

Division of Developmental Disabilities

District 1	April 03, 2019
District 2	April 10, 2019
District 3	April 17, 2019

Service Coordination & Provider Meeting 2nd Quarter 2019

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Agenda

- Welcome & Introductions
- Distribution of District Contact Information
- Service District & Provider Focus Areas
- Post Payment Claims Reviews
- Therap Updates
- National Core Indicators (NCI)
- Quality Control Specialists
- Waiver Amendments
- Appendix K Submission
- Policy Guide
- Regulations
- GER Guide
- Medication Administration
- MAR's
- DD & Voc Rehab
- Shared Living
- State Transition Plan (STP)
- Habilitative Community Inclusion
- ICAP Discussion
- ICAP Appeals
- Open Discussion

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Service District & Provider Focus Areas

- Moving participants into new Res Habilitation settings without notifying the SC PRIOR to this occurring.
- Outcomes for Participants
 - What are outcome statements
 - Why are they important
- Ensuring Providers follow-through on clinical recommendations received as a result of exception funding requests.

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Post-Payment Claims Reviews

- Why?
 - Auditor of Public Accounts Statewide Single Audit for the state fiscal year ending June 30th, 2018.
 - ❖ Finding 2018-050 (Pg. 158-160) noted paid claims in excess of established service limits, and services overlapping.

- Updating attendance with replacement claims
 - Reporting is based on attendance records associated with a billing claim.

- Working on 835 Remittance to include A/R account number being withheld.

- Claim Tracking ID (“P” code) changes with replacement claim.

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Post-Payment Claims Reviews

➤ Excess of Service Limits

- The next 35 hour report will be on services provided in the first half of state fiscal year 2019 (Aug. 2018 – Dec. 2018)
 - ❖ Guide available on Therap's website on how to update attendance records and submit replacement claim.
 - ❖ Webinar and guide available on Therap's website on how to check attendance records pre or post billing for exceeding service limits.
- DDD is planning to review the following services with weekly limits over the next six months.
 - 4479/2546 - Adult Companion (25 hours/wk)
 - 2639 - Independent Living (CDD – 70 hours/wk, DDAD – 25 hours/wk)
 - 7494 - Supported Family Living (CDD – 70 hours/wk, DDAD – 25 hours/wk)

➤ Overlapping Services

- Similar to the 35 hour report, will look at ALL services and flag overlapping attendance for a participant on any given day.
- DDD is working with Therap on mechanism to prevent overlap pre-billing.

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Therap Updates

- **Employment history module implementation postponed**
 - DDD is now expecting to add Therap's employment module by December 2019 to allow enough time to fully develop specific guidance and incorporate stakeholder feedback.
- **Self password reset**
 - Therap release 2018.4.1 added a new feature that allow users to reset their password without making a request to their system administrator.
 - When enabled, a user can request a password token, or one time use password, be sent to a pre-established email or phone/text message email.
 - Details and instructions on the Self Password Reset feature can be found on Therap's website.

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National Core Indicators

➤ **Staff Stability Survey**

- The 2017 Staff Stability Survey report was released in January 2019. It reflects Nebraska's second year of participation.
- The 2019 Staff Stability Survey portal opened in February 2019 and will close on June 30, 2019.

➤ **Adult In-Person Survey (formerly Adult Consumer Survey)**

- The 2017-18 In-Person Survey report was released in March 2019. It reflects Nebraska's second year of participation.
- The report generator on the NCI website does not yet include Nebraska's data for the 2016-2017 cycle. NCI does not have an estimate when it will be available online.

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Participant Experience Survey

- DDD received a Preventative Health and Health Service Block Grant through the Department of Public Health in 2018
- The grant paid self-advocates to partner with DDD Quality Control Specialists to administer a participant experience survey
- DDD trained 11 self-advocates on the survey
- Surveys were completed between May 2018 and September 2018
- Pulled a random sample of participants in Lincoln and Omaha areas
- Conducted 74 surveys. Of those, 53 were with self-advocates.
 - Average age: 39
 - 86% on CDD, 13% on DDAD
 - 55% had guardian, 44% had no guardian
 - Tier: 17% Basic, 53% Intermediate, 26% High, 4% Advanced

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Participant Experience Survey

➤ Questions covered

Category	# of Questions
Satisfaction with Services	7
Service Coordination	5
Support Staff	5
Transportation	3
Participant Goals	6
Participant Health	2
Living Environment	10
Relationships	4
Access to the Community	4

➤ Findings

- Majority of respondents (75%) are satisfied with their services
- Majority of respondents (71%) are satisfied with when they are able to see their friends
- Majority of respondents (75%) say when they are at home they can do what they would like
- Approximately a third (30%) of respondents say they are not able to go out in the community when they want to. Reasons include not having transportation and not having staff or family to assist them.

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Introduction to Quality Control Specialist team

- Eight Quality Control Specialist staff are located throughout the state
- Focus on
 - Incident reporting and management
 - Ongoing compliance with the CMS HCBS Setting Final Rule
 - Provider quality reviews and participant outcomes
 - Participant experience surveys
- Roll out over the next year

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Waiver Amendments

- Public Comment period for the Comprehensive Services and Adult Day Services Waivers ended January 9, 2019.
- Division Policy staff completed responses to all questions and comments received.
- Comments, responses, and changes as a result of comments were incorporated into the waiver before submission to CMS.
- Waiver amendments were submitted to CMS on March 21, 2019.

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Appendix K

Emergency Preparedness and Response

- As you are aware, Nebraska has experienced major flooding as a result of record rainfalls and snowfalls along with the rapid increases in temperature, frozen ground and melting snow. In addition, we simultaneously experienced Blizzard conditions in the Western part of our State.
- Governor Ricketts has declared a state of emergency in 81 of 93 counties in Nebraska.
- DDD is currently working with the Centers for Medicare and Medicaid Services (CMS) on our options to make temporary changes to our Medicaid HCBS DD waivers for our participants in affected areas.
- DD is preparing a standalone Emergency Preparedness and Response (Appendix K) to the waivers to be utilized for this emergency, with a request for a retroactive implementation date.
- For example, modifying the service delivery definitions that will allow payment for residential and day services provided in alternative settings.

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Policy Guide

- Division Policy staff continue to draft a Policy Guide as a companion to the waivers and regulations.
- Meetings with agency providers to review and collect input on the draft chapters of the Policy Guide have ended. Additional review of remaining chapters will be requested via email.
- Meetings with stakeholders to review and collect input on the draft chapters of the Policy Guide have been put on hold until the remaining chapters are completed.
- When the Policy Guide has been approved by DD Administration, an informal public comment period will be held.

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Regulations

- Updates to Title 404 NAC has been drafted with input from providers.
- Changes include:
 - Removing information that conflicts with Title 403 (effective 7/2018) and the current CMS-approved Comprehensive Services and Adult Day Services Waivers;
 - Realigning the information in the chapters; and
 - Condensing from 11 to 6 chapters.
- Final drafts were submitted on 2/22/19 to the Governor's Policy Review Office for review, before posting for public hearing.

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Updated GER Guide

- An update to the current GER guide has been drafted to clarify when and how to report incidents
- A draft was sent to providers to review on 3/14/19, for return by 3/28/19.
- The anticipated date for finalization of the GER guide and training for providers is May 2019.
- The anticipated effective date of the guide is July 2019.
- After the GER guide is updated, the Division will develop an Incident Investigation Guide
 - There will be a similar review process to gather feedback and conduct training
 - The estimated timeframe for implementation is September 2019

Administering Medications

- Administration of Medication includes but is not limited to:
 - Providing medications for another person according to “the five rights;”
 - Recording medication provision; and
 - Observing, monitoring, reporting, and otherwise taking appropriate actions regarding desired effects, side effects, interactions, and contraindications associated with the medication
- In order for a participant to self-medicate, he/she must:
 - Take or apply medication as prescribed, including at the right time and the right amount;
 - Monitor for desired effect and side effects, and take appropriate actions; and
 - Receive no assistance with any activity related to medication administration.

172 NAC 95-002 (Med Aid Regs - Definitions)

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Completing MARs

- Providers must use the state mandated web-based case management system to complete Medication Administration Record (MAR)
 - A MAR is required when agency provider staff administers routine or PRN (as needed) medications.
 - A MAR is not required when an independent provider administers medication under the direction of the participant, family member advocate, or legal guardian.
 - A MAR is not required when a participant self-administers his/her medication.

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DHHS-DD & Vocational Rehabilitation

- DD is working with Therap to customize Therap's employment module.
- Enclave and Prevocational:
Enclave and Prevocational **cannot** be authorized unless participant has been determined **ineligible** for VR services.
- Referral to VR expectations have not changed.
 - Prior to starting DD services, a referral to VR should occur.
 - Anyone under age 25 must be referred to VR prior to starting sub-minimum wage work.
 - Anyone in DD services that have expressed an interest in competitive integrated employment should be referred.

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Shared Living

- All on-site assessments of 3-person EFH (Shared Living) are completed.
 - In anticipation of the Shared Living service definition and waiver amendments being implemented, DD Central Office staff have been visiting EFH providers with more than 2 participants living in the home.
 - During the visits, DD Central Office staff has reviewed participant rooms, interviewed provider staff and contractors to ensure they have support/back up staff, and talked to participants.
 - In an effort to ensure the health, safety and supervision needs are being met for participants on the advanced tier, DD Central Office staff have been visiting homes with 2 participants in which one or both of the participants are on the advanced tier.
- Remediation phone calls continue. Providers receive an email from DD Central Office to schedule the calls.

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Service Levels in EFH

- Advanced tier service requires one-to-one staffing.
- When a participant has advanced tier funding, there must always be one EFH provider in home at all times that the participant is home.
- If an EFH has one participant with advanced funding and another participant, there must be two EFH staff in the home when both participants are present.
 - Exception: Alone time for participant not on advanced tier.

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State Transition Plan - STP

- DHHS-DD has completed all planned in-person assessments of Group Homes, CDDs, EFH, and Day Settings.
- 763* total sites have been assessed. Results letters and/or remediation plans for all settings have gone to the providers or are in the process of being sent.
- The cross-divisional Statewide Transition Plan document is being modified to submit to CMS for final approval in June 2019.
- Six new day settings have been identified
 - All new settings must be immediately compliant with the Final Rule.

**Some sites have closed and are not included in the data on the next slide.*

** All data on this slide and next slide is current as of 3/29/2019.*

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State Transition Plan – STP: Setting Trends

- 458 Sites are Fully Compliant
- 300 Sites are/were Partially Compliant
 - 164 are still in the process of remediating
 - 124 have since completed their remediation plans
 - 12 are awaiting their remediation letters/instructions at this time
- Of all Partially Compliant Residential settings, the main non-compliant areas found were:
 - Sites did not have a grievance process or anonymous complaint process for participants
 - Sites did not have a lease or residency agreement that informed individuals of rights regarding housing
 - Sites did not have locks on bedroom or bathroom doors
- Of all Partially Compliant Non-Residential Settings, the main non-compliant areas found were:
 - Sites did not provide contact information about public transportation
 - Sites did not have a private area for personal assistance
 - Sites did not have a secure place to store belongings

It should be noted that a determination of integration was not made at this time. Nebraska is doing research on best practice and what is currently occurring in the state in order to make a determination of what level of integration is necessary to meet compliance.

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Habilitative Community Inclusion

- Part of a participants 35 hours per week.
- 60/40 threshold of community/other site, can be calculated weekly.
- Updated Guidance for School-Aged Youth:
 - Can be used anytime school is not in session or school services not available, at least a full day
 - Can not be used for partial or half days
 - On approved days, a max. of 7 hrs. can be authorized/billed (M-F), not weekends
 - Programs and 60/40 threshold in the Waiver must be met to bill
 - Does not include shortened days/schedules approved by an IEP Team
 - Does not count towards the 15 days built into Residential Habilitation
- Family/Guardian complaints about HCI not being person centered and forced activities. (i.e. van rides, sitting at Malls eating lunch, no actual interaction with their community..)

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ICAP Discussion

- Providers may request a copy of the ICAP and receive it.....SC must first obtain/document (can be verbal approval in a Case Note) consent, and will share accordingly

- In order for a Provider to indicate that a Problem Behavior is in fact a “problem”, documentation must exist (via BSP, Safety Plan) that addresses the issue.
 - i.e. staring into space...although participant may exhibit this from time to time, if it does not rise to a level of needing formal provider intervention, it is really something we all do, and not a Problem Behavior

- As of 3/31/19, 1,067 Of 2,687 ICAPS have been completed

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ICAP Appeals

- Appeals can only be filed by the Participant or Guardian
- Appeal Filing:
 - If done within 10 days of the NOD Mail Date, the decision stays during the appeal and Service Authorizations will not be reduced
 - If done day 11-90 of the NOD Mail Date, the decision is not stayed and Service Authorizations will be reduced

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Human and Legal Rights Committee

- What is the frequency of Provider's HLRC in-person meetings?
- Do Providers use a separate review form for each participant, that is signed by the HLRC Chairperson?
- DD is wanting to upload the actual HLRC approval forms into the ISP module in Therap. Do Providers see any concerns with this?

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