

Division of Developmental Disabilities

District 1	October 2, 2019
District 2	October 8, 2019
District 3	October 16, 2019

Service Coordination & Provider Meeting 4th Quarter 2019

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Agenda

- Welcome & Introductions
- Distribution of District Contact Information
- Service Coordination Team:
 - Consultative Assessment
 - FBA's & Safety Plans - Tony
 - Providers with Clinicians - SDA
 - Supervision Discussion/Documentation During ISP's - Tony
 - Hospital Support - SDA
 - ISP Discussion - SDA
 - New Exception Process - Jillion
- Quality Team:
 - Provider Quarterly GER Report Reviews
 - HCBS Mortality Review Committee
 - Therap Updates/Reminders
- Policy & Provider Relations Team:
 - Waiver Amendments
 - Informational Webinars
 - Policy Guide Update
 - Updated GER Guide
 - DD & VR

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Consultative Assessment

- Waiver amendment effective 10-1-19 adds BCBA as a an allowable clinician to provide this service. The BCBA must be under the supervision of a Psychologist, APRN or LIMHP.
- Due to the elimination of Crisis Intervention as a Waiver service and expanded definition of Consultative Assessment, the cap was changed from 60 to 1,000 units.
- SC's can only authorize up to 10 hrs. per month.
- Teams who would occasionally need more than 10 hrs, are required to submit an Exception Request, for DD Clinical Review.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

FBA's, BSP's & Safety Plans

- BSP's must be based on a current/applicable FBA.
- In 2017 after a Waiver amendment, old BSP's that were continued from previous years were grandfathered from having to immediately have a FBA completed by a clinician.
- Since it has been 2 years since that change that BSP's must be based on an FBA, all current BSP's should have an FBA which was completed by a clinician.
 - Continuing a BSP from 2017, with minimal progress, would indicate potential ineffective strategies

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

FBA's, BSP's & Safety Plans - continued

➤ FBA Requirements:

- Completed by a Psychologist, APRN, LIMHP or BCBA (BCBA allowed effective 10-1-19 under new Waiver amendment, and must be supervised by a APRN, LIMHP or Psychologist)
- BSP must be developed/written by the FBA clinician or signed off as approved by the FBA clinician
- If the BSP is changed, the FBA clinician must approve of change
- FBA clinician must attend two ISP team meetings per year (in-person, telephone or telehealth). These ISP meetings are not billable, as they are included in the definition of Consultative Assessment.

(in-person,

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

FBA's, BSP's & Safety Plans - continued

➤ BSP Requirements:

- BSP's must be developed based on FBA which identifies the function of the behavior and recommends interventions/supports to address behavior
- BSP's describe identified behaviors and any identified antecedents
- BSP's include instruction for staff in addressing behavior and teaching positive replacement behavior
- BSP's must include data collection to measure frequency of behavior and progress in teaching positive replacement behavior.
- BSP's must not include use of restraint or restrictive interventions
- BSP must be developed/written by the FBA clinician or signed off as approved by the FBA clinician
- Changes to a BSP must be approved by the FBA clinician

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Providers with Clinicians

- Agency Providers with clinical staff need to utilize their own employees for consultative assessment, rather than asking for support from DD's Crisis Stabilization Teams
- Agency Risk Providers are required to have clinicians as employees and as such, should be available to their provider which would eliminate the need for DD's Crisis Stabilization Teams
- Providers using employee clinicians for Consultative Assessment service, need to ensure they are attending ISP team meetings as required by service definition (minimum of 2). These are non-billable as they are included in the service definition of Consultative Assessment.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Supervision Discussion/Documentation During ISP's

➤ Residential Habilitation – alone time

- Large amounts of alone time, need to look at Independent Living

➤ Using terms such as: line of sight, close proximity etc...

- Causing problems for Basic, Intermediate and High that have rates built upon staffing ratios of less than 1:1
- Should focus on identifying specific needs to address rather than using terms above. (i.e. “Sally requires supervision when in the community at a level that will ensure she is not able to steal candy at check-out aisles.”)

➤ Advanced Tier

- Rate is built on a 1:1 ratio during awake hours and a 1:3 during sleeping hours
- Staffing less than 1:1 should be outlined in the ISP and be a planned occurrence

➤ Risk Tier

- Rate is built on a 1:1 ratio during awake hours and sleeping hours with additional supports for clinical oversight and flexible staffing above 1:1
- Staffing should never be less than 1:1, if appropriate, evaluate moving to Advanced Tier.

➤ SC Focus – ensuring staffing levels being provided are adequate to meet the participants' needs

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Hospital Support

- If a Provider requests and is approved for Hospital Support....no other services can be billed.
- Only available for in-patient, acute care hospitalization (not rehab or other facilities)
- Providers are not allowed to engage in any health maintenance activities, treatment procedures, medication administration or practices that must be furnished by hospital staff.
- Participant must be residing in a Res Hab service
- Limited to 6 hrs. per day for not more than 5 days per hospital stay
- Can be approved by the SC based on critical health or safety concerns, proof that all other resources...including natural supports have been exhausted, and availability of funding.
- Deviations of limits must be requested via alternative compliance

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

ISP Discussion

- Coming prepared to ISP meetings with assessment information and proposed program ideas/goals
- Working together with Service Coordination to develop or confirm SMART goals for participants programs
- Service Coordination MUST leave the Annual ISP meeting with the SMART goals for participants programs
- ISP Programs in Therap – Discontinuing old programs – remember to discontinue in Therap all programs no longer active and being implemented
- ISP Programs in Therap – providers can approve them in Therap and identify a start date for later. This will prevent staff from entering data and allow SC to tie the program into the ISP

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

New Exceptions Process

- Began Pilot July 8, 2019 for Phase 1:
 - Phase 1 of the Exceptions Pilot Process included how an exception request is initiated, the pilot exception form completion, and pilot exception form submission.
- Began Pilot October 1st for Phase 2 – running through October 31st:
 - Phase 2 of the Request for Exceptions Pilot Process focus specially on how the exception request is processed internally within DHHS DD and how the final decision and recommendations are then communicated to the provider.
- Implementing Request for Exception Process and form statewide for everyone – Effective November 1st.
 - Plan is to implement the updated Request for Exception Process and Form as of November 1st for all Service Coordination staff and providers.
- Discussing the pilot and changes to the request for exceptions process/form in all 3 District Service Coordination / Provider Meetings in October.
- Hold a WebEx for Service Coordination staff in October to train and support staff with the changes in this process.
- Hold a WebEx for providers in October to communicate, train and support providers with the changes in this process.
- Go live November 1st!

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Division of Developmental Disabilities Service Coordination & Provider Meeting

4th Quarter 2019 Quality and Therap Updates

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Provider Quarterly Report Reviews

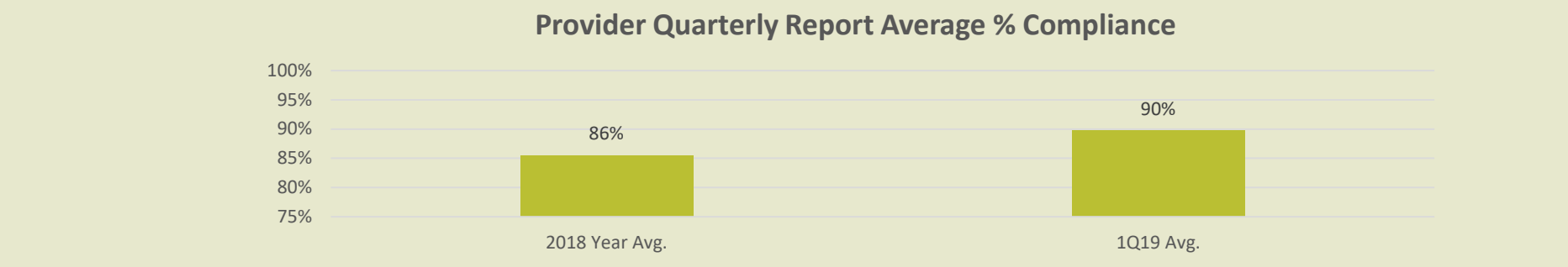
Current HCBS Waiver Appendix A:QI.b.i: “Quarterly, providers submit a report to DHHS-DD detailing the incidents in the quarter and actions taken both on a participant and provider wide level to address the issue and to decrease the likelihood of future incidents.”

- 94%, 49 of 52 Quarterly Provider Reports were submitted to DHHS-DD for the first quarter of 2019 (Jan. – Mar. 2019).**
- The 1Q2019 Quarterly Provider Reports were 90% compliant in meeting the required report components.
- Starting in 2019 the Quality Team has been meeting with providers to share input on how the Quarterly Reports can be improved by including the required GER documentation.

1Q19 (Jan.- Mar.) QUALITY TEAM ASSESSMENT OF QUARTERLY PROVIDER REPORTS***

***Currently, 2Q19 (Apr. – Jun.) reports are being reviewed by the Quality Team and results will be included in the next report.

Quarter	% of Reports Received	Reports Required	Reports Submitted	Reports Addressed 100% of Required Components	Reports Addressed 75% of Required Components	Reports Addressed 50% of Required Components	Reports Addressed 25% or less of Required Components
1Q19	94%	52	49	31	17	0	1



***Note: Provider reports are based on the calendar quarter, but the GER reviews are based on the CMS waiver quarter.*



Summary of Incidents Reported in Therap

Agency Provider Completion of GERs Jan. – Jun. 2019

GERs	# of Agency Provider GERs	% of all Agency GERs	# of Reporting Agency Providers	% of all Reporting Providers
Low Notification	9,419	53%	47	89%
Medium Notification	3,042	17%	42	79%
High Notification	5,174	30%	52	98%
Total	17,635	100%	53**	100%

**Non-duplicative total.

- 46 of the 53 (87%) reporting Agency Providers submitted a combination of low, medium, or high notification GERs.
- 7 of the 53 (13%) reporting Agency Providers completed ONLY high notification GERs.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Reportable Incident Reviews

2017 HCBS Waiver Performance Measure G-B3: Number and percent of General Event Reports (reportable incidents) completed and acted upon in accordance with DHHS policies and procedures.

- Approximately 2,500 high notification incident reports are submitted each quarter.
- DDD’s Quality Team reviewed a random, statistically significant sample of 287 GER documents from 41 providers for the Mar.– May 2019 waiver reporting period.**
 - **In the 2017 HCBS waivers, the GER reviews were based on the HCBS waiver quarter, while the Provider Quarterly Report reviews were based on the calendar quarter. With the waiver amendments, the calendar and HCBS waiver quarters will be in alignment.*
- Of these, 85%, 243 of 287 GER documents, were completed and acted upon in accordance with DHHS policies and procedures.
 - CMS requires a minimum threshold of 86% compliance.
- The GER compliance percentage is similar to prior quarters, but the number of compliant providers in the review categories has improved.
 - Technical assistance from the Quality Team to providers increased the percentage of compliant providers 20% this quarter compared to last quarter.

Summary of Reportable Incidents Reviews						
	1. Required GER Notifications Sent	2. Timely GER Approval	3. Timely GER Submittal	4. Accurate GER Notification Level Assigned	5. Immediate Action Taken Was Documented	6. Corrective Actions Taken Were Documented
Done by:	24 of 41 providers (249 of 287 GERs) in sample	36 of 41 providers (280 of 287 GERs) in sample	32 of 41 providers (274 of 287 GERs) in sample	32 of 41 providers (275 of 287 GERs) in sample	39 of 41 providers (285 of 287 GERs) in sample	39 of 41 providers (285 of 287 GERs) in sample
Summary by Providers						
# of providers that met all six requirements above the CMS threshold:	# of providers below the 86% CMS threshold that identified action plans for remediation in their Quarterly Report or GERs:		# of providers below the 86% CMS threshold that did not identify action plans for remediation:			
29 of 41	6 of 41		6 of 41 The Quality Management Team followed-up with these providers to discuss what action plans for remediation they would implement.			

HCBS Mortality Review Committee

- Mortality summary of participants using waiver services
 - 49 deaths in 2019 as of 9/24/2019
 - 56 deaths in calendar 2018
 - 63 deaths in calendar 2017
- The HCBS Mortality Review Committee meets every other month. Recent case reviews included findings of:
 - Gaps in information available to DDD for review (medical records (including psychiatry), autopsy results, etc.)
 - Communication challenges (between provider and medical staff, between service coordination and medical staff)
 - Potential for information sharing best practices for medical facilities' treatment and caring for persons with developmental disabilities and for those with behavioral or mental health conditions.
 - Potential for information sharing with prescribing professionals new practices and alternatives to medication when there are increases in symptomology.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Therap

- Nebraska's Therap conference is:
 - October 8 from 9:00 to 5:00 in North Platte
 - October 10 from 9:00 to 5:00 in Omaha
 - Details and registration are available on Therap's Nebraska website:
<https://help.therapservices.net/app/nebraska>

- Reminder: Effective October 1, 2019 Provider Bulletin 19-03 requires documentation of the annual physical to be uploaded to Therap.

- To comply with Provider Bulletin in 19-04, quarterly GER reports and Notification of Death should be sent through an SComm in Therap to:
 - First name: DHHSDDQuality
 - Last name: Mailbox

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Division of Developmental Disabilities Service Coordination & Provider Meeting

4th Quarter 2019 Policy Updates

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Waiver Amendments

- The Waiver amendments were submitted to CMS on March 21, 2019.
- DHHS-DD received an informal “Request for Additional Information” (RAI) from CMS on May 10, 2019 for both the Adult Day and Comprehensive waivers.
- DHHS-DD submitted the updated waiver applications and responses to the RAI on June 7, 2019
- DHHS-DD received a formal RAI from CMS on June 19, 2019.
 - A formal RAI restarts the 90-day clock that CMS has to review the waiver amendments.
 - DHHS-DD submitted the updated waiver applications and responses to the formal RAI on July 12, 2019.
- DHHS-DD received an informal RAI from CMS on August 22, 2019.
 - DHHS-DD submitted the updated waiver applications and responses to the formal RAI on August 28, 2019.
- CMS approved the Adult Day waiver and Comprehensive waiver amendments, both with an October 1, 2019 implementation date.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Next Steps for Implementation

- From the effective date, there will be a 90 day transition period, in which participants must crosswalk from discontinued services to new services, if needed, and transition to the new rates approved in the amendments.
 - All services must transition at the same time. A participant cannot transition some services at the beginning of the transition period and the rest later in the transition period.
 - Shared Living providers and the agency provider with whom they contract must complete Maximus enrollment requirements before the new service codes and rates can be authorized.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Technical Amendment to Increase Numbers

- On September 9, 2019 CMS approved a technical amendment. The following changes were made to the CDD waiver, in partnership with DHHS-CFS and DHHS-MLTC:
 - An increase in the category reserved for individuals who are wards of the DHHS-CFS and/or individuals placed under the supervision of the Administrative Office of Probation by the Nebraska court system who are transitioning into services provided by the Division of Developmental Disabilities, to ensure waiver capacity is available to support residential needs, employment and community integration.
 - Increased years 3 through 5 from **35 to 80**.
 - An increase in the category reserved to accommodate the transition of participants from the Medicaid HCBS Aged and Disabled or Traumatic Brain Injury waivers, to ensure waiver capacity is available to support eligible participant's health and safety needs, choice in waiver, and services that support their residential needs, employment, and community integration under the most appropriate HCBS waiver.
 - Increased years 3 through 5 from **10 to 100**.
- These increases were in addition to increases in a technical amendment approved by CMS in May 2019.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Informational Webinars

- DHHS-DD held three webinars on Rights and Restrictions for providers.
 - August 27, August 29, and September 9, 2019
 - The slide deck, fact sheets, and FAQ will be posted on the website.
- DHHS-DD held three webinars on changes in the amended Adult Day and Comprehensive waivers for providers.
 - September 23, September 24, and September 25, 2019
 - The slide deck will be posted on the website.
- DHHS-DD plans to schedule webinars in late October or early November on using the Therap employment module.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Policy Guide Update

- The Policy Guide will be a companion to the waivers and regulations for three target audiences – participants/families, service coordination, and providers.
- The Policy Guide draft is in the final stages of administrative review and approval.
- When the Policy Guide has been approved by DD Administration, an informal public comment period will be held to gather feedback at least 30 calendar days prior to implementation.
- DHHS-DD is in the process of drafting a guide for completion of the investigations, required by 404 NAC.
 - There will be a similar review process to gather feedback and conduct training
- The implementation of the Policy Guide is anticipated to be January 2020.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Updated GER Guide

- An update to the current GER guide has been drafted to clarify when and how to report incidents.
- The implementation of the draft guide has been extended to allow for additional feedback/input from stakeholders, CMS, and other federal partners.
- DHHS-DD was also in the process of drafting a guide for completion of the investigations, which will resume once the feedback from our federal partners is received.
 - There will be a review process to gather feedback and conduct training

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

DHHS-DD & Vocational Rehabilitation

- DHHS-DD is working with Therap to customize Therap's employment module.
- The projected roll-out for the employment module is December 1, 2019.
 - Training will be provided by Therap and DHHS-DD staff.
 - A guide will be posted on Therap
- Providers and DHHS-DD will be responsible for entering information.
- VR received their full federal funding amount on October 1, 2019.
 - On October 1, VR sent out letters to 1000 participants, letting them know that they can start receiving VR services.
 - Approximately **250** of the 1000 participants receive DD waiver services.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Open Discussion

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.



Tony Green, Deputy Director

Tony.green@Nebraska.gov

402-471-7909



@NEDHHS



NebraskaDHHS



@NEDHHS

dhhs.ne.gov

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.