



DEPARTMENT OF HEALTH
AND HOSPITALS

**Office for Citizens with
Developmental Disabilities**

System Transformation

Stakeholder Meeting

September 10, 2014

Kathy H. Kliebert
Secretary



DEPARTMENT OF HEALTH
AND HOSPITALS

**Office for Citizens with
Developmental Disabilities**

Mark A. Thomas

OCDD Assistant Secretary

Kathy H. Kliebert
Secretary

Today's Agenda

Updates on

- Provider FOC Information
- Critical Incident Database Changes
- Additional Updates
 - ✓ ICF Validation Information
 - ✓ Update on 2nd Phase RFSR Assessments
 - ✓ MLTSS Steering Committee
- Next Steps



DEPARTMENT OF HEALTH
AND HOSPITALS



Provider FOC Information
Christy Johnson

Kathy H. Kliebert
Secretary

Freedom of Choice Enhancements

- Existing problems
 - Lengthy list of all providers
 - No information other than agency name, address, phone number
 - Often individuals and/or families basically start at the top of the list and choose providers alphabetically and not by services needed for the participant
 - Depending on type of support needs the participant has, the participant may choose first provider that agrees to support them regardless of whether or not they are a good match



Freedom of Choice Enhancements

- Provision of basic information on all providers
- Develop series of questions
- Completion of questionnaire will be voluntary for Service Providers
- Post responses so that individuals and/or their families are able to look this information up
- Individuals and/or their families are able to have a smaller pool of providers to set up interviews with



Status of Questionnaire

- Identified series of questions
- Shared information with various stakeholders
- Based on feedback from stakeholders version 1 of the questionnaire has been developed
- Questionnaire has been converted to a fillable PDF electronic format
- Once completed by provider format will be uploaded to the current freedom of choice listing on the DHH website



Next Steps/Implementation

- Timeline
 - Memo sent to providers – Completed by August 15
 - Deadline for providers to submit information- August 30, 2014
 - Posted to FOC by September 30th 2014





DEPARTMENT OF HEALTH
AND HOSPITALS

Office for Citizens with Developmental Disabilities
Critical Incident Reporting & Tracking
Revision Project
August 2014
Dena Vogel

Kathy H. Kliebert
Secretary

Project Goals

- Prioritize incidents of critical nature for focused attention to remediation.
- Improve ability to identify trends in the DD population's needs for targeted systemic remediation.
- Improve ability to identify patterns in incident reporting and response.



Current issues

- OTIS currently receives an average of 2,600 critical incidents for NOW, SW, CC, & ROW entered by support coordinators per calendar quarter.
- The criteria for review and closure is established by operational instruction and is the same for all incidents, whether minor or major.
- Since 2007, no OCDD region, Human Services District or Authority has been able to successfully review and close 100% of incidents in any given calendar quarter in the timelines required and following current operational instruction.



Synthesis

- Discussion with an HSRI consultant has resulted in recommendations for LA to consider a ‘tiered’ system of incident categories similar to systems adopted by Massachusetts, Montana, Connecticut & N. Carolina.
- Categories of incidents that are currently being tracked in OCDD waiver programs have been compared to those categories of incidents tracked in other states.



- OCDD formed a work group consisting of representation from Human Services Districts & Authorities waiver offices, Support Coordination agencies, direct care providers, Health Standards, OCDD waiver program managers, state Medicaid office and Pinecrest Supports & Services Center to review incident ‘tiering’ systems used in other states, and provide recommendations for OCDD to consider for Louisiana.



- Resolution of incidents may be more efficiently managed by focusing multiple levels of review & intervention on incidents that pose a true risk to health & safety.
- Lower level risk incidents would still require intervention by the support team for the individual involved in the incident.



- All incidents would be subject to OCDD review as part of a random sample selection by OCDD conducted quarterly.
- Emphasis would be placed on examining systemic areas for improvement.



- Revised incident categories and reporting/review/resolution requirements would be programmed into the replacement system for OTIS, with anticipated implementation date of late autumn 2015. No significant changes can be made to OTIS design.



Present Waiver Incident Categories

- Allegation of abuse/neglect/extortion/exploitation: subcategories for elderly, adult and child
- Behavioral: subcategories for attempted suicide, suicide threat, elopement/missing, offensive sexual behavior, physical aggression, sexual aggression, property damage, self-injury & self-endangerment
- Death

Present Waiver Incident Categories **continued**

- Fall
- Involvement with law enforcement; subcategories for participant as victim of crime, staff ticketed for moving violation (while transporting participant), participant arrested, staff arrested (while working with a participant)
- Major illness: additional subcategories for bowel obstruction, decubitus, pneumonia, seizure

Present Waiver Incident Categories **continued**

- Major injury
- Medication errors; subcategories for participant error, pharmacy error, staff error, family error & medication non-adherence
- Restraints: subcategories for personal, mechanical and chemical



Overview of Proposed Incident Tiers



Proposed Definitions for Tiers

- **Critical Incident:** An incident that, due to the elevated risk or potential for elevated risk to a participant, requires resolution or remediation as well as review and approval for closure by OCDD or designated authority. Incidents that require investigation and corrective action (i.e., protective services, law enforcement, Health Standards) must be included in this category.



- **Reportable Incident:** An incident that poses a minimum immediate risk threat to the participant, but requires documented action by the participant's support team to ensure the safety and well-being of the participant and to determine if the participant's plan of care adequately addresses supports that are appropriate for the person. A reportable incident may rise to a critical incident level as additional information about an incident is obtained, or if an established threshold for frequency of incidents is attained. *Note: work is still being done on establishing frequency thresholds).*



Proposed Definitions for Tiers continued

- **Trackable Incident:** An incident or event that is in itself minor and poses a very minimum risk or no risk to the participant, but which merits tracking to establish if a pattern emerges that would contribute to a reportable or critical incident.

Note: North Carolina requires providers to document this level of incident or event internally and send monthly aggregate data to the DD office, rather than enter it into the statewide live incident reporting system. This allows for analyzing trends and patterns without overwhelming the live reporting site.



Proposed Critical Incident Categories

- Substantiated abuse, neglect, exploitation, extortion
- Major behavior: homicidal threats/gestures, suicide attempt, illegal drug use, sexual aggression, aggressive behaviors leading to arrest
- Death: unexplained/unexpected/associated with abuse or neglect
- Medication error: resulting in hospitalization
- Fall: with or without injury when a frequency threshold has been crossed



Proposed Critical Incident Categories **continued**

- Major injury: injuries that require medical care + frequency threshold has been crossed
- Major illness: Illnesses that require hospitalization + frequency threshold has been crossed. (Exception: frequency of 1 hospitalization required for bowel impaction, decubitus, septicemia & seizures)
- Elopement/missing person: Participant has been unaccounted for at least 2 hours. (during a period when the person had planned supports)
- Restraint: unauthorized/no support plan/unapproved by an outlined due process Committee/ result in injury to participant

Proposed Reportable Incident Categories

- Alleged abuse, neglect, exploitation, extortion
- Minor behavior: including behaviors that do not result in arrest, destruction of own belongings, disrobing in public, public masturbation, drunkenness or under the influence of un-prescribed drugs, suicide ideation or verbal threats of suicide
- Death: expected and cause known; not associated with abuse or neglect
- Medication error: not resulting in hospitalization



Proposed Reportable Incident Categories **continued**

- Major injury: resulting in medical exam and first aid. Includes falls with injury or of unknown origin
- Illness: resulting in hospitalization
- Elopement or missing person: Participant is unaccounted (during a period when the person had planned supports) for any time less than a 2 hour period
- Restraint: events when a support plan and agency policies are in place and followed and plan is approved by an outlined due process



Proposed Tracking Incident Categories

- Loss or destruction of home
- Medication variance: medication missed at scheduled time with no change in status as confirmed by nurse or physician
- Fall: does not rise to the level of resulting in major injury
- Restraint: Applies to behaviors that are isolated, as opposed to historical & documented patterns. protection from imminent harm such as walking into street, falling down stairs or embankment, etc. (further discussion and definition pending)



RFSR Validation

- Completion of annual validation
 - Validation policy updates are in rule making process
- ICF Validation
 - Included in annual mail validation
 - Persons not responding received face to face visit
- RFSR Assessment
 - Phase I: Utilization, data evaluation is completed
 - Phase II: Phone survey is completed, with results being collated for reporting
 - Phase III: Formal assessment is in planning



Managed Long Term Supports and Services

- OCDD's concept for MLTSS will be released shortly and discussed in Sept 22 meeting of MLTSS Advisory Committee
 - Meeting time is 11 AM to 2 PM, Bienville Building Room 118. Seating is limited.
- MLTSS Timelines for OCDD were released in the August 29 MLTSS Advisory Committee meeting.
 - View online at <http://MakingMedicaidBetter.com/LongTermCare>
 - All meeting information will be posted on the site listed above



System Transformation Updates

- Information about System Transformation can be found on the OCDD Website
<http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8>
- Inquiries can be emailed to OCDD System Transformation at
OCDDsystemtransformation@LA.GOV
- If you would like to be contacted directly with updates email us at
OCDDsystemtransformation@LA.GOV

