

# LOUISIANA OCDD WAIVER SERVICES 2009 MORTALITY REVIEW REPORT

4/01/2010

**New Opportunities Waiver  
Children's Choice Waiver  
Supports Waiver**

**Office for Citizens with Developmental  
Disabilities Department of Health and Hospitals  
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# LOUISIANA OCDD WAIVER SERVICES

## 2009 Mortality Review Report

### Introduction | one

This report includes information and data concerning all individuals served by the Office for Citizens with Developmental Disabilities (OCDD)/Department of Health and Hospitals (DHH) in the New Opportunities Waiver (NOW), the Children's Choice Waiver (CC) and the Supports Waiver (SW) who died during the period from July 1, 2008 through June 30, 2009.

Recommendations that resulted from the mortality review process conducted for 2007 are addressed initially, followed by a description of the Mortality Review Process for OCDD Waiver Services. Analyses of deaths by waiver, region, gender, and age are presented next, along with data concerning leading causes of death. Finally, the Mortality Review Committee results/recommendations and current OCDD projects and their relationship to supporting health are described.

Note: The OCDD Mortality Review Committee was established in January 2009. The Committee began its review with deaths occurring on July 1, 2008, which is the beginning of the period covered by the 2009 Mortality Review Report. Deaths which occurred during the period of January 1, 2008 and June 30, 2008 are not covered in a Mortality Report; however, they were reviewed individually and as a data group by an OCDD Quality Services Program Manager. There were no remarkable findings for this period.

### Update on 2007 Mortality Review Recommendations

The 2007 Mortality Review Report for Louisiana Waiver Services<sup>1</sup> was issued on June 18, 2008. The report contained recommendations made by a group of OCDD staff who conducted the initial Mortality Review, which resulted from reviews conducted for individuals served by OCDD/DHH in the NOW, the CC, and the SW who died during the period of July 1, 2006 through December 31, 2007.

Progress on the recommendations is as follows:

#### Recommendation (1):

Proactive steps will be taken to ensure healthy outcomes for individuals by further development and implementation of a risk management process and tracking of recommended health supports as part of the computerized Individual Service Plan effective as of January 2009.

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<sup>1</sup> The 2007 Mortality Review Report for Louisiana Waiver Services is available online:  
[http://www.dhh.louisiana.gov/offices/publications/pubs-77/2007\\_Mortality\\_Review\\_Report%2006\\_18\\_08\\_02\\_05\\_09.pdf](http://www.dhh.louisiana.gov/offices/publications/pubs-77/2007_Mortality_Review_Report%2006_18_08_02_05_09.pdf)

**Results:**

To ensure healthy outcomes for individuals by further development and implementation of a risk management process and tracking of recommended health supports, OCDD Operational Instruction #F-8: *Risk Management Process for Waiver Services: Critical Incident Reviews* (see Appendix C) was adopted on November 23, 2009 for implementation on December 1, 2009. This operational instruction establishes procedures for a review of critical incidents or events involving participants receiving Home and Community-Based Services (HCBS) developmental disabilities waivers. The risk management process includes a review process conducted by the OCDD Central Office Clinical Review Committee for targeted categories of critical incidents and events experienced by waiver recipients that are reported through the DHH Online Incident Tracking System (OTIS). Through collaboration with participants' support teams, strategies are devised for reducing or eliminating future occurrences of the incidents or events to ensure safety and well-being of participants and promote continuous quality improvement of services delivery.

**Recommendation (2):**

An operational instruction for Mortality Review for Waiver participants to be developed and implemented August 1, 2008 with an annual report due on June 30 each year. These procedures will require that standard information be obtained when a waiver participant dies (i.e., death certificate, medical records, progress notes, police reports, etc.) with additional information to be requested as needed.

**Results:**

OCDD Operational Instruction #F-1: *Mortality Review Process* (see Appendix A) was adopted on April 4, 2009, and was fully implemented on July 1, 2009; it was revised on September 10, 2009. The operational instruction prescribes the formation of a Mortality Review Committee to examine the documentation of mortality cases involving individuals with developmental disabilities who receive waiver services. The Committee reviews individual and aggregate findings related to causes of death and makes recommendations for corrective actions to service providers. Trends and patterns are identified to assist in increasing knowledge about risk factors and guide system enhancements with an annual report due at the end of each fiscal year.

**Recommendation (3):**

Training on signs and symptoms of illness including recommended staff responses will be developed, and it shall be required training for all waiver direct service staff during fiscal year 2009.

**Results:**

The training development on signs and symptoms of illness including recommended staff responses for all waiver direct service staff was delayed during fiscal year 2009. An appropriate course has been developed and training of private provider staff began in January 2010 and is scheduled to be completed in April 2010.



#### **Recommendation (4):**

Training for the Individual Support Plan currently being implemented will be modified to include processes or content that will:

- a. Provide specific guidelines and training on writing progress notes for direct service staff;
- b. Give guidance to teams on detailing supervision required for individuals for specific activities depending on individual need; and
- c. Request as part of the annual planning process, consent for medical records necessary for a mortality review should the individual die.

#### **Results:**

The implementation procedure for the OCDD Individual Support Planning (ISP) Process has been modified. The format for the ISP has been approved by OCDD, and the Medicaid Data Contractor (Statistical Resources, Inc.) is in the process of developing the electronic ISP. Screen shots have been developed and reviewed by OCDD. Business rules related to connecting the Support Intensity Scale/Louisiana Plus (SIS/LAPlus) needs-based assessments to the ISP and required portions of the ISP have been delivered to the data contractor for programming. Piloting of the electronic ISP is targeted for the spring of 2010. Statewide implementation will be phased in following the pilot during fiscal year 2011.

While awaiting development of the electronic ISP, OCDD modified the current Comprehensive Plan of Care (CPOC) requirements. The "Guidelines for Support Planning"<sup>2</sup> defines these requirements. Although the new ISP format will not be implemented until the electronic plan is available, the planning process is consistent with the person-centered planning framework and includes a discovery process that identifies:

- life vision and goals, as well as support needs across all life areas,
- interests and preferences across all life areas,
- major health and safety issues, and
- known risk factors for each individual.

The planning process also requires development of action steps to address each personal goal, major health and safety issue, and any identified risk factors. The planning process is designed to be proactive in preventing or minimizing health concerns and risks while maintaining a sense of personal control and dignity. The planning process also includes required review times and completion of a quarterly quality of life review.

All support coordinators have received training on the "Guidelines for Support Planning." Support Coordinator supervisors have received intensive training on use of the review protocol for plans. Regional office staff has received similar training. All regional office staff members are certified in

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<sup>2</sup>The *Guidelines for Support Planning* is available online:  
<http://www.dhh.louisiana.gov/offices/page.asp?ID=77&Detail=9069>.

the review process, and certification is in process for support coordinator supervisors. The plan approval process has been modified to include use of the written protocol to review and approve plans with specific guidelines for the expectations in the approval process. These requirements are being implemented in all regions for new NOW offers and for all current NOW recipients whose plan was scheduled to expire October 1, 2009 or thereafter.

Training on the “Guidelines for Support Planning” for providers and informational sessions for waiver recipients and their families has also been completed.

#### **Recommendation (5):**

Legislation, similar to that implemented in other states, that would give OCDD legal access to medical documentation required for mortality reviews will be explored and proposed.

#### **Results:**

Prior to June 30, 2009, by Louisiana statute, death certificates could only be obtained from the family. Physician and hospital records also required a release signed by the next of kin. Legislation, similar to that implemented in other states, which would give OCDD legal access to medical documentation required for mortality reviews was proposed. Act No. 345 (see Appendix B) of the 2009 Louisiana Regular Legislative Session re-enacted and amended R.S. 44:4.1(B)(24) and enacted R.S. 40:2020 relative to the authority of the Department of Health and Hospitals to conduct certain mortality reviews and provided for legislative intent, definitions and duties; records; confidentiality; public records exemptions and for related matters. Consequently, the Mortality Review Committee’s access to critical information pertaining to the death of waiver recipients expanded after June 30, 2009.

### **Mortality Review within Louisiana OCDD Waiver Services**

The Mortality Review process implemented on July 1, 2008 for waiver services consisted of the review of the death of anyone for whom OCDD had direct or oversight responsibility for waiver services and supports. OCDD utilized the Mortality Review process to study and disseminate aggregate data about mortality among people served by the NOW, SW, and CC. This process was accomplished through compilation and analysis of available documentation. The findings serve to further enhance quality improvement efforts of the office. The process includes the following steps:

1. OCDD obtains information for the Mortality Review Committee on the deaths of Home and Community-Based Services (HCBS) waiver participants.
2. The committee conducts an initial review of the information which may include: (a.) current ISP with most recent quarterly review, (b.) direct service provider guidelines for service provision, (c.) direct service provider daily progress notes for 30 days preceding the individual’s death, (d.) support coordination contact notes from the past 3 months, (e.) hospital records, to include discharge summaries and all ancillary department records from the previous year, (f.) medical records in the custody of health care providers, (g.) autopsy (if performed), (h.) police report (if applicable), (i.) protective service agency reports (if applicable), (j.) critical incident reports from the past year, and (k.) provider agency’s training protocol listing of all trainings available to agency staff.
3. The committee reviews, analyzes and aggregates data based on the death rate by waiver, by region, by participant age and gender, and by cause of death.

4. The committee requests corrective actions, if needed, from support coordination agencies, provider agencies or local developmental disabilities offices as related to individual cases.
5. The committee reviews the corrective action plan and documentation to determine if the corrective actions are adequate and complete.
6. The committee identifies trends and makes recommendations for statewide initiatives.

The Mortality Review Committee consists of the following members:

- **Brandi Smioldo, Ph.D.**, Associate Clinical Director for OCDD, leads the implementation project for the Individual Support Planning process, oversees the crisis referral process and acts as a member of both the Performance Improvement and the Waiver Review Committees. She received her doctoral degree in clinical psychology from Louisiana State University in 1998 and a post-doctoral master's degree in clinical psychopharmacology from Alliant University in 2002. She has worked extensively in community and residential-based programs providing psychological services to individuals with developmental disabilities and has published research on assessment and treatment of behavioral and mental health concerns of individuals with developmental disabilities.
- **Jay Bamburg, Ph.D.**, received his training in Clinical Psychology from Louisiana State University in Baton Rouge, Louisiana. He is currently a licensed psychologist employed as the Clinical Director at Pinecrest Supports and Services Center in Pineville, Louisiana. His interests include intellectual disabilities across the lifespan, dual diagnosis, psychopharmacology, and forensics. Dr. Bamburg has published multiple articles and book chapters in his areas of interest. He is a past and/or present member of multiple professional organizations and has consulted in multiple states to providers of intellectual disability services.
- **Angela P. Shockley, BS, RN, HCM**, earned her degree from Louisiana State University School of Nursing in New Orleans, Louisiana. She also holds a degree in Health Care Management from College of St. Francis in Joliet, Illinois, and is currently working on her PhD in Holistic Counseling from the University of Sedona. Ms. Shockley has specialized in the field of developmental disabilities for the past twenty-one years, with a focus on Program Development and Education. She has managed and directed community-based programs, both in the private and government sectors for people with developmental disabilities. She assisted in the federal government's revision of the Americans with Disabilities Act (ADA) laws for the state of Louisiana, and assisted in the development of the state's quality assurance tool for children's health care needs, and has most recently assisted in the development of the first Developmental Medicine Education Curriculum for Family Medicine Physicians in the country. Ms. Shockley has been appointed to work with the Governor's office as the OCDD representative on the state leadership team of Primary Care and Behavioral Health Integration, the Statewide Mortality Review Committee, and the Alzheimer's Task Force. She is employed by the Louisiana Department of Health and Hospitals at the Greater New Orleans Resource Center on Developmental Disabilities as the Medical Supports Director. She has been recognized as one of the top 2,000 Notable American Women by the American Biographical Institute and was nominated into Who's Who in American Nursing and the Cambridge Who's Who of Professional and Executive Women for her dedication and work in the field of developmental disabilities.
- **Derek White, MS**, Program Manager for the Louisiana Developmental Disabilities Council, is responsible for the planning and contract activities for the council. He earned a Master of Science

Degree in Psychology with a concentration in Psychometrics from the University of Louisiana at Monroe in 1996. Beginning work with OCDD in 1997, Mr. White has served in a variety of capacities in community-based and residential-based services as an associate to a psychologist, treatment team leader and a human resource development specialist. He is a member of multiple professional organizations.

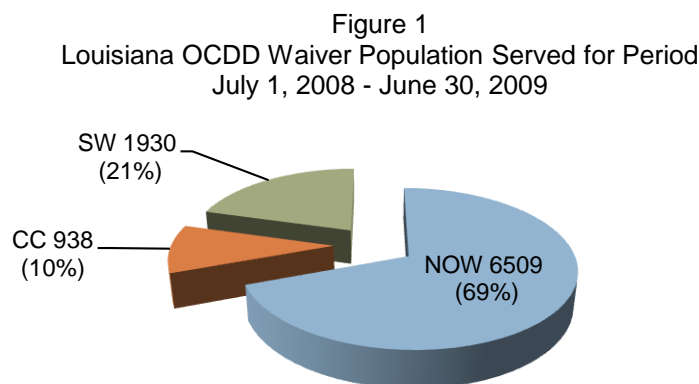
- **Dena Vogel, MA**, Program Manager III, serves as the Director of the OCDD Quality Enhancement Section. She obtained a Master of Art in Developmental Psychology from West Virginia University and completed a post-graduate fellowship in Developmental Disabilities at the University of Rochester, University Affiliated Program. During her tenure at DHH, she has been involved in multiple projects including co-coordination (with Robin Wagner under the direction of Deputy Secretary Raymond Jetson) of the development of Louisiana's long-term care reform plan, the *Plan for Immediate Action*. Current projects within the OCDD Quality Management Section include: revising the Complaint Management System; implementing the Online Tracking Incident System (OTIS); participating in the National Core Indicators Project; developing a database, reports, and monitoring process for outcome indicators as specified in the *Human Services Accountability and Implementation Plan*; and providing training and technical assistance related to quality management to all units within OCDD.
- **Robert Showers**, Program Manager for DHH-OCDD, has statewide responsibility for directing, managing and supervising the incident management component of the Quality Enhancement Process. He received a Bachelor of Arts degree in Social Work from Southeastern University in Hammond, Louisiana. He is past board member with the Louisiana Board of Social Work Examiners and the National Association of Social Workers (NASW). He develops and implements internal systems to review and analyze critical incident reports for all people in the developmental disabilities service system. He assesses the program's effectiveness, monitors quality performance, identifies problems/conflicts and recommends corrective action. He conducts critical incident training for private providers and provides functional supervision to regional offices, districts and authorities related to incident management. Mr. Showers manages and provide programmatic oversight regarding the Online Tracking Incident System (OTIS) to OCDD Regional Offices. He currently chairs and manages the OCDD Mortality Review Committee and process.

This committee is enhanced, as needed, with other professionals, including physicians, psychiatrists, Occupational, Physical, and Speech Therapists, and a full range of medical and allied health specialists available on contract or within existing OCDD staff.

## Population Served by Louisiana OCDD Waivers | two

### Waiver Population

**Figure 1** below displays the population served within each developmental disabilities waiver program, including the New Opportunities Waiver, Children's Choice Waiver, and the Supports Waiver. As of June 30, 2009, a total of 9,377 people were served by OCDD in the three waiver programs. **Figure 1** also provides the proportion of all waiver participants in each waiver.



**Table 1** gives the breakdown by age group for each waiver, **Table 2** the breakdown by gender, and **Table 3** the breakdown by region.

### Age Demographics

Table 1 Louisiana OCDD Waiver Population Served by Age Group for Period July 1, 2008 – June 30, 2009				
Age Groups	NOW	CC	SW	Total
0 to 15	398	751	-	1,149
16 to 30	2,689	187	836	3,712
31 to 45	1,858	-	628	2,486
46 to 60	1,251	-	423	1,674
61 to 75	293	-	42	335
76+	20	-	1	21
Total	6,509	938	1,930	9,377

## Gender Demographics

Table 2 Louisiana OCDD Waiver Population Served by Gender for Period July 1, 2008 – June 30, 2009				
Gender	NOW	CC	SW	Total
Female	2,854	379	872	4,105
Male	3,655	559	1,058	5,272
Total	6,509	938	1,930	9,377

## Region Demographics

Table 3 Louisiana OCDD Waiver Population Served by DHH Administrative Region for Period July 1, 2008 – June 30, 2009				
Region	NOW	CC	SW	Total
1	1,198	158	210	1,566
2	961	115	200	1,276
3	592	100	272	964
4	1,037	147	305	1,489
5	357	51	107	515
6	471	47	144	662
7	532	93	323	948
8	624	81	190	895
9	737	146	179	1,062
Total	6,509	938	1930	9,377

## Comparison of Statewide Mortality Rates | three

The annual mortality rates for persons with developmental disabilities per thousand people receiving services for the years 2007 through 2009 reported by various states are shown below in **Table 4**. Through an internet search and inquiries with the Human Services Research Institute and the National Association of Directors of Developmental Disability Services, OCDD identified five (5) states that published Annual Mortality Reviews since 2007: California, Connecticut, Massachusetts, South Dakota, and Vermont. Mortality rates ranged between 6.5 and 17.6 deaths per thousand persons served with Louisiana falling at 12.16 as shown in **Table 4** below. The populations included in the mortality reviews varied by state. Some states reviewed mortality for only Home and Community-Based Services (HCBS) waiver participants; others included participants in HCBS waivers as well as other community-based programs; and still others included Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) residents and people with developmental disabilities living in Nursing Homes (NH).

State	Year	Service Type	Number of Deaths	Population	Mortality Rate
California <sup>3</sup>	FY2008	HCBS	1,622	249,547	6.5
Connecticut <sup>4</sup>	FY2007	Family Independent Living, Group Home, Supported Living, Family with Individual Supports, Training School, Community Training Home, Skilled Nursing Facility, and Regional Center	199	15,148	12.97
Louisiana	FY2009	HCBS	114	9,377	12.16
Massachusetts <sup>5</sup>	2007*	HCBS, ICF/DD, NH	416	23,625	17.6
South Dakota <sup>6</sup>	2008*	HCBS and Community Training	34	2,475	13.74
Vermont <sup>7</sup>	FY2009	HCBS, ICF/DD, and NH	32	3,734	8.57

\*Calendar Year

<sup>3</sup> The 2007-2008 Year in Review for California is available online:  
[http://www.dds.ca.gov/publications/docs/AcumenReport\\_Risk2007-2008.pdf](http://www.dds.ca.gov/publications/docs/AcumenReport_Risk2007-2008.pdf).

<sup>4</sup> The Connecticut Mortality Annual Report for 2007 is available online:  
[http://www.ct.gov/dds/lib/dds/health/mortality\\_report\\_fy\\_07.pdf](http://www.ct.gov/dds/lib/dds/health/mortality_report_fy_07.pdf).

<sup>5</sup> The 2007 Mortality Report for Massachusetts is available online:  
<http://www.mass.gov/Eeohhs2/docs/dmr/mortalityreport2007.pdf>.

<sup>6</sup> The Trend Analysis: 2008 Unusual Incident Report for South Dakota is available online:  
<http://dhs.sd.gov/dd/Division/documents/UIRAnnualReport2008.doc>.

<sup>7</sup> Data obtained from the Division of Disability and Aging Services, Department of Disabilities, Aging and Independent Living, 103 South Main Street, Weeks Building, Waterbury, Vermont 05671-1601.

## Mortality Rate for Large Public ID/DD Residential Facilities | four

According to the *Residential Services for People with Developmental Disabilities: Status and Trends through 2008 Report*<sup>8</sup>, the mortality rate for large public Intellectual Disability/Developmental Disability (ID/DD) facilities [i.e., Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD)] in the United States was 25.68 as shown below in **Table 5**. As expected, this rate is much higher than the rates reported in the annual mortality review reports for California, Connecticut, Massachusetts, South Dakota, Vermont, and Louisiana (see Table 4). Since the 1970s, states have been steadily moving from providing services for people with developmental disabilities in large, public, congregate settings to providing services in small, private, and community settings. Thus, as the second decade of the 21<sup>st</sup> century commences, the population that remains in large, public ID/DD residential facilities on average is older and more medically fragile than people receiving services in other settings.

Table 5 Mortality Rate for Large Public ID/DD Residential Facilities in the United States per Thousand for FY2008		
Number of Deaths	Population	Mortality Rate
918	35,741	25.68

<sup>8</sup> Larkin, K.C., Larson, S.A., P. & Scott, Residential Services for Persons with Developmental Disabilities: Status and Trends through 2008 Report. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration, (2009) pp. 11-13.



## Analysis of Louisiana OCDD Waiver Mortalities | five

This section contains statistical data on the deaths of individuals who received services in Louisiana's three developmental disabilities waivers between July 1, 2008 and June 30, 2009. Frequency data are provided in this report (e.g., number of deaths by waiver, gender, region, etc.). However, mortality rate per thousand waiver participants, which is also provided, is a more useful measure since variations in population size are considered (e.g., the proportion of total waiver population in each waiver or served by each region).

### Mortality Rates for Waiver Programs

**Figure 2** below provides data on the mortality rate per thousand\* for the period between July 1, 2008 through June 30, 2009. **Table 6** provides data on the populations served and the deaths that occurred.

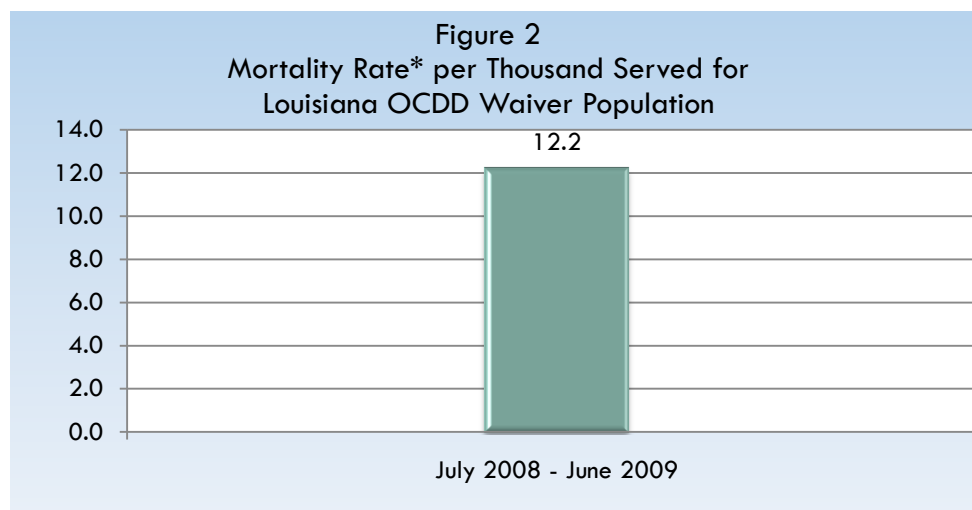
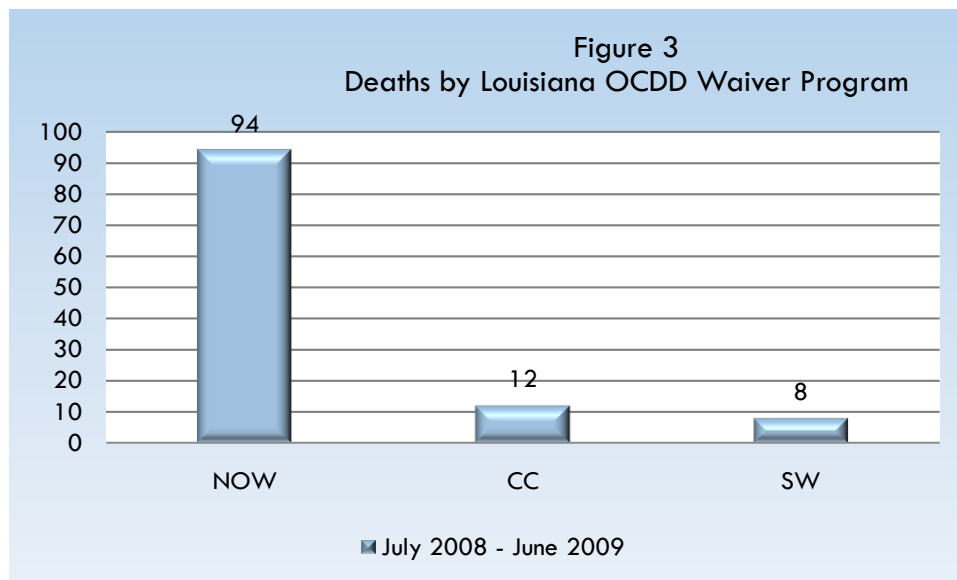


Table 6 Louisiana OCDD Waiver Population Served July 1, 2008 – June 30, 2009	
Years	July 2008 – June 2009
Population	9,377
Deaths	114

\*The crude mortality rate is a measurement of how many people out of every thousand served by OCDD through the waiver programs that died within a year's period of time. It is determined by multiplying the number of individuals who died during the year by one thousand and dividing this by the total number of individuals served by the waiver programs during the same period.

## Deaths by Waiver Programs

The number of deaths by waiver program is shown in **Figure 3** below. The number of deaths of people participating in the NOW program far exceeded the number of deaths of people participating in the CC and SW programs during this period. However, this is expected since approximately 69 percent of the waiver population participates in the NOW program. **Table 7** below gives the NOW Mortality Rates per Thousand. The CC and SW Mortality Rates per Thousand are found in **Table 8** and **Table 9**.



## New Opportunities Waiver Mortality Rate

Table 7 Louisiana New Opportunities Waiver Mortality Rate per Thousand for Period July 1, 2008 – June 30, 2009		
Population	Number of Deaths	Mortality Rate (per thousand)
6,509	94	14.44

## Children's Choice Waiver Mortality Rate

Table 8 Louisiana Children's Choice Waiver Mortality Rate per Thousand for Period July 1, 2008 – June 30, 2009		
Population	Number of Deaths	Mortality Rate (per thousand)
938	12	12.79

## Supports Waiver Mortality Rate

Table 9 Louisiana Supports Waiver Mortality Rate per Thousand for Period July 1, 2008 – June 30, 2009		
Population	Number of Deaths	Mortality Rate (per thousand)
1,930	8	4.15

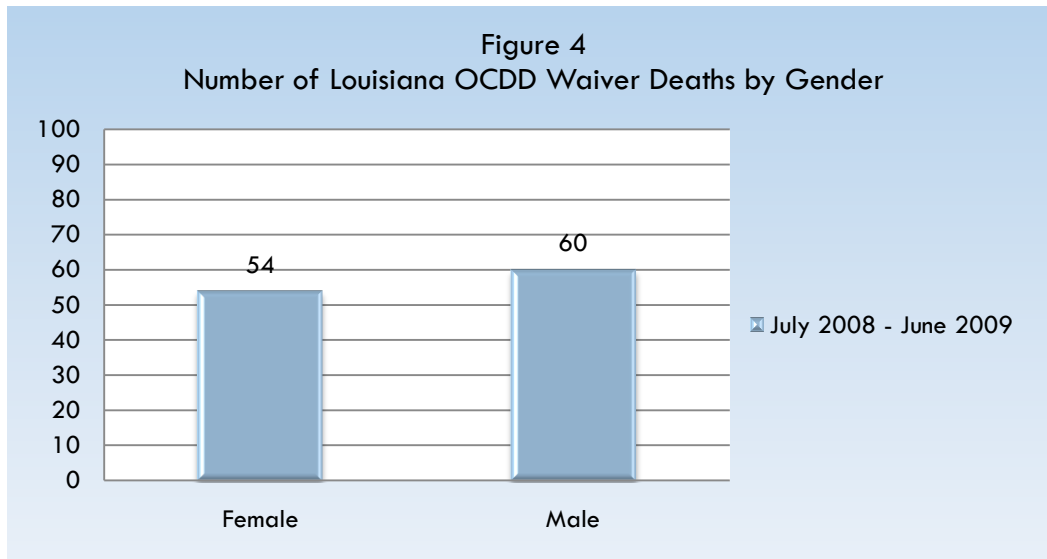
## Waiver Deaths by Region

The Region Waiver Mortality Rates per Thousand are shown in **Table 10** for the periods July 1, 2008 through June 30, 2009.

Table 10 Louisiana OCDD Waiver Region Mortality Rate per Thousand for Period July 1, 2008 – June 30, 2009										
Region	1	2	3	4	5	6	7	8	9	Total
Population	1,566	1,276	964	1,489	515	662	948	895	1,062	9,377
Percent of Population	17%	14%	10%	16%	5%	7%	10%	10%	11%	2.04%
Number of Deaths	25	12	7	18	2	7	8	25	10	114
Percent of Deaths	22%	10%	6%	16%	2%	6%	7%	22%	9%	1%
Mortality Rate	15.96	9.40	7.26	12.08	3.88	10.57	8.44	27.93	9.41	12.16

## Waiver Deaths by Gender

The number of deaths of males and females participating in waiver programs for the time period of July 1, 2008 through June 30, 2009 is shown in **Figure 4** below.



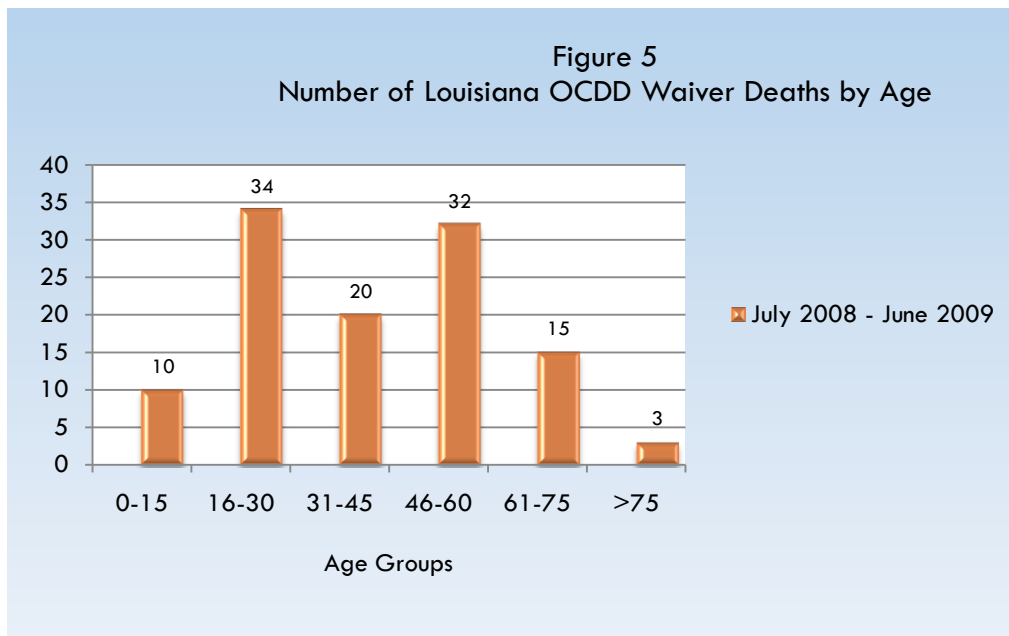
## Waiver Gender Mortality Rates

The waiver gender mortality rate per thousand is shown below in **Table 11** for the period of July 1, 2008 through June 30, 2009.

Table 11 Louisiana OCDD Waiver Gender Mortality Rate per Thousand for Period July 1, 2008 – June 30, 2009			
Gender	Population	Number of Deaths	Mortality Rate per Thousand
Female	4,105	54	13.15
Male	5,272	60	11.38
Total	9,377	114	12.16

## Waiver Deaths by Age

**Figure 5** below illustrates the pattern that exists between the number of deaths that occurred and the age of the person at death within the waiver programs for the period of July 1, 2008 through June 30, 2009.



## Waiver Age Group Mortality Rates

**Table 12** provides the age group mortality rate per thousand for the period of July 1, 2008 through June 30, 2009.

Table 12 Louisiana OCDD Waiver Age Group Mortality Rate per Thousand for Period July 1, 2008 – June 30, 2009							
Age Group	0 - 15	16 - 30	31 - 45	46 - 60	61 - 75	>76	Total
Population	1,149	3,712	2,486	1,674	335	21	9,377
Percent of Population	12%	40%	26%	18%	4%	0%	1%
Number of Deaths	10	34	20	32	15	3	114
Percent of Deaths	9%	30%	17%	28%	13%	3%	1%
Mortality Rate per Thousand	8.70	9.16	8.04	19.11	44.78	142.86	12.16

## Waiver Average Age at Death

The average age at death for individuals participating in the waiver programs is shown in **Table 13** below.

Table 13 Louisiana OCDD Waiver Deaths and Average Age at Death for the Period July 1, 2008 – June 30, 2009	
Years	July 2008 – June 2009
Deaths	114
Average Age at Death	40.22

## Leading Causes of Death in the United States, Louisiana and OCDD Waiver Programs | six

The leading causes of death are shown in **Table 14** below for people participating in Louisiana developmental disabilities waivers during the period July 1, 2008 through June 30, 2009 compared to the state and federal statistical reports of deaths in the United States in 2007 and Louisiana in 2005. Heart disease was the leading cause of death in the United States and Louisiana, as well as for the waiver population. The second leading cause of death for the United States and Louisiana was Malignant Neoplasm (cancer). However, the second leading cause of death for people receiving waiver services was influenza/pneumonia. The increased rate of death related to influenza/pneumonia in this population can probably be correlated with decreased mobility, weakened health conditions, obesity, smoking, increased seizure activity and/or genetic disorders which continue to be prevalent among this population.

Table 14 The 10 Leading Causes of Death			
Rank	United States Preliminary 2007 <sup>9</sup>	Louisiana 2005 <sup>10</sup>	Louisiana OCDD Waiver Deaths July 2008 – June 2009
1	Diseases of the Heart 25.4%	Diseases of the Heart 24.1%	Diseases of the Heart 14.9%
2	Malignant Neoplasm (Cancer) 23.1%	Malignant Neoplasm (Cancer) 20%	Influenza and Pneumonia 14.9%
3	Cerebrovascular Diseases 5.5%	Accidents (unintentional injuries) 6.2%	Septicemia 10.5%
4	Chronic Lower Respiratory Diseases 5.3%	Cerebrovascular Diseases 5.4%	Cerebrovascular Diseases 6.1%
5	Accidents (unintentional injuries) 4.8%	Chronic Lower Respiratory Diseases 4.2%	Chronic Lower Respiratory Diseases 5.3%

<sup>9</sup> Xu, M.D., Jiaquan, Kochanek, M.A., Kenneth D., Tejada-Veram B.S., Betzaida, National Vital Statistics Reports (Division of Vital Statistics - Preliminary Data for 2007), vol. 58 number 1, August 19, 2009: 5.

<sup>10</sup> 2007 Louisiana Health Report Card, March 2008: 43.



Table 14  
The 10 Leading Causes of Death

Rank	United States Preliminary 2007 <sup>9</sup>	Louisiana 2005 <sup>10</sup>	Louisiana OCDD Waiver Deaths July 2008 – June 2009
6	Alzheimer's Disease 3.0%	Diabetes Mellitus 3.7%	Nephritis, Nephrotic Syndrome & Nephrosis 5.3%
7	Diabetes Mellitus 2.9%	Alzheimer's Disease 3.3%	Malignant Neoplasm 3.5%
8	Influenza and Pneumonia 2.2%	Nephritis, Nephrotic Syndrome and Nephrosis 2.6%	Accidents (unintentional injuries) 1.8%
9	Nephritis, Nephrotic Syndrome and Nephrosis 2.0%	Influenza and Pneumonia 2.2%	Diabetes Mellitus 1.8%
10	Septicemia 1.4%	Septicemia 1.9%	Alzheimer's Disease 1.8%

## Mortality Review Committee Results and Recommendations | seven

The Mortality Review Committee examined records of each decedent who received OCDD waiver services to determine factors that may have contributed to the death of the individual. These records were compiled from the decedents' waiver provider agencies, health care providers, law enforcement, and Department of Health and Hospitals agencies, such as Bureau of Protective Services, according to OCDD's approved procedures.

Between July 1, 2008 and June 30, 2009, one hundred and fourteen deaths occurred among participants of Louisiana's New Opportunities Waiver, Children's Choice Waiver, and the Supports Waiver. For 26 of the 114 deaths, additional information was requested for review for one or more of the following reasons:

- Cause of death could not be determined,
- Death was due to accident, and/or
- Death may have been preventable.

The additional information requested was individualized to the specific case and included:

- Protective services investigation reports,
- Provider progress notes,
- Comprehensive Plan of Care,
- Provider service plan,
- Provider employee training records,
- Physician records,
- Hospital records,
- Death certificates, and/or
- Police reports.

Specific Circumstances of interest include:

- In one case, the exact cause of death could not be determined. This was due to the fact the family had moved to Hawaii, could not be reached, and therefore the signed release of information was not able to be secured.
- In one case, the individual died as a result of house fire. The cause of death was due to smoke inhalation.
- In one case, an accidental death occurred when the individual was walking along railroad tracks with his mother and was struck by a train.
- There were no documented incidents during the period covered by this mortality report in which individuals receiving waiver services died as a result of suicide or homicide.

## **Mortality Review Committee Recommendations**

The records yielded significant insight into statewide trends in the activities and events that occur when an individual receiving OCDD waiver services experiences a chronic or acute medical condition prior to death. While the Mortality Review Committee could not directly attribute the death of any individual to breakdown of health communication, the committee could attribute the inconsistency of health information in the records it reviewed to its limited ability to make a comprehensive conclusion about whether deaths were preventable in instances where chronic or acute health conditions existed.

### **Recommendations:**

#### **1. Improve the level of coordination to maintain continuity of care for individuals with complex medical conditions.**

The committee identified a trend in the lack of consistent written communication across all levels of service delivery to individuals with complex medical conditions who receive Home- and Community-Based Services waivers. Medical assessment forms and physician visit forms, other than the 90-L form, are unique to each provider and often depend on the direct care worker or physician to make judgments about the extent of information that should be documented. Verbal communication between health care providers and direct care providers does not appear to be consistently captured in the individuals' records, and therefore risks being omitted from team process.

The committee recommends implementation of approved standardized medical assessment forms to complement the Form 90-L. The committee further recommends that consideration be given to requiring standardized physician communication forms and direct care worker daily logs that effectively capture emerging and chronic health information.

#### **2. Improve the capacity of provider agency staff to recognize, respond to and document health issues of individuals with medical conditions.**

The committee observed a trend in the records it reviewed concerning the stage at which health issues for individuals were recognized and addressed, the level or urgency that was assigned to medical issues, and the follow-up to medical issues once they had been addressed by a physician or nurse. These concerns are a companion to the concern the committee addressed in recommendation #1.

- a. The committee recommends that training already developed by OCDD Resource Centers and scheduled for initial implementation in Region I in January 2010 be offered statewide to all direct care providers and their trainers in the following areas:
  - Illnesses
  - General aspiration pneumonia and preventative steps
  - Staging of skin breakdown
  - Physician communication and documentation of medical visits
  - Adherence to recommendations for lab work associated with psychiatric and non-psychiatric pharmacological treatment

- b. A large number of individuals receiving OCDD waiver services experience psychiatric and/or behavioral instability which require the use of psychotropic medication. The committee identified at least one instance in which it was unclear if the individual's psychotropic medication was being monitored and appropriate lab work was being obtained and reviewed. The office should consider determining under what circumstances to have a requirement that a trained mental health professional (i.e., psychiatrist, medical psychologist) prescribe and manage all psychotropic regimens inclusive of appropriate laboratory monitoring.
- c. A large number of individuals receiving OCDD waiver services experience complex neurological conditions and seizure disorders that require the use of medications normally prescribed and managed by a neurologist. In at least one instance the committee found that records were unclear whether the decedent was being monitored by a neurologist and that appropriate lab work was being obtained and reviewed. The office should consider determining under what circumstances to have a requirement that a neurologist prescribe and manage all neurologic regimens inclusive of appropriate laboratory monitoring.
- d. Consideration should be given to assembling a panel to develop minimum guidelines for medical and laboratory monitoring for all individuals receiving medication for psychiatric, behavioral, or seizure disorders.

### **3. Improve communication and coordination of care provided through home health agencies.**

The committee identified trends in the review of mortality cases in which home health services were utilized prior to an individual's death. In some cases, home health agencies could have performed a more proactive role in delivering services specific to the needs of people with developmental disabilities who were experiencing acute or chronic medical needs.

The committee recommends the following actions by OCDD:

- a. Form a work group comprised of home health agency representatives and OCDD medical consultants, such as behavioral/health resource centers nurses, to develop a collaborative effort for identifying strategies to deliver health services with maximum positive impact. These strategies should include identification of allowable/billable activities for home health agencies, such as training waiver recipients' direct service workers on carrying out individualized health care plans and utilizing allied health services available through home health and home health documentation of progress toward patient health goals.
- b. Develop guidelines and training for support coordination agencies to review the need for home health services in the regularly-scheduled review of the plan of care.
- c. Develop and provide training to home health agency personnel about health care issues for people with developmental disabilities and OCDD waiver services in general. Explore potential for developing this training into a certification process for home health agencies.

# Projects and Their Relationship to Supporting Health | eight

## Support Coordination Monitoring Process

OCDD, in conjunction with Office of Aging and Adult Services (OAAS), has developed a draft support coordination monitoring process and tool with the help of consultants through Louisiana's System Transformation Grant. OCDD plans to pilot the process and tool in the spring of 2010 and implement statewide upon completion of a database being developed through funding from Louisiana System Transformation Grant. Completion of the database is expected no later than September 30, 2010.

The tool consists of four separate worksheets: Agency Review, Participant Record Review, Participant Interview, and Support Coordinator Interview. The tool is designed to assure that:

- support coordination agencies are meeting licensing, Medicaid enrollment, and contract requirements;
- waiver participants are receiving services that they need and that services are assisting them to achieve their personal goals; and
- waiver participants are safe and healthy and that potential risks are identified and addressed.

## Quality Enhancement System and Plan Process

OCDD Operational Instruction #F-6: *Quality Enhancement System and Plan Approval Process* (see Appendix D) was adopted on September 3, 2009 to establish a process and criteria for OCDD regional offices and Human Services Authorities and Districts to review and approve quality enhancement systems and plans submitted by direct services provider agencies and support coordination agencies supporting people receiving Home and Community-Based Services (HCBS) waivers, as well as EarlySteps family support coordination agencies and EarlySteps System Point of Entry (SPOE) agencies, on an annual basis.

Through the use of a quality enhancement system and plan, providers engage in the following: (a) learning or collecting performance information to determine how well they are meeting agency goals; (b) responding or acting in ways to improve performance; (c) implementing or activating a plan that has well defined goals and objectives; and (d) evaluating or monitoring the implementation of quality projects to determine their effectiveness in achieving benchmarks for each objective. These quality enhancement activities will occur at the provider level to ensure that providers identify and respond to opportunities for improvement in the provision of supports and services to people with developmental disabilities.

## Quality Partnership: Reporting and Verification of Performance Measures and Quality Management Initiatives for Developmental Disabilities

The *Human Services Accountability and Implementation Plan (AIP)* was issued on December 20, 2007. This occurred as a result of the Statewide Human Services Framework developed in conjunction with the Human Services Interagency Council (HSIC) and the Department of Health and Hospitals (DHH) to guide the delivery of addictive disorders, developmental disabilities and the mental health services funded by appropriations from the state.

The AIP sets forth the criteria, process, timelines, and guidelines for the planning, monitoring and providing accountability in the delivery of mental health, developmental disabilities and addictive disorders.

As a supplement to the AIP, OCDD Operational Instruction #F-7: *Quality Partnership: Reporting and Verification of Performance Measures and Quality Management Initiatives for Developmental Disabilities Services* (see Appendix E) was issued on September 4, 2009. It is the joint responsibility of DHH/OCDD and OCDD regional offices and human services authorities and districts to participate in the quality management and monitoring functions outlined in the AIP.

The purpose of this operation instruction is to define the processes and criteria by which OCDD Central Office and the OCDD regional offices and human services authorities and districts partner together to measure performance, report outcome measures, and develop and implement quality enhancement strategies for support and services provided to people with developmental disabilities, including state funded programs, federally funded programs, demonstrations, and grants received by DHH/OCDD. The Quality Partnership Process is designed to assure that:

- OCDD central office conducts an annual verification visit to each OCDD regional office and human services authority and district to monitor performance to assure that it is consistent with the AIP and in compliance with all applicable statutes, rules, regulations, and policies and that corrective actions are implemented, as needed.
- OCDD central office reviews strategies developed and implemented by the OCDD regional offices and human services authorities and districts to improve performance, and provides training and technical assistance consistent with best and promising practices, evidence-based principles, and statewide strategic priorities as needed.
- OCDD regional offices and human services authorities and districts provide to the OCDD central office, through established procedures and protocols, information and data concerning its services on a quarterly basis.
- OCDD regional offices and human services authorities and districts review their own performance data and develop and implement remediation and/or quality enhancement strategies as appropriate; and
- OCDD regional offices and human services authorities and districts, in coordination with the OCDD central office, develop and implement corrective actions when indicated by OCDD verification and monitoring.

## Appendices | nine

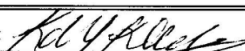
Appendix A: Mortality Review Process

Appendix B: Legislation to obtain Medical Records (Senate Bill No.191, Act No.25)

Appendix C: Risk Management Process

Appendix D: Quality Enhancement System and Plan Approval Process

Appendix E: Quality Partnership: Reporting and Verification of Performance Measures and Quality Management Initiatives for Developmental Disabilities

Office for Citizens With Developmental Disabilities	OPERATIONAL INSTRUCTION#: F-1
SUBJECT: Mortality Review Process	DEVELOPED BY: Clinical Review Committee
APPLICABLE UNITS: OCDD Central Office, OCDD Regional Offices, Human Services Authorities and Districts	
ADOPTED: April 14, 2009	REVISED: September 10, 2009
APPROVED: 	REVIEWED:

## MORTALITY REVIEW PROCESS

### I. OVERVIEW

The Mortality Review Committee (Committee) will examine the documentation of mortality cases involving individuals with developmental disabilities who received home and community-based waiver services, or individuals who were in Department of Health and Hospitals (DHH) custody and either resided in a private Intermediate Care Facility for people with developmental disabilities (ICF/DD) or received Office for Citizens with Developmental Disabilities (OCDD) state-funded services.

The purpose of the Committee's mortality review is to analyze events and practices that were in place directly preceding the deaths of these individuals to identify necessary corrective action on the part of service providers and to reveal important trends and patterns that may assist in increasing knowledge about risk factors and guide system enhancements.

### II. REFERENCES

OCDD Operational Instruction # F-5: *Critical Incident Reporting and Tracking for Waiver Services*

*Assurances to Centers for Medicare and Medicaid Services – Medicaid Home and Community-Based Services Waiver Application, Appendix G: Participant Safeguards*

*Act No. 345 of the 2009 Louisiana Regular Legislative Session* re-enacted and amended R.S. 44:4.1(B)(24) and enacted R.S. 40:2020 relative to the authority of the Department of Health and Hospitals to conduct certain mortality reviews and provides for legislative intent, definitions and duties; records; confidentiality; public records exemptions and for related matters.

### III. DEFINITIONS

*Mortality Review Committee (Committee)* – The Committee designated to review all deaths of waiver participants and individuals in DHH custody who either resided in private ICF/DD settings or received state-funded services.

*Corrective Action Plan* – Written description of actions to be taken by a direct support provider agency or support coordination agency to correct deficiencies identified by the Committee.



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*Individual Support Plan (ISP)* – An individualized plan that coordinates supports and services to assist the person in reaching his desired outcomes and reflects the vision, personal preferences, life goals, and diverse formal and informal support needs of the person.

*Provider Guidelines* (i.e., Provider Plan of Care) - A set of instructions developed by the provider to direct the implementation of the ISP (Individual Support Plan) as developed by the person's Support Team consistent with OCDD requirements.

#### IV. INSTRUCTIONS

- A. The Committee shall be comprised of the following subject to the approval of the OCDD Assistant Secretary:
  - OCDD Medical Director or the OCDD Associate Clinical Director or designee,
  - OCDD Quality Section Manager (or OCDD Quality Section staff person as designated by the OCDD Quality Section Manager),
  - a developmental disabilities advocate,
  - a registered nurse as designated by the OCDD Assistant Secretary, and
  - Ad hoc members as designated by the Mortality Review Committee depending upon circumstances surrounding the death. Ad hoc members may include a physician, dysphasia specialist, clinical pharmacist, and other members as designated by the Clinical Director.
- B. The OCDD shall obtain information for the Committee on the death of home and community-based services waiver participants as well as persons in DHH custody who resided in a private ICF/DD or received OCDD state-funded services pursuant to R.S.40:2020. *Appendix A – Release of Information Letter* from the OCDD Assistant Secretary is included to state the authority for requests of health/medical/death information and records made by OCDD or by other entities on its behalf.
  1. For Home and Community Based Services waiver participants:
    - a. Families are to notify the direct support provider agencies of the participant's death.
    - b. The direct support provider agencies shall notify support coordination agencies of the participant's death, through the Critical Incident Report (CIR), within 2 hours of the participant's death. (Refer to *OCDD Operational Instruction F-5: Critical Incident Reporting and Tracking of Waiver Services*.)
    - c. Support coordination agencies will enter the death information into the Online Tracking of Incident System (OTIS) database, in accordance with *OCDD Operational Instruction F-5 Critical Incident Reporting and Tracking for Waiver Services*.

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- d. The OCDD regional offices and the human services authorities and human services districts (regional offices/authorities/districts) will review on every business day, all new, incoming critical incident reports and follow the procedures of the *OCDD Operational Instruction # F-5 Critical Incident Reporting and Tracking for Waiver Services* when the critical incident involves the death of a waiver participant.
- e. The regional offices/authorities/districts shall forward the following *Mortality Review Checklist* within 1 business day of their discovery or notification of the participant's death to the support coordinator. The support coordinator is responsible for providing the following information to the regional offices/authorities/districts:
  - current ISP with most recent quarterly review,
  - direct support provider guidelines for service provision,
  - direct support provider daily progress notes for 30 days preceding the individual's death,
  - support coordination contact notes from the past 3 months,
  - hospital records, to include discharge summaries and all ancillary department records, from the past year,
  - medical records in the custody of health care providers,
  - autopsy (if performed),
  - police report (if applicable),
  - protective service agency reports (if applicable),
  - critical incident reports from the past year, and
  - provider agency's training protocol listing of all trainings available to agency staff.
- f. The regional offices/authorities/districts shall compile the information specified on the *Mortality Review Checklist* (item e above) regarding the participant, from the provider agency, support coordination agency, and/or the family and will forward this information to the OCDD Critical Incident Program Manager within 30 days of the report of death.
- g. The Community Services Regional Administrator (CSRA) or designee shall delegate authority to the support coordination agency/support coordinator for obtaining all relevant health/medical records/information required by the Committee for waiver participants. The *Release of Information Form* (Appendix B) shall be used to authorize in writing the delegation of the authority from the regional office to the support coordination agency/ coordinator. This *Release of Information Form* shall be forwarded to the support coordination agency within 1 business day of their discovery or notification of the participant's death.

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- h. The OCDD Critical Incident Program Manager or designee shall request the death certificate from the DHH-Office of Public Health within 3 business days of notification of the death of the participant.
  - i. The OCDD Critical Incident Program Manager will forward the information listed in section *IV.B.1.e* of this operational instruction along with all related notes and findings, to the Committee members within 6 business days prior to the Committee meeting. The Committee may request other information as appropriate for each individual review.
- 2. For deaths involving persons in DHH custody who resided in a private ICF/DD or who received state-funded services:
  - a. Upon notification of the person's death (e.g. from family or the provider), the regional offices/authorities/districts will review available information about the death and take appropriate actions, as needed (e.g. notify Bureau of Health Services Financing – Health Standards Section) to investigate any deaths that may have been the result of possible abuse or neglect.
  - b. The CSRA or designee is responsible for obtaining all relevant health/medical information/records included in the *Mortality Review Checklist* of *IV.B.1.e* and/or required by the Committee for individuals who resided in his/her region.
  - c. The Critical Incident Program Manager shall delegate authority to the Developmental Disabilities Director for the human services authority or district to obtain related health/medical information/records required by the Committee for individuals who resided under the domain of the authority or district. The Critical Incident Program Manager shall use the *Release of Information Form* (Appendix B) to provide the written authority for this delegation from OCDD central office to the human services authority/district.
- 3. Following the death of a person who received waiver services from OCDD or a person who was in DHH custody and either resided in a private ICF/DD or received OCDD state-funded services, the Committee will review information regarding the cause of and circumstances surrounding each participant's death to identify patterns and systematic problems in determining what changes, if any, should be made in service delivery.
  - a. The Committee will complete an initial review of the information at its next regularly scheduled monthly meeting.



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- b. The Committee may defer its findings and conduct additional reviews of any particular case for the following reasons:
    - (1.) One or more Committee members recommend an additional review by ad hoc members of the Committee.
    - (2.) The Committee needs additional materials, such as medical records from specialists, Medication Administration Records, medical laboratory reports, et cetera to complete its review.
- 4. The Committee members will review individual and aggregate findings related to causes of death and corrective actions needed for individuals with developmental disabilities who received home and community-based waiver services.
  - a. The Committee will analyze and aggregate data based on the following information: death rate by waiver, by region, by participant age and gender and by cause of death.
  - b. The Committee will request corrective actions, if needed, from support coordination agencies, provider agencies or local developmental disabilities offices as related to individual cases, using the following procedures:
    - (1.) The Committee will send a letter or e-mail communication to the OCDD Critical Incident Manager with a summary of the review and findings requiring a corrective action plan from the provider or support coordination agency.
    - (2.) The OCDD Critical Incident Manager will forward the letter or e-mail communication to the regional offices/authorities and districts.
    - (3.) The regional offices/authorities/districts will notify the provider agency or support coordination agency that corrective actions are needed. The letter will include the areas that need to be addressed in the corrective action plan and the time frame in which a response is required.
    - (4.) The provider agency or support coordination agency will submit their corrective action plan and documentation verifying that the corrective actions were taken to the OCDD regional office/authority/district.
    - (5.) The regional offices/authorities/districts will submit the corrective action plan with documentation to the OCDD Critical Incident Manager.

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- (6.) The OCDD Critical Incident Manager will distribute the corrective action plan and documentation to the members of the Committee for review.
- (7.) The Committee will review the corrective action plan and documentation to determine if the corrective actions are adequate and complete.
  - (a.) If the Committee approves the corrective action plan and requires no further actions, it will notify the OCDD Critical Incident Manager and regional offices/districts/authorities that the plan has been approved.
  - (b.) If the provider agency or support coordination agency has not adequately completed the corrective actions, then the Committee will send a letter to the OCDD Critical Incident Manager with notification of why it was not approved and what additional documentation or actions are needed for approval.
  - (c.) The OCDD Critical Incident Manager will send a report to the regional offices/districts/authorities for follow-up with the support coordination agency or provider agency.
- 5. The OCDD Critical Incident Manager will forward to BHSF - Health Standard Sections, the results of the Committee findings regarding individuals who, at the time of death, were in DHH custody and resided in a private ICF/DD. Bureau of Health Services Financing - Health Standards Section will be responsible for reviewing and completing their disposition as deemed appropriate.
- 6. The Committee will identify trends and make recommendations for statewide initiatives.
  - a. The Committee will submit the recommendations for consideration to the OCDD Performance Review Committee who will review recommendations and take appropriate action and track actions to completion.
  - b. The OCDD Performance Review Committee will report recommendations and results of actions to OCDD Executive Management Team.
- 7. On an annual basis, the Committee and the Quality Enhancement Section, at the direction of the OCDD Performance Review Committee, will

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collaborate in producing an OCDD Mortality Report for the state fiscal year. The report will set forth aggregate information including the number of reviewed, identify all provider remediation and quality improvements initiated or recommended as a result of the review and any other information as may be determined by OCDD.

## V. SAFEGUARDS

Notwithstanding any other provisions of the law to the contrary, all records obtained by the Committee in accordance with Act 345 as well as any work product, chart, or any other document prepared by the Committee in death reviews, except for the annual reports described in section *IV.B.7* of this operational instruction, shall be confidential, shall not be public record, and shall not be available for subpoena. Nor shall such information be disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative, or other proceeding or admissible as evidence in any civil, criminal, administrative, or other tribunal or court for any reason.

## VI. APPENDICES

Appendix A: *Release of Information Letter*

Appendix B: *Release of Information Form*

*APPENDIX A*  
*RELEASE OF INFORMATION LETTER*

Bobby Jindal  
GOVERNOR



Alan Levine  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office for Citizens with Developmental Disabilities

September 10, 2009

Dear Health Care Provider and/or Medicaid Provider:

In accordance with best practices and national trends, the Louisiana Legislature during its 2009 Regular Legislative Session enacted *Act 345* which granted the Department of Health and Hospitals (DHH) Office for Citizens with Developmental Disabilities (OCDD) the authority to monitor and review deaths of persons receiving services through OCDD.

*Act 345* established LA *R.S. 40:2020*, which authorizes DHH-OCDD to access death certificates, autopsy reports and records of all service providers, including medical records in the custody of health care providers of persons served through OCDD at the time of their death. These records are confidential, shall not be a public record, and shall not be subject to a subpoena.

Any person or entity who furnishes information to OCDD as required by LA *R.S. 40:2020* shall not be liable nor be in violation of safeguarding the confidentiality of the deceased providing the person or entity has acted in good faith. OCDD is hereby granting authority to the designated agency named on the accompanying *Release of Information Form* to obtain the above information on behalf of OCDD.

If you have any questions concerning this request, please contact Robert Showers at 225-342-9958.

Sincerely,

Kathy H. Kliebert  
Assistant Secretary

Bienville Building • 628 N. 4<sup>th</sup> Street • P.O. Box 3117 • Baton Rouge, Louisiana 70821-3117  
Phone #: 225/342-0095 • Fax #: 225/342-8823 • [WWW.DHHLA.GOV](http://WWW.DHHLA.GOV)  
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*APPENDIX B*  
*RELEASE OF INFORMATION FORM*

**Bobby Jindal**  
GOVERNOR



**Alan Levine**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office for Citizens with Developmental Disabilities

**Release of Information**

Date: \_\_\_\_\_ Health Care Provider: \_\_\_\_\_

Subject: Pursuant to La. R.S. 40:2020 (per Act 345 of 2009 La. Legislative Session)

Name of Deceased: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ SSN: \_\_\_\_\_

DHH/OCDD is requesting copies of the medical records/information for the above named individual. The information being requested is specified below.

_____	_____
_____	_____
_____	_____
_____	_____

The request and authority for the release of the above identified information shall expire on 1 year from the above date.

☐ *Support Coordination Agency/Coordinator: Designated to obtain information on the deceased named above who was a Home and Community Based Services waiver participant.*

As an Agent of DHH/OCDD, \_\_\_\_\_ Support Coordination Agency and \_\_\_\_\_, Support Coordinator, are authorized to secure the records of \_\_\_\_\_.

☐ *Human Services Authority/District: Designated to obtain information on the deceased named above who was in DHH custody, resided under the domain of Human Services Authority or District named below and was in a private ICF/DD or received state-funded services.*

As an Agent of DHH/OCDD, \_\_\_\_\_ Human Services Authority/District and \_\_\_\_\_, the Developmental Disabilities Director, are authorized to secure the records of \_\_\_\_\_.

Identification must be presented at the time of the request. Thank you for your assistance in this matter.

Bienville Building • 628 N. 4<sup>th</sup> Street • P.O. Box 3117 • Baton Rouge, Louisiana 70821-3117  
Phone #: 225/342-0095 • Fax #: 225/342-8823 • WWW.DHHLA.GOV  
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APPENDIX B – LEGISLATION TO OBTAIN MEDICAL RECORDS

Regular Session, 2009

**ACT No. 345**

ENROLLED

SENATE BILL NO. 191

BY SENATOR ALARIO

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

1 AN ACT  
2 To amend and reenact R.S. 44:4.1(B)(24) and to enact R.S. 40:2020, relative to the authority  
3 of the Department of Health and Hospitals to conduct certain mortality reviews; to  
4 provide for legislative intent; to provide for definitions and duties; to provide for  
5 records; to provide for confidentiality; to provide for a public records exception; and  
6 to provide for related matters.  
7 Be it enacted by the Legislature of Louisiana:  
8 Section 1. R.S. 44:4.1(B)(24) is hereby amended and reenacted to read as follows:  
9 §4.1. Exceptions  
10 \* \* \*  
11 B. The legislature further recognizes that there exist exceptions, exemptions,  
12 and limitations to the laws pertaining to public records throughout the revised  
13 statutes and codes of this state. Therefore, the following exceptions, exemptions, and  
14 limitations are hereby continued in effect by incorporation into this Chapter by  
15 citation:  
16 \* \* \*  
17 (24) R.S. 40:3.1, 31.14, 31.27, 39.1, 41, 73, 526, 528, 1007, 1098.8, 1232.7,  
18 1299.6, 1299.35.10, 1299.44, 1299.85, 1299.87, 1300.14, 1300.54, 1379.3, 2009.8,  
19 2009.14, 2010.5, 2017.9, 2018, 2019, 2020, 2106, 2109.1, 2138, 2532.

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Coding: Words which are ~~struck through~~ are deletions from existing law;  
words in **boldface type and underscored** are additions.

SB NO. 191

ENROLLED

\* \* \*

Section 2. R.S. 40:2020 is hereby enacted to read as follows:

§2020. Review of deaths of persons served by the Department of Health and Hospitals

A. The legislature finds that:

(1) In accordance with best practices and national trends, it is recommended that the Department of Health and Hospitals through the office for citizens with developmental disabilities and the office of aging and adult services monitor and review deaths of persons receiving services through the offices.

(2) Collection of data on the causes and circumstances of death of these persons will enable the offices to initiate quality improvement and provider remediation in long-term care services in order to reduce mortality rates.

(3) A complete review of the information obtained by the office for citizens with developmental disabilities and the office of aging and adult services will enable the offices to identify patterns and systemic problems to support corrective actions and quality improvements in service delivery.

B. For the purposes of this Section, the following terms shall have the following meanings:

(1) "Department" means the Department of Health and Hospitals.

(2) "Health care provider" means a health care provider as defined in R.S. 13:3734(A)(1).

(3) "Office" means the office for citizens with developmental disabilities or the office of aging and adult services within the Department of Health and Hospitals.

C. The duties of the office for citizens with developmental disabilities and the office of aging and adult services shall be the following:

(1) In each death reviewed, the offices shall obtain data and records relevant to the causes and circumstances of death from providers, including health care providers, as well as from other sources.

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1                   (2) The offices shall identify patterns and systemic problems to  
 2                   determine what changes, if any, should be made in service delivery.

3                   (3) The offices shall each prepare an annual report for public  
 4                   distribution. The report shall set forth aggregate information including the  
 5                   number of deaths reviewed, identify all provider remediation and quality  
 6                   improvements initiated or recommended as a result of the review, and set forth  
 7                   any other information as may be determined by the offices. However, the  
 8                   report shall not disclose names of the deceased or any entities involved or any  
 9                   information which would identify a particular person or entity.

10                  D. (1) Notwithstanding any other provision of law to the contrary, the  
 11                  Department of Health and Hospitals, office for citizens with developmental  
 12                  disabilities and office of aging and adult services, shall be authorized to access  
 13                  death certificates in the custody of the department, autopsy reports, and records  
 14                  of all service providers, including medical records in the custody of health care  
 15                  providers, of persons being served through the offices at the time of death.

16                  (2) Notwithstanding any other provision of the law to the contrary, all  
 17                  records obtained by the offices in accordance with the provisions of this Section,  
 18                  as well as any work product, chart, or any other document prepared by the  
 19                  offices in death reviews, except for the annual reports required by Paragraph  
 20                  (C)(3) of this Section, shall be confidential, shall not be public record, and shall  
 21                  not be subject to subpoena. Nor shall such information be disclosed,  
 22                  discoverable, or compelled to be produced in any civil, criminal, administrative,  
 23                  or other proceeding or admissible as evidence in any civil, criminal,  
 24                  administrative, or other tribunal or court for any reason.

25                  (3) No person or entity who furnishes information to the offices pursuant  
 26                  to this Section shall be liable or in violation of a duty of confidentiality, provided  
 27                  the person or entity has acted in good faith.

28                  Section 2. This Act shall become effective upon signature by the governor or, if not  
 29                  signed by the governor, upon expiration of the time for bills to become law without signature  
 30                  by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If

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ENROLLED

- 1 vetoed by the governor and subsequently approved by the legislature, this Act shall become
- 2 effective on the day following such approval.

\_\_\_\_\_  
PRESIDENT OF THE SENATE


\_\_\_\_\_  
SPEAKER OF THE HOUSE OF REPRESENTATIVES

\_\_\_\_\_  
GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: \_\_\_\_\_

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words in **bold face type and underscored** are additions.

Office for Citizens With Developmental Disabilities (OCDD)	OPERATIONAL INSTRUCTION # F-8
SUBJECT: Risk Management Process for Waiver Services: Critical Incident Review	DEVELOPED BY: Quality Enhancement Section
APPLICABLE UNITS: All OCDD entities and its designees providing waiver services	
ADOPTED: November 23, 2009 for implementation on December 1, 2009	REVISED:
APPROVED 	REVIEWED:

## RISK MANAGEMENT PROCESS FOR WAIVER SERVICES: CRITICAL INCIDENT REVIEWS

### I. APPLICABILITY

The Office for Citizens with Developmental Disabilities (OCDD) *Operational Instruction F-8: Risk Management Process for Waiver Services: Critical Incident Review* applies to the OCDD Clinical Review Committee's review of critical incidents that meet the definition of reportable incidents in OCDD *Operational Instruction F-5: Critical Incident Reporting, Tracking, and Follow-Up Activities for Waiver Services*. *Operational Instruction F-8* is relevant for persons (referred to as "participants") who are receiving services through Home and Community-Based Services (HCBS) waivers from the Department of Health and Hospitals (DHH), OCDD through its regional offices and the human services authorities and human service districts (regional offices/authorities/districts).

### II. PURPOSE

The Center for Medicare and Medicaid Services (CMS) requires that the DHH/OCDD operate a critical incident or event reporting and management process to safeguard the health and welfare of waiver participants. The approved Medicaid waiver applications delineate this management process and mandate the responsibilities of all entities throughout the services system including participants, families, direct service workers and provider agencies, support coordination agencies and coordinators, as well as all levels of the state agencies administering waiver programs.

This operational instruction fulfills the CMS mandate by establishing the procedures for a review of critical incidents or events involving participants receiving Home and Community-Based Services (HCBS).

OCDD's implementation of this operational instruction requires collaboration with participants' support teams to devise strategies for reducing or eliminating future occurrences of the incidents or events to ensure safety and well-being of participants and promote continuous quality improvement of services delivery.



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### III. REFERENCES

Approved 19159(c) Waiver Applications:

- New Opportunities Waiver
- Supports Waiver
- Children's Choice Waiver
- Residential Options Waiver

Additionally, to improve performance, OCDD *Policy # 603 Quality Enhancement Process* includes discovery data and information and remediation of critical incidents or events by the three major levels within the Developmental Disabilities Services System, i.e., provider, regional, and state levels.

### IV. DEFINITIONS

*Agency* means direct service provider agencies and support coordination agencies and their staff who provide services to participants receiving HCBS waivers.

*Category* means a designation of a type of critical incident that meets the definition of reportable incident for the *OCDD Operational Instruction #F-5: Critical Incident Reporting, Tracking, and Follow-up Activities*.

*Clinical Review Committee* means the OCDD committee chaired by the Associate Clinical Director or designee in OCDD Central Office. The committee is composed of a psychiatrist, psychologist, nurse, occupational therapist, representative of the Quality Enhancement Section, regional office representative, provider representative and an advocate. *Ad hoc* or other staff or professionals may be added as needed and with the approval of the OCDD Associate Clinical Director or designee, depending on the nature of any participant's support needs being reviewed.

*Event* means an admission to an acute care facility, psychiatric hospital or supports and services center.

*Home and Community-Based Services (HCBS)* means services provided to the elderly and people with disabilities in their homes and communities to meet their individualized needs.

*OTIS* means the web-based DHH *Online Tracking Incident System* for recording of critical events experienced or alleged to be experienced by DHH service participants.

### V. INCIDENT CATEGORIES AND EVENTS SUBJECT TO THE OCDD RISK MANAGEMENT PROCESS

- A. *Involvement with Law Enforcement* – A participant is arrested for an offense or crime.
- B. *Attempted Suicide* – The intentional and voluntary attempt by the participant to take his/her own life. A suicide attempt is limited to the actual physical attempt and does not include suicidal threats.



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- C. *Health care admission to an acute care facility* –A critical incident event where the waiver participant is admitted to a hospital for treatment of a serious illness or injury due to an accident, or after surgery, with at least two (2) admissions occurring within 180 calendar days.
- D. *Health care admission to a psychiatric hospital* – A critical incident event where the waiver participant is admitted to a psychiatric facility, including crisis facilities and the psychiatric departments of acute care hospitals, with at least two (2) admissions occurring within 180 calendar days. The admission may be for the purpose of evaluation and/or treatment, whether voluntary or involuntary. The admission may also include review and/or adjustment of medications for the treatment of psychiatric symptoms or to address challenging behaviors.
- E. *Admissions to Supports and Services Centers*- A critical incident event in which a waiver participant is admitted to an OCDD supports and services center or behavior stabilization unit due to a serious destabilization of the individual's participation in any of OCDD's HCBS waiver programs.

## VI. ROLES AND RESPONSIBILITIES

The *OCDD Risk Management Process for Waiver Services: Critical Incident Review* mandates the following responsibilities to the agencies and their staff as specified below.

### A. Direct Service Providers (DSP)

When a critical incident previously reported by the DSP according to the requirements in the *OCDD Operational Instruction F- 5: Critical Incident Reporting, Tracking, and Follow-Up Activities for Waiver Services* involves any of the critical incident categories or events listed in Section V. of this operational instruction (# F-8), the DSP shall:

1. Provide assistance in obtaining information and documentation for review by the OCDD Clinical Review Committee; and
2. Participate in implementing strategies recommended by the Clinical Review Committee to reduce or eliminate the occurrence of critical incidents for the affected participant in the future.

### B. Support Coordination Agency (SCA)

When a critical incident involves any of the categories or events listed in Section V. of this operational instruction, the SCA shall:

1. Follow all procedures within specified timelines as required by OCDD's *Operational Instruction # F-5 Critical Incident Reporting, Tracking, and Follow-up Activities for Waiver Service*.
2. Compile the documentation as required for the critical incidents and events listed below in *B.2.a., B.2.b., and B.2.c.*; complete the *Appendix A Information Required for the OCDD Clinical Review Committee*

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(Checklist); and submit to the regional office/authority/district staff within thirty (30) calendar days after notification of the discovery of any of these critical incidents and events.

- a. For a health care admission to an acute care facility event, the following documentation is required:
  - critical incident reports for the prior year,
  - current support plan,
  - current and historical medical information including diagnoses and treatments,
  - primary care physician visit forms for the past year,
  - medication information, including historical and current medications, and
  - hospital records for the past year.
- b. For an attempted suicide critical incident, a health care admission to a psychiatric hospital event, and a supports and services center admission event, the following documentation is required:
  - critical incident reports for the prior year,
  - current support plan,
  - current and historical medical and behavior information including diagnoses and treatments,
  - psychological and psychiatric records and reports for the prior year,
  - behavior plans implemented over the past year and behavior tracking data,
  - medication information, including historical and current medications, and
  - hospital records for the past year.
- c. For a participant arrest critical incident, the following documentation is required:
  - critical incident reports for the past year,
  - current support plan,
  - history of involvement with law enforcement including but not limited to arrests, convictions, incarcerations, or restoration attempts,
  - current arrest report and any court documents,
  - current and historical behavioral and psychiatric information
  - psychological and psychiatric records and reports for the past year
  - behavior plans implemented over the past year and behavior tracking data, and

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- medication information, including historical and current medications.
  - 3. Convene support team meetings as needed to develop an action plan to implement strategies recommended by the Clinical Review Committee.
  - 4. Revise the participant's support plan as needed to include actions to implement recommended strategies.
  - 5. Assist in linking participant to needed supports and services identified by the Clinical Review Committee.
  - 6. Monitor implementation and effectiveness of the strategies recommended by the Clinical Review Committee.
  - 7. Provide monthly follow-up reports to the regional waiver staff until advised by the regional waiver staff that such reports are no longer necessary.
- C. OCDD Waiver Staff of Regional Offices and Human Services Authorities and Human Service Districts (regional offices/authorities/districts)
- When a critical incident involves any of the categories or events listed in *Section V.* of this operational instruction, the regional offices/authorities/districts waiver staff shall:
1. Review cases on a daily basis to determine if any of the critical incidents or events included in Section V. have been reported and or have been entered by support coordinators into the *OTIS*.
  2. Forward via e-mail to the OCDD Central Office Risk Management Program Monitor as soon as possible, and no later than the close of business on the next business day, any critical incidents or events included in *Section V.* with the following information:
    - participant's name,
    - participant's home region,
    - *OTIS* incident ID number,
    - HCBS waiver type the participant is receiving,
    - critical incident category, event type, e.g., acute care hospital, psychiatric hospital or supports and services center admission if applicable, and
    - event date, if applicable.
  3. Follow-up with the support coordinator to assure that required information and documentation needed for review by the Clinical Review Committee is obtained within thirty (30) calendar days.
  4. Fax or e-mail the required information and documentation to the OCDD Risk Management Program Monitor at OCDD Central Office within three (3) business days of receipt.

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5. Forward recommendations of the Clinical Review Committee to the support coordinator within two (2) business days of receipt of the recommendations.
6. Follow-up with the support coordinator to monitor implementation and effectiveness of the strategies recommended by the Clinical Review Committee.
7. Assure that all relevant information is entered into *OTIS* prior to closing the critical incident case, including recommendations of the Clinical Review Committee, meetings held by the participant's planning team to develop strategies for implementing the recommendations of the Clinical Review Committee, and the results of monitoring activities regarding the effectiveness of strategies implemented.
8. Report on a monthly basis to the OCDD Central Office Risk Management Program Monitor any barriers encountered and effectiveness of recommended strategies until advised by the Clinical Review Committee that such reports are no longer necessary.

**D. OCDD Central Office Risk Management Program Monitor**

When a critical incident involves any of the categories or events listed in *Section V.* of this operational instruction, the OCDD Central Office Risk Management Program Monitor shall:

1. Track all incoming reports of critical incidents and events that meet the requirements of this Risk Management Process from the regional waiver staff and forward the e-mail to the Clinical Review Committee Chairperson or designee within three (3) business days.
2. Enter the following information into OCDD's risk management data system upon receipt of e-mail, or within three (3) business days, of the regional office/authorities/districts waiver staff reporting occurrence of the incidents or events:
  - regional office/authority/district,
  - participant's name,
  - OTIS incident ID number,
  - incident category,
  - HCBS waiver type the participant is receiving,
  - date incident was reported,
  - event type, as applicable, e.g. acute care facility, psychiatric hospital or supports and services center admission,
  - event date, if applicable, and
  - date all information required in this section (*VI.D.2.*) of this operational instruction was received from regional office/authority/district waiver staff.



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3. Forward the documentation and records obtained from the regional office/authorities/districts waiver staff, as soon as possible, but within three (3) business days to the Clinical Review Committee chairperson or designee as required in Sections *VI. D.2. and D.4.* of this operational instruction.
4. Forward to the regional offices/authorities/districts waiver staff, as soon as possible, but within three (3) business days, the results of the Clinical Review Committee meeting, including findings, recommendations, concerns, follow-up actions, if any, after its initial review of the case. Also, forward any subsequent recommendations or requests of the Clinical Review Committee including the committee's decision that no further follow-up reports are necessary.
5. Compile and track all findings, recommendations, and concerns of the Clinical Review Committee, as well as the following:
  - date that the case is first reviewed by Clinical Review Committee,
  - date that the findings, recommendations and concerns of the Clinical Review Committee are forwarded to the region office/authority/district waiver staff, and
  - date that the Clinical Review Committee determines continued follow-up is no longer necessary.

**E. OCDD Clinical Review Committee Chairperson**

When a critical incident involves any of the categories or events listed in Section V of this operational instruction, the OCDD Clinical Review Committee Chairperson or designee shall:

1. Notify Clinical Review Committee members of scheduled meetings and agendas during which the reviews of incidents and events covered by this operational instruction are to be conducted.
2. Approve *ad hoc* committee members as needed.
3. Forward information and documents provided by regional office/authorities/districts waiver staff relevant to each review to the Clinical Review Committee members within three (3) days of receipt.
4. Forward results of the initial review to the OCDD Risk Management Program Monitor within fifteen (15) calendar days of the review.
5. Forward results of any subsequent reviews to the OCDD Risk Management Program Monitor within fifteen (15) calendar days of the subsequent review, including additional recommendations that are made, additional information that is requested, or a decision that follow-up is no longer necessary,

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6. Review aggregate data and share any results and recommendations for quality improvement initiatives with the OCDD Performance Review Committee, as appropriate.
7. Report actions taken to the OCDD Risk Management Program Monitor so that necessary tracking information is recorded.

**F. OCDD Clinical Review Committee**

1. Meet at least every other month and as required by the Clinical Review Committee chairperson or designee to review critical incidents or events.
2. Review the documentation for each incident or event that is forwarded by the support coordination agency as outlined in Section *VI.D.* of this operational instruction.
3. Make recommendations for further actions to be implemented by the Clinical Review Committee, regional office, support coordination agency, direct care provider, participant's guardian, or any other identified sources of support for the participant.
4. Determine the type, frequency and closure criteria for any future risk management reviews for each waiver participant whose incident/event was reviewed by the Clinical Review Committee.
5. Conduct the follow-up reviews as required above in step number 4.

**VII. Appendix**

*Appendix A: Information Required for the OCDD Clinical Review Committee (Checklist)*

**APPENDIX A**  
**INFORMATION REQUIRED**  
**FOR THE OCCD CLINICAL REVIEW COMMITTEE**  
**(CHECKLIST)**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
 (regional office/authority/district)

From: \_\_\_\_\_ Re: \_\_\_\_\_  
 (name and title of the sender) (name of waiver participant)

\_\_\_\_\_ (name of Support Coordination Agency) \_\_\_\_\_ (birthdate of waiver participant)

**Health Care Admission to an Acute Care Facility Event:**

- ↑ critical incident reports for the prior year
- ↑ current support plan
- ↑ current and historical medical information including diagnoses and treatments
- ↑ primary care physician visit forms for the past year
- ↑ medication information, including historical and current medications
- ↑ hospital records for the past year


**Attempted Suicide Critical Incident, a Health Care Admission to a Psychiatric Hospital Event, and a Supports and Services Center Admission Event:**

- ↑ critical incident reports for the prior year
- ↑ current support plan
- ↑ current and historical medical and behavior information including diagnoses and treatments
- ↑ psychological and psychiatric records and reports for the prior year
- ↑ behavior plans implemented over the past year and behavior tracking data
- ↑ medication information, including historical and current medications
- ↑ hospital records for the past year

**Participant Arrest Critical Incident:**

- ↑ critical incident reports for the past year
- ↑ current support plan
- ↑ history of involvement with law enforcement including but not limited to arrests, convictions, incarcerations, or restoration attempts
- ↑ current arrest report and any court documents
- ↑ current and historical behavioral and psychiatric information including diagnoses and treatment
- ↑ psychological and psychiatric records and reports for the past year
- ↑ behavior plans implemented over the past year and behavior tracking data
- ↑ medication information, including historical and current medications

## APPENDIX D – QUALITY ENHANCEMENT SYSTEM AND PLAN APPROVAL PROCESS

Office for Citizens With Developmental Disabilities	Operational Instruction: #F-6
SUBJECT: <b>QUALITY ENHANCEMENT SYSTEM AND PLAN APPROVAL PROCESS</b>	
APPLICABLE UNITS: OCDD Central Office, OCDD Regional Offices, Human Services Authorities and Districts	DEVELOPED BY: Quality Enhancement Section
ADOPTED: September 3, 2009	REVISED:
APPROVED: 	REVIEWED:

### QUALITY ENHANCEMENT SYSTEM AND PLAN APPROVAL PROCESS

#### I. OVERVIEW

The purpose of this operational instruction is to establish a process and criteria for OCDD Regional Offices and Human Services Authorities and Districts (regional offices/authorities/districts) to review and approve Quality Enhancement Systems and Plans submitted by direct service provider agencies and support coordination agencies supporting people receiving Home and Community-Based Waiver Services (HCBS) waivers, as well as EarlySteps family support coordination agencies and EarlySteps System Point of Entry (SPOE) agencies, on an annual basis.

Through the use of a quality enhancement system and plan, providers engage in learning or collecting performance information to determine how well they are meeting agency goals; responding or acting in ways to improve performance; implementing or activating a plan that has well defined goals and objectives; and evaluating or monitoring the implementation of quality projects to determine their effectiveness in achieving benchmarks for each objective.

The State of Louisiana's Department of Health and Hospitals (DHH), Office for Citizens with Developmental Disabilities (OCDD) is required to provide evidentiary information to the Centers for Medicare and Medicaid Services (CMS) to demonstrate that the State has implemented a quality management process for §1915(c) waiver assurance requirements. OCDD is also required to demonstrate to the United States Department of Education that the State has implemented a quality management process for Early Intervention system requirements. Quality enhancement activities will occur at the provider level to ensure that providers identify and respond to opportunities for improvement in the provision of supports and services to people with developmental disabilities.

#### II. REFERENCES

Louisiana Administrative Code (LAC) 50: XXI Chapter 1, Home and Community-Based Services Waiver Program, Standards of Participation, as published in the *Louisiana Register* Vol. 29, No. 09, September 20, 2003, pages 1830-1831.

*OCDD Quality Enhancement Process*, Policy No. 603, issued November 20, 2007.

*Quality Enhancement Provider Handbook* developed by OCDD and Office of Aging and Adult Services (OAAS), issued August 1, 2008.

Individuals with Disabilities Education Act (IDEA), Part C, 2004



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### III. INSTRUCTIONS

#### A. Direct Service Provider Agency, Support Coordination Agency, EarlySteps Family Support Coordination Agency, and EarlySteps SPOE Agency Responsibilities

1. Agencies providing supports and services by any of the applicable provider types listed in the “QE System and Plan Provider Type Lists” (Appendix G) will develop a Quality Enhancement (QE) System and Plan using the *QE Provider Handbook* as a reference tool. Agencies will follow the requirements shown in the “QE System and Plan Interpretive Guidelines and Ratings Scale” (Appendix B).

Note: Agencies providing supports and services in multiple regions will develop a QE System and Plan for each region.

2. Agencies will review the QE System and Plan using the “QE System and Plan Provider Self-Assessment Checklist” (Appendix A) prior to submission.
3. Agencies will submit the QE System and Plan documentation to the regional office/authority/district:

##### a. Deadlines to Submit Documentation

- (1.) Agencies new to the licensure process will submit an initial QE System and Plan for review and approval prior to the review for licensure since an approval letter will be required.
- (2.) New SPOE contract agencies will submit an initial QE System and Plan for review and approval as indicated in the SPOE contract.
- (3.) Agencies that have submitted QE Plans previously to OAAS or OCDD will submit their renewal QE System and Plan 60 calendar days prior to the expiration date of their current approved QE System and Plan.

##### b. Documentation Requirement

- (1.) The QE System will consist of the “Foundations and Learning” components as explained in the *QE Provider Handbook*.

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- (2.) The QE Plan will consist of the “Responding, Implementing and Evaluating” components as explained in the *QE Provider Handbook*.
  - (3.) QE System and Plan documentation will include the “QE System and Plan Provider Self-Assessment Checklist” (Appendix A) completed by the agency as a self-assessment tool.
- c. Where to Submit Documentation
  - (1.) Direct service provider agencies and support coordination agencies supporting people receiving Children’s Choice (CC), Supports Waiver (SW), New Opportunities Waiver (NOW) and any other waiver approved by CMS and operated by OCDD will submit their documentation to the regional office/authority/district.
  - (2.) EarlySteps family support coordination agencies and system point of entry (SPOE) contract agencies will submit their documentation to the regional office/authority/district.
  - (3.) Agencies supporting people receiving Elderly and Disabled Adult (EDA) and Adult Day Health Care (ADHC) waiver services **only** will submit their documentation to the OAAS Regional Office.
  - (4.) Agencies supporting people receiving **both** OCDD operated services (waivers and/or EarlySteps family support coordination and SPOE) and OAAS operated waiver services will submit their documentation to the regional office/authority/district.
4. Agencies will respond to the regional office/authority/district when the regional office/authority/district requests revisions to the QE System and Plan and a Plan of Action to address those components receiving and “Unacceptable” score:
  - a. Agencies will review the “QE System and Plan Provisional Approval Letter” (Appendix E) or the “QE System and Plan Disapproval Letter” (Appendix F) from the regional office/authority/district requesting a Plan of Action and revisions.
  - b. Agencies will provide the regional office/authority/district with documentation in response to the request for a Plan of Action and revisions within the timeframe indicated in the letter.

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## **B. Regional Office/Authority/District Responsibilities**

1. The regional office/authority/district will review the QE System and Plan documentation received within 10 working days of receipt using the “QE System and Plan Interpretive Guidelines” (Appendix B), the “QE System and Plan Scoring Sheet” (Appendix C), and the “QE System and Plan Provider Self-Assessment Checklist” (Appendix A). The regional office/authority/district will use the rating scale established within the “QE System and Plan Scoring Sheet” (Appendix C) to determine approval, provisional approval or non-approval as follows:
  - a. Approved: A total score results in a rating of “High Quality,” “Quality” or “Meets Minimal Requirements.”
    - (1.) The reviewer may also make optional recommendations to the agency to further strengthen the agency’s QE System and Plan.
    - (2.) A QE System and Plan rated “High Quality” will be approved for a two year period.
    - (3.) A QE System and Plan rated “Quality” or “Meets Minimal Requirements” will be approved for a one year period.
  - b. Provisional Approval: A total score results in a rating of “Needs Improvement.”
  - c. Not approved: A total score results in a rating of “Poor.”
2. The regional office/authority/district will send a response letter to the agency and copy the OAAS Regional Office within 10 working days of receipt of the agency’s QE System and Plan. The response letter will inform the agency of the results of the review and specify any needed revisions as follows:
  - a. Approved: Send “QE System and Plan Approval Letter” (Appendix D), including the “QE System and Plan Scoring Sheet” (Appendix C), to the agency.

Note: If the regional office/authority/district has some optional recommendations to make to the agency to further improve the QE System and Plan, then the “QE System and Plan Approval Letter” (Appendix D) will include those recommendations.

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- b. Provisional Approval: Send “QE System and Plan Provisional Approval Letter” (Appendix E) using the “QE System and Plan Provider Self-Assessment Checklist” (Appendix A) and “QE System and Plan Scoring Sheet” (Appendix C) to the agency. The Provisional Approval will expire within 90 days of receipt of the original QE System and Plan submitted by the agency.
  - (1.) The regional office/authority/district will request the agency send a Plan of Action within 30 calendar days of the date of the Provisional Approval Letter. The regional office/authority/district’s request will require that the agency’s Plan of Action address those components of the QE System and Plan receiving unacceptable scores, which resulted in a final rating of “Needs Improvement.”
    - (a.) If the regional office/authority/district approves the agency’s Plan of Action, the regional office/authority/district will send an approval letter to the agency.
    - (b.) If the regional office/authority/district does not approve the Plan of Action, the regional office/authority/district will follow the steps outlined in the “Procedures for Agency Non-Compliance” section (III.C.) of this operational instruction.
  - (2.) The regional office/authority/district will request the agency to send a revised QE System and Plan for approval within 60 calendar days of receipt of the Plan of Action. The revised QE System and Plan should reflect implementation of the steps outlined in the Plan of Action.
    - (a.) If the regional office/authority/district approves the QE System and Plan, the regional office/authority/district will send an approval letter specifying an approval period that ends on the agency’s original anniversary date (as determined from previous year’s approval period, or from date of the preceding provisional approval letter).
    - (b.) If the regional office/authority/district does not approve the QE System and Plan, the regional office/authority/district will follow steps outlined in the “Procedures for Agency Non-Compliance” section (III.C.) of this operational instruction.



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- c. Not approved: The regional office/authority/district will send the “QE System and Plan Disapproval Letter” (Appendix F), including the “QE System and Plan Provider Self-Assessment Checklist” (Appendix A) and “QE System and Plan Scoring Sheet” (Appendix C), to the agency to outline what is needed to correct the problems leading to the disapproval and request a written response within 30 calendar days of the date of the Disapproval Letter. When the response from the agency is received, the regional office/authority/district will review the agency’s Plan of Action and send a response to the agency within 10 working days.
  - (1) If the regional office/authority/district approves the Plan of Action, the regional office/authority/district will send an approval letter to the agency. The regional office/authority/district will request the agency to send a revised QE System and Plan for approval within 60 days of receipt of Plan of Action.
  - (2) If the regional office/authority/district does not approve the Plan of Action, the regional office/authority/district will follow the steps outlined in the “Procedures for Agency Non-Compliance” section (III.C.) of this operational instruction.
- 3. The regional office/authority/district will enter the review results into the OCDD Data System by the 10<sup>th</sup> of each month.

**C. OCDD Central Office Responsibilities**

- 1. The OCDD Central Office Quality Enhancement Section will implement a validation process to review and score QE System and Plans rated by each regional office/authority/district on an annual basis to measure reliability and consistency among regions/authorities/districts.
- 2. The OCDD Central Office Quality Enhancement Section will send an annual survey to agencies to obtain feedback on the QE System and Plan approval process.
- 3. The OCDD Central Office Quality Enhancement Section will post sample QE System and Plans rated “High Quality” and/or “Quality” onto the OCDD website.

**D. Procedures for Agency Non-Compliance**

1. The regional office/authority/district will review the agency's QE System and Plan or Plan of Action using the "QE System and Plan Interpretive Guidelines" (Appendix B), the "QE System and Plan Scoring Sheet" (Appendix C) and the "QE System and Plan Provider Self-Assessment Checklist" (Appendix A). If the required components of the QE System and Plan are still not met or the Plan of Action is inadequate, the regional office/authority/district will send the agency a letter recommending that the agency:
  - a. Request technical assistance from the regional office/authority/district, and/or
  - b. Request a meeting with the regional office/authority/district to determine a plan of action.
2. If an agency fails to carry out the responsibilities outlined in the agency responsibilities section (III.A) of this operational instruction and does not receive an approval letter by the agency's QE System and Plan expiration date, the regional office/authority/district will take the following steps:
  - a. For direct service provider agencies and support coordination agencies:
    - (1) The regional office/authority/district will notify the Program Monitor Supervisor in OCDD Central Office and Quality Manager in OAAS Central Office.
    - (2) The regional office/authority/district will also refer the agency to the Program Manager at Health Standards for noncompliance by mail or e-mail and include in the referral the type of license that the provider is applying or re-applying (e.g., Personal Care Attendant, Supervised Independent Living, Respite Care or Family Support, etc.)
  - b. For EarlySteps family support coordination agencies and SPOE contract agencies:
    - (1) The regional office/authority/district will notify the Program Monitor Supervisor and the EarlySteps Quality Assurance Coordinator in OCDD Central Office.
    - (2) The regional office/authority/district will also refer the agency to the EarlySteps Contract Manager for noncompliance.

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#### IV. ABBREVIATIONS/ACRONYMS

ADHC	Adult Day Health Care
CC	Children's Choice Waiver
CLS	Community Living Supports
EDA	Elderly and Disabled Adult Waiver
FSC	Family Support Coordination
NOW	New Opportunities Waiver
PCA	Personal Care Attendant
QE	Quality Enhancement
SC	Support Coordination (Case Management)
SIL	Supervised Independent Living (Supported Living)
SPOE	System Point of Entry
SW	Supports Waiver

#### IV. APPENDICES

The following appendices are provided as referenced in the Operational Instructions for the Quality Enhancement System and Plan Approval Process:

Appendix A:	QE System and Plan Provider Self-Assessment Checklist
Appendix B:	QE System and Plan Interpretive Guidelines and Rating Scale
Appendix C:	QE System and Plan Scoring Sheet
Appendix D:	QE System and Plan Approval Letter
Appendix E:	QE System and Plan Provisional Approval Letter
Appendix F:	QE System and Plan Disapproval Letter
Appendix G:	QE System and Plan Provider Type Lists

Office for Citizens With Developmental Disabilities	Operational Instruction #: F-7
SUBJECT: QUALITY PARTNERSHIP: REPORTING AND VERIFICATION OF PERFORMANCE MEASURES AND QUALITY MANAGEMENT INITIATIVES	DEVELOPED BY: OCDD Quality Enhancement Section
APPLICABLE UNIT(S): OCDD Central Office and Regional Offices, Human Services Authorities and Districts	
ADOPTED: 09/04/09	REVISED:
APPROVED: 	REVIEWED:

**QUALITY PARTNERSHIP: REPORTING AND VERIFICATION OF  
PERFORMANCE MEASURES AND QUALITY MANAGEMENT INITIATIVES FOR  
DEVELOPMENTAL DISABILITIES SERVICES**

**I. OVERVIEW**

Louisiana Revised Statute (La. R.S.) 28:382.2, enacted by Acts 2005, No. 90 of the Regular Session, 2005, as amended by Acts 2006, No. 350; Acts 2006, No. 449; and Acts 2006, No. 631, provides for a Statewide Quality Framework (the Framework) in conjunction with the Human Services Interagency Council and the Department of Health and Hospitals (DHH)/Office for Citizens with Developmental Disabilities (OCDD).

A supplement to the Framework is the *Human Services Accountability and Implementation Plan* (AIP) which establishes requirements by which the DHH/OCDD and the OCDD regional offices and human services authorities and districts assure the following:

- participants have access to quality care that meets each individual's needs in the least restrictive setting appropriate,
- public resources are used effectively, and
- participants in the system of care are accountable for their actions.

As defined in the Framework, it is the joint responsibility of the DHH/OCDD and the OCDD regional offices and human services authorities and districts to participate in the quality management and monitoring functions outlined in the AIP.

**II. PURPOSE**

The purpose of this operational instruction is to define the processes and criteria by which the OCDD Central Office and the OCDD regional offices and human services authorities and districts partner and participate in the activities of measuring performance, reporting outcome measures, and developing and implementing quality enhancement strategies.

**III. REFERENCES**

*La. R.S. 28:451 et seq. Developmental Disabilities Law, June 25, 2005*  
*20 United States Code 1471 et seq. Individuals with Disabilities Education Improvement Act (IDEA), Part C Early Intervention Program for Infants and Toddlers 2004*  
*OCDD Quality Enhancement Process, Policy No. 603, November 20, 2007*



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**IV. DEFINITIONS/ACRONYMS**

DHH - Department of Health and Hospitals

AIP - Human Services Accountability and Implementation Plan

La. R.S. - Louisiana Revised Statute

OCDD - Office for Citizens with Developmental Disabilities

Quality Specialists - staff assigned to OCDD regional offices and human services authorities and districts for the purpose of quality assurance and enhancement for internal processes and services delivery to participants.

**V. GENERAL INFORMATION**

Adherence to this operational instruction does not take the place of other data reporting requirements in complying with federal and state statutes, regulations, policies, or state and national survey requests; nor does it replace broader quality management strategies at the regional or statewide level.

**VI. PROCEDURES**

A. The OCDD Central Office (the Central Office) will:

1. Conduct an initial eight-hour training session on the procedures and requirements outlined in this operational instruction;
2. Conduct follow-up training upon request of the OCDD regional offices and human services authorities and districts and as issues are identified that would necessitate additional training;
3. Perform verification monitoring consistent with the *Human Services Accountability and Implementation Plan (AIP)* and in compliance with all applicable statutes, rules, regulations, and policies and, when indicated, develop corrective action through coordination with the OCDD regional offices and human services authorities and districts;
4. Provide technical assistance to OCDD regional offices and human services authorities and districts based on best and promising practices, and services provision consistent with statewide strategies and evidence-based principles;
5. Visit at least annually each OCDD regional office and human services authority and district to review and validate submitted data; and
6. Review strategies developed and implemented by the OCDD regional offices and human services authorities and districts and provide technical assistance as needed.

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**B. OCDD regional offices and human services authorities and districts will:**

1. Send staff (administrators, quality specialists, and others as determined by the Central Office) to training prior to the implementation of this operational instruction, and subsequently as additional need for training is identified by the Central Office, or as requested by the OCDD regional offices and human services authorities and districts;
2. Monitor the quality of support and services provided to people with developmental disabilities within its purview including federally funded programs, demonstrations, and grants received by the DHH/OCDD;
3. Provide to the Central Office, through established procedures and protocols, information and data concerning its services;
4. Review its performance data and develop and implement remediation and/or quality enhancement strategies as appropriate; and
5. In coordination with the Central Office, develop and implement corrective actions when indicated by OCDD verification and monitoring.

**VII. APPENDICES**

Specific and detailed protocol, schedules, processes, report format, and instruments are in the appendices:

- Appendix A: AIP Monitoring Schedule
- Appendix B: AIP Monitoring Protocol
- Appendix C: AIP Monitoring Instrument
- Appendix D: AIP Mandated Data Systems (original issue date 12/20/07)
- Appendix E: AIP Outcome Measures and Monitoring (original issue date 12/20/07)
- Appendix F: AIP Quarterly Performance Report
- Appendix G: AIP Process Steps