



## Annual Report per Neb. Rev. Stat. §83-1216.01

Per Neb. Rev. Stat. §83-1216.01, the Division of Developmental Disabilities (DDD) is required to submit an annual report on or before September 30, 2022. This report details the Division's outcomes, improvement priorities, and activities during the fiscal year 2022.

In prior state fiscal years, the Division created a public website dedicated to quality assurance activities. We continue to expand and build upon this site and are beginning to publicly post quality data. The Quality webpage can be found at: <https://dhhs.ne.gov/Pages/DD-Quality-Assurance.aspx>

Since inception, we have expanded the Quality page to include a direct link to the Liberty partnership page that houses the phases, projects, reports, and presentations covering this partnership. The Liberty page can be found at: <https://dhhs.ne.gov/Pages/Liberty-Partnership-Quality-Project.aspx>

The following information pertains to the Division's initiatives, detailing outcomes, improvement priorities, and activities during the fiscal year 2022.

### *National Core Indicators (NCI)*

The Division has reexecuted a contract with Munroe-Meyer Institute (MMI) to conduct National Core Indicators (NCI) surveys for participants utilizing DD and AD waiver services. NCI IDD is an in-person survey (IPS) conducted with the person receiving DD Waiver services or their proxy (if applicable). Through the same MMI contract, the Division is participating in a National Core Indicators – Aging and Disabilities (NCI-AD) project survey to assess the quality of life for adults receiving long-term care through AD Waiver services. These surveys yield invaluable data about the satisfaction of those receiving DD and AD Waiver services, as well as identifying areas in which the system can be improved. Nebraska's DD and AD Waiver participants have a choice in decision-making regarding good healthcare and wellness. It also showed that we have room for improvement in relation to participant self-determination. The Division's commitment to continuing the Person-Centered Planning initiative will empower participants to plan their life, find their voice, and work toward reaching their goals.

The Division also works with NCI to complete an annual staff stability survey. The NCI-IDD Staff Stability Survey collects comprehensive data on the Direct Support Professional (DSP) workforce providing direct support to adults (age 18 and over) with intellectual and developmental disabilities (IDD). The goal of this survey data is to help states examine workforce challenges, identify areas for further investigation, benchmark their workforce data, measure improvements made through policy or programmatic changes, and compare their state data to those of other states and the NCI-IDD average. The most recent report for Nebraska shows that we struggle with staff turnover but excel at average hourly wage and sick/vacation/personal leave time for DSPs.

The 2021-2022 contract includes additional funding for MMI to build a public, interactive dashboard for NCI data, which will allow information to be disseminated more broadly. The most recent NCI Survey reports can be found at: <https://idd.nationalcoreindicators.org/survey-reports-insights/>

National Core Indicators official results can be found at: [https://nci-ad.org/upload/state-reports/NE\\_19-20\\_NCI-AD\\_state\\_report\\_with\\_COVID\\_info\\_FINAL.pdf](https://nci-ad.org/upload/state-reports/NE_19-20_NCI-AD_state_report_with_COVID_info_FINAL.pdf)

## *Olmstead*

Olmstead refers to the court case *Olmstead v. LC*, 527 US 581 (1999), which applied the Americans with Disabilities Act (ADA) signed in 1990 to Medicare Home and Community-based waiver services. The Court held that under Title II of the ADA, states are required to place persons with mental disabilities in community settings rather than in institutions when determined that: (1) community placement is appropriate, (2) the transfer from institutional care to a less restrictive setting is not opposed by the affected individual, and (3) the placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with mental disabilities.

This did not create a requirement but established a standard to which states *could* be held. CMS pushed this philosophy forward in 2014 through the promulgation of the Final Settings Rule, which established that "individuals receiving services and supports through Medicaid's HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting." At that time, Nebraska was required to document its compliance with the Final Settings Rule and demonstrate the integration of service settings.

In 2016, Nebraska passed LB1033 which required the state (through DHHS) to develop a "comprehensive and effective working plan for placing qualified persons with disabilities in the most integrated community-based service settings" and create a stakeholder advisory committee to assist. The Division of Developmental Disabilities has been the DHHS division tasked with the development and implementation of the Olmstead Plan.

In December 2020, Nebraska published its Olmstead Plan. A report, including progress, revisions, and updates to strategies, was to be provided in the first year and every three years after to the Legislature. The last report was submitted in 2021. DDD is currently working to identify updated strategies to support the goals in the Nebraska Olmstead Plan.

More information on Nebraska's Olmstead Plan can be found at: <https://dhhs.ne.gov/Olmstead/Nebraska%20Olmstead%20Plan%20FINAL%20for%20Submission%20to%20Legislature.pdf>

## *Division of Developmental Disabilities has taken several initiatives to improve the current system*

AD Waiver and PAS Rate Study – The Division has contracted with CBIZ Optumas to complete a rate study for the Aged and Disabled Waiver and Personal Assistance Services. The goal of this study is to establish a rate model for services provided to the aged and individuals with disabilities. A cost survey was conducted with providers to participate in the rate study and provide data on the cost of doing

business to be incorporated into the considerations made for a future rate model. DHHS, along with the contractor, presented the first draft of the rate methodology to the stakeholders in August 2022.

The main initiative of Single Case Management System is to streamline two case management systems that support Home and Community-Based Services (HCBS) Waiver programs and provide a single point of access. The Division had been using two distinct systems – CONNECT for AD and Therap for DD Waivers. A phased approach has been established for the implementation. Both DD and AD Service Coordinators have started entering information into Therap system. Training opportunities are ongoing for external partners as well as Service Coordinators.

Case Management RFP – The Division is in process of procuring a vendor for a new case management system. The contract of the existing case management system is ending in March 2024.

Amendments to HCBS AD waiver and TBI Waiver were approved by CMS and went live in July. A copy of the proposed amendments and a summary of changes is available on the public website:

<https://dhhs.ne.gov/Pages/DD-Regulations-and-Waivers.aspx>.

The Division is currently beginning its work on a TBI renewal for implementation on 10/1/23 and a new Family Support Waiver.

### *Provider Quarterly Reports*

Per 404 Neb. Admin. Code § 4-008.01, DDD requires providers of HCBS DD Waiver services, to submit quarterly aggregated data of all critical incidents. Per HCBS DD Waivers Appendix A and Appendix G, providers submit a report to DDD on a quarterly basis detailing incidents occurring in the quarter, and actions taken on both participant and provider-wide levels, to address issues and decrease the likelihood of future incidents.

Through conversations with providers and the DDD Quality unit, it was noted that the process of aggregating data was time-consuming and burdensome for the provider. The Division started aggregating incident data into reports for each agency provider, reviewing reports to identify trends or possible areas of concern, and sending them to each agency provider. Agency providers are now responsible for reviewing reports and responding with action plans to address/remediate any identified trends or possible areas of concern. This new process frees providers from administrative time and gives them the ability to focus on improving services and implementing training or policies to combat issues found in reports. Feedback from workgroups has yielded positive results.

### *Charting The Life Course (CtLC)*

The Charting the LifeCourse (CtLC) framework is an authentic grassroots activity, driven by the core belief that “all people have the right to live, love, work, play and pursue their life aspirations.” Driven by the quest to answer the question, “what do families need to know to support a family member with a disability across their lifespan?” it has now evolved into a transformative human-centric movement impacting policies and practices across the country.

The CtLC framework evolved within a collaborative process led by the Institute for Human Development at the University of Missouri – Kansas City, a University Center for Excellence (UCEDD) in partnership with many different national and statewide stakeholders.

Nebraska signed an agreement with NASDDDS in 2021 to bring CtLC to the state, which resulted in a statewide training event on April 2022. In July 2022, the incorporation of CtLC tools began within the annual planning process for DD Waivers and will begin in January 2023, for AD and TBI Waivers. To date, all state and contracted Service Coordination teammates for all waivers have been trained in the principles and usage of CtLC tools.

Nebraska continues to be active with the Community of Practice (a consortium of states committed to the usage of CtLC) and engages in regular technical assistance calls to develop best practices, participate in annual conferences, and train stakeholders.

More information on CtLC can be found at: <https://www.lifecoursetools.com/>

### ***Community of Practice (CoP)***

The Division has partnered with Community of Practice (CoP), a joint venture of the National Association of Developmental Disabilities Directors (NASDDDS) and The University of Missouri- Kansas City's Charting the Life Course in December 2021. This venture works in partnership with 19 states to provide technical assistance and resources to enhance CtLC efforts by assisting in the creation of policies and practices and adjusting state systems to better support individuals and families.

Through our work with CoP, we committed to implementing Charting the Life Course (CtCL) as a framework for service planning. Service Coordination teammates now complete one of the CtCL tools, for each participant, annually when developing their person-centered plan. This helps individuals and families of all abilities and ages develop a vision for a good life.

We have monthly technical assistance calls with CoP to work through Nebraska's strategic plan and make necessary changes to our policies and practices. We also have monthly Innovation Roundtable Discussions on important topics to help us identify what system changes we need to make. Finally, we have opportunities to meet quarterly with the other 19 states to learn and exchange information to make a difference in Nebraska's system.

### ***Quality Improvement Organization (QIO)***

Initiatives and projects hereafter are in conjuncture with the contracted quality improvement organization, Liberty Healthcare Corporation (Liberty).

### ***Mortality Review Process (MRC)***

The review and analysis of participant deaths is an important component of the quality and risk management systems. The mortality review process collects and analyzes data from mortality reports and case reviews to identify important patterns and trends that may help increase knowledge about risk factors and provide information to guide system enhancements and improvements.

In the coming year, additional improvements and enhancements are planned, including standardizing the process for submitting notifications of death, further refining data collection and analysis processes

to yield more trending and predictability capacity, and implementing a more robust technical assistance and remediation process geared toward enhancing improvements in service quality.

## ***Notification of Death Reporting System***

In the next year, a goal for DDD is to have deaths of participants, across all waivers, reported via the Therap system by completing a “Death of a Participant” General Event Report (GER). This will streamline and standardize not only the method and platform by which deaths are reported but also the data reported and collected, increasing the reliability of mortality data analyzed.

## ***Triage Process***

Liberty’s mortality review nurse investigator triages (screens) each notification of death to determine if it falls into one or more of the following categories:

- Deaths associated with alleged or suspected abuse, neglect, exploitation, or criminal acts;
- Sudden and unexpected deaths (deaths that occur without warning or are unanticipated); or
- Deaths which could be due to a lack of standard medical care or omitted or inappropriate clinical care.

When a death meets one of these criteria, the mortality review will be expedited. An expedited review is prioritized ahead of non-expedited reviews. Expedited deaths are always prioritized to be completed within 45 calendar days following triage. Non-expedited deaths are reviewed as work on expedited death permits but may not be completed within 45 calendar days of triage depending on the volume of death notices received.

When the initial triage review reveals potential signs of abuse, neglect, or exploitation, the mortality nurse investigator alerts the DDD Quality Administrator to the immediate concerns that may need to be addressed.

## ***Nurse Mortality Review***

To start the review process, the Mortality Review Assistant begins collecting applicable documents within the state-mandated web-based case management system. A list of additional documents needed to conduct a review is sent to the provider, Service Coordinator, or BSDC staff; receipt of documents is tracked, and the documents are organized in preparation for the review.

The Nurse Mortality Investigator completes the review using the documents received and completes the mortality review brief electronically, entering all appropriate data about the mortality. The investigator determines whether each mortality case:

- ***Second-Level Physician Review***

The Liberty Mortality Review Physician completes a second-level review on all mortality cases that have been expedited and any non-expedited reviews that would benefit from further medical evaluation. The Nurse Mortality Investigator may flag certain aspects of a case for physician review and may have specific questions about the cause of death, meaning, or impact of medical conditions and/or illnesses related to the mortality, or the appropriateness of the medical care provided in the days and weeks preceding the death.

- ***Mortality Review Committee***

The role of the Mortality Review Committee (MRC) is to review and evaluate individual mortality cases referred to the committee, as well as aggregate data from mortality reviews, make recommendations of quality improvements for both individual providers and systems issues, and communicate recommendations to the DDD Quality Improvement Committee to support systemic quality improvement initiatives. The goal of the MRC recommendations is to improve the quality of support and services, and prevent avoidable deaths.

### ***Follow-up and Closure Process***

Based on the mortality review findings, Liberty and the MRC may make recommendations regarding actions to be taken by the provider, Service Coordinator (SC), or Beatrice State Developmental Center (BSDC). Liberty generates recommendation letters for the DDD Quality Administrator (or designee) to amend and approve before sending them to the provider, SC, or BSDC. Liberty, in collaboration with the DDD Quality Unit, may provide technical assistance to providers based on recommendations from the mortality reviews or MRC. Mortality review cases are considered closed when either a recommendation letter or a closure letter is sent to the applicable party (provider, SC or BSDC).

### ***Collection, Analysis, and Reporting of Mortality Data***

Multiple sets of data are collected and stored during triage and mortality reviews. These data elements are case factors, characteristics, and attributes that assist in identifying trends, correlations, and themes associated with mortalities when used in data analysis. Some of these data elements include:

- Age at death;
- Location of death;
- Provider of services;
- Cause of death;
- Pre-existing conditions;
- Residential setting;
- Waiver program funding; and
- Fatal Five plus pre-existing conditions.

### ***Critical Incident Review Process***

The Division engaged Liberty to conduct a strategic assessment of division operations to: (1) identify programmatic improvements to increase operational efficiency and identify steps toward best practices, (2) outline recommendations, and (3) develop an implementation plan to move towards having a state-of-the-art best practice Quality Management Unit.

In April 2022, a pilot project was launched, including a small group of CDD and DDAD Waiver providers, to test and evaluate the new process. Liberty applies the quality improvement cycle of design, discovery, remediation, and improvement to adjust and improve each new tool or process based on feedback and results from the pilot.

Liberty will also implement a targeted analysis process focusing on completing, in collaboration with providers, a root-cause analysis of incidents or trends of incidents. This analysis will be conducted both virtually and in person. It will be directed towards supporting providers and identifying the root causes

of negative outcomes and creating improvement plans to reduce the likelihood of future negative outcomes. Liberty will work with providers to provide technical assistance and support the quality improvement process by modeling continuous quality improvement techniques.

The Division will continue to work through the Quality Management Strategy priorities and regularly report to the Governor's Advisory Committee on Developmental Disabilities as required in Neb. Rev. Stat. § 83-1216.01(1)(a).