

Division of Developmental Disabilities

District 1	January 22, 2020
District 2	January 29, 2020
District 3	January 15, 2020

Service Coordination & Provider Meeting 1st Quarter 2020

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Agenda

- Welcome & Introductions
- Distribution of District Contact Information
- Quality Team:
 - 2019 NCI Staff Stability Survey
 - 2018 NCI Results
 - New CMS Waiver Performance Measures
- Policy & Provider Relations Team:
 - Waiver, Policy Guide, Regulation
 - Therap Employment Module
 - GER Guide
 - State Transition Plan – Update
 - Shared Living Assessments
- Service Coordination Team:
 - New Exception Process
 - GER Notifications
 - Back-Up Plans – Services
 - Participant Residential Moves
 - Notice of Terminations
 - Supt. Family Living/Indep. Living

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2019 NCI Staff Stability Survey

- Survey Portal will be opened sometime in January
 - ❑ Agency providers providing residential services for at least one year are asked to participate
 - ❑ Agency contacts will be sent an email by Dorothy Hiersteiner providing a link to the online survey
 - ❑ Portal will remain open until June 30, 2020
 - ❑ Most survey data points are “as of December 31, 2019”
 - ❑ Early survey completion is encouraged
 - ❑ Survey completion results will be shared at future quarterly meetings
 - ❑ For 2018, (97%) of Nebraska eligible agency providers participated
 - ❑ Questions should be directed to Brad Wilson, Nebraska NCI Coordinator, at Brad.Wilson@Nebraska.gov or (402) 471-8728
- 2018 Survey Report is expected to be released in January

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New CMS Waiver Performance Measures

2019 HCBS Waiver Appendix G Performance Measures:

- The new waivers include more Health and Safety measures related to the completion of High Notification GERs (12) than the previous waivers (3) in the following areas:
 - High Notification GER performance measures
 - Death related performance measures
 - Restraints and Restrictive interventions
- CMS Performance Measure changes will result in:
 - Enhanced review tools and measures developed and implemented by the Quality Team.
 - Increased communication, coordination, and collaboration between Providers and the Division.
 - Enhanced provider documentation and review.
 - Continued provider feedback from the Division to enhance the completion of GERs.

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New CMS Waiver Performance Measures/Provider Actions

CMS Performance Measure	Quality Team Review:	Enhanced Provider Actions/Focus:
Abuse, neglect, exploitation, & unexplained death incidents to be reported in the Therap system no later than 24 hrs after discovery, or as specified in DD policies	<ul style="list-style-type: none"> • Sample of all Complaint and/or Possible Litigation GERs documented with Abuse, neglect, exploitation. • All deaths the Division determined to be unexplained. 	<ul style="list-style-type: none"> • Ensure High Notification GERs are submitted in Therap within 24 hours** of the event/verbal report to the SC. • Ensure death notifications contain sufficient documentation explaining what occurred.
High General Event Reports (i.e., reportable incidents) were completed in accordance with DHHS-DD policies.	<ul style="list-style-type: none"> • Sample of High notification GERs, • assessing for required notifications, • submittal within 24 hours, • approval within 48 hours, • high notification level, and • immediate and corrective actions taken. 	<ul style="list-style-type: none"> • Notifying the SC immediately, • approving the GER within 48 hours, and • submitting the High notification GER within 24 hours ** (During all days and times). **NEW

[DD Regulations and Waivers Page](#)

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New CMS Waiver Performance Measures/Provider Actions

CMS Performance Measure	Quality Team Review:	Enhanced Provider Actions/Focus:
Substantiated abuse, neglect, exploitation & unexplained death incidents reviewed where follow-up was completed as required by DHHS-DD policies.	<ul style="list-style-type: none"> A sample of substantiated events confirming follow-up was documented and followed up on. 	<ul style="list-style-type: none"> Ensure investigations are entered into the Therap system. Provide information confirming actions were taken to address incident.
Incident reports regarding use of unallowable restraint that document an investigation & actions were taken to address incident in accordance with DHHS-DD policies.	<ul style="list-style-type: none"> A sample of GERs documented as Restraint Other, assessing investigations were completed and actions were taken. 	
Incident reports document restraints were used in accordance with DHHS-DD policies.	<ul style="list-style-type: none"> A sample of GERs documented as ESI/Restraint behavior, assessing to ensure the GER manual directives were completed. 	<ul style="list-style-type: none"> Ensure completion of High notification GERs, ESI Begin – End time, Part of plan or un-planned, Listing of staff present for the event.

[DD Regulations and Waivers Page](#)

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Waivers, Policy Guide, and Regulations

Waiver Amendments

- Amendments to the waivers were effective October 1, 2019.
- All participants have transitioned to the new services within the 90-day transition period approved by CMS.

Policy Manual

- Division Policy staff continue to draft a Policy Manual as a companion to the waivers and regulations.

Regulation Updates

- Title 404 has been submitted to the Governor's Policy Review Office for review, and approval of public hearing.
- 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.

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Therap Employment Module

- DHHS-DD and Therap conducted Employment module training with Service Coordination the first week of January 2020.
- DHHS-DD will require providers to enter the participant's current employment information in the module.

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Updated GER Guide

- DHHS-DD continues to update the current GER guide
 - The guide will clarify:
 - the definitions and categories of reportable events; and
 - when to report incidents
 - The estimated timeline for review and implementation is yet to be determined
- After the GER guide is updated, DHHS-DD will develop an Incident Investigation Guide
 - This guide will specify what information must be provided when reporting to DHHS-DD
 - There will be a similar review process to gather feedback and conduct training
 - The estimated timeframe for implementation is yet to be determined

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State Transition Plan Update

- State Transition Plan was submitted to CMS for final review in September 2019.
- CMS responded with questions and feedback in late October 2019.
- MLTC and DD are working through the comments and questions in order to resubmit the plan during the second quarter of 2020.
- Feedback from CMS included questions regarding validation of self-assessments that were done for Shared Living homes (previously EFH).

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Shared Living Assessments

- Validation and Monitoring of Shared Living homes began January 6, 2020.
- Homes were selected if they had a self-assessment completed in 2017 but did not have an in-person assessment done in 2018.
- 192 homes are in the sample, representing 46 agencies.
- Each agency is being assigned a two week period of time in which the assessments will be completed. Notifications of this are being sent via email with requests to schedule these assessments.
- All assessments must be complete by March 31, 2020.

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Exception Process

- New process started 11/1/2019
- Reminder that when sending to each other and returning to HHS/DD it needs to be in Word format to continue with editing (not pdf).

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GER Notifications

➤ Therap GER Guide

- High Notifications....Verbally report to DD service coordination immediately upon becoming aware of the incident.
 - Submit report within 24-hrs. of becoming aware of the incident.
 - Approve the report in Therap within 48-hrs. of submitting.
- SCs report they are not getting immediate verbal/email notification and the first notification is when the GER is submitted.

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Back-Up Plans

- ISPs must have a documented back-up plan when regular service providers are unable to perform duties.
- Generally in Continuous Residential Hab., it says the provider will always ensure regular staff is available for each shift as required, or have sub-staff cover shifts.
- For Shared Living: Providers need to come prepared to discuss back-up staffing (i.e. who, frequency, etc.) Participants must approve of their back-up staff as required within the Waiver.
- Shared Living Providers (SLPs) who attend meetings are not identifying people for participant to approve as back-up, should an emergency arise with the SLP.

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Participant Residential Moves

- DHHS-DD requires SCs to conduct on-site reviews when participants move to new residences.
- Please ensure SCs are notified prior so they can complete the activities below:
 - Before a participant moves into a provider-operated residence, the SC/CCS is required to complete an on-site visit and complete a Service Review form. This includes a participant moving to a different provider-operated residence or a participant moving into a provider-operated residence for the first time.
 - During the visit, SC/CCS must check and document that the participant has a private sleeping area and the home is in good repair (no broken windows, exposed wiring, lock on private sleeping area, fire escape from private sleeping area and more than one exit, etc.).
 - When the participant is moving into a continuous residential setting with roommates, the SC/CCS should talk with the provider to find out the names of the participants. The SC/CCS should then visit with their SC/CCS to learn more about the needs of others living in the home, current funding levels, etc.
 - When the participant is moving into a Shared Living or Host Home setting, the SC/CCS must have a discussion with the agency provider to ensure the Shared Living contractor or Host

Home employee is present and available to provide the services and supports as agreed upon by the participant(s) ISP:

- How many Shared Living contractors are on the contract?
- Who else lives in the home?
- Other waiver participants or participants of other DHHS programs, such as children or youth who are
 - State wards;
 - Children; or
 - Other adults.
- Can the Shared Living contractor or Host Home employee meet the needs of all participants and anyone else in their home?
- Does the Shared Living contractor or Host Home employee have outside employment?
- How many hours of support staff are being/will be used and by whom
- How many hours of back-up staff are being/will be used and by whom

Notice of Terminations

- When DHHS-DD receives an alert from MLTC that Medicaid is closing, DHHS-DD must send a Notice of Termination (NOT) for waiver services and service coordination.
- Good reminder for families/guardians/payees etc... to keep Medicaid active.
- Will not be doing DDAID (State Aid/General Funds).

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Supported Family Living/Independent Living

- SFL: “Supported Family Living is generally provided in the participant’s family home.”
- Independent Living: “Independent Living is generally provided in a participant’s private home.”
- While each definition does allow for community integration, this can not be for 100% of hours authorized. There must be habilitation occurring in the participant’s residence, related to a residential need such as laundry, hygiene, meal prep, etc.
- Habilitative Community Inclusion is the appropriate services for that, if everything is done in community, which is limited to 35 hrs. per week as part of the participant’s day services.

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Open Discussion

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