

**NEBRASKA**

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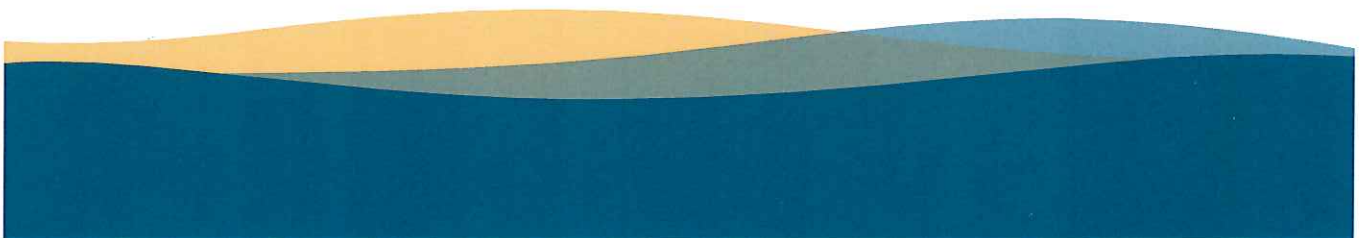
DEPT. OF HEALTH AND HUMAN SERVICES

# **Division of Developmental Disabilities**

**Quality Management Strategy Report**

**9/30/2017**

LB 333(2017)



# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

September 30, 2017

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

Dear Mr. O'Donnell,

The attached report fulfills the requirements in Section 8 of LB333 regarding the development and implementation of a quality management and improvement plan to monitor quality of life for persons with intellectual and developmental disabilities.

The Quality Management Strategy (QMS) was developed with guidance and direction from a stakeholder workgroup and the Governor's Advisory Committee on Developmental Disabilities. The Division is committed to engaging with stakeholders and believes integrating stakeholder feedback is essential to the QMS. The Division incorporated national best practices as well as Nebraska-specific strategies that have a direct impact on the quality of life for persons with intellectual and developmental disabilities into the QMS.

The QMS contains both quantitative and qualitative measures to ensure services provided meet the needs of the service participants. The QMS combines data and information from both internal and external staff. The QMS specifically includes functions for external staff with an unbiased perspective. In addition, the QMS recognizes and addresses the criticality of the need that persons receiving services, their families and advocates have input into the system.

The attached report satisfies the requirements of LB333 that the strategy must be completed and submitted by September 30, 2017. Additional reports regarding the implementation and success of the plan will be turned in on or before December 30, 2017 and March 30, 2018.

Respectfully,

A handwritten signature in blue ink that reads "Courtney Miller".

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

## **QUALITY MANAGEMENT STRATEGY- DRAFT DIVISION OF DEVELOPMENTAL DISABILITIES**

The Division of Developmental Disabilities' (henceforth, the Division) Quality Management Strategy (QMS) provides the structure to collect, organize, analyze and report information to its stakeholders, including the Nebraska State Legislature, the Governor's Developmental Disabilities Advisory Committee and the general public. The vision for the QMS is to establish a framework for the Division's quality activities so that it can improve its services and support individuals served by the Division and their families with accomplishing their goals and achieving meaningful life outcomes. In addition, the QMS enables the Division to meet the requirements of Nebraska's Medicaid Home and Community Based Services (HCBS) waiver assurances for individuals with developmental disabilities and the Center for Medicare and Medicaid Services (CMS) Quality Framework. The QMS serves as a living document that will be updated at least annually to reflect the adjustments made throughout the year and the evolving priorities of the Division and its stakeholders.

The QMS is driven by four organizing precepts:

1. Access and Services
2. Health, Wellness and Safety
3. Qualified Providers
4. Positive Personal Outcomes

These precepts are used to continually evaluate, monitor and assure that individuals served by the Division have access to safe, personalized services delivered by qualified providers and driven by individual choice.

The QMS was developed by a workgroup of stakeholders and Division representatives between March and June 2017. Members of the workgroup included people with disabilities, family members, advocacy groups and three organizations (Disability Rights Nebraska, the Nebraska Planning Council on Developmental Disabilities and the Munroe-Meyer Institute at the University of Nebraska Medical Center) funded by the federal Administration on Intellectual and Developmental Disabilities (AIDD). The working draft of the QMS was then discussed with the Governor's Developmental Disabilities Advisory Committee between July and September 2017. This document reflects the guidance and direction supplied by the workgroup and Advisory Committee.

### **Guiding Principles**

The workgroup developed a set of Guiding Principles to inform their work in developing the QMS and to serve as the values base for the Division in operationalizing the QMS. The QMS shall:

- Reflect the lifespan of individuals with intellectual and developmental disabilities.
- Represent a multi-dimensional approach that incorporates buy-in, feedback and collaboration between the Division and its stakeholders.
- Measure quality on multiple dimensions.
- Incorporate both qualitative and quantitative approaches.
- Have a relationship-based component that engages self-advocates and families.
- Ensure that individuals with developmental disabilities are active participants in defining what quality is.
- Incorporate every service offered in quality reviews.

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- Reach people who don't speak in traditional ways.
- Consider the whole person regardless of disabilities.
- Ensure freedom of choice.
- Ensure right to appeal.
- Provide an educational process for individuals with developmental disabilities, their families, advocates and the general public.
- Provide a roadmap for individuals with developmental disabilities and their families.
- Include outcomes related to high-quality community membership.

**Overview of the QMS**

Quality Management Strategy (QMS) work is overseen by the Division Director and the Governor's Advisory Committee on Developmental Disabilities. The Quality team is established under the Deputy Director of State-Operated Services and Quality. The Deputy Director of State Operated Services and Quality, the Deputy Director of Policy and Communication, the Deputy Director of Community-Based Services, the Chief Medical Officer and the Financial Officer, all under the leadership of the Division Director, collaborate to ensure that findings and solutions are coordinated and result in the necessary practices, policies and guidelines that provide optimal support to people with developmental disabilities. The Division Director holds final authority, accountability and responsibility for the allocation of resources and decisions concerning the QMS.

The Quality team focuses on the performance of Division-wide functions that significantly affect outcomes for individuals supported by the Division. QMS work is directed towards ensuring that structural systems are in place to enable appropriate Division staff, in conjunction with other Department of Health and Human Services (DHHS) division resources as appropriate, to work collaboratively to plan and implement initiatives for improvement, including targeted interventions to improve performance and quality. This is accomplished by continuously assessing, monitoring, measuring and evaluating operational and person-centered performance outcomes of service delivery processes. Through these activities, data is collected, analyzed and put into a report format to share with the Division's stakeholders, the Governor's Advisory Committee and the general public.

All Division Quality staff are available and prepared as needed to assist providers and the Division's Service Coordination team in clarifying and correcting issues and concerns that surface as a result of field or centralized reviews. This work includes delivering training, technical assistance and recommendations for corrective action. All Quality staff have a demonstrated ability to be solution-oriented and provide sound counsel in offering coaching to provider and service coordination staff.

The Division collaborates with the Division of Medicaid and Long-Term Care (MLTC), the Division of Public Health (DPH) and the Division of Child and Family Services (CFS) in its continuous quality improvement efforts. The MLTC Director holds the final authority and accountability for the implementation of the oversight and quality assurance activities conducted by the Division and DPH regarding the Medicaid Home and Community-Based Services (HCBS) waiver program as prescribed in the federally approved waiver applications. However, the administration of the HCBS Waivers is delegated to the Division of Developmental Disabilities.

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DPH is responsible for the federal licensure of Intermediate Care Facilities for People with Intellectual and Developmental Disabilities (ICF/IDD) and state certification of provider organizations that offer residences of three or less individuals, adult companion, crisis intervention support, habilitative community inclusion, in-home residential habilitation, respite, adult day, supported employment, pre-vocational and/or habilitative workshop services; and State licensure for residences of four and more individuals (i.e., Centers for the Developmentally Disabled). CFS is responsible for investigations of abuse and neglect of individuals with developmental disabilities.

The Governor's Advisory Committee on Developmental Disabilities assists the Division Director in overseeing the QMS. Members of this statutorily authorized committee are appointed by the Governor, who also appoints the chairperson. The Committee's responsibility specific to quality management is to provide regular review and evaluation of the Division's quality data and reports for the purpose of making recommendations to the Division Director. The Director provides updates to the Committee on the status of improvements.

The Division works in partnership with the Munroe-Meyer Institute (MMI) of the University of Nebraska Medical Center to administer the National Core Indicators (NCI) survey, under the auspices of an inter-governmental agreement. MMI is Nebraska's University Center for Excellence in Developmental Disabilities Education, Research and Service, one of 68 programs across the United States and its territories uniquely affiliated with universities, allowing them to serve as liaisons between academia and the community.

### State Team Roles and Responsibilities

The Division ensures that a focus on quality permeates all components of its work by ensuring that key outcome and quality performance standards are met and technical assistance is provided to correct performance as needed. The Division recognizes that accurate, prompt reporting is contingent on reporters feeling free from retaliation and is committed to protecting those that relay information about their concerns. The description of Quality staff responsibilities within the Division to meet this goal is as follows:

- **Division Director:** The Director holds final authority, accountability and responsibility for the allocation of resources and decisions concerning the Quality Management Strategy (QMS). The Director delegates appropriate responsibility, authority and accountability for the activities and outcomes of the implementation of the QMS to the Deputy Director of State-Operated Services and Quality. The Director serves as the primary point of contact for the Governor's Advisory Committee on Developmental Disabilities.
- **Deputy Director of State-Operated Services and Quality:** The Deputy Director reports to the Division Director. The Deputy Director is responsible for providing guidance and oversight to the Quality team. The Deputy Director executes this role by working with staff to ensure that all work is aligned with the QMS Guiding Principles. The Deputy Director provides direct supervision to the Quality Management Administrator. The Deputy Director provides the Director with a monthly QMS status report that includes, but is not limited to, the following:
  - A review of performance against target goals;
  - An analysis of barriers to or deficits in performance; and
  - Recommendations to address identified barriers or deficits.

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- **Quality Management Administrator:** The Administrator reports to the Deputy Director of State Operated Services and Quality. The Administrator provides day-to-day oversight to all Quality staff, and directly supervises the Quality Assurance Coordinator, the Program Manager for Program Accuracy and the Business Analysts. The Administrator designs and manages the quality system that collects, analyzes, and reports data to the Division, DHHS, Nebraska State Legislature, CMS and external stakeholders.
- **Business Analysts:** The Business Analysts report to the Quality Management Administrator. Business Analyst staff work in collaboration with DHHS Information Systems and Technology to generate reports that require merging data from the many data systems utilized by the Division. They are responsible for maintaining data integrity and bringing areas requiring attention to the attention of the Administrator.
- **Quality Assurance Coordinator:** The Quality Assurance Coordinator reports to the Quality Management Administrator. The Coordinator supervises the Quality Control Specialists who are responsible for the Division's onsite reviews. The Coordinator is responsible for managing the team's monitoring and analysis work and the technical assistance the team provides to providers and to Service Coordinators.
- **Quality Control Specialists:** The Quality Control Specialists report to the Quality Assurance Coordinator. Quality Control Specialists are located throughout the Division's three districts. They are responsible for identifying systemic, procedural and policy concerns as well as common error trends within provider performance. They do this by conducting onsite provider reviews, both scheduled and unannounced, and checking providers' corrective action plans as applicable. They are charged with giving technical assistance to providers and Service Coordinators following reviews to support performance improvement. Quality Control Specialists are responsible for developing, implementing and maintaining the standard protocol manual for these reviews. In partnership with volunteer self-advocates, family members and people with disabilities, Quality Control Specialists also conduct the participant survey for the Division which will be administered to a random sample of individuals in waiver services.
- **Program Manager:** The Program Manager reports to the Quality Management Administrator. The Program Manager supervises the Program Accuracy Specialists and Statistical Analysts. The Program Manager is responsible for looking at trends between and across the districts of the state for all aspects of the Division's work – from Service Coordination, to provider billing to the quality improvement system processes. The Program Manager coordinates the NCI project as well as quarterly preparation of data used to assess and improve the health of the Division's systems. The Program Manager is responsible for developing the reports delivered to the Division Director, the Quality Improvement Committee, the Governor's Advisory Committee and the Division's website.
- **Program Accuracy Specialists:** Program Accuracy Specialists (PAS) report to the Program Manager. PAS staff monitor and audit Medicaid HCBS waiver performance metrics and Division performance indicators. Examples include provider financial claims, level of care determinations, case file reviews, implementation of the medical and behavioral assessments. They also provide training on the components of the audit tools and how the tools measure waiver performance measures and other quality metrics.
- **Statistical Analysts:** The Statistical Analysts report to the Program Manager. These staff develop operational guidelines, document the report process and manage the Medicaid home and community-based waiver and Beatrice State Development Center (BSDC) performance

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measures data analytics system. Once NCI data becomes available, they will assist Division program staff in using NCI results for systems improvements.

**Advisory Committees**

**The Governor’s Advisory Committee on Developmental Disabilities** was established by statute in 1994, revised in 2005 and further revised in 2017. The Committee has representation from self-advocates, family members, providers and advocacy groups. Its membership was expanded in the 2017 legislative session to incorporate new and critical members, such as the AIDD-funded organizations. The Governor appoints the Committee members and the Chairperson. The Committee is responsible for recommending quality initiatives consistent with the Division’s organizational priorities. The Committee provides advice and counsel regarding the implementation of the Quality Management Strategy (QMS) throughout the Division’s service system. The responsibilities of the Advisory Committee specific to the QMS are as follows:

- Recommend performance improvement initiatives.
- Forward timely reports about quality concerns and initiatives to the Division Director.
- Receive and evaluate reports from internal review committees and external performance reviews.
- Receive reports and make recommendations regarding all areas of services provided by the Division.
- Receive reports on status of implementation of plans for correction and improvement from the Division’s internal Quality Improvement Committee.

**The Division’s internal Quality Improvement Committee (QIC)** is chaired by the Quality Management Administrator. The QIC reviews aggregate data for statewide monitoring, incidents, complaints, investigations, and certification, licensure and review surveys, to identify trends and consider statewide changes that will support service improvement. The QIC discusses areas needing remedial action and monitors the status of the implementation of their recommendations. The Committee also reviews data and reports on subjects, including, but not limited to:

- Medicaid HCBS waiver service requirements;
- Licensure Unit investigations; and
- Service utilization information.

The QIC meets quarterly and is comprised of representatives from the Division’s Central Office and Service Coordination, as well MLTC Central Office. The QIC receives reports and information and provides feedback and support to the Division’s three service districts and BSDC. The MLTC representative reports activities of the QIC to the MLTC Director or designee and makes all meeting minutes and reports available for the MLTC Director’s review. A summary of the information presented at the QIC is also submitted to the Governor’s Advisory Committee on Developmental Disabilities.

**Programmatic Authority and Accountability**

All units within the Division as well as key units within CFS, DPH and MLTC have a fundamental, shared responsibility to promote quality through their day-to-day operations. The Division Leadership team believes that performance indicators are central to the continual improvement process and has assigned the coordination of monitoring organization-wide performance indicator data to the Quality team. The function of each relevant team is as follows:



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***Division of Developmental Disabilities***

*Leadership Team.* The Leadership team is comprised of the Division Director, the Deputy Directors, the Administrator of Policy, the Administrator of Field Operations, the Quality Management Administrator, the Chief Medical Officer and the Financial Officer. The Leadership team is responsible for the Division's fiscal stewardship, policy direction and operational framework.

*Clinical Team.* The Clinical team serves as a resource to Field Operations staff regarding medical and behavioral health care management and as a clinical liaison with the service providers. The Clinical team is available to provide direct consultation. The Clinical team focuses on ensuring that all health and mental/behavioral health service delivery and related policy and decisions follow medical, ethical and quality standards, principles and practices. The Clinical team has the lead responsibility for overseeing the conduct of health care assessments, through file audits and remedial and systems improvement feedback to the field.

*Financial Team.* The Financial team oversees the Division's budget, forecasts of expenditures, federal reporting requirements, cost modeling and participant budget expenditures in relation to individual budget allocations and service authorizations. The Financial team provides fiscal notes to accompany proposed legislation, and responds to requests for statistical financial information on Division programs.

*Intake and Eligibility Team.* The Intake and Eligibility team of Disability Services Specialists ensures that all people who are eligible for Division services receive timely eligibility determinations, initial evaluations and assessments, and information regarding the availability of services and supports through the Medicaid State Plan and the Medicaid HCBS waiver program. The Intake and Eligibility Supervisor manages the Inventory for Client and Agency Planning (ICAP).

*Policy Team.* The Policy team conducts policy research, analysis, evaluation and coordination on various issues across the Division, including but not limited to the Medicaid program, State regulations, promising practices in the field of developmental disabilities and the preparation and/or updates of policies and advisory guidelines to field staff. The Policy team ensures that all waivers are developed and operationalized according to CMS requirements. Working in conjunction with the Financial and Quality teams, the Policy team is responsible for preparing reports to CMS that describe waiver compliance and status on meeting waiver assurances. The Policy team also supports Service Coordinators by providing information and technical assistance regarding the Medicaid program. The Policy team provides trainings to the field concerning Medicaid HCBS waiver implementation.

*Provider Relations Team.* The Provider Relations team maintains a roster of all approved providers of service, including HCBS waiver providers and ICF/IDD providers. The Provider Unit has overall responsibility for serving as the program administrative liaison between the Division and the provider community. The Provider team is responsible for the Division's compliance with 42 C.F.R. § 441.301(c)(4), the Medicaid HCBS Final Rule by overseeing the implementation of the State Transition Plan mandated by CMS; a primary responsibility in this task is monitoring



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Medicaid HCBS waiver providers' transition plans to reach full compliance with the Rule. The Provider team assists providers by offering technical assistance for issues identified by Field Operations and Quality staff.

*Quality Team.* The Quality team serves as the source of ongoing monitoring, analysis and reporting for participants in the Medicaid HCBS waiver program and the intermediate care facilities for persons with Intellectual disabilities (ICF/ID). The team coordinates enhanced monitoring activities when concerns arise. The Quality team prepares quarterly reports of performance, findings and recommendations for improvement based on its monitoring and reviews to the Division Director and the Governor's Advisory Committee on Developmental Disabilities.

*Service Coordination Team.* The Service Coordination team has overall responsibility for the development of comprehensive, person-centered Individual Support Plans, submission of timely service authorization requests, and the ongoing monitoring and follow-up of all services and supports. Service Coordinators monitor the delivery of services and supports as per the Individual Support Plan through onsite monitoring at the location(s) of service delivery per the schedule of review required by the program type. Service Coordinator Supervisors and the Quality team evaluate compliance with monitoring standards.

Service Coordinator Supervisors are also responsible for performing record reviews of participants on their team's caseload. The record review evaluates compliance with the Division's Individual Support Plan Operational Guidelines and Medicaid HCBS waiver program requirements and assurances.

**Divisional Partnerships**

The Division understands and is committed to ensuring quality through a multi-dimensional lens. Given this commitment and the nature of how our business operates, it is essential that divisional partnerships and responsibilities are recognized as a part of the Quality Management Strategy (QMS). The Divisions listed below are key partnerships. The QMS will work to continually deepen partnerships. These efforts will drive the ability to administer quality services.

***Medicaid and Long-Term Care***

*Home and Community-Based Services Team.* While DHHS is the established State Medicaid authority, MLTC oversees the Medicaid HCBS waiver program. Members of the MLTC HCBS team are active participants in the Division's quarterly QIC meetings. The MLTC HCBS team is responsible for enrolling qualified Medicaid providers.

***Division of Public Health***

*Licensure and Certification Teams.* DPH ensures a qualified provider network by conducting initially and, thereafter bi-annually and more frequently as needed onsite reviews of licensed and certified residential and day/vocational service agency providers. Results of licensure and certification can lead to 12- or 24-month approval, enhanced monitoring, recommendation for termination from the Division's service delivery system, and any other applicable DPH/ Division sanction. Providers must develop a quality improvement plan to address performance measures falling below established benchmarks. DPH coordinates with the Division to ensure that issues are brought to the Division's attention for follow-up as needed. Via the APS hotline, DPH receives

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complaints regarding provider issues and works with Division of Developmental Disabilities to resolve the complaints.

***Child and Family Services***

*Protective Services Units.* Adult Protective Services (APS) and Child Protective Services (CPS) are housed within CFS. These units conduct investigations into allegations of abuse, neglect, or exploitation, serious physical injuries and other incidents per applicable laws, regulations and policies. The investigator ensures the immediate health and safety of the person and/or other persons served in the same location are protected, and collaborates with the Division of Developmental Disabilities for immediate follow-up services. APS and CPS staff work in partnership with State and local law enforcement agencies and prosecutors on incidents involving criminal offenses by making appropriate referrals to said law enforcement agencies to ensure criminal prosecution, in cases that warrant such actions.

**Participants, Families and Self-Advocates**

Participants, families and self-advocates are fundamentally involved in the Division's Quality Management Strategy. They give input on their satisfaction with services and quality of life to National Core Indicators (NCI) surveyors, their service coordinators and the Quality team, they partner with NCI and the Quality team to conduct surveys, and they serve on or attend on the Governor's Advisory Committee on Developmental Disabilities. The Division supports the need for collaboration with individual with disabilities and their families, advocacy groups and stakeholders to promote quality.

**Framework for the QMS**

The Quality Management Strategy (QMS) describes the functions and activities directed at evaluating the effectiveness of the Division's service delivery system. The QMS serves to guide the organizational structure and quality activities to promote access to care and service in a timely, appropriate and cost effective manner and that improve individual personal outcomes.

As was referenced previously, the four organizing precepts for the QMS:

1. Access and Services
2. Health, Wellness and Safety
3. Qualified Providers
4. Positive Personal Outcomes

These precepts are further elaborated in the following taxonomy, consistent with the expectations delineated by CMS in its waiver application template and ongoing quality assurance guidance to the states:

***Access and Services***

- **Access.** Ensure informed choice and timely delivery of services and supports that reflect personal preferences and needs in the most integrated settings possible.
- **Service Planning and Delivery.** Ensure information is communicated in easily understandable language and accounts for cultural considerations. Ensure that the person is at the center of planning and decision-making and that his or her strengths, preferences and opportunities for personal growth are at the forefront. Ensure that risks are assessed, identified

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and addressed through the person-centered planning process, balancing health, safety and well-being with the dignity of risk-taking. Identify potential and actual health and service delivery concerns and facilitate corrective action.

- **Fiscal Stewardship.** Maintain a system of service authorization, utilization management and auditing to ensure proper service levels are authorized. Through increased independence and employment, reduce reliance on paid supports.

### *Health, Wellness and Safety*

- **Health and Wellness.** Identify, develop and maintain a health tracking system to support total health and wellness care.
- **Protection from Harm.** Maintain a system of reporting, monitoring, investigation and corrective action in critical areas of abuse, neglect and exploitation, with tracking and trending of data to identify and intervene where people may be at increased risk.
- **Health Care System.** Focus on efforts to ensure an accessible and egalitarian health care system driven by continuous quality improvement.

### *Qualified Providers*

- **Qualified Providers.** Maintain a robust, continuous quality assurance system that constantly monitors provider performance in adherence to rules, regulations, policies and procedures as well as achievement of personal outcomes for the people served. Require and support the provision of trained staff at all levels of the service system to ensure individualized and effective supports and services. Maintain a network of qualified providers in compliance with all State and federal licensing requirements sufficient to offer people choice, address their clinical needs, and enable them to achieve personal goals.

### *Positive Personal Outcomes*

- **Person-Centered Goals.** Ensure services support participants with making progress towards their goals.
- **Satisfaction.** Evaluate the satisfaction of people and families receiving services to inform continuous quality improvement.
- **Participant Leadership.** Commit to working with Divisional partners to advance support for participant and family engagement and leadership as well as promoting participant independence.
- **Protection of Rights.** Maintain an effective program of oversight to ensure individual rights are protected via robust complaint and appeals systems. Provide information, education and advocacy for capacity building, supported decision-making and options to full guardianship.

Using an evidence-based approach, the QMS is designed to advance promising practices through ongoing education, information, training and research in all of the above areas.

### **Data Analytics**

The Division is responsible for monitoring and tracking a variety of internal and external performance outcomes to safeguard the viability of the service system. Through the preparation of detailed reports and data requests to support the Division's accountability process, including the dashboards for the Governor and the DHHS Chief Executive Officer, the Quality team ensures

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that all necessary performance metrics are made available and sufficiently analyzed to assess systemic performance by collecting and reporting quality data. The Quality team leads the analytic function for support of the Division's continuous quality improvement efforts and for discerning opportunities for identifying and responding to areas of operational need. Included in this is the implementation of drill-down analytics that provide the opportunity to discover disparities in quality metrics and to understand variation in quality across venues of performance. These investigative analytics lead to an understanding of what is driving gaps in services and aid in identifying areas for improvements in order to enhance the quality of services and support for the individuals served by the Division. The Division uses the information discovered to guide policy decisions and annual improvement goals.

**Internal Performance Outcomes**

The Quality team is responsible for managing accountability initiatives in the Division that assess overall performance. This information and analysis is used to improve systems performance and address policy and operational gaps. Through a variety of regular and targeted reviews, the Division ensures key outcome and quality performance standards are met, trends are identified and analyzed, and results are reported in accordance with the Division's commitment to full transparency. Additionally, the Quality team provides technical assistance to ameliorate negative findings.

Specific to the Medicaid HCBS waiver program, CMS has established the threshold of 86% for performance measures. Below this target, states must review and analyze performance to determine whether a service improvement goal is needed. Quality staff prioritize data collection and analysis of all waiver performance measures to ensure accurate reporting and corrective action is taken as needed to remain fully in compliance with CMS expectations in its waiver assurances.

The Medicaid HCBS waiver program assurances are as follows:

- **Administrative Authority.** The State Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.
- **Level of Care.** The State demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, Nursing Facility or ICF/DD.
- **Qualified Providers.** The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.
- **Service Plan.** The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.
- **Health and Welfare.** The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.
- **Financial Accountability.** The State demonstrates that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program.

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The metrics for the above assurances are delineated in each of the State's waiver applications and serve as key reference points in the Division's Quality Management Strategy (QMS) but not the sole determinants.

### **External Performance Outcomes**

The National Core Indicators (NCI) is a joint venture between the National Association for State Developmental Disabilities Directors and the Human Services Research Institute. It is used by 46 states and is considered best practice to understand and depicts quality of life for people with developmental disabilities. Established in 1997, NCI results assist states in targeting human services spending to practices that work. Performance data collected by NCI helps states answer fundamental questions such as:

- Are we providing quality service?
- Are people healthy and safe?
- Do services enable people to participate in family and community life?

State reports, based on data collected through interviews and surveys, are issued annually and are publically available. States can use the reports to track their own performance over time, to compare results across states, and to establish national benchmarks. Additional information regarding NCI can be found at <https://www.nationalcoreindicators.org/>.

### **Remediation and Improvement**

The Division is committed to the Quality Management Strategy (QMS) being the vehicle for more than just regulating compliance with minimum standards. Division employees and providers are supported to pursue quality improvement strategies to advance promising practices. The Division, and by definition the QMS, is driven by a commitment toward improvements. Given this focus, it is critical that the response to concerns identified by the Quality team, be they internal to the Division or related to the performance of an agency or independent provider, is oriented towards technical assistance and support. This approach relies on a collaborative problem-solving methodology that takes into account, for example, issues that may have not been readily seen by the Quality team member conducting a review. Providers are given copies of their audit results and expected to utilize that information in their internal quality assurance system processes to correct any concerns or issues identified. Quality team staff, as well as the Division's Provider Relations team, are prepared to offer technical assistance with developing corrective strategies. Division staff are expected to exhaust all technical support remedies prior to advancing in a progressive manner towards a more stringent intervention, unless the health or welfare of a person served by the Division is at risk. In such cases, the Division will take immediate action as needed.

The Division's leadership is informed about areas that have been identified in the review as having deficient practices and which require further review and/or appropriate action. The Division will work with its partners to coordinate remediation.

### **Ongoing Review of the QMS**

The Division relies on multiple databases for Quality Management Strategy (QMS) activities. The case management records system, the case file audit system, the Medicaid eligibility database and other, more local, databases all contribute to the Division's centralized tracking effort. The Quality

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team collates and integrates the data generated from these databases and develops a quarterly report of performance.

The Division convenes a quarterly meeting to review a rolling set of performance metrics and initiatives. The Quality team provides the Director and the Leadership team with an overview of key performance gains or concerns and corrective actions, as well as documents relevant action steps for follow-up at the subsequent meeting.

On a quarterly basis, the Division Director then reviews the findings with the Governor's Advisory Committee, who offer their independent findings and analysis for consideration by the Division.

The Deputy Director of State Operated Services and Quality is tasked with overseeing the posting of the QMS Quarterly Report to the Division's website as well as providing it directly upon request to interested stakeholders.

**In Closing**

The Division of Developmental Disabilities is committed to a continued investment in a robust, transparent quality management system in collaboration with the people we support, their families and advocates, the Governor's Developmental Disabilities Advisory Committee, our cross-Departmental partners and the many other Nebraskans invested in the well-being of our citizens with developmental disabilities. Our shared goal is to deliver safe, high quality integrated services and supports. To succeed, the Division will incorporate sustainable quality management and quality improvement principles in the planning, design, delivery and evaluation of supports and services for individuals with developmental disabilities. The Division is committed to strengthening the leadership role of people with developmental disabilities and their families, through the Governor's Advisory Committee as well as the various ad hoc workgroups organic to state government operations. Finally, and most critically, the Division is committed to developing and implementing quality management strategies that support the achievement of positive outcomes for individuals with developmental disabilities in Nebraska.

"Quality" in our service system most generally refers to the success of the Division and our partners in the provider community at helping the individuals we serve to realize their own goals and aspirations. For people who are especially vulnerable to abuse, neglect and exploitation – as people with developmental disabilities often are – one critical component of quality management is to ensure health and safety. Assisting people to "live their own lives" and "keep them safe" are goals that are sometimes in conflict with each other. Understanding that tension and addressing it thoughtfully is one of the biggest challenges for a governmental quality management system. People have the best chance of experiencing quality supports when they are part of a network of relationships with caring people. Compliance with standards and regulations can contribute to quality of service but is never, by itself, a sufficient assurance of quality. We invite our stakeholders to join with us in building and sustaining a quality management system that encourages the individuals we support to have the most productive and fulfilling lives of their choosing, with the companionship of a network of family, friends and advocates.