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DEPT. OF HEALTH AND HUMAN SERVICES

Division of Developmental Disabilities

Long-Term Viability of State-Operated Facilities for Persons with Intellectual and Developmental Disabilities

6/1/2017

§ 83-1227

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

June 1, 2017

Patrick O'Donnell, Clerk of the Legislature
State Capitol, Room 2018
P.O. Box 94604
Lincoln, NE 68509

Dear Mr. O'Donnell,

Guided by the Director of the Division of Developmental Disabilities, staff have performed an in-depth analysis of the Beatrice State Developmental Center (BSDC) and Bridges in response to LB 895. Please note, Bridges individuals will have been transitioned from Bridges by June of 2017 due to the program's closure.

This report, *Long-Term Viability of State-Operated Facilities for Persons with Intellectual and Developmental Disabilities,* provides information on nationwide trends, facility census trends, long-term structural needs, cost efficiency of services provided, role of state-operated services in the continuum of care, preferences of individuals, their families, and community capacity to serve individuals that currently reside at the Beatrice State Developmental Center.

Persons with developmental disabilities thrive in community-integrated, person-centered living environments. LB 895 has given the DHHS Division of Developmental Disabilities the opportunity to provide recommendations regarding the future of the Beatrice State Developmental Center. Report recommendations are focused on a graduated rebalancing of state resources by building community capacity while continuing to improve the quality of care for those individuals who continue to reside at the Beatrice State Developmental Center.

The recommendations of the report take into account a graduated transition that provides positive health, safety, and personal outcomes for each individual served at the Beatrice State Developmental Center.

Respectfully,

Courtney Miller

Courtney Miller
Director of the Division of Developmental Disabilities
Department of Health and Human Services

Table of Contents

Executive Summary

This report provides information on the future viability of the Beatrice State Developmental Center (BSDC). As required by LB895 (2016) § 83-1227, the report will address: National trends for individuals with intellectual and developmental disabilities (I/DD), an analysis of individuals residing at BSDC, long-term structural needs of BSDC, the ability of the development disabilities provider community to serve BSDC individuals, preferences of individuals and their families, as well as the role of BSDC in the continuum of services offered to individuals with intellectual and developmental disabilities (I/DD) in Nebraska.

BSDC is a state facility, operating four licensed intermediate care facilities for individuals with I/DD. The census is currently 109 individuals. Like many states, Nebraska is assessing the future need for and the array of services offered to individuals with intellectual and developmental disabilities (I/DD). And like many states, Nebraska is moving away from dependence on large state-run institutions to smaller community-based settings. The Beatrice State Developmental Center still plays an important role in Nebraska's developmental disabilities system.

Multiple options regarding BSDC were identified for consideration and are discussed in detail in the following report. The preliminary recommendation is a combined service array that includes respite and crisis stabilization services. The Beatrice State Developmental Center (BSDC) will continue to operate as it is supporting the 109 individuals that currently live at BSDC while providing; respite services, crisis intervention support, crisis consultative assessment services, and acute crisis stabilization intermediate care facility admission as a time limited service. The goal for this integrated combined service array is to address service needs within the Developmental Disabilities system while the system builds community capacity. This is a 36 month ongoing evaluation of services and a commitment to stabilization of the Developmental Disability system in Nebraska.

Provided in this report is an analysis of the cost of services delivered at BSDC. The Division of Developmental Disabilities is committed to efficient and effective use of resources across the division and have already taken steps towards greater fiscal responsibility, for example the rightsizing that took place at BSDC in April of 2017. Efficient and effective management of state resources is the cornerstone for developing sustainable programs.

Sustainable programs are not limited to individuals supported at BSDC, but also includes the provider community that is in partnership with the Division of Developmental Disabilities. Within the framework of best interests of individuals with I/DD this report puts forth considerations of how BSDC may best serve this population of Nebraska citizens as well as the provider community that supports them.

Introduction

On April 7, 2016 the Governor of Nebraska approved Legislative Bill (LB) 895. LB 895 requires the Beatrice State Developmental Center (BSDC) to develop a plan that includes the following considerations:

- An analysis of residents of BSDC, and the Bridges program in Hastings, Nebraska, their needs and the ability to serve them in the community,
- The role of BSDC and the Bridges program in the continuum of services offered to individuals with I/DD in Nebraska,
- The preferences of residents of BSDC and the Bridges program and their families,
- Nationwide trends in facilities like BSDC and the Bridges program,
- The cost efficiency of services provided at BSDC and the Bridges program,
- An analysis of the facilities at BSDC and the Bridges program; long-term structural needs of the facilities,
- Census trends and future needs for services at BSDC and the Bridges program,
- And the level of community integration for residents of BSDC and the Bridges program.

The information in this report was driven by the considerations required in LB895. In addition to those considerations, ancillary next steps are included in this report. The ancillary next steps have been developed within the framework of the subject areas identified by the Nebraska Legislative Developmental Disabilities Special Investigative Committee:

- Quality of care and related staffing issues at BSDC
- Placement and quality of care statewide for the developmentally disabled in Nebraska, including the determination of whether adequate funding and capacity exists for persons to be served in the community, options for service provisions for current residents of BSDC at other 24-hour care facilities in the state,
- And the staffing practices at 24-hour care facilities and the relationship of those practices to the quality of care provided to the developmentally disabled.

Background

The Beatrice State Developmental Center (BSDC) was established in 1885 as a state institution for Feeble-Minded Youth. In 1885, the entire institution was completely self-sustaining. In the mid-1960s, BSDC had a census of over 2,200 individuals. Quickly, it was realized, that the care for over 2,000 individuals was inadequate and quality care was not sustainable. More than 90 individuals were transferred to the Norfolk Regional Center. In 1969, Legislative Bill (LB) 855 created a regional system of community based services, in the State of Nebraska, that included both mental health and developmental disability services. BSDC's census in 1969 was 2,117 individuals.

The Horacek class action lawsuit in 1972 alleged that the State of Nebraska was in violation of individuals' rights. And that those individuals must be allowed to live in the least restricted environment suitable to their needs. In 1981, the lawsuit was settled with implementation of a plan of correction that would span from 1981-1985. In 1985, the BSDC's census was 456 individuals.

In 1999, the United States Supreme Court held in the case of Olmstead v. L.C., 527 U.S. 581, that unjustified segregations of persons with disabilities constitutes a violation of Title II of the federal Americans with Disabilities Act (ADA) of 1990. The court held that public entities must provide community-based services to persons with disabilities when:

- Such services are appropriate,
- The affected persons do not oppose community-based services,
- And community-based services can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others who are receiving disability services from the entity.

Currently, Legislative Bill (LB) 895 requires the Department of Health and Human Services to analyze the U.S. Supreme Court's decision in Olmstead v. L.C. and provide an analysis of Nebraska's compliance with the decision. It should be noted that the duty found in the Code of Federal Regulations 28 C.F.R 35.130(9)(e)(1), 1998 gives an individual the right to decline being transferred to a community setting.

During the 1990s BSDC had emerging issues with meeting the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation. CMS surveys from 2001 through 2007 continued to show BSDC out of compliance with regulations. By December 2007, CMS took steps to decertify BSDC.

The Department of Justice (DOJ) had begun their own surveys during October of 2007 and by July of 2008 a summary agreement was signed and entered as an Order and Judgment of the U.S. District Court for the District of Nebraska. BSDC was found in violation of individuals' civil rights due to incidents of abuse and neglect. At that time, the current census was 246 individuals.

BSDC worked diligently to implement change and quality improvement programs. It should also be noted that with the increase of provider community programs individuals were allowed the opportunity to transition to more inclusive, least restrictive community settings. In 2009, BSDC regained CMS certification and was divided into five separate Intermediate Care Facilities serving 185 individuals. In July of 2011, BSDC census was down to 153 individuals. The DOJ case was dismissed without prejudice in 2015.

BSDC's current census is 109 individuals with the licensed capacity to serve 165 individuals. In April of 2017, due to a declining census, BSDC conducted a necessary workforce reduction. This workforce reduction allowed for a rightsizing of individual-to-staff ratios. In addition, it was determined that due to new CMS regulations the Bridges program would no longer be in compliance with home and community-based waiver standards effective March 17, 2022. A transition plan was developed and implemented for the Bridges program closure in June 2017. The transition from the Bridges program allows individuals to be integrated into the least-restrictive environment that best suits their needs successfully integrating them into their communities of choice.

Please refer to the attached one-page description of the BSDC rightsizing and Bridges transition.

Options, Facts, and Findings

Demographics

As of March 30, 2017

Gender	Number of individuals	Percent %
Male	62	57
Female	47	43
Total	**109**	100

IDD Level	Number of individuals	Percent %
Mild	17	16
Moderate	16	15
Severe	19	17
Profound	56	51
Total	**109**	100

Chronological Age	Number of individuals	Percent %
0-14	0	0
15-18	0	0
19-21	0	0
22-39	13	12
40-54	21	19
55-62	41	38
63+	34	31
Total	**109**	100

Medically Complex	Number of individuals	Percent %
Chronic care multiple visits	18	16
Chronic care occasional visits	35	32
Routine care minimal visits	56	51
Total	**109**	100

Intellectual	Number of individuals	Percent %
Developmental Disability		
with Mental Illness		
Medication only	1	0.9
Medication & Behavior Support Plan	61	56
Total	**62**	

Average age of BSDC individuals	67
Average length of stay at BSDC	47 years
Blind(little or no useful vision)	10
Deaf(little or no useful hearing)	5
Epilepsy	35
Cerebral Palsy	4
Alzheimer's or other dementia	10
Wheelchair use and/or dependent	53
Enterally fed	17

Individuals and their families' preferences

Beatrice State Developmental Center (BSDC) presently supports 109 individuals with intellectual and developmental disabilities (I/DD) in four separate intermediate care facilities. Annually BSDC is required to ask the individuals and their guardians about placement preferences and satisfaction with BSDC supports and services. Individuals and their families have declined community placement. BSDC does have record of this decision on file.

BSDC individuals level of community integration

Individuals with intellectual and developmental disabilities (I/DD) are living longer than ever before. This is true in the numbers depicted in the current BSDC census. Our aging population requires more medical intervention. These medical interventions must involve specialists who know how to work with individuals with I/DD. In addition to the medical complexities, there are increased physical requirements for home modifications. BSDC has both occupational and physical therapists on staff. BSDC also has an in-house wheelchair, brace and shoe clinic to address the changing needs of aging individuals.

Many of the individuals BSDC supports also require mental health and behavioral intervention. 62 individuals living at BSDC have been prescribed psychotropic medication for their mental health needs. Properly prescribed medications combined with Behavior Support Plans to guide and direct behavioral interventions, ensures that these 62 individuals live fulfilled lives.

BSDC has a psychiatrist, psychiatric nurse practitioner, board Certified Behavior Analysts, psychologists, and other well-trained staff with a specialty in mental health and behavioral support. This team has also assisted with court-ordered custody acts (DDCA) cases and community-based supports. BSDC currently offers resources to the community and can assist with community capacity.

BSDC's highly trained team-based approach to care ensures that physical and mental health needs are met, ensuring that an individualized quality of life is present. This includes work opportunities, volunteer opportunities and the opportunity to pursue leisure interests. The following pages will depict the work and volunteer opportunities BSDC offers to the individuals we support.

Families and friends are highly satisfied with the services their loved ones receive from BSDC. As you will see in the attachments, the overwhelming majority of the guardians and families of the people living at BSDC do not wish to pursue community placement. It is their choice to maintain placement at BSDC.

2016-2017 Vocational Information BSDC Community Jobs/Employment
2016-2017 BSDC Volunteer Information

EMPLOYMENT	FREQUENCY	CONTRACT	NUMBER INDIVIDUALS WORKING
Asera Care Hospice	1 x week	Yes	2
Beatrice Chamber of Commerce	5 x week	No	1
Beatrice Daily Sun, Penny Press	1 x week	Each individual paid directly	24
Beatrice Public Properties – Hannibal Park	5 x week	No	2
Beatrice Public Schools, Paddock Lane Elementary School	5 x week	Yes	3
Bigg's Bar & Grill	2 x week	No	1
Exmark Manufacturing.	5 x week	No – only a written agreement for wages	21
NE Dept. of Roads, Beatrice office	1 x week	Yes	2
NE Dept. of Roads, Fairbury office	1x week	Yes	2
Recycling Pick-up, Beatrice Public Properties	1 x week	No	2
Recycling Pick-up, Beatrice Public Schools	4 x week	Yes	2
Recycling Pick-up, Colleen's Catering	1 x week	No	1
Recycling Pick-up, Econo Lodge Motel	1 x week	No	1
Recycling Pick-up, Southeast Community College	1 x week	Yes	1
Wymore Public Library	2 hours per week $11 per hour	No	1

BSDC staff are committed to finding volunteer opportunities through solicitation, community connections, and internet requests. There are numerous volunteer activities that are seasonal and on occasion (once or twice a year). Some examples:

- Ringing bells for Salvation Army at Christmas
- Refurbishing Memorial Day crosses for the cemetery (for individuals who had resided at BSDC)
- Making decorations for BSDC Fun Day
- Making decorations Homestead Days Parade
- Cleaning toys after the fair for the Gage County Fair Board

VOLUNTEER ACTIVITY	FREQUENCY	CONTRACT	NUMBER INDIVIDUALS WORKING
Beatrice Public Library	1 x week	No	3
Cutting coupons, donated to military troops	5 x week	No	10
Deliver coupons to police department	1 x month	No	2
Holy Cross Church	1 x week	No	4
Humane Society Lincoln Lancaster County	1 x month	No	2
Keep Beatrice Beautiful – adopt a road	2 x year	No	8
Meals-on-Wheels	1 x month	No	12
Nature Abounds	1 x month	No	5
People's City Mission, Lincoln	1 x month	No	7
Riverside and Chautauqua parks	1 x month	No	7
Senior Center meal deliveries	5 x week	No	5
St. Paul's Church	1 x month	No	5
Wymore Head-Start program	1 x month	No	8

Employment/Volunteer Summaries

Vocational Information							
Community Employment		Employed BSDC		Volunteer Work		Retired	
Number	Percent %	Number	Percent %	Number	Percent %	Number	Percent %
54	49.5	67	61	108	99	27	24.8

Bear Creek Community Events

Bear Creek Gifts may also do additional events as they arise; however, these are the typical functions we attend in a year. The number of individuals working at any given time varies from event to event, depending on the number of days, location, weather, etc. Many supplies are donated to Bear Creek. These supplies are refurbished or used in different ways and for many different projects.

EMPLOYMENT	FREQUENCY	CONTRACT	NUMBER INDIVIDUALS WORKING
Mall – month of December	5 x week	No	1 per day, rotating
Frost Frolic Craft Show	1x year	No	Approx. 6
Homestead Days craft show	1 x year	No	4 on average
Mall - Winter craft show	1 x year	No	4 on average
Mall – Spring craft show	1 x year	No	4 on average

2016 Recreational and Leisure Activities

BSDC supports individuals in the pursuit of recreational and leisure activities. In calendar year 2016 BSDC individuals participated in more than 4,200 trips, including volunteer activities.

Museums
Archway
Air & Space
Beatrice Baseball
Great Plains
Morrill Hall

Sporting Events
Beatrice HS
Husker Football
Husker Volleyball
Southeast Community College
Special Olympics
WWE Wrestling
Beatrice Car Races

Concerts and Plays
Live Music 3rd Thursday in Beatrice
Gage County Concerts
Mannheim Steamroller
Holland Center Performing Arts
Beatrice Orchestra
Orpheum Theater
Lied Center
Beatrice Community Playhouse
Lincoln Community Playhouse
Beatrice HS plays
Pinnacle Bank Arena events

Shopping
Malls in Lincoln
Beatrice Shops

Activities
- Bowling
- Camp Joy Holling
- Nature Walks
- Wilderness Safari Park
- Restaurants
- Salons
- Touring Governor's Mansion
- Camping/campfires
  - Mahoney State Park
  - Rockford Lake
- Tractor Pull
- Movies
- Beatrice Libraries
- Beatrice Senior Center
  - Bingo
  - Jam sessions
- Churches
- Aksarben Aquarium
- Mueller Planetarium
- Various Festivals
- Lincoln and Omaha Zoos
- Pioneer Village
- Homestead National Monument
- Visits to friends & family in Nebraska

Seasonal Activities
Gage County Fair
Pumpkin Patches
Haunted Houses
Circus
Firework displays

Farmers Markets

Role BSDC in continuum of I/DD services

Beatrice State Developmental Center (BSDC) can play an active role in the continuum of care for people with intellectual and developmental disabilities (I/DD) in the state of Nebraska. Currently BSDC plays a role in:

- Choice
- Accessible medical, dental, and behavioral healthcare for individuals with complex medical and behavioral healthcare needs
- Risk evaluations
- Eligibility assessments
- Placement for those individuals whose needs may not be reasonably met living in community-based settings
- Performing evaluations for individuals court-ordered custody and treatment under the Developmental Disabilities Court-Ordered Custody Act (DDCA)

BSDC is well situated to play a future role in the continuum of services by offering:

- Crisis intervention support/consultative assessment service
- Acute crisis stabilization & community reintegration
- Resource center providing training and education to families and the provider community

Options

The following options regarding BSDC were identified for consideration. Information is provided on following pages regarding each one and includes a brief description, intended goal, critical success factors, challenges, and benefits. The options include:

1. Closure
2. Privatization: State-owned, contract operated
3. Multi-Specialty Clinic
4. Continuation with no admissions
5. Continuation with admissions
6. Graduated transition plan
7. Transition to contracted resources
8. Crisis Intervention Support/Consultative Assessment Service
9. Acute Crisis Stabilization & Community Reintegration
10. Respite

1: Closure

Description: BSDC would completely cease operations.

Goal: The goal of this option is to completely cease operations at BSDC and relocate the 109 people receiving services at BSDC.

Critical Success Factors:

- Adequate time and thorough transition plans must be present for each individual.
- Individuals must receive services in a geographic location with available medical and behavioral services.
- There must be community providers willing and able to serve each individual.
- Families must be an active part of the transition.
- There must be a retention strategy to ensure adequate staffing until complete transition.
- There must be adequate funding and transition funding.
- The state must work with each employee to assist with alternative and re-employment.
- There must be a well-defined quality management system for developmental disabilities services to ensure an adequate transition and ensure the ongoing supports are in place.
- There must be plans for the facility and grounds upkeep.

Challenges:

- There is not community capacity to meet the needs of the 109 people that live at BSDC because they have complex medical and/or behavioral needs.
- There is a limited capacity of medical and behavioral providers in the community.
- There is an increased shortage of providers in rural areas.
- BSDC has a significant amount of buildings and land assets that would require maintenance, upkeep or demolition.
- Nebraska currently has a direct support staff shortage and there is a significant pay differential between state of Nebraska pay and private provider pay.
- Over half of the individuals living at BSDC utilize wheelchairs.
- The average time an individual has lived at BSDC is 47 years. Transitioning from their home would be difficult.

Benefits:

- There would be increased choice of location in the community people could live closer to family
- Centralized access to highly trained clinicians would be dispersed, further benefitting others.
- Assuming the cost savings would stay within the Division, additional individuals who are currently awaiting services could receive assistance.

2: Privatization: State-owned, contract-operated

Description: BSDC would transition from a state operated facility to a state owned private provider operated facility.

Goal: The goal of this option is to maintain services at BSDC but have a private provider operate the facility as state-owned facilities on state-owned grounds. This could be done as an ICF or nursing facility or combination of both.

Critical Success Factors:

- Nebraska would need to learn from states who have privatized.
- There would need to be a well-defined request for proposal process.
- The state would have to have clearly defined rental and maintenance agreements.
- The state would need to determine if it is one or multiple providers.
- Stakeholders would need to be involved in the process.
- There would need to be quality metrics for contract adherence.
- Statute would need to be reviewed to ensure privatization is an option and does not require a change.
- Delineate what type of service the state is seeking. If it is a combination of services clearly provide location parameters.

Challenges:

- There may not be provider interest, unless there is a multi-year lease. The contract would need to be for multiple years to ensure consistency in care.
- The privatization may not be cost effective due to the cost of the lease and maintenance.
- Staffing may be difficult as the state offers competitive wages and benefits.

Benefits:

- BSDC would remain a choice in the continuum of care.
- The same regulations that BSDC are required to comply with will be in effect for the private provider.
- There are individuals at BSDC who would benefit from a nursing facility and individuals who would benefit from an intermediate care facility. This would allow for both.

3: Multi-Specialty Clinic

Description: BSDC would operate a multi-specialty healthcare clinic, offering services to BSDC residents and other individuals with I/DD. The clinic would employ healthcare professionals and practitioners practicing in the following areas: general medicine, psychiatric care, counseling, behavior support, dental, occupational and physical therapy and other ancillary services as necessary. This could be state-owned and operated or state-owned and privately operated.

Goal: The goal of this option is to meet the health needs of people with intellectual and developmental disabilities in a setting that focuses on total care. The team of professionals would understand the entire individual and ensure treatment takes into account all needs. This would be done in a single setting with professionals and practitioners who understand the specific needs of people with complex care requirements.

Critical Success Factors:

- Approval from Centers for Medicare and Medicaid Services for the clinic.
- Statute and regulations that permit this service.
- The understanding that this model takes multiple years to design and implement.
- Tele-health would have to be a component of this clinic.
- A relationship with the medical school, nursing programs and other licensure programs to build the capacity of professionals and practitioners.
- The availability to hire nurse practitioners and physician assistants.
- A cost based model that allows for services not traditionally covered by Medicaid.
- A robust IT system that permits documentation, order entry and billing.
- If this is privatized, there must be a multi-year contract with quality metrics built in.
- Further review of existing models to determine the best possible decision for Nebraska.

Challenges:

- The facilities in Beatrice are existing and appropriate for this model. However, location is a challenge because it is not convenient statewide
- Licensure and approval. Kentucky has this as a state plan service and it is run on a cost-report-based format. However, the approval and steps to get there were extensive.
- Hiring and retaining practitioners at the pay and in the location.
- Meeting the health care needs of individuals in rural areas
- Hiring and retaining specialty practitioners such as neurologists, obstetricians and gynecologists and ophthalmologists
- Initially costs of Medicaid will increase due to increased utilization.

Benefits:

- Team-based collaborative care model will provide necessary one-stop assistance.
- The model will allow presently disjointed specialty practitioners to effectively understand how all diagnoses affect one another.
- The clinic is a resource center.
- Partnership with teaching hospitals will increase community medical provider capacity.
- There are identified shortages in dentistry and psychiatric medicine. This multi-specialty clinic will meet that need.

4: Continuation with no admissions

Description: The Beatrice State Developmental Center (BSDC) would continue to operate as it is without allowing admissions.

Goal: The goal of this option is to serve only the individuals who currently reside at BSDC. This would not be accepting any admissions or adding any additional services.

Critical Success Factors:

- Services would need to continue as they are today.
- Each cottage and ICF must be comprised of individuals with similar needs.
- BSDC must maintain positive regulatory compliance.
- BSDC must continue to streamline services and adapt policies and guidelines to meet regulatory requirement.
- BSDC must be able to recruit, hire, train and retain qualified direct support staff.
- BSDC must be able to recruit, hire, train and retrain qualified professional and medical staff.
- The buildings at BSDC must address the physical needs of the aging population.
- BSDC must continue to locate financial efficiencies that do not impact the quality of care.

Challenges:

- The decline in census leads to a greater cost per person per year.
- The population will age causing additional medical and physical structure needs.
- As the census decreases, it will make it difficult to need medical and behavioral professionals full-time. This will cause issues with retention of key staff.
- National trends are moving away from large state operated facilities.

Benefits:

- The lives of the individuals living at BSDC would remain unchanged.
- BSDC has a solid model of care with well-trained competent direct support staff, medical staff and professional staff.
- ICFs are highly regulated and must maintain strong quality.
- The Beatrice community is accepting of people with intellectual and developmental disabilities.
- BSDC has the physical location with appropriate buildings and amenities to provide care.

5: Continuation with Admissions

Description: The Beatrice State Developmental Center (BSDC) would continue to operate as it is and accept admissions. Admissions would be accepted up to the capacity of 165 individuals.

Goal: The goal of this option is to serve individuals who meet level of care, need ICF services and request services at BSDC. The service would be offered as a life-span choice service. The goal of this service would be an all-inclusive service as it is not and an increase in census would allow financial viability leading to long-term stability.

Critical Success Factors:

- Services would need to continue as they are today.
- Each cottage and ICF must be comprised of individuals with similar needs.
- BSDC must maintain positive regulatory compliance.
- BSDC must continue to streamline services and adapt policies and guidelines to meet regulatory requirement.
- BSDC must be able to recruit, hire, train and retain qualified direct support staff.
- BSDC must be able to recruit, hire, train and retrain qualified professional and medical staff.
- The buildings at BSDC must address the physical needs of the aging population.
- BSDC must continue to locate financial efficiencies that do not impact the quality of care.

Challenges:

- Direct support staff turnover is a challenge.
- The ability to hire and retain professional and medical staff is a challenge.
- The location of BSDC is a challenge.
- BSDC has not seen a demand for placement and admissions.
- The population of BSDC is declining.
- The population must increase in order for the model to be financially viable.
- National trends are moving away from large state operated facilities.

Benefits:

- BSDC has a model of care with trained competent direct support, medical and professional staff.
- ICFs are highly regulated and must maintain strong quality.
- The Beatrice community is accepting of people with intellectual and developmental disabilities.
- BSDC has the physical location with appropriate buildings and amenities to provide care.
- There are people on the registry of unmet need that may benefit from BSDC.
- BSDC can be a transitional service when people are waiting for community placement.
- BSDC can meet an immediate need for those in crisis or who have a loss of a caregiver.
- BSDC offers families a choice.

6: Graduated transition plan

Description: The graduated transition plan is a plan that eventually transitions all individuals from BSDC to community providers. This plan allows community capacity to increase to meet service gaps. The intent of the plan is to make a gradual transition that may span multiple years.

Goal: The goal of the graduated transition plan is to allow time for a successful transition from a state operated ICF to community based services. The transition will allow for increased provider capacity. The time will ensure each person has an individualized transition plan to ensure personalized services in the least restrictive and most integrated setting with qualified and available providers.

Critical Success Factors:

- Individuals having independent choice in an array of quality provider community services, a safe community environment to live in, and a successful transition from institutional to community based least restrictive, most integrated care setting.
- Consistent transparent communication with individuals, parents, guardians, and other stake holders regarding housing options and provider community services.
- A coordinated capable network including community providers, DHHS Divisions, and healthcare delivery systems assuring quality services.
- Analysis for identifying ways to maximize and align resources needed to improve and expand service delivery systems in collaboration with Heritage Health MCO.
- Unbundling of waiver services.
- Enhanced Medical Services in the community including skilled nursing and hospice.
- Effective person centered planning and consistent IPPs.
- Performance measurement. Ability to collect and report performance data to providers, case managers, and individuals served. Quality system as part of Community Based Services.
- Lifelong planning for transition supports and caregiver contingency planning.

Challenges:

- Determination of timeframe as a number of individuals may transition in a short period of time.
- Identifying number of individuals with complex needs, provider community services, and settings that can successfully meet those needs.
- Limited on housing options that are safe, well maintained, accessible, and affordable
- Capacity for ancillary services and managed care coordination
- Hospital and emergency medical personnel who have experience delivering services to individuals with intellectual disabilities.
- Decreased State-Operated facility employment's impact on surrounding community.
- Direct Support Professionals and Medical Professionals availability and retention.
- Transition ICF to lifespan services to a model that focuses on serving complex behavior needs.

Benefits:

- Concentrated resources for individuals remaining in institutional care.
- Rebalancing of resources from institutional care to community programs.
- Increased access to Federal resources leveraging State's fiscal investment in housing and service delivery systems for individuals as identified in a Nebraska Supportive Housing Plan August 2016
- Sustainable meaningful system change in the quality of life and independence for individuals living in institutions.
- Compliance with Olmstead Act.
- Increased choice for individuals.
- Allow the provider community time for sufficient planning, funding, and growth of provider networks necessary to support individuals transitioning from institutional care to community based care setting.

7: Transition of contracted resources

Description: The rebalancing plan unbundles the resources allocated to the ICFs and identifies necessary items per regulation. It evaluates how these services must be provided and looks at the payment mechanism for the requirements and services. The option is multi-faceted.

Goal: The rebalancing of resources is to continue to provide services in the ICF either on-going or in a transition period while meeting all regulatory requirements and being good stewards of taxpayer dollars. In a transition period, this option can allow for a longer transition with varied financial models that still provide the required services.

Critical Success Factors:

- Necessary workforce reductions.
- Detailed analysis of the cost of services delivered at state operated facilities and deconstruction of the all-inclusive per diem.
- Analysis of structures ongoing maintenance and fiscal needs to address critical deficiencies.
- Identify and align available resources to support rebalancing for Long-term care.
- For positive impact coordinate with LTSS redesign, Heritage Health Medicaid Managed Care, and other healthcare reform efforts across DHHS Divisions.
- Must have resources for ancillary services such as Physical Therapy (PT), Occupational Therapy (OT), and Speech Language Pathologists (SLP).
- Tele-health services.
- Community resource outreach to educate families. Division of Developmental Disabilities sponsored community resource fairs as part of community education outreach.
- Accessible housing options in the community.
- Nursing homes and hospice providers able to support individuals with intellectual disabilities.
- Coordination, collaboration among ICF/DD providers, healthcare specialty providers, and I/DD training.

Challenges:

- Development of a comprehensive strategic plan with ICF/DD, healthcare, training providers.
- Maximizing participation, coordination, and accountability at all stakeholder levels.
- Development of education campaign designed to reach a broad group of stakeholders.
- Capacity of community of healthcare providers and accessibility of contractors.
- Definition of reasonable timeframes to ensure steady progress toward identified rebalancing goals.
- Coordination of funding streams and support services needed to ensure each individual is successful
- Transition and service planning timelines that allow time to build system supports.
- Cost of care contracts and Risk of perceived loss of quality health care.
- Initial rebalancing of full time employee work and caseloads

Benefits:

- Graduated implementation avoiding totally changing environment and array of services at the same time.
- Increased ability to serve and benefit individuals beyond those residing at BSDC.
- Establishing BSDC as a resource center of excellence providing support to community providers and other community stakeholders such as schools.
- Use of division staff who have a proven track record of successfully serving individuals with intellectual and developmental disabilities.
- Investment in community provider capacity building and training those service providers.
- Cost savings based on the outcomes of care contracts.

8: Crisis Intervention Support/Consultative Assessment Service

Description: These services designed to meet the individual needs of the person amidst crisis. These services will go to the person and their family or service provider. This will be a collaboration of state employees, the current provider, medical professionals and the family. Services will be wrapped around the person in his or her natural home setting.

Goal: The primary goal of Therapeutic Based mobile service delivery for acute crisis stabilization is to keep the person in their home or a home like setting. The intent is to empower the individual, family, and service provider.

Critical Success Factors:

- Behavior Clinician capacity with licensure regulations.
- Collaboration with institutions of higher learning for behavior clinician educational opportunities
- Array of service options that allow for person centered flexibility.
- Clear lines of collaborations across DHHS Divisions, provider/community, and community support services including emergency services, behavioral health, and law enforcement.
- First Responders training to prevent unnecessary escalation in crisis situations.
- Create health support networks and expand tele health services, providing individuals with regular monitoring of chronic medical issues and referrals to specialty health care professionals as necessary. Such as occupational therapist and speech language pathologist.
- Partnerships with local hospital networks.
- Increase capacity and availability of community providers who have the ability to serve individuals with co-morbid Intellectual/Developmental Disability (ID/DD) and mental illness (MI).
- Training and educating providers; in-services, separate from initial consultation; points of contact for information, resources, training, and support for front line employees.
- Enhanced case management
- Ability to meet standards and work in conjunction with Heritage Health (MCO)
- Required staff ratios are maintained; staff are experienced and specialize in Intellectual/Developmental Disability (ID/DD) & mental health issues.

Challenges:

- Costs for program staffing including; traveling to service locations, training, licensure requirements, team-member salaries, and on-call capability (24-hour support).
- Ability to reach out to rural areas
- Expanding partnerships with community treatment teams
- Office costs (materials, supplies)
- Technology including hardware, software, mobility, and internet access

Benefits:

- Targeted program crisis intervention to prevent unnecessary institutionalization and decrease of hospitalizations; cost-savings through improved medication management and decreased emergency room visits.
- Cost savings by reducing staffing needs through smaller interdisciplinary treatment teams with cross-trained professionals.
- Collaboration with CTS and provider community teams on training and education for individuals, families, guardians, and provider community front line employees. Allows for greater self-advocacy, and strengthens existing support systems through team collaboration.
- Development and strengthening of partnerships between DHHS Division of Behavioral Health, Division of Developmental Disabilities, and the provider community.
- Improve social and vocational functioning by managing MI symptoms, and medical needs
- Promoting high quality individualized care through cost-efficient service delivery
- Ability to refer to data for quantitative and qualitative guidance in future planning
- Increased community integration, increased opportunity for employment, increased safety individual will lead to the individual's and community's successes.
- Access to services for those in rural areas where there is a shortage of providers and support

9: Acute Crisis Stabilization & Community Reintegration

Description: Acute Crisis Stabilization is an admission to an ICF at BSDC. This is a period of intense treatment and habilitation. Admission is temporary and last between 30 and 180 days but will vary based on the person. There will be a clearly defined treatment plan detailing benchmarks and transition plans. The program will provide fading supports once the person is reintegrated into the community.

Goal: Temporary stabilization at BSDC leading to community reintegration with faded supports. The support team will empower the community provider and front line staff. This will strengthen networks of support and ensure appropriate community follow along services.

Critical Success Factors:

- Ability to take full advantage of the current DHHS infrastructure, including cross departmental collaboration, use of Medicaid managed care, and funding.
- Clear lines of collaborative connections with DHHS Divisions, provider community, and other community support services including emergency services and law enforcement.
- Successful community provider reintegration with support from the CCSP teams to provider community front line employees for post discharge placement. Provider community front line employee training and support is key for individuals to remain in their least restrictive environment.
- Discharge planning communication across service delivery systems of each person's established plan with benchmarks, and clear timelines.
- Increase BCBA provider capacity and develop licensure regulations
- Provider capacity and service array options
- Community providers and BSDC must agree on the benchmarks and transition. There must be a well-established and dedicated team once reintegration starts. The CCSP team must be available once reintegration occurs. Expectations must be clear, consistent and adhered to.

Challenges:

- Staff costs, multiple shifts, training, and retention.
- Tele-health services e, team check-ins, and monitoring of BSP fidelity post discharge.
- Housing provider community expansion for successful discharge.
- Transportation for staff and individuals.
- Expanding contracts with community treatment teams.
- Availability of specialists.
- Buildings, equipment, and administrative costs.
- Environmental safety requirements, repairs, replacements, and maintenance.
- Support to rural areas will be difficult but must occur.
- Beatrice will be the only location and may be a barrier to some.

Benefits:

- Comprehensive person-centered plan development in a temporary stable environment, allowing for community reintegration with faded supports that include strategies for success.
- Targeted program crisis intervention to prevent unnecessary long-term institutionalization
- Comprehensive person-centered plan development that allows the person to return to the least restrictive environment successfully with greater community involvement.
- Training and education for individuals, families, guardians, and provider community personnel, greater self-advocacy, and strengthening existing support systems through collaboration with the CTS team, resulting in a decrease in institutional crisis stabilization need.
- Development and strengthening of partnerships between DHHS and the provider community
- Improve social and vocational functioning by managing MI symptoms, and medical needs including medication stabilization.
- Promoting high quality care through cost-efficient service delivery.
- Increased safety and fulfilling lives for persons supported. Decreases in crisis escalation resulting in law enforcement interventions.
- Interventions from trained teams to increase successes, increase community inclusion, decrease reliance on medication, improve quality of life, and decrease the cost of care.

10: Respite

Description: The Beatrice State Developmental Center (BSDC) would continue to operate as it is and accept admissions. However, BSDC would also serve as a respite provider.

Goal: The goal of this option is to serve individuals who meet level of care, need ICF services and request services at BSDC. The service would be offered as a life-span choice service. The goal of this service would be an all-inclusive service, as it is not and an increase in census would allow financial viability leading to long-term stability. The goal of adding respite services would be to further establish BSDC as a resource and meet a service gap in the continuum of care.

Critical Success Factors:

- Respite services would need to be located in one isolated location that is not presently operating as an ICF.
- BSDC would need to determine if children could be served through respite. If so, safeguards should be in place.
- There would need to be clearly defined admissions procedures that depict how to attain individuals' specific information.
- Staff would need to be scheduled in advance to avoid overtime issues.
- Staff would need to be trained specifically for respite.
- Policies and procedures would need to be developed in line with regulation.
- BSDC would have to be certified as a respite provider in accordance with 175NAC.
- Billing procedures and attendance documentation would need to be in place.
- The individual receiving services must be in Therap with clean documentation.
- All policies and procedures for respite must be followed.

Challenges:

- Respite in a facility must only occur when other providers are unable.
- Respite can involve emergency situations, staffing must be available.
- There must be manager and other professional staff available.
- Assessments must be complete to determine safety.
- Safeguards must be in place to ensure safety for the individual and others.
- Billing and documentation must be separate.
- Policies and procedures may vary for respite and staff will need to be trained.
- Location may be a challenge depending on the service array at BSDC. Providing ICF services, crisis. services and respite services may present a location and safety challenge.

Benefits:

- BSDC can meet an immediate need for families and caregivers who need a vacation or have a health-related need.
- BSDC can establish the need for facility-based respite and hopefully lead to provider capacity.
- Caregiver burnout is a problem affecting Developmental Disabilities service-respite can lessen this.

Preliminary Recommendation
Combined Service Array: Continuation, Respite, Acute Crisis Stabilization (In ICF) and Community Treatment Services

Description: The preliminary recommendation is a combined service array of options 8, 9, and 10. The Beatrice State Developmental Center (BSDC) will continue to operate as it is, offer in ICF acute crisis stabilization, respite services at BSDC funded through the Medicaid Waiver and would offer crisis intervention support and consultative assessment services would be funded as a Medicaid Waiver service. Acute crisis stabilization and the ICF services would function as part of one of the four licensed Intermediate Care Facilities and would be a time limited service. Respite would be licensed through public health and funded as a Medicaid Waiver service.

Goal: The goal is an integrated service array to address service needs within the Developmental Disabilities system. A 36 month ongoing evaluation of services and a commitment to stabilization of the Developmental Disability system while the system builds community capacity.

Critical Success Factors:

- The philosophy of BSDC must shift from a lifespan service to a crisis intervention model that supports the building of community capacity and functions as a resource center.
- Services would need to continue as they are today.
- BSDC must continue to streamline services and adopt policies that meet regulatory requirements and continue to locate and implement financial efficiencies that do not impact the quality of care.
- BSDC must be able to recruit, hire, train and retain qualified direct support staff, professional staff, behavioral support staff and medical staff.
- Respite services would need to be located in one isolated location that is not presently operating as an ICF.
- Staff would need to be scheduled and trained ahead of time so not to create overtime issues.
- BSDC would have to be certified as a Respite provider in accordance with 175NAC; including specific policies and procedures.
- Billing procedures and attendance documentation would need to be in place for crisis intervention support, consultative assessment and respite services.
- The individual receiving services must be in Therap.
- Behavior Clinician capacity with licensure regulations
- Clear lines of collaborations across provider community, and community support services including emergency services, behavioral health, and law enforcement
- First Responders training to prevent unnecessary escalation in crisis situations

- Create health support networks and expand tele-health services, providing individuals with regular monitoring of chronic medical issues and referrals to specialty health care professionals as necessary. Such as occupational therapist and speech language pathologist
- Training and educating providers; in-services, separate from initial consultation; points of contact for information, resources, training, and support for front line employees
- Ability to meet standards and work in conjunction with Heritage Health (Medicaid Managed Care Organization)
- There must be safeguards in place to ensure safety for all individuals receiving services at BSDC.
- Each individual would need a clearly defined person centered plan with benchmarks and desired outcomes.
- Collaborative teams would need to be in constant communication.
- Admission, discharge and follow along criteria must be present for all services.
- Staff must be trained and appropriately credentialed for each service type.
- The financial statements must be explicit to the type of service to understand cost of operation. This will include staff time coding.
- A timeline for establishment of this and other options must be feasible and manageable.
- There must be a transition strategy for all services.

<u>Challenges:</u>

- Direct support staff turnover is a challenge with the potential volatility of respite need this must be monitored to prevent unnecessary overtime.
- The ability to hire and retain professional and medical staff.
- The population of BSDC is declining. Cost would be unknown. A pilot of the recommendation would be necessary to determine financial viability.
- National trends are moving away from large state operated facilities.
- BSDC is the provider of last resort for respite care.
- Location may be a challenge depending on the service array at BSDC. Providing ICF services, crisis services and respite services may present a location and safety challenge.
- Costs for program staffing including; traveling to service locations, training, licensure requirements, team-member salaries, and on-call capability (24-hour support)
- Technology including hardware, software, mobility, and internet access
- Community providers and BSDC must agree on the benchmarks and transition. There must be a well-established and dedicated team once reintegration starts. The CCSP team must be available once reintegration occurs. Expectations must be clear, consistent and adhered to.
- One record management system must be integrated with billing systems.
- There may be down time for staff. This needs to be mitigated to ensure effective utilization of staff time and taxpayer dollars.
- The crisis models and the respite model is new to State Operated Services. We will need to fully understand licensing and requirements.

Benefits:

- BSDC has a solid model of care with well-trained competent direct support staff, medical staff and professional staff.
- ICFs are highly regulated and must maintain strong quality.
- The Beatrice community is accepting of people with intellectual and developmental disabilities.
- BSDC has the appropriate buildings and amenities to provide care.
- BSDC can meet an immediate need for those in crisis or who have a loss of a caregiver.
- BSDC can meet an immediate need for families and caregivers who need a vacation or have a health related need.
- BSDC can establish the need for facility based respite and lead to increased provider capacity.
- Caregiver burnout is a problem affecting Developmental Disabilities services- respite can lessen this.
- Targeted program crisis intervention to prevent unnecessary institutionalization and decrease of hospitalizations; cost-saving through improved medication management and decreased emergency room visits
- Collaboration with provider community teams on training and education for individuals, families, guardians, and provider community front line employees. Allowing for greater self-advocacy, and strengthening existing support systems through team collaboration
- Promoting high quality individualized care through cost-efficient service delivery
- Ability to refer to data for quantitative and qualitative guidance in future planning
- Access to services for those in rural areas where there is a shortage of providers and support.
- Comprehensive person centered plan development in a temporary stable environment, allowing for community reintegration with faded supports that include strategies for success.
- Training and education for individuals, families, guardians, and provider community personnel, greater self-advocacy, and strengthening exiting support systems through collaboration with the CTS team resulting in a decrease in institutional crisis stabilization need.
- Strengthening of partnerships between DHHS and the provider community
- Increased safety and fulfilling life for person supported. Decrease in crisis escalation resulting in law enforcement interventions.
- Staff will be trained in a variety of services. This will create an engaged and empowered workforce.
- This will allow time to build community capacity.
- BSDC will serve as a resource center.
- Finances will be shared across each service line. This will allow variability for each service and not place pressure on resources.

Conclusion: Next Steps

During the course of the LB 895 project it has been determined that there are additional topics that require further in-depth review and assessment.

- Review of the cost of demolition of vacant buildings in comparison to the cost to bring the buildings up to use or the cost of sustained rent. **Cost of buildings review every 3 months.**
- Further analysis and review of long term structural needs in collaboration with the Department of Administrative Services (DAS). **Review of long term structural needs with DAS every 3 months.**
- Meet with DAS and task force 309 to prioritize and align recommendations from the immediate concerns list less than 5 years, 5-10 years, and 10+ years as identified by the architect consultant's report. **Review of 309 status with DAS every 3 months.**
- Cross collaboration with the Nebraska Educational Service units. This could include in service trainings and staff as a resource. Explore alternative revenue options such as leasing vacant office space. **Review and start possible pilot within 9 months to ongoing.**
- Understanding of the capacity for nursing facilities that work with individuals that have intellectual and developmental disabilities (I/DD). Including those I/DD individuals that also have behavior support needs. **Review of nursing facility capacity within 6 months with collaboration in 12 months.**
- Understanding of the ability of inpatient and outpatient hospice care to work with individuals with I/DD and how this works with Waiver and ICF services. **Hospice review within 6 months with collaboration within 18 months.**
- BCBA licensing and certification collaborating with centers of higher learning and public health licensure. **Exploration plan within 12 months with target 2-3 years completion dependent upon development of state licensure law.**
- Further review of financial information to better understand the true cost of operation for the cost differential and acuity level differential between BSDC, private ICFs, and community based services. **Review and comparison within 12 months.**
- Collaboration with the Developmental Disabilities Advisory Council to review and expand upon selected option(s). **First meeting within 3 months creation of action plan in 6 months.**

Recommended Options/Anticipated Timeline

- 175NAC Respite Certification (policies, application, site review): 12 months

- Crisis Stabilization (both in ICF and Community Based) Model and Framework(includes admission requirements, benchmarks, reintegration plans and discharge plans: 12 months

- Billing Framework (Respite and Crisis): 6 months

- Recruitment, Hiring and Training Vacant Practitioner Positions: 6 months

- Development of Partnerships with local hospitals and health networks for crisis follow-along(will vary by need): 12 months and ongoing

- Realignment of BSDC to isolate Respite and Crisis locations(this may involve physical moves of people currently supported: 12 months

- Development and Establishment BSDC Resource Center: up to 24 months

- Quarterly Community Based Services Provider Meetings to Review and Discuss Progress Towards Community Capacity: Start within 3 months and up to 36 months

- Semi-annual reports to the Nebraska Legislature: First report in 6 months

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Appendix A

Cost

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BSDC RIGHTSIZING

The Beatrice State Developmental Center (BSDC) is part of the DHHS Division of Developmental Disabilities. The team is dedicated to ensuring individuals served receive high-quality services provided in a safe and fulfilling environment. Over recent years, the number of individuals served at BSDC has declined.

The Division of Developmental Disabilities has worked diligently over the last 18 months to create operational efficiencies and partnerships to benefit the individuals supported at BSDC. The efficiencies have focused on administrative simplifications that do not directly impact the quality of care but instead reduce redundancy while meeting all regulatory requirements for BSDC.

Rightsizing of BSDC is the next step. How was this determined?

The Division of Developmental Disabilities has done a thorough evaluation of each area at BSDC to understand systems, needs and requirements. This includes review of federal regulations, state regulations, licensing requirements and policies and procedures.

Currently, 481 BSDC staff members serve 110 individuals. The duties of each position were evaluated. This was paired with a cross-departmental evaluation that sought an understanding of the intent of each position and how each position impacted the individuals and the regulations. It was determined that there were similar positions doing similar tasks. DHHS had to make the difficult decision to rightsize staff at the Beatrice State Developmental Center (BSDC). This is important to allow BSDC to continue providing quality services in a cost-effective manner.

The intent of the rightsizing is to redistribute resources to front line care and realign positions. BSDC is committed to providing and maintaining quality care. Systems and checks have been designed to ensure quality. These changes still meet all regulatory requirements for an Intermediate Care Facility for the Developmentally Disabled.

How many people are affected?

First, all unnecessary vacant positions were eliminated. In addition, 39 people's positions are being reduced. These positions are across multiple areas and levels but do not include front-line employees. Employees will be given information about opportunities within DHHS and the State of Nebraska. This includes information based on seniority and vacant positions. Employees will be encouraged to evaluate all options.

Is this indicative of BSDC closing?

This is not indicative of closure. This difficult decision is based on the detailed evaluation, the decline of the number of individuals supported at BSDC, and the successful completion of the Department of Justice settlement agreement. These changes are important to allow BSDC to move forward and to continue providing quality services while being careful stewards of taxpayer dollars.

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TRANSITION OF BRIDGES PROGRAM

Bridges, based in Hastings, Nebraska, is licensed as a community-based service for individuals with developmental disabilities. The intent of community-based services is that Individuals are to be supported in the least restrictive environment. The institutional characteristics of Bridges will not be in compliance with the Medicaid Home and Community-Based Waiver Final Rule.

The Centers for Medicare and Medicaid Services (CMS) published a final rule for Medicaid Home and Community-Based Services (HCBS) effective March 17, 2014. Each state must have a transition plan for this review and make any changes needed.

The final rule addresses several sections of Medicaid law under which states may use federal Medicaid funds to pay for Home and Community-Based Services. The final rule identifies settings that are presumed to have institutional qualities, and do not meet the threshold for Medicaid HCBS. These settings include those in a publicly-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.

Why won't Bridges be in compliance?
Bridges was established in 2005 as a locked unit to serve individuals with developmental disabilities referred through the Developmental Disabilities Court-Ordered Custody Act who were considered to pose significant danger to themselves and/or the community. The program was originally located on the campus of the Hastings Regional Center but re-located in 2011 to three four-bedroom homes approximately two miles outside of the Hastings city limits, adjacent to the Hastings Regional Center grounds, with capacity to serve twelve individuals. Although Bridges moved from the wing of an institution, it still functions similarly to an institution. Because of its location immediately adjacent to a state-operated institution (the Hastings Regional Center), it will not be in compliance with the Home and Community-Based Services Final Rule.

What steps will be taken for the individuals served?
Bridges must address this issue by transitioning each of the remaining six individuals to willing and capable providers. The DD community-based provider capacity has increased since 2005 and individuals with behavioral needs are now able to live safe and fulfilling lives in the community with appropriate resources. None of the six individuals currently residing at Bridges are under the Developmental Disabilities Court-Ordered Custody Act (DDCA).

Every effort will be made to work with each individual and their family to locate the least restrictive environment of the indivdual's choice.

What about employees and timing?
The completion date for the transition is planned for June 7, 2017. Bridges has a total of 31 employees in filled positions. Twelve staff positions will be repurposed to effectively support quality management initiatives for community-based DD programs to ensure compliance with federal and state laws and regulations.

The Division of Developmental Disabilities will work with Human Resources, the Department of Labor, and our partners to locate employment opportunities for those affected.

Will there be savings?
The Department's intent is that savings from the permanent closure of the Bridges program will be reinvested in community-based services for persons with developmental disabilities to serve 12-52 people on wait list; dependent on services needed.

Bridges Remaining Costs to 421 Budget

April 7, 2017 the Division of Developmental Disabilities announced the transition to closure of the Bridges Program. The decision was based on compliance for HCBS settings requirements in 1915(c) waiver and 1915(i) SPA.

- Bridges will close on 06/07/2017.
- 5 of the individuals will be served in community based settings.
- 1 individual will be served at BSDC.
- The Division of Developmental Disabilities is still responsible for rent. Monthly rent charges (including maintenance and depreciation) are: $13,048.56. Thus annual rent charges would be: $156,582.72.
- There may be payout for benefits for employees who do not maintain state employment. This would be a one-time cost.

State Operated ICF/DD per Diem Rate

REV. JULY 29, 2007 NEBRASKA DEPARTMENT OF NMAP SERVICES

MANUAL LETTER # 62-2007 HEALTH AND HUMAN SERVICES 471 NAC 31-008.06D

31-008.06D Rates for State-Operated Intermediate Care Facilities for the intellectually and developmentally disabled (I/DD): The Department pays State-operated ICF/DD providers an amount equivalent to the reasonable and adequate costs incurred during each Reporting Period. An interim per diem rate is paid during the calendar year Rate Period, based on financial and statistical data as submitted by the ICF/DD for the most recent Reporting Period. The interim rate is settled retroactively to the facility's actual costs, which determine the Final Rate. The rate has five components:

1. The Personnel Operating Cost Component;

2. The Non-Personnel Operating Cost Component;

3. The Fixed Cost Component;

4. The Ancillary Cost Component; and

5. The ICF/MR Revenue Tax Cost Component.

The rate is the sum of the above five components. Rates cannot exceed the amount that can reasonably be estimated to have been paid under Medicare payment principles.

31-008.06D1 Interim Rate: The interim rate is a per diem paid for each inpatient day. An interim rate is paid during a calendar year rate period and then retroactively adjusted when final cost and census data is available. The Interim Rate is a projection and is intended to approximate the Final Rate as closely as is possible. Projections are made from known current data and reasonable assumptions.

31-008.06D2 Final Rate: The Department pays each ICF/DD a retroactively determined per diem rate for the reasonable and adequate costs incurred and documented for the most recent reporting period.

31-008.06D3 Personnel Operating Cost Component: This component includes salaries, wages, fringe benefits, the personnel cost portion of purchased services, and the personnel cost portion of management fees or allocated expense for resident care services and support services. The resident care services portion consists of direct care staff, direct care administration, active treatment, and medical services. The support services portion consists of dietary, laundry, and housekeeping, property and plant, and administrative services. Both the resident care services and the support services portions of the personnel operating cost component of the Final Rate are the allowable personnel operating cost per day as computed for the ICF/DD provider's most recent cost report period.

31-008.06D4 Non-Personnel Operating Cost Component: This component includes all costs other than salaries, fringe benefits, the personnel cost portion of purchased services, and the personnel cost portion of management fees or allocated expenses for the administrative, dietary, housekeeping, laundry, plant related, and social service cost centers. The Non-Personnel Operating Cost Component of

the Final Rate is the allowable non-personnel operating cost per day as computed for the ICF/DD provider's most recent cost report period.

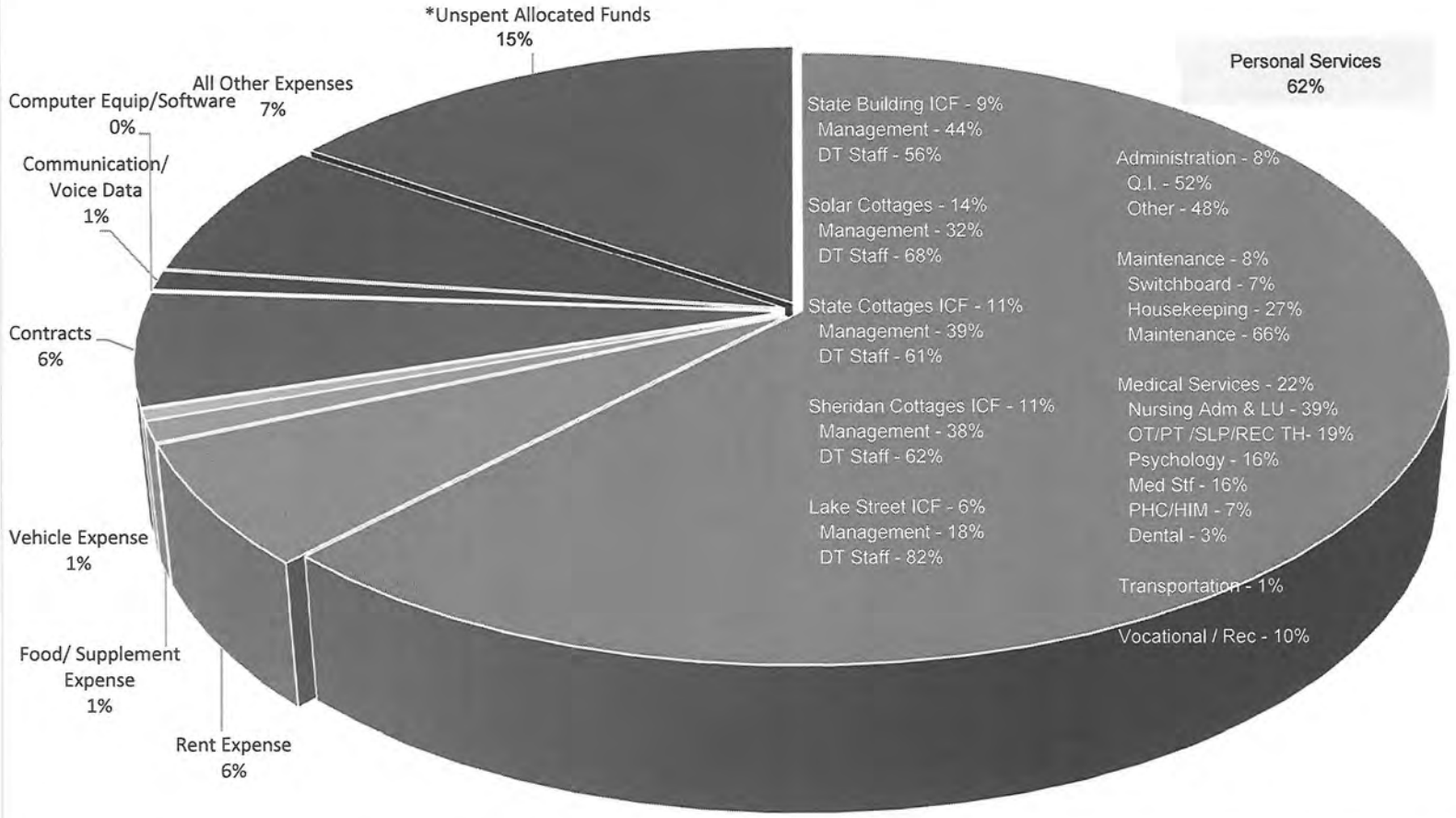
31-008.06D5 Fixed Cost Component: This component includes the interest, depreciation, amortization, long-term rent/lease payments, personal property tax, real estate tax, and other fixed costs. The Fixed Cost Component of the Final Rate is the allowable fixed cost per day as computed for the ICF/DD provider's most recent cost report period.

31-008.06D6 ICF/DD Revenue Tax Cost Component: Under the ICF/DD Reimbursement Protection Act, the ICF/DD revenue tax per diem is computed as the prior report period net revenue multiplied by the applicable tax percentage(s) divided by the prior report period facility resident days. (See 405 NAC 1-003.) The Tax Cost Component shall be prorated when the revenue tax is based on less than a full fiscal year's data.

Nebraska HHS Finance and Support Manual, NMAP Services 471 NAC 31-000, Manual Letter #59-2003 Revised October 15, 2003, Retrieved from; http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-31.pdf

BSDC - FY 2015-2016 ACTUAL EXPENSES

Individuals Supported - 116

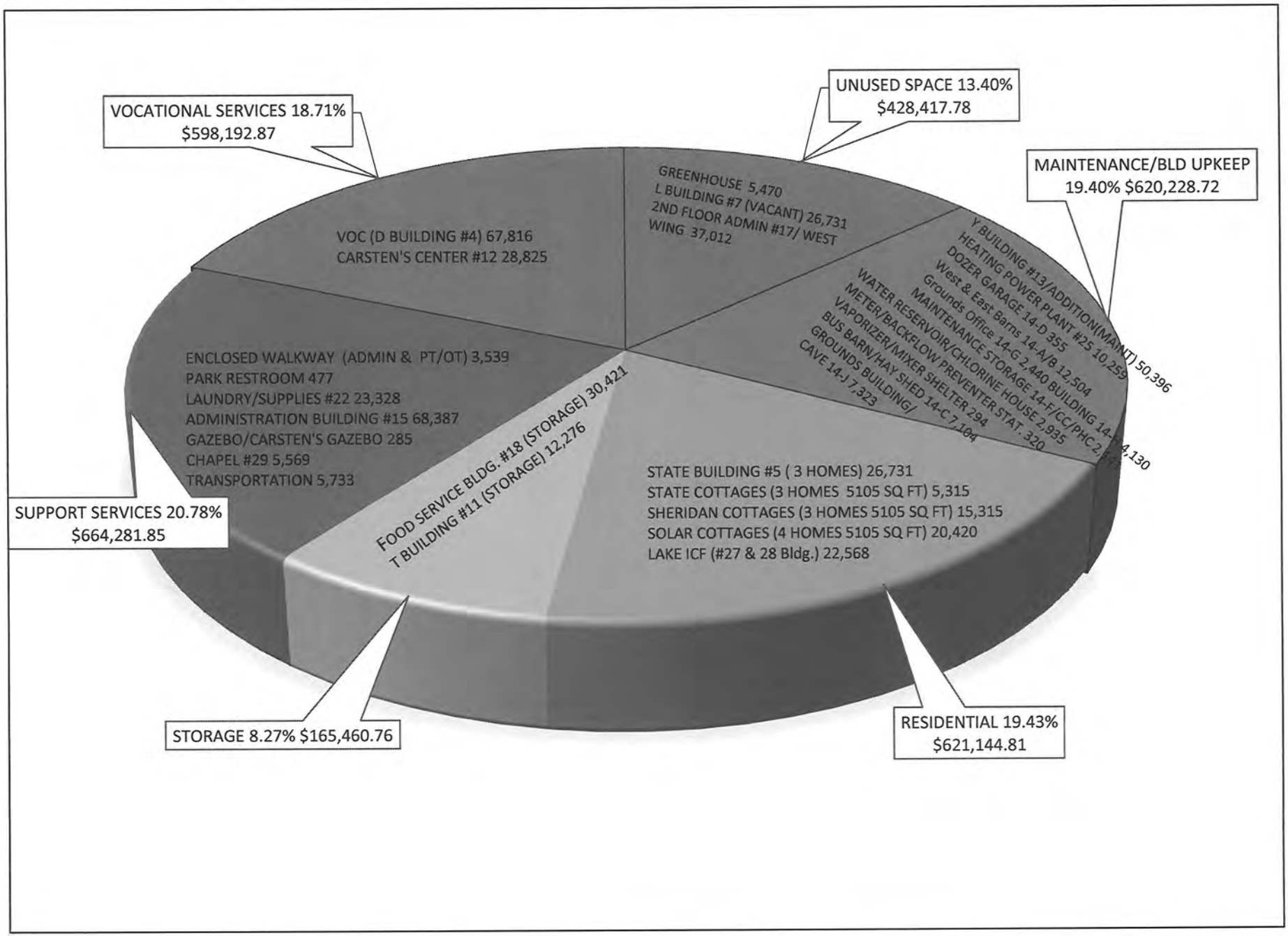


TOTAL AMOUNT BUDGETED - $48,355,908.10	BUDGET AMOUNT EXPENDED - $40,907,151.72	UNSPENT ALLOCATED FUNDS - $7,448,756.38

- Personal Services Expense
- Rent Expense
- Food/ Supplement Expense
- Vehicle Expense
- Contracts
- Computer Equip/Software
- Communication/ Voice Data
- All Other Expenses
- *Unspent Allocated Funds

Appendix A

SQUARE FOOTAGE BREAKDOWN



Appendix A

Appendix A

BSDC EST. ANNUAL EXPENSES	Feb-16 Actual figures	Feb-17 Actual figures	2017 Post Right Sizing
Salaries & Benefits Total	$29,932,412.00	$29,560,192.00	$26,308,317.52
Rent	$3,230,659.00	$3,196,554.00	$3,196,554.00
Food Expense	$450,413.00	$396,186.00	$478,842.00
Medical Professional Contracts	$1,815,201.00	$1,344,847.00	$1,344,847.00
Operating Expenditures	$3,092,875.00	$2,762,438.00	$1,696,225.60
ICF Tax	$2,548,219.00	$2,554,179.00	$2,554,179.00
Capital Expenditures	$166,013.00	$40,569.00	$174,000.00
Total expenditures	**$41,235,792.00**	**$39,854,965.00**	**$35,752,965.12**
Individual being supported avg.	116	113	111
Annual Cost per person	$355,480.97 per person	$352,698.81 per person	$322,098.78 per person
Per diem	$973.92	$963.66	$880.05

Total expenditures are funded by State General Fund dollars, Federal dollars, and appropriated cash dollars

Calendar Year 2016

Provider ID and Name	Unduplicated Count of Individuals Served	Average Total cost of care
MOSAIC	9	$ 135,264
MOSAIC - BEATRICE CAMPUS	113	$ 101,752
MOSAIC - AXTELL	106	$ 111,835
MOSAIC (HOPE) ICF/ID	5	$ 196,907
MOSAIC-MEADOWLARK - ICF	6	$ 173,020
MOSAIC/MANCHESTER ICF/ID	6	$ 244,904
MOSAIC- MILLARD ICF	6	$ 305,110
MOSAIC- WEST PARK AVE ICF/ID	6	$ 199,756
MOSAIC- PAPILLION ICF/ID	6	$ 205,247
Beatrice State Development Center	115	$ 358,475

Provider ID and Name	Unduplicated Count of Individuals Served	Average Total cost of care
BSDC 400 STATE BUILDING/ICF MR	21	$ 249,266
BSDC STATE COTTAGES	26	$ 251,536
BSDC SHERIDAN COTTAGES ICF MR	29	$ 307,996
BSDC SOLAR COTTAGES	35	$ 323,162
BSDC LAKE STREET	20	$ 205,148
TOTAL	131	$ 275,725

Statistic	DD Comperhensive Waiver Costs	State Plan Services	Total Cost	Particpant Count
10th Percentile	18,995.68	1,790.24	23,702.61	364
25th Percentile	37,828.96	2,171.26	42,350.26	544
50th Percentile	61,039.84	3,383.14	65,890.25	908
75th Percentile	89,399.16	6,689.19	100,065.08	908
90th Percentile	136,577.44	13,678.52	149,480.05	544
100th Percentile	445,411.59	1,029,607.51	1,101,135.96	364
Average	73,232.82	7,604.87	80,837.69	

Appendix B

Long term structural needs

Facilities Analysis 2016

Beatrice State Developmental Center

3000 Lincoln St • Beatrice, NE • 68310

Bridges Program

1030 Southern Hills Drive, Hastings, NE • 68901

Department of Health & Human Services
DHHS
NEBRASKA

Pursuant to Legislative Bill 895 (LB895), this document has been prepared to provide a response to Sec.2.(1)(F) which states:

> "An analysis of the facilities at Beatrice State Developmental Center and the Bridges Program on the effective date of this Act and the long-term structual needs of the facilities."

Document prepared by

Jeffrey L. Ahl, AIA, NCARB
Architectural Consultant
402-480-0284

Final
May 2017

TABLE OF CONTENTS

INTRODUCTION

Legislative Bill 895, passed in 2016, requires the Nebraska Department of Health and Human Services (DHHS) Division of Developmental Disabilities to develop a plan and prepare a report regarding the services provided by the Beatrice State Developmental Center in Beatrice, Nebraska and the Bridges Program in Hastings, Nebraska. The summary of Legislative Bill 895 obliges DHHS to include within the comprehensive plan

- an analysis of the needs of the residents of BSDC and the Bridges Program and the ability of these programs to serve the residents in the community;
- a description of the level of community integration for the residents;
- an explanation of the role of BSDC and Bridges in the continuum of services offered to persons with developmental disabilities;
- the consideration of the preferences of the people that live at BSDC and Bridges;
- a review of nationwide trends and facilities of a similar nature;
- an account of the cost efficiency of the services provided at both facilities;
- an analysis of the physical buildings housing the programs, including any related long-term structural needs; and
- an assessment of census trends and potential future needs for services.

The following portion of this report addresses Part F of Section 2 of the LB895, which is "An analysis of the facilities at the Beatrice State Developmental Center and the Bridges program on the effective date of this act and the long-term structural needs of the facilities." This analysis will address site conditions, site utilities, and the existing condition of the individual buildings at the Beatrice State Developmental Center in Beatrice, Nebraska and the Bridges Program in Hastings, Nebraska. The reported findings will also include a ten-year cost projection of required repairs to maintain the facilities, a summary, and a conclusion.

Beatrice State Developmental Center

In 1885, the "State Institution for the Feebleminded" was founded for the purpose of providing shelter, protection, and instruction for the "unfortunate portion of the community who were born, or by disease have become, imbecile or feeble-minded." By 1921, the name had changed to the "Nebraska Institution for the Feebleminded" with many more name changes to follow until 1975, when the Institution became known as it is today: The Beatrice State Developmental Center" or BSDC as it is often called.

At the turn of the 20th century, there were 500 residents at the State Institution, and the numbers steadily grew. By the mid-1960s, the facility reached its peak census of 2,300 individuals. In the 1970s, the State of Nebraska greatly reduced the number of residents living at BSDC, and by the mid-1980s, around 450 individuals were being served by the Center. Over the last 25 years, the census has continued to drop, and currently, the facility serves approximately 110 people.

The infrastructure required to provide services and housing for the residents at BSDC is significant. The present-day campus has over 35 buildings for housing, dining, medical services, administrative services, recreation, and religious functions. Most of these buildings are still being utilized in some capacity, although there are a few buildings that are no longer in use and sit vacant. Several buildings have been demolished over the years, and a few have recently been considered for demolition.

This report will provide an overview of the existing conditions of each building on campus and the expected remaining life span of the building systems within each facility. The study will also consider accessibility regulations specifically related to the Americans with Disabilities Act, Fair Housing Act, and Section 504. Finally, this study includes an overview of expected major improvements to each of the buildings and identifies, by decade, a suggested budget to ensure that the buildings are improved adequately for continued use.

Bridges Program

The Bridges Program serves individuals with "developmental disabilities who pose significant risks to themselves or the community." Created in 2005, this program was originally located on the campus of the Hastings Regional Center (HRC) with oversight by the Beatrice State Developmental Center. In 2010, the DHHS Division of Developmental Disabilities proposed that the program be moved off the HRC campus, and in 2012-2013, three 4-bedroom homes were constructed on a rural site west of Hastings, Nebraska to serve up to six individuals in each home. The new facilities for the Bridges Program opened on May 1, 2014. In the basement of one of the buildings, office space has been provided for administrative services. Access to these administrative spaces is provided separately through a walkout basement.

Beatrice State Developmental Center

The goal in completing a conditions and life expectancy analysis of a building and its site is to minimize the possibility of the analyst's subjective perspective from influencing the manner in which information is collected and reviewed. Therefore, to ensure the reader that objectivity was maintained in the analysis of the buildings and sites on the BSDC campus, a description of the methodologies and processes used are included in this report. Among the factors considered in this analysis are the overall size of the Beatrice campus, the varying age and conditions of the buildings, the unique development of the site, and the usage of the state-owned electrical system, emergency power generation, and other building services.

Data for each building were collected through archived building plans and information provided by the Department of Administrative Services (DAS). The data collected included basic information such as the age of the building, the type of construction, and the use of the building. Detailed information was also collected using records maintained at BSDC in relation to the systems within the building. The ages of all primary systems, including electrical, mechanical, and plumbing, were also identified.

When looking specifically at the building structure, not only was the age of the building considered, but the ages of other elements of the building were also taken into account. These other elements included such items as the age of the interior finishes (carpet, paint, and ceilings) and the age of plumbing fixtures (if they had been replaced after the original construction). Since visual inspection of the condition of each of these elements is subjective, data were collected through research of the expected life of each element. Several sources, including life expectancy tables, were reviewed for lifespan data, and a reasonable average based on the use of each building was calculated. The life expectancy of each element was then compared to the actual life of the product or system in place, and an objective analysis that represents the remaining life of each element was determined.

Compliance with ADA and Fair Housing accessibility regulations was also part of the analysis of the buildings and sites on the BSDC campus. A comprehensive self-evaluation was not conducted to determine the level of compliancy. It is important to note that a comprehensive self-evaluation and a transition plan are mandated by the U.S. Department of Justice under the Americans with Disabilities Act. To date, neither have been completed at BSDC.

Another important focus of this report is on the major repairs that affect entire building systems. Day-to-day maintenance and general upkeep are not considered "major repairs" and, therefore, have not been included as a part of this study. For example: Damage to a wall due to neglect is considered a day-to-day repair, whereas replacement of a roof because the shingles have reached the end of their expected lifespan is considered a major repair. The wall damage would not be included in the report, but the roof replacement would be.

Major projects, those improvements that are vital to the continued use of the buildings, were determined by looking closely at the data collected for each building, by consulting with members of the facilities department about issues that were outstanding and in need of attention, and by reviewing a list of projected projects established for use by the Building Division at DAS and Task Force 309.

All of this data was compiled and consolidated into a list of projected major projects. Opinions of cost to complete those projects were assigned as was a timeline. A summary of these costs and dates, by building, is included in this report. An overall campus summary has also been developed and placed before the building summary sheets to provide a quick glance of the projected cost of major projects that each campus will need over the next 5, 10, 20, and 30 years.

There are currently 48 structural shelters at BSDC, including office buildings, activity centers, homes, park shelters, mechanical equipment protection shelters, sheds, and storage shelters. For this study, reviews were limited to structures with a high value to the overall operations of BSDC or the State of Nebraska if the buildings are not currently utilized by BSDC for advancement of the program. For example, all homes and buildings currently used for activities, operations, and administrative functions, as well as storage buildings and unused but significant buildings that could be occupied were included. Not included were outdated wooden sheds, barns, gazebos, and other park shelters that are not critical to campus operations or of significant value.

Buildings included in the analysis: (32 buildings or structures)

Address:	Common Name:	Current Use:
837 Sheridan Drive	"B" Building	Vacant (residential)
881 Sheridan Drive	"C" Building	Vacant (residential)
941 Sheridan Drive	"D" Building	Vocational Services / Offices
3104 State Avenue	State Building	Residential / Offices
748 Wallman Drive	"L" Building	Vacant (residential)
956 Wallman Drive	"T" Building	Storage
3000 Carstens Drive	Carstens Center	Activities / Offices
3364 Agate Drive	"Y" Building	Maintenance / Offices
Chalcedony Drive B	Grounds Office	Maintenance / Offices
964 Chalcedony Drive	Mechanics Shed	Maintenance / Storage
843 Wallman Drive	Administration Building	Offices / Clinics
834 Sheridan Drive	West Wing	Offices / Clinics / Retail
3071 State Avenue	State Cottage	Residential
3070 State Avenue	State Cottage	Residential
3060 Peterson Boulevard	State Cottage	Residential
3056 Peterson Boulevard	Sheridan Cottage	Residential
3054 Peterson Boulevard	Sheridan Cottage	Residential
3052 Peterson Boulevard	Sheridan Cottage	Residential
753 Solar Drive	Solar Cottage	Residential
743 Solar Drive	Solar Cottage	Residential
723 Solar Drive	Solar Cottage	Residential
715 Solar Drive	Solar Cottage	Residential
3363 Goldenrod Drive	Laundry / Warehouse	Laundry
3370 Goldenrod	Power Plant	Maintenance / Boilers
943 Chalcedony Drive	Transportation	Repair / Offices
667 31st Street	East Apartment	Residential
3020 Lake Street	South Apartment	Offices
3065 Carstens Drive	All Faiths Chapel	Activity
Carstens Drive	Enclosed Walkway	Walkway
884 Sheridan Drive	Kitchen	Storage
Chalcedony Drive F	Bus Barn	Vehicle Storage
Goldenrod Drive D	Green House	Greenhouse / Business

Buildings not included in the analysis: (16 shelters)

Address:	Common Name:	Current Use:
874 Chalcedony Drive	West Barn	Storage
Chalcedony Drive A	East Barn	Storage

Chalcedony Drive B	Hay Shed	Storage
Chalcedony Drive C	Dozer Garage	Storage
928 Chalcedony Drive	Bull Barn	Storage
Chalcedony Drive D	Cave	Storage
Goldenrod Drive A	Chlorine House	Storage
Goldenrod Drive B	Water Reservoir	Utilities
Lake Street	Backflow / Meter	Utilities
Solar Drive	Park Restroom	Vacant / Storage
Goldenrod Drive C	Vaporizer / Mixer	Utilities
Carstens Drive	Gazebo	Shelter
3000 Carstens Drive	Carstens Storage	Storage shed
3000 Carstens Drive	Carstens Gazebo	Shelter
Goldenrod Drive E	Fuel Storage	Utilities
Chalcedony Drive E	Propane Tanks	Utilities

Bridges Program

The methodology used in analyzing the information pertaining to buildings at BSDC was also used to analyze the structures at the Bridges Campus in Hastings. However, the method used for data collection was significantly different based on the relatively young age of the campus development.

Data collection was completed primarily through a review of the contract documents utilized to complete construction of the project in 2013. This information was then tempered by data collected approximately every 2 months as a result of continuing onsite reviews of the campus that were completed for the expressed purpose of identifying, preparing, and monitoring deficiencies to be addressed.

Planned improvements at the Bridges Facility are largely elective or not necessary for continued operations. No access to a list of long-range improvements for building, system, or finish replacements were available as those improvements have not yet been planned, are in the distant future, or are considered part of general maintenance (consistent with BSDC) and not evaluated in this report.

In general, the smaller size of this campus combined with a short history and more detailed approach to monitoring the conditions of the site and buildings have resulted in an analysis where the results are offered with a greater confidence of accuracy.

Compliance with ADA and Fair Housing accessibility regulations was evaluated utilizing the same methods used to complete the review at BSDC.

General

Analysis of the site-related improvements and utilities that serve each site (BSDC and the Bridges Program) is offered as a text description located in the report just prior to the building assessments for each campus. Major improvements such as campus utilities, landscaping, and paving are described, and where known, dates of initial installation are offered.

Necessary improvements, where observed without destructive investigation, are identified with projected budgets to complete the improvements. However, no projections or recommendations on site utilities have been offered as a part of the analysis.

It should also be noted that no projections have been offered for improvements to the site, utilities, services, or the buildings themselves that may be required by licensure regulations either in place or anticipated unless that item has been clearly and currently identified by the authority having jurisdiction.

In an effort to simplify review of the extensive data collected, single sheet summaries were developed for each of the buildings reviewed. These sheets provide a BASIC BUILDING DATA section that identifies the building and provides size and use information. The bottom portion of each sheet is a CONDITIONAL ANALYSIS- AT-A-GLANCE section that offers data related to the suggested remaining life of the building in general, as well as a suggested remaining life of the main building systems. This section also includes an opinion on compliance with accessibility guidelines and a section that identifies expected cost to repair critical systems over the next 20 years in dollars and as a percentage of the 2016 insured value.

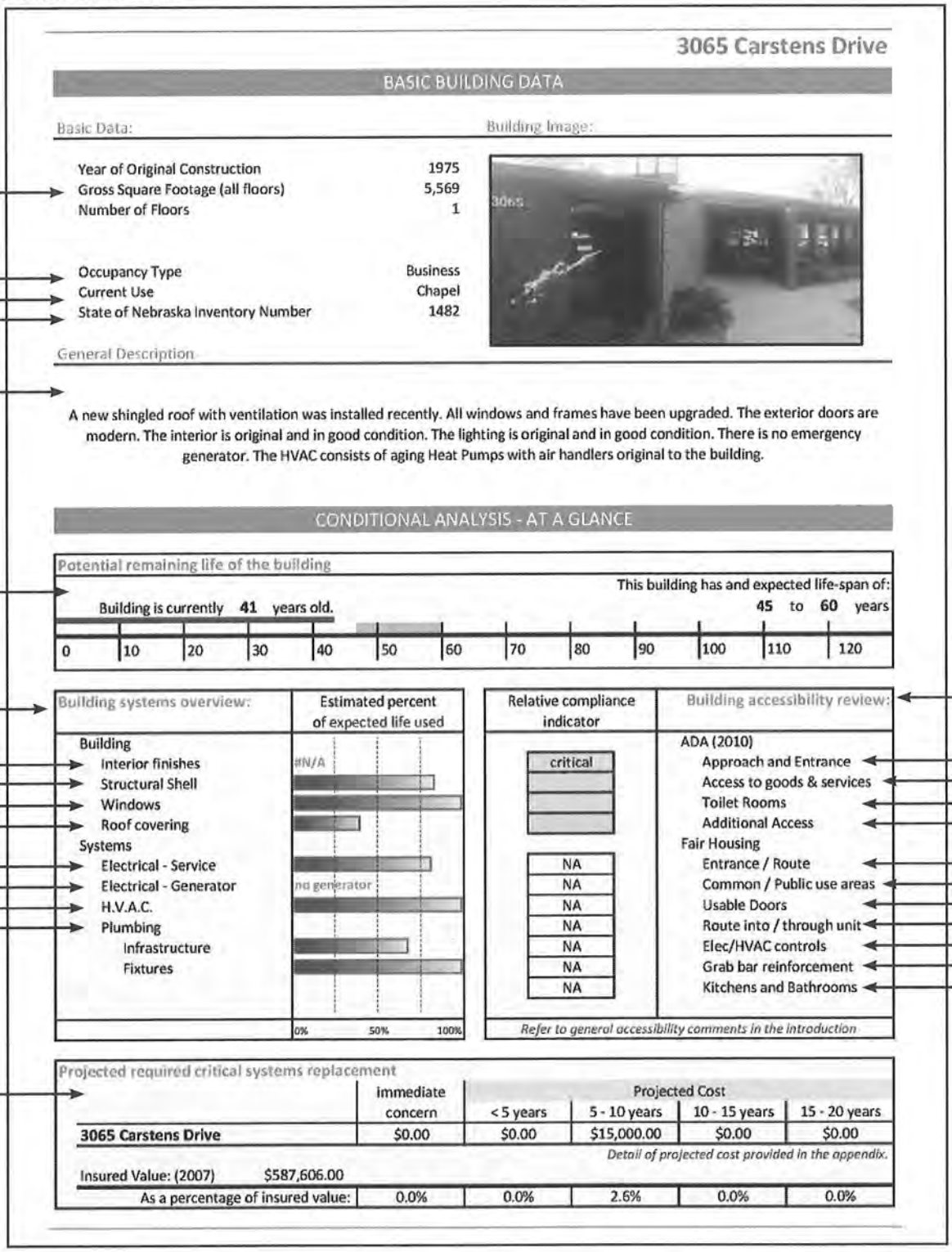
Prior to these sheets, a CAMPUS SUMMARY was included that is a compilation of all projected critical systems repair / replacement cost data totaled and as a percentage of the total insured cost of the reviewed buildings

Following this report are the following appendices:

- Regulatory requirements that control construction activities
- Detailed list of projected projects

How to Read the Building Assessments

Each of the building assessments provides an overview of a specific building. The overview is a summary of data related to the building, a description of the building, and an overview of the condition of the building based largely on objective interpretation. What follows is a description of what each item on the sheet is intended to mean.



3065 Carstens Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1975
1 → Gross Square Footage (all floors)	5,569
Number of Floors	1
2 → Occupancy Type	Business
3 → Current Use	Chapel
4 → State of Nebraska Inventory Number	1482

Building Image:

General Description

5 →

A new shingled roof with ventilation was installed recently. All windows and frames have been upgraded. The exterior doors are modern. The interior is original and in good condition. The lighting is original and in good condition. There is no emergency generator. The HVAC consists of aging Heat Pumps with air handlers original to the building.

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

6 →

Building is currently **41** years old.

This building has and expected life-span of: **45** to **60** years

0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120

7 → Building systems overview:

	Estimated percent of expected life used
Building	
8 → Interior finishes	#N/A
9 → Structural Shell	
10 → Windows	
11 → Roof covering	
Systems	
12 → Electrical - Service	
13 → Electrical - Generator	no generator
14 → H.V.A.C.	
15 → Plumbing	
Infrastructure	
Fixtures	
	0% 50% 100%

Relative compliance indicator	Building accessibility review: ← 17
	ADA (2010)
critical	Approach and Entrance ← 18
	Access to goods & services ← 19
	Toilet Rooms ← 20
	Additional Access ← 21
	Fair Housing
NA	Entrance / Route ← 22
NA	Common / Public use areas ← 23
NA	Usable Doors ← 24
NA	Route into / through unit ← 25
NA	Elec/HVAC controls ← 26
NA	Grab bar reinforcement ← 27
NA	Kitchens and Bathrooms ← 28
	Refer to general accessibility comments in the introduction

16 → Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
3065 Carstens Drive	$0.00	$0.00	$15,000.00	$0.00	$0.00

Detail of projected cost provided in the appendix.

Insured Value: (2007) $587,606.00

As a percentage of insured value:	0.0%	0.0%	2.6%	0.0%	0.0%

Listing of key notes:

1. Gross Square Feet: This number represents the gross area of the building. The number includes the area used by interior and exterior walls.
2. This is a technical designation defined by the State Fire Marshal based on how the building is used. More information on Occupancy Types can be found in NFPA 101 – Life Safety Code.
3. Represents the name given to building when referenced by most current employees.
4. This is a State of Nebraska assigned number designated as a 'Tag Number'. In this report only the 4 unique numbers are referenced. The actual 'Tag Number' for the example on the previous page is 25B0148200B. For this document we are utilizing the four unique numbers highlighted in red, '1482'.
5. This description is a subject overview of the building. Where possible we have identified the use, as well as the general condition of the building and any known significant renovations or system improvements.
6. In an effort to maintain an objective approach to this process we have included a projection of the remaining useful life of the building based solely on industry projections developed in consideration of the construction methods used to originally construct the building. Many buildings, if properly maintained, may significantly surpass the expected life of that building. However consideration should be given to the fact that this calculation takes into account that codes, regulations and human expectations change and these factors alone may render a building useless even when structurally sound. This should be used as a guide only and be tempered with a more subjective analysis of the use and condition of the building.
7. This section provides an objective review of a particular system or component within the building. The age of existing components is compared to the expected life of the given item as defined by an average of several sources.
8. Building Interior Finishes include things such as flooring, wall finishes, ceilings and door hardware.
9. Building Structural Shell is based on the type of construction and ranges from wood frame to concrete.
10. Building Windows include all types of windows such as; aluminum, wood, vinyl and metal.
11. Building Roof Covering has been defined to include shingles, asphalt, EPDM and metal materials.
12. This item relates specifically to the electrical service within the building. Electrical service improvements to the building has been addressed in the site utility portion of this report.
13. Electrical generators are provided at several buildings on campus and if provided are assessed in this measurement.
14. This item generally addresses the equipment associated with the system, not the distribution system. In buildings with several units an average age of the primary units was used to calculate overall remaining life.
15. Plumbing "infrastructure" relates generally to the piping or distribution and waste system while "fixtures" is an overall assessment of the majority of the fixtures in the building. These assessments do not generally take into consideration repairs or replacement of fixtures unless replacement occurred through out the building or to a majority of the fixtures.

16. This section of the report provides information related to expected cost of major building improvements for the next 20 years and is based on three things; legacy knowledge of expected repairs, planned projects defined by the Department of Administrative services and requested projects submitted to Task Force 309. It does not take into consideration any improvements that may be considered elective or anticipated by program changes. It also does not take into consideration any ongoing maintenance and minor repair costs which are addressed in the Analysis and Recommendation portion of this document. Cost as a percentage of the insured value is provided for comparison purposes.

17. This assessment provides an opinion of the difficulty in gaining compliance with the Americans with Disabilities Act (ADA) and Fair Housing Guidelines for each of the identified areas. The review completed for this analysis was based on data collected in the past as a part of an internally conducted and preliminary self evaluation. The color coded system indicates the following:

High difficulty: Compliance will likely require significant architectural and/or structural modifications. Consideration should be given on a case by case basis to determine if the project poses an "undue hardship."

Moderate difficulty: Compliance will likely result in addition of adaptive products or replacement of existing elements with new products that comply. Work may require reasonable modification to placement of existing elements to insure compliance.

Limited or no difficulty: The condition may be compliant or able to achieve compliance with relative ease through administrative change or relocation of access or service.

ADA (2010)

18. **Approach and Entrance:** An accessible route from site arrival points and an accessible entrance should be provided for everyone.

19. **Access to Goods and Services:** The layout of the building should allow people with disabilities to obtain goods and services and to participate in activities without assistance.

20. **Toilet Rooms:** When toilet rooms are open to the public they should be accessible to people with disabilities.

21. **Additional Access:** Amenities such as drinking fountains and public telephones should be accessible to people with disabilities.

Fair Housing

22. **Accessible Building Entrance on an Accessible Route:** covered multifamily dwellings shall be constructed to have at least one building entrance on an accessible route unless it is impractical to do so because of terrain or unusual characteristics of the site.

23. **Accessible and Usable Public and Common Use Areas:** dwellings shall be constructed in such a manner that the public and common use areas are readily accessible to and usable by handicapped persons.

24. **Useable Doors:** dwellings shall be constructed in such a manner that all the doors provide passage into and within all premises are sufficiently wide to allow passage by handicapped persons in wheelchairs.

25. **Accessible Route into and Through the Covered Unit:** dwellings shall be constructed with an accessible route into and through the covered dwelling unit.

26. **Light Switches, Electrical Outlets, Thermostats and Other Environmental Controls in Accessible Locations:** dwellings shall be constructed in such a manner that light switches, electrical outlets, thermostats and other environmental controls in accessible locations.

27. **Reinforced Walls for Grab Bars:** dwellings shall be constructed with reinforcements in bathroom walls to allow later installation of grab bars around toilet, tub, shower stall and shower seat where provided.

28. **Usable Kitchens:** dwellings shall be constructed in such a manner to contain usable kitchens … such that an individual in a wheelchair can maneuver about the space.

BSDC - CAMPUS SUMMARY

10 Year Cost Projections

This summary is provided to illustrate the projected cost of capitol improvements related to the Site, Site Utilities and Buildings at BSDC in the next 10 years. The extent of detail on the Site and Site Utilities Cost Projections is provided on this sheet. A summary of the cost projections for each building is provided on the next page. Definition of each building related project is provided in Appendix C

Beatrice State Developmental Center

Total of all projected Site and Site Utility projects (next ten years)	$774,000.00
Total of all projected Building projects (next ten years)	$7,148,500.00
GRAND TOTAL:	**$7,922,500.00**

SITE AND SERVICE IMPROVEMENTS (not adjusted for inflation)

Project Description	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
Side walk repair (already covered)	$0.00	$0.00	$0.00	$0.00	$0.00
Road Repairs	$0.00	$20,000.00	$250,000.00	$20,000.00	$20,000.00
Pedestrian Tunnel Repairs	$0.00	$0.00	$100,000.00	$0.00	$100,000.00
Steam Line Repairs	$0.00	$70,000.00	$70,000.00	$70,000.00	$70,000.00
Domestic Water Pumps	$0.00	$64,000.00	$0.00	$0.00	$0.00
Water Supply Main Repairs	$0.00	$0.00	$100,000.00	$100,000.00	$100,000.00
Sanitary Sewer Main Repairs	$0.00	$0.00	$100,000.00	$100,000.00	$100,000.00

TOTAL SITE AND SERVICE IMPROVEMENTS (not adjusted for inflation)

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
All Site / Utility Projects	$0.00	$154,000.00	$620,000.00	$290,000.00	$390,000.00

Please review the summary and conclusion for IMPORTANT commentary on these budget numbers

BSDC - CAMPUS SUMMARY

BUILDING IMPROVEMENTS (not adjusted for inflation)

Building Address	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
837 Sheridan Drive	$0.00	$200,000.00		$0.00	$0.00
881 Sheridan Drive	$0.00	$200,000.00	$275,000.00	$0.00	$0.00
941 Sheridan Drive	$0.00	$650,000.00	$392,000.00	$850,000.00	$250,000.00
3104 State Avenue	$200,000.00	$691,000.00	$568,000.00	$70,000.00	$70,000.00
748 Wallman Drive	$0.00	$5,000.00	$200,000.00	$760,000.00	$0.00
956 Wallman Drive	$0.00	$55,000.00	$0.00	$0.00	$0.00
3000 Carstens Drive	$80,000.00	$505,000.00	$50,000.00	$0.00	$310,000.00
3364 Agate Drive	$0.00	$62,000.00	$0.00	$300,000.00	$0.00
Chalcedony Drive B	$0.00	$0.00	$0.00	$0.00	$0.00
964 Chalcedony Drive	$0.00	$0.00	$0.00	$0.00	$0.00
843 Wallman Drive	$13,000.00	$140,000.00	$65,000.00	$160,000.00	$200,000.00
834 Sheridan Drive	$0.00	$65,000.00	$75,000.00	$0.00	$0.00
3071 State Avenue	$10,000.00	$27,250.00	$10,000.00	$30,000.00	$10,000.00
3070 State Avenue	$10,000.00	$27,250.00	$10,000.00	$30,000.00	$10,000.00
3060 Peterson Boulevard	$10,000.00	$27,250.00	$10,000.00	$30,000.00	$10,000.00
3056 Peterson Boulevard	$10,000.00	$27,250.00	$10,000.00	$30,000.00	$10,000.00
3054 Peterson Boulevard	$10,000.00	$27,250.00	$10,000.00	$30,000.00	$10,000.00
3052 Peterson Boulevard	$10,000.00	$27,250.00	$10,000.00	$30,000.00	$10,000.00
753 Solar Drive	$10,000.00	$21,250.00	$10,000.00	$10,000.00	$30,000.00
743 Solar Drive	$10,000.00	$21,250.00	$10,000.00	$10,000.00	$30,000.00
723 Solar Drive	$10,000.00	$21,250.00	$10,000.00	$10,000.00	$30,000.00
715 Solar Drive	$10,000.00	$21,250.00	$10,000.00	$10,000.00	$30,000.00
3363 Goldenrod Drive	$0.00	$0.00	$100,000.00	$0.00	$5,000.00
3370 Goldenrod Drive	$0.00	$22,000.00	$0.00	$217,000.00	$0.00
943 Chalcedony Drive	$3,000.00	$15,000.00	$222,000.00	$3,000.00	$3,000.00
667 31st Street	$0.00	$10,000.00	$30,000.00	$10,000.00	$30,000.00
3020 Lake Street	$0.00	$120,000.00	$773,000.00	$15,000.00	$15,000.00
3065 Carstens Drive	$0.00	$100,000.00	$30,000.00	$30,000.00	$5,000.00
Carstens Drive	$0.00	$79,000.00	$79,000.00	$4,000.00	$4,000.00
884 Sheridan Drive	$5,000.00	$225,000.00	$366,000.00	$5,000.00	$0.00
Chalcedony Drive F	$0.00	$0.00	$30,000.00	$0.00	$0.00
Goldenrod Drive	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL BUILDING IMPROVEMENTS (not adjusted for inflation)

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
All Buildings	$401,000.00	$3,392,500.00	$3,355,000.00	$2,644,000.00	$1,072,000.00

Please review the summary and conclusion for IMPORTANT commentary on these budget numbers

TOTAL BUILDING IMPROVEMENTS (as a percentage of insured value)

Total insured value (2016)	immediate concern	Total Projected Cost / Total Insured Value < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
$66,424,389.97	0.6%	5.1%	5.1%	4.0%	1.6%

Building Data and Conditional Analysis for each building begins on the next page.

Bridges - CAMPUS SUMMARY

10 Year Cost Projections

This summary is provided to illustrate the projected cost of capitol improvements related to the Site, Site Utilities and Buildings at Bridges in the next 10 years. The extent of detail on the Site and Site Utilities Cost Projections is provided on this sheet. A summary of the cost projections for each building is provided on the next page. Definition of each building related project is provided in Appendix C

Bridges

Total of all projected Site and Site Utility projects (next ten years)	$67,000.00
Total of all projected Building projects (next ten years)	$74,400.00
GRAND TOTAL:	**$141,400.00**

SITE AND SERVICE IMPROVEMENTS (not adjusted for inflation)

Project Description	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
Entrance Road (already covered)	$0.00	$0.00	$0.00	$0.00	$0.00
Retaining Wall Repair	$25,000.00	$0.00	$0.00	$0.00	$0.00
Pedestrian Sidewalks	$4,000.00	$18,000.00	$20,000.00	$0.00	$0.00

TOTAL SITE AND SERVICE IMPROVEMENTS (not adjusted for inflation)

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
All Site / Utility Projects	$29,000.00	$18,000.00	$20,000.00	$0.00	$0.00

Please review the summary and conclusion for IMPORTANT commentary on these budget numbers

Bridges - CAMPUS SUMMARY

BUILDING IMPROVEMENTS (not adjusted for inflation)

Building Address	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
1022 Southern Hills Drive	$0.00	$7,300.00	$15,000.00	$30,000.00	$10,000.00
1026 Southern Hills Drive	$0.00	$7,300.00	$15,000.00	$30,000.00	$10,000.00
1030 Southern Hills Drive	$0.00	$9,800.00	$20,000.00	$50,000.00	$20,000.00

TOTAL BUILDING IMPROVEMENTS (not adjusted for inflation)

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
All Buildings	$0.00	$24,400.00	$50,000.00	$110,000.00	$40,000.00

Please review the summary and conclusion for IMPORTANT commentary on these budget numbers

TOTAL BUILDING IMPROVEMENTS (as a percentage of insured value)

Total insured value (2016)	immediate concern	Total Projected Cost / Total Insured Value < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
$3,200,000.00	0.0%	0.8%	1.6%	3.4%	1.3%

Building Data and Conditional Analysis for each building begins on the next page.

Beatrice State Developmental Center

SITE:

The campus for the Beatrice State Developmental Center is located along the eastern edge of the City of Beatrice. It is bounded on the north by Hoyt Street and on the south by Lincoln Street. There is no physical boundary on the west side, but the site is bounded by the east property lines of homes that run along a portion of 27th Circle on the south and Sun Ridge Drive and 26th Street on the north half of the property. State Owned property is generally defined along the east border by Bear Creek.

The legal description for the property includes Section: 35, Township: 4, Range: 63 and Section: 35, Township: 4, Range: 63. The total area of the property represents approximately 173 acres of land, 90 acres of which are not developed.

The grounds and improvements are maintained well and provide many amenities necessary and beneficial to those who call BSDC home. The perimeter is roughly defined by a gravel walking trail while the interior of the site is provided with concrete sidewalks that provide passage across the campus to all buildings. Many of the sidewalks are in needed of repair, but the State is currently in the process of securing contracts to complete significant improvements to the paving in an effort to come into compliance with ADA requirements. The work is being completed as a result of an analysis and report developed by an outside consultant. The scope of services was comprehensive in nature and resulted in many required improvements. Once this work is completed, the campus will be in compliance with the ADA for accessibility across the campus as it relates to exterior conditions.

Landscaping is generally limited to well established tress, grass and several planters. The landscaping is well maintained from year to year, and the State Building Division has been installing an underground sprinkler system as funds are available. All landscaping and other site maintenance is completed by BSDC grounds staff.

Other site amenities such as benches, tables, shelters and garbage containers are well maintained but dated. None of these items are critical to the operations of BSDC, but as amenities, they certainly improve the overall quality of life for the individuals served. While there is no indication in this report for an immediate need to improve the current amenities, the campus should be reviewed periodically, and items that are outdated or deteriorated should be removed or replaced.

Vehicular paving is in varying conditions. Much of the campus has asphaltic surfacing, while other portions are paved with concrete. While the condition of the majority of the paving can be considered very good to exceptional, there are some areas where repairs are necessary and others that need to be replaced to assist with providing appropriate access across campus to those with disabilities. The State Building Division has identified a need to repair selected areas of paving and has set aside funds to complete repairs in the coming years. This amount is accounted for in the summary of this section and in the 10 year cost projection.

UTILITIES:

Electrical Service

Electrical service is provided by the City of Beatrice and enters the site at the southwest corner of the site. In 2014 and 2015, the State embarked on a major infrastructure project to replace the entire Electrical Distribution System across campus starting at the point where the service enters the site. The existing distribution lines were replaced with new lines and extended to all existing buildings. Buildings identified

as having generators (see the individual building assessments) received new generators. Many of the buildings also received new distribution panels while those with panels that met codes and were in appropriate condition only received new power lines to their existing panels. As a result of this significant project, the electrical service across the campus is in excellent condition and will most likely last another 50-60 years with only limited required improvements and repairs. Generators may need to be replaced in 25 – 30 years. These improvements were limited to the service distribution lines. No electrical improvements inside the buildings were completed as a part of the project except to the extent described above (distribution panels).

Water Service

The campus is provided water service from the City of Beatrice. The service enters the site along Lincoln Street a couple hundred feet east of the southwest vehicular entrance. This service extends 30-50 feet to a shed that protects the service backflow preventer. From this point, the balance of the water distribution service is owned and maintained by the State of Nebraska. While no formal study was completed to analyze the condition of the distribution system, based on age alone, the system is nearing the end of its useful life. Periodic emergency repairs support this notion. Additionally, there is a planned project to replace all water distribution lines that are more than 20 years old. It is estimated that this represents 90% or more of the existing distribution service. This planned project is identified in the Task Force 309 list of projects, and an initial budget for the project has been set at $250,000. No date has been set for completing this work.

Of note: the campus has a significant water reservoir located east of the administration parking lot. This reservoir has a capacity of 300,000 gallons and is continuously refreshed with water.

Sanitary Sewer Service

Similar to other services, the State of Nebraska owns and maintains the majority of the existing Sanitary Sewer Service. All sanitary sewer lines from all buildings are ultimately routed by gravity to a lift station located south of the hay shed. From that point, it is pumped to the City Sanitary Sewer service located south of there in Lincoln Street. While no formal study was completed to analyze the condition of the system, based on recent required improvements and the age of the system, it is nearing the end of its useful life. Task Force 309 has identified a project budget of $250,000 to replace all sanitary sewer lines in excess of 20 years of age. It is estimated this will involve replacement of more than 90% of the existing system.

Storm Sewer

BSDC does have a limited storm sewer service that serves approximately 30% of the roads and roof drains at major buildings. This sewer is sloped to discharge into Bear Creek at the eastern edge of the campus. There is no filtering, and it is not equipped with a sand or oil interceptor. Similar to other systems, this system is aging and may be in need of repair. No projects to improve this system have been identified by BSDC, the Building Division, or Task Force 309.

Gas Service

BSDC is served with a high pressure gas line to a distribution point located east of the laundry building. From that point, low pressure gas lines are distributed to several buildings on campus and all generators. Gas is used for the following reasons:

- To power all campus generators
- Cooking source heat for the Kitchen at 884 Sheridan Drive
- Building heat source for:
  - boilers at the Power Plant, 3370 Goldenrod Drive

- commercial clothes dryers in the laundry building, 3363 Goldenrod Drive
- miscellaneous auxiliary buildings
- 753 Solar Drive
- 743 Solar Drive
- 723 Solar Drive
- 715 Solar Drive

- Water heating source for:
  - 753 Solar Drive
  - 743 Solar Drive
  - 723 Solar Drive
  - 715 Solar Drive

All gas lines are maintained by local utility Aquila.

A summary of all projected site/utility projects are included in the '10 Year Cost Projection'.

01 B Building - 837 Sheridan Drive
02 C Building - 881 Sheridan Drive
03 D Building - 941 Sheridan Drive
04 State Building - 3104 State Avenue
05 L Building - 748 Wallman Drive
06 T Building - 956 Wallman Drive
07 Carstens Center - 3000 Carstens Drive
08 Y Building - 3364 Agate Drive
09 Ground's Office - Chalcedony Drive
10 Mechanic Shed - 964 Chalcedony Drive
11 Administration - 843 Wallman Drive
12 West Wing - 834 Sheridan Drive
13 State Cottage - 3071 State Avenue
14 State Cottage - 3070 State Avenue
15 State Cottage - 3060 Peterson Blvd
16 Sheridan Cottage - 3056 Peterson Blvd
17 Sheridan Cottage - 3054 Peterson Blvd
18 Sheridan Cottage - 3052 Peterson Blvd
19 Solar Cottage - 753 Solor Drive
20 Solar Cottage - 743 Solar Drive
21 Solar Cottage - 723 Solar Drive
22 Solar Cottage - 715 Solar Drive
23 Laundry - 3363 Goldenrod Drive
24 Power Plant - 3370 Goldenrod Drive
25 Transportation - 943 Chalcedony Drive
26 East Apartment - 667 31st Street
27 South Apartment - 3020 Lake Street
28 Chapel - 3065 Carstens Drive
29 Enclosed Walkway - Carstens Drive
30 Kitchen - 884 Sheridan Drive
31 Bus Barn - Chalcedony Drive
32 Green House - Goldenrod Drive
33 Unused
34 Unused

Site Map / Building Identification: BSDC

Tags identify the location of the structures included in this report only.

837 Sheridan Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1932
Gross Square Footage (all floors)	15,051
Number of Floors	2
Occupancy Type:	Vacant
Common Name:	B Building
State of Nebraska 'Tag' Number	1448

Building Image:

General Description

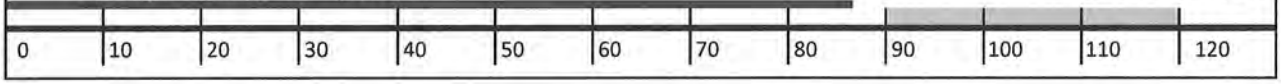
This building was originally constructed as a dormitory for residents but currently sits empty. The roof is in disrepair and should be replaced if the building is put back in service. The windows are wood, double hung with a single pane of glass and the building skin is generally brick veneer that is in good condition. The exterior doors are original to the building. While the structure of the building appears to be sound, the interior of the building is in average condition at best and in need of significant repair if put back in service. Building systems including, lighting and electrical supply are out date or not adequate. The HVAC system has reached the end of its useful life. Heat is supplied by steam from the Power Plant.

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **84** years old.

This building has an expected life-span of: **90** to **120** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes		Vacant	Approach and Entrance
Structural Shell		Vacant	Access to goods & services
Windows		Vacant	Toilet Rooms
Roof covering		Vacant	Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%		*Refer to general accessibility comments in the introduction*

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
837 Sheridan Drive	$0.00	$200,000.00	$250,000.00	$0.00	$0.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $2,134,515.69

As a percentage of insured value:	0.0%	9.4%	11.7%	0.0%	0.0%

881 Sheridan Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1935
Gross Square Footage (all floors)	17,785
Number of Floors	2
Occupancy Type:	Vacant
Common Name:	C Building
State of Nebraska 'Tag' Number	1449

Building Image:

General Description

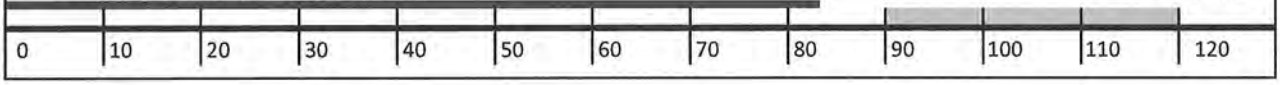
This building was originally constructed as a dormitory for residents but currently sits empty. The roof is acceptable considering the building is not currently occupied but replacement should be considered if the building is put back in service. The windows are wood, double hung with a single pane of glass and the building skin is generally brick veneer that is in good condition. The exterior doors are original to the building. While the structure of the building appears to be sound, the interior of the building is in average condition at best and in need of significant repair if put back in service. Building systems including, lighting and electrical supply are out date or not adequate. The HVAC system has reached the end of its useful life. Heat is supplied by steam from the Power Plant.

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **81** years old.

This building has an expected life-span of: **90** to **120** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes		Vacant	Approach and Entrance
Structural Shell		Vacant	Access to goods & services
Windows		Vacant	Toilet Rooms
Roof covering		Vacant	Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%		*Refer to general accessibility comments in the introduction*

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
881 Sheridan Drive	$0.00	$200,000.00	$275,000.00	$0.00	$0.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $2,578,651.07

As a percentage of insured value:	0.0%	7.8%	10.7%	0.0%	0.0%

941 Sheridan Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1935
Gross Square Footage (all floors)	67,816
Number of Floors	4
Occupancy Type:	Business / Educational
Common Name:	D Building
State of Nebraska 'Tag' Number	1450

Building Image:

General Description

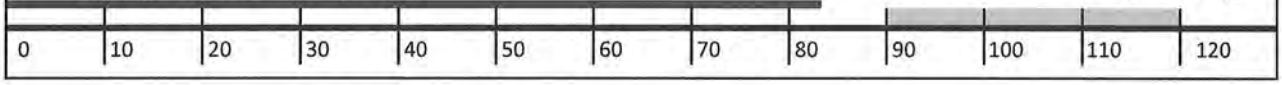
This building was originally constructed to provide housing but has been repurposed to house several office and service functions. The first and second floors along with the center core of third floor were remodeled in 1984. The roof is in poor but maintained condition and should be replaced in the next 5 to 10 years. The windows are original to the building, steel sash single multi-pane casements that are inefficient, unusable and need to be replaced. The exterior brick veneer is in good condition with limited deterioration near the roof parapets. This appears to be a result of stairwell movement. The exterior doors are newer and in good condition. With the exception of structural movement at the north and south stairwells, the structure appears to be in good condition. Portions of the interior are in good condition with upgrades needed in other portions. The lighting is currently being replaced with LED bulbs. The main electrical supply is new and a new emergency generator has been installed. The HVAC has a new chiller, new water cooled condenser and three large air handlers that are more than 30 years old. Heat and hot water is supplied by steam from the Power Plant.

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

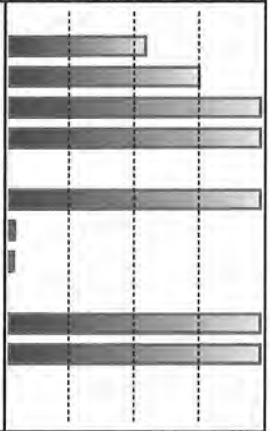
Building is currently **81** years old.

This building has an expected life-span of: **90** to **120** years



Building systems overview:

	Estimated percent of expected life used	Relative compliance indicator
Building		
Interior finishes		
Structural Shell		
Windows		
Roof covering		
Systems		
Electrical - Service		NA
Electrical - Generator		NA
H.V.A.C.		NA
Plumbing		NA
Infrastructure		NA
Fixtures		NA
		NA



Building accessibility review:

ADA (2010)
- Approach and Entrance
- Access to goods & services
- Toilet Rooms
- Additional Access

Fair Housing
- Entrance / Route
- Common / Public use areas
- Usable Doors
- Route into / through unit
- Elec/HVAC controls
- Grab bar reinforcement
- Kitchens and Bathrooms

Refer to general accessibility comments in the introduction

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
941 Sheridan Drive	$0.00	$650,000.00	$392,000.00	$850,000.00	$250,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $10,632,803.47

As a percentage of insured value:	0.0%	6.1%	3.7%	8.0%	2.4%

3104 State Avenue

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1950
Gross Square Footage (all floors)	26,731
Number of Floors	3
Occupancy Type:	Residential
Common Name:	State Building
State of Nebraska 'Tag' Number	1451

Building Image:

General Description

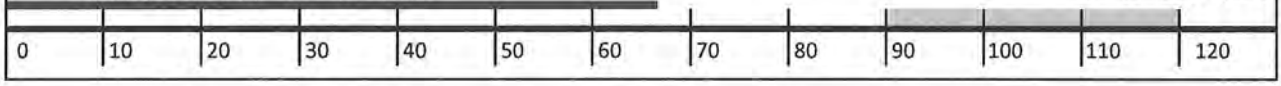
This building was originally constructed and continues to be used as homes for some of the residents. The roof in poor condition and should be replaced. The windows are steel frames with a single pane of glass and no screens. They are original to the building, in poor condition and in need of replacement. The brick veneer in good shape. The exterior doors are newer and in good condition. The structure of the building appears to be in good condition. The interiors have been maintained and kept in good shape generally. That said, some areas and interior finishes (such as ceilings) need to be upgraded. The lighting is currently being upgraded to LED as remodels occur. The electrical supply to the building is new and supported with a new standby generator. The HVAC system has reached the end of its useful life and includes an outdoor, air cooled, compressor / condenser and an air handler that is original to the building.

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **66** years old.

This building has an expected life-span of: **90** to **120** years



Building systems overview:	Estimated percent of expected life used
Building	
Interior finishes	
Structural Shell	
Windows	
Roof covering	
Systems	
Electrical - Service	
Electrical - Generator	
H.V.A.C.	
Plumbing	
Infrastructure	
Fixtures	
	0% 50% 100%

Relative compliance indicator	Building accessibility review:
	ADA (2010)
	Approach and Entrance
	Access to goods & services
	Toilet Rooms
	Additional Access
	Fair Housing
	Entrance / Route
	Common / Public use areas
	Usable Doors
	Route into / through unit
	Elec/HVAC controls
	Grab bar reinforcement
	Kitchens and Bathrooms
	Refer to general accessibility comments in the introduction

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
3104 State Avenue	$200,000.00	$691,000.00	$568,000.00	$70,000.00	$70,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $3,959,815.11

As a percentage of insured value:	5.1%	17.5%	14.3%	1.8%	1.8%

748 Wallman Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1947
Gross Square Footage (all floors)	26,371
Number of Floors	3
Occupancy Type:	Vacant
Common Name:	L Building
State of Nebraska 'Tag' Number	1453

Building Image:

General Description

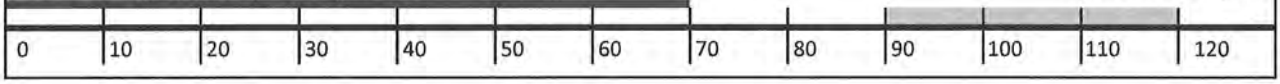
This empty building was originally built as a dormitory and generally consists of larger open spaces. The roof is aged and showing stretching. Most of the windows are steel frame with single pane glass. The exterior doors are relatively new. Fluorescent and incandescent lighting is used throughout the building. The building contains a new electrical supply without a back-up generator. The HVAC system consists of an air-cooled compressor/condenser, and heat is supplied by the Power Plant

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

This building has an expected life-span of: **90** to **120** years

Building is currently **69** years old.



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes		NPA	Approach and Entrance
Structural Shell		NPA	Access to goods & services
Windows		NPA	Toilet Rooms
Roof covering		NPA	Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost			
		< 5 years	5 - 10 years	10 - 15 years	15 - 20 years
748 Wallman Drive	$0.00	$5,000.00	$200,000.00	$760,000.00	$0.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $3,959,815.11

As a percentage of insured value:	0.0%	0.1%	5.1%	19.2%	0.0%

956 Wallman Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1906
Gross Square Footage (all floors)	12,276
Number of Floors	2
Occupancy Type:	Storage
Common Name:	T Building
State of Nebraska 'Tag' Number	1456

Building Image:

General Description

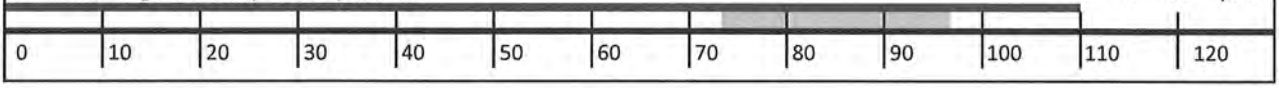
Stone building built as a dormitory, currently being used for storage, no modern upgrades

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **110** years old.

This building has an expected life-span of: **72** to **96** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes		NPA	Approach and Entrance
Structural Shell		NPA	Access to goods & services
Windows		NPA	Toilet Rooms
Roof covering		NPA	Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
956 Wallman Drive	$0.00	$55,000.00	$0.00	$0.00	$0.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $1,351,200.00

As a percentage of insured value:	0.0%	4.1%	0.0%	0.0%	0.0%

3000 Carstens Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1972
Gross Square Footage (all floors)	28,825
Number of Floors	1
Occupancy Type:	Business / Activities
Common Name:	Carstens Center
State of Nebraska 'Tag' Number	1457

Building Image:

General Description

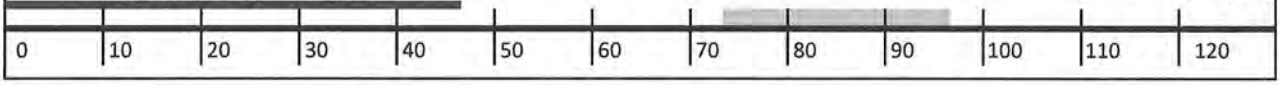
Built in 1972, this building has an aging roof with several areas showing stretching problems. The windows are original to the building but are still in good shape. The concrete masonry units on the exterior walls show deterioration with settlement apparent in the northeast corner of the building. The exterior doors are over twelve years old. The interior is in good shape. Lighting upgrades will continue with the installation of LED lamps. A new main electrical supply is in place. The HVAC consists of a nine year old air-cooled chiller condenser. The air handlers are original to the building. Heat is supplied by steam from the Power Plant, and a one year old gas fired boiler is used seasonally

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **44** years old.

This building has an expected life-span of: **72** to **96** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell			Access to goods & services
Windows			Toilet Rooms
Roof covering			Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
3000 Carstens Drive	$80,000.00	$505,000.00	$50,000.00	$0.00	$310,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $3,563,832.79

As a percentage of insured value:	2.2%	14.2%	1.4%	0.0%	8.7%

3364 Agate Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1955
Gross Square Footage (all floors)	46,983
Number of Floors	3
Occupancy Type:	Business / Maintenance
Common Name:	Y Building
State of Nebraska 'Tag' Number	1458

Building Image:

General Description

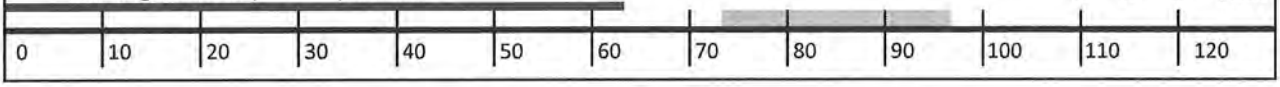
Originally built in two phases as a dormitory, this building is currently used as a carpentry shop with maintenance, office, and storage space. The roof is aging, but the brickwork on the exterior is in good shape. The windows are steel frame hoppers with single pane glass. Several window screens are missing. Some of the original exterior doors have been updated. The interior was upgraded to meet the needs of the different uses of the repurposed building. Lighting is predominantly provided by use of fluorescent and incandescent fixtures. The electrical supply is new but does not have back-up emergency generation. The HVAC system is original to the building with window air conditioners with a few separate units in the offices. Heat is supplied by steam from the Power Plant with supplemental resistance heating in the offices

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **61** years old.

This building has an expected life-span of: **72** to **96** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell			Access to goods & services
Windows			Toilet Rooms
Roof covering			Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
3364 Agate Drive	$0.00	$62,000.00	$0.00	$300,000.00	$0.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $4,124,807.40

As a percentage of insured value:	0.0%	1.5%	0.0%	7.3%	0.0%

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1955
Gross Square Footage (all floors)	2,440
Number of Floors	1
Occupancy Type:	Storage / Maintenance
Common Name:	Grounds' Office
State of Nebraska 'Tag' Number	1461

Building Image:

General Description

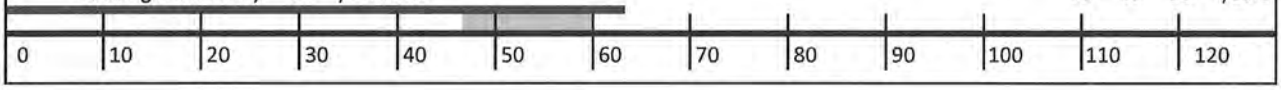
Block walls with wood frame roofing and shingles. Currently used for ground's storage. Contains restrooms. HVAC is minimal

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **61** years old.

This building has an expected life-span of: **45** to **60** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell			Access to goods & services
Windows			Toilet Rooms
Roof covering			Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures	#N/A	NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
Chalcedony Drive	$0.00	$0.00	$0.00	$0.00	$0.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $124,999.77

As a percentage of insured value:	0.0%	0.0%	0.0%	0.0%	0.0%

964 Chalcedony Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1955
Gross Square Footage (all floors)	4,130
Number of Floors	1
Occupancy Type:	Storage / Maintenance
Common Name:	Grounds' Mechanic Shed
State of Nebraska 'Tag' Number	1462

Building Image:

General Description

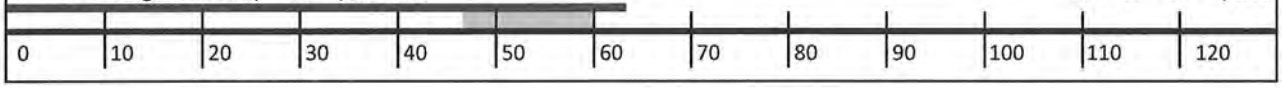
Block walls with wood frame roofing and shingles. Currently used for ground's storage and a mechanic's shop. The building has fluorescent / incandescent lighting and gas heat and no plumbing.

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **61** years old.

This building has an expected life-span of: **45** to **60** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell			Access to goods & services
Windows		NA	Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
964 Chalcedony Drive	$0.00	$0.00	$0.00	$0.00	$0.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $211,575.49

As a percentage of insured value:	0.0%	0.0%	0.0%	0.0%	0.0%

843 Wallman Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1967
Gross Square Footage (all floors)	68,387
Number of Floors	3
Occupancy Type:	Business
Common Name:	Administration
State of Nebraska 'Tag' Number	1463

Building Image:

General Description

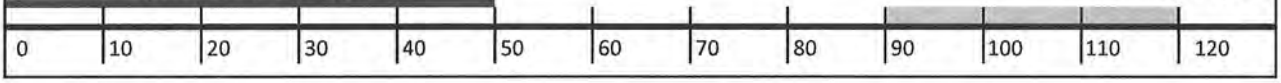
This building was constructed in 1965 for use as a hospital but has been repurposed for use as the primary administration office. As a result, this building is generally updated and well maintained. A new roof was installed in 2014 and energy efficient windows were installed in about 2010. The exterior masonry and other finishes are in good condition, but a couple of the exterior doors should be replaced. The interior finishes are in good condition. Lighting is being retrofitted to LED lamps. A new electrical supply system and emergency generator were installed in 2015. The HVAC system components consist of a ten year old chiller with a one year old water-cooled condenser on the roof. The original air handling system is still in use. Heat and hot water are supplied by steam from the Power Plant

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **49** years old.

This building has an expected life-span of: **90** to **120** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell			Access to goods & services
Windows			Toilet Rooms
Roof covering			Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator		NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%		*Refer to general accessibility comments in the introduction*

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
843 Wallman Drive	$13,000.00	$140,000.00	$65,000.00	$160,000.00	$200,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $11,326,213.92

As a percentage of insured value:	0.1%	1.2%	0.6%	1.4%	1.8%

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1923
Gross Square Footage (all floors)	37,012
Number of Floors	3
Occupancy Type:	Business
Common Name:	West Wing
State of Nebraska 'Tag' Number	1464

Building Image:

General Description

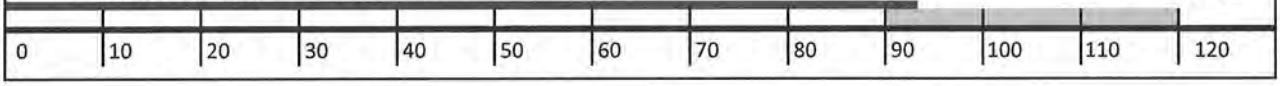
This building is currently being used to house offices, a physical and occupational therapy clinic, activity center and a retail store. The building was built in three phases; therefore, the roof materials are different based on when a given portion was constructed and in all cases some aging has occurred. Of particular note, the substrate on the building with a tiled roof is in need of repairs. The windows of the building are wood frame with single pane glass except in the north portion of the building where single pane glass is installed in metal frames. The exterior doors have been upgraded and are in good condition. The interior of the building has been maintained and is in good condition. The electric supply is new but does not have emergency generation. The lighting is in the process of being modernized. The HVAC system consists of two new model units, the largest being an air-cooled compressor with an interior chiller that feeds the north area. Heat is supplied by steam from the Power Plant

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **93** years old.

This building has an expected life-span of: **90** to **120** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell			Access to goods & services
Windows			Toilet Rooms
Roof covering			Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
834 Sheridan Drive	$0.00	$65,000.00	$75,000.00	$0.00	$0.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $5,444,745.76

As a percentage of insured value:	0.0%	1.2%	1.4%	0.0%	0.0%

3071 State Avenue

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1974
Gross Square Footage (all floors)	5,105
Number of Floors	1
Occupancy Type:	Residential
Common Name:	State Cottage
State of Nebraska 'Tag' Number	1467

Building Image:

General Description

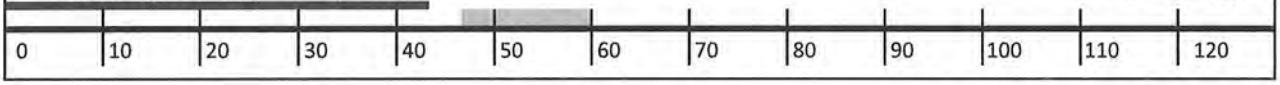
This residential building has been improved to include newer siding, windows, and exterior doors. The shingled roof is aging. A modernized interior will be upgraded to LED lighting when it becomes available. The new electrical supply system has whole building emergency generation. While the HVAC system includes heat pumps of varying ages, the air handlers have been upgraded

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **42** years old.

This building has an expected life-span of: **45** to **60** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell		NA	Access to goods & services
Windows		NA	Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service			Entrance / Route
Electrical - Generator		NA	Common / Public use areas
H.V.A.C.			Usable Doors
Plumbing			Route into / through unit
Infrastructure			Elec/HVAC controls
Fixtures			Grab bar reinforcement
			Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
3071 State Avenue	$10,000.00	$27,250.00	$10,000.00	$30,000.00	$10,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $540,894.08

As a percentage of insured value:	1.8%	5.0%	1.8%	5.5%	1.8%

3070 State Avenue

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1974
Gross Square Footage (all floors)	5,105
Number of Floors	1
Occupancy Type:	Residential
Common Name:	State Cottage
State of Nebraska 'Tag' Number	1468

Building Image:

General Description

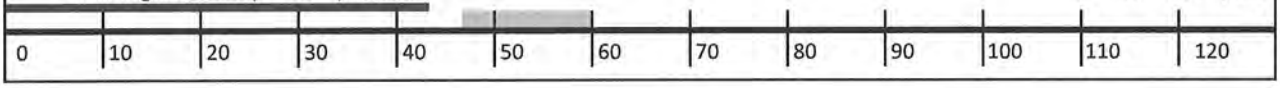
Used as housing for residents, this building has relatively new siding, windows, and exterior doors. The aging roof is shingled. The interior of the building has been modernized and will eventually be upgraded to LED lighting. The electrical supply is new and has whole building emergency generation, but the air handling system is original to the building. The HVAC system consists of heat pumps of varying ages

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **42** years old.

This building has an expected life-span of: **45** to **60** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell		NA	Access to goods & services
Windows		NA	Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service			Entrance / Route
Electrical - Generator		NA	Common / Public use areas
H.V.A.C.			Usable Doors
Plumbing			Route into / through unit
Infrastructure			Elec/HVAC controls
Fixtures			Grab bar reinforcement
			Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
3070 State Avenue	$10,000.00	$27,250.00	$10,000.00	$30,000.00	$10,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $540,894.08

As a percentage of insured value:	1.8%	5.0%	1.8%	5.5%	1.8%

3060 Peterson Boulevard

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1974
Gross Square Footage (all floors)	5,105
Number of Floors	1
Occupancy Type:	Residential
Common Name:	State Cottage
State of Nebraska 'Tag' Number	1469

Building Image:

General Description

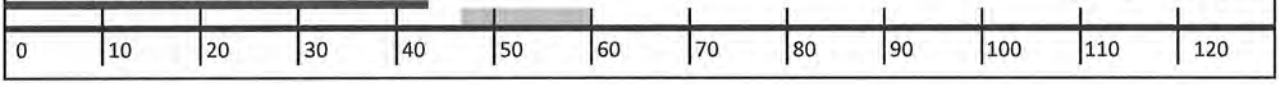
Used as housing for residents, this building has relatively new siding, windows, and exterior doors. The aging roof is shingled. The interior of the building has been modernized and will eventually be upgraded to LED lighting. The electrical supply is new and has whole building emergency generation, but the air handling system is original to the building. The HVAC system consists of heat pumps of varying ages

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **42** years old.

This building has an expected life-span of: **45** to **60** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell		NA	Access to goods & services
Windows		NA	Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service			Entrance / Route
Electrical - Generator		NA	Common / Public use areas
H.V.A.C.			Usable Doors
Plumbing			Route into / through unit
Infrastructure			Elec/HVAC controls
Fixtures			Grab bar reinforcement
			Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
3060 Peterson Boulevard	$10,000.00	$27,250.00	$10,000.00	$30,000.00	$10,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $540,894.08

As a percentage of insured value:	1.8%	5.0%	1.8%	5.5%	1.8%

3056 Peterson Boulevard

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1974
Gross Square Footage (all floors)	5,105
Number of Floors	1
Occupancy Type:	Residential
Common Name:	Sheridan Cottage
State of Nebraska 'Tag' Number	1470

Building Image:

General Description

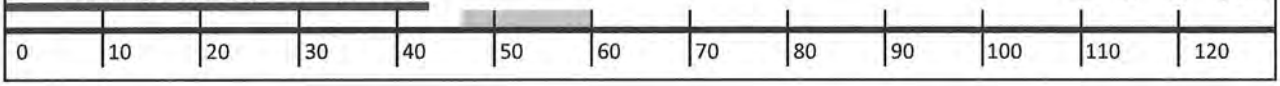
Used as housing for residents, this building has relatively new siding, windows, and exterior doors. The aging roof is shingled. The interior of the building has been modernized and will eventually be upgraded to LED lighting. The electrical supply is new and has whole building emergency generation, but the air handling system is original to the building. The HVAC system consists of heat pumps of varying ages

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **42** years old.

This building has an expected life-span of: **45** to **60** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell		NA	Access to goods & services
Windows		NA	Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service			Entrance / Route
Electrical - Generator		NA	Common / Public use areas
H.V.A.C.			Usable Doors
Plumbing			Route into / through unit
Infrastructure			Elec/HVAC controls
Fixtures			Grab bar reinforcement
			Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost			
		< 5 years	5 - 10 years	10 - 15 years	15 - 20 years
3056 Peterson Boulevard	$10,000.00	$27,250.00	$10,000.00	$30,000.00	$10,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $540,894.08

As a percentage of insured value:	1.8%	5.0%	1.8%	5.5%	1.8%

3054 Peterson Boulevard

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1974
Gross Square Footage (all floors)	5,105
Number of Floors	1
Occupancy Type:	Residential
Common Name:	Sheridan Cottage
State of Nebraska 'Tag' Number	1471

Building Image:

General Description

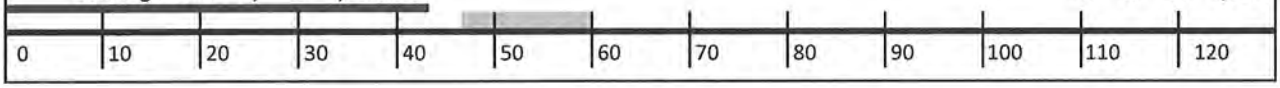
Used as housing for residents, this building has relatively new siding, windows, and exterior doors. The aging roof is shingled. The interior of the building has been modernized and will eventually be upgraded to LED lighting. The electrical supply is new and has whole building emergency generation, but the air handling system is original to the building. The HVAC system consists of heat pumps of varying ages

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **42** years old.

This building has an expected life-span of: **45** to **60** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell		NA	Access to goods & services
Windows		NA	Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service			Entrance / Route
Electrical - Generator		NA	Common / Public use areas
H.V.A.C.			Usable Doors
Plumbing			Route into / through unit
Infrastructure			Elec/HVAC controls
Fixtures			Grab bar reinforcement
			Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
3054 Peterson Boulevard	$10,000.00	$27,250.00	$10,000.00	$30,000.00	$10,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $540,894.08

As a percentage of insured value:	1.8%	5.0%	1.8%	5.5%	1.8%

3052 Peterson Boulevard

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1974
Gross Square Footage (all floors)	5,105
Number of Floors	1
Occupancy Type:	Residential
Common Name:	Sheridan Cottage
State of Nebraska 'Tag' Number	1472

Building Image:

General Description

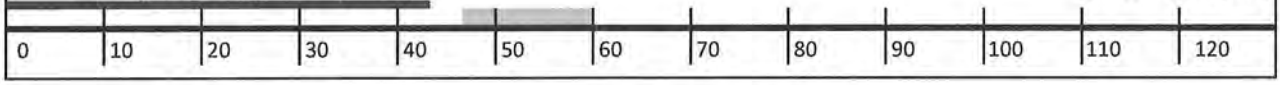
Used as housing for residents, this building has relatively new siding, windows, and exterior doors. The aging roof is shingled. The interior of the building has been modernized and will eventually be upgraded to LED lighting. The electrical supply is new and has whole building emergency generation, but the air handling system is original to the building. The HVAC system consists of heat pumps of varying ages

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **42** years old.

This building has an expected life-span of: **45** to **60** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell		NA	Access to goods & services
Windows		NA	Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service			Entrance / Route
Electrical - Generator		NA	Common / Public use areas
H.V.A.C.			Usable Doors
Plumbing			Route into / through unit
Infrastructure			Elec/HVAC controls
Fixtures			Grab bar reinforcement
			Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
3052 Peterson Boulevard	$10,000.00	$27,250.00	$10,000.00	$30,000.00	$10,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $540,894.08

As a percentage of insured value:	1.8%	5.0%	1.8%	5.5%	1.8%

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1976
Gross Square Footage (all floors)	5,105
Number of Floors	1
Occupancy Type:	Residential
Common Name:	Solar Cottage
State of Nebraska 'Tag' Number	1473

Building Image:

General Description

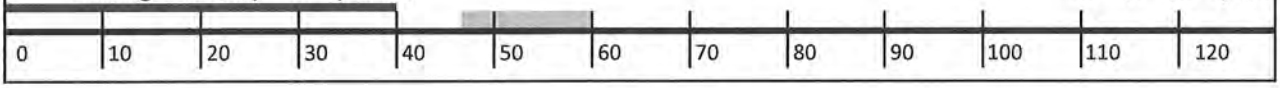
Used as housing for residents, this building has relatively new siding, windows, and exterior doors. The aging roof is shingled. The interior of the building has been modernized and will eventually be upgraded to LED lighting. The electrical supply is new and has whole building standby generation. The HVAC system consists of new gas fired furnaces, new air conditioners with modern controls. The original ducting has been maintained.

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **40** years old.

This building has an expected life-span of: **45** to **60** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell		NA	Access to goods & services
Windows		NA	Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service			Entrance / Route
Electrical - Generator		NA	Common / Public use areas
H.V.A.C.			Usable Doors
Plumbing			Route into / through unit
Infrastructure			Elec/HVAC controls
Fixtures			Grab bar reinforcement
			Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
753 Solar Drive	$10,000.00	$21,250.00	$10,000.00	$10,000.00	$30,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $540,894.08

As a percentage of insured value:	1.8%	3.9%	1.8%	1.8%	5.5%

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1976
Gross Square Footage (all floors)	5,105
Number of Floors	1
Occupancy Type:	Residential
Common Name:	Solar Cottage
State of Nebraska 'Tag' Number	1474

Building Image:

General Description

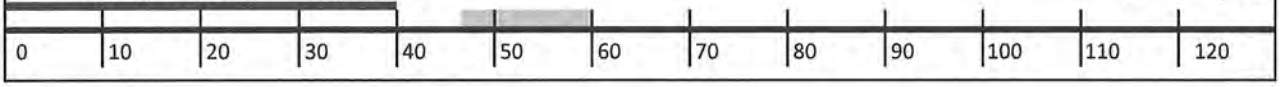
Used as housing for residents, this building has relatively new siding, windows, and exterior doors. The aging roof is shingled. The interior of the building has been modernized and will eventually be upgraded to LED lighting. The electrical supply is new and has whole building standby generation. The HVAC system consists of new gas fired furnaces, new air conditioners with modern controls. The original ducting has been maintained.

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **40** years old.

This building has an expected life-span of: **45** to **60** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell		NA	Access to goods & services
Windows		NA	Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service			Entrance / Route
Electrical - Generator		NA	Common / Public use areas
H.V.A.C.			Usable Doors
Plumbing			Route into / through unit
Infrastructure			Elec/HVAC controls
Fixtures			Grab bar reinforcement
			Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
743 Solar Drive	$10,000.00	$21,250.00	$10,000.00	$10,000.00	$30,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $540,894.08

As a percentage of insured value:	1.8%	3.9%	1.8%	1.8%	5.5%

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1976
Gross Square Footage (all floors)	5,105
Number of Floors	1
Occupancy Type:	Residential
Common Name:	Solar Cottage
State of Nebraska 'Tag' Number	1475

Building Image:

General Description

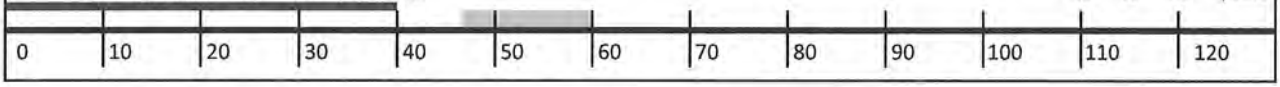
Used as housing for residents, this building has relatively new siding, windows, and exterior doors. The aging roof is shingled. The interior of the building has been modernized and will eventually be upgraded to LED lighting. The electrical supply is new and has whole building standby generation. The HVAC system consists of new gas fired furnaces, new air conditioners with modern controls. The original ducting has been maintained.

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **40** years old.

This building has an expected life-span of: **45** to **60** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell		NA	Access to goods & services
Windows		NA	Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service			Entrance / Route
Electrical - Generator		NA	Common / Public use areas
H.V.A.C.			Usable Doors
Plumbing			Route into / through unit
Infrastructure			Elec/HVAC controls
Fixtures			Grab bar reinforcement
			Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
723 Solar Drive	$10,000.00	$21,250.00	$10,000.00	$10,000.00	$30,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $540,894.08

As a percentage of insured value:	1.8%	3.9%	1.8%	1.8%	5.5%

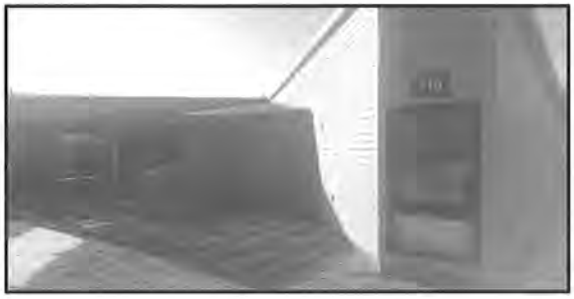
715 Solar Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1976
Gross Square Footage (all floors)	5,105
Number of Floors	1
Occupancy Type:	Residential
Common Name:	Solar Cottage
State of Nebraska 'Tag' Number	1476

Building Image:



General Description

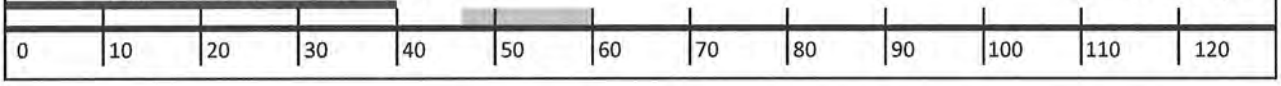
Used as housing for residents, this building has relatively new siding, windows, and exterior doors. The aging roof is shingled. The interior of the building has been modernized and will eventually be upgraded to LED lighting. The electrical supply is new and has whole building standby generation. The HVAC system consists of new gas fired furnaces, new air conditioners with modern controls. The original ducting has been maintained.

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **40** years old.

This building has an expected life-span of: **45** to **60** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell		NA	Access to goods & services
Windows		NA	Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service			Entrance / Route
Electrical - Generator		NA	Common / Public use areas
H.V.A.C.			Usable Doors
Plumbing			Route into / through unit
Infrastructure			Elec/HVAC controls
Fixtures			Grab bar reinforcement
			Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
715 Solar Drive	$10,000.00	$21,250.00	$10,000.00	$10,000.00	$30,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $540,894.08

As a percentage of insured value:	1.8%	3.9%	1.8%	1.8%	5.5%

3363 Goldenrod Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1950
Gross Square Footage (all floors)	23,328
Number of Floors	2
Occupancy Type:	Business
Common Name:	Laundry / Warehouse
State of Nebraska 'Tag' Number	1477

Building Image:

General Description

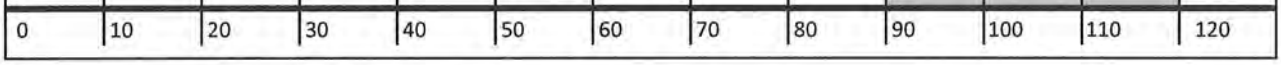
This building was originally used as a full-scale commercial laundry facility. It has since been repurposed as a transfer site for the laundry and stockroom. The roof is in good condition, and the exterior doors have been modified to account for the change in use. The windows are metal with single pane glass. The interior finishes of the building are in good condition using both incandescent and fluorescent lighting. There is not an emergency back-up generator for this building. The HVAC system in the stock room is a used system. The remainder of the building is supplied with unit heaters and window air units. Heat is supplied by steam from the Power Plant

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **66** years old.

This building has an expected life-span of: **90** to **120** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell			Access to goods & services
Windows			Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
3363 Goldenrod Drive	$0.00	$0.00	$100,000.00	$0.00	$5,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $1,999,186.17

As a percentage of insured value:	0.0%	0.0%	5.0%	0.0%	0.3%

3370 Goldenrod Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1890
Gross Square Footage (all floors)	10,259
Number of Floors	2
Occupancy Type:	Business
Common Name:	Heating Power Plant
State of Nebraska 'Tag' Number	1478

Building Image:

General Description

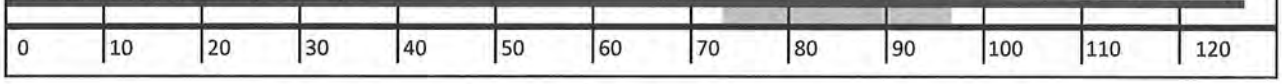
The Power Plant is used to house the central boilers and hot water storage as well as offices and work areas where appliances and other similar items are stored and repaired. The exterior finish on this building (stucco) is showing signs of deterioration and the roof is aged to a point that plans for future repairs should be put in place. The boiler and campus hot water circulation system, though, have recently been upgraded

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **126** years old.

This building has an expected life-span of: **72** to **96** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes		NPA	Approach and Entrance
Structural Shell		NPA	Access to goods & services
Windows		NPA	Toilet Rooms
Roof covering		NPA	Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator		NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%		*Refer to general accessibility comments in the introduction*

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
3370 Goldenrod Drive	$0.00	$22,000.00	$0.00	$217,000.00	$0.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $620,959.34

As a percentage of insured value:	0.0%	3.5%	0.0%	34.9%	0.0%

943 Chalcedony Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1960
Gross Square Footage (all floors)	4,688
Number of Floors	1
Occupancy Type:	Business
Common Name:	Transportation
State of Nebraska 'Tag' Number	1479

Building Image:

General Description

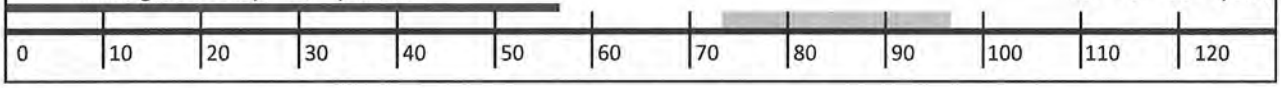
The majority of the transportation building is used to perform maintenance and complete minor repairs on fleet automobiles. The balance of the building is used as an office and employee break area. The building has an aging roof that is starting to peel from the edge flashing in spots. The steel framed windows have single pane glass. Window units and unit gas heaters make up the HVAC system. Plans should be in place for replacement of the roof and windows if its use is continued for more than 5-10 years

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

This building has an expected life-span of: **72** to **96** years

Building is currently **56** years old.



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell			Access to goods & services
Windows			Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
943 Chalcedony Drive	$3,000.00	$15,000.00	$222,000.00	$3,000.00	$3,000.00
					Detail of projected cost provided in the appendix.
Insured Value: (2016) $293,698.54					
As a percentage of insured value:	1.0%	5.1%	75.6%	1.0%	1.0%

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1951
Gross Square Footage (all floors)	9,898
Number of Floors	3
Occupancy Type:	Residential
Common Name:	East Apartment
State of Nebraska 'Tag' Number	1480

Building Image:

General Description

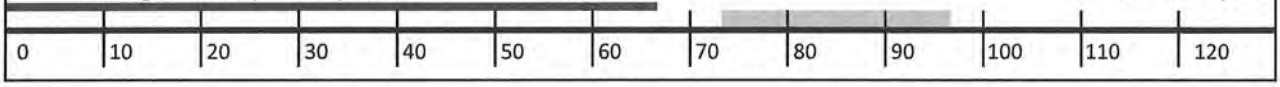
This building was recently remodeled to be used as housing for residents. The exterior doors were replaced at the time of remodeling. The shingled roof and exterior brick are in good condition. The interior has been updated, and the lighting is modern. The electrical supply is new and includes a full house standby generator. The HVAC system is a heat pump system with individual air handlers for each apartment. Domestic hot water is supplied with newer gas heaters

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **65** years old.

This building has an expected life-span of: **72** to **96** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell		NA	Access to goods & services
Windows		NA	Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service			Entrance / Route
Electrical - Generator		NA	Common / Public use areas
H.V.A.C.			Usable Doors
Plumbing			Route into / through unit
Infrastructure			Elec/HVAC controls
Fixtures			Grab bar reinforcement
			Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
667 31st Street	$0.00	$10,000.00	$30,000.00	$10,000.00	$30,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $1,577,573.78

As a percentage of insured value:	0.0%	0.6%	1.9%	0.6%	1.9%

3020 Lake Street

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1948
Gross Square Footage (all floors)	8,578
Number of Floors	3
Occupancy Type:	Business
Common Name:	South Apartment
State of Nebraska 'Tag' Number	1481

Building Image:

General Description

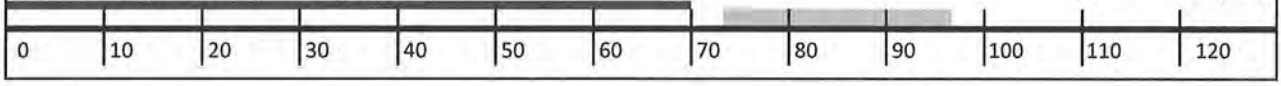
Originally built as an apartment, the building is currently being used as office space on the first floor only. The shingled roof is in good condition. The wood sashed windows have single pane glass and storm windows. All of the doors are original to the building. The interior has not been modernized, although the lighting and electrical supply has been upgraded, and a standby generator has been installed. The HVAC system consists of a new boiler and window air conditioners. Domestic hot water is supplied with newer gas heaters

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **68** years old.

This building has an expected life-span of: **72** to **96** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell			Access to goods & services
Windows			Toilet Rooms
Roof covering			Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator		NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%		*Refer to general accessibility comments in the introduction*

Projected required critical systems replacement

	immediate concern	Projected Cost			
		< 5 years	5 - 10 years	10 - 15 years	15 - 20 years
3020 Lake Street	$0.00	$120,000.00	$773,000.00	$15,000.00	$15,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $1,350,511.77

As a percentage of insured value:	0.0%	8.9%	57.2%	1.1%	1.1%

3065 Carstens Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1975
Gross Square Footage (all floors)	5,569
Number of Floors	1
Occupancy Type:	Business
Common Name:	Chapel
State of Nebraska 'Tag' Number	1482

Building Image:

General Description

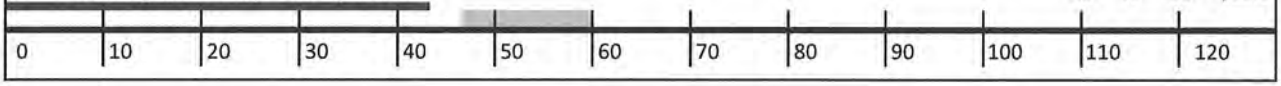
All Faiths Chapel has a new shingled roof with ventilation recently installed. All of the windows and frames have been upgraded, and the exterior doors are newer. The original interior is in good condition as is the lighting, which is also original to the building. This building has no emergency generator and the HVAC consists of aging heat pumps with air handlers original to the building

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **41** years old.

This building has an expected life-span of: **45** to **60** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell			Access to goods & services
Windows			Toilet Rooms
Roof covering			Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost			
		< 5 years	5 - 10 years	10 - 15 years	15 - 20 years
3065 Carstens Drive	$0.00	$100,000.00	$30,000.00	$30,000.00	$5,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $761,501.33

As a percentage of insured value:	0.0%	13.1%	3.9%	3.9%	0.7%

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1967
Gross Square Footage (all floors)	3,539
Number of Floors	2
Occupancy Type:	0
Common Name:	Enclosed Walkway
State of Nebraska 'Tag' Number	1487

Building Image:

General Description

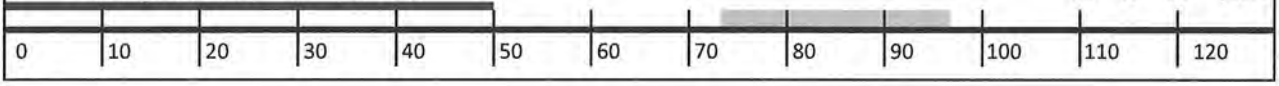
The roof on this building is new, although the stucco exterior is showing signs of decay. The windows, are in poor to good condition, have metal frames and single pane glass. The modernized interior has a modern electrical system that feeds off the West Wing. The HVAC consists of radiant heaters along one wall with the heat being supplied by steam from the Power Plant

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **49** years old.

This building has an expected life-span of: **72** to **96** years



Building systems overview:	Estimated percent of expected life used
Building	
Interior finishes	
Structural Shell	
Windows	
Roof covering	
Systems	
Electrical - Service	
Electrical - Generator	no generator
H.V.A.C.	
Plumbing	
Infrastructure	
Fixtures	
	0% 50% 100%

Relative compliance indicator	Building accessibility review:
	ADA (2010)
	Approach and Entrance
	Access to goods & services
NA	Toilet Rooms
NA	Additional Access
	Fair Housing
NA	Entrance / Route
NA	Common / Public use areas
NA	Usable Doors
NA	Route into / through unit
NA	Elec/HVAC controls
NA	Grab bar reinforcement
NA	Kitchens and Bathrooms
	Refer to general accessibility comments in the introduction

Projected required critical systems replacement

	immediate concern	Projected Cost			
		< 5 years	5 - 10 years	10 - 15 years	15 - 20 years
Carstens Drive	$0.00	$79,000.00	$79,000.00	$4,000.00	$4,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $306,319.90

As a percentage of insured value:	0.0%	25.8%	25.8%	1.3%	1.3%

884 Sheridan Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1973
Gross Square Footage (all floors)	27,162
Number of Floors	2
Occupancy Type:	Storage
Common Name:	Kitchen
State of Nebraska 'Tag' Number	1488

Building Image:

General Description

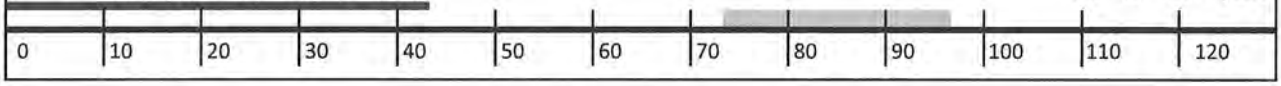
This building was completed in 1972 as the campus food preparation and dining facility. It has not served in that capacity for several years and is currently being used as storage. The roof is original to the building and in need of repairs at the parapets. The windows, also original, are single pane with rusted metal frames. The brickwork is in good condition. The public entrance doors were installed approximately ten years ago, but the side doors are all original to the building. The interior of the building is in fair shape, but it will need to be improved when an appropriate use is determined. The lighting is original to the building and inefficient, although the electrical main is new having been installed in 2016. The HVAC system consists of a two year old chiller, an original water-cooled condenser, and the original air handlers. The building has a freight elevator near the loading dock that serves the basement.

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **43** years old.

This building has an expected life-span of: **72** to **96** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes		NPA	Approach and Entrance
Structural Shell		NPA	Access to goods & services
Windows		NPA	Toilet Rooms
Roof covering		NPA	Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
884 Sheridan Drive	$5,000.00	$225,000.00	$366,000.00	$5,000.00	$0.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $4,515,936.87

As a percentage of insured value:	0.1%	5.0%	8.1%	0.1%	0.0%

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	1998
Gross Square Footage (all floors)	4,224
Number of Floors	1
Occupancy Type:	Business
Common Name:	Bus Barn
State of Nebraska 'Tag' Number	3615

Building Image:

General Description

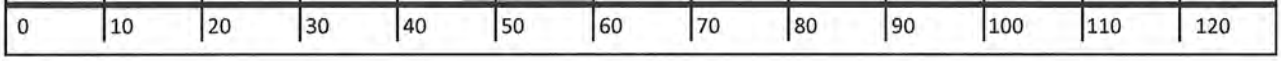
Metal building in good condition

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **18** years old.

This building has an expected life-span of: **45** to **60** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell			Access to goods & services
Windows		NA	Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service		NA	Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%		*Refer to general accessibility comments in the introduction*

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
Chalcedony Drive	$0.00	$0.00	$30,000.00	$0.00	$0.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $176,785.89

As a percentage of insured value:	0.0%	0.0%	17.0%	0.0%	0.0%

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	2013
Gross Square Footage (all floors)	5,470
Number of Floors	1
Occupancy Type:	Business
Common Name:	Greenhouse
State of Nebraska 'Tag' Number	4910

Building Image:

General Description

The greenhouse is generally in good condition. Like many greenhouses it is supported by an aluminum frame and skined with translucent panels. This greenhouse has been improved to accommodate the individuals BSDC serves and it has been well maintained. This building is not currently being used.

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

This building has an expected life-span of: **9** to **12** years

Building is currently **3** years old.

0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120

Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell			Access to goods & services
Windows		NA	Toilet Rooms
Roof covering			Additional Access
Systems			Fair Housing
Electrical - Service	#N/A	NA	Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.		NA	Usable Doors
Plumbing		NA	Route into / through unit
Infrastructure		NA	Elec/HVAC controls
Fixtures		NA	Grab bar reinforcement
		NA	Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
Goldenrod Drive	$0.00	$0.00	$0.00	$0.00	$0.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $0.00

As a percentage of insured value:	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Bridges Program

SITE:

Bridges is located on the western edge of Hasting's Nebraska. The entrance to Bridges is located about 400 feey north of Highway 6 on South Southern Hills Road. It is comprised of three homes that surround the south and eastern perimeter of a man-made pond that sits on the property. The entire property is generally flat from east to west but does experience moderate sloping from the homes to the pond. This sloping is significant enough on the west most property (1030 South Southern Hills Road) to account for a walk-out basement that is used as an administrative office for the campus operations.

The grounds around the buildings are maintained very well with lawn that is sprinklered with an underground irrigation system. The grounds across the access road from the homes as well as the land around the pond that extends to the manicured rear yards is maintained appropriately as an 'out-lot.'

The only installed sidewalks extend from the front doors of each home to the driveway, except at the home located at 1030 Southern Hills Road where the sidewalk extends from the main entrance around to the back of the home to provide 'non-ADA accessible' access to the administrative portion of the campus. Currently staff crosses through the lawns to gain access from one home to another. This approach works well most of the time but results in challenges when the ground is wet or frozen.

The roads are gravel at this point in time, but efforts have begun to complete a design to pave the drives from the main road to each driveway. Other paving improvements should be or are being considered including a sidewalk from the back of each home to the front through the gate access in the fence.

Finally, the rear patio installed at 1030 Southern Hills is falling away from the building and needs to be repaired or replaced before the situation becomes more dangerous.

No other site improvements are located around the homes.

UTILITIES:

Electrical Service

All buildings are heated and cooled electrically through typical residential service provided by the City of Hastings. The service is new and adequate for current usage.

Water Service

Each home has its own well that serves the building. It does not appear that appropriate backflow prevention was installed upon original construction, so there are plans to make those improvements in the near future. Additionally, there are plans to implement water testing procedures to monitor water quality at each home.

Sanitary Sewer Service

Each home is served by a lateral septic system that is well maintained and adequate for usage to date.

Propane

1030 Southern Hills is provided with a generator that is powered by propane stored in an adjacent tank. All services were new in 2013 when the program opened, and they should be functional for several decades without significant need of repair or replacement as long as they continue to be maintained properly.

01 1022 Southern Hills Road

02 1026 Southern Hills Road

03 1030 Southern Hills Road

Site Map / Building Identification: Bridges

Tags identify the location of the structures included in this report only.

1022 Southern Hills Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	2012
Gross Square Footage (all floors)	2,728
Number of Floors	1
Occupancy Type:	Residential
Common Name:	1022 Southern Hills Drive
State of Nebraska 'Tag' Number	1000

Building Image:

General Description

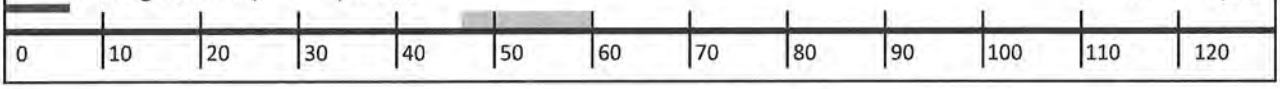
This building was constructed as a residence. The layout of the plan is consistent with current residential design trends and it is generally responsive to the needs of the individuals served. The foundation consists of a perimeter concrete grade beam. The floor is a concrete slab and all walls and the roof is framed with wood construction. The roof is covered with standard asphalt shingles of average quality. The interior of the home is finished with drywall and painted throughout. Casework is typical residential wood casework with laminated countertops. The restrooms have tile floors and walls a bathtub and tiled showers. The hot water system is designed to maintain temperatures regulated by State Licensure through a combination of a recirculating pump and localized instant-hot water heaters at fixtures. The appliances and other similar equipment is residential in style and grade. Exterior openings include residential grade entry doors and vinyl windows. All materials are original to the building and are generally in good condition.

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

This building has an expected life-span of: **45** to **60** years

Building is currently **4** years old.



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes		NA	Approach and Entrance
Structural Shell		NA	Access to goods & services
Windows		NA	Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service			Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.			Usable Doors
Plumbing			Route into / through unit
Infrastructure			Elec/HVAC controls
Fixtures			Grab bar reinforcement
			Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
1022 Southern Hills Drive	$0.00	$7,300.00	$15,000.00	$30,000.00	$10,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $800,000.00

As a percentage of insured value:	0.0%	0.9%	1.9%	3.8%	1.3%

1026 Southern Hills Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	2012
Gross Square Footage (all floors)	2,728
Number of Floors	1
Occupancy Type:	Residential
Common Name:	1026 Southern Hills Drive
State of Nebraska 'Tag' Number	1001

Building Image:

General Description

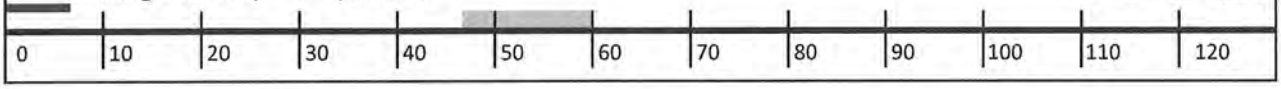
This building was constructed as a residence. The layout of the plan is consistent with current residential design trends and it is generally responsive to the needs of the individuals served. The foundation consists of a perimeter concrete grade beam. The floor is a concrete slab and all walls and the roof is framed with wood construction. The roof is covered with standard asphalt shingles of average quality. The interior of the home is finished with drywall and painted throughout. Casework is typical residential wood casework with laminated countertops. The restrooms have tile floors and walls a bathtub and tiled showers. The hot water system is designed to maintain temperatures regulated by State Licensure through a combination of a recirculating pump and localized instant-hot water heaters at fixtures. The appliances and other similar equipment is residential in style and grade. Exterior openings include residential grade entry doors and vinyl windows. All materials are original to the building and are generally in good condition.

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

This building has an expected life-span of: **45** to **60** years

Building is currently **4** years old.



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes		NA	Approach and Entrance
Structural Shell		NA	Access to goods & services
Windows		NA	Toilet Rooms
Roof covering		NA	Additional Access
Systems			Fair Housing
Electrical - Service			Entrance / Route
Electrical - Generator	no generator	NA	Common / Public use areas
H.V.A.C.			Usable Doors
Plumbing			Route into / through unit
Infrastructure			Elec/HVAC controls
Fixtures			Grab bar reinforcement
			Kitchens and Bathrooms
	0% 50% 100%	*Refer to general accessibility comments in the introduction*	

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
1026 Southern Hills Drive	$0.00	$7,300.00	$15,000.00	$30,000.00	$10,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $800,000.00					
As a percentage of insured value:	0.0%	0.9%	1.9%	3.8%	1.3%

1030 Southern Hills Drive

BASIC BUILDING DATA

Basic Data:

Year of Original Construction	2012
Gross Square Footage (all floors)	4,506
Number of Floors	2
Occupancy Type:	Residential / Office
Common Name:	1030 Southern Hills Drive
State of Nebraska 'Tag' Number	1002

Building Image:

General Description

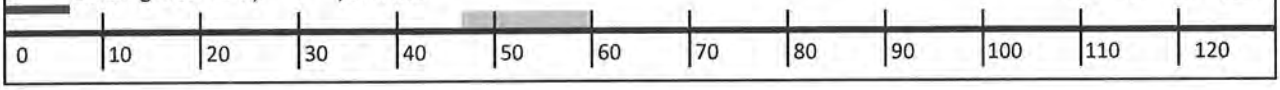
The upper floor of this building was constructed as a residence. The lower level serves as an office for around 6 people and it includes a training area. The foundation is a combination of a perimeter concrete grade beam and concrete foundation walls around a portion of the lower level. The floor in the lower level is a concrete slab while the floor for the upper level is wood framed along with all other walls and the roof which is covered with standard asphalt shingles of average quality. The interior is finished with drywall and painted. Casework is prefabricated, wood with laminated countertops. The restrooms have tile floors and walls a bathtub and tiled showers. The hot water system maintains temperatures regulated by State Licensure through a combination of a recirculating pump and instant-hot water heaters at fixtures. All equipment is residential in style and grade. Exterior openings include residential grade entry doors and vinyl windows. All materials are original to the building and are generally in good condition.

CONDITIONAL ANALYSIS - AT A GLANCE

Potential remaining life of the building

Building is currently **4** years old.

This building has an expected life-span of: **45** to **60** years



Building systems overview:	Estimated percent of expected life used	Relative compliance indicator	Building accessibility review:
Building			ADA (2010)
Interior finishes			Approach and Entrance
Structural Shell			Access to goods & services
Windows			Toilet Rooms
Roof covering			Additional Access
Systems			Fair Housing
Electrical - Service			Entrance / Route
Electrical - Generator		NA	Common / Public use areas
H.V.A.C.			Usable Doors
Plumbing			Route into / through unit
Infrastructure			Elec/HVAC controls
Fixtures			Grab bar reinforcement
			Kitchens and Bathrooms
	0% 50% 100%		*Refer to general accessibility comments in the introduction*

Projected required critical systems replacement

	immediate concern	Projected Cost < 5 years	5 - 10 years	10 - 15 years	15 - 20 years
1030 Southern Hills Drive	$0.00	$9,800.00	$20,000.00	$50,000.00	$20,000.00

Detail of projected cost provided in the appendix.

Insured Value: (2016) $1,600,000.00

As a percentage of insured value:	0.0%	0.6%	1.3%	3.1%	1.3%

APPENDIX A

Supporting Documentation:

Regulatory Requirements that Control Construction Activity - BSDC

Regulatory Requirements that Control Construction Activity - Bridges

Detailed List of Projected Projects - BSDC

City of Beatrice

International Building Code, 2009 Edition (with amendments)
International Residential Code, 2009 Edition (with amendments)
International Property Maintenance Code, 2009 Edition (with amendments)
International Mechanical Code, 2009 Edition (with amendments)
International Energy Conservation Code, 2009 Edition (with amendments)
International Plumbing Code, 2009 Edition (with amendments)
International Existing Building Code, 2009 Edition
National Electric Code, ???? Edition
NFPA 1 Uniform Fire Code, 2003 Edition
NFPA 101 Life Safety Code, 2000 Edition
City of Beatrice Zoning Ordinance

State of Nebraska

Title 153 Fire Code Regulations
- NFPA - 1 - Uniform Fire Code, 2003 Edition
- NFPA - 241 - Building Construction and Demolition Operations - 2000 Edition
- NFPA - 220 - Building Construction, Types of - 2000 Edition
- NFPA - 70 - National Electrical Code - 2002 Edition
- NFPA - 72 - National Fire Alarm Code - 2002 Edition
- NFPA - 10 - Fire Extinguishers, Portable - 2002 Edition
- NFPA - 221 - Fire Walls and Fire Barrier Wall - 2001 Edition
- NFPA - 99 - Health Care Facilities - 2002 Edition
- NFPA - 101 - Life Safety Code and Handbook (as amended)

Elevator Code
- ASME A17.1
- ASME A17.3

Boiler Code - Nebraska Administrative Code, Title 229, Chapters 1-28
Nebraska Food Code - 2012 Edition
Nebraska Energy Code (adoption of International Energy Code, 2009 Edition)
Nebraska Accessibility Guidelines and Multi-Family Dwellings Accessibility regulations
Nebraska Administrative Code - Chapter 17

Federal

Americans with Disabilities Act (ADA) - 2010 Edition
Fair Housing Act of 1968 (design guidelines)
Section 504 of the Rehabilitation Act of 1973 (design guidelines)
Title XIX Regulations - 1988 Edition - (Physical Environment Guidelines)

While extensive, this list may not indicate every code, regulation or guideline under which Bridges is obligated to comply. Further, it is the intent of this list to identify codes generally related to physical plant. While some items listed include operation requirements they have only been included because they may also indicate requirements of the building generally designed, constructed or maintained by facility personnel.

City of Hastings

- International Building Code, 2012 Edition (with amendments)
- International Residential Code, 2012 Edition (with amendments)
- International Property Maintenance Code, 2009 Edition (with amendments)
- International Mechanical Code, 2012 Edition (with amendments)
- International Energy Conservation Code, 2009 Edition (with amendments)
- International Plumbing Code, 2012 Edition (with amendments)
- International Existing Building Code, 2012 Edition
- National Electric Code, 2014 Edition
- City of Hastings Zoning Ordinance

State of Nebraska

- Title 153 Fire Code Regulations
  - NFPA - 1 - Uniform Fire Code, 2003 Edition
  - NFPA - 241 - Building Construction and Demolition Operations - 2000 Edition
  - NFPA - 220 - Building Construction, Types of - 2000 Edition
  - NFPA - 70 - National Electrical Code - 2002 Edition
  - NFPA - 72 - National Fire Alarm Code - 2002 Edition
  - NFPA - 10 - Fire Extinguishers, Portable - 2002 Edition
  - NFPA - 221 - Fire Walls and Fire Barrier Wall - 2001 Edition
  - NFPA - 99 - Health Care Facilities - 2002 Edition
  - NFPA - 101 - Life Safety Code and Handbook (as amended)
- Elevator Code
  - ASME A17.1
  - ASME A17.3
- Boiler Code - Nebraska Administrative Code, Title 229, Chapters 1-28
- Nebraska Food Code - 2012 Edition
- Nebraska Energy Code (adoption of International Energy Code, 2009 Edition)
- Nebraska Accessibility Guidelines and Multi-Family Dwellings Accessibility regulations
- Nebraska Administrative Code - Chapter 17

Federal

- Americans with Disabilities Act (ADA) - 2010 Edition
- Fair Housing Act of 1968 (design guidelines)
- Section 504 of the Rehabilitation Act of 1973 (design guidelines)
- Title XIX Regulations - 1988 Edition - (Physical Environment Guidelines)

While extensive, this list may not indicate every code, regulation or guideline under which Bridges is obligated to comply. Further, it is the intent of this list to identify codes generally related to physical plant. While some items listed include operation requirements they have only been included because they may also indicate requirements of the building generally designed, constructed or maintained by facility personnel.

DETAILED LIST OF PROJECTED PROJECTS

Building name and project list	address	Immediate need	5 year	10 year	15 year	20 year
B Building	**837 Sheridan Drive**	**$0.00**	**$200,000.00**	**$250,000.00**	**$0.00**	**$0.00**
Project						
Demolition			$200,000.00			
HVAC (if no demolition)				$50,000.00		
Interiors (if no demolition)				$200,000.00		
C Building	**881 Sheridan Drive**	**$0.00**	**$200,000.00**	**$275,000.00**	**$0.00**	**$0.00**
Project						
Demolition			$200,000.00			
HVAC (if no demolition)				$75,000.00		
Interiors (if no demolition)				$200,000.00		
D Building	**941 Sheridan Drive**	**$0.00**	**$650,000.00**	**$392,000.00**	**$850,000.00**	**$250,000.00**
Project						
General Interior Improvements				$50,000.00	$50,000.00	$50,000.00
Elevator Finish upgrades			$15,000.00	$30,000.00		$30,000.00
Roofing repairs (171 squares)			$5,000.00			
ADA upgrades (general)			$25,000.00			
ADA upgrades (restroom)			$105,000.00			
HVAC improvements			$495,000.00			
Lighting improvements (to LED)			$5,000.00			
Roof replacement (171 squares)				$200,000.00		
Tuckpointing				$50,000.00		
South Stair Tower (repair/replace)				$62,000.00		
Window replacement (97 windows)					$800,000.00	
Condenser replacement						$80,000.00
Chiller replacement						$90,000.00

Building name and project list	address	Immediate need	5 year	10 year	15 year	20 year
State Building	**3104 State Avenue**	**$200,000.00**	**$691,000.00**	**$568,000.00**	**$70,000.00**	**$70,000.00**
Project						
General Interior Improvements				$70,000.00	$70,000.00	$70,000.00
Roof replacement (135 squares)		$200,000.00				
ADA Elevator upgrade			$4,000.00			
60 Ton HVAC replacement			$260,000.00			
ADA upgrades (general)			$427,000.00			
ADA upgrades (restroom)				$140,000.00		
Handrail replacement				$15,000.00		
Window replacement 120 Windows)				$343,000.00		
L Building	**748 Wallman Drive**	**$0.00**	**$5,000.00**	**$200,000.00**	**$760,000.00**	**$0.00**
Project						
Roof repairs			$5,000.00			
Roof replacement (135 squares)				$200,000.00		
70 Ton HVAC replacement					$260,000.00	
Window replacement (122 windows)					$500,000.00	
T Building	**956 Wallman Drive**	**$0.00**	**$55,000.00**	**$0.00**	**$0.00**	**$0.00**
Project						
Roof repairs / partial replacement			$55,000.00			
Carstens Center	**3000 Carstens Drive**	**$80,000.00**	**$505,000.00**	**$50,000.00**	**$0.00**	**$310,000.00**
Project						
General Interior Improvements				$50,000.00		$50,000.00
Roofing repairs (135 squares)		$5,000.00				
ADA upgrades (restroom)			$25,000.00			
Fire Sprinkler System			$230,000.00			
Tuck pointing		$75,000.00				
Roof replacement (135 squares)			$250,000.00			
70 Ton chiller / condenser replacement						$260,000.00

Appendix A

Appendix B

Building name and project list	address	Immediate need	5 year	10 year	15 year	20 year
Y Building	**3364 Agate Drive**	**$0.00**	**$62,000.00**	**$0.00**	**$300,000.00**	**$0.00**
Project						
Roofing repairs (260 squares)			$5,000.00			
Replace steam coils			$57,000.00			
Roof replacement (260 squares)					$300,000.00	
West Barn	**874 Chalcedony Drive**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Project						
East Barn	**Chalcedony Drive A**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Project						
Grounds' Office	**Chalcedony Drive B**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Project						
Grounds' Mechanic Shed	**964 Chalcedony Drive**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Project						
Administration	**843 Wallman Drive**	**$13,000.00**	**$140,000.00**	**$65,000.00**	**$160,000.00**	**$200,000.00**
Project						
General Interior Improvements			$30,000.00	$30,000.00	$30,000.00	$30,000.00
Expansion joint caulking		$13,000.00				
ADA upgrades (general)			$55,000.00			
Handrail upgrades			$25,000.00			
West tunnel study			$30,000.00			
Interior floor repairs				$35,000.00		
150 Ton chiller replacement					$130,000.00	
Cooling tower replacement						$40,000.00
Elevator replacement						$130,000.00

Appendix A

Appendix B

Building name and project list	address	Immediate need	5 year	10 year	15 year	20 year
West Wing	**834 Sheridan Drive**	**$0.00**	**$65,000.00**	**$75,000.00**	**$0.00**	**$0.00**
Project						
Window replacement (97 windows)			$60,000.00			
Roofing repair (selective)			$5,000.00			
Roof replacement (72 squares)				$75,000.00		
State Cottage	**3071 State Avenue**	**$10,000.00**	**$27,250.00**	**$10,000.00**	**$30,000.00**	**$10,000.00**
Project						
General Interior Improvements			$10,000.00	$10,000.00	$30,000.00	$10,000.00
Interior door/hardware replacement (15)			$11,250.00			
Shingle roof replacement (60 squares)		$10,000.00				
Heat-pump replacement (2)			$6,000.00			
State Cottage	**3070 State Avenue**	**$10,000.00**	**$27,250.00**	**$10,000.00**	**$30,000.00**	**$10,000.00**
Project						
General Interior Improvements			$10,000.00	$10,000.00	$30,000.00	$10,000.00
Interior door/hardware replacement (15)			$11,250.00			
Shingle roof replacement (60 squares)		$10,000.00				
Heat-pump replacement (2)			$6,000.00			
State Cottage	**3060 Peterson Boulevard**	**$10,000.00**	**$27,250.00**	**$10,000.00**	**$30,000.00**	**$10,000.00**
Project						
General Interior Improvements			$10,000.00	$10,000.00	$30,000.00	$10,000.00
Interior door/hardware replacement (15)			$11,250.00			
Shingle roof replacement (60 squares)		$10,000.00				
Heat-pump replacement (2)			$6,000.00			
Sheridan Cottage	**3056 Peterson Boulevard**	**$10,000.00**	**$27,250.00**	**$10,000.00**	**$30,000.00**	**$10,000.00**
Project						
General Interior Improvements			$10,000.00	$10,000.00	$30,000.00	$10,000.00
Interior door/hardware replacement (15)			$11,250.00			
Shingle roof replacement (60 squares)		$10,000.00				
Heat-pump replacement (2)			$6,000.00			

Appendix A

Building name and project list	address	Immediate need	5 year	10 year	15 year	20 year
Sheridan Cottage	**3054 Peterson Boulevard**	**$10,000.00**	**$27,250.00**	**$10,000.00**	**$30,000.00**	**$10,000.00**
Project						
General Interior Improvements			$10,000.00	$10,000.00	$30,000.00	$10,000.00
Interior door/hardware replacement (15)			$11,250.00			
Shingle roof replacement (60 squares)		$10,000.00				
Heat-pump replacement			$6,000.00			
Sheridan Cottage	**3052 Peterson Boulevard**	**$10,000.00**	**$27,250.00**	**$10,000.00**	**$30,000.00**	**$10,000.00**
Project						
General Interior Improvements			$10,000.00	$10,000.00	$30,000.00	$10,000.00
Interior door/hardware replacement (15)			$11,250.00			
Shingle roof replacement (60 squares)		$10,000.00				
Heat-pump replacement			$6,000.00			
Solar Cottage	**753 Solar Drive**	**$10,000.00**	**$21,250.00**	**$10,000.00**	**$10,000.00**	**$30,000.00**
Project						
Interior door/hardware replacement (15)			$11,250.00			
Shingle roof replacement (60 squares)		$10,000.00				
General Interior Improvements			$10,000.00	$10,000.00	$10,000.00	$30,000.00
Solar Cottage	**743 Solar Drive**	**$10,000.00**	**$21,250.00**	**$10,000.00**	**$10,000.00**	**$30,000.00**
Project						
Interior door/hardware replacement (15)			$11,250.00			
Shingle roof replacement (60 squares)		$10,000.00				
General Interior Improvements			$10,000.00	$10,000.00	$10,000.00	$30,000.00
Solar Cottage	**723 Solar Drive**	**$10,000.00**	**$21,250.00**	**$10,000.00**	**$10,000.00**	**$30,000.00**
Project						
Interior door/hardware replacement (15)			$11,250.00			
Shingle roof replacement (60 squares)		$10,000.00				
General Interior Improvements			$10,000.00	$10,000.00	$10,000.00	$30,000.00

Appendix A

Appendix B

Building name and project list	address	Immediate need	5 year	10 year	15 year	20 year
Solar Cottage	**715 Solar Drive**	**$10,000.00**	**$21,250.00**	**$10,000.00**	**$10,000.00**	**$30,000.00**
Project						
Interior door/hardware replacement (15)			$11,250.00			
Shingle roof replacement (60 squares)		$10,000.00				
General Interior Improvements			$10,000.00	$10,000.00	$10,000.00	$30,000.00
Laundry / Warehouse	**3363 Goldenrod Drive**	**$0.00**	**$0.00**	**$100,000.00**	**$0.00**	**$5,000.00**
Project						
20 Ton HVAC replacement				$100,000.00		
Roofing repair (120 squares)						$5,000.00
Heating Power Plant	**3370 Goldenrod Drive**	**$0.00**	**$22,000.00**	**$0.00**	**$217,000.00**	**$0.00**
Project						
Masonry repairs			$17,000.00		$17,000.00	
Roofing repairs (Selective)			$5,000.00			
Roof Replacement					$200,000.00	
Transportation	**943 Chalcedony Drive**	**$3,000.00**	**$15,000.00**	**$222,000.00**	**$3,000.00**	**$3,000.00**
Project						
Roofing repairs (selective)		$3,000.00				
ADA Entry			$12,000.00			
Fire Sprinkler System				$94,000.00		
Roof replacement (55 squares)				$125,000.00		
HVAC Improvements			$3,000.00	$3,000.00	$3,000.00	$3,000.00
East Apartment	**667 31st Street**	**$0.00**	**$10,000.00**	**$30,000.00**	**$10,000.00**	**$30,000.00**
Project						
General Interior Improvements			$10,000.00	$10,000.00	$10,000.00	$30,000.00
Roof replacement (66 squares)				$20,000.00		

Appendix A

Building name and project list	address	Immediate need	5 year	10 year	15 year	20 year
South Apartment	**3020 Lake Street**	**$0.00**	**$120,000.00**	**$773,000.00**	**$15,000.00**	**$15,000.00**
Project						
ADA upgrades (general)			$105,000.00			
Interior Improvements			$15,000.00	$15,000.00	$15,000.00	$15,000.00
HVAC upgrades				$330,000.00		
Fire Sprinkler System				$408,000.00		
Roof replacement (66 squares)				$20,000.00		
Chapel	**3065 Carstens Drive**	**$0.00**	**$100,000.00**	**$30,000.00**	**$30,000.00**	**$5,000.00**
Project						
ADA Restrooms			$85,000.00			
General Interior Improvements				$5,000.00	$30,000.00	$5,000.00
Sound Control				$25,000.00		
HVAC improvements			$15,000.00			
Enclosed Walkway	**Carstens Drive**	**$0.00**	**$79,000.00**	**$79,000.00**	**$4,000.00**	**$4,000.00**
Project						
General Interior Improvments			$4,000.00	$4,000.00	$4,000.00	$4,000.00
Window Replacement			$75,000.00	$75,000.00		
Kitchen	**884 Sheridan Drive**	**$5,000.00**	**$225,000.00**	**$366,000.00**	**$5,000.00**	**$0.00**
Project						
Roof Repair		$5,000.00				
Roof replacement			$225,000.00			
Replace Steam Coils				$39,000.00		
Fire Sprinkler System				$327,000.00		
Handrail replacement					$5,000.00	
Hay Shed	**Chalcedony Drive C**	**$0.00**	**$0.00**	**$78,000.00**	**$0.00**	**$0.00**
Project						
Roof replacement				$78,000.00		

Appendix A

Building name and project list	address	Immediate need	5 year	10 year	15 year	20 year
Dozer Garage	**Chalcedony Drive D**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Project						
Bull Barn	**928 Chalcedony Drive**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Project						
Cave	**Chalcedony Drive E**	**$0.00**	**$0.00**	**$10,000.00**	**$0.00**	**$0.00**
Project						
Roof replacement				$10,000.00		
Chlorine House	**Goldenrod Drive**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Project						
Water Reservoir	**Goldenrod Drive**	**$0.00**	**$50,000.00**	**$50,000.00**	**$50,000.00**	**$50,000.00**
Project						
Clean and Reseal			$50,000.00	$50,000.00	$50,000.00	$50,000.00
Backflow / Meter	**Lake Street**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Project						
Park Restroom	**Solar Drive**	**$0.00**	**$0.00**	**$6,000.00**	**$0.00**	**$0.00**
Project						
Roof replacement				$6,000.00		
Vaporizer / Mixer	**Goldenrod Drive**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Project						
Bus Barn	**Chalcedony Drive F**	**$0.00**	**$0.00**	**$30,000.00**	**$0.00**	**$0.00**
Project						
HVAC Replacement				$30,000.00		
Gazebo	**Carstens Drive**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Project						

Appendix A

Appendix B

Building name and project list	address	Immediate need	5 year	10 year	15 year	20 year
Carstens Storage	**3000 Carstens Drive**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Project						
Pharmacy Storage		**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Project						
Carstens Gazebo	**3000 Carstens Drive**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Project						
Greenhouse	**Goldenrod Drive**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Project						

Appendix A

Appendix B

Appendix C

NASDDDS Report for Nebraska

NASDDDS

National Association of State Directors of Developmental Disabilities Services

Report and Conclusions:

Characteristics of State-Operated Residential Programs for Individuals with Developmental Disabilities

September 2016

301 N Fairfax Street, Suite 101, Alexandria, VA 22314
Web: www.nasddds.org

Executive Summary

As states are addressing numerous federal initiatives, including Olmstead implementation and enforcement efforts as well as the implementation of the HCBS regulations[1], they are striving to build person-centered service arrays that enable maximum choice, autonomy and community integration. Generally, states are moving to expand capacity to serve individuals with intellectual and developmental disabilities (I/DD) through a network of community-based provider organizations.

Over the past few decades, the growth of individuals served in private, non-state settings has outpaced the use of State-operated residential services (both institutional and community). Private providers nationally continue to augment expertise to ensure that, no matter a person's level of support, they can have full access to live, work and have relationships in the community. States are also leveraging rate structures paid to private providers to drive the market toward person-centered, individually designed services and supports.

In this paper, the National Association of State Directors of Developmental Disabilities Services (NASDDDS) provides summary data and information on the state of I/DD systems nationally[2], including a qualitative summary of experiences of certain states related to their strategies to serve individuals with significant and/or complex support needs.

- Most individuals supported by state I/DD agencies (more than 1.1 million people) live with their families. For those that live in out-of-home settings, most live in small, community based settings.

- The number of people with I/DD living in large state I/DD institutions peaked in 1967. Since that time the number of institutions to close, downsize to less than 15 people, or be converted for other purposes has continued.
    - 11 large facilities closed during the 1970's,
    - 47 facilities closed during the 1980's,
    - 95 during the 1990's,
    - 36 thus far in the 2000's.

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[1] CMS 2296-F

[2] Larson, S.A., Hallas-Muchow, L., Aiken, F., Taylor, B., Pettingell, S., Hewitt, A., Sowers, M., & Fay, M.L. (2016). In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and trends through 2013 (RISP). Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration. (including 2014 preliminary data)

- In the years between 2010 and 2014, 38 state facilities closed or were projected to close with an additional 13 facilities projected to close between 2015 and 2019.
- None have reopened

- 13 states and the District of Columbia have closed all of their state-operated ICF/IDs.

- 14 states run state-operated community residential services, primarily for individuals in crises or with significant support needs.

- A number of states do use out-of-state placements on a very limited, case-by-case basis when they are unable to secure needed services or expertise in state. States in these situations continue efforts to build in-state capacity for these services, and seek to move individuals back once services become available.

- In a recent survey of NASDDDS' members, no state reported using out-of-state placements when closing institutions.

- For the 38 states still utilizing state-operated institutional residential services, there are a total of 356 state-operated ICF/ID facilities of all sizes serving approximately 22,515 individuals as compared to more than 1 million individuals living in non-state settings.

Points from States Currently Operating Residential Programs

In the development of this report, NASDDDS conducted focused interviews with states that have gone through the process of exploring effective use of state-operated services. These states identified clear recommendations for other states contemplating the role of state-operated services:

- Define clear decision-making criteria when state-operated community residential services are needed versus private provider network.

- Ensure stakeholder buy in and be clear about how and why you are using state-operated community residential services with your full community.

- If state-operated community residential services are utilized, develop criteria/circumstances for admission and exit, including expectations for immediate transition to most integrated setting.

- Ensure any state-operated community residential services are designed around the people being supported, including a complete system of support plan for employment and other day services. This includes making sure staff are well-trained in person-centered strategies.

- Collaborate with local physicians, hospitals, psychiatrists, and others who will ensure a comprehensive, person-centered approach to support, especially for individuals with complex and co-occurring support needs.

- In budgeting, make sure you have determined how you will cover costs that are not part of Medicaid reimbursement (room and board)

Introduction

The National Association of State Directors of Developmental Disabilities Services (NASDDDS) is providing a report to the Nebraska Department of Health and Human Services to include an analysis and description data and current experience of other states providing state-operated community residential services.

The purpose of this report is to provide information on national trends related to use of sites akin to Beatrice State Developmental Center (BSDC) and the Bridges Program. The information in this report was gathered through two processes:

1. An analysis of information from multiple national data sets, providing summary materials on institutional utilization, publicly operated community based services, as well as expenditure, census and demographic data.

2. An in-depth survey of a sample of states with recent activities related to the use of ICF/IDs and state-operated community programs was conducted to ascertain:

    a. State trends for state-operated ICF and state-operated community-based settings

    b. State practices and plans including strategies for admissions, characteristics of individuals served, average lengths of stay, workforce attributes, payment rates and aggregate annual expenditures

    c. Alternative use strategies employed for state-owned facilities

    d. Stakeholder engagement processes

This report summarizes the information gathered using the two above mentioned modalities. The interviews with state Developmental Disability agencies (the operators of the state-operated residential programs) were conducted during the summer of 2016. The data analysis was conducted during the summer.

Background:

The vast majority of individuals are supported in their communities, and receive Medicaid-funded supports from Home and Community-Based Services (HCBS) waivers. These services systems have been emerging as the predominant vehicle for supporting individuals since the mid-1980s, when states were permitted to provide alternatives to institutional care. As of June 30, 2013, more than 1.1 million people with I/DD received

supports in settings known to state I/DD agencies. Of those individuals, more than half lived in the home of a family member or in small community-based settings.

The trend toward serving individuals in smaller settings is resulting in positive outcomes for those individuals that live outside of their family home. In a recent paper developed for the National Council on Disability which reviews the research on outcomes since *Olmstead*, the authors found that;

"*Strong trends are found in the data on the impact of setting size and type for people with intellectual and developmental disabilities and for individuals with mental health disabilities. The trends reveal factors such as greater individual choice, satisfaction, housing stability, and higher levels of adaptive behavior and community participation associated with living in residential settings of smaller size.*"[3]

As states have downsized institutions and grown community based programs, most have utilized a network of private providers. A small number of states have utilized State-operated community-based services to fill specific gaps in service. Some of these states have reduced the number of state-operated homes over time as private provider capacity increases, but the number of states operating state-operated services has remained largely consistent.

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[3] National Council on Disability. ***Home and Community-Based Services: Creating Systems for Success at Home, at Work and in the Community.*** **February 24, 2015. Downloaded from: http://www.ncd.gov/publications/2015/02242015**

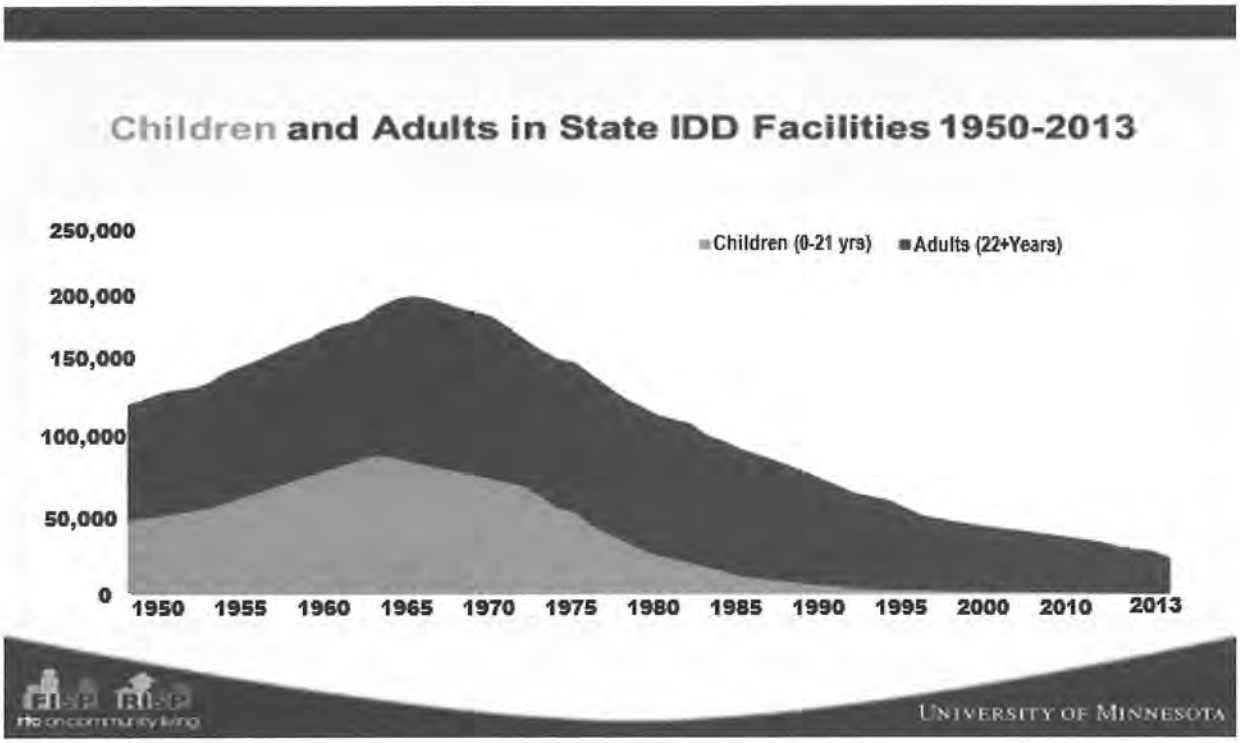

Exhibit 1.[4]

Methodology:

A data analysis of institutional utilization, publicly operated community based services, as well as expenditure, census and demographic data was conducted using RISP.[5] This is the most complete source for longitudinal residential data for individuals with intellectual and developmental disabilities (I/DD) receiving supports from state I/DD agencies.

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[4] Larson, S.A., Hallas-Muchow, L., Aiken, F., Taylor, B., Pettingell, S., Hewitt, A., Sowers, M., & Fay, M.L. (2016). In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and trends through 2013. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration. **[Note: 2013 is the most current available data from the RISP project. Where possible, 2014 preliminary data was obtained from the University of Minnesota and is included and noted herein.]**

[5] RISP 2013

A review of all residential services in the 50 states and the District of Columbia was undertaken to determine the settings in which individuals are supported. Specifically, this exercise reviewed:

1. The number and census of state ICF/IDs, and trends in admissions and closures;
2. The number and type of community-based state-operated services; and
3. National trends in service settings used by states.

This research yielded a list of states directly operating residential community-based programs serving 16 or fewer people. NASDDDS contacted a subset of the states in this group to participate in a phone interview conducted to ascertain specific information regarding the need, nature, approach and long-term strategy for the use of these settings by each state.

A standardized survey instrument to guide the interview was developed to ensure that the same information was being gathered in a consistent manner across the interviews. The tool is included in Attachment 2.

The responses from the different states were compiled and analyzed for consistent themes. These themes are summarized in Attachment 2.

Statistical Information of Current I/DD Residential Settings

Increasingly, states recognize the importance of utilizing data and information to inform their policy decisions, both in an effort to design strategies that will best meet the needs of individuals and families, and to enable sound fiscal modeling of any contemplated change.

To inform decisions related to state-operated services, it is often most beneficial to review the national trends. Overwhelmingly, states are leveraging a comprehensive network of private provider organizations to support individuals in community-based settings. This approach has allowed states to cultivate provider capacity, both in terms of assuring adequate numbers of providers for the number of persons served and in expanded expertise to serve individuals with complex support needs.

People Living in Non-Family I/DD Settings.

Most individuals supported by state I/DD agencies live with their families. For those that live in out-of-home settings, most live with no more than 5 other individuals.

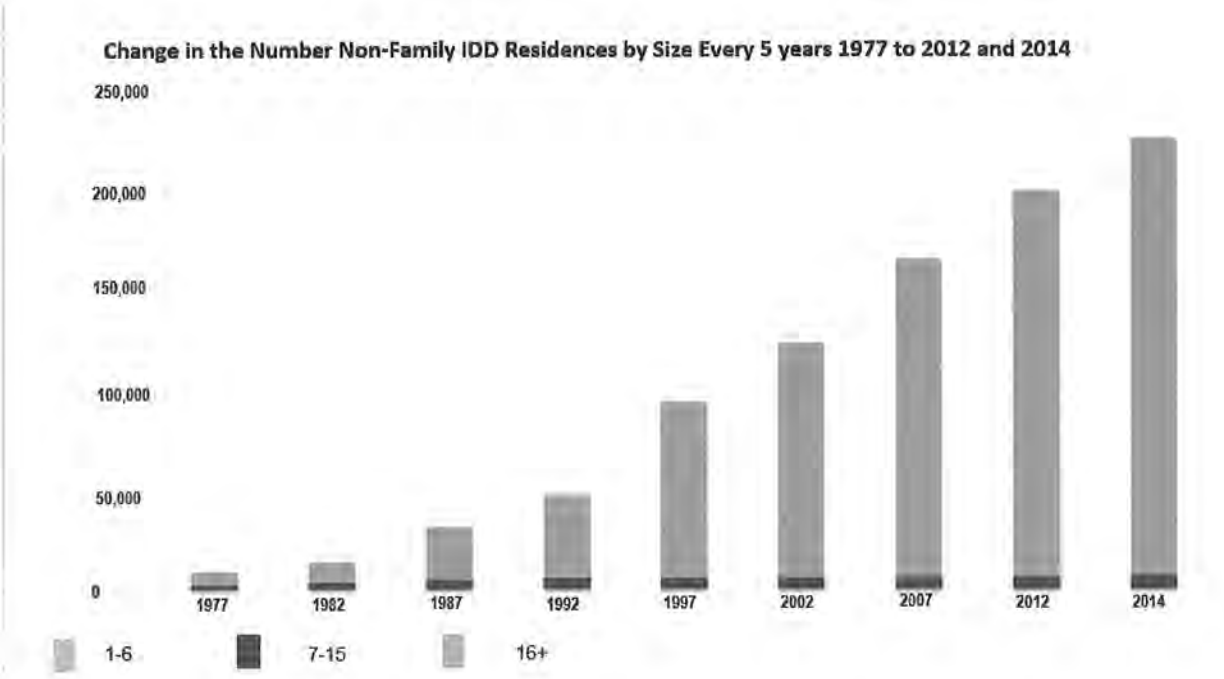


Figure 1[6]

There are an estimated 213,309 non-family I/DD Settings in the United States. Of these settings; 80% served three or fewer people with I/DD, 16% served 4 to 6 people, 3% served 7 to 15 people, and 0.5% served 16 or more people. Only 1% non-family I/DD settings were state-operated while 99% non-family I/DD settings were operated by a non-state entity.

The vast majority of individual served nationally, even those with complex and/or challenging support needs, are served in small, community based settings. However, there are still other modalities of service delivery that states utilize, as discussed below.

State ICF/IDs: Trends in Admissions and Closures

The number of people with I/DD living in large state I/DD institutions peaked in 1967. Since that time the number of institutions to close, downsize to less than 15 people, or be converted for other purposes has continued in the subsequent decades. The data in Figure 3 below, and in greater detail in Table 5.2 of the 2014 RISP (see Attachment 1) shows that 11 large facilities closed during the 1970's, 47 facilities closed during the 1980's, 95 during the 1990's, and 36 thus far in the 2000's. In the years between 2010 and 2014, 38 facilities closed or were projected to close with an additional 13 facilities projected to close between 2015 and 2019.

[6] RISP 2014 Preliminary Data

Figure 2 shows that on June 30, 2014, 21,908 individuals were receiving services in a state-operated ICF/ID

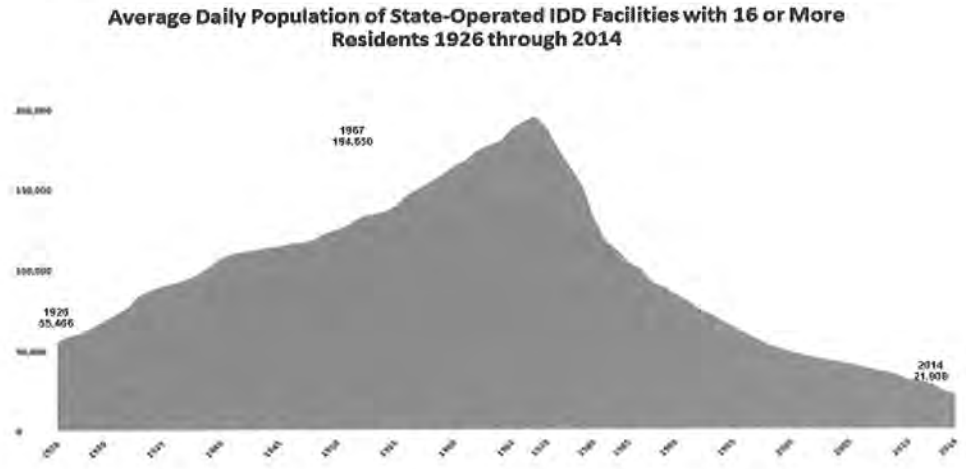


Figure 2[7]

Figure 3 shows the active and ongoing trend of states closing state-operated ICF/IDs even as the number of total ICFs steadily declines.

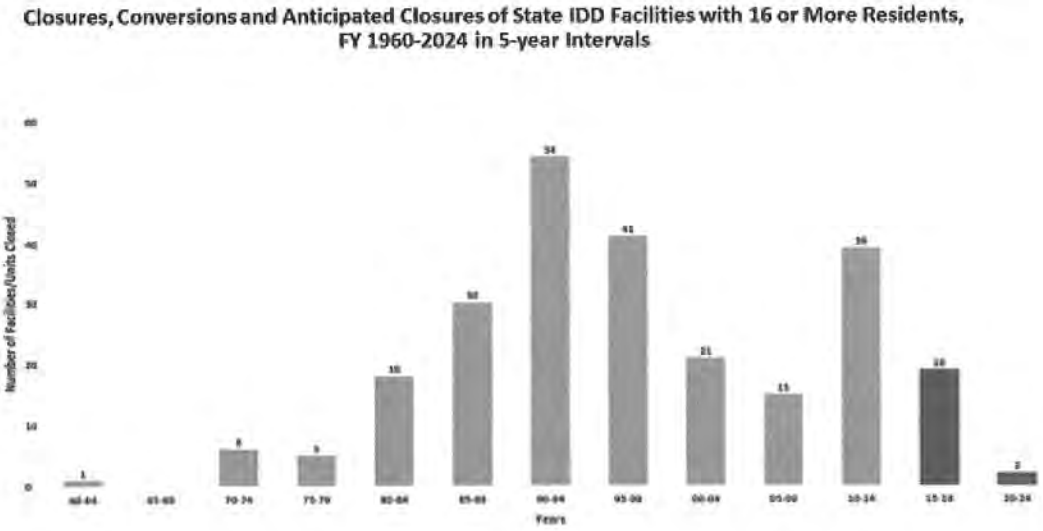


Figure 3 [8] *(Columns in blue are projected closures)*

[7] RISP 2014 Preliminary Data

[8] Ibid.

Thirteen states and the District of Columbia have closed all of their state-operated ICF/ID's for 16 or more people with developmental disabilities. In the remaining 38 states there are 356 state-operated ICF/IDs serving a total of 21,908 individuals as compared to more than 1 million individuals living in non-state-operated settings. Although the number of facility closures per year are decreased, it represents the fact that there are fewer institutions to close.

No states have reopened their state-operated ICF/ID for the purpose of housing individuals with I/DD.

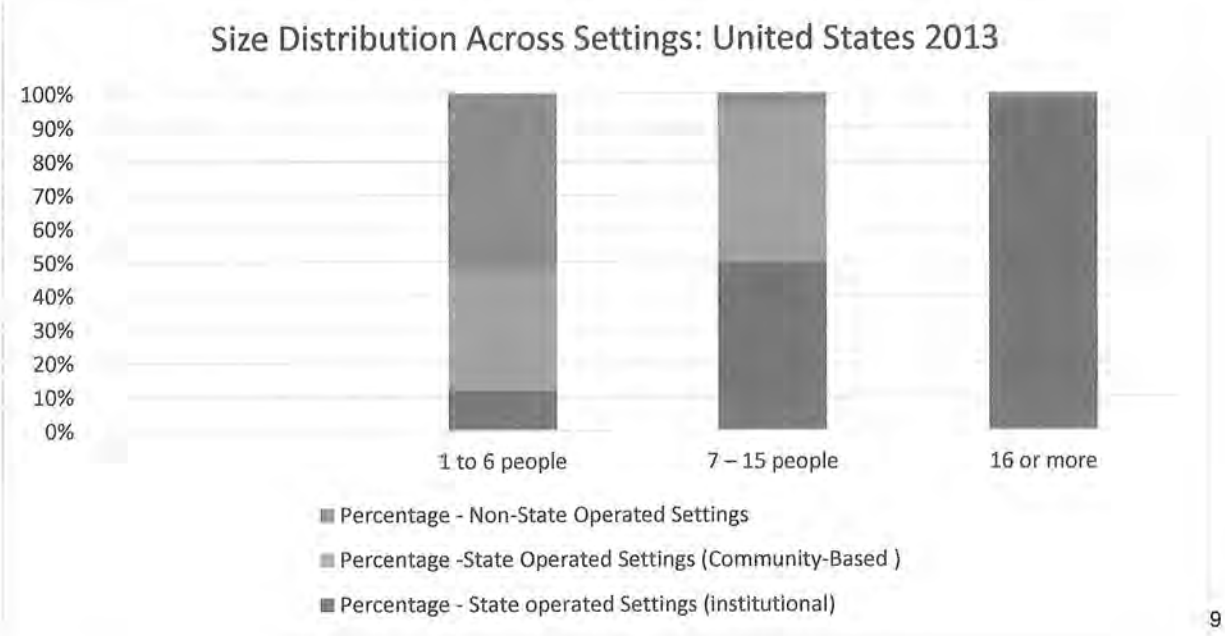
State Operated Community-based Services.

As states have closed their institutions, the majority of individuals with I/DD have moved to homes supported by private providers. However, fourteen states include state-operated community residential services as part of their service mixture (See Attachment 1). In fact, states operated an estimated 1,767 community-based settings in 2014 that were funded by a Medicaid waiver authority (NOTE: 1,006 of these settings are in New York due to both the number of individuals they serve and the manner in which their service delivery system evolved, which involved significant state-operated services).

For perspective, the total number of people in non-family I/DD settings nationally was 478,654 in 2013. During that same year, the number of people in state-operated community based settings was 10,298.

The proportion of people living in a non-state setting was 92% in 2013 (leaving only 8% of individuals served in state-operated institutional or community-based settings).

State-operated settings (both institutional and community-based) tended to be larger in size than non-state settings.



9

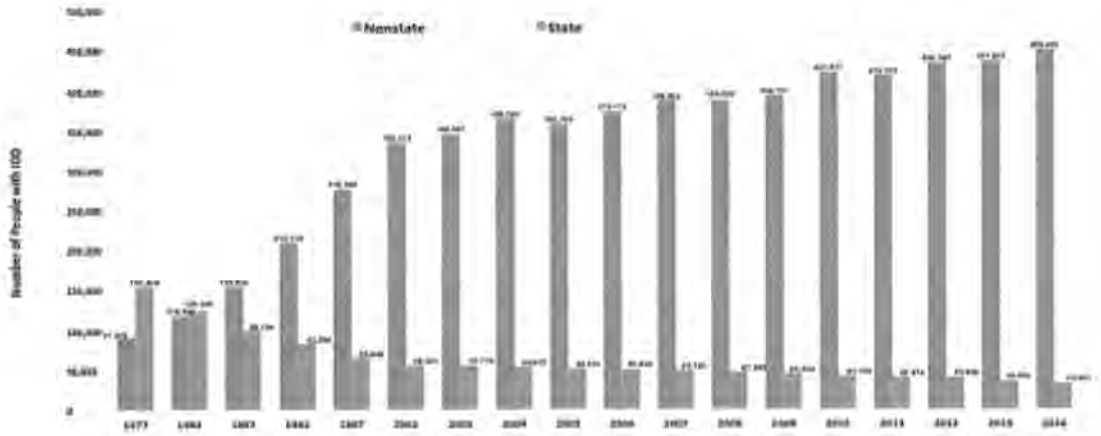
This pattern holds true for Nebraska as well, given that five of the state's six state-operated settings serve more than 16 persons (ICFs) and the sixth (waiver) setting serves between 7 and 15 individuals.

Overall National Statistical Trends in Service Settings Used by States.

Generally, states are moving to expand non-state community capacity. As illustrated below, the growth of individuals served in non-state settings has outpaced the use of state-operated residential services (both institutional and community).

[9] RISP 2013.

People in State and Nonstate Non-Family IDD Settings Every 5 Years From 1977 to 2012 and 2014



As states are addressing numerous federal initiatives, including Olmstead enforcement efforts and the implementation of the HCBS regulations[10], they are striving to build small, person-centered service arrays that enable maximum choice, autonomy and community integration. Simultaneously, providers nationally are augmenting their areas of expertise to ensure that, no matter a person's level of support, they can have full access to live, work and have relationships in the community. States are also leveraging rate structures paid to private providers to drive the market toward person-centered, individually designed services and supports.

Survey Background

In order to ascertain necessary state policy and operational information, NASDDDS conducted interviews with a subgroup of the fourteen states which currently operate a combination of community based homes, and are also currently closing, or have already closed an institution. NASDDDS staff selected four states that had at least five years of experience in operating the homes and had a variety of numbers of homes and people served. The states that were interviewed are Connecticut, California, Missouri and Oregon. The number of individuals currently served by the states-operated settings was similar (with the exception of CA). Each state had a mix of urban and rural regions.

[10] CMS 2296-F

The survey was conducted by telephone between NASDDDS staff and the identified state representatives. The interviews were conducted in a conversational manner and the states' responses to the particular questions were recorded as given. The interviews lasted approximately an hour each, were attended by a variety of ranking state officials including State Directors of Facilities, Director of Facility Closures, State Fiscal Directors, State Developmental Disability Directors. In some cases, these calls were recorded. All participants were informed of the recording if it was done. All comments are reflected in Attachment 2 in the report, however due to the sensitive nature of some of the questions no state will be identified with any particular response.

SUMMARY AND CONCLUSION

Despite a historical utilization of large state-operated ICF/IDs for the delivery of supports and services for individuals with I//DD, states have made tremendous strides during the past three decades in the growth and maintenance of community-based, person-centered systems of care. These systems have evolved to rely upon a nimble private provider network that has developed the necessary skillsets and settings to successfully serve all individuals. However, a small number of states are using state-operated HCBS programs to provide crisis and ongoing support needs of subset of individuals with complex support needs until the time when their state's private provider network develops the capacity to serve these individuals.

The movement of the state systems in this fashion, driven by both individual and family preferences, as we well as Federal initiatives and directives, provides a firm, but responsive infrastructure to sustainably meet the unique needs of individuals served and to support full lives in communities nationwide.

Attachment 1
Tables 4.1 and 5.1 from RISP
(2014 data is preliminary)

Table 4.1 State-operated Facilities on June 30, 2014: Totals by State, Size, and by Funding Authority

State	Total Any Funding Authority					Total Any Size			
	1-3	4-6	1-6	7-15	16+	Waiver	ICF/IID	Other	Total
AL	0	0	0	0	0	0	0	0	0
AK	0	0	0	0	0	0	0	0	0
AZ	6	4	10	3	1	14	0	0	14
AR	0	0	0	0	5	0	5	0	5
CA	0	0	0	0	5	0	5	0	5
CO	0	DNF	DNF	DNF	DNF	DNF	DNF	0	DNF
CT	14	37	51	14	6	65	6	0	71
DE	2	2	4	0	1	4	1	0	5
DC	0	0	0	0	0	0	0	0	0
FL	0	0	0	0	5	0	2	3	5
GA	0	0	0	0	3	0	3	0	3
HI	0	0	0	0	0	0	0	0	0
ID	1	0	1	0	1	0	2	0	2
IL	0	0	0	0	7	0	7	0	7
IN	0	0	0	0	0	0	0	0	0
IA	9	8	17	0	2	17	2	0	19
KS	0	0	0	7	2	0	7	2	9
KY	0	0	0	3	4	0	7	0	7
LA	0	2	2	2	2	0	6	0	6
ME	4	0	4	0	0	0	0	4	4
MD	0	0	0	0	3	0	2	1	3
MA	34	199	233	23	3	255	4	0	259
MI	0	0	0	0	0	0	0	0	0
MN	12	105	117	0	0	102	15	0	117
MS	76	23	99	60	6	96	69	0	165
MO	65	9	74	0	7	74	7	0	81
MT	0	0	0	0	1	0	1	0	1
NE	0	0	0	2	4	2	4	0	6
NV	0	0	0	0	1	0	1	0	1
NH	0	1	1	0	0	0	0	1	1
NJ	4	1	5	15	7	20	7	0	27
NM	DNF	DNF	25	0	0	DNF	1	DNF	25
NY	68	426	494	530	16	1,006	34	0	1,040
NC	0	2	2	0	4	0	6	0	6
ND	0	0	0	0	1	0	1	0	1
OH	0	0	0	0	10	0	10	0	10
OK	0	0	0	0	2	0	2	0	2
OR	0	23	23	0	0	23	0	0	23
PA	0	0	0	0	5	0	5	0	5
RI	26	22	48	3	0 [d]	50	0	1	51
SC	0	0	0	0	5	0	5	0	5
SD	0	0	0	0	1	0	1	0	1
TN	0	29	29	1	2	0	31	1	32
TX	0 [d]	2 [d]	2 [d]	0 [d]	13 [d]	0	15	0	15
UT	0	0	0	0	1	0	1	0	1

VT	0	0	0	0	0	0	0	0	0
VA	0	0	0	0	4	0	4	0	4
WA	17	22	39	0	4	39	4	0	43
WV	0	16	16	50	1	0	67	0	67
WI	0	0	0	0	3	0	3	0	3
WY	0	0	0	0	1	0	1	0	1
Reported Total	338	933	1,296	713	149	1,767	354	13	2,158
Estimated Total	345	951	1,296	713	151	1,791	356	13	2,160

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
AR	Arkadelphia Human Dev. Ctr. (Arkadelphia)	1968		118		122	-327.87%	8	10	1
AR	Booneville HDC (Booneville)	1972		131		134	-223.88%	4	3	0
AR	Conway HDC (Conway)	1959		478		484	-123.97%	13	7	12
AR	Jonesboro HDC (Jonesboro)	1970		104		113	-796.46%	11	31	2
AR	Southeast Arkansas HDC (Warren)	1978		DNF	DNF	DNF	DNF	DNF	DNF	DNF
AZ	Arizona Trng. Program (Coolidge)	1952		DNF	DNF	DNF	DNF	DNF	DNF	DNF
CA	Canyon Springs (Cathedral City)	2001		50		54	-740.74%	2	DNF	0

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
CA	Fairview Dev. Ctr. (Costa Mesa)	1959	2018	311		339	-825.96%	DNF	DNF	7
CA	Lanterman Dev. Ctr. (Pomona)	1927	Dec 2014	47		167	-7185.63%	DNF	DNF	1
CA	Porterville Dev. Ctr. (Porterville)	1953	2021	401		440	-886.36%	DNF	DNF	9
CA	Sonoma Dev. Ctr. (Eldridge)	1891	2018	439		478	-815.90%	DNF	DNF	18
CO	Grand Junction Regional Ctr. (Grand Junction)	1919		29		39	-2564.10%	9	15	1
CO	Wheat Ridge Regional Ctr. (Wheatridge)	1912		122		125	-240.00%	33	33	0
CT	DMR Northwest	1984		38		38	0.00%	0	0	0

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
	Ctr. (Torrington)									
CT	Ella Grasso Ctr. (Stratford)	1981	June 2016	DNF	DNF	DNF	DNF	DNF	DNF	DNF
CT	Department of Developmental Services North Region (Newington)	1965		36		36	0.00%	DNF	DNF	2
CT	Lower Fairfield County Ctr. (Norwalk)	1976		59		60	-166.67%	0	0	1
CT	Meridan Ctr. (Wallingford)	1979	June 2016	14		14	0.00%	4	0	0
CT	Southbury Trng. School (Southbury)	1940		335		361	-720.22%	0	8	18
DE	Stockley Ctr. (Georgetown)	1921		56		62	-967.74%	0	1	5

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
FL	Florida State Hospital (Chattahoochee), Unit 27	1976		DNF	DNF	DNF	DNF	DNF	DNF	DNF
FL	Developmental Disabilities Defendant Program (DDDP)	1977		136		137	-72.99%	72	90	0
FL	Sunland Ctr. (Marianna)	1961		325		340	-441.18%	6	10	11
FL	Tacachale Community of Excellence (incl. Seguin Unit, Gainesville)	1921		409		425	-376.47%	7	9	14
GA	East Central Regional Hospital (Gracewood)	1921		214		221	-316.74%	11	7	10
GA	Georgia Regional Hospital of	1968		267	DNF	DNF	DNF	DNF	DNF	DNF

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
	Atlanta (Decatur)									
IA	Glenwood Resource Ctr. (Glenwood)	1876		248		252	-158.73%	0	1	8
IA	Woodward Resource Ctr. (Woodward)	1917		157		177	-1129.94%	11	26	5
ID	Southwest Idaho Treatment Center (Nampa)	1918		25		30	-1666.67%	8	11	DNF
IL	Choate Dev. Ctr. (Anna)	1873		170		166	240.96%	36	36	0
IL	Fox Dev. Ctr. (Dwight)	1965		112		117	-427.35%	4	0	7
IL	Kiley Dev. Ctr. (Waukegan)	1975		200		211	-521.33%	9	22	4
IL	Ludeman Dev. Ctr. (Park Forest)	1972		417		419	-47.73%	DNF	12	6

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
IL	Mabley Dev. Ctr. (Dixon)	1987		101		99	202.02%	8	6	0
IL	Murray Dev. Ctr. (Centralia)	1964		232		253	-830.04%	6	16	4
IL	Shapiro Dev. Ctr. (Kankakee)	1879		531		547	-292.50%	16	25	6
KS	Kansas Neurological Institute (Topeka)	1960		145		146	-68.49%	4	0	5
KS	Parsons State Hospital (Parsons)	1952		174		174	0.00%	14	15	5
KY	Bingham Gardens	1873		25		DNF	DNF	DNF	DNF	DNF
KY	Oakwood ICF/IID (Somerset)	1972		126		DNF	DNF	DNF	DNF	DNF
KY	Hazelwood Ctr. (Louisville)	1971		114		DNF	DNF	DNF	DNF	DNF

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
LA	Louisiana Special Education Center (Alexandria)	1952		54		54	0.00%	8	7	0
LA	Pinecrest Supports and Services Center (Pineville)	1918		400		398	50.25%	38	29	7
MA	Hogan Regional Ctr. (Hawthorne)	1967		138		144	-416.67%	2	1	6
MA	Templeton Dev. Ctr. (Baldwinsville)		Feb 2015	38		43	-1162.79%	DNF	DNF	1
MA	Wrentham Dev. Ctr. (Wrentham)	1907		DNF	DNF	DNF	DNF	DNF	DNF	DNF
MD	Holly Ctr. (Salisbury)	1975		71		77	-779.22%	1	2	5

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
MD	Potomac Ctr. (Hagerstown)	1978		42		48	-1250.00%	7	9	2
MO	Bellefontaine Habilitation Ctr. (St. Louis)	1924		133		18	63888.89%	0	1	33
MO	Higginsville Habilitation Ctr. (Higginsville)	1956		41		45	-888.89%	0	2	DNF
MO	Marshall Habilitation Ctr. (Marshall)	1901	Dec 2015	DNF	DNF	DNF	DNF	DNF	DNF	DNF
MO	South County Habilitation Ctr. (St. Louis DDTC)			64		70	-857.14%	0	0	6
MO	Southeast Missouri Residential Services	1992		70		71	-140.85%	DNF	DNF	1

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
	(Poplar Bluff and Sikeston)									
MO	Southwest Community Services (Nevada)	1973		DNF	DNF	DNF	DNF	DNF	DNF	DNF
MO	St. Charles Habilitation Ctr. (St. Charles, St. Louis DDTC)*			60		69	-1304.35%	0	6	3
MS	Boswell Regional Ctr. (Sanatorium)	1976		147		155	-516.13%	26	36	2
MS	Ellisville State School (Ellisville)	1920		333		368	-951.09%	0	25	10
MS	Hudspeth Regional Ctr. (Whitfield)	1974		269		269	DNF	8	6	3
MS	North Mississippi	1973		258		274	-583.94%	11	17	10

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
	Regional Ctr. (Oxford)									
MS	South Mississippi Regional Ctr. (Long Beach)	1978		146		156	-641.03%	3	5	2
MS	Mississippi Adolescent Center			DNF						
MT	Montana Developmental Ctr. (Boulder)	1905	June 2017	50		48	416.67%	19	19	0
NC	Black Mountain Ctr. (Black Mountain)	1982		78		80	-250.00%	8	1	9
NC	Caswell Ctr. (Kinston)	1914		342		355	-366.20%	8	4	13
NC	J. Iverson Riddle Dev.Ctr. (Morganton)	1963		297		305	-262.30%	6	10	5

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
NC	Murdoch Ctr. (Butner)	1957		443		462	-411.26%	24	18	20
NC	O'Berry Ctr. (Goldsboro)	1957		231		247	-647.77%	0	4	12
ND	Life Skills and Transition Center (Grafton)	1904		86		87	-114.94%	29	28	2
NE	Beatrice State Dev. Ctr. (Beatrice)	1875		124		126	-158.73%	7	8	1
NJ	Green Brook Regional Ctr. (Green Brook)	1981		107		92	1630.43 %	28	4	9
NJ	Hunterdon Dev. Ctr. (Clinton)	1969		501		507	-118.34%	16	8	13
NJ	New Lisbon Dev. Ctr. (New Lisbon)	1914		416		372	1182.80 %	90	36	9

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
NJ	Vineland Dev. Ctr. (Vineland)	1888		287		237	2109.70 %	DNF	DNF	16
NJ	Woodbine Dev. Ctr. (Woodbine)	1921		377		395	-455.70%	46	71	12
NJ	Woodbridge Ctr. (Woodbridge)	1965	Jan 2015	DNF	DNF	DNF	DNF	DNF	DNF	DNF
NV	Desert Regional Ctr. (Las Vegas)	1975		47		46	217.39%	8	7	DNF
NY	Bernard M. Fineson Dev. Ctr. (Hillside; Howard Park)	1970	March 2017	133		DNF	DNF	0	24	DNF
NY	Brooklyn DDSO (Brooklyn)	1972	Dec 2015	193		DNF	DNF	2	54	DNF
NY	Broome DDSO (Binghamton)	1970	March 2016	144		DNF	DNF	5	73	DNF

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
NY	Capital District DDSO (Schenectady)	1973	March 2016	22		DNF	DNF	0	27	DNF
NY	Staten Island DDSO (Staten Island)	1987		DNF	DNF	DNF	DNF	DNF	DNF	DNF
NY	Sunmount DDSO (Tupper Lake)	1965		181		DNF	DNF	DNF	31	DNF
NY	Valley Ridge	2000		DNF	DNF	DNF	DNF	DNF	DNF	DNF
OH	Cambridge Dev. Ctr. (Cambridge)	1965		92		90	222.22%	15	13	1
OH	Columbus Dev. Ctr. (Columbus)	1857		95		105	-952.38%	39	22	3
OH	Gallipolis Dev. Ctr. (Gallipolis)	1893		86		123	-3008.13%	1	3	9
OH	Montgomery Dev. Ctr.	1981	June 2017	91		93	-215.05%	11	12	1

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
	(Huber Heights)									
OH	Mount Vernon Dev. Ctr. (Mount Vernon)	1948		100		106	-566.04%	5	1	3
OH	Northwest Ohio Dev. Ctr. (Toledo)	1977		92		92	0.00%	7	13	0
OH	Southwest Ohio Dev. Ctr. (Batavia)	1981		100		116	-1379.31%	37	36	2
OH	Tiffin Dev. Ctr. (Tiffin)	1975		99		102	-294.12%	1	3	5
OH	Warrensville Dev. Ctr. (Warrensville)	1975		93		92	108.70%	13	15	2
OH	Youngstown Ctr. (Mineral Ridge)	1980	June 2017	85		97	-1237.11%	3	6	5
OK	Northern Oklahoma	1909	Nov 2014	DNF	DNF	DNF	DNF	DNF	DNF	DNF

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
	Resource Ctr. (Enid)									
OK	Southern Oklahoma Resource Ctr. (Pauls Valley)	1952	July 2015	32		110	-7090.91%	DNF	78	DNF
PA	Ebensburg Ctr. (Ebensburg)	1957		245		252	-277.78%	1	2	5
PA	Hamburg Ctr. (Hamburg)	1960		100		104	-384.62%	DNF	DNF	5
PA	Polk Ctr. (Polk)	1897		257		268	-410.45%	3	7	7
PA	Selinsgrove Ctr. (Selinsgrove)	1929		257		278	-755.40%	1	7	15
PA	White Haven Ctr. (White Haven)	1956		135		145	-689.66%	1	3	8
SC	Coastal Ctr. (Ladson)	1968		160		163	-184.05%	8	4	5

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
SC	Midlands Ctr. (Columbia)	1956		147		154	-454.55%	14	11	10
SC	Pee Dee Regional Ctr. (Florence), Thad E. Saleeby Ctr. (Hartsville)	1971		187		194	-360.82%	8	9	8
SC	Whitten Ctr. (Clinton)	1920		207		210	-142.86%	DNF	10	6
SD	South Dakota Dev. Ctr. (Redfield	1902		140		128	937.50%	48	24	
TN	Clover Bottom Dev. Ctr. (Nashville)	1923	Oct 2015	27		40	-7403.85%	0	1	0
TN	Greene Valley Dev. Ctr. (Greeneville)	1960	June 2016	115		128	-1015.63%	0	5	8

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
TX	Abilene State School (Abilene)	1957		356		384	-729.17%	DNF	26	13
TX	Austin State School (Austin)	1917		266		284	-633.80%	0	16	2
TX	Brenham State School (Brenham)	1974		283		288	-173.61%	16	14	7
TX	Corpus Christi State School (Corpus Christi)	1970		224		241	-705.39%	2	17	4
TX	Denton State School (Denton)	1960		460		492	-650.41%	17	26	23
TX	El Paso State Ctr. (El Paso)	1973		110		115	-434.78%	4	8	1
TX	Lubbock State School (Lubbock)	1969		203		209	-287.08%	12	10	8

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
TX	Lufkin State School (Lufkin)	1962		322		340	-529.41%	9	23	4
TX	Mexia State School (Mexia)	1946		288		320	-1000.00%	64	91	5
TX	Richmond State School (Richmond)	1968		335		343	-233.24%	12	18	2
TX	Rio Grande State Ctr. (Harlingen)	1973		67		63	634.92%	10	5	1
TX	San Angelo State School (Carlsbad)	1969		208		212	-188.68%	30	28	6
TX	San Antonio State School (San Antonio)	1978		240		254	-551.18%	9	13	10
UT	Utah State Dev. Ctr. (American Fork)	1931		203		204	-49.02%	16	11	4

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
VA	Central Virginia Trng. Ctr. (Lynchburg)	1911	2020	286		300	-466.67%	20	24	10
VA	Northern Virginia Trng. Ctr. (Fairfax)	1973	March 2016	107		135	-2074.07%	3	26	4
VA	Southeastern Virginia Trng. Ctr. (Chesapeake)	1975		75		84	-1071.43%	1	9	1
VA	Southwestern Virginia Trng. Ctr. (Hillsville)	1976	June 2018	144		156	-769.23%	7	14	2
WA	Fircrest (Seattle)	1959		229		232	-129.31%	14	3	2
WA	Lakeland Village School (Medical Lake)	1915		207		208	-48.08%	1	0	1

Appendix C

State	Facility Name (City)	Year Opened	(Projected) Closure Date	Residents With IDD June 2014	All Residents June 2014	Residents With IDD June 2013	% Change 2013 - 2014	Admissions/ Readmissions	Discharges	Deaths
WA	Rainier School (Buckley)	1939		298		312	-448.72%	3	6	12
WA	Yakima Valley School (Selah)	1958		70		74	-540.54%	0	0	4
WI	Central Wisconsin Ctr. (Madison)	1959		226		228	-87.72%	DNF	DNF	2
WI	Southern Wisconsin Ctr. (Union Grove)	1919		142		147	-340.14%	2	0	5
WY	Wyoming Life Resource Ctr. (Lander)	1912		75		79	-506.33%	0	0	4

- DNF Did not furnish This table does not list 24 large state facilities in New York, 1 in Florida, 2 in Georgia, 1 in Massachusetts or 2 in Rhode Island.

Appendix C

Attachment 2

Qualitative Data gathered from the Interviews with Sample States

PHONE INTERVIEW QUESTIONS

NASDDDS is developing a working document on the use of state-operated community residential services and the closure of larger state-operated residential facilities. In order to gather practical information about factors that impact states brought about by these closures we are requesting that some key states which NASDDDS knows have experience and knowledge of this process. Oregon has been selected as one of the potential sources of information. In particular, we are interested in information about state operated community based programs (under the HCBS Waiver or State Plans) and, if applicable alternate use of state ICF/ID

- **Who is on this call and their role:**
- **Do you currently have state-operated community residential facilities as well as state-operated ICFs?**
- **At the time you started, were these homes primarily used for people leaving ICF/ID facilities?**
- **How did the state (or planning teams, as applicable) determine who moved to state-operated homes vs private community supports?**
- **What was your primary criteria for admission to state-operated services?**
- **Has that criteria changed over time (or another way of asking Is; has the population changed over time – criteria may be the same but population changed)**
- **What is the average length of time people live in the state-operated home?**
- **Do you have an exit criterion?**
- **When you opened the homes, were the staff primarily from the institution?**
- **What is your staff turnover?**
- **Where do you recruit new staff?**
- **Assuming that state homes serve harder to serve individuals, have you seen an increase in private providers developing their capacity to serve the individuals in the state run homes?**

Questions related to closing institutions

- **Have you recently or are you in the process of closing a state ICF/ID?**
- **Have you considered alternate uses for the ICF? (short term crisis, specific medical or therapy)**

- **Does the state have plans to sell property/transfer ownership-use of site?**

Survey Question Responses

Who is on this call and their role:
The state staff who participated in these interviews represented the management level of state-operated services. Typical roles of the people were Director of Facilities, Director of Institution Closures, Director of DD Services, DD Agency Fiscal Director.

Do you currently have state-operated community residential facilities as well as state-operated ICFs?
All states interviewed had state-operated ICFs at the time they began operating state-operated community-based homes and had closed at least one larger institution, or were in the process of closing at least one large institution.

All of the states interviewed also operated smaller residential sites. The number of state-operated settings varied widely. The range was from 1 to 80. All of the states interviewed had homes located in a variety of communities. On average the homes had been in operation for about 25 years, with the oldest serving individuals for 46 years, and the most recent being in operation for about 10 years.

What were the reasons for starting state-operated community homes?

All states reported that the original intent of the homes was to serve individuals exiting the state's larger residential institution(s). However, the reasons varied and included some or all of the reasons listed:

- Needing to close the institution under rapid time frame (often under litigation)
- Not having provider capacity to meet the behavioral or medical needs of some of the individuals
- Avoiding large state employee lay offs
- Supporting family concerns about institutional closure and a desire to continue to have the state involved in running their family member's services

How did the state (or planning teams, as applicable) determine who moved to state-operated homes vs private community supports?

Of the four states interviewed, three states indicated that intensive support needs (medical and/or behavioral) were the primary factor in determining who moved from the institution to the state-operated home. Medical needs included people who were technology dependent (g tubes, j tubes, tracheotomies, and ventilator dependent) or who had medical needs that were not stable and included frequent medical intervention. Behavioral needs included people who presented behaviors that were injurious to self or others at a high on persistent level. Another behavioral criteria was individuals with

criminal type behaviors that created a high liability for providers.

Three of states indicated that lack of provider capacity to support individuals described above at the time the state-operated programs were opening were a consideration.

One state indicated that criteria for people leaving the institution into state-operated homes was based primarily on choice of individual and/or family.

All of the states used planning teams that identified individuals to move to state-operated homes. In addition, one state had a Developmental Task force that reviewed the states plans including the use of state-operated community residential services.

Has that criteria changed over time (or another way of asking is; Has the population changed over time? – criteria may be the same but population changed)

One state that originally developed the homes to be available to anyone leaving an institution is working to create new admission criteria for the homes to be based on level of need. In a deliberate plan to eliminate state-operated community based homes they do not accept any new admissions into state-operated homes. Over the past 5 years they have actively encouraging private providers to take over state-operated homes. Recently the state has come to the conclusion that they it will be necessary for them to maintain a minimum number of state-operated homes for with challenging needs.

The states that identified individuals with some of the most challenging needs to support as they were leaving continue to have that premise, but the particular challenging supports have changed. One state reported that when they started using state-operated half of the individuals that moved to the homes had high medical needs. Today, they do not admit anyone with solely medical issues and are operating one remaining home with individuals who use ventilators.

All states use a combination of crisis criteria, level of support and lack of private provider. States have developed criteria and mechanisms to evaluate an individual's need to get housing from a state-operated residential home. The models vary from state to state but usually require that the person is in immediate or imminent need of placement due to being discharged from hospital/Mental Health stay, jail, or the individual has been given notice that they have to move from either the family or the private provider they have a behavioral need that requires frequent and intensive interventions or they have a medical need that requires frequent medical interventions such as the of Gtube or a Jtube, Tracheostomy or Ventilator. In all cases there need to be documentation that efforts have been made to find housing in the private provider community.

As to the provider capacity, most states reported that the private provider community has increased its capacity to better serve individuals with higher medical and behavioral needs so this factor continues to change. In two states they have actually closed some of the state-operated homes that were developed to serve medically fragile individuals

because the private providers were able to take everyone in that category.

What is the average length of time people live in the state-operated home?

In the state which moved everyone out of the institution based on individual and family choice, the average time a person is in the home is approximately 10 years with some individuals living in the homes for 25 years.
In three states where the focus of the home is now for individuals in crisis the time lived in the home is much shorter. One state has a policy that an individual cannot stay at the home for more than 13 months at which time when their case is reviewed. If no other home can be found, the individual can stay additional time (currently over two years).

Do you have exit criteria?

States have all developed exit criteria

- a matrix is used to make a clinical/medical decision for stepping down of services many step down but still can't move.
- In one state the person has to express that they want to leave state house
- stabilization based on a plan written at intake for that person
- a home in community has been identified
- States indicate that it is important to begin thinking of the exit plan at the time of admission including identifying a team of people who will stay involved with the person while they are living in the state-operated home (participating in the Individual planning, getting reports and updates on progress)

When you opened the homes, were the staff primarily from the institution?

All states reported that original staff all came from the larger state institutions.

- Often staff moved with people they were working with in the institution
- One state said they were able to select "star employees" and invited them to come to new home, however, since the institution was only downsizing not closing, some said no since there was not higher pay or training

One state reported when closing the institution, the individuals moving to state-operated homes moved at the end of the closure. This allowed for staff who knew they would also transition their work site to be an active work force up until the closure date.

What is your staff turnover in these settings?

States reported that after an initial period the turnover rate was similar to the private community

- Staff who did not support the smaller homes often left on their own.
- As the homes become more focused on people in crisis staff may also choose to leave on their own

- In one states efforts to reduce the number of state-operated homes they have been transferring homes to the private providers. State staff can be rehired by the private provider.

Where do you recruit new staff?

- Normal areas of recruitment (paper, state lists, employment offices)
- Often staff come from the private provider community. States often provide better pay and benefits.
- Can produce friction with private providers as the states can be seen as taking the best workers.

Assuming that state homes serve harder to serve individuals, have you seen an increase in private providers developing their capacity to serve the individuals in the state run homes?

All said yes.

- many new providers serving people not from institution now taking "state people"
- closing down state homes provider community growing to take them (taking over state homes
- has seen big increase in medical houses, expect behavioral to follow

Questions related to closing institutions
Have you recently or are you in the process of closing a state ICF/ID?

Of the four states interviewed, one state has no public or private ICF/ID. The remaining three have
CT previously operated 12 regional centers and two training schools. They have closed one of the schools and all but 5 regional centers.
CA currently has three centers which are all in the process of closing
MO has closed three centers and still operates one center

Have you considered alternate uses for the ICF program or property? (short term crisis, specific medical or therapy)

- Two of the states interviewed that they have used the old institution as a forensic center to serve individuals from the correctional facilities who have a mental health diagnosis
- One state reported that they considered using the dental facilities and some of the therapies as a community back up. However, trying to determine funding (individuals in the community were enrolled in Managed care for health and dental) became a barrier. It was also discovered that there were community providers who did pick up the services.
- In a number of cases the state DD agency will relocate offices to the

space

States also reported that once the institution was not being used as a residential center the states must follow established rules for state surplus. In one state, this included giving private providers an opportunity to purchase or acquire surplus goods.

Does the state have plans to sell property/transfer ownership-use of site?

All states thought to sell. Most states who are interested in selling property and investing the funds in the I/DD services need a legislative process so the funds are not sent to the general fund. One state had legislation to sell the property at market value (which prevented political pressure to give the property to other favorite non-profit groups) and to use the funds to provide housing modifications for people living in their own or family home (this bill has since been amended so that the legislature could dip into the corpus to cover one time fiscal issues)

Conclusions:

What advice would you give a state contemplating using state-operated community residential services?

Be clear why you need and use a state-operated home verses a private provider

- You will have to explain this reason many times
- It makes it clear up front what that you have criteria for people who enter the home and why they move from the home

Develop criteria for entry and exit

- Don't make it disability specific. Your private provider should develop over time so that if you are using for crisis it is better to demonstrate no provider capacity (due to skills or liability issues) than by diagnosis
- Developing community capacity is ongoing. You should be planning for exit when the person first moves in
- Just because people won't live there forever, doesn't mean it should not be set up as their home

Design the program to be flexible

- The people you are supporting today, won't be the same kind of people in the future
- Make the homes flexible (use duplex models if you can – that maximize staff and allow for roommate issues
- Don't own the homes. If you can rent or have arrangements with housing providers, you won't feel pressured into supporting people in the wrong kind of homes.
- If you down size (many states grew state-operated in the first (10) years, then began to decrease) you don't have to worry about property

Develop a complete system of support

- State-operated programs need to plan for employment and other day services
- Pressure to show best practice in all areas of support ("if private providers have to do it, so should the state")
- Collaborate with local hospitals, psychiatrists, others. Since you are using HCBS services, access to and payments for medical and other professionals are part of the acute care system
- Consider Conflict of Interest - If you use a state case management system, who will be the case manager for these services. Consider who is doing licensing and assure conflict does not arise.

Work Force

- Assure from the beginning strong person centered values – incorporate it into ongoing trainings
- Be cautious of emphasizing that the people they support are "harder" than anyone else – it can set up staff to justify rigid behaviors
- Be careful of "over-staffing". Staffing patterns get set and when people change and you want to demonstrate what it would be like for someone living with less support, you have a structure of staffing commitments that get in the way

Ensure Stakeholder Buy In

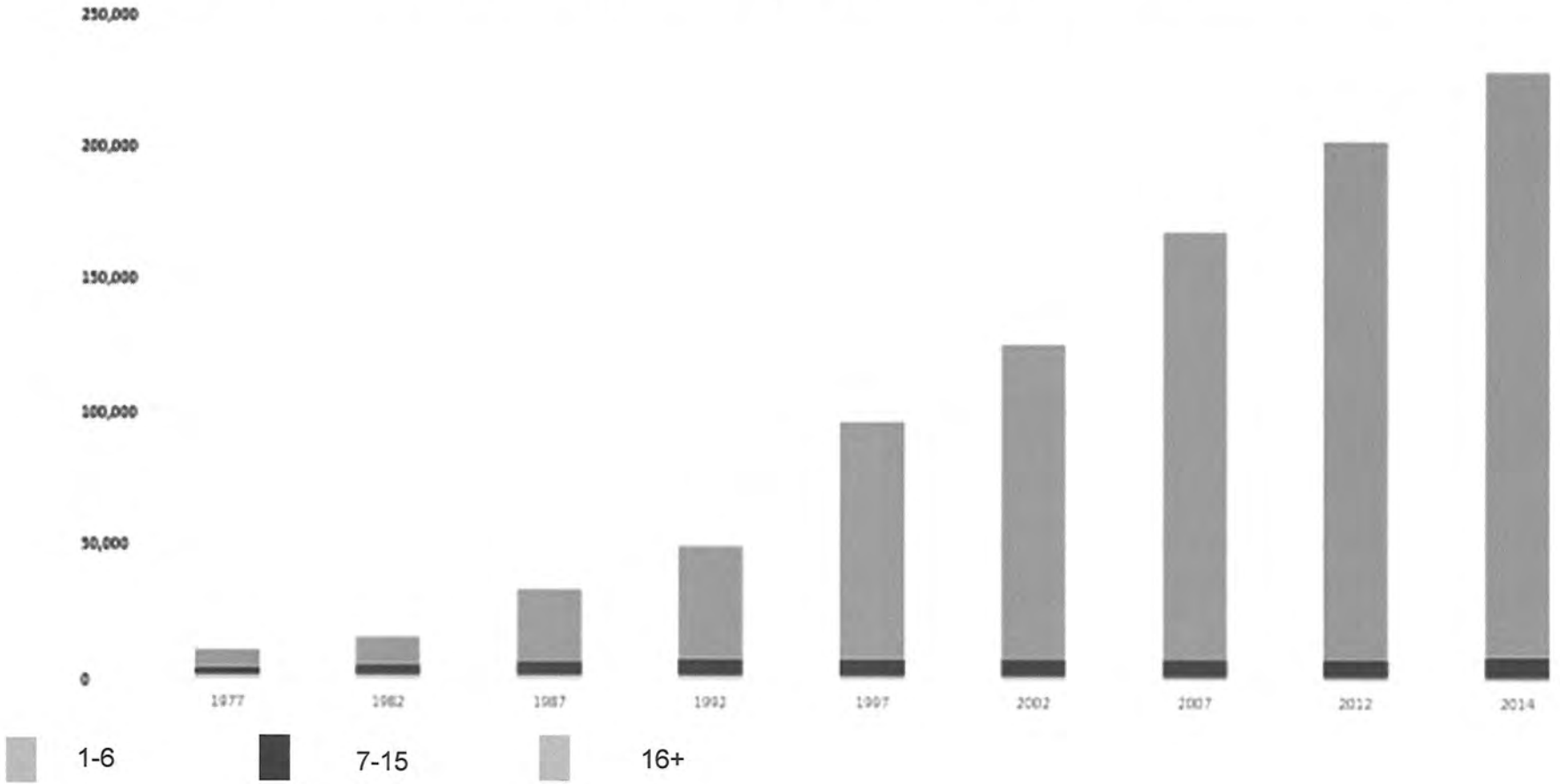
- Be clear about how and why you are using State-operated services with your full community
- Recognize you will probably offer a higher wage and benefit package than a private provider. For providers operating in same area as the state-operated program, they may experience higher staff-turn over when state-operated programs are recruiting (a low turn-over rate for State-operated services will benefit the people you support and other local providers who are not losing staff to your program)

Budget

- Make sure you have determined how you will cover costs that are not part of Medicaid reimbursement (room and board)
- Since you are not "paying" yourselves, make sure you have an accounting process that allows you to bill Medicaid

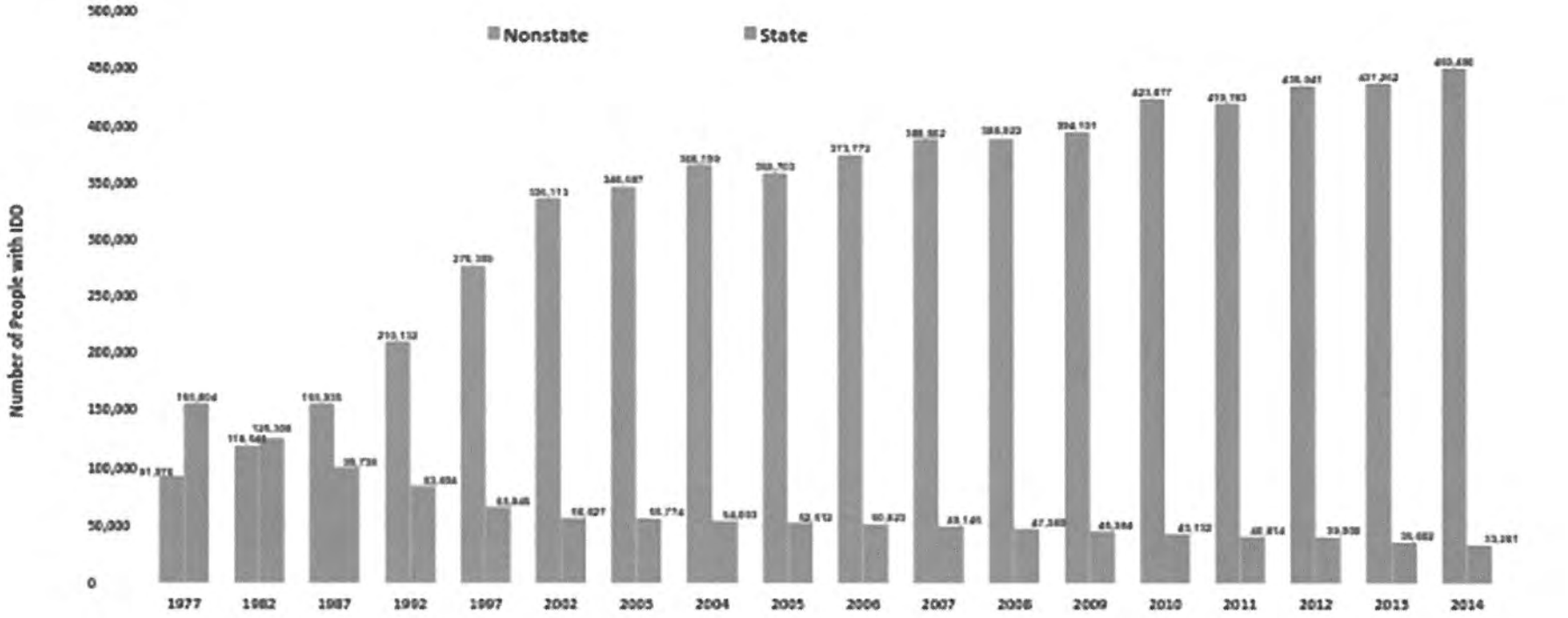
Appendix C

Change in the Number Non-Family IDD Residences by Size Every 5 years 1977 to 2012 and 2014

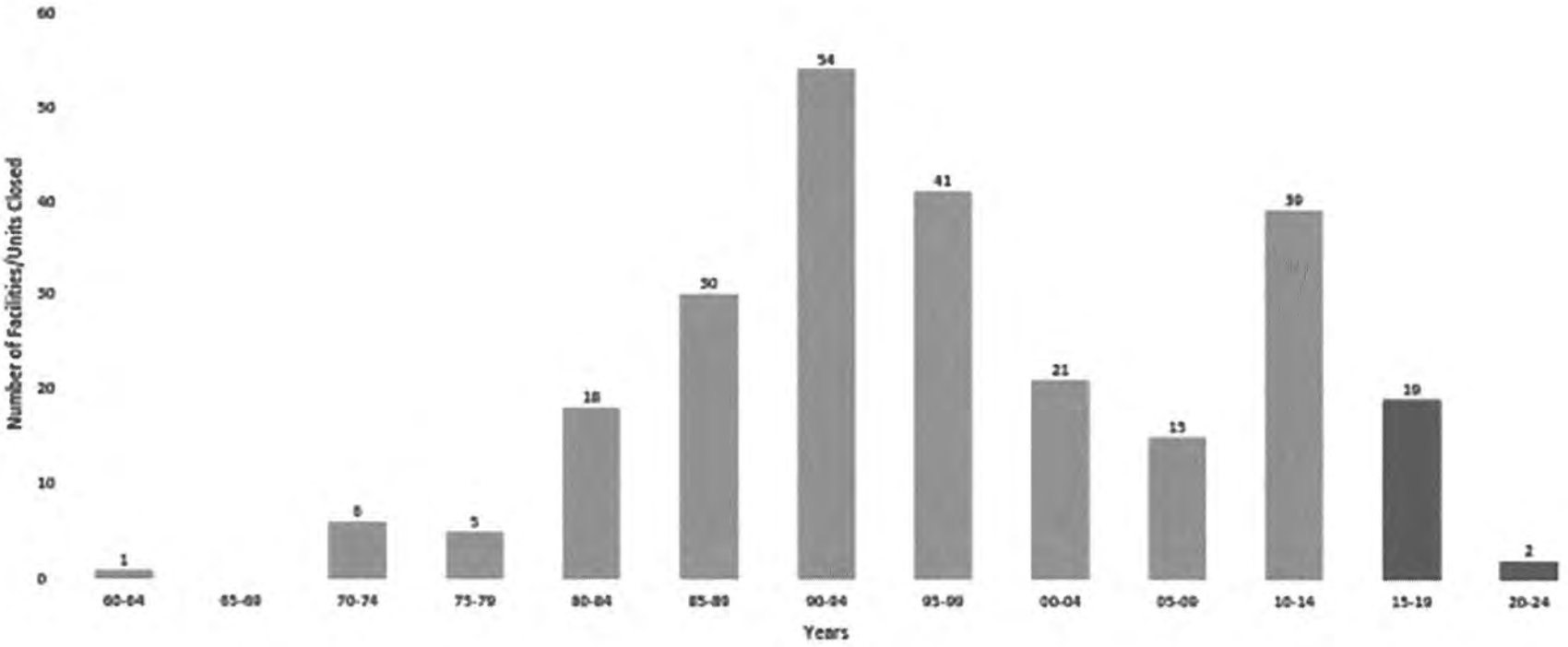


Appendix C

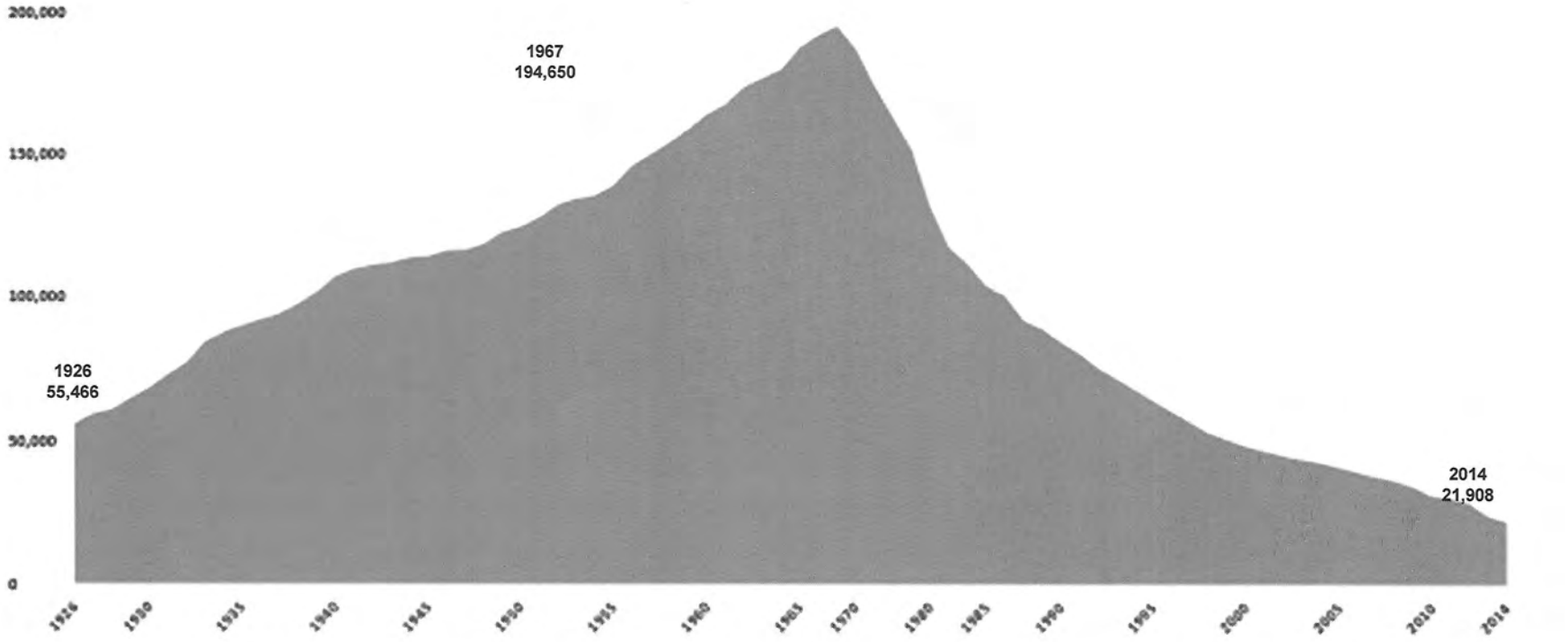
People in State and Nonstate Non-Family IDD Settings Every 5 Years From 1977 to 2012 and 2014



Closures, Conversions and Anticipated Closures of State IDD Facilities with 16 or More Residents, FY 1960-2024 in 5-year Intervals



Average Daily Population of State-Operated IDD Facilities with 16 or More Residents 1926 through 2014



Appendix D

Ancillary Conversation

Kentucky

October 21 2016 conference call with Tabitha Burkhart Wilson. On November 28 2016 Megan's visit to Lee Clinic.

On October 21, 2016 Deputy Director of State operated Services, Megan Gumbel had a conference call with the Director of Behavioral Health Division of Kentucky. Primary focus of this call was to discuss the multi-specialty clinics that operate in Kentucky. These facilities serve individuals over the age of 18 and are a health home for many I/DD individuals. The Multi-Specialty Clinics are state owned but contracted out for operations. The clinics have all be built on the grounds of Kentucky ICF/DD facilities. Initially a multi-specialty clinic was being considered as a recommended option for LB895.

On November 28, 2016 Deputy Director Gumbel made a visit to the Lee Clinic in Louisville Kentucky. In 2000 the Kentucky Commission on Services and Supports for Individuals with Intellectual and other Developmental Disabilities was created. The Commission serves in an advisory capacity to the Governor and General Assembly concerning the service system that impacts the lives of people with intellectual and developmental disabilities.
Kentucky spent many years developing their State Plan for the multi-specialty clinics that are currently housed on their ICF/DD grounds. It was after this visit that it was decided that a multi-specialty clinic state owned and operated at BSDC may not be a viable recommended option for Nebraska. However, during this visit the Deputy Director Gumbel was able to gather additional information on Kentucky ICFs and their operations. Intermediate Care Facilities in Kentucky are short-term facilities for assessment, stabilization and development of community rehabilitation plans. Average length of stay is 6-9 months. There is only one state-owned and operated facility Hazelwood located in Louisville with an average daily census of 120 individuals. Bingham Gardens (Louisville), Outwood (Dawson Springs), and Oakwood (Somerset) are all state-owned and contracted for operation. Average daily census for each is Bingham Gardens-24, Outwood-42, and Oakwood-110.

Kentucky State ICF/ID

908 KAR 3:050. Per Diem rates.

Section 1. Facility Rates.

(1) Facilities owned by the state shall charge a per diem rate for room and board and a separate charge for each treatment service listed in subsection (3) of this section that is provided.

(2) The per diem rate for room and board for each facility shall be as follows:

Facility		Rate
State-owned & operated		
Hazelwood Center ADC*120		$1,045
State-owned contract operation		
Outwood ICF/MR ADC *42		$890
Bingham Gardens ADC* 24		$1,535
Oakwood ADC* 110	Unit 2	$1,180
	Unit 3	$1,180
	Unit 4	$1,180
		$1,180

*ADC=Average Daily Census SFY2013

These facilities serve individuals over the age of 18

(3) A separate charge shall be imposed if the following treatment services are provided at a Department for Behavioral Health, Developmental and Intellectual Disabilities facility listed in subsection (2) of this section:

(a) Physician's services;
(b) EEG;
(c) EKG;
(d) Occupational therapy;
(e) Physical therapy;
(f) X-ray;
(g) Laboratory;
(h) Speech therapy;
(i) Hearing therapy;
(j) Psychology;
(k) Pharmacy;
(l) Respiratory therapy;
(m) Anesthesia;
(n) Electroshock therapy;
(o) Physician assistant;
(p) Advanced practice registered nurse; and
(q) Outpatient clinic services.

Retrieved 05/19/2017 https://dbhdid.ky.gov/dbh/documents/cmc/2015/Begley-Lee.pdf

Iowa State ICF/ID

Facility	Rate
State-owned & operated	
Glenwood Resource Center ADC*222	$923.82
Woodward Resource Center ADC*136	$961.82

*ADC=Census as of May 9, 2017

All appropriate community-based options must be exhausted before admission is considered. There is a current waiting list. Glenwood Resource Center is currently under a conditional license and cannot accept admissions.

Iowa is actively working to increase community capacity and concurrently and appropriately reduce reliance on large, congregate ICF/IDs. The combined target for the two Resource Centers is to reduce capacity by 24 beds annually.

Retrieved May 19, 2017
2017https://dhs.iowa.gov/mhds/disability-services/resource-centers/glenwood

Missouri State ICF/ID

Facility	Rate
State-owned & operated	
Total census all Habilitation Centers	
ADC*339	$665.67

*ADC=Census as of May 15, 2017
No new admissions to any campuses since 2008

There are no plans to close all ICF Habilitation Centers but consolidation of locations continues as census decreases.

Trends in Missouri by and large reflect those at the national level. Missouri, like many states, was already on a trajectory prior to the 1999 Olmstead Supreme Court decision to reduce the numbers of people served in state habilitation centers (Missouri's name for state operated ICF/IID facilities). Between 2000 and late 2014, Missouri decreased the numbers residing in the state facilities from over 1300 to fewer than 420. Only four of the state's original six habilitation centers are still in operation, with plans to close a third center by end of 2015.

Retrieved May 19, 2017
https://dmh.mo.gov/dd/manuals/docs/agingwithidd.pdf

Appendix E

Public Input

Division of Developmental Disabilities
LB895 Public Hearing

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What is LB895

LB 895 requires DHHS to examine the Beatrice State Developmental Center (BSDC) and the Bridges program and present the future vision of how our services will fit into the larger service array to Governor Ricketts and the legislature. You may have heard this referred to as "The Plan." Please note this applies to both BSDC and Bridges.

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LB895 Continued

What does the plan require?

The plan requires us to do the following for both BSDC and Bridges:

- Explain the true cost of services at BSDC and Bridges.
- Analyze the physical structures and land of BSDC and Bridges.
- Examine the needs of each person living at BSDC and Bridges.
- Discuss the preferences of each person living at BSDC and Bridges.
- Depict the level of community integration for the people we support at BSDC and Bridges.
- Analysis of Nebraska's compliance with the United States Supreme Court's decision in Olmstead v. L.C., 527 U.S. 581 (1999).
- Evaluate the role BSDC and Bridges can serve to all individuals with DD living in Nebraska.

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Current Status of Bridges

- March 7, 2017 the department announced the transition to closure of the Bridges Program.
  - Decision based on compliance with the Medicaid Home and Community Based Services waiver regulations.
    - Person-centered planning/least restrictive environment
    - Settings rule-adjacent to a public institution

- All 6 individuals will transition to alternative settings of their choice on or before June 7, 2017.

- History of success for those individuals transitioned from Bridges to community based settings.

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Current Status of BSDC

- Licensed as 4 Intermediate Care Facilities (was 5)
- Census: 109
- Average Age: 67 (25 – 86 years)
- Average length of stay: 47 years (8-73 years)
- Gender:
  - Male: 62 individuals- 57%
  - Female: 47 individuals- 43%

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Budget Appropriation and Per Person Costs

Beginning FY2017 Total Budget Appropriation: $50,679,654

- Federal Medicaid Funds $21,758,189
- General Funds $26,209,983
- State Cash Funds: $2,711,482

Ending FY2017 Total Budget Appropriation: $47,171,918

- Federal Medicaid Funds $26,758,189
- General Funds $17,702,247
- State Cash Funds: $2,711,482

- February 2016: BSDC Average Annual Cost per person $355,481
- June 30, 2017: BSDC Estimated Annual Cost per person $322,098

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True Cost of BSDC Services

- Completed a comprehensive analysis of:
  - Process
  - People: staff and individuals
  - Physical Plant
  - Expense
- Rightsizing effective April 7, 2017.
  - Reduction of 39 FTEs across multiple departments to realign services
- Implemented efficiencies identified through the analysis.

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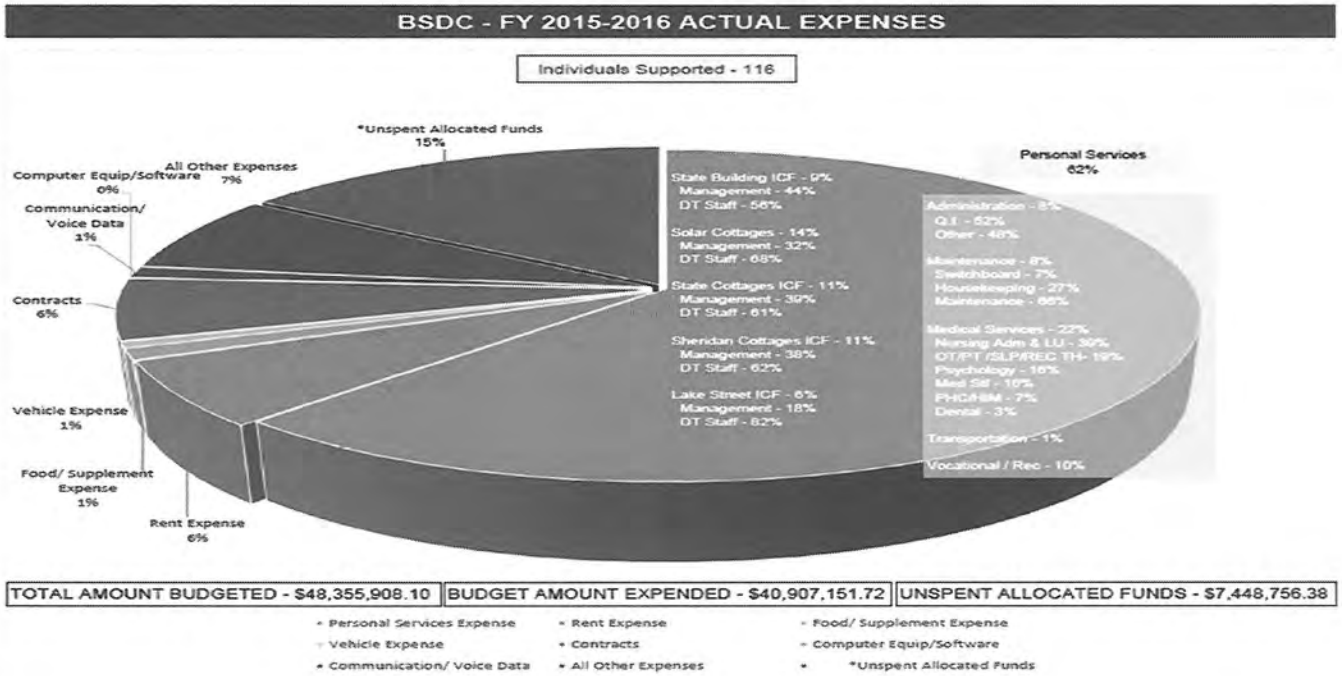
Cost-Actual FY15/16 Expenses



TOTAL AMOUNT BUDGETED - $48,355,908.10	BUDGET AMOUNT EXPENDED - $40,907,151.72	UNSPENT ALLOCATED FUNDS - $7,448,756.38

- Personal Services Expense
- Vehicle Expense
- Communication/ Voice Data
- Rent Expense
- Contracts
- All Other Expenses
- Food/ Supplement Expense
- Computer Equip/Software
- *Unspent Allocated Funds

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Appendix E

Analyze Physical Structure and Land

- Cost analysis of buildings and current use.
- Comprehensive architectural assessment of current and future needs.
- Collaboration with Department of Administrative Services to locate the best possible funding mechanisms and prioritization for current and future needs.
- Evaluation of vacant buildings: rent costs, potential future uses and demolition costs.

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BSDC Resident Needs and Preference Review

- Comprehensive review of the medical and behavioral needs of each individual supported at BSDC.
- Evaluation of community capacity to meet the needs identified.
- Conversation with families, guardians and teams to document current preference of setting.

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Who we support

IDD Level	Number of individuals	Percent %
Mild	17	16
Moderate	16	15
Severe	19	17
Profound	56	51
Total	**109**	100

Medically Complex	Number of individuals	Percent %
Chronic care multiple visits	18	16
Chronic care occassional visits	35	32
Routine care minimal visits	56	51
Total	**109**	100

Intellectual	Number of individuals	Percent %
Developmental Disability		
with Mental Illness		
Medication only	1	0.9
Medication & Behavior Suppor	61	56
Total	**62**	

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Level of Community Integration

- Understanding of individual choice in activities.
- Evaluation of employment, volunteer activities and leisure trips.
- Conversations with community organizations to fully depict integration and value.
- The people living at BSDC took over 4200 trips last year.

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Evaluation of the Role of BSDC

- Engaged with stakeholders throughout Nebraska to attain feedback on the Nebraska DD delivery system.
  - What is working well and what is not working well.
- National research regarding DD delivery systems.

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What Families Want & Need

Information and Training Supports: *Knowledge and Skills*	Emotional Supports: *Mental Health and Self-efficacy*	Instrumental Supports: *Day-to-Day Needs*
• Information on disability • Information about generic supports • Knowledge about best practices and values • Skills to navigate and access services • Ability to advocate for services and policy change	• Parent-to-Parent Support • Self-advocacy organizations • Sib-shops • Support Groups • Professional Counseling • Non-disability community support	• Person/family- centered planning • Service Coordination • Habilitation/companion • Personal assistance • Employment services • Respite • Adaptive equipment • Home modifications • Cash Subsidies • Paying family caregivers • Financial planning/trusts • Promote wellness help people monitor health

Sheli Reynolds

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National Trends

Contracted with National Association of State Directors of Developmental Disability Services (NASDDDS) to evaluate national Trends.

National trends show large State Operated Facilities are declining in size or closing.

States that do maintain State Operated Services initially start or continue to address complex medical needs, however, often transition to support behavioral needs.

This is all done while building community capacity.

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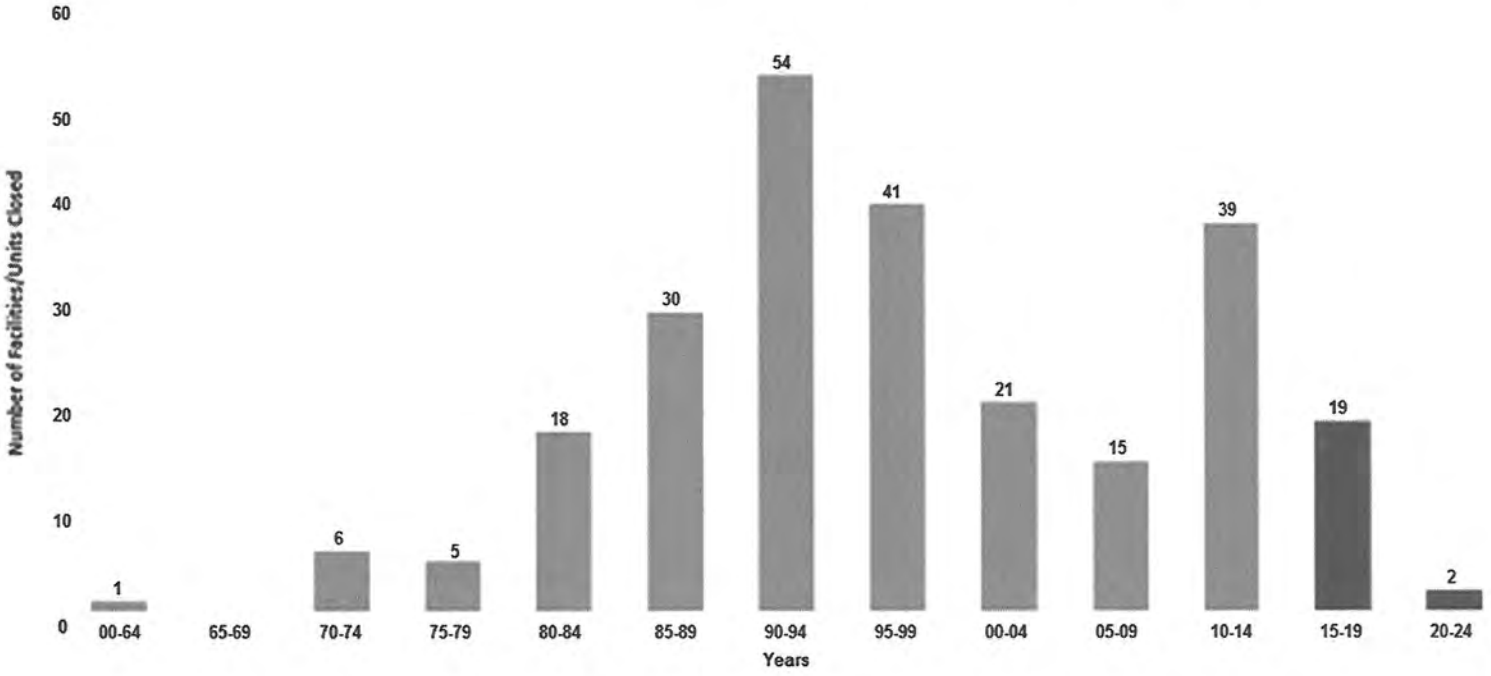
Closures, Conversions and Anticipated Closures of State IDD Facilities with 16 or More Residents, FY 1960-2024 in 5-year Intervals



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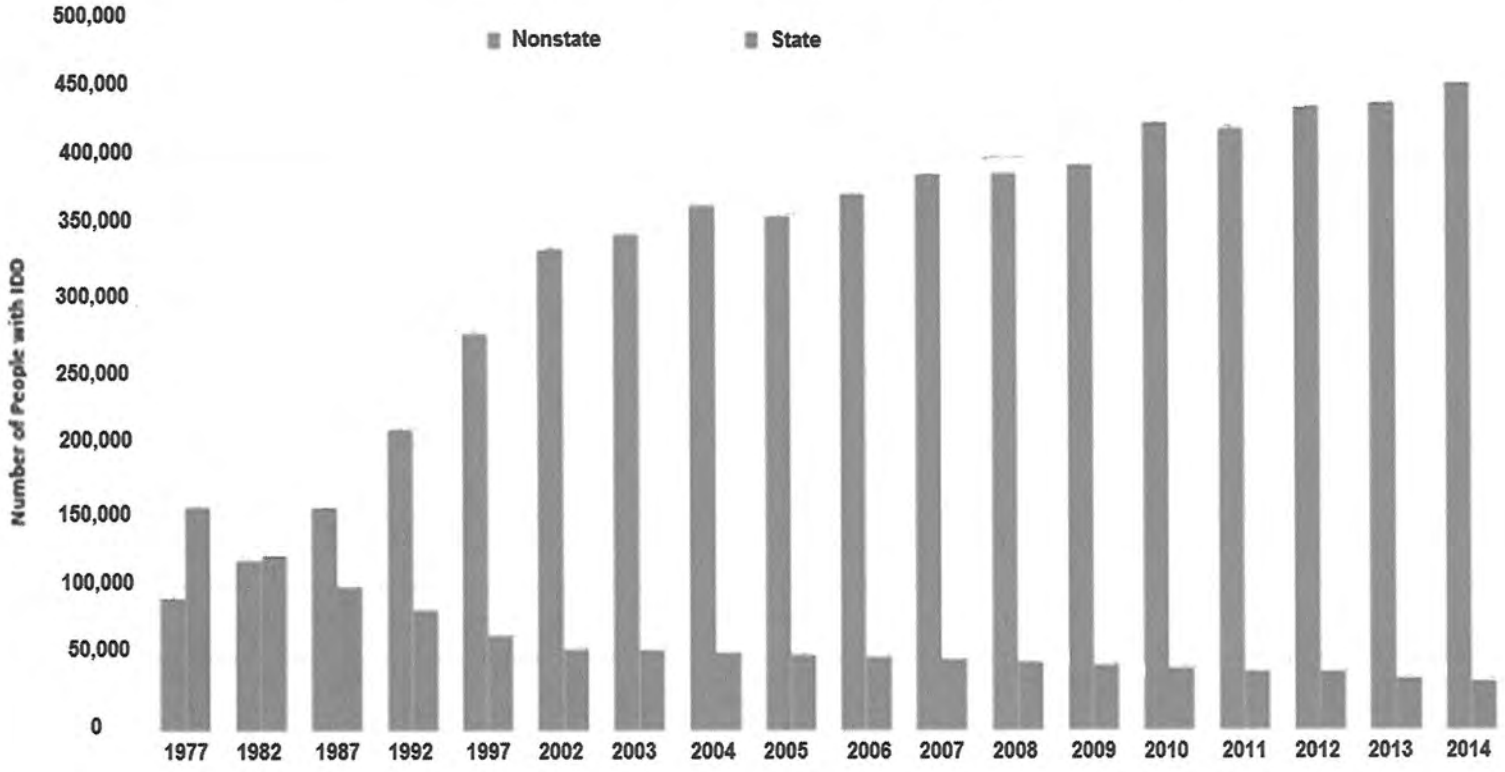
People in State and Non-state Non-Family IDD Settings Every 5 Years From 1977 to 2012 and 2014



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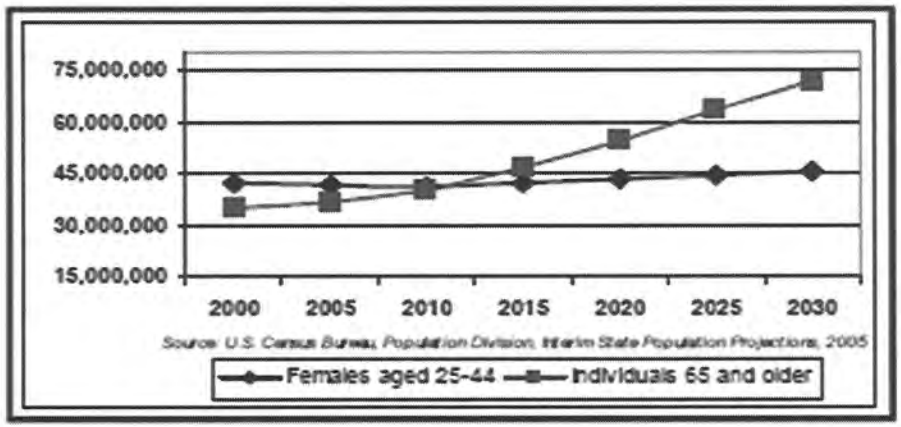
National Trends

Shortage of Caregivers

- There are an estimated 641,000 adults age 60 and older with I/DD in the United States and their numbers will double over the next two decades as members of the "baby boom" generation reach retirement age.
  - Workforce will not keep pace with demand



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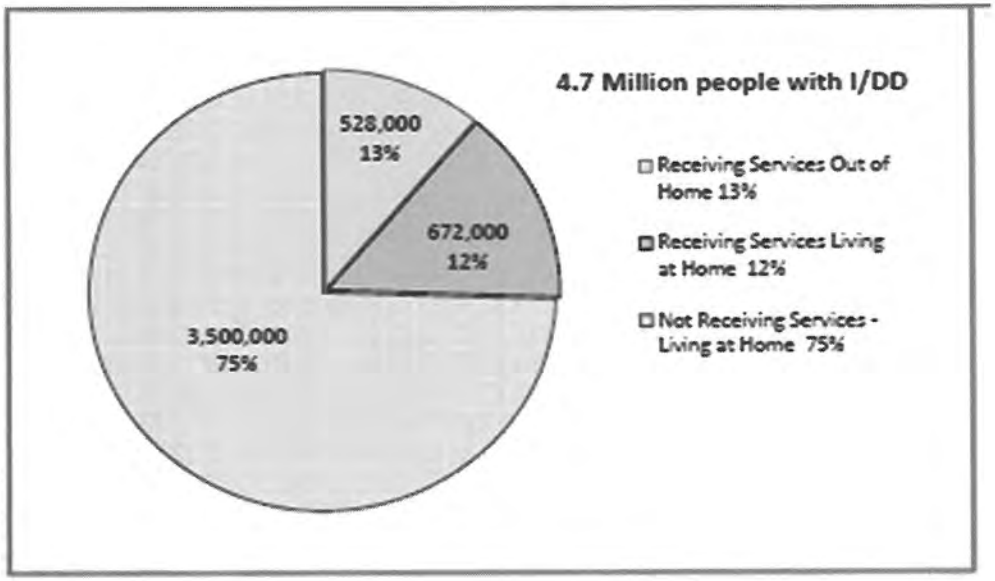
National Trends

- Family Caregivers are the Nation's Long Term Care System
  - 89% of people with I/DD are supported by family



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Identified Nebraska DD Service Gaps

- Medical Shortages: Psychiatric, behavioral, dental, and therapies
- Long-term care Need: Difficulty locating placement for individuals with complex medical and behavioral needs.
- Behavioral Support: No licensing requirements for BCBAs and shortage of Psychologists and LMHPs.
- Crisis: Nowhere to go when in crisis, medication stabilization or a caregiver break.
- Rural Shortages: Lack of access in rural areas and lack of tele-health.
- Provider Capacity: Waiver stabilization, regulations and requirements

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Appendix E

Olmstead Principles

Opportunities for true integration, independence, recovery, and choice for individuals with a disability.

Opportunities that promote self-determination for people with a disability in all aspects of life; including where they live, spend their days, work, or participate in their community.

Opportunities to ensure a person with a disability has access to quality services.

DOJ has moved beyond conditions in state institutions to focus on the extent to which existing community services prevent institutionalization.

Source: Current Trends and Emerging Issues in Developmental Disabilities Services 2015, Dan Berland

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Olmstead Compliance for BSDC

DDD has evaluated the wait list movement and funding offers.

Education provided and choice given to the individuals at BSDC and Bridges regarding community placement quarterly.

Medicaid Money Follows the Person to prioritize individuals transitioning to community based services.

The Department of Justice has moved beyond transitions from state institutions to focus on the extent to which existing community services prevent institutionalization.

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Options

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Options

- Closure
- Privatization: State Owned Contract Operated
- Multi-specialty Clinic
- Continuation with no Admissions
- Continuation with Admissions
- Graduated Transition Plan
- Transition to Contracted Resources
- Crisis Intervention Support/Consultative Assessment Service
- Acute Crisis Stabilization & Community Reintegration
- Respite
- Combined Service Array

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Option: Closure

- Intent
  - BSDC would close and all individuals would be served in alternative settings.
- Challenge(s)
  - Community capacity to meet the needs.
  - This is home to the individuals who live here.
  - Housing for the physical and behavioral needs of the individuals supported.
- Benefit(s)
  - Individuals could move closer to families.
  - Cost of care in the community may be lower.

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Option: Privatization

- Intent
  - State owned but operated by a private provider.
- Challenge(s)
  - Provider interest.
  - Staffing due to ability to compete with state wages and benefits.
- Benefit(s)
  - BSDC would remain a choice.
  - There are individuals who may benefit from nursing facility level of care; this could be an option.

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Option: Multi-Specialty Clinic

- Intent
  - Operate a multi-specialty health clinic to serve individuals with IDD that addresses all health needs.

- Challenge(s)
  - Approval and regulations.
  - Availability of practitioners.
  - Location.

- Benefit(s)
  - Collaborative care model.
  - Serves as a resource center.
  - Does build community capacity.
  - Meets a service gap.

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Option: Continuation-no Admissions

- Intent
  - Maintain services as they are today for the 109 people supported.

- Challenge(s)
  - Aging population.
  - Cost per person.

- Benefit(s)
  - Average person has lived at BSDC for 47 years.
  - Consistency in care.
  - Highly regulated quality services.

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Option: Continuation-with Admissions

- Intent
  - Continue services for the 109 individuals and provide admissions up to capacity of 165.

- Challenge(s)
  - Nationwide trends.
  - Demand for placement is not present.

- Benefit(s)
  - Capacity exists at BSDC.
  - Financially this will decrease the cost per person.
  - Systems are in place to ensure quality.
  - Beatrice is an accepting community.

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Option: Graduated Transition Plan

- Intent
  - Allow time to complete a well thought out individualized transition plan for each individual and ensure community capacity is available.

- Challenge(s)
  - Census ratio to resources.
  - Cost per person

- Benefit(s)
  - Ensures successful transition planning.
  - Promotes choice and time to locate services.
  - Does not force capacity.

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Option: Transition to Contracted Resources

- Intent
  - Unbundles service resources (medical staffing) currently provided by BSDC and relies on contracts during a transition period to closure.

- Challenge(s)
  - Consistency in contract practitioners.
  - Cost of contract vs state employees.

- Benefit(s)
  - Can increase practitioner capacity.
  - Evaluates ratios of practitioners.

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Option: Crisis Intervention: Consultative Assessment

- Intent:
  - Individuals stay in their home while receiving crisis stabilization services.

- Challenge(s)
  - Geography
  - Partnerships

- Benefit(s)
  - Person-centered services delivered by professional staff.
  - Allows the individual to stay in his/her home.
  - BSDC staff capacity exists.
  - Empowers families and providers.

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Option: Crisis Acute Stabilization with Reintegration

- Intent
  - Crisis stabilization at BSDC for a predetermined period of time with reintegration into a community setting.

- Challenge(s)
  - Variable needs for staffing
  - Community access and availability of resources for reintegration.

- Benefit(s)
  - Capacity exists at BSDC.
  - Controlled setting to allow individualized services.
  - Availability to tailor reintegration to the needs of the individual, family and provider.

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Option: Respite

- Intent
  - BSDC would serve as a respite provider for families in need.

- Challenge(s)
  - Would need to be only when no other provider can meet the respite need.
  - Must be licensed.
  - Safeguards and staffing must be in place.

- Benefit(s)
  - Respite is a need; nationwide and Nebraska wide.
  - BSDC has the capacity.
  - Can prevent caregiver burnout and possible crisis.

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Preliminary Recommendation: Combined Service Array

- **Description:** The Beatrice State Developmental Center (BSDC) would continue to operate as it is supporting the 109 individuals that currently live at BSDC and provide:
  - Respite services
  - Crisis intervention support and consultative assessment services
  - Acute crisis stabilization as an ICF admission
    - services would function as part of one of the 4 licensed Intermediate Care Facilities and would be a time limited service.
  - Continue to locate operational and financial efficiencies; not related to staff cuts.

- **Goal:** The goal is an integrated service array to address service needs and gaps within the Developmental Disabilities system while the system builds community capacity. This is a 36 month commitment to stabilization.

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- Questions?
- Feedback?

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Appendix E

Transcribed LB895 Public Comments
May 9, 2017

MEGAN GUMBEL: This is your opportunity to ask questions and share but a reminder to come up...do we have anyone that would like to go first.

STAN WIRTH: Good afternoon, my name is Stan Wirth I am the Mayor of Beatrice, I have some prepared comments I would like to have as part of the record. I appreciate this opportunity for this public input.

(Unintelligible.)

COURNTEY MILLER: We don't have a microphone.

STAN WIRTH: I'll try to speak loudly. Beatrice has been home to the Beatrice State Developmental Center for 130 years and is a very important element of our community. The residents of Beatrice have always embraced the center as a community partner. The 109 individuals that call BSDC their home are citizens of our community. Hundreds of dedicated BSDC employee's provide a continuum of in-home supervision and care around the clock every day, and specialists are available for individuals with complex medical and behavioral needs. The individuals at BSDC have the opportunity to work and play within our community in an effort to achieve independence, realize goals and develop relationships. They are present at community celebrations, restaurants, movie theaters, and the county fair. They have paper routes, assist many local businesses with routine maintenance, both in town and out of town, participate in recycling efforts and assists one of the major manufacturers with organizing assembly items. They help deliver "meals on wheels" and work with our local humane society. BSDC is part of the landscape of Beatrice. And finally, it is the community's hope that all options are investigated thoroughly and above all, that the best interested of our Beatrice citizens are of the highest priority.

COURTNEY MILLER: Thank you.

GLENNIS MCCLURE: Good afternoon and thank you for the report that you provided to us. My name is Glennis McClure and I represent Gage Area Growth Enterprise in Beatrice, Nebraska. N-gage is a county-wide economic developmental group and I'm here to speak in support of the Beatrice State Developmental Center and the important employment base and reciprocal presence it offers our community. The Beatrice State Developmental Center is one of our longest running entities with its existence dating back to 1887. Around the Beatrice and Gage County area there is a wealth of trained and skilled human service workers. As one of the largest employers in Beatrice and Gage County, BSDC is critical to our economy. BSDC helps define Beatrice as an open, accepting, hardworking and dedicated community. The individuals that live at BSDC are part of our community. We need to see them remain in our community. We encourage the State to continue operations in Beatrice and utilize the assets of the trained personnel and facilities that they now have at BSDC. Thanks again.

COURTNEY MILLER: Thank you.

MEGAN GUMBEL: Do make sure that if you are providing that you do sign-in please. And the sheet will be right there with a pen.

ERIC EVANS: Good afternoon, my name is Eric Evans and I am the chief executive officer at Disability Rights Nebraska, the designated protection and advocacy system for people with disabilities in Nebraska. During the previous legislative session we testified in strong support of LB 895 and want to thank Director Miller and her staff for the extensive work that the Division has done in preparation for

this hearing. Last summer our Board of Directors had an opportunity to deliberate on a resolution about the future of the Beatrice State Developmental Center, as well as the other Intermediate Care Facilities for people with Intellectual/Developmental Disabilities. The Board adopted the following position statement: Disability Rights Nebraska shall advocate for the planned elimination of all Intermediate Care Facilities for Intellectual and Developmental Disabilities currently operating in Nebraska and for a moratorium on the establishment of any such facilities in the future. Today I am here to advocate for the planned closure of the Beatrice State Developmental Center. We have developed a position paper which argues that the continued operation of this facility is unsustainable economically and that current research and policy trends demonstrate that it is an archaic model of service provision. Simply put, continued investment in the facility is bad policy. We have provided copies of the position paper as well as a jump drive for you with some of the more relevant primary literature sources that we used in developing the paper. In addition, I request that our full position paper be directly entered into the record for today's meeting. Our paper identifies the following eight recommendations that we request you consider when developing the final plan: To continue to prohibit new admissions to the Beatrice State Developmental Center; To establish a test force that will work in conjunction with the Olmstead stakeholder advisory committee to develop a three-year plan to close Beatrice State Developmental Center; To develop and implement a high quality, multi-layered system of quality assurance to ensure safe supports and services in the community that are outcome driven; To examine and expand that capacity of services and supports that will be needed in the community as individual's transition there; To seek guidance from other states who have successfully developed and implemented plans for closure of their state institutions; To Eliminate ICF/IDDs as a state option in Nebraska's state Medicaid plan and develop a plan for their closure; To also strengthen opportunities for competitive employment and adopt employment first policies for the state of Nebraska; And ensure that individuals are not transitioning to private facilities, Intermediate Care Facilities for people with intellectual/developmental disabilities. We recognize that closure cannot occur without the simultaneous development of additional capacity in the community for people with complex service needs. The proposal Director Miller is certainly a step in the right direction, and we find this commendable, however, our position will be to continue pressing for the closure of Beatrice State Developmental Center, as well as the other Intermediate Care Facilities for people with intellectual/developmental disabilities. None the less, we are willing to work with the Division as it moves forward with the final plan that is developed in regard to the future of the Beatrice facility. One final point I want to emphasize is that any planning around the future of the Beatrice State Developmental Center and other Intermediate Care Facilities for people with individuals/developmental disabilities must be coordinated and integrated into the work of the Olmsted planning workgroup established under LB 1033. That concluded me testimony. If you have any questions I would be happy to answer any of them and I do have copies of the testimony its self.

MEGAN GUMBEL: Okay, I'll take those. Thank you.

ERIC EVANS: You're welcome, and copies of the position paper

MEGAN GUMBEL: Great...Thank you

ERIC EVANS: And a jump drive with all the other stuff on it.

MEGAN GUMBEL: Thank you so much.

COURTNEY MILLER: Do you have copies of the...is the position paper available for others? Or just...?

ERIC EVANS: That's the copies...if you go to our website www.disabilityrightsnebraska.org you will be able to find the report.

COURTNEY MILLER: Okay, thank you.

MEGAN GUMBEL: Thank you very much.

DENNIS CRAWFORD: I will sign in.

MEGAN GUMBEL: Thank you sir...You can read from it or we will take it.

DENNIS CRAWFORD: You take that.

MEGAN GUMBEL: Thank you.

DENNIS CRAWFORD: Hello, I am Dennis Crawford I am the guardian of my brother Matt Crawford who's been a resident at BSDC since 1975. I am also on the board of IDAN. I want to let you know I approve of the preliminary recommendations. I think it's a sound plan. I think it's a good idea to let the 109 residents remain at BSDC because this is home for them. I think it is also commendable that the scope of services for BSDC are being expanded. So I approve of the plan and I approve of the plan because my brother is getting a good quality of care at BSDC. He is getting a good quality of life. My mother and my brother visited Matt this weekend in Beatrice on a beautiful spring day on Saturday and we went to his cottage, the cottage was spick-and-span. It was clean. It was well maintained. My brother's housemates were sitting out on the porch on this beautiful summer day enjoying the weather. Very well treated. Very well cared for. We talked to the two service providers there, very nice ladies. You know, very concerned about my brother and his housemates. Everything we can see is the quality of care is very, very good. He's been a resident of BSDC since 1975. He is very severely handicapped and disabled. And so the services that he receives there are very vital and I think if he were to be moved out on an involuntary basis I think it would be very disruptive. Many, many years ago we took him home to my parents' home in Lincoln and he just threw a fit, he started throwing glasses and plates and forks around. He just didn't want to be there, he wanted to go back to BSDC so we took him home. And when we are in Beatrice we took him around town, we took him to the Homestead museum, we went for a walk on the prairie and he had a very good time, we all had a very nice visit. We are very satisfied with the quality of care at BSDC. We want it to remain open indefinably, I think it has a lot to offer disabled people. I want to thank everyone that developed the plan and for their hard work and for their thoughtful approach to it. So thank you very much.

COURTNEY MILLER: Thank you.

SENATOR BAKER: I am Senator Roy Baker, I represent district 30 which is all of Gage County and Beatrice. Prior to my time in the legislature, Beatrice State Developmental Center had gone through a lot of turmoil and I think everybody knows that. There was a time when Federal funds were lost because of non-compliance. So, now we are at a point, I think leading up to this report I've heard a lot of best hopes and worst fears types of thinking. Best hopes from the parents and relatives of loved ones, best hope is their loved ones get to continue with their living arrangement. For the community, you know it's certainly part of the economic picture for Beatrice and the area. It's also of pride. Something that

the people in that community have embraced for a long, long time. I think the worst fears would be categorized as some of the options that were presented that you're are not going with, like closure or a transitioned closure after X period of years. So I would say that within the legislature there are still some bumpy times with Health and Human Services but the confidence today with Courtney Phillips as Executive Director and with Courtney Miller, Megan and other staff members, the confidence is considerably higher and we are fairly optimistic about their ability to get the job done. So thank you for your great work here and I applaud your preferred solution. Thank you.

COURTNEY MILLER: Thank you.

MEGAN GUMBEL: Thank you Senator.

BILL REAY: Good afternoon, my name is Doctor Bill Reay with OMNI Behavioral Health. I want to thank you very much for this opportunity to express my opinions about an important element Beatrice Developmental Center. Since 2009, OMNI Behavioral Health has been involved with the transition of and subsequent service of persons with developmental disabilities, intellectual challenges, and serious mental illness with co-occurring physical healthcare conditions. In 2009, Director Jodi Fenner asked OMNI Behavioral Health to develop two specific and distinct services to allow developmentally disabled clients with severe and persistent mental illness to leave the Beatrice State Developmental Center and Bridges to become fully integrated into the community, and simultaneously assist existing community-based providers who were serving those complex clients to promote full integration into the community. Similarly, she requested that OMNI Behavioral Health develop and implement a clinical team to assist providers maintain community-based services to very challenging clients that were identified as "at risk" for re-institutionalization at BSDC. From 2009 forward, my involvement with this very complex and vulnerable population included meetings with members of the United States Department of Justice, members of the Center for Medicaid Services, and the Nebraska Advocacy Services, now known as Disability Rights Nebraska. OMNI Behavioral Health supports and wants to reinforce the recommendations offered by Disability Rights Nebraska. Given not only the decreasing census at BSDC, and the fact that many of the most challenging comorbid clients have been discharged from BSDC and remain successfully integrated into the communities across Nebraska, the continued reliance on isolated and congregated institutional settings over community-based places to live is no longer a rational public policy. As a direct consequence of the 2008 report of the Developmental Disabilities Special Investigative Committee Legislative oversight, OMNI began providing services to the Division. Since 2009, OMNI has provided over 50 community-based residential evaluations for very complex individuals. Each one of these citizen where referred by the Division of Developmental Disabilities. All clients not only had a verifiable developmental disability, but also a serve and persistent mental illness, presented clinical profiles of intensive and very frequent aggressive behavior, were prescribed no less than 10 medications for mood and behavior disorders, and had multiple prescribers, physicians; none of which communicated with each other. In other words, these were the clients that the Legislative oversight committee, the DOJ, and members of CMS were most concerned with during their investigations and oversight work. Our ITMS program has provided consultation services, training services designed to strengthen that community-based provider community to maintain client community integration to more than 600 referrals, most originating for the community-based providers and BSDC. In more than a dozen of these cases, consultation and evaluation services were conducted at

institutions, including Bridges, the Lincoln Regional Center, and acute hospital inpatient locations. In all cases these consultations led to very challenging citizens placed, served, and supported in the least restrictive community-based services available to them and their families. Although the DOJ and the State of Nebraska have settled that matter related to the conditions identified at BSDC, and that case cannot be reopened for any reason, and that the State is released from scrutiny of that order, it doesn't mean a new case can't be brought. Particularly when there are new fact conditions that were not part of the initial litigation. In that regard, the initial case was about enforcing de-institutionalization. Going forward from that settlement, everyone must continue to be vigilant. Not to have any unnecessary re-institutionalization. Failure to provide services in the least restrictive way, arbitrary denial of statutorily mandate developmental services without due process under a statute that was enacted after litigation and understanding that many Nebraska policy makers, administrators, program directors and advocates fully appreciate. However, ongoing community integration thought community-based services providers will require a continued commitment to ongoing training, expand the capacity of all services providers as well as systematically addressing the crisis in the workforce development. Many of the problems related to the lack of staff training, open staff positions, and high staff turnover experienced at BSDC at the time of Department of Justice involvement have been merely transferred to community providers. When the State of Nebraska systematically moved clients to the community, the State solved the staff to client ratio problems cited by both the DOJ and CMS. Many of those clients that were transferred to the community were also the same clients that also caused much of the client-to-client abuse, aggressive episodes, and frustrated an already stressed workforce at BSDC. The problems outlined by the DOJ, CMS, and the Legislative oversight committee related to pressures that if not caused certainly contributed to the cycle of indifference and apathy at that institution. As a result of our consultative work with community-based providers through direct training and consultation for over 600 referrals, across every community-based service organization, many of those organizations experienced turnover rates exceeding 60% per year. Many providers require their staff to work long hours of overtime. These are the very same factors that the DOJ and CMS stated as contributing factors leading to substandard care and unsafe conditions for clients. In our work with community-based provider, they tell us that the workforce has become dominated by employees that are first generation immigrants to the United States. I want to be very clear that many first generation immigrant employees are motivated and hard workers, but many experience language and communication problems as a result of their status, and struggle with the cultural considerations of clients. Which is another burden of training at the community level. On August 4, 2015, in response to the United States District Court Nebraska granted a motion to end, for years, the State of Nebraska has focused on recruitment efforts for clinical professionals, including psychiatric services, psychological internships and externs for the State institutions, and have ignored the crises in adequately trained professionals at the community-based level. Just because you are a psychologist or psychiatrist associated with an institution, does not make you an expert at providing your professional expertise within the context of the community. The context and environments are different, the ways in which you train and consult is different, and the risks are substantially different. The failure to recognize this places the entire service system at risk. Beyond the four recommendations offered by Disability Rights Nebraska, I have the following three additional ones: 1. Begin the redesign of community-based job functions for long-term care of persons with DD/ID with mental illness and complex physical healthcare complications. 2. Develop a scientific advisory committee to advice the Chief Executive Officer of evidence informed

practice for community inclusion of persons with DD/ID and complex presentations. 3. And most importantly. Establish a data base that includes physical health care conditions, including DD/ID and serious mental illness, and begin the process of cost modeling by condition and condition cluster. This is far different that the Division of Developmental Disabilities initiative of "rebasing" or developing a base cost based on undifferentiated client needs. The undifferentiated cost modeling a commoditization model. Services to persons with developmental disabilities with complex conditions can't be commoditized.

MYRON DORN: I currently serve as chairman on the seven member board. I want to thank you for holding this public hearing and allowing us the opportunity to speak. I am here to speak in support of BSDC and, after watching your plan today, I am here to speak in support of your plan. BSDC has been a long time vital part of the city of Beatrice, Gage County, and the surrounding areas of Southeast Nebraska. Many of the employees come from not just the city of Beatrice, Gage County. I know they come from a large geographical area. BSDC has been a very valuable employer in the community and the Southeast Nebraska area. BSDC has long provided a high level of care for the many residents. Adopting and developing new ideas such as their intermediate care cottages on the campus. As long as I've been a member of Gage County, which has been all my life. I have been amazed by the BSDC facility. As a young child, I remember driving by and being very, very impressed by it. I remember growing up, being a part of the county fair and seeing all the residents that came out to the county fair. As a county board member, I have become much more aware of the importance and need for BSDC. The economic benefit of BSDC and most important the care of the residents of BSDC. As you continue your hearing, you have a very important decision and plan to move forward. One thought of mine is, you put a lot of work in this. I can tell you put a lot of work in this. Generally speaking to have a successful plan the hard part is still to come. I wish you success. Thank you for allowing me to speak.

COURTNEY MILLER: Thank you.

LORA YOUNG: Good afternoon.

COURTNEY MILLER: Good afternoon.

LORA YOUNG: My name is Lora Young and I am the executive director of the Beatrice Area chamber of commerce. I am here speaking on behalf of our board of directors in support of the Beatrice State Developmental Center. We support the division of keeping BSDC open and look forward to partnering with them to help meet their goals and visions. We strongly support the residents in their continued choice to live, work, and play in our community. It's not my community. It's our community. It's where we all call home. The bounds of friendship, family, as well as the trust and their support goes a long way to create a long and happy life and I'm going to give a shout out to Kenny. We hired Kenny. Kenny and his support team come to the chamber every day. He is part of who we are. They do an excellent job. We look forward to seeing him every day. And to see his growth over the last three years as part of that team. I want to thank you for pointing out the good things that BSDC does and has to offer. I think that's very important. I want to thank you for not interrupting the lives of those that are most effected. I'm brief.

COURTNEY MILLER: Thank you.

PEG HUSS: My name is Peg Huss and I am guardian to my brother who is profoundly disabled and lives in the Sheridan Cottages in Beatrice. I am current board member and past president of the Intellectual Disabilities Advocates of Nebraska. IDAN has been active in the State for over 30 years and is a group of mainly parents and guardians advocating for their disabled loved ones. I am also on the Governor's advisory committee on developmental disabilities but I'm mainly here today on behalf of my brother and others like him who are profoundly disabled and non-verbal and many times I think, as I've become an advocate, I've come to think of their struggle as kind of a David and Goliath battle. Thank you for providing, for letting me provide input today. One of the battles they face, the profoundly disabled must battle the blind belief that all people are better served in smaller community settings and that money can thereby be saved. Both notions, increased quality and cost savings have been shown time and again false. But powerful lobbyist and budget hawks persist. Studies have shown that typically money is not saved because individuals leaving facilities have expensive needs no matter where they reside. Further if not adequately funded community placements fail, sometimes with tragic results as we here in Nebraska know firsthand. We must recognize the simple truth that for some individuals the least restrictive environment may be a structured campus setting like BSDC. A 2003 peer review study of existing cost comparison literature found that community settings for persons with profound disabilities do not save money as some advocates claim. A 2009 update of this study confirmed that the earlier conclusions remained valid. I'd like to provide written info on these studies to you today so they might inform your report. Another persistent falsehood is that the Olmsted decision requires closure of places like BSDC. Sometimes it seems like lobbyist and paid advocates purposely misinterpret the law on this point. In fact as you know Olmsted is a balanced decision that requires community care only when it's appropriate and desired by the individual or their guardian. Olmsted protects placed like BSDC for those who require it and guarantees that individuals and guardians have the right to choose. What Olmsted really speaks to is the need for choice. If the homes and services like those at BSDC go away so does the persons freedom to choose. The notion of person centered care becomes just hallow words if the disabled do not have a spectrum of services and residential options available. I hope your report adequately explains the true holdings in Olmsted so that our state Senators understand that there is no Federal mandate to close BSDC or to develop a plan for closure. In fact it's really just the opposite. Thanks again for the chance to provide input and more importantly thank you for not blindly taking the easy road and preparing your report but rather looking at the hard truths faced by our most vulnerable citizens every day.

DIANA FOCH: My name is Diane Foch and I am the parent of a child who has received excellent services at BSDC. When she was a young child she was extremely destructive both to people and to objects. She did not sleep and we felt a great deal of despair with her. We placed her in the community and she consistently received care from staff that was inconsistent and poorly trained. When we went to BSDC she was 11. At that time still, if you had told me that she would ever be gainfully employed I would never believe it. But she is 33 now and she has 3 jobs. Last year she made $6,000. We could not have done that. She is a paying client at BSDC. I am more grateful than I could ever say. I know she would flounder in the community. She's come a long way. I don't want to see her lose things. Thank you so much.

MICHAEL CHITTENDEN: Good afternoon. My name is Michael Chittenden and I am the Executive Director of the Arc of Nebraska. And I am testifying or come to this hearing on behalf of the thousands

of individuals who are on the waiting list. And the thousands of individuals who are on the interest list. And the unknown number of individuals who we don't know are on the waiting list or the interested list and potentially need services. We would...the Arc would like to say that while we understand that the Olmsted act does guarantee choice. She is...the parent that testified earlier is not wrong when she says that. However the state is under no obligation to fund those choices and we do know as we have been going through the turmoil of new waivers, that funding is an issue. And the Arc finds that the State of Nebraska would be doing a dis-service to the many thousands of individuals who are not receiving services to continue to keep BSDC open at the hundreds of thousands of dollars per year that it costs to provide services, as opposed to the average, and it is an average, some are higher and some are lower of approximately $50,000 per year to provide community-based services. The statistics come from the State of the States done by the Braddock institute, or the Coleman institute by Dr. David Braddock. As we, given in previous testimony in legislature, there is a misconception that we are safer in a segregated community that is not necessarily true. Our testimony would be that there is no one safe place for anybody to live. Regardless of their ability or disability. But we do believe, the Arc of Nebraska believes that living in an integrated community setting is the best possible way to keep somebody safe so as many eyes as possible are on a person. Finally, we, we have the statistic that we would like to get into the record, there are currently 16 states and one area that is looked at, the District of Columbia in Washington D.C., that have no institutions and we find it hard to believe that anybody within those 16 states would be any worse to serve or harder to serve, either by their medical frailty or by their behavioral disposition than it would be here in Nebraska. So if 16 states can step up and say no institutions, we are not going to have people living in segregation, why can't Nebraska have that? Your report stated there are over forty-two hundred trips accessing the community. That people had jobs integrated in the community. Why not take the next step? Accessing the community is not integrated in the community. You are doing a disservice, not only to those individuals who are accessing, instead of keeping them integrated, again it comes back to, you are doing a disservice to those who are waiting for services to be integrated into the community, who need those supports, by over spending at an institution and not putting the money into Community-Based services. That's it for today. Thank you very much.

COURTNEY MILLER: Thank you.

MEGAN GUMBEL: Thanks Mike.

JIM SWOBODA: I am Jim Swoboda, I live in Valley. My brother has been in the Nebraska system for approximately 50 years and coming up on 10 years at BSDC. He has been all over the state, Hastings, Norfolk, Omaha, Lincoln. When Hastings was closing and we were going to moving him to BSDC we had a lot of reservations. The things that BSDC has done with him is just phenomenal. In almost all of the other places he was, the behavioral problems that he had, he was almost always in trouble, and their solutions was to medicate him more. When he came to BSDC they had a lot of the Physicians, the professionals really look into his entire needs. They reduced his medications. He used to be in strait jackets quite often, when BSDC said they were no longer using that, we thought this is craziness, you are putting our brother at risk you are putting staff at risk, and they pulled it off. It surprised all of us. So ee actually did go, most of the family lives in Omaha, and there was a time when my brother wanted to be closer to family, we did go out and did quite a thorough search of community-based facilities and did

find one that we thought would fit. We went through the application process and they declined to accept him due to his needs. They felt that they could not meet his needs. So he was declined. Since then, my brother really considers BSDC home. When he comes to family functions, reunions, Christmas, things like that, he wants to stay until the last person leaves the function but within about four hours he wants to go home and home is BSDC. I don't have a book in front of me to tell me what the average of cost of care if but $50,000, are you kidding me. That doesn't ever pay for direct care staff for a year and let alone your professional services your, I just can't believe it, I'm sorry. I just appreciate your work and putting together this plan. I am in full support of the plan. I feel it will go a lot of good for the people that do belong at BSDC. And I would also like to thank the staff at BSDC because they are the best. Thank you.

HEATHER MASCHMAN: My name is Heather Maschman and I am a shift supervisor at BSDC. I've been there for a while. I love my job. You know, I left for a little bit, I hated job I went to so I came back. There is nothing like this place. The people that are there that I would directly with, there are people here that testify for their family. I work with them directly. Great people. The look on their faces some days when you get to work, you can't beat that. You get to do stuff in this job you could never dream off. You get to learn about their likes and dislikes, and it's just amazing what these people know. What they are able to do. You just hear about intellectual disabilities and it's like okay, they are basically vegetables. That is not even close to what is out there. I didn't know what your preliminary plan was before coming in here today. I didn't even know if I would come here and speak. But I like your plan. Closing this place down, dispersing all of those people in not only going to affect them mentally, but it could physically hurt them too. And some of the staff, that's all they know. We are their family. We are there 8-16 hours a day working directly with them. That's all they know. 47 years average for people out there. That's a lot. You move them out. Lord knows what is going to happen to them. Keep the place open. That's what they know, that's what they love, that's their home. Thank you.

MEGAN GUMBEL: Thanks

AMY REZNY: Hi. I'm Amy Rezney, I'm also a shift supervisor out at BSDC. I've been there a little over four years. And, you know growing up in the area. Of course there is all the negativity that you heard back when all of that took place, which I was not working there at that time. But as we all know the media always seems to focus on the negative and doesn't really give BSDC the positive. Unfortunately it still has that name of an institution. If people were to go to BSDC, like I did when I started, our cottages are not institutions they are homes. They are beautiful homes. The individuals call them home. Our staff embrace our individuals, we are not doing them an injustice. You know, the Disability Rights of Nebraska and the Arc saying we are doing them an injustice and that we are segregating them. No we are not. We are taking them out into the community. We are taking them out through the state. I don't...I mean...this is their homes. It's been their homes for a long time. We have employees that have worked out there longer than I've been alive and I'm fairly old. So you know, they've watched these individuals grow up from age 5, some of them. They are like their children. I think the injustice would be to close the facility. Because you know, they have moved individuals out and the outcome was not positive. Studies have shown, especially individuals with severe mental illnesses, they do not do well in community bases, they usually end up homeless, incarcerated. There have been numerous studies on the whole it is far less successful for those with severe mental illness in the community because they just don't have the

support to keep them safe. So hopefully in three years we will be meeting here again we will be extending another three years. Thank you.

MEGAN GUMBEL: Anyone else want to come up and share questions, feedback, comments?

(Unintelligible.)

DAVID MOHLMAN I really didn't want to get up and talk, but I do have some documents I want to submit to you. They are concerned with Olmsted. Some extra material that I got from the Voc Which is the national organization of IDAN which stands for intellectual disability advocates of Nebraska. So that took me a while to learn how to say that. I just want to say that I really like your plan. I like all of the work you put into it. And I know it took a lot of time and thought. So that's about all I got to say. Except, you know, here we are doing this again and again and again for wanting to close this facility. I just wish the lobbying agents that are really hammering would put their energy into trying to help the individuals on the waiting list and get through the waiver. I think that would be more helpful for everyone. Those are my comments. Thank you.

COURTNEY MILLER: Thank you.

JOE VALENTI: Hello my name in Joe Valenti, we have a son named Donnie living in Beatrice State Developmental Center. I really don't want to talk about Donnie too much because I'm just glad they keep him. He's a very tuff character. I've listened to Mike talk before. I had the same objections to that speech before and he'll probably have a few objections to my speech too. They talk about integration in community-based services and I know that falls under Courtney's responsibilities also. You know I would say first of all, I think that the economic considerations for Beatrice, I'm not sure that can be a factor. As much as the mayor and the Senator appreciate this, the Gage Community Board. I know it's a factor for all communities' is the economic considerations, but I'm not sure if that can be a basis for a decision, unfortunately. As far as the people are concerned at Beatrice, you know, I would say that the task at hand, to try to figure out to integrate them into the community, let alone the people on the waiting list is a huge task. I'm not sure Courtney has near the staff, either Courtney, has near the staff to figure that out and I would agree with what was just stated. If we are going to devote some effort that is where that effort needs to be. Let's figure out how we get through whatever list is out there, and I think that list is missed over even in the investigative committee that Steve headed up a number of years ago that I testified in front of. But the one item I would like to talk about is integration in community-based. I think it is assumed that community-based services integrate the people, the individuals, and I really believe that is a misnomer. My wife Dee has been guardian to several individuals and is currently a guardian to an individual and they don't get integrated into the community. But I think because they are in community based service there is an assumption they are integrated. I would say Donnie, and Mike wants to address this and say, well you are integrating him into the community. Well they are integrating him into the community from BSDC, with a hell of a lot of effort. Speaking of meals on wheels and newspaper routes, which Donnie has both. It take a lot of staff effort, staff time, to get him to get those jobs done each and every week. A lot of weeks he doesn't get them done. Their biggest job is keeping his cable connected so his PlayStation works. Really that's his biggest job. As cute and funny as it may seem, it's a big job. Donnie was in 6 or 7 different community-based services. Group Homes. Called them what you want. It was very unsuccessful. Was it Courtney's fault, was it the previous

administrations fault, I don't know. Zero diagnosis to triple diagnosis with fetal alcohol, bipolar, he's got extreme behavior issues. We would love to have him home all of the time. We can't get him home because the staff at Beatrice does such a great job. Would a community-based service place do as good a job? We have no found that yet. And if Mike can figure that out. Great. And if the attorney for Disability Rights Nebraska and the spokespersons, great, I would love to see that. It's really unfortunate because of definitions we call BSDC an institution. I would say it is more community-based than community-based group home I've been in, only speaking from our standpoint as a parent and Donnie's standpoint. He was never integrated into the community from a group home or community-based service. We are in support of BSDC. I don't know how you manage it. If Mike says the Olmsted act doesn't say that we have to fund it then I guess we would have to figure out what we do. I know we couldn't afford to fund $50,000 which I think is totally an unrealistic number. I'm not sure where that number comes from. By the way, I don't think $300,000 is the right number either. But somewhere in between in the right number. But the biggest thing is you have individuals here that need help. They need care. And I've talked to a lot of our parents. They don't want their individuals there. They just don't have a choice. There's just no one else to service them. So anyway, we appreciate BSDC. Hopefully this is the right answer. I think they need more time to analyze it. And we can support that and the individuals that are there. Thank you.

MEGAN GUMBEL: Thank you.

COURTNEY MILLER: Thank you.

MEGAN GUMBEL: Do we have anyone else that would like to speak?

COURTNEY MILLER: Thank you so much for your time today and sharing your voices and listening. We appreciate you and look forward to further dialog as we continue down the road.

MEGAN GUMBEL: If you have information you didn't share please submit that to Courtney.

COURTNEY MILLER: There are some sheets on the table if you want to fill out if you are a bit shy.

For Immediate Release
September 1, 2016
DHHS To Hold Town Hall Meetings Statewide

The Division of Developmental Disabilities Seeks Input on DD Medicaid Waivers, BSDC, Bridges

Lincoln—Courtney Miller, director of the Division of Developmental Disabilities at Nebraska's Department of Health and Human Services, is traveling statewide in September on a "Let's Talk" tour, designed to gain additional stakeholder input on services to be provided through the Developmental Disabilities Home and Community-Based Waivers. The waivers are identified as a priority in the DHHS Business Plan. Miller is also seeking feedback on services provided through the Beatrice State Development Services (BSDC) and the Bridges Program in Hastings.

"Creating a more customer-based state government is essential in building a healthy future for Nebraska," said Courtney Phillips, chief executive officer of DHHS. "By including Nebraskans in these very important discussions, we believe that we will simplify processes for consumers, increase quality of care, and offer more efficient and effective solutions."

All interested persons, including consumers and providers, are encouraged to attend and share their thoughts about what works with the current system, including both community based services and state operated facility services, and what needs to be changed.

"Individuals, their families, friends, providers, and advocates are critical voices in the programs that serve Nebraskans with developmental disabilities," said Miller. That's why DHHS is inviting every member of these important communities to come together for town hall discussions. We are looking forward to receiving the public's feedback."

Miller is already earning high praise from stakeholders.

"The fact that Courtney Miller has attended our parent support meetings, answering questions and giving her contact information, has given new hope to parents," said Vicki Depenbusch, program director for the Autism Family Network. "I've talked to several parents who have contacted Courtney and she has helped parents find the right resources. This is such a positive change for parents to have someone who is working and supporting our families. Families continue to struggle understanding the waiver and having an understanding person that families can call for clarity about the waiver is critical. Courtney has been very open and hands-on."

Town Hall meetings will be held in the following locations:

Sept. 6, Lincoln: 6:30-7:30 PM CT, Walt Branch Library, Rooms 1 & 2, 6701 S. 14th St.

Sept. 7, Norfolk: 6:30-7:30 PM CT, Norfolk Public Library, 308 West Prospect Ave.

Sept. 8, Fremont: 6:30-7:30 PM CT, Gifford Tower, Community Room, 2510 N. Clarkson Street

Sept. 9, Omaha: 6:30-7:30 PM CT, Autism Center of Nebraska, Inc., Great Room, 9012 Q Street

Sept. 14, Grand Island: 6:30-7:30 PM CT, Edith Abbott Memorial Library, 211 North Washington Street

Sept. 15, Live Webinar Hosted by NET: 6:30-7:30 PM CT For mobile devices: www.channel.vbrick.com/NET/MultiDeviceIndex.aspx
For desktop computers: www.channel.vbrick.com/NET/Index.aspx

Sept. 19, Kearney: 3:00-4:00 PM CT, Younes Conference Center, 416 W. Talmadge Road

Sept. 20, North Platte: 6:30-7:30 PM CT, North Platte Public Library, 120 West 4th St.

Sept. 21, Gering: 6:30-7:30 PM MT, Gering Public Library, 1055 P St.

Retrieved from
http://dhhs.ne.gov/Pages/newsroom_2016_september_roadshow.aspx

Improving services in the Division of Developmental Disabilities

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Governor's Priorities

- A more efficient and effective state government
- A more customer-focused state government
- Grow Nebraska
- Improve public safety
- Reduce regulation and regulatory complexity

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DHHS Accomplishments

- SNAP timeliness in processing applications improved to 99.28 percent on time for October 2015- March 2016. Due to the improved performance, Nebraska is no longer on the list to potentially lose federal funds.
- Nebraska's most recent ranking in processing SNAP applications improved from 50th of 53 one year ago to 23rd.
- As of August 1st, Alternative Response is being used in 57 counties.
- Nebraska Pre-Admission Screening & Resident Review (PASRR) Program improved turnaround time from seven days to less than three days.
- DHHS Business Plan released with 25 initiatives to improve services and deliver better results.
- Division of Public Health achieved national accreditation.
- Division of Behavioral Health implemented COMPASS data management platform on May 16 to support its new Centralized Data System.
- All eight DHHS Legislative bills passed to provide more effective state government and improve supports for our most vulnerable citizens.
- Six of seven federal child welfare standards exceeded.
- ACCESSNebraska average call wait times for Economic Assistance and Medicaid in 2016 average below 5 minutes
- ACCESSNebraska improves services to clients by taking applications over the phone, and sending emails about client communications to expedite services and benefits.
- Grand Island Veterans' Home earned 2016 Bronze National Commitment to Quality Award.
- Nurse licensing improvements – simplified license applications, streamlined screening, and faster tutorial time.

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DDD Accomplishments

- While we have more areas of improvement on the roadmap, we are excited to share some examples of how far we have come in the past 12 months:
  - Focus on customer service;
  - Organizational changes;
  - Certification/Survey functions to Division of Public Health;
  - Implementation of Operational Guidelines for services coordination;
  - Improved DD application and eligibility determination process; and
  - Awarded grant to participate in the National Core Indicators.

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Looking Ahead – DHHS Priorities

- Heritage Health Medicaid Managed Care to integrate physical and behavioral health care and pharmacy services effective Jan. 2017
- System of Care for children and youth with a serious emotional disturbance, and their parents, through partnerships with public and private agencies, families and youth.
- Behavioral health supported employment and housing as key supports to recovery.
- Long-Term Services and Supports Redesign.
- Renewal of Medicaid adult waivers and one children's waiver for people with developmental disabilities
- Coordinated efforts of Behavioral Health, Public Health, and Medicaid and Long-Term Care to combat opioid addiction and over prescribing of opioids.
- Reduction in out-of-home placements for state wards.
- Improved DD application and eligibility determination processes.
- Medicaid Management Information System (MMIS) replacement planning process.
- Prescription Drug Overdose Prevention – $3.5 million in federal grants to help reduce misuse and abuse of prescription drugs. DHHS Divisions of Public Health, Behavioral Health and Medicaid and Long-Term Care collaborating to address the issue.

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Changes are Coming

- Changes are the result of new rules that have been implemented by our federal partners, as well as coming into compliance with current federal rules.
- We have listened to the concerns and suggestions of our federal partners and stakeholders, including participants, guardians, families, advocates, state staff, and DD providers, and used the feedback in developing a plan to implement the changes.

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Available DD Waivers, effective 1/1/2017

- There will now be two DD Medicaid Home and Community Based (HCBS) Waivers:

1. Adult Day Services Waiver. This transitions young adults, after high school, from services in the Department of Education to adult habilitative services, including community supports, support for employment, and community integration.
2. Lifespan Comprehensive Waiver. This waiver combines the DD Adult Comprehensive (DDAC) Waiver and Children's DD (CDD) Waiver and include an array of residential and day services.

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Revised Provider Terminology

Currently	New
Specialized Providers	Agency Providers
Non-Specialized Providers	Independent Providers

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Transition to New Definitions

- Many of our current services include multiple billable services within one service code. This is referred to as "bundling."
- Example: Behavioral Risk services includes:
  - Residential Services
  - Vocational Services
  - Transportation
  - Clinical Oversight
- Each of these services will be billed separately with the implementation of our new service definitions and waivers in accordance with federal rules.
- New Service Directory to provide definitions and expectations

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Transition to Tiers for Level of Need

- There will be 4 tiers of funding levels for services:
  - Basic
    - Requires limited staff supports and personal attention to a participant daily due to a moderately high level of independence and functioning.
  - Intermediate
    - Requires full-time supervision with staff available on-site within line of sight due to significant functional limitations, medical and/or behavioral needs.
  - High
    - Requires full-time supervision with staff available on-site within absolute line of sight and frequent staff interaction and personal attention for significant functional limitations, medical and/or behavioral needs.
  - Advanced
    - Requires full-time supervision with sole staff (not shared) which must be conducted by at least line of sight, with much of the staff's time within close proximity providing direct support during all waking hours.
- This will replace the current 1-11 levels
  - Basic = 7, 8, 9, 10, 11
  - Intermediate = 4, 5, 6
  - High = 2, 3
  - Advanced = 1
- Individual budgets will not be adversely affected during the transition period.
  - Funding will be based on the most recent ICAP score
  - Levels will continue to be reviewed based on need

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Choosing from New Program Service Definitions

- Upon federal approval, we anticipate the transition will begin January 2017.
- DDD is currently in negotiations with CMS on the span of the transition period.
- Participants will have increased choice and flexibility to purchase the services and supports they need and want.

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CBS Program Changes

- More services may be self-directed and offered by either an independent or agency provider.
- Services must be purchased within a participant's annual budget, with the exception of crisis intervention and transition service.
- Independent providers may be related to the participant receiving services, as long as they are not the parent of a minor child participant, the participant's spouse, or the guardian.
- Basic child care costs for day supervision, unrelated to the child participant's disability, can no longer be coverable within a DD service.

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CBS Program Changes - continued

- Community Based Services provided in a short or long term institution cannot be provided as a DDD service, i.e. within a hospital or nursing facility setting.
- All medications prescribed on as "as needed basis", may be used as prescribed by a clinician, within their scope of practice, without review by Human Rights Committee.
- The informal dispute resolution (IDR) process will be eliminated, but when a participant disagrees with a decision made by the division, they will be able to discuss the decision with DDD staff and/or file an appeal.

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CBS Program Changes - continued

- Before participants can be determined eligible for vocational rehabilitation services through DD, participants must take full advantage of other services available, such as: full educational services (including IEP) and vocational rehabilitation (Nebraska VR).
- For individuals transitioning to the Comprehensive or Lifespan waiver, they will be able to utilize 360 hrs. of respite per budget year.

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State Operated Services

- Beatrice State Development Center (BSDC) operates as five (5) licensed Intermediate Care Facilities for individuals with developmental disabilities in Beatrice, NE.
  - Current census is 113
- Bridges Program has three (3) homes and operates as a licensed Center for the Developmentally Disabled (also known as a Community Based Service) in Hastings, NE.
  - Current census is 6

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State Operated Services – LB 895

- **What is LB 895?**
  - LB 895 requires DHHS to examine BSDC and Bridges and present the future vision of how our services will fit into the larger service array to Governor Ricketts and the legislature. You may have heard this referred to as "The Plan." Please note this applies to both BSDC and Bridges. The bill can be found at:

http://www.nebraskalegislature.gov/bills/view_bill.php?DocumentID=28491

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State Operated Services - LB 895 Continued

- **What does the plan require?**
  - The plan requires us to do the following for both BSDC and Bridges:
    - Examine the needs of each person living at BSDC and Bridges.
    - Discuss the preferences of each person living at BSDC and Bridges.
    - Evaluate the role BSDC and Bridges can serve to all individuals with DD living in Nebraska.
    - Explain the true cost of services at BSDC and Bridges.
    - Analyze the physical structures and land of BSDC and Bridges.
    - Depict the level of community integration for the people we support at BSDC and Bridges.
    - Analysis of Nebraska's compliance with the United States Supreme Court's decision in Olmstead v. L.C., 527 U.S. 581 (1999).

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Courtney Miller

Director Division of Developmental Disabilities

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402-471-3121

dhhs.ne.gov

DHHS Helpline:
800-254-4202
DHHS.helpline@Nebraska.gov

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Gering Nebraska

September 21, 2016

Gering Library

Number Present: 3- parent/advocate, school advocate, united advocate

Comments/Questions:

Feedback is Courtney is great and is making changes.

Did not get the letter a year ago with guardianship- did not know the guardianship papers had to go to Social Security. System people did not even know.

Concern about the advocacy for how you can provide services in rural areas. How can we have additional BSDCs around – to show support to other areas.

There are parents and advocates who drop off because the system has not worked. However, they need to continuously pursue.

Put Nebraska back on the map. Known for person centeredness.

In Grant there was nothing- but Pam Mann helped her. They did nothing with her daughter's house for 2 years.

Help people see the need. If they do not see the need- you will get nowhere with it.

Rural vs metro is a battle. The people in Western Nebraska are not fighting hard enough. We need balance.

Went through Options- worked with Mental Health Task force. Said they would give rural significantly less than urban.

The list of agencies in the east is longer than west. Seems like rural areas should have higher rates than metro. Does the exception funding occur more in rural areas than others.

Say someone has a change in condition- is that easy to access; especially for the parent.

Should be provider, family, parent friendly information. The information should be easy and people should understand making a phone call is not comfortable but the information can be the lead.

Randy Butcher-emailed Tyla. He has a strong interest in representing Western Nebraska. VR reaction depends on the area of the state. There are some schools who do very good work. They have a program where kids get into colleges. Consistency is needed.

Kearney Nebraska

September 19, 2016

Kearney: Provider Meeting

Total Present: Unable to count- estimated 112

Notes with comments/questions:

They do feel the customer service changes are showing.

Question: Where is the best place to send people if they want SC services?

Tiers:

Will there be new ICAPs Jan 1?

Do you have handouts?

Please clarify the risk exception funding.

Expand upon the levels being reviewed based on need.

The definitions include line of sight- where is the wording? Will absolute and within line of sight be defined?

Was there discussion re: moving level 4 up?

Level 6- if they work they do not need full time supervision- how will that work? Will they need to move?

When will the day services rates that are decreased Oct 1 be switched back to normal or full rate?

How will the new services be implemented with the service coordinators?

PRN medications:

A lot of discussion here.

Define appropriately licensed.

Is this just for behavioral PRNs?

There is concern with med aides making the decisions.

OTHER

Specifically which new service definitions will be vocational services?

Before DD can serve do they really have to exhaust VR?

Will VR partner with DD?

Will VR be present at IPP meetings and transitions?

Is there a possibility benefits planning can be added as a resource?

If one has gone through VR in the past but is unhappy- do they have to try again?

Complimented for handling things well.

Will you consider doing FAQs?

There are times when service coordination gets ahead of themselves.

When will the 2019 regulations be ready? Timeline

Any chance DPH regs can be updated? (A lot of discussion on duplicate regs)

Do you see a chance a fee for licensing through DPH will occur?

What about CMS?

Why was survey under DDD a conflict of interest?

Why does DPH have the ultimate oversight?

The regs seem to be getting more and more out of sync.

Will unbundling cause more documentation?

Will there be training on the other services offered in the state plan?

STATE OPERATED

Is there a way to incorporate private institutions into LB895?

When will the public comment take place?

North Platte Nebraska

September 20, 2016

North Platte

Total Present: 6 (UHC representative, reporter with I believe North Platte Telegraph, Pam Mann, mother of a son with a TBI on DD Planning Council, respite provider, respite ride giver whose brother has special needs- brother is 20- his name is Mason Holmes)

Notes with comments/questions:

Loves that you are questioning stuff, have addressed parents being allowed to be paid as caregivers, and shared her gratitude.

Positive feedback re: types of providers and changes.

BSDC and Bridges Feedback Requested: Hears from people on the DD Council that people are happy.

Respite Coordinator wanted to know how someone could get involved in the committee. Provided Tyla's email. No other feedback given.

Will the LTSS redesign address the wait list?

Question on 2017 Waiver changes- what else is in it other than the parent providing staff change? What about parents of individuals that are not adults?

Position Paper on the Closing of Intermediate Care Facilities for Persons with Intellectual and/or Developmental Disabilities in Nebraska

Disability Rights Nebraska

May 9, 2017

Table of Contents

Executive Summary

Disability Rights Nebraska, the designated Protection and Advocacy system for persons with disabilities in Nebraska[1], is guided by a vision where Nebraskans with mental or physical disabilities are valued within their communities, have control over their own lives, and have the necessary resources available to experience a life of quality. As such, we firmly believe that all people with disabilities should be afforded every opportunity to live in their community of choice with dignity and equality.

We were pleased to support Legislative Bill 895[2] in the legislature. We supported the bill's intent to analyze and plan for the future of the Beatrice State Developmental Center (BSDC) and the Bridges program. Given the decreasing census at BSDC, the ongoing significant operational costs, and the continued reliance on isolated and congregated institutional settings over community-based placement, such an examination is long overdue. While these are compelling reasons to assess the value of BSDC in 2017, it and all Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IDD) should be closed. Closure is the right thing to do. BSDC is but one ICF/IDD that is part of a larger issue of institutional segregation, congregation, and isolation. As such, we urge the legislature to build upon the foundation of LB 895 to expand its analysis towards the future of all ICF/IDDs in Nebraska.[3]

As of 2014, 15 states report having no state operated ICF/IDD institutions. [4] ICF/IDDs isolate, congregate, and segregate individuals with intellectual and/or developmental disabilities (I/DD) from the rest of society. These facilities are the remnants of a time when abuse, neglect and stigmatization occurred behind closed doors. Today Nebraska agrees that people with I/DD should no longer live as second-class citizens and should be afforded the same opportunities as all Nebraskans. This is why Disability Rights Nebraska believes in and supports the phased closure of all ICF/IDDs.

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[1] 42 U.S.C. § 15001 *et seq.* (DD Act), Neb. Rev. St. § 20-161 *et seq.*

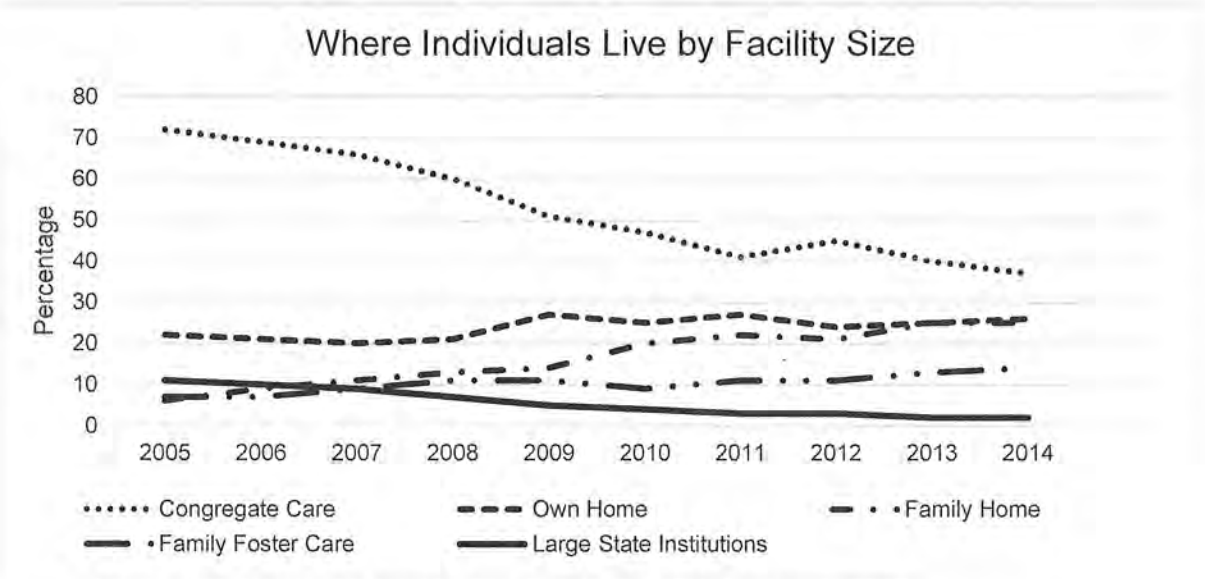
[2] Neb. Rev. Stat. §83-1227.

[3] Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IDD) is an optional Medicaid benefit that enables states to provide comprehensive and individualized health care and rehabilitation services to individuals to promote their functional status and independence, *Medicaid.gov Intermediate Care Facilities for Individuals with Intellectual Disabilities,* https://www.medicaid.gov/medicaid/ltss/institutional/icfid/index.html

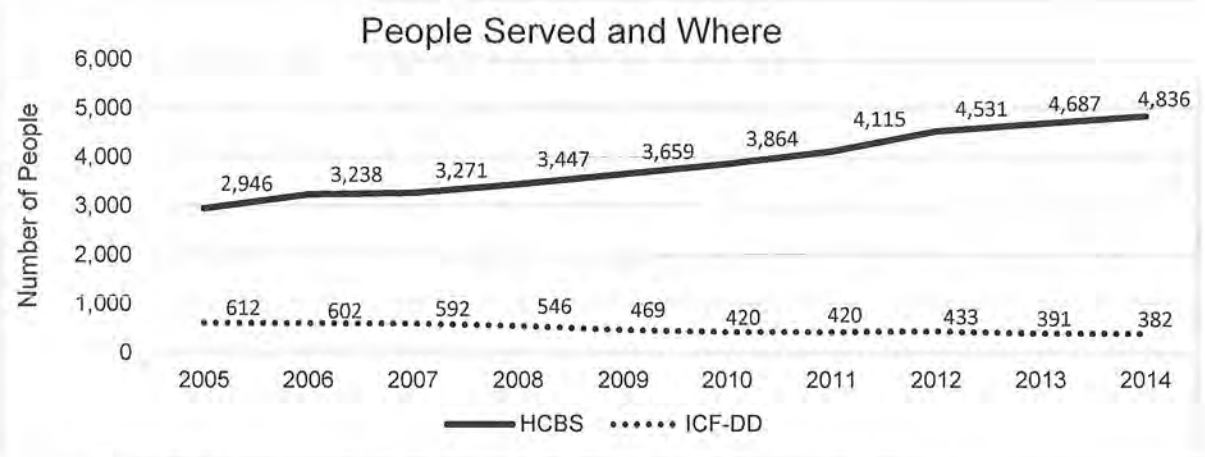
[4] Tarren Bragdon, *The Case for Inclusion 2016: 2016 Report*, United Cerebral Palsy, 8, 29, (2016), available at http://cfi.ucp.org/wp-content/uploads/2014/03/Case-for-Inclusion-2016-FINAL.pdf, last visited May 2, 2017.

Background

According to a national report issued by United Cerebral Palsy[5], since 2005, the trend in Nebraska has moved away from congregate care and large state institutions.



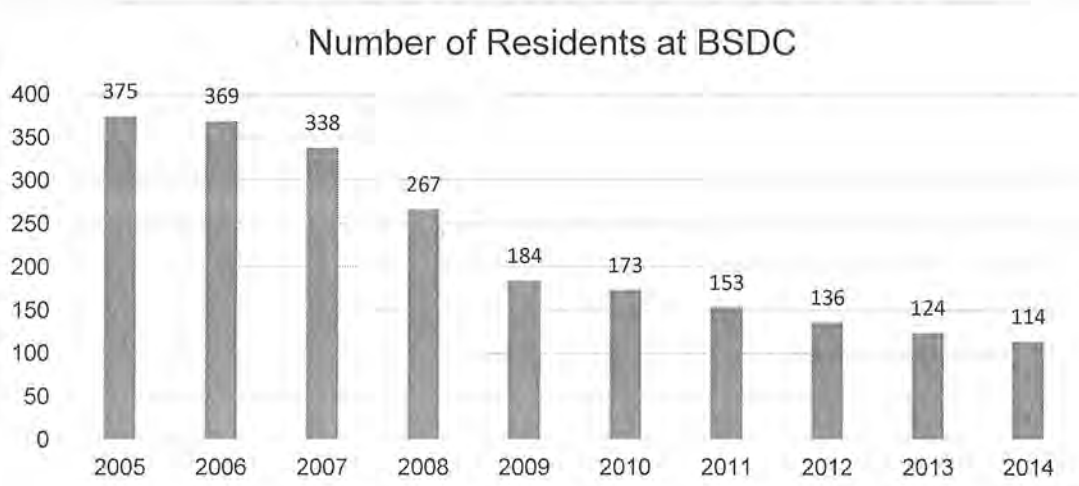
Source: United Cerebral Palsy, *The Case for Inclusion: State Scorecards* (2016)



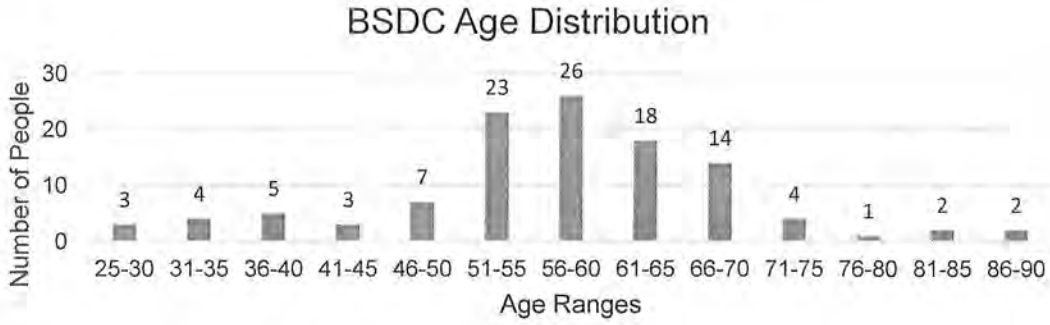
Source: United Cerebral Palsy, *The Case for Inclusion: State Scorecards* (2016)

[5] United Cerebral Palsy, *The Case for Inclusion: State Scorecards* (2016) available at: https://cfi.ucp.org/state-scorecards/ (last visited May 3, 2017).

In 1966, before the development of community-based services in Nebraska, the population living at BSDC peaked at 2,236 residents.[6] The current census at BSDC is approximately 112 residents. Their ages range from 25 to 87 with an average age of 57 years.[7] Apart from having a disability, a young 25 year-old has little in common with someone at the age of 85. Nevertheless, they are congregated together.



Source: United Cerebral Palsy, The Case for Inclusion: State Scorecards (2016)



Source: Letter from Courtney Miller

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[6] Gaul, Kate, *Department of Health and Human Services Frequently Asked Questions About Nebraska's Largest Agency,* Legislative Research Office, (March 2015), available at http://nebraskalegislature.gov/pdf/reports/research/hhsfaq2015.pdf.

[7] Letter from Courtney Miller, Director of the Nebraska Department of Health and Human Services Division of Developmental Disabilities, to Eric Evans, CEO of Disability Rights Nebraska, Request for Information regarding ICF/IDDs (Feb. 7, 2017) (on file with author).

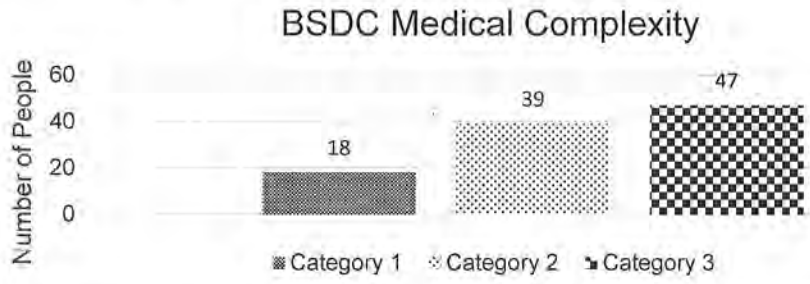
Residents of BSDC represent approximately 2.8% of the total population of individuals who receive developmental disability (DD) services.[8] The Nebraska Division of Developmental Disabilities has explained the medical complexity of individuals who currently reside at BSDC from a primary care standpoint. The description used to explain "Medically Complex" is divided into three categories:

1. Complex medical conditions requiring multiple outside consults. This means frequent exacerbations of chronic conditions requiring more frequent monitoring, assessment and changes to plan of care, possible psychiatry clinics and other meetings;

2. Complex medical conditions with occasional exacerbations requiring changes to plan of care and assessment at primary health care provider, with a routing number of meetings between 5-8 a year;

3. Routine care with infrequent visits to primary health care provider and routine number of meetings 5 or fewer a year.[9]

The following chart illustrates the distribution of individuals residing at BSDC who fall into the three different categories: 18 individuals in category 1, 39 individuals in category 2, and 47 in category 3.[10] There are 8 individuals who are not identified to meet the medically complex criteria.[11] Each of these individuals could live in the community with the proper supports and the same necessary medical services; they should not be congregated based on this.



Source: Letter from Courtney Miller

[8] Miller, *supra,* at 9.

[9] Letter from Courtney Miller, Director of the Nebraska Department of Health and Human Services Division of Developmental Disabilities, to Eric Evans, CEO of Disability Rights Nebraska, Request for Information regarding ICF/IDDs (Feb. 7, 2017) (on file with author).

[10] *Id.*

[11] *Id.*

BSDC operates a sheltered workshop that paid approximately 49 residents a sub-minimum wage during the previous year. [12] Sub-minimum wage represents a view that some people do not deserve a base wage to which anyone without a disability would be legally entitled. Moreover these sub-minimum wage positions take place on campus. An individual who receives much of his or her medical treatment on campus at BSDC, and also works a sub-minimum wage job on that same campus has little opportunity to participate in the rest of society, to explore his or her interests, or to interact with people without disabilities. Payment of sub-minimum wage is yet another example that illustrates the continued isolation and segregation occurring at BSDC.

Although BSDC is the only state-run ICF/IDD, two large private ICF/IDD facilities owned and operated by Mosaic are located in Axtell, NE and Beatrice, NE. The Axtell facility is licensed to serve 112 individuals and the Beatrice/Mosaic facility is licensed to serve 132 individuals.[13] Both facilities operate sheltered workshops that pay their workers sub-minimum wage: 56 residents from Axtell and 33 residents from Beatrice/Mosaic.[14] This again shows the low expectations and continued repetition of archaic policies and practices that are imposed on people with I/DD.

The federal government has limited the use of sub-minimum wage through passage of the Workforce Development Innovative Opportunity Act.[15] Provisions of this law require a series of steps to be taken before an individual under the age of 24 can be placed in a job paying less than minimum wage (almost all of which are either in sheltered workshops or enclaves operated by community rehabilitation providers).[16] This provision also includes language that prohibits schools from contracting with sub-minimum wage providers.[17]

The federal government has signaled that the use of sub-minimum wage and other practices that segregate, congregate, and isolate individuals with disabilities into "separate" and "other" settings will face greater scrutiny. Ultimately, we believe these practices should be abandoned entirely and ICF/IDDs that also operate a sheltered workshop should be studied closely because both institutions are a direct impediment to community integration. Now that Nebraska has committed to plan for the future of BSDC, it also has the opportunity to review the use of discriminatory practices in other ICF/IDDs.

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[12] U.S. Department of Labor, Wage and Hour Division, https://www.dol.gov/whd/specialemployment/PatientWorkerList.htm.

[13] State of Nebraska Roster, http://dhhs.ne.gov/publichealth/Documents/ICFDDRoster.pdf.

[14] *Id.*

[15] US Department of Labor Wage & Hour Division - Field Assistance Bulletin No. 2016- 2 - WHD Enforcement of WIOA Limitations on Payment of Subminimum Wages under FLSA Section 14(c), July 27, 2016. https://www.dol.gov/whd/FieldBulletins/fab2016_2.htm

[16] *Id.*

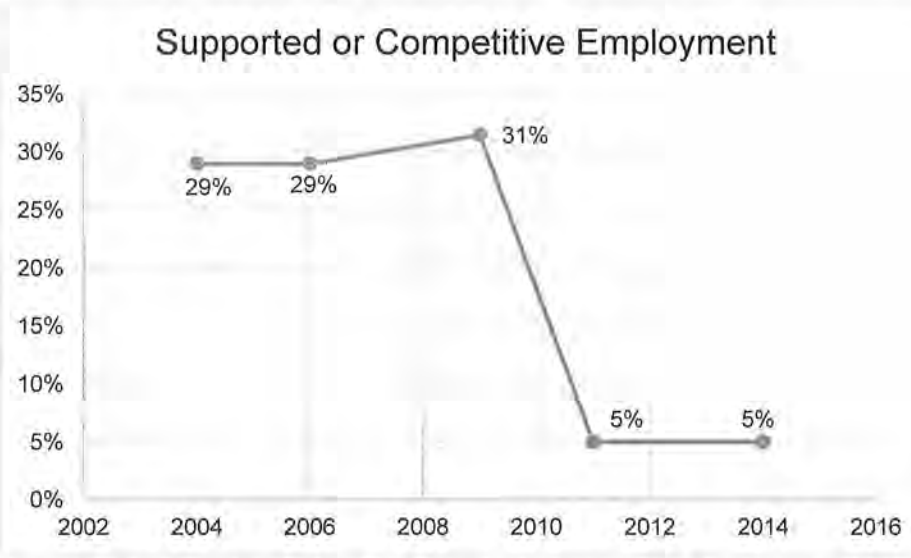
[17] *Id.*

The Nebraska Division of Developmental Disabilities took an important first step to end discrimination and promote community integration when it closed the Bridges program in Hastings, Nebraska.[18] The Division should continue down this path and plan for the closure of BSDC and all ICF/IDDs in Nebraska.

[18] Young, Joann, BSDC laying off 39 workers; "Bridges Program in Hastings Closing," Lincoln Journal Star, March 7, 2017. Last visited, 5/2/2017. http://journalstar.com/news/state-and-regional/govt-and-politics/bsdc-laying-off-workers-bridges-program-in-hastings-closing/article_dc07a642-b15b-5e11-8770-418c65d044e2.html.

Community Inclusion in Nebraska

Nebraska must make community inclusion a priority. In United Cerebral Palsy's 2016 report on inclusion, it ranked Nebraska 41st among the 50 states and the District of Columbia.[19] This was down from Nebraska's 2015 ranking at 37th.[20] At one point in time, Nebraska was a state that made significant progress towards inclusion among individuals with intellectual and/or developmental disabilities. Unfortunately, this report demonstrates that much work remains to be done and that we should reverse this downward trend. Indeed, 80% of states have done a better job of inclusion than Nebraska. For example, our supported or competitive employment drastically declined between 2009 and 2012 and remained at a mere 5% through 2014.[21] Forty-six states currently have Employment First policies in which states commit to integrated employment through publicly-financed day and employment services.[22] Integrated employment requires that employees are paid directly by employers at competitive wages—and not subminimum wage. Nebraska is not among these 46 states,[23] and could go far in promoting inclusion through the creation of an Employment First policy.



Source: United Cerebral Palsy, The Case for Inclusion: State Scorecards (2016)

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[19] Bragdon, *supra* at 4.

[20] *Id.*

[21] *Id.*

[22] Bragdon, at 4.

[23] *See* Derek Nord, Ph.D. & David Hoff, MSW, *Employment First Across the Nation: Progress on the Policy Front,* Policy Research Brief, Vol. 24, No. 1 (2014) available at http://www.apse.org/wp-content/uploads/2014/01/activity.html (last visited May 3, 2017).

While Nebraska's ranking declined between 2015 and 2016, states like Missouri and South Dakota increased their ranking by double digits over the last decade. Missouri alone increased their ranking by 33 places by increasing the portion of resources dedicated to people in the community. Where 50% of their resources had been dedicated to inclusive resources, Missouri increased this number to 88%. They also increased the number of people served in home-like settings from 75% to 84% and closed the last two state institutions.[24] Our neighbors were able to achieve this through a concerted effort and so can we by shifting our resources from institutional settings like BSDC and other ICF/IDDs to integrated community-based services.

[24] *Id.* at 17.

Community Integration is a Civil Right

In 1990, Congress enacted the Americans with Disabilities Act (ADA) "to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities."[25] In passing the ADA, Congress recognized that "historically, society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem."[26] A core purpose of the ADA is to "assure equality of opportunity, full participation, independent living, and economic self-sufficiency" for individuals with disabilities.[27] Therefore, the ADA and its Title II regulations require public entities to "administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities."[28] The preamble to the "integration mandate" regulation explains that "the most integrated setting" is one that "enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible . . . ."[29]

The United States Supreme Court held in *Olmstead v. L.C.,* that the ADA prohibits unjustified segregation of people with disabilities and described the harms of segregation, "institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life and that confinement in an institution severely diminishes the everyday life activities of individuals . . ." [30]

In *Olmstead*, the Supreme Court, interpreting the ADA and its integration mandate, held that Title II of the ADA prohibits the unjustified segregation of individuals with disabilities. The Court held that public entities are required to provide community-based services to persons with disabilities when (a) such services are appropriate; (b) the affected persons do not oppose community-based treatment; and (c) community-based services can be reasonably accommodated, taking into account the resources available to the entity and the needs of others who receive disability services from the entity.[31] However, courts have repeatedly and soundly rejected the argument that *Olmstead*

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[25] 42 U.S.C. § 12101(b)(1). Section 504 of the Rehabilitation Act of 1973 similarly prohibits disability-based discrimination. 29 U.S.C § 794(a) ("No otherwise qualified individual with a disability . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance . . . ."). Claims under the ADA and the Rehabilitation Act are generally treated identically.

[26] 42 U.S.C. § 12101(a)(2).

[27] 42 U.S.C. § 12101(a)(7) (2009).

[28] 28 C.F.R. § 35.130(d) (the "integration mandate").

[29] 28 C.F.R. pt. 35, app. B (addressing § 35.130(d)).

[30] *Olmstead*, 527 U.S. at 600-01.

[31] *Olmstead*, 527 U.S. at 607.

gives an individual the right to remain in an institution if the State decides to close the institution.[32]

Under the Obama administration, the federal government was heavily involved in *Olmstead* enforcement and technical assistance in a variety of contexts.[33] Indeed, the reach of *Olmstead* and the ADA's Integration Mandate extends well beyond institutions themselves.[34] Effective March 17, 2014, the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) promulgated final regulations impacting all Medicaid home and community-based services. [35] The rule reinforces established public policy that residential settings should be smaller, within inclusive communities, and support control and decision-making by the people who live in those settings.[36] The policy makes clear that any residential settings supported with CMS funds must be inclusive and assure that those being supported have control and decision-making authority about such aspects of daily life as having guests and when to eat.[37] The home and community-based services final regulations require that settings be integrated in, and support full access to, the greater community, including opportunities to seek employment, engage in community life, control personal resources, and receive services.[38]

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[32] *IL League of Advocates for the Developmentally Disabled v. Quinn*, (IL) 2013 WL 3168758 (N.D. Ill. 6/20/2013) District Court; *Sciarilla v. Christie* (NJ), 2013 WL 6586569 (D.N.J. Dec. 13, 2013); *Richard S. v. Department of Developmental Services* (CA), 2000 WL 35944246 (C.D. Cal. March 2000); *Richard C. v. Houstoun* (PA), 196 F.R.D. 288, 292 (W.D. Pa. 1999).

[33] *See e.g.*, U.S. Dep't of Justice, *Statement of the Department of Justice on Application of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C. to State and Local Governments' Employment Service Systems for Individuals with Disabilities* (Oct. 31, 2016) available at https://www.ada.gov/olmstead/olmstead_guidance_employment.pdf (last visited May 7, 2017), providing technical assistance on integrated employment); *see also* U.S. Department of Health and Human Services, *OCR Olmstead Enforcement Success Stories: Preventing Discrimination Against People with Disabilities in Health Care and Social Services* available at https://www.hhs.gov/civil-rights/for-providers/compliance-enforcement/examples/olmstead/index.html#top (last visited May 7, 2017) , providing an extensive list of *Olmstead* enforcement cases and their dispositions; U.S. Dep't of Justice, *Olmstead: Community Integration for Everyone, Olmstead Enforcement*, available at https://www.ada.gov/olmstead/olmstead_cases_list2.htm (last visited May 7, 2017), providing a list of cases in which the DOJ has been involved.

[34] *See e.g.*, Robert Dinerstein, *The Olmstead Imperative: The Right to Live in the Community and Beyond* (August 14, 2015), *inclusion*, 2016, Vol. 4, No. 1, 16-20; American University, WCL Research Paper No. 2016-11, available https://ssrn.com/abstract=2749372 (last visited May 7, 2017), providing a brief history of *Olmstead* enforcement and its reach.

[35] 42 C.F.R. §§ 430-431; 42 C.F.R. §§ 435-436; 42 C.F.R. §§ 440-441; 42 C.F.R. §447, *see also* http://www.aucd.org/docs/policy/HCBS/references/final-rule-fact-sheet-%20self%20directed.pdf

[36] Office of the Federal Register, https://www.federalregister.gov/documents/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider

[37] http://www.aucd.org/docs/policy/HCBS/references/hcbs-setting-fact-sheet.pdf

[38] *Id.*

People with I/DD can and should receive services in the community. Assumptions that they require constant supervision or support, group employment, and group living are derived from low expectations of people with I/DD and unsupported by research. [39] Indeed, the research demonstrates that people attain better outcomes when they live in smaller community-based settings that promote control, choice, and opportunities.[40]

People with intellectual and developmental disabilities have a legal right to live and to receive necessary services and supports in their community. Life in the community provides opportunities for dignity, freedom, choice, and a sense of belonging that are not possible in an institutional environment. This is the most important reason ICF/IDDs should be closed.

Closure of current ICF/IDDs will not be easy and need not be immediate. Rather, a plan should be developed that includes input, collaboration, and direction from individuals with I/DD, their families, and advocates. Such a plan must outline the necessary steps and timelines so that closure is implemented and ultimately achieved within a reasonable timeframe so that people with I/DD living in institutions can successfully transition to high-quality, safe, and person-centered living situations in the community.

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[39] *Home and Community-Based Services: Creating Systems for Success at Home, at Work and in the Community*, National Council on Disability. (February 24, 2015) at pg. 57. also available at: http://www.ncd.gov/rawmedia_repository/HCBS%20Report_FINAL.pdf; K. Charlie Lakin et al., *Behavioral Outcomes of Deinstitutionalization for People with Intellectual and/or Developmental Disabilities: Third Decennial Review of U.S. Studies 1977-2010, Research And Training Center On Community Living*, a review of 45 studies finding "consistent evidence of benefits accruing to people with ID/DD from movement from institutions to community."; The American Association on Intellectual and Developmental Disabilities and the Association on University Centers on Disabilities published "Community Living and Participation for People with Intellectual and Developmental Disabilities: What the Research Tells Us," available at http://aucd.org/docs/publications/2015_0723_aucd_aaidd_community_living3.pdf; *see also* ODEP, *Integrated Employment Toolkit*, available at https://www.dol.gov/odep/ietoolkit/researchers.htm and https://perma.cc/7PCU-NFLM (last visited May 7, 2017), providing additional research citations that show individuals with I/DD are capable of working in community-settings, outcomes, and best practices.

[40] *Id.*

Recommendations

Disability Rights Nebraska recommends the following:

1. Continue to prohibit new admissions to BSDC;
2. Establish a task force that will work in conjunction with the Olmstead stakeholder advisory committee to develop a three-year plan to close BSDC;
3. Develop and implement a high-quality, multi-layered system of quality assurance to ensure safe supports and services in the community that are outcome driven;
4. Examine and expand the capacity of services and supports that will be needed in the community as individuals transition to the community;
5. Seek guidance from states who have successfully developed and implemented plans for closure of their state institutions;
6. Eliminate ICF/IDDs as a state option in Nebraska's State Medicaid Plan and develop a plan for their closure;
7. Strengthen and increase opportunities for competitive employment and adopt Employment First policies;
8. Ensure that individuals are not transitioning to private ICF/IDDs.