, 2020

Service Coordination & Provider Meeting 4th Quarter 2020

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Agenda

- Welcome
- Appendix K
- DD Policy Manual
- Upcoming DD Waiver Amendments
- Provider Bulletins
- State Transition Plan
- Electronic Visit Verification (EVV) Update
- Olmstead Plan Overview
- Person-Centered Planning Initiative
- Incident Reporting Guides
- ICAP Changes
- Safety Plans
- Open Discussion

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Appendix K

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Extension of Appendix K Amendments

- CMS approved extension of Appendix K for all four waivers with end date of December 31, 2020.
- All four Appendix K documents are posted at:
<http://dhhs.ne.gov/Pages/HCBS-Stakeholder-Meetings.aspx>.
 - The DDAD and CDD Appendix K documents are also posted at:
<http://dhhs.ne.gov/Pages/DD-Regulations-and-Waivers.aspx>.
- The start date of the Appendix Ks remains March 6, 2020 and the same flexibilities in service delivery and service plan development are allowed.

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Appendix K – Rate Increases

- Added in the two DD waivers an incremental stepwise approach to reducing rate increases to avoid an abrupt reduction of rates at the conclusion on December 31, 2020:
 - Was increased 15% above the base rate in place prior to the pandemic for services provided March 6, 2020 to September 6, 2020;
 - September 7, 2020 to October 31, 2020, increased 10% above the base rate in place prior to the pandemic, adjusted for legislative appropriations, for services provided; and
 - November 1, 2020 to December 31, 2020, will increase 5% above the base rate in place prior to the pandemic, adjusted for legislative appropriations, for services provided.

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DD Policy Manual

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DD Policy Manual

- The DD Policy Manual was implemented August 15, 2020.
- The policy manual outlines the requirements and procedures for Medicaid Home and Community-Based (HCBS) Developmental Disabilities (DD) Waiver services.
- The manual contains no new requirements, but rather arranges the current requirements and procedures into a comprehensive single document.
- The policy manual is located at:
<http://dhhs.ne.gov/Guidance%20Docs/DHHS-DD%20Policy%20Manual.pdf>.

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DD Policy Manual – Intended Audience

- A person with a developmental disability, a family member, a guardian, or an advocate: The policy manual helps participants and families understand the DHHS-DD services. It provides specific definitions and outlines processes. It supports people to navigate Medicaid HCBS DD Waiver services.
- DHHS-DD Service Coordinator: The policy manual helps effectively facilitate person-centered planning and services, provide resources and referral information, and monitor the delivery of Medicaid HCBS DD Waiver services.
- DD services provider: The policy manual helps deliver quality habilitative services and supports, and helps ensure the health and safety of those served. All providers of DD services must comply with this manual.

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Upcoming DD Waiver Amendments

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Upcoming Amendments to DD Waivers

- DHHS-DD hosted a webinar on August 17, 2020 for providers to comment on a preview of proposed revisions to the Medicaid HCBS DD Waivers.
- Many great comments and suggestions were received; they are all being discussed and considered.
- We are continuing to research virtual support under other states' DD waivers and how we can support it in our waivers.
- DHHS-DD continues to plan for implementation of amendments in the Spring 2021.

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Provider Bulletins

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Provider Bulletins

- DHHS-DD recently updated, repealed, and published new bulletins.
- Updated Provider Bulletin
 - PB 19-05: DD Services Fee Schedule - Updated 09/07/20; Repealed 10/16/20
Fee schedules are now located at: <http://dhhs.ne.gov/Pages/DD-Provider-Rates-and-Fee-Schedules.aspx>.
- New Provider Bulletins
 - [PB 20-06: Developmental Disabilities \(DD\) Policy Manual](#) - Issued 07/31/20
Issued to inform providers of the DD Policy Manual and the requirement to follow the policies and procedures outlined in the manual.
 - [PB 20-07: Emergency Safety Intervention \(ESI\)](#) – Issued 10/16/20
Outlines the requirements for agency Emergency Safety Intervention (ESI) systems and requirements for submission of information about ESI to DHHS-DD.

State Transition Plan

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Final Settings Rule

- “Final” version of the State Transition Plan (STP) was resubmitted to CMS on September 4, 2020.
- Waiting on direction from CMS regarding the necessity of a public comment period for this iteration of the STP.
- Monitoring of previously assessed settings will restart later this year.
 - Because monitoring will be done in-person, it is not clear when it will begin due to COVID-19 concerns.
 - Agency providers will be notified once timeline is determined.
- Project to assess settings that were not previously assessed continues through the end of the year.

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Electronic Visit Verification

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Electronic Visit Verification (EVV)

- Electronic Visit Verification (EVV) implementation is coming.
- All agency providers will be trained individually by Therap.
- If you have not yet had contact with Therap regarding training, please reach out to them at nesupport@therapservices.net as soon as possible.
- If your agency will **not** be using Therap and you have not yet notified DHHS-DD, please do so immediately by emailing DHHS.DDProviderRelations@Nebraska.gov

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Electronic Visit Verification (EVV) – Share of Cost

- Any Share of Cost should be allocated to non-EVV services whenever possible.
 - If Share of Cost must be allocated to an EVV service:
 - The Share of Cost will **not** be automatically deducted from the provider payment.
 - The Share of Cost will be recouped from the provider after the fact.
 - This will occur until approximately December 13, 2020.
 - After December 13, 2020, Share of Cost will be deducted from the provider claim prior to the payment being made.
 - This will be done manually, so there could be a short delay in payment for these services.

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Incident Reporting Guides

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Incident Reporting Guides & SCS/SC Expectations

- New incident reporting and follow-up guides went into effect August 1, 2020.
- DHHS-DD updated internal guidance for SC and SCS roles in the incident management process.
 - The new guidelines expand the SC and SCS role in review and follow-up on reportable incidents as part of our ongoing efforts to improve our incident management process.
 - Part of the SCS role is to give feedback on any issues they observe in their initial review of the submitted GER.
 - Upon review of the GER Resolution, the SC or SCS may request the provider complete a full investigation or add additional recommendations to address identified concerns.
 - The new guidelines also include cooperative efforts between service coordination and QI to offer technical support for identified issues.

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Incident Reporting – QI Information for Providers

- Before the implementation of the new GER guides, overall GER compliance was at 38%. Compliance points include: correct notification level, notification to SC/guardian, approval timeline, and action taken.
- Steps taken to improve performance:
 - Providers completed GER training;
 - The Quality Team is providing technical assistance to providers; and
 - DHHS-DD now gives immediate feedback to providers for select GERs.
- Provider reminders:
 - All timelines must be met, regardless of weekends or holidays.
 - Guardian notification must be documented in the GER.
 - At least two event types should be included for all GERs related to COVID-19.

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Olmstead Plan Overview

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Olmstead Legislative Background

- Federal law – Olmstead vs. L.C., 527 U.S. 581 (1999)
 - Confirmed ADA; prohibits unjustified institutional segregation of individuals with disabilities. Specifically, ruled that public entities must provide community-based services, as opposed to institutionally-based services, to persons with disabilities.
- State Law – Nebraska Olmstead Plan LB 570/ Nebraska Revised Statute 81-6,121
 - Nebraska Olmstead vision: “People with disabilities are living, learning, working, and enjoying life in the most integrated setting.”
 - DHHS is lead agency collaborating with:
 - Dept. of Correctional Services, Dept. of Economic Development, Dept. of Labor, Dept. of Transportation, Dept. of Veterans Affairs, State Department of Education, the University of Nebraska, and the Equal Opportunity Commission.
 - <http://dhhs.ne.gov/Pages/Olmstead.aspx>

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Current Division Initiatives Related to Olmstead

- Reduce waiver wait list and increase total numbers of Service Coordinators
- Merge DD, A&D, and TBI waivers into one comprehensive HCBS Division
- New DD waiver services: Adult Day Habilitation and Therapeutic Residential Habilitation
- Level of Care redesign
- Final Settings Rule
- iServe Nebraska Portal
- Increase data-driven practices
 - Quality Improvement Organization
 - Electronic Visitation Verification
- Person-Centered Planning Initiative – HCBS w/ DD Council

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Person-Centered Planning Initiative

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Person-Centered Planning – Benefits of Initiative

- Empower participants, guardians, and family members in decision making.
- Deepen communication between Service Coordinators and participants, guardians, and family members.
- Strengthen relationships between service providers and participants, guardians and family members.

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Person-Centered Planning Overview

- Offered for all Medicaid HCBS Waivers: both DD, AD, and TBI
- Sponsored by DD Council and Money Follows the Person
 - Major collaborators: NEDHHS, Collaborators include: Nebraska DHHS, Statewide Independent Living Council, League of Human Dignity, Brain Injury Alliance, People First of Nebraska, The Arc of Nebraska, Disability Rights Nebraska, Munroe-Meyer Institute-UCEDD, Nebraska Association of Service Providers (NASP), and the Parent Training and Information group.
- Lead trainer: Dr. Mark Friedman
- Training in person-centered practices for SCs, participants, families, and providers

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DHHS Supervisor Training

- Supervisors are currently having training in two-hour sessions, one day per week for eight weeks via Zoom.
- Training covers person-centered planning and skills for facilitating meetings online using Zoom and other online platforms.
- The three supervisors training groups (cohorts) contain teammates from all four HCBS Waivers.
- After an introductory session Sept 15, each of the three cohorts are meeting on the same day of the week for the duration of the training.
- In addition, following the Supervisor training sessions, each supervisor will participate as a facilitator for the Service Coordinators' training sessions.

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DHHS Service Coordinator Training

- Service Coordinators will have training for two-hour sessions, one day per week for 8 weeks via Zoom.
- The trainings will cover topics specific to service coordination and Person Centered Planning, such as how to develop the person's vision of their future, how to build a Person Centered Plan into an ISP, and how to facilitate online ISP meetings using video platforms.
- Due to the amount of service coordinators being trained, there will be two rounds of training, the first round starting November 2020 and the second round starting February 2021. Each round will have three separate cohorts with a blend of teammates from all four waivers.
- Look for more information on this training as the dates get closer.

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Trainings for Participants, Families, and Providers

- There is classroom training offered via webinar.
- It is for participants, their families, guardians, and providers, and anyone interested in learning more about person-centered planning.
- The Person-Centered Planning Initiative includes monthly webinars with experts in the field of Person-Centered Planning.
- Webinars are being announced as they are scheduled.
- Subscribe to the website for updates: <http://dhhs.ne.gov/Pages/DD-Person-Centered-Planning.aspx>

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Register for Upcoming Trainings

- Upcoming webinars:
 - Oct 19: Darcy Elks: Now is the Time for Vision. Register at: https://us02web.zoom.us/webinar/register/WN_4gIMYnqUQWiuVme27sAePQ
 - Nov 9: Danyetta Najoli: Born to Live in Community: When People We Support Become Members and Citizens Lean In. Register at: https://us02web.zoom.us/webinar/register/WN_ea7s41Y9TMigt3ngGTZF1Q
 - Nov 16: David Wetherow: Families, Self-Advocates and Community Partners Building Connections and Commitments through Person-Centered Planning. Register at: https://us02web.zoom.us/webinar/register/WN_Ae2TpEoqRCC6nALY5PUcmw
 - Dec 7: Sheli Reynolds and Jenny Turner: Putting it All Together: Using Charting the LifeCourse to Support Individuals and Families in their Journey to a Good Life. Register at: https://us02web.zoom.us/webinar/register/WN_aRny-xZjTGCznKOTc9ca8w
 - Jan 12: Michael Callahan: Discovery and Customized Employment: Connecting Who People Are with the Work They Do. Register at: https://us02web.zoom.us/webinar/register/WN_fAODOFLQQhie5PAQxVqrvQ

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ICAP Changes

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ICAP – Changes in Behavior Severity 0 and 1

Changes are indicated in bold type:

0 – Not serious, not a problem

- Odd, eccentric, peculiar.
- Not everyone considers it a problem.
- When you would rate the behavior a (0) for severity regardless of frequency, the behavior should not be listed as a problem, and therefore not rated.

1 – Slightly serious, a mild problem

- Annoying, embarrassing, worrisome.
- Considered a problem, but only in one environment.
- Can usually be managed by common sense and a structured environment.
- **Staff intervenes or redirects the behavior when it occurs**
- **Addressed by an informal intervention, such as service/staff objective, Safety Plan, general strategy or addressed by an unwritten informal intervention. Staff who works directly with the participant is aware of the behavior and the intervention.**

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ICAP – Changes in Behavior Severity 2

Changes are indicated in bold type:

2 – Moderately serious, a moderate problem

- Objectionable
- Unacceptable.
- A problem in *more than one* environment.
- **Requires a formal, written Behavior Support Plan with a written record of the behavior documenting frequency and/or severity.**
- **Behavior is documented, i.e. incident report, GER, baseline, program documentation, narratives**

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ICAP – Changes in Behavior Severity 3

Changes are indicated in bold type:

3 – Very serious, a severe problem

- Frightening, repulsive, dangerous.
- Requires a formal, written Behavior Support Plan with a written record of the behavior documenting frequency and/or severity.
- Frequency reduced only with constant vigilance and a highly structured environment.
 - **A staff is physically present within the participant's immediate area (within the building) 24 hours a day meets the definition of being under constant vigilance and a highly structured environment.**
- Difficult or impossible for a single staff person to control when it occurs.
 - **When the behavior cannot be easily redirected and the result is harmful to self, harmful to others, involvement in the legal system or requiring hospitalization, the behavior is difficult for a single staff person to control**
 - **When the behavior can be easily redirected, the behavior is not difficult for a single staff person to control.**

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ICAP – Changes in Behavior Severity 4

Changes are indicated in bold type:

4 – Extremely serious, a critical problem

- Grave and immediate threat to the life of self or others that requires immediate intervention to stop the behavior. This would include behavior that could result in criminal charges, i.e. arson, assault, murder, rape, molestation.
- **Behavior Support Plan approved by Human and Legal Rights. Generally a severity rating of extreme has the participant experiencing rights restrictions that a Human and Legal Rights Committee has approved.**
- **Consequences of the participant's actions are difficult to stop and may jeopardize continuation of services.**
- **Requires highly restricted/structured environment with 24-hour supervision by one or two adults.**

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ICAP – Additional Changes

- DHHS-DD will consider completing new ICAPs if Covid-19 quarantines have had an effect on the funding outcome.
 - Significant changes in skills or behaviors will need to be apparent in documentation if a new ICAP is completed.
- Please contact Joni Gebhard at joni.gebhard@nebraska.gov, if you have had changes in ICAP Liaisons or if liaisons have changed phone numbers or e-mail addresses.

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Safety Plans

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Safety Plans

- DHHS-DD would like your thoughts on developing a template for safety plans.
 - Currently, safety plans are not written in a standardized format.
 - Some safety plans have crucial pieces missing, which may cause a delay in exception funding requests.
- The [DD Policy Manual](#) outlines what must be included in a safety plan, in Chapter 3, section 3.5.
- DHHS-DD is considering developing a template, similar to development of the FBA template.
 - Stakeholder input and feedback, review, training, implementation.

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Open Discussion

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