Louisiana's Plan for Immediate Action:

Providing Long-Term Care Choices for the Elderly and People with Disabilities

PRESENTED BY THE
GOVERNOR'S HEALTH CARE REFORM PANEL

March 17, 2005

Work Plans Updated March 25, 2005

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LOUISIANA'S PLAN FOR IMMEDIATE ACTION IN LONG-TERM CARE

Overview of the Plan for Immediate Action

This document – Louisiana's Plan for Immediate Action in Long Term Care – describes fundamental changes that states have implemented and found effective in controlling the public costs of long-term care while insuring that people receive quality services of the type, and in the settings, that they choose. As such, it represents not *promising* practice in the delivery of long-term care, but ***proven best practice***, supported by an extensive body of national experience, research, and study.[1]

This plan achieves three ideals at the heart of Governor Blanco's Executive Order KBB 2004-43 (see Appendix A). The Plan for Immediate Action:

1. Assures choice
2. Manages the cost of long-term care delivery, and
3. Raises the bar on quality.

1. Assures Choice

Implementation of this plan builds the foundation for all Louisiana citizens – including those who must rely on the state for care – to exercise choice in where and how they receive long-term care services. As a budget-neutral proposal being introduced in an environment of fiscal constraint, it proposes no major expansion of programs and services. It will not produce a dramatic acceleration in the shift from institutions to home and community-based services in 2005. What it will do is put mechanisms in place so that as the state develops and offers a broader array of service options, people will be able to effectively express their preferences regarding services and providers.

The Plan will support this effort largely by eliminating fragmentation at state and local levels so consumers don't have to access multiple units of government to learn about options and exercise choice. Administrative fragmentation at the state level is addressed by consolidating programs, functions, and budgets that are currently housed in half a dozen units of the Department of Health and Hospitals and Department of Social Services into

[1] For instance: Robert Mollica and Susan Reinhard, *Rebalancing State Long Term Care* Systems, National Academy for State Health Policy, in press, October 2005; Barbara Coleman, *New Directions for State Designing a System in Which Money Can Follow the Person: Second Edition,* AARP Public Policy Institute, Washington, DC, 1998; Suzanne Crisp, Steve Eiken, Kerstin Gerst and Diane Justice, *Money Follows the Client and Balancing Long Term Care Systems: State examples*, Medstate Research and Policy Division, Washington, DC, September 2003; Centers for Medicare and Medicaid Services: *State Efforts to Rebalance Their Long Term Support Systems";* Lewin Group, *Estimated Cost Savings from the Use of Home and Community-Based Alternatives to Nursing Homes,* November 1996; Leslie Hendrickson and Susan Reinhard: *Global Budgeting: Promoting Flexible Funding to Support Long-Term Care Choices*, Rutgers Center for State Health Policy, August 2004.

two programmatic units,[2] and one licensing/oversight unit.[3] Fragmentation at the local level will be eliminated through the creation of regional single entry points for each population.

The Plan also provides for choice by building community capacity. Capacity building initiatives include:

- Conversion and diversification of Intermediate Care Facilities for the Mentally Retarded and nursing facilities to community services.

- Acceleration of consumer direction as a service delivery option in all home and community-based waivers and in the Long-term Personal Care Service program, and use of peer supports in the delivery of mental health services.

- Redesign of mental health clinic services and home and community-based waivers for the elderly and people with adult onset disabilities to offer a wider array of services to maintain people in the community.

- Development of new capped waiver for adults with developmental disabilities.

2. Manages the cost of long-term care delivery

The actions in this plan parallel what other states have done to gain control over the growing costs of their long-term care systems. In a very fundamental way, this plan can be understood as a package of cost control, federal revenue maximizing, and cost savings measures. It is an economically sound, market-based approach to making sure that the state, as steward of public dollars, is purchasing services that people need and prefer in the most cost-effective manner possible.

Equally important, it provides the tools needed to make community-based services as cost-effective as possible. These tools include:

- Control of budgets by consolidated programmatic units charged with serving as many people as possible as well as possible with whatever funds are available.

- A reformed approach to private case management that requires case managers, as agents of the state, be prudent in the use of state dollars, resourceful in accessing diverse funding sources, and effective in maintaining – rather than replacing – family and other natural supports. In combination with other reforms within this

[2] The two administrative units are the Office for Citizens with Developmental Disabilities and a Long-term Care Unit for Aging and Adult Onset Disability to be created within Medicaid. Programs addressing mental illness are already consolidated under the Office of Mental Health, so administrative consolidation was not an issue that needed to be addressed for people with mental illness who need long-term mental health services. The Office of Mental Health also has a single entry point system for accessing services at the local level.
[3] The Health Standards Section of the Department of Health and Hospitals.

Plan, the reformed approach to private case management will create an environment in which providers can successfully provide the right kinds and quantities of care.

- Uniform assessment and objective determination of whether an individual's needs require long-term care services and, if they do, at what level of intensity and resource utilization.

- Offering consumer direction as an option statewide for all recipients of waiver and Long-term Personal Care Services. Consumer direction has been shown to reduce costs, increase consumer access and satisfaction, and improve clinical outcomes.[4]

- Maximization of federal dollars by using existing state dollars to draw down federal match, and by putting procedures in place to make sure that Medicare, rather than Medicaid, is the payer of first resort for dual eligibles.

The Plan can also produce savings through the proposed restructuring of nursing facility reimbursement. This restructuring will bring Louisiana's nursing home reimbursement methodology more into line with national practice.

3. Raises the bar on quality.

It is a mistake to think that quality in home and community-based services can be assured using the same methods traditionally used in institutional settings. For one, the compliance-based regulatory approach to quality is not recognized as having produced quality in institutions.[5] For another, it is neither appropriate nor best practice for quality management in community-based settings.

What **is** best practice in community settings has been clearly defined by the Centers for Medicare and Medicaid Services in its Home and Community Based Services Quality Framework. The Quality Framework does not abandon compliance – i.e., a focus on whether programs are organized and operate in accordance with federal and state rules and regulations. Rules and regulations exist to "establish the conditions that are thought to contribute to the probability of good care."[6] However, compliance approaches alone do not guarantee quality of care or quality of life. Effective quality management instead requires a focus on **person-centered desired outcomes –** those outcomes that individuals and families receiving services want for themselves. A focus on the desired outcomes of individuals receiving services necessitates a collaborative, team approach to identifying problems, understanding them, and remediating them. It also requires good data and good systems for tracking, comparing, and using the data.

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[4] http://www.hhp.umd.edu/AGING/CCDemo/

[5] United States Government Accounting Office, *Nursing Homes: Prevalence of Serious Quality Problems Remains Unacceptably High Despite Some Declines,* July 2003.

[6] Work Book: Improving the Quality of Home and Community Based Services and Supports. Prepared for the Centers for Medicare and Medicaid Services by the Edmond S. Muskie School of Public Service, August, 2003.

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The Plan for Immediate Action calls for development, in concert with stakeholders, of a comprehensive quality management program based on the Centers for Medicare and Medicaid Services Quality Framework. Some of the tools for implementing the Framework are already in place; others will be put in place as a result of the Plan for Immediate Action. The Minimum Data Set has already been implemented as the comprehensive assessment for elders and people who acquire disability in adulthood. The Minimum Data Set includes a system of quality measures and quality indicators developed with federal support, and can be used to compare care outcomes across service settings and reward positive outcomes. What remains to be done is automating the process and developing protocols for periodic reassessment and monitoring of the quality indicators. These are addressed in the Plan for Immediate Action, as is implementation of a comprehensive needs assessment with similar applications for persons with developmental disabilities.

Quality Management is also a front-end issue, and several items in the Plan for Immediate Action build quality into program and service design:

- Having the administrative units that implement programs lead the development of policies and regulations will insure that rules reflect best-practice. Guidelines and principles for collaborating with consumers, advocates, and providers early in policy and rule development will help program administrators better achieve the delicate balance to create conditions of safety without regimenting service delivery or people's lives.

- Selection and implementation of a person-centered approach to planning, and making sure that the approach interfaces effectively with comprehensive assessment and care planning, will enable a focus on those "person-centered desired outcomes" that are the hallmark of the Quality Framework.

- Performance-based contracting, and procedures for periodically assessing and comparing the performance of regional single entry point and case-management providers, will hold those entities accountable for developing and implementing service plans that produce desired care outcomes and desired quality of life.

- Consolidation of licensing for Medicaid-funded long-term care services in the Department of Health and Hospitals Health Standards Section will facilitate streamlining and automation of licensure, certification, and inspection. The end result will be a system where the rules are consistent, where it is easy for providers to participate in more than one kind of service or long-term care program, and where providers spend less time on paper compliance and put more resources into actually delivering services. Automation and other improvements to data management, and the establishment of a direct service worker registry will also make it easier to identify sub-par workers and providers.

Benchmarks

Just as providers will be held accountable for outcomes, so too will the units and individuals responsible for implementing the Immediate Action Plan. With the assistance of Dr. Julia Hughes[7], the following benchmarks have been developed for monitoring the outcomes of Immediate Action Plan. The benchmarks speak to the future and constitute a pledge to produce very real, very visible, and very positive outcomes for people and the state. Designed to be assessed one, two, and three years out from the date of this Plan, the benchmarks are an unambiguous statement that the actions in this Plan will create observable and measurable differences in the near, rather than distant, future.

Benchmarks for the LTC Unit for Aging and Adult Onset Disability:

- Increased percentage of individuals receiving Medicaid long-term care in community-based settings
- Lower per participant costs for Medicaid long-term care services
- Improved outcomes across long-term care programs and settings as measured by MDS clinical outcomes indicators
- Achievement of timely assessments as defined by performance-based contracts with regional Single Entry Point providers
- High stakeholder involvement in policy development as measured by number and diversity of stakeholders participating in policy development, and satisfaction with stakeholder participation as measured by satisfaction survey

Benchmarks for the Office for Citizens with Developmental Disabilities:

- Higher number and percentage of individuals receiving long-term care services in community-based settings
- Stabilized per person costs in New Opportunities Waiver (e.g., no further growth in per person costs)
- Decreased admissions to public developmental centers
- Increased number of individuals receiving uniform outcomes assessment
- Increased number of individuals receiving needs-based assessment
- High stakeholder involvement in policy development as measured by number of stakeholders participating in policy development, and satisfaction with stakeholder participation as measured by satisfaction survey

Benchmarks for the Office of Mental Health:

- Increased number of individuals served by community mental health clinics
- Increased percentage of new admissions to state psychiatric hospitals who are discharged within 180 days

[7] Professor, Tulane School of Public Health, and member of Louisiana Health Care Reform Panel.

- Increased percentage of mental health funding for community-based mental health services
- High stakeholder involvement in policy development as measured by number of stakeholders participating in policy development, and satisfaction with stakeholder participation as measured by satisfaction survey

Benchmark for DHH Health Standards Section:
Improved stakeholder satisfaction with licensing and regulatory processes as measured by additional questions on Health Standards Section Survey and Certification Service Questionnaire

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Key Issues

Certain aspects of the Plan for Immediate Action have received a great deal of public attention and discussion since the draft of the plan was submitted to the Panel in December. These are addressed below.

Fiscal Impact
Concerns have been raised about the fiscal impact of the Plan. In fact, the budget submitted by the Department of Health and Hospitals for inclusion in the administration's executive budget includes **no new spending for any aspect of plan implementation**. This Plan can and will be implemented within current resources. Additionally, as some actions are implemented, savings should be realized which may be reinvested into the long-term care system.

This Plan is built upon the philosophy that individuals accessing long-term care services should have a choice from among an array of quality services. This philosophy appreciates that sustaining individuals in the most supportive and independent environment possible is dependent upon the resources available to the state and long-term care services and programs.

In terms of total (state and federal) dollars, home and community-based services are generally less costly than institutional services. However, when only state funds are considered, these differences are generally small and in certain programs state funding is greater for home and community-based services.

The key to managing costs for <u>all</u> long-term care services relies on the effective use of tools such as an objective assessment instrument, strong case management and continuous monitoring of expenditures. To address any unexpected expenditure increases, the state will have to closely monitor the assessment tool's effectiveness, case management performance, utilization levels and provider rates. These management techniques are the key to confronting concerns of "woodworking" and excessive growth.

In short, with proper management, the recommendations contained in this Plan offer Louisiana the opportunity to both expand choices while managing costs.

New Approach to Private Case Management

Perhaps the most controversial element in the Draft Plan for Immediate Action was the elimination of private case-management in favor of a public case-management system. Stakeholders agreed that the current case management system is not working effectively, but felt that the private case management system could be redesigned to raise standards and improve accountability. Therefore, the Interagency Team and the consultants assisting in plan development went back to the drawing board to consider how a system of private case management could be made to work more effectively than what is currently in place. What they came up with was two separate approaches: one for Aging and Adult Onset Disability services and one for Developmental Disabilities services. In both approaches, case-management agencies serve as agents of the state in managing and allocating state resources fairly, effectively, and prudently. In neither approach would the case-management agency be allowed to also provide long-term care services.

The current Actions and work plans relative to case-management for Aging and Adult Onset now call for a private case-management system modeled on Colorado's successful system which was endorsed by the Centers for Medicare and Medicaid Services as a promising practice and evidence-based approach to case management services.[8] Under this model, a single point of entry agency in each of the nine regions of the state will perform the complete array of possible case management functions. The single point of entry agency and case-management agency will be one and the same, and will be responsible for needs assessment, level of care assessment, service planning, service authorization, periodic reassessment, and monitoring of consumer outcomes. It will provide telephone information and referral, written information and referral, and initial screening. Where services are lacking in a given community, it will collaborate with community organizations to develop the necessary resources – a critical feature in a rural state like Louisiana and an aspect of the model that has been effective in rural areas in other states. Through stringent performance-based contracting, the single point of entry/case management agencies will be held accountable for timely access, positive consumer outcomes, and cost effectiveness. Agencies will be provided with the necessary tools for meeting these performance standards, e.g., an effective needs-based assessment instrument, person-centered planning protocols, the ability to offer a consumer-directed option, etc.

Contracting with a single regional entity eliminates the need for the Long-term Care Unit for Aging and Adult Onset Disability to have offices at the regional level. Staff currently working at the regional level will instead be deployed by the state office for contract monitoring, training and/or technical assistance to the regional single point of entry network. Training is essential in assuring consistency across regions, and will be much more comprehensive than what is provided under the current system.

[8] Steve Eiken and Alexandra Heestand, *Promising Practices in Long Term Care System Reform: Colorado's Single Entry Point System*, Medstat and Centers for Medicare and Medicaid Services, December 2003.

The entry point and case management configuration being proposed for the Office for Citizens with Developmental Disabilities is different from the preceding model. This is due to several factors. The Office for Citizens with Developmental Disabilities already has a strong presence at the regional level and its regional offices are known to the population that would seek those services. Matters are further complicated by the existence of several human service districts and authorities that provide point of entry to developmental disability services within their geographic area. For these reasons, Office for Citizens with Developmental Disabilities regional offices, along with the districts and authorities, will serve as single entry points and will perform initial screening, referral, and needs assessment. The Office for Citizens with Developmental Disabilities will have performance-based contracts with at least one case management agency per region for ongoing service planning, authorization, and coordination, as well as ongoing monitoring of service delivery. Case management agencies will work in partnership with the Office for Citizens with Developmental Disabilities, its regional offices, and the districts and authorities to assure that people's needs are met cost-effectively and that services help them achieve their personal goals.

Placement of the Long-term Care Unit

Many stakeholders have expressed concern that the new Long-term Care Unit would be placed within the Bureau of Health Services Financing (Medicaid). Some have suggested that the new unit be created as an Office within the Department of Health and Hospitals. One reason articulated by various stakeholders for this policy position included that unification of programs and budgets in an Office renders these programs more transparent and accountable to consumers of services, their families, advocates and providers. These stakeholders felt that elderly individuals and individuals with adult onset disabilities deserve a specialized unit that has equal status and a similar vision and policy focus to units within the Department of Health and Hospitals that serve people with developmental disabilities and people with mental illness.

Many components necessary for the creation of a new Office are not currently in place. Thus, the Interagency Team proposes that as an interim step, the administration of services for the elderly and people with adult onset disabilities be consolidated within a specialized unit within Medicaid and recommends that during the second stage of planning, as Louisiana's Plan for Choice in Long-term Care is being developed, a plan of action be established for relocating the Long-term Care Unit as a separate entity within the Department of Health and Hospitals. Additionally, the Interagency Team recommends that legislation be considered to establish this unit as an "Office."

Mental Health

The Plan for Immediate Action proposes several budget-neutral initiatives in regard to services for people with mental illness:

- **A focused effort to determine if state funds for mental health services should be used to create a Medicaid Home and Community-Based waiver for persons with mental illness**. The work plan for this action calls for stakeholders to assist the Office of Mental Health in determining what groups should be targeted for services under such a waiver, and what services would need to be included to fill in the gaps in the current mental health service array.

- **Implementation of Peer Support services.** The work plan for this action calls for development of peer services in conjunction with the Community Personal Care Attendant grant, and would look at incorporating peer delivered services into the Community Mental Health Clinics, Mental Health Rehabilitation program and/or a mental health home and community-based waiver.

- **Redesign of mental health clinic services** to include increased crisis intervention, formation of treatment teams, care coordination, and implementation of evidenced-based practices and interventions. One of the measures of success for this action will be that more consumers are served through the mental health clinics.

- **Pursuing the Mental Health System Modernization Initiative**, which explores the feasibility of converting all or part of state psychiatric hospital properties, utilizing sale proceeds and/or annual savings attained as a result of efficiencies and lower operating costs, to fund state of the art facilities and community-based services.

Also, in response to stakeholder feedback, the Plan for Immediate Action now includes language specifying that case-managers and single entry point providers for the developmental disabilities system and the aging/adult onset disability system be trained to screen for mental health issues and incorporate appropriate referrals into the service plan. The Plan also includes provisions for the Office of Mental Health to work with stakeholders in developing a vision for the delivery of long-term supports and services to people with mental illness, and for review and revision of rules and quality management systems to insure consistency with the vision. All of these measures compliment other system transformation initiatives (Project Legacy, Transforming Mental Health Services and the 2005 Mental Health Block Grant) currently underway within the Office of Mental Health.

Though substantial, these actions certainly fall short of a comprehensive effort to address all aspects of the mental health system. If long-term care reform is largely about redressing the imbalance between institutions and the opportunity to receive community-based care, then the institutions of perhaps greatest concern for mental health are those of the criminal justice system. By default, adults and youth with mental health needs and challenges too often wind up receiving their "long-term care" in jails and prisons. Several stakeholder recommendations called for inclusion in the Immediate Action Plan of initiatives to redirect to treatment those funds that are currently used to incarcerate people with mental illness. While the Interagency Team is in complete agreement that such initiatives need to be explored, team members also felt the issue would be better addressed during the second

stage of planning in the Governor's Executive Order, when the Department of Corrections is a planning participant.

Similarly, consumers with mental illness have persistently, and correctly, pointed out that the changes proposed in the Immediate Action Plan do little to break down the three "silos" of developmental disabilities services, aging/adult-onset disability services, and mental health services. However, it was the advice of the consultants who assisted the Interagency Team that Louisiana's immediate actions need to be directed first towards addressing fragmentation *within* silos before taking on the task of consolidation across silos. States have found it no small challenge to achieve partial – much less complete – integration of these three service systems.

Of the three silos, the one for mental health is, in fact, the most consolidated. Services for people with mental illness are consolidated at the state level under the Office of Mental Health, and consolidated at the local level through the mental health clinics that serve as the single point of entry to that service system. To the extent that the Immediate Action Plan places greater emphasis on changes to developmental disabilities and aging/adult-onset disability systems, it is largely because those systems need to accomplish the fundamentals of consolidation that have already been achieved in the mental health system.

Another issue of concern for mental health advocates is the availability of case management services for people with mental illness. What was known as case management services in the Office of Mental Health has been folded into the Mental Health Rehabilitation Services program and is currently one of the services provided through that program. It is referred to as Community Support Services and provides the supports necessary to assist the person receiving mental health rehabilitation services in achieving and maintaining rehabilitation, resiliency and recovery goals. The service is designed to meet the educational, vocational, residential, mental health/substance abuse treatment, financial, social and other treatment support needs of the person.

For persons who are not eligible for Mental Health Rehabilitation Services, a limited amount of case management is provided in areas of the state to populations who demonstrate special needs. Two such populations are persons who are forensically involved and re-entering the community following hospitalization at the state forensic hospital and youth with mental illness and co-occurring developmental disability receiving services from the outpatient Developmental Neuro-Psychiatric Program. There are other populations who would also benefit from case management services, such as:

- Children with severe emotional and behavioral difficulties and their families,
- Persons with co-occurring mental illness and severe and/or chronic health conditions or substance abuse and dependence, and
- Persons with severe or chronic mental health needs and challenges which impair their ability to perform daily living activities and to fully participate in their community.

This Plan begins to address care coordination through the Clinic Redesign and working with stakeholders to identify and define "programs" to be offered.

Stakeholder Input

This Plan for Immediate Action was developed by an Interagency Team composed of top-level administrators and policy staff from within the Departments of Health and Hospitals and Social Services and the Governor's Offices of Elderly Affairs and Disability Affairs. The team was assisted by a group of national consultants versed in proven and promising practices in long-term care. Consistent with Executive Order KBB 2004-43, extensive stakeholder input was garnered and utilized throughout the development of the plan. Efforts to obtain and respond to stakeholder input are delineated below. A more detailed description of how this plan was developed can be found in the draft Plan for Immediate Action presented to the Governor's Health Care Reform Panel in December 2004.

Input Sought to Develop Draft Plan

Recommendations from the 2004 Louisiana State Summit on Health: Putting People First and from the Disability Services and Supports System Consumer Task Force were considered in the development of the Draft Plan for Immediate Action that was submitted to the Governor's Health Care Reform Panel on December 16, 2004. Additionally, a Facilitated Meeting and Listening Session was held to ensure that all relevant provider and consumer advocacy organization had an opportunity to provide input on the front end of plan development; and the consultants met with a wide range of stakeholders when conducting their program and policy reviews.

Input Sought to Modify Draft Plan

Stakeholder input continued to be sought after presentation of the draft plan to the Governor's Health Care Reform Panel. During the first two weeks in January, 2005, Raymond A. Jetson, Deputy Secretary of the Department of Health and Hospitals, attended meetings of each of the nine Regional Health Care Consortia to present the Draft Plan for Immediate Action. Each Regional Consortium then sought stakeholder input within their regions and submitted a report which contained an overall evaluation of the draft plan and majority and minority recommendations for consideration in modification of the draft plan. As well, position papers with recommendations were received from numerous provider and consumer advocacy organizations. A summary of the recommendations received from stakeholder organizations and the Regional Consortia are provided in the tables in Appendix B. Finally, a series of four statewide stakeholder meetings were held in late February 2005 concerning different aspects of the Plan: case management, developmental disability services, elderly and adult onset disability services, and mental health services.

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The Interagency Team reviewed and evaluated the recommendations based on criteria derived or taken directly from Executive Order No. KBB 2004-43. The criteria included:

- Will the proposed revision help "*Louisiana residents who are elderly or have disabilities, and their families, to have choices from among a broad range of services and supports to most effectively meet their needs in their homes, communities, facilities, or other residential settings*?"

- Would the revision be "*applicable to improving accessibility, capacity, quality, and financing across all long-term care services and supports; and to increasing community-based options for long-term care*?"

- Does the proposed revision "*foster independence and participation in the community for people of all ages with disabilities*?"

- Does the proposed revision "*offer the elderly and people with disabilities the opportunity to enjoy full lives of inclusion, productivity, and self-determination*?"

- Is the proposed revision feasible "*within the context of resources available to the state*?" Is it cost-effective?

- Is the proposed revision a nationally recognized "*promising and/or proven practice*?" Does a preponderance of research support it? Is the proposed practice or change one that is supported or encouraged by federal funding sources?

- Is the proposed revision permitted under federal and state law, regulation, and policy? Is it consistent with settlement agreements and court orders?

- Is the proposed revision appropriate for inclusion in the "Plan for Immediate Action," i.e., can it be implemented within 6 to 12 months? Is it more appropriate for the comprehensive and longer range "Plan for Choice in Long-term Care?"

Upon evaluation, each recommendation was acted upon in one of the following ways:

1. It was used to create a new or revised Immediate Action.
2. It was incorporated into the work plans of for one or more Immediate Actions.
3. It was deferred for consideration in the second stage of planning called for in the Executive Order when the longer range "Plan for Choice in Long-term Care" is to be developed.
4. It was not included because it was inconsistent with the criteria derived from the Executive Order.

1. Examples of Recommendation Resulting in New/Revised Immediate Actions
Many of the Regional Consortia and Stakeholder Organizations recommended that Louisiana continue to use private, rather than changing to public, case management. Thus,

the Immediate Actions related to case management have been revised to specify that case management reform would be accomplished with contracted private case management agencies. As well, several immediate actions were changed from "evaluate" to "implement." For instance, the wording concerning a new, capped waiver for adults with developmental disabilities now reads, "design and implement capped support waiver…"

A new Immediate Action was developed to contain costs of the New Opportunities Waiver. The average cost per recipient in this waiver has risen dramatically over the past few years. Unless the costs are quickly stabilized, Louisiana may no longer meet federal requirements for cost-effectiveness.

2. Examples of Recommendations Incorporated into Work Plans

Several recommendations will be incorporated into work plans for implementation of the Plan for Immediate Action. Examples include: "making the vision, principles and values available in hard copy and online" and "developing an assessment instrument for assistive technology."

3. Examples of Recommendations Deferred for Consideration for Longer Range Plan

Executive Order No. KBB 2004-43 specifies a two-stage process for long-term care reform. The first stage specifies development of a plan, by an Interagency Team composed on the Departments of Health and Hospitals and Social Services and the Governor's Offices of Elderly Affairs and Disability Affairs, for reform efforts that can be implemented within the next year. During the second stage, additional state agencies will join the Interagency Team to develop a comprehensive, longer-range reform plan.

The Departments of Insurance, Corrections, and Transportation, among other agencies, will become members of the expanded Interagency Team. Thus, "implementing efforts to encourage people to invest in long-term care insurance programs," "requiring discharge planning for person with mental illness leaving prisons or forensic facilities which coordinates with community-based services," and "expanding transportation services into rural areas" were all deferred for consideration by the expanded Interagency Team.

Only so much can be accomplished within a 6-12 month period because of finite resources (i.e., staff, time, and funding). Thus, many recommendations were deferred for consideration during development of the comprehensive, longer-range plan, including: "using the needs-based assessment for individualized budgeting and allocating resources" and "developing incentive programs to improve quality."

4. Examples of Recommendations Inconsistent with the Executive Order

Some of the recommendations made were contrary to proven/promising practices. For example, "providing exceptions to single-point of entry access," "not seeking to integrate mental health and addictive disorder services," and "not seeking stakeholder input into planning and policy" are all contrary to proven/promising practices. A few

recommendations could not be included because they were inconsistent with state or federal law (e.g., assessing provider fees only for Medicaid beds). Others were not included because they could not be implemented with available resources, including: "increasing the reimbursement for skilled nursing and therapy in Medicaid Home Health" and "allocating funding for all people currently on home and community-based waiver waiting lists."

Reading the Revised Plan

The Plan has undergone reorganization since it was presented in draft form to the Health Care Reform Panel on December 16, 2004. The need to change the order and broad categories under which actions fell became clear as Interagency Team members began developing detailed work plans and fitting various components together in ways that made sense for actual implementation. Whereas, previously the Plan was organized around the 6 categories of "General," "Administrative," "Access," "Services and Supports," "Financing," and "Quality Management," it is now organized into the following sections:

Section 1: Vision
Includes actions to:

- Establish the vision, values, and principles that will guide long-term care reform and delivery in Louisiana.

Section 2: Administrative Consolidation and Streamlining
Includes actions to:

- Reduce duplication,
- Better manage the costs of long-term care delivery,
- Simplify access for consumers, and
- Simplify participation for providers.

Section 3: Long Term Care Services Financing
Includes actions to:

- Increase and maximize federal funding of long-term care and
- Align fiscal incentives with the goals of long-term care reform.

Section 4: Service Capacity
Includes actions to:

- Ensure that the array of available high-quality services corresponds to the preferences, needs, and choices of consumers and families.

Section 5: Quality Management
Includes actions to:

- Create a comprehensive quality assurance and quality improvement system as outlined by the Centers for Medicare and Medicaid Services Quality Framework for Home and Community-Based Services and
- Produce the person-centered outcomes desired by those receiving services and their families.

In the tables that follow, actions in this revised Plan are also referenced by the numbers they were given in the Draft Plan for Immediate Action. These reference numbers are included so that the reader can compare the draft version to the current version.

Changes and additions to the Plan made as a result of feedback from the Regional Health Care Consortia and stakeholder organizations are indicated in *italics.*

Actions set forth in this Plan and responsive start and end dates that are contingent upon rulemaking, public process or approval from third parties (e.g., Centers for Medicare and Medicaid Services, legislative action, etc.) are subject to change as a result of those processes. Additionally, actions are subject to available appropriations and competing resource obligations.

From "Case Management" to "Support Coordination."
Up to this point we have for ease of understanding referred to "case management" rather than "support coordination." People with disabilities have been quick to point out that they are not "cases," nor do they and their families need to be "managed" by others. What they do need is assistance in developing a plan that addresses their needs and preferences while making responsible use of an array of public and private resources; and they need assistance in coordinating and monitoring services and supports over the long term and in case their needs change. Therefore, for the remainder of this document, work plans will refer to "support coordination," "support coordinators," and "support plans" rather than "case management," "case managers," and "care plans."

GUIDE TO ABBREVIATIONS

AARP	American Association of Retired Persons
ACT	assertive community treatment
ADC	Adult Day Care
ADHC	Adult Day Health Care
ADIS	Aging and Disability Information Station
Alliance of LA DCs	The Alliance of Louisiana Developmental Centers
ARC of LA	ARC of Louisiana
BCSS	Bureau of Community Supports and Services
BHSF	Bureau of Health Services Financing
Case Mgmt Alliance	The Case Management Alliance
CEUs	Certified Educational Units
CMS	Centers for Medicare and Medicaid Services
CNA	certified nurse assistant
C-PASS	Community-integrated Personal Assistance Services and Supports
CST	community support team
DC	developmental center
DD	developmental disability
DD Council	Louisiana Developmental Disabilities Council
DED	Department of Economic Development
DHH	Department of Health and Hospitals
DOA	Division of Administration
DOC	Department of Corrections
DOE	Department of Education
DOI	Department of Insurance
DOL	Department of Labor
DOTD	Department of Transportation and Development
DSP	direct support professional
DSS	Department of Social Services
EDA	Elderly and Disabled Adults
E.O.	Executive Order
EPSDT	Early Periodic Screening, Diagnosis and Treatment
FHF	Families Helping Families
FY	fiscal year
GODA	Governor's Office of Disability Affairs
GOEA	Governor's Office of Elderly Affairs

HCBS	Home and Community Based Services
HDC	Human Development Center
HSS	Health Standards Section
ICF/MR	Intermediate Care Facility(s) for the Mentally Retarded
IPAC	Independence Plus Advisory Committee
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
KBB	Kathleen Babineaux Blanco
LADSA	Louisiana Adult Day Services Association
LALA	Louisiana Assisted Living Association
LHFA	Louisiana Housing and Financing Agency
LNHA	Louisiana Nursing Home Association
LRS	Louisiana Rehabilitation Services
LSU	Louisiana State University
LSU-HDC	Louisiana State University, Human Development Center
LTC	long-term care
LT-PCS	Long-term Personal Care Services
M	majority
m	minority
MDS-HC	Minimum Data Set-Home Care
MH	mental health
MH Planning Council	Mental Health Planning Council
MH Review Comm	Louisiana Public Mental Health Review Commission
MOU	Memorandum of Understanding
MR	mental retardation
MR/DD	mental retardation/developmental disability
MS	National Multiple Sclerosis Society
NOW	New Opportunities Waiver
OCDD	Office for Citizens with Developmental Disabilities
OMH	Office of Mental Health
OPH	Office of Public Health
PACE	Program of All-inclusive Care for the Elderly
PASS	Personal Assistance Services and Supports
PCA	Personal Care Attendant
PCS	Personal Care Services
QI	Quality Improvement
QM	Quality Management

RFP	Request for Proposals
R&D	Research and Development
SFM	State Fire Marshall
SIS	Supports Intensity Scale
SIL	Supervised Independent Living
SILC	Statewide Independent Living Council
SPOE	single point of entry
VR	vocational rehabilitation

ACTIONS AND KEY TASKS

SECTION 1: VISION

Purpose*:*

- ***To establish the vision, values, and principles that will guide long-term care reform and delivery in Louisiana.***

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
V 1	**Interagency Team will meet on regular basis to coordinate communication, integrate procedures among aging & disability programs, improve public access to information, and provide mutual support on aging & disability initiatives. (**Reference 1.1)	DHH	10/01/04	Ongoing	Can be implemented with current resources.
	DHH convened, on a weekly basis, representatives of DSS, GOEA, and GODA to develop Plan for Immediate Action in accordance with E.O. KBB 2004-43.	DHH	10/01/04	03/15/05	
	DHH will convene on a regular basis DSS, GOEA, GODA, DOI, DOTD, DOC, DOL, DOE, Veterans Affairs, DED, LHFA, and State Board of Nursing to develop Louisiana's Plan for Choice in Long-term Care in accordance with E.O. KBB 2004-43.	DHH	03/15/05	12/31/05	
	DHH will convene above agencies on a quarterly basis to revise Louisiana's Plan as needed and in accordance with E.O. KBB 2004-43.	DHH	01/01/06	12/01/10	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
V 2	**Interagency Team, with stakeholder input, will develop vision, guiding principles, and values to guide long-term care planning and delivery.** ▪ **Guiding principles will address manner in which program units will, from the outset of policy and/or rule development or revision, collaborate with a *representative group of provider and consumer advocate stakeholders* in developing policies and rules that are consistent with the vision and values.** ▪ *Principles will also address communication and coordination across program units serving the different populations.* (Reference 1.2, 2.6)	Interagency Team	03/01/05	05/30/05	Can be implemented with current resources.
	Compile existing vision, guiding principles, and value statements, including those used in other states that have conducted LTC reform.	DHH, GODA	03/01/05	03/15/05	
	Review existing statements and draft statements for Louisiana.	Interagency Team	03/15/05	03/30/05	
	Convene facilitated meetings with stakeholders to seek feedback on draft statements.	DHH, GODA	04/01/05	04/15/05	
	Revise statements based on stakeholder input.	Interagency Team	04/15/05	04/30/05	
	Disseminate vision to Health Care Reform Panel and stakeholders *in both electronic and print formats. Publish vision, principles, values, and guidelines to the DHH website.*	Interagency Team	05/01/05	05/30/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
V 3	**The LTC Unit will convene a broad-based group of stakeholders to adopt a vision, guiding principle and values for the long-term care services system for the elderly and people with adult onset disabilities which is consistent with the overall vision, guiding principles, and values of the Louisiana long-term care service systems.** (Reference 1.3)	LTC Unit	05/01/05	07/15/05	Can be implemented with current resources.
	Obtain consultant/facilitator for stakeholder meetings.	LTC Unit	05/01/05	05/06/05	
	Disseminate overall vision, guiding principles, and values of Louisiana LTC system to stakeholders.	LTC Unit	05/01/05	05/16/05	
	Plan and hold stakeholder meeting to identify and write vision, principles and values	LTC Unit	05/15/05	06/15/05	
	Adopt a common vision, guiding principle, and values for LTC services that are consistent with the overall vision, guiding principles and values of the Louisiana long-term care service system.	LTC Unit	06/15/05	06/30/05	
	Disseminate vision to Interagency Team, Health Care Reform Panel and other stakeholders *in both electronic and print formats. Publish vision, principles, values, and guidelines to the DHH website.*	LTC Unit	07/01/05	07/15/05	

Plan for Immediate Action
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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
V 4	**OCDD will convene a broad-based group of stakeholders to adopt a vision, guiding principles, and values for the long-term care services system for people with developmental disabilities which is consistent with the overall vision, guiding principles, and values of the Louisiana long-term care service systems.** (Reference 1.3)	OCDD	05/01/05	07/15/05	Can be implemented with current resources.
	Obtain consultant facilitator for stakeholder meetings.	OCDD	05/01/05	05/06/05	
	Disseminate overall vision, guiding principles, and values of Louisiana LTC system to stakeholders.	OCDD	05/01/05	05/16/05	
	Plan and hold stakeholder meeting to identify and write vision, principles and values.	OCDD	05/15/05	06/15/05	
	Adopt a common vision, guiding principles, and values for LTC services that are consistent with the overall vision, principles, and values of the Louisiana LTC system.	OCDD	06/15/05	06/30/05	
	Disseminate vision to Interagency Committee, Health Care Reform Panel and other stakeholders *in both electronic and print formats. Publish vision, principles, values, and guidelines to the DHH website*.	OCDD	07/01/05	07/15/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
V 5	**Office of Mental Health will convene a broad-based group of stakeholders to adopt a vision, guiding principles and values for the long-term care services system for people with mental illness which is consistent with the overall vision, guiding principles, and values of the Louisiana long-term care services system.** (Reference 1.3)	OMH	11/06/04	07/15/05	Can be implemented with current resources.
	Establish OMH work group to develop a 'draft' Vision, Principles, and Values for long-term care within the OMH with stakeholder participation.	OMH	11/06/04	11/06/04	
	Research literature on persons with mental illness and long-term care needs including proposed principles and values statements.	OMH	11/06/04	04/15/05	
	Identify stakeholder group(s) for presentation of research findings and identification of key issues and concepts to be included in the Vision, Principles, and Values for long-term care within OMH.	OMH	02/01/05	02/28/05	
	Provide opportunity for identified stakeholders to participate in vision, principles, and values development through facilitated meetings, web postings, and e-mail.	OMH	05/01/05	05/30/05	
	Adopt and disseminate vision to Interagency Committee, Health Care Reform Panel and other stakeholders *in both electronic and print formats. Publish vision, principles, values, and guidelines to the DHH website.*	OMH	06/01/05	07/15/05	

SECTION 2: ADMINISTRATIVE CONSOLIDATION AND STREAMLINING

Purpose:

- ***To reduce duplication.***
- ***To better manage the costs of long-term care deliver.***
- ***To simplify access for consumers.***
- ***To simplify participation for providers.***

ELDERLY AND ADULT-ONSET DISABILITY SERVICES

ADMINISTRATION AND ACCESS

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 1	**Consolidate administration of LTC services and supports for the elderly and people who acquire a disability during adulthood within a long-term care unit to be placed within Medicaid. Unit will administer nursing facilities, nursing facility level of care HCBS waivers, LT-PCS, Home Health, PACE pilot, and Hospice services. Unit will develop rules and regulations affecting access, services and supports, financing, and quality management of the programs within its purview.** (Reference 2.1, 2.6)	BHSF, BCSS	02/15/05	11/01/05	Consolidation can be accomplished with current resources.
	Develop plan for phased-in transfer of staff, functions, and authority from BCSS, Medicaid Rates & Audit, and Medicaid Program Operations to LTC Unit.	BHSF, BCSS	02/15/05	03/15/05	
	Transfer relevant functions and state staff from BCSS, BHSF Rates and Audit, and BHSF Program Operations to LTC Unit.	BHSF, BCSS	07/01/05	11/01/05	
	Transfer identified regional BCSS staff to LTC unit.	BCSS, LTC Unit	07/01/05	11/01/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 2	**Develop a single point of entry for LTC services and supports for the elderly and people with adult- onset disabilities at the regional level.** **Consolidate support coordination functions for the elderly and people with adult-onset disabilities in these regional SPOE entities. Review and streamline access and authorization processes to simplify access *to abroad continuum of care, recognizing each individual's needs and preferences.*** (Reference 2.3, 3.3, 5.1, 4.4)	LTC Unit	04/01/05	04/01/06	It is expected that current resources can fund the single point of entry.
	Convene stakeholder workgroup to develop design for regional SPOE. Design will include: protocols for maximizing use of Medicare services in developing plans of care, addressing the screening and management of services for elderly and people with onset disabilities who have severe and persistent mental illness, and *insuring that need for assistive technologies is effectively assessed and addressed.*	BCSS, BHSF	05/01/05	04/01/06	
	Prepare and submit waiver amendment to CMS.	BCSS, BHSF	05/01/05	07/30/05	
	Issue RFP for regional SPOE providers.	BCSS, BHSF	04/01/05	08/01/05	
	Select and contract with SPOE Point providers.	LTC Unit	12/01/05	01/01/06	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A2 continued	Train SPOE support coordinators in functions of the single entry point: person-centered planning; maximization of Medicare and other non-Medicaid resources; *and screening for and addressing mental health and assistive technology needs. Training for support coordinators will assure they have knowledge and skills necessary to assist individuals and families in evaluation and coordination of services, supports, and resources in their communities. It will promote coordination between support coordinators serving different populations, and will ensure that they are knowledgeable about and able to help individuals' access services across population groups and programs.*	LTC Unit, OMH	01/01/06	04/01/06	
	Set up necessary data and reporting systems for SPOE functions and quality management.	LTC Unit	02/01/06	04/01/06	
	Regional SPOEs begin operations.	LTC Unit	04/01/06	ongoing	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 3	**Implement the MDS-HC as the comprehensive assessment and level of care instrument for all services and supports to the elderly and people with adult-onset disabilities**. ***In conjunction with the MDS-HC, implement an assessment for assistive technology that can be used across populations.*** (Reference 3.1)	BCSS	02/01/05	01/01/06	Can be implemented with current resources.
	Convene agency workgroup to develop Level of Care algorithm based on MDS-HC.	BCSS	02/01/05	Completed	
	Complete modifications to MDS-HC assessment.	BCSS	02/01/05	05/01/05	
	Provide initial round of training in use of MDS-HC to support coordinators.	BCSS	06/01/05	06/30/05	
	Ongoing implementation and training in use of MDS-HC assessment as regional SPOEs begin operations.	LTC Unit	01/01/06	Ongoing	
	Develop and implement additional thresholds, based on the MDS-HC that can be used to objectively set cost-effective maximums and ranges for individual support plans and determine service options available for the person.	LTC Unit	01/01/06		

Plan for Immediate Action
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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 4	**Adopt a single person-centered planning method.** (Reference 3.2)	BCSS	05/01/05	04/01/06	Can be implemented with current resources.
	Convene stakeholder group to evaluate current person-centered planning methods and determine if appropriate for LTC settings. Assure coordination between assessment tool and selected person-centered planning process.	BCSS	05/01/05	07/01/05	
	Develop person-centered planning protocol for LTC that utilizes needs assessment results (see A 3) and other relevant information.	BCSS	05/01/05	07/31/05	
	Train state staff, support coordinators, and providers.	BCSS, LTC Unit	07/31/05	04/01/06	
	Begin implementing new person-centered planning protocol and continue to implement through SPOE.	BCSS, LTC Unit	08/31/05	04/01/06	
	Measure effectiveness of planning method and protocols through quality improvement and client satisfaction process.	LTC Unit	04/1/06	Ongoing	

Plan for Immediate Action
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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 5	**Develop a multi-faceted nursing facility transition program which expands upon current efforts.** (Reference 4.3)	BCSS	09/30/05	04/01/06	Funding through federal Real Choice Nursing Home Transition Grant
	Convene stakeholders to identify effective transition tools, methods, and techniques developed under state's 2002 Real Choice Nursing Home Transition Grant.	BCSS, LTC Unit	09/30/05	04/01/06	
	Develop protocols and methods to be used by SPOE contractors to identify individuals for transition. Develop relevant performance indicators for contracts with SPOE providers.	BCSS, LTC Unit	09/30/05	01/01/06	
	Train support coordinators in tools, techniques, and protocols for identifying and transitioning appropriate nursing facility residents to the community.	LTC Unit	01/01/06	04/01/06	
	Implement nursing home transition process as function of SPOE.	LTC Unit	04/01/06	Ongoing	
	Monitor implementation through QI and QM processes.	LTC Unit	04/01/06	Ongoing	

Plan for Immediate Action
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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 6	**The LTC Unit, with involvement of stakeholders, will conduct a comprehensive review of all rules, policies, and provider requirements in order to eliminate redundancy; reduce costly administrative burden; promote more efficient service delivery; and focus on achieving desired outcomes for individuals who depend on LTC. For Medicaid-funded programs, BHSF will assist the LTC Unit in the development of rules and regulations by providing expertise on federal requirements and will also assist in the promulgation process.** ***Review will address reimbursement, staff/supervisor ratios, consumer choice, provider availability, and regulatory streamlining in LT-PCS.*** (Reference 2.6)	LTC Unit, BHSF	07/01/05	05/01/06	Can be accomplished with current resources.
	Establish a work group with broad stakeholder representation to review the Plan for Immediate Action and to identify and participate in the development of rules and regulations needed to implement the plan.	LTC Unit	07/01/05	05/01/06	
	Revise/develop and promulgate rules, as needed, to implement the immediate actions within this Plan.	LTC Unit	07/01/05	Ongoing	
	Develop a plan for systematic review by workgroup of any remaining rules, policies, and provider requirements. Conduct review and implement review plan.	LTC Unit	11/01/05	05/01/06	

DEVELOPMENTAL DISABILITIES SERVICES

ADMINISTRATION AND ACCESS

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 7	**Consolidate administration of long-term care services and supports for people with developmental disabilities within OCDD. OCDD will administer state-funded services; ICF/MR level-of-care HCBS waivers; and publicly-provided services (i.e., developmental centers, etc.). OCDD will develop rules and regulations affecting access, services, financing, and quality management of the programs within their purview.** (Reference 2.2, 2.6)	OCDD, BCSS, BHSF	02/01/05	12/31/05	Can be accomplished with current resources.
	Assign consolidation coordinator from OCDD to work with consultants and lead consolidation process.	OCDD	02/01/05	12/31/05	
	Obtain consultant to review waiver management functions and assist OCDD in assuming responsibility for waivers.	OCDD	03/30/05	12/31/05	
	Execute MOU between BHSF and OCDD regarding transfer of functions and responsibilities to OCDD.	OCDD, BHSF	04/01/05	07/01/05	
	Transfer administration of positions and functions from BCSS to OCDD.	OCDD, BCSS	07/01/05	11/01/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 8	**OCDD will be responsible for program expenditures for all programs it administers and will have funding flexibility to better meet people's needs and preferences.** ***Any savings realized through more cost-effective administration of developmental disabilities services will be used to expand services to people with developmental disabilities who are unserved or underserved.*** **OCDD will administer a single consolidated budget for all developmental centers.** (Reference 2.2)	OCDD, BCSS, BHSF	07/01/05	11/01/05	No fiscal impact.
	Developmental center budgets consolidated through appropriations process.	OCDD	07/01/05	Ongoing	
	Responsibility for expenditures under NOW and Children's Choice waivers transferred from BCSS to OCDD.	OCDD, BCSS, BHSF	07/01/05	11/1/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 9	**Implement a SPOE for LTC developmental disabilities services, including access to all ICFs/MR, through OCDD regional offices and district/authorities.** ***Develop a methodology for monitoring and evaluation of each regional office and district/authority SPOE.*** (Reference 2.4)	OCDD	08/01/04	11/01/05	No fiscal impact.
	Through existing sub-committee addressing revisions to MR/DD law, obtain stakeholder input on incorporating SPOE functions into OCDD regional offices, including responsibility for individuals entering private ICFs/MR.	OCDD	08/01/04	03/31/05	
	Draft necessary legislation which incorporates SPOE concept into law and provide information to legislative body and interested parties, as required.	DHH, OCDD	10/01/04	07/01/05	
	Identify all applicable policies and procedures, regulations, provider agreements and/or promulgated rules which would impact consolidation of function within OCDD. Identify potential changes needed.	OCDD, BCSS, BHSF	03/01/05	05/01/05	
	Revise rules/regulations and policies and procedures, as needed, regarding entry into developmental disabilities services.	OCDD, BCSS, BHSF	05/01/05	11/01/05	
	Expand entry process to include these new areas: (a) initial entry into an ICF/MR and (b) assessments necessary to determine eligibility to move from waiver registry to waiver, as slot becomes available.	OCDD, BHSF	07/01/05	11/01/05	
	Identification of all existing reports and databases.	OCDD, BCSS, BHSF	07/01/05	11/01/05	
	Training by Health Standard staff on ICF/MR admission review.	OCDD BHSF	10/01/05	11/01/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 10	**Develop support coordination systems for the developmental disability population within OCDD.** • **Support coordinators will receive extensive training on: the vision, guiding principles, and values of the Louisiana LTC system; *knowledge and skills necessary to assist individuals and families in evaluation and coordination of services, supports, and resources in their communities; and knowledge about services for different populations to ensure that they are able to help people access services across population groups and programs.*** • **The support coordination system will be based on proven and promising practices and the CMS's HCBS Quality System.** • **Support coordinators will recognize that availability of services varies across communities and will assist people to be aware of their service choices and determine the most cost-effective way to meet their needs.** (Reference 6.2)	OCDD	03/01/05	02/28/06	Can be implemented with current resources.
	Convene stakeholder workgroup for MR/DD waiver support coordination to review barriers and recommend solutions to meet established core principles.	OCDD	03/15/05	05/31/05	
	Utilize outcomes and performance criteria to develop a new RFP.	OCDD	06/01/05	07/31/05	
	Follow RFP process for procurement of at least one support coordination agency per region.	OCDD	08/01/05	12/31/05	

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Actions Key Tasks		Responsible	Start Date	End Date	Fiscal Impact
A 10 continued	Provide extensive training in new vision, principles, values, guidelines, and performance standards for support coordination to all stakeholders, including: support coordinators, providers, people receiving supports and families.	OCDD	01/01/06	2/28/06	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 11	**Adopt a needs-based assessment instrument as a baseline assessment instrument by OCDD to determine support needs of people with developmental disabilities.** ***Include screens for mental illness and the need for Assistive Technology.*** (Reference 3.1, 3.2)	OCDD	01/01/05	07/01/05	Can be implemented with current resources.
	Identify and secure consultants with national experience and contacts to provide technical assistance in the use of the SIS.	OCDD	01/01/05	03/15/05	
	Convene a workgroup, with stakeholder representation, to guide the project and introduce workgroup to the SIS.	OCDD	03/15/05	04/15/05	
	Consultant will review systems now in place in Louisiana and evaluate obstacles involved and resources needed for using the SIS as: 1) a System Planning Tool; 2) an Eligibility Determination/Wait List Management Tool; and 3) a Resource Allocation/Payment Tool. The consultant will submit a report to the project workgroup which will submit recommendations to OCDD.	OCDD	03/15/05	05/15/05	
	Submit for review by and concurrence of plan to the Office of the Secretary on implementation of tool including resource requirements.	OCDD	06/01/05	07/01/05	
	Begin phase in implementation of needs based assessment tool.	OCDD	07/01/05	01/01/06	
	Develop and implement additional thresholds, based on the SIS that can be used to objectively set cost-effective maximums and ranges for individual support plans and determine service options available for the person.	OCDD	01/01/06		

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 12	**OCDD will adopt a single person-centered planning method to use across services for people with developmental disabilities.** (Reference 3.2)	OCDD	09/01/04	11/01/05	No budget impact.
	Appoint workgroup including self-advocate and parent representation.	OCDD	09/01/04	10/01/04	
	Develop protocol for a person-centered, outcome-based planning process that utilizes needs assessment results (see A 11) and other relevant information.	OCDD	10/13/04	10/14/04	
	Develop training module for planning process.	OCDD	03/01/05	04/30/05	
	Complete "train-the-trainer" training for all OCDD staff.	OCDD	05/01/05	07/31/05	
	Begin using the single person-centered planning method across all programs, including waiver services.	OCDD	11/01/05	Ongoing	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 13	**Implement waiting list management strategies for people with developmental disabilities who are waiting for HCBS waiver opportunities, including assessing new people as they get on the waiting list; assessing ¼ of the people on the waiting list on an annual basis; and developing a prioritization policy. (Reference 3.4)**	OCDD	01/01/06	Ongoing	Resources are needed to conduct ongoing assessment of waiting list. However, administrative restructuring is expected to free up enough resources to implement this action.
	Adopt a needs based assessment tool as OCDD's comprehensive needs assessment instrument.	OCDD	01/01/05	07/01/05	
	Begin using the tool to assess individuals requesting OCDD services on a phase in basis, with full implementation as of 01/01/06.	OCDD	07/01/05	Ongoing	
	Convene stakeholders to develop a prioritization policy for the waiting list based on preceding data analysis. *Prioritization may address level of need, status of caregiver, and health and behavioral issues. Equitable distribution of waiver opportunities based upon geographic area and population may also be considered.* Promulgate rule and implement the prioritization policy.	OCDD	01/01/06	07/01/06	
	Begin assessment of ¼ of the waiting list on an annual basis.	OCDD	03/01/06	Ongoing	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 14	**OCDD, with involvement of stakeholders, will conduct a comprehensive review of rules, policies and provider requirements in order to eliminate redundancy; reduce costly administrative burden; promote more efficient service delivery; and focus on achieving desired outcomes for individuals who depend on LTC. For Medicaid-funded programs, BHSF will assist OCDD in the development of rules and regulations by providing expertise on federal requirements and will also assist in the promulgation process.** (Reference 2.6)	OCDD	04/01/05	05/01/06	No fiscal impact to conduct the comprehensive review.
	Revise OCDD policy on "Written Communication System" to include a representative group of provider and consumer advocate stakeholders as participants in rule development and review.	OCDD	04/01/05	04/15/05	
	Establish a workgroup with stakeholder representation to review the Plan for Immediate Action to identify and participate in the development of rules and regulations needed to implement the Plan.	OCDD	04/30/05	11/01/05	
	Promulgate rules, as needed, as immediate actions within this Plan are implemented to move administration of waiver services to OCDD.	OCDD	07/01/05	12/31/05	
	Develop a plan for systematic review by the workgroup of all rules, policies, and provider requirements to meet the intent of this immediate action and implement the review plan.	OCDD	11/01/05	05/01/06	

ADMINISTRATION OF LICENSING

LONG-TERM CARE SERVICES

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 15	**Consolidate licensing for Medicaid-reimbursed LTC services under DHH Health Standards Section. Transfer licensing of Adult Day Health Care and Support coordination from BCSS to Health Standards; transfer licensing of ADC, PCS, Respite, and SIL from DSS to HSS.** (Reference 2.5)	HSS, BCSS, DSS	02/01/05	10/01/05	Licensing fees should allow for enough self-generated funds to cover current operations. May need to propose licensing fee increase if modifications to current processes are needed.
	Transfer licensing of ADHC and Support Coordination from BCSS to HSS.	HSS, BCSS	02/01/05	10/01/05	
	Convene meeting of appropriate HSS, DSS, BCSS staff to determine which services will continue to need licensure; determine statutory changes required to effect consolidation; and plan for smooth transfer of responsibility.	HSS, DSS, BCSS	02/21/05	02/28/05	
	Draft necessary legislation for transferring of relevant licensing authority.	HSS, DHH, DSS	02/28/05	03/05/05	
	Promulgate necessary rule changes.	DHH, DSS	07/01/05	09/30/05	
	Transfer licensing for ADC, PCA, Respite, and SIL from DSS to DHH-HSS.	HSS, DSS	09/01/05	09/30/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
A 16	**Improve efficiency & effectiveness of licensing LTC providers.** (Reference 6.3)	HSS	03/07/05	06/14/05	No fiscal impact.
	Convene workgroup, including relevant management and program staff from all entities conducting onsite survey visits, to identify process and potential barrier to coordinating visits. Formulate policies and procedures for coordinating visits where possible.	HSS, OPH, SFM	03/07/05	06/14/05	
	Convene workgroup to explore feasibility of multi-service licensing, review current fee structures, and identify issues and options. If decision is to combine any programs into multi-service licensing, draft revisions to statutes and r regulations, as necessary.	HSS, BCSS, , LTC Unit, OCDD	04/30/05	12/31/05	
	Convene workgroup to review current sanctions for all facility and home and community-based services and their application to identify any weaknesses in the sanction process. Draft revisions to statutes and regulations, as necessary.	HSS, BCSS, LTC Unit, OCDD	04/01/05	12/31/05	
	Convene workgroup to review and streamline licensing regulations and assure that they are consistent with federal and state statutory requirements and that they support the vision, values, and guiding principles of the Louisiana long-term care services system. Draft revisions to regulations, as necessary.	HSS, BCSS, LTC Unit, OCDD	06/01/05	12/31/05	

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SECTION 3: LONG-TERM CARE SERVICES FINANCING

PURPOSE:

- ***To increase and maximize federal funding of long-term care.***
- ***To align fiscal incentives with goals of long-term care reform.***

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
F 1	**Offer the option of self-directed services *to all waiver and LT-PCS recipients.*** (Reference 4.6)	BCSS, LTC Unit	01/08/05	03/01/06	National-wide self-directed services have been shown to cost the same or less than non self-directed services. Promulgated rules will ensure cost neutrality or savings.
	Implement New Opportunities Waiver self-direction pilot in DHH Regions 1, 2, and 9.	BCSS, LTC Unit	01/08/05	07/01/05	
	On basis of pilot, LTC Unit and IPAC will refine self-direction program and examine issues across population groups.	LTC Unit, IPAC	04/01/05	09/30/05	
	Prepare and submit to CMS necessary waiver amendments to allow self-direction to be offered statewide in all HCBS waivers.	LTC Unit, OCDD	09/30/05	11/01/05	
	Prepare and submit state plan amendment to allow self-direction to be offered in LT-PCS program.	LTC Unit	09/30/05	11/01/05	
	Issue RFPs for additional fiscal agents.	LTC Unit	10/15/05	11/01/05	
	Develop policies and procedures and promulgate necessary rules.	LTC Unit	10/01/05	02/01/06	
	Select additional fiscal agent contractors.	LTC Unit	02/01/06	02/07/06	
	Implement self-direction option statewide in all HCBS waivers and in LT-PCS.	LTC Unit, OCDD	03/01/06	Ongoing	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
F 2	**Examine to determine whether there are additional opportunities and are compliant with federal regulations for expanding provider fees.** (Reference 5.3)	BHSF	04/01/04	03/15/05	Contract with Covington & Burlington was funded with current resources.
	Revenue Maximization Committee chaired by DOA sought advice from Covington & Burlington regarding potential for additional provider fees, particularly for waiver providers.	DOA	04/01/04	03/15/05	
	Report submitted to Governor.	DOA	03/15/05		

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
F 3	***Merge* ADHC and the EDA waiver into a single comprehensive waiver.** (Reference 4.5)	BCSS, LTC Unit	07/01/05	12/31/05	No fiscal impact. Action will add to the service array under the waiver but will not increase the number of people served or the cost-cap for the waiver.
	Convene stakeholder workgroup to develop implementation plan. *Implementation plan will address how the merging of the waiting lists for ADHC and EDA waivers is to be accomplished in a fair and effective manner.*	BCSS	07/01/05	09/01/05	
	Prepare and submit to CMS necessary waiver amendments to create combined waiver.	BCSS	07/01/05	07/31/05	
	Promulgate necessary rule changes.	BCSS, LTC Unit	09/01/05	12/31/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
F 4	**Services such as respite, adult foster care, nutrition, *nursing, and assistive technology* will be added to the single comprehensive waiver for the elderly and people with adult onset disabilities if they can be added and administered in a fiscally neutral fashion. *This may include balancing of additional services for some against expanding access of others.*** (Reference 4.5)	BCSS, LTC Unit	06/01/05	12/31/05	No fiscal impact.
	Review existing stakeholder input to identify desired additional services.	BCSS	06/01/05	07/01/05	
	Prepare and submit to CMS necessary amendments to all services to the comprehensive waiver. Amendments will specify how services will be added in a fiscally-neutral fashion.	BCSS	07/01/05	07/31/05	
	Promulgate necessary rule changes.	BCSS, LTC Unit	09/01/05	12/31/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
F 5	**Identify barriers to adequate access to high-quality assisted living for the elderly and people with adult onset disabilities and address barriers *in a manner consistent with federal and state law*.** (Reference 4.5)	BHSF, LTC Unit	02/16/05	02/01/06	No fiscal impact. Contract can be funded through existing federal Real Choice Systems Change Grant funds.
	Contract with national consulting firm for developing best-practice policies for affordable and Medicaid-funded assisted living.	BHSF	02/16/05	03/31/05	
	Consultant will work with a workgroup, *which includes nursing facilities*, to develop policies for Medicaid-funded assisted living.	LTC Unit	04/01/05	02/01/06	
	Make recommendations regarding addressing barriers and providing assistive living services without expanding overall expenditures.	LTC Unit	06/15/05	02/01/06	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
F 6	**Examine desirability of developing contingency contracts for appealing routine Medicare intermediary denials of Medicare nursing facility, home health, and other services.** (Reference 5.1)	BHSF	03/15/05	06/30/05	No fiscal impact. Research can be completed using current staff and resources.
	Research experience other states have had with contingency contracts.	BHSF	03/15/05	05/15/05	
	Evaluate experience in Louisiana regarding Medicare denials.	BHSF	04/01/05	04/30/05	
	Determine costs and benefits of developing contingency contracts.	BHSF	05/15/05	06/30/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
F 7	**Evaluate restructuring nursing facility reimbursements to address excess capacity by** ▪ **basing fair rental allowance on local real estate costs, and** ▪ **raising imputed occupancy to 85% within one year and 90% within five years.** (Reference 5.4)	BHSF	2/15/05	Completed	No fiscal impact to conduct evaluation. Evaluation indicated reduced state general fund expenditures if nursing facility reimbursements are restructured.
	Evaluate present method versus proposed method.	BHSF	2/15/05	Completed	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
F 8	**Evaluate the effects of assessing provider fees on all beds within a nursing facility**. (Reference 5.4)	BHSF	02/01/05	Completed	No fiscal impact to conduct evaluation.
	Evaluate present method versus proposed method.	BHSF	02/01/05	Completed	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
F 9	**Move from facility-based average case mix index to Medicaid-only average case mix index.** (Reference 5.5)	BHSF	02/15/05	06/30/05	Evaluation indicated reduced state general fund expenditures with a Medicaid-only average case mix index.
	Evaluate present method versus proposed method.	BHSF	02/15/05	Completed	
	Reflect new rate structure in the appropriations bill.	DHH, BHSF	04/25/05	06/23/05	
	Promulgate rules and amend the Medicaid State Plan, as needed.	BHSF	07/01/05	09/01/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
F 10	***Design and implement, with continued involvement of stakeholders,* a capped support waiver for adults with developmental disabilities to be funded through existing OCDD vocational rehabilitation monies.** (Reference 4.2)	OCDD	11/01/04	7/1/06	A capped waiver will bring additional federal resources into the state. Will be fiscally neutral for state funds.
	Hold facilitated meetings with stakeholders and reach consensus on whether or not to pursue supports waiver model.	OCDD	11/01/04	01/05/05	
	Identify people to be served through the supports waiver and the services to be offered.	OCDD	02/01/05	05/01/05	
	Make recommendations to Ad Hoc Advisory Committee and DHH management.	OCDD	04/01/05	04/18/05	
	Project service reimbursement rates, caps, and budget and develop and submit waiver to CMS.	OCDD	04/01/05	12/31/05	
	Promulgate rules and implement support waiver to the extent that it can be accomplished within existing fiscal resources for fiscal year 05-06.	OCDD	01/01/06	07/01/06	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
F 11	**Revise New Opportunities Waiver to include guidelines for financial management.** (Reference New Immediate Action)	OCDD	02/01/05	02/28/06	Efforts will be directed toward stabilizing rising costs of NOW.
	Obtain consultant to review current waiver to determine areas needing revision.	BCSS, OCDD	02/01/05	03/31/05	
	Convene stakeholder group to make recommendations for revisions to waiver.	BCSS, BHSF, OCDD	04/01/05	04/30/05	
	Prepare revisions to wavier for submission to CMS.	BCSS, BHSF, OCDD	05/01/05	07/01/05	
	Obtain CMS approvals for revisions.	BCSS, BHSF, OCDD	07/01/05	12/31/05	
	Incorporate guidelines in training of support coordinators.	OCDD	08/01/05	02/28/06	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
F 12	**Examine ways for Louisiana Rehabilitation Services to use existing state monies to capture federal vocational rehabilitation monies.** (Reference 5.6)	LRS	07/01/05	12/31/05	No impact on state general funds; potential increase in federal funding.
	Develop a "team" by identifying appropriate management and program staff from LRS, OMH, and OCDD.	LRS, OMH, OCDD	07/01/05	07/15/05	
	Convene "team" meeting to review federal regulations regarding financing of state VR programs and matching requirements.	LRS	08/01/05	08/15/05	
	Identify possible areas for collaborative financing and program development/enhancement.	LRS, OMH, OCDD	09/01/05	09/30/05	
	Finalize and execute plans, as appropriate.	LRS, OMH, OCDD	11/01/05	12/31/05	

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Ref	Actions Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
F 13	***Study feasibility of converting*** **state-funded mental health services to a Medicaid HCBS waiver for persons with severe mental illness meeting nursing home level of care.** (Reference 4.4)	OMH	03/01/05	12/15/05	The feasibility study can be done with available resources.
	Research Rules and Regulations affecting 1915(c) HCBS. Identify similar waivers targeting persons with mental illness obtained by other states. Determine the effectiveness of these programs and components that might be useful in Louisiana.	OMH, DHH R&D	03/01/05	04/15/05	
	With assistance from BHSF, collect data on target groups.	OMH	03/01/05	08/31/05	
	Review data to determine cost for services within each group, including hospitalizations (medical and psychiatric).	OMH, BHSF	03/01/05	09/30/05	
	Develop cost projection for HCBS waiver package which includes mental health services and assessing the fiscal impact to the state. Conduct a cost benefit analysis.	OMH, BHSF	03/15/05	11/30/05	
	Prepare final analysis and recommendation for the Assistant Secretary of OMH regarding the development of a separate HCBS waiver for persons with mental illness. Present finding to DHH Executive Management.	OMH	12/01/05	12/15/05	

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Ref	Actions Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
F 14	**Explore the feasibility of: (1) pursuing the OMH modernization project to replace present inpatient facilities with smaller, contemporary structures, and (2) using any operational savings and proceeds from the sale of state hospital properties to support community infrastructure (such as, expansion of crisis services and ACT teams) to transition long-term residents of mental health facilities to community services and divert future long-term admissions.** (Reference 5.2)	OMH	05/01/04	06/01/05	Feasibility study is being conducted with current resources.
	Establish an in-house workgroup to shepherd the process of completing feasibility studies for this action.	OMH	05/01/04	06/01/05	
	Identify a provider to perform the feasibility studies and employ expertise to prepare a business plan.	OMH	08/01/04	11/01/04	
	Negotiate, develop, and process three OMH Area contracts with the identified provider to complete a feasibility study on the adult inpatient facility in each area.	OMH	11/01/04	01/15/05	
	Present the findings of the business plan and feasibility studies to the DHH Secretary and DOA for further action.	OMH	04/06/05	TBD	
	Develop a “Mental Health Community Re-Investment Plan” and incorporate the re-investment plan into the presentation of the business plan and feasibility studies.	OMH	09/20/04	06/01/05	

SECTION 4: SERVICE CAPACITY

PURPOSE:

- ***To ensure that the array of available services corresponds to the preferences, needs, and choices of consumers and families.***

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
C 1	**Establish registries in DHH Health Standards Section for DSPs.** (Reference 3.5)	HSS	02/14/05	01/01/06	Estimated cost is approximately $250,000 based on current cost of CNA registry.
	Research DSP registries used in other states to determine kinds of information included in registry (e.g., criminal background check, state-approved training, certifications, and/or credentials earned), how registry is accessed, etc.	DHH, LSU-HDC	02/14/05	02/28/05	
	Draft legislation establishing registry within DHH Health Standards Section.	DHH	04/25/05	06/23/05	
	Train staff.	HSS	08/01/05	08/31/05	
	Schedule transition of registry functions to Health Standards Section.	HSS	09/01/05	01/01/06	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
C 2	**Proceed with incorporating the training curriculum for DSPs as a state approved program in post-secondary schools (vocational/technical and community colleges).** (Reference 3.5)	DHH, HSS, LSU-HDC	03/01/05	09/30/05	Cost for development of training was covered under a federal Real Choice Systems Change Grant.
	Review final draft of curriculum for DSP certification that was developed by LSU Human Development Center under Real Choice Grant.	LSU-HDC, DOE, DHH, HSS	03/01/05	04/30/05	
	Develop agreements with educational entities such as vocational-technical schools, colleges, etc. to offer training for DSPs.	DHH, DOE, LSU-HDC DHH, HSS	04/01/05	09/30/05	
	Develop agreements with DHH entities willing to offer training for DSP credentialing and "train-the-trainer" opportunities.	LSU-HDC, BCSS, LTC Unit, DHH, HSS, OCDD	04/01/05	09/30/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
C 3	*Seek legislation regarding person-centered alternatives that would assure appropriate training and oversight of paid non-licensed direct support workers.* (Reference 3.6)	State Board of Nursing, DD Council, DHH, GODA	Immediate	07/01/05	No Fiscal Impact.
	Draft legislation that will permit more non-complex nursing services to be delivered to individuals within their homes and that includes appropriate training and oversight.	State Board of Nursing	02/15/05	03/15/05	
	If legislation is adopted, provide information concerning requirements of legislation to stakeholders via SPOEs	DHH, GODA, OCDD, OMH, LTC Unit	07/01/05	Ongoing	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
C 4	**Continue implementation of the Aging and Disability Information Station (ADIS) pilot project by GOEA.** (Reference 3.7)	GOEA	10/01/03	09/30/06	Funded through a federal grant.
	Convene lead DHH LTC and ADIS staff to develop protocols for information and assistance and level of care assessments in DHH Region IV and St. Mary's Parish.	GOEA, BHSF, BCSS, ADIS	02/01/05	02/28/05	
	Establish MOU between strategic partners.	GOEA, BHSF	03/01/05	03/15/05	
	Launch Public Awareness Campaign for ADIS.	GOEA, ADIS	03/01/05	Ongoing	
	Evaluate efficacy, efficiency and effectiveness of ADIS and make continuous improvement.	GOEA, ADIS	01/01/05	Ongoing	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
C 5	**Encourage *and support nursing facilities to diversify their services and convert capacity to provide HCBS.*** (Reference 4.3)	BHSF, BCSS, LTC Unit	Ongoing	12/31/06	No fiscal impact. Contract can be supported by current federal Real Choice Nursing Facility Transition Grant.
	Contract with a national consulting firm to assist DHH and interested nursing facilities in developing diversification plans.	BHSF	Immediate	03/31/05	
	Hold focus groups with nursing facility providers to identify barriers to conversion/diversification and recommendations to address barriers.	BHSF, BCSS	04/01/05	05/01/05	
	Review methods and incentives used by states to encourage nursing facility conversion and "right-sizing" of institutional capacity. Develop methods and incentives for conversion of Louisiana nursing facilities that are based on best and effective practices.	BHSF, BCSS	04/01/05	05/01/05	
	Develop an implementation plan for conversion of nursing facilities to competitive, high-quality HCBS consistent with federal and state legislation.	BHSF, BCSS, LTC Unit	05/01/05	12/31/05	
	Begin transition of nursing facility residents to HCBS.	LTC Unit	12/31/05	12/31/06	
	Begin transition planning for nursing homes who have volunteered for conversion to HCBS.	LTC Unit	12/31/05	12/31/06	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
C 6	**Evaluate justification for continued state operation of public nursing facilities.** (Reference 4.3)	DHH	01/01/05	06/30/05	Evaluation study can be conducted with current resources.
	Review and document the characteristics of the individuals served in the public facilities versus those served in private facilities.	DHH	01/01/05	02/01/05	
	Review the costs of providing services in public facilities versus providing services in private facilities.	DHH	01/01/05	02/01/05	
	Review services provided in the state-owned facilities and determine if these specialized services can be provided in the private facilities.	DHH	01/01/05	02/01/05	
	Provide cost analysis that identifies potential cost savings or added costs associated with closure.	DHH	01/01/05	02/15/05	
	If the decision is made to close any state-operated public nursing facility, identify the key steps that will need to be taken and develop a closure plan.	DHH	03/01/05	06/30/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
C 7	***Continue* downsizing of developmental centers.** (Reference 4.1)	OCDD	Current	Ongoing	Funded with current resources.
	Limit admissions to the centers to the greatest degree possible by collaborating with regional offices to use CSTs and Resource Center referrals to divert admissions.	OCDD	Current	Ongoing	
	Continue to provide education about community service options and continue to offer opportunities to developmental center residents to transition to waiver options and small ICFs/MR.	OCDD	Current	Ongoing	
	Build community capacity by utilizing the developmental centers as resource centers for the area; providing staff training, respite care, and other services.	OCDD	Current	Ongoing	
	Enrich the array of community services, creating alternative state-operated services in the community, including supported living and small ICFs/MR.	OCDD	Current	Ongoing	
	Build the capacity to monitor health, safety, and welfare of transitioned individuals; utilizing a plan developed prior to the transition.	OCDD	Current	Ongoing	
	Reserve the use of centers for those who choose not to leave and those whose needs for specialized services cannot yet be met in the community.	OCDD	Current	Ongoing	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
C 8	**Work with community homes that wish to voluntarily convert to waiver services and add coverage of small-sized residential services to NOW. Encourage and support community-based shared living arrangements so that shared living is the norm, unless programmatically contraindicated.** (Reference 4.1)	OCDD	10/01/04	12/31/05	No budget impact. Will proceed with conversion so that it **does not** cost more in terms of state general funds.
	Convene workgroup which includes interested providers.	OCDD, BCSS	10/01/04	01/31/05	
	Obtain consultant to determine options for conversion.	OCDD	02/01/05	05/31/05	
	Develop plan for implementation.	OCDD	06/01/05	07/30/05	
	Begin waiver amendments, budgeting processes, etc.; needed for implementation.	OCDD	08/01/05	11/30/05	
	Begin implementation on a voluntary basis.	OCDD	11/30/05	12/31/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
C 9	**Work with large, private Intermediate Care Facilities for the Mentally Retarded on an individual basis to downsize and diversify their services.** (Reference 4.1)	OCDD	Current	10/01/07	No fiscal impact. Can be supported with federal Real Choice Rebalancing Grant.
	In compliance with the CMS Real Choice Grant, develop a comprehensive transition plan/manual for all large ICFs/MR in order to increase the number of people with developmental disabilities moving from institutional settings to community-based living options of their choice through rebalancing of Louisiana's long-term services programs.	OCDD	Current	10/01/07	
	Identify tools to measure the quality of supports and services in the implementation of a comprehensive transition plan.	OCDD, BCSS, BHSF	Current	07/01/05	
	Coordinate with people with developmental disabilities, family members, providers, advocates, professionals, and interested parties to develop a process flow chart that will allow people to transition to community-based living options of their choice in a timely manner.	OCDD, BHSF	Current	10/01/07	
	Enhance community services and supports for persons with developmental disabilities according to the pattern of their needs.	OCDD, BHSF	Current	10/01/07	
	Develop training for people with developmental disabilities and their families providing information about the diverse living options.	OCDD	Current	10/01/07	
	Develop training curriculum for community professionals on working with, treating, and responding to the needs of people with developmental disabilities.	OCDD	Current	10/01/07	
	Transition 10% of the number of people living in large ICFs/MR to community-based living options of their choice.	OCDD, BHSF	Current	10/01/07	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
C 10	**Develop a mental health peer support service.** (Reference 4.4)	OMH	03/01/05	11/30/05	Will implement, if can be done, within available resources.
	Convene a stakeholder group to review sample definitions from other states and recommend a working definition for Louisiana.	OMH	03/15/05	05/15/05	
	Build capacity for peer support services within OMH and existing consumer support groups and networks throughout Louisiana, including convening Consumer Liaisons, providing regional training for various consumer-run programs, providing training and support to existing consumer-run organizations.	OMH	03/01/05	12/31/05	
	Explore resource development to support implementation of statewide Peer Support Program – inclusion in HCBS waiver package and Medicaid Rehabilitation Option, as well as, federal and private grant support.	OMH	03/15/05	05/15/05	
	Defining PAS, as being developed under C-PASS, as being a subset of peer support.	OMH	04/15/05	05/15/05	
	Review Georgia Peer Support training model and determine if appropriate model for Louisiana peer support in LA long-term care program	OMH	05/15/05	07/01/05	
	Review of C-PASS curriculum and reconcile peer support program curriculum into the training modules	OMH	07/01/05	08/01/05	
	Develop a policy on Peer Support Services, according to OMH procedures, with stakeholder input.	OMH	08/01/05	11/30/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
C 11	**Redesign mental health clinic services to include increased crisis intervention, formation of treatment teams, care coordination and implementation of evidence-based practices and interventions.** (Reference 4.4)	OMH	03/01/05	06/30/06	No fiscal impact.
	Develop a redesign of current screening and assessment practices within OMH Community Mental Health Centers to increase access and insure the utilization of common protocols and best practices throughout the system.	OMH	In process	12/31/05	
	Develop a model of recommended care levels with a corresponding decision process for matching care levels to individual need.	OMH	07/01/05	12/31/05	
	Demonstrate the application of redesigned screening and assessment practices and corresponding care levels in one or more selected areas of the system. Identify specific indicators to track the impact of the change on the system and recipients.	OMH	01/01/06	12/31/06	
	Convene stakeholders to identify and define 'programs' to be offered through OMH Community Mental Health Centers. Identify specific performance measures for monitoring these programs and practices.	OMH	01/01/06	06/30/06	

SECTION 5: QUALITY MANAGEMENT

Purpose:

- ***To create a comprehensive quality assurance and quality improvement system as outlined by the Centers for Medicare and Medicaid Services Quality Framework for Home and Community-based Services.***

- ***To produce the person-centered outcomes desired by those receiving services and their families.***

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
Q 1	**LTC Unit will develop a full-scale, data-driven quality management system that reflects the vision, guiding principles, and values of the LTC services system.** ***QM system will proactively seek to obtain positive physical, mental, and psychosocial outcomes.*** (Reference 6.1)	BCSS, LTC Unit	Immediate	03/30/06	Can request assistance through CMS national consultant for quality.
	Convene System Performance/Quality Management System Development Workgroups which include stakeholders.	BCSS, LTC Unit	04/30/05	Ongoing	
	Develop mission-based LTC system performance indicator system to measure and assure system quality. Identify comparative and outlier reports.	BCSS	04/30/05	10/3105	
	Identify and develop systems to assure: provider qualifications and performance; participant safeguards; consumer rights and responsibilities; and person-centered planning.	BCSS, LTC Unit	04/30/05	12/31/05	
	Develop protocols for connections between consumer assessment tool and support planning tool to assure all needs identified are addressed.	BCSS, LTC Unit	Immediate	12/31/05	
	Review other states' consumer experience surveys and select and adapt a tool.	BCSS, LTC Unit	Immediate	12/31/05	
	Provide training to all stakeholders and implement quality management system.	LTC Unit	04/30/05	03/31/06, Ongoing	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
Q 2	**OCDD will develop a full-scale, data-driven quality management system that reflects the vision, guiding principles, and values of the LTC services system.** ***QM system will proactively seek to obtain positive physical, mental, and psychosocial outcomes.*** (Reference 6.1)	OCDD	07/01/05	12/31/05	Consultant can be funded with current resources.
	Obtain a consultant to review current quality management and data management systems.	OCDD	07/01/05	07/31/05	
	Establish a workgroup, inclusive of stakeholders, to work with consultant to review systems and make recommendations for system-wide quality management and data integration.	OCDD	08/01/05	08/31/05	
	Utilize workgroup and consultant to develop implementation plan for quality management and data integration.	OCDD	09/01/05	10/31/05	
	Begin implementation of plan.	OCDD	11/01/05	12/31/05	

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Actions	Key Tasks	Responsible	Start Date	End Date	Fiscal Impact
Q 3	**OMH will develop a full-scale, data-driven quality management system that reflects the vision, guiding principles, and values of the LTC services system.** ***QM system will proactively seek to obtain positive physical, mental, and psychosocial outcomes.*** (Reference 6.1)	OMH	07/01/05	01/01/06	Can be accomplished with current resources.
	Orient OMH Quality Council, OMH Service Area Quality Teams, and OMH - JCAHO Performance Improvement Teams to the Plan for Immediate Action and the needs of quality management for people with mental illness.	OMH	07/01/05	08/31/05	
	Develop an integrated plan, with involvement of stakeholders, for ongoing review of quality performance issues that is in keeping with the values of the LTC services system.	OMH	08/31/05	11/30/05	
	Identify and define a core set of performance measures that can be utilized to assess service access, quality, outcomes, and satisfaction.	OMH	08/31/05	11/30/05	
	Organize data collection procedures and resources for core performance measures and develop a mechanism for regular monitoring, evaluation, and quality improvement action plans.	OMH	11/30/05	12/31/05	
	Integrate review of performance measures and quality of care issues for persons receiving LTC into the ongoing OMH quality management process statewide.	OMH	01/01/06	Ongoing	

APPENDIX A

EXECUTIVE ORDER NO. KBB 2004-43

State of Louisiana

EXECUTIVE DEPARTMENT

EXECUTIVE ORDER NO. KBB 2004 - 43

LOUISIANA'S PLAN FOR CHOICE IN LONG-TERM CARE

WHEREAS, it is desirable that Louisiana residents, who are elderly or have disabilities, and their families, have choices from among a broad range of services and supports to most effectively meet their needs in their homes, community settings, facilities, or other residential settings;

WHEREAS, the state of Louisiana is committed to providing a full array of quality, long-term care services for the elderly and persons with disabilities, within resources available to the state, and recognizes that such supports and services advance the best interests of all Louisiana citizens;

WHEREAS, direction has been provided to states under the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. 12101 *et seq*. and the United States Supreme Court's decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999);

WHEREAS, the President's Executive Order 13217, part of the New Freedom Initiative, recognizes the need to have long-term care systems that offer community-based alternatives to foster independence and participation in the community for persons of all ages with disabilities;

WHEREAS, Louisiana is committed to developing a long-term care system that offers the elderly and people with disabilities the opportunity to enjoy full lives of inclusion, productivity, and self-determination;

WHEREAS, in March, 2004, Louisiana held a Health Care Summit and formed the Health Care Reform Panel to assist in restructuring Louisiana's health care delivery system to meet the needs of its citizens by providing quality health care services in a cost effective manner;

WHEREAS, Louisiana has expanded its initiatives to provide further opportunities for the elderly and persons with disabilities to live productively in settings of their choice, and has done so through the pursuit of federal grants, Medicaid home and community-based service waivers, State Plan optional services, and changes to policies and procedures that increase the array of service options available to enable people to choose services that best meet their needs and preferences;

WHEREAS, accessible, affordable, and integrated housing; accessible, affordable transportation; and educational, vocational, and avocational opportunities are integral components of inclusion and independence for the elderly and persons with disabilities; and

WHEREAS, the citizens of the state of Louisiana will best be served by the adoption of a state policy on long-term care, a plan that enhances choice within Louisiana's long-term care system that is based on national best practices as well as broad stakeholder input;

NOW THEREFORE I, KATHLEEN BABINEAUX BLANCO, Governor of the state of Louisiana, by virtue of the authority vested by the Constitution and laws of the state of Louisiana, do hereby order and direct as follows:

SECTION 1: The Department of Health and Hospitals shall be the lead agency and shall convene the Department of Social Services, the Governor's Office of Elderly Affairs, and the Governor's Office of Disability Affairs to develop a plan identifying administrative actions for immediate implementation and legislative actions for consideration in the 2005 Regular Session of the Louisiana Legislature (hereafter "Plan for Immediate Action"). A draft Plan for Immediate Action for reform of Louisiana's long-term care system shall be submitted to the Health Care Reform Panel for consideration at its December 2004 meeting. There shall be presentations made to the Regional Healthcare Consortia and other bodies as appropriate. The Plan for Immediate Action shall then be submitted to the Health Care Reform Panel for final review and comment at its March 2005 meeting prior to submission to the governor for consideration and approval.

SECTION 2:

A. Upon completion of the Plan for Immediate Action, the Department of Health and Hospitals shall be the lead agency and shall convene the Department of Social Services, the Department of Transportation and Development, the Department of Public Safety and Corrections, the Department of Labor, the Department of Education, the Department of Veterans Affairs, the Department of Economic Development, the Governor's Office of Elderly Affairs, the Governor's Office of Disability Affairs, the Louisiana Housing Finance Agency, and the Louisiana State Board of Nursing (hereafter "Agencies"), to develop a comprehensive and effective plan for reform of Louisiana's long-term care system that may reasonably be achieved by 2010 with the resources that are available to the state. The comprehensive plan shall be presented to the Health Care Reform Panel no later than December, 2005. Upon obtaining input from the Health Care Reform Panel, this comprehensive plan shall be presented to the governor for consideration and approval and shall thereafter constitute Louisiana's Plan for Choice in Long-Term Care (hereafter "Louisiana's Plan").

B. Louisiana's Plan shall include, but is not limited to, the following:

1. A review and analysis of all laws, rules and regulations, programs and/or policies of the state of Louisiana and/or any of the departments, commissions, boards, agencies, and/or offices in the executive branch thereof, which pertain to long-term supports and services, to identify barriers to choice and make recommendations that would enable residents of Louisiana who require assistance to have more choices of where services are provided;

2 Proposals for administrative restructuring, programs, policies, procedures and/or partnerships to improve the long-term care delivery system, including non-medical services like transportation, housing, education and vocational assistance that are necessary if long-term care recipients are to be fully integrated participants in the lives of their communities, which are achievable within the resources that are available to the state;

3. Analysis of programmatic, procedural and fiscal impacts of any policies/practices recommended for adoption;

4. Exploration of means to secure increased funding for community-based services for persons needing long-term assistance; and

5. Recommendations on strategies to educate the public as to

long-term care services and methods of accessing long-term care services, as well as to the need for personal responsibility in financial planning for future long-term care needs.

SECTION 3: In developing both the Plan for Immediate Action and the Louisiana's Plan, the Agencies will:

1. Seek input from a broad range of stakeholders, including consumers, their family members, and their advocates, as well as providers of both institutional and community-based services;

2. Consider all existing studies, reports, and settlement agreements related to Louisiana's system of long-term services and supports;

3. Consider all proposals within the context of resources available to the state;

4. Take advantage of relevant work already underway and/or completed by the Agencies and various statewide task forces, councils, commissions, and other bodies that have convened to address issues related to long-term care; and

5. Seek consultation from nationally recognized experts and officials in other states in order to identify promising and/or proven practices that are consumer-centered, research-based, cost effective, and applicable to improving accessibility, capacity, quality, and financing across all long-term care services and supports; and to increasing community-based options for long-term care in Louisiana.

SECTION 4: Upon approval of Louisiana's Plan, the Agencies will meet quarterly to review progress in the implementation of the plan and will revise the plan as needed based on lessons learned, stakeholders input, and advances in best practices for long-term care delivery.

SECTION 5: The secretary of the Department of Health and Hospitals, as chair of the Governor's Health Care Reform Panel, shall submit the Plan for Immediate Action and Louisiana's Plan to the governor for consideration and approval.

SECTION 6: All departments, commissions, boards, offices, entities, agencies, and officers of the state of Louisiana, or any political subdivision thereof, are authorized and directed to cooperate with the implementation of the provisions of this Order.

SECTION 7: This Order is effective upon signature and shall continue in effect until amended, modified, terminated, or rescinded by the governor, or terminated by operation of law.

IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana, at the Capitol, in the city of Baton Rouge, oon this 22nd day of October, 2004.

/S/ Kathleen Babineaux Blanco
GOVERNOR OF LOUISIANA

ATTEST BY
THE GOVERNOR

/S/ Fox W. McKeithen
SECRETARY OF STATE

Plan for Immediate Action
March 25, 2005

APPENDIX B

REGIONAL CONSORTIA AND PROVIDER ORGANIZATION RECOMMENDATIONS

Plan for Immediate Action
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Plan for Immediate Action
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Summary of Regional Consortia Majority and Minority Recommendations

Immediate Actions from Draft Plan for Immediate Actions and Majority (M) and Minority (m) Recommendations Received from the Regional Consortia	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Immediate Action 1.1 • **The Department of Health and Hospitals shall continue to convene the Interagency Team (the Department of Health and Hospitals, Department of Social Services, Governor's Office of Elderly Affairs, and Governor's Office of Disability Affairs) to meet on a regular basis to : coordinate communication and integrate procedures among the aging and disability programs, improve public access to information that is of concern to older adults and persons with disabilities, and provide mutual support for each agency's aging and disability initiatives.**									
Supports: Continuing to convene the Interagency Team.			M		M				
Add: Make minutes of the Interagency Team available to the public so that stakeholders can be kept abreast of implementation of the plan.	M								
Immediate Action 1.2 • **The Interagency Team, with stakeholder input, will develop a clear vision, guiding principles and values to guide the development of long-term care planning efforts and the delivery of all long-term care services and supports within the state (the Louisiana long-term care services system.**									
Supports: Developing a vision, principles and values for the long-term care services system.			M		M				
Immediate Action 1.3 • **Each Administrative Unit (the Office for Citizens with Developmental Disabilities, Office of Mental Health, and a proposed long-term care unit within Medicaid) will convene a broad-based group of stakeholders to adopt a vision, guiding principles and values for the long-term care system within their respective programmatic area, which is consistent with the overall vision, guiding principles and values of the Louisiana long-term care services system.**									
Supports: Administrative units developing a vision, principles and values.			M		M				
Change: Do not include stakeholder input.			m						
Change: Stakeholders to Stakeholders with regional representation.						M			
Add: Each Administrative Unit will develop a handbook with written guidelines that will be available in hard copy and on the internet.			m						

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Immediate Actions from Draft Plan for Immediate Actions and Majority (M) and Minority (m) Recommendations Received from the Regional Consortia	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Immediate Action 2.1 • **Consolidate administration of long-term services and supports for the elderly and people who have a disability acquired during adulthood within a long-term unit within Medicaid.** • **This long-term care unit would: administer nursing facilities, nursing facility level of care HCBS waivers, Long-term Personal Care Services, Home Health, Program of All-Inclusive Care for the Elderly, and Hospice services.** • **This long-term care unit will be responsible for program expenditures and have funding flexibility so that it can better meet people's needs and preferences.**									
Supports: Consolidation of administration of elderly and adult onset disability services.		M	M	m	M				
Supports: Consolidation of budgeting.		m	M	m	M				
Change: Change location of unit from within Medicaid to an Office under the Secretary / Deputy Secretary.	M	M		M		M			
Add: Hire a person to head this unit who possesses strong administrative skills and working knowledge of services for the elderly and people with adult onset disabilities, a demonstrated dedication to a vision of choice, and experience in successfully changing a long-term care system that is responsive to consumer choice.				m					
Immediate Action 2.2 • **Consolidate administration of long-term care services and supports for people with developmental disabilities within the Office for Citizens with Developmental Disabilities.** • **The Office of Citizens with Developmental Disabilities would: administer state-funded services, Home and Community-Based Services waivers, and publicly-provided services (i.e., developmental centers, etc.) and have programmatic authority over all Intermediate Care Facility for the Mentally Retarded services.** • **The Office for Citizens with Developmental Disabilities will be responsible for program expenditures and have funding flexibility so that it can better meet people's needs and preferences. This will include consolidation of developmental center budgets into a global Office for Citizens with Developmental Disability budget.**									
Supports: Consolidation of administrative units and budgets within OCDD.		M	M	m	M				
Delete: Global budgeting for developmental disability services.	m	m		M	m	M			
Add: OCDD will oversee EPSDT case management.	M			M					
Add: Develop a methodology for monitoring and evaluation of each District single point of entry.			M						
Change: and have programmatic authority to and provide state program guidelines/oversight for all ICFs/MR.						M		M	

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Immediate Actions from Draft Plan for Immediate Actions and Majority (M) and Minority (m) Recommendations Received from the Regional Consortia	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Immediate Action 2.3 • **Develop a single point of entry for long-term care services and supports for the elderly and people with adult onset disabilities at the local/regional level.** • **Place state-operated case management functions for the elderly and people with adult onset disabilities in these local offices.** • **These local offices would act as the entry points for all services and supports administered by the proposed Medicaid long-term care unit.**									
Supports: Single point of entry at the local/regional level.		M	M		M				M
Change: State-operated case management to privately-operated case management.	M	M	M	M		M	M	M	M
Change: Conduct pilot to determine if single point of entry is effective and efficient. Implement statewide only if found to be effective and efficient.		m							
Add: Ensure that all choices are presented to consumers in an unbiased way.						M			
Add: Provide for an exception to entry through the single point of entry for people being transferred from an acute care facility to a nursing facility.						M			
Add: Single point of entry will use a needs-based assessment instrument to allocate resources as responsibly as possible taking into consideration needs, family resources, and cost to the state.				m					
Add: The single point of entry will be an independent, contracted agency.								M	
Add: The single point of entry will serve as an education and entry for both Medicaid eligible and non-Medicaid eligible individuals.							M		
Add: At the single point of entry, different levels of care eligibility will be determined using established criteria.							M		
Add: After "supports" in first bullet, add "including assisted living."	M								
Add: The single point of entry will be designed so that the long-term care unit will be accountable to make decisions on hospital patients within 24 hours of notification by the hospital.							M		
Delete: Single point of entry for services for the elderly and people with adult onset disabilities.	m								

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Immediate Actions from Draft Plan for Immediate Actions and Majority (M) and Minority (m) Recommendations Received from the Regional Consortia	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Immediate Action 2.4 • **Implement a single point of entry for long-term care services and supports, including access to Intermediate Care Facilities for the Mentally Retarded, for people with developmental disabilities within the Office for Citizens with Developmental Disabilities regional administrative units (regional offices and districts/authorities).** • **Add state-operated case management services for people with developmental disabilities to the Office for Citizens with Developmental Disabilities regional administrative units.**									
Supports: OCDD as the single point of entry for developmental disability services.			M	m	M	M			M
Change: State-operated case management to privately-operated case management.	M	M	M	M		M	M	M	M
Add: Implement training and curriculum that will assure that case managers have necessary information and skills to provide the services required by people receiving case management services.				M					
Add: Ensure that all choices are presented to consumers in an unbiased way.						M			
Add: Case management contractor should be chosen by who can best address needs and not by lowest bidder and any agreement with contractor can be canceled with a 90-day notice for abuse, failure to perform, mismanagement, fraud, etc. The contract should limit the caseload size and minimum pay for case managers should be specified to reduce turnover.			m						
Add: Assure that all people are placed appropriately even those that are placed by the court system.	M								
Add: At the single point of entry, different levels of care eligibility will be determined using established criteria.							M		
Delete: Single point of entry for developmental disability services.	m								
Immediate Action 2.5 • **Consolidate licensing for all long-term services and services within the Health Standards Section of Bureau of Health Services Financing within the Department of Health and Hospitals.** • **Transfer licensing for Personal Care Attendant (PCA), Respite and Supervised Independent Living (SIL) from the Department of Social Services to the Department of Health and Hospitals.** • **Transfer licensing of Adult Day Health and case management from Bureau of Community Supports and Services to Health Standards.**									
Supports: The transfer of licensing to simplify administrative and regulatory functions.			M		M				
Delete: Transfer of licensing from DSS to DHH for long-term care services.	M								

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Immediate Actions from Draft Plan for Immediate Actions and Majority (M) and Minority (m) Recommendations Received from the Regional Consortia	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Immediate Action 2.6 • **The various program units (the Office for Developmental Disabilities, the Office of Mental Health, and the Medicaid long-term care unit will develop all rules and regulations affecting access, services and supports, financing and quality management of the programs within their purview.** • **Program units, with involvement of stakeholders, will conduct a comprehensive review of all rules, policies and provider requirements in order to: eliminate redundancy; reduce costly administrative burden; promote more efficient service deliver; and focus on achieving desired outcomes for individuals who depend on long-term care.** • **Program units will, from the outset of any rule development or revision, collaborate with a representative group of provider and consumer advocate stakeholders in developing rules for promulgation.** • **For Medicaid-funded programs, Bureau of Health Services Financing will assist the program units in the development of rules and regulations by providing expertise on federal requirements and will also assist in the promulgation process.**									
Supports: Review and streamlining of rules with stakeholder input and proposed new process for development of rules and regulations.			M	m	M				
Add: Stakeholder input will include providers and consumers of long-term care services.			M						
Immediate Action 3.1 • **Implement a comprehensive assessment and level of care instrument for all services and supports to the elderly and people with adult onset disabilities.** • **Adopt a needs-based assessment instrument (the Supports Intensity Scale (SIS) or similar assessment instrument) as a baseline assessment instrument by the Office for Citizens with Developmental Disabilities to determine support needs of people with developmental disabilities.**									
Supports: Adoption and Implementation of needs-based assessment instruments for each population.			M	M	M				M
Add: Develop an assessment instrument for assistive technology to be utilized across populations.		m							
Add: Educate individuals, family members and others about various community-based supports and services.		m							
Immediate Action 3.2 • **The Office for Citizens with Developmental Disabilities and the Medicaid long-term care unit will each adopt a single person-centered planning method to use across their respective services systems.**									
Supports: Adoption of a single person-centered planning method.			M	m	M				

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Immediate Actions from Draft Plan for Immediate Actions and Majority (M) and Minority (m) Recommendations Received from the Regional Consortia	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Immediate Action 3.3 • **Review and streamline long-term care access and authorization processes, including level of need determination, to simplify access to home and community-based services.**									
Supports: Review and streamlining of long-term care access and authorization processes.			M	m	M				M
Change: After "level of need determination," add "and transition planning."							M		
Add: Revise Form 90-L (physician medical information and recommendation).									M
Immediate Action 3.4 • **Implement waiting list management strategies for people with developmental disabilities who are waiting for Community-Based Services waiver opportunities.** • **These strategies will include: assessing new people as they get on the waiting list; assessing ¼ of the people on the waiting list on an annual basis so that information about people on the list is updated on a periodic basis; and developing a prioritization policy.**									
Supports: These waiting list management strategies.			M	m	M				
Add: Persons who are currently in institutions or who are at risk for institutionalization as identified by caregivers and OCDD personnel should be assessed immediately.	M			M					
Add: Develop a plan to eliminate the MR/DD waiver waiting list by a specified date.	M			m				M	
Add: Contact people on waiting list periodically to determine if they can be connected to other agencies and services while they wait.			M						
Add: Prioritization will include level of care needed, status of caregiver, age, disability, temperament and behavior.								M	
Add: Equally distribute available vacancies throughout the state based on population of regions.			m						
Immediate Action 3.5 • **Proceed with incorporating the training curriculum for direct support professionals as a state approved program in post-secondary schools (vocational/technical and community colleges).** • **Establish a registry similar to the registry for certified nurse aides.**									
Supports: State-approved training curriculum for direct support professionals and establishing a registry.			M						M
Add: The registry will allow grandfathering of current personnel and will establish provisions that allow the hiring of non-registered personnel who must attain the standard within a specified period of time.						M			
Delete: Development of a training curriculum and registry.					M				

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Immediate Actions from Draft Plan for Immediate Actions and Majority (M) and Minority (m) Recommendations Received from the Regional Consortia	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Immediate Action 3.6 • **Seek revision of nurse delegation rules to permit more services to be delivered to individuals within their homes.**									
Supports: Revision of nurse delegation rules.			M	m					
Add: Increase reimbursement for skilled nursing and therapy in Medicaid Home Health.			M						
Change: Seek revision of nurse delegation rules to "seek legislation to permit more nursing services…"	M								
Delete: Revision of nurse delegation rules.	m		m		M	M	M		
Immediate Action 3.7 • **Continue implementation of the Aging Disability Resource Center pilot project by the Governor's Office of Elderly Affairs.**									
Supports: Implementation of Aging Disability Resource Center.				m	M				
Add: After "implementation," add "and seek expansion of."	M								
Delete: Implementation of Aging Disability Resource Center pilot.			M						
Immediate Action 4.1 • **Accelerate downsizing of public developmental centers.** • **Work with community homes that wish to voluntarily convert to waiver services and add coverage of small-sized residential services to the New Opportunities Waiver (NOW). Encourage and support community-based shared living arrangements so that shared-living are the norm, unless programmatically contraindicated.** • **Work with large, private Intermediate Care Facilities for the Mentally Retarded on an individual basis to downsize and diversify their services.** • **Place a moratorium on new Intermediate Care Facility for the Mentally Retarded beds.**									
Supports: Voluntary conversion of community homes and addition of residential services to waiver.			M	m	M				
Supports: Working with large private Intermediate Care Facilities for the Mentally Retarded to downsize and diversify.			M	m	M				
Change: Place a moratorium on new Intermediate Care Facilities for the Mentally Retarded beds to continue existing legislatively imposed moratorium.						M			
Change: "Accelerate downsizing of developmental centers" to "continue downsizing of developmental centers."	M	m		M					
Change: Accelerate downsizing of developmental centers to create appropriate community-based options that do not compromise the ability of developmental centers to exist as an option for choice.					M				

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Immediate Actions from Draft Plan for Immediate Actions and Majority (M) and Minority (m) Recommendations Received from the Regional Consortia	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Add: Individuals with developmental disabilities will have a complete and viable array of services to choose from including public and private ICFs/MR, small-sized residential options, community-based shared-living options, supported living, and other community choices.									M
Add: Develop guidelines for admission to developmental centers and group homes.	M								
Add: Consolidate/close some of the developmental centers and modernize remaining centers.		m					M	M	
Change: "Place moratorium" to "lift moratorium".									M
Immediate Action 4.2 • **Examine using the Office for Citizens with Developmental Disabilities vocational rehabilitation monies to fund a new, capped, support waiver for adults with developmental disabilities.**									
Supports: Examining using vocational rehabilitation monies to fund a new waiver.			M	m	M				
Change: Examine using vocational rehabilitation funds to develop and implement a capped waiver for adults with developmental disabilities utilizing vocational rehabilitation moneys as state match.	M	M							M
Add: Ensure that all savings and additional revenues realized are utilized to address waiting lists for the New Opportunities Waiver and the adult capped waiver.		M							
Change: Examine using to continue involvement of stakeholders in examining the use of.						M			
Add: Place a cap placed per individual on Family Subsidy funds so that more families would have a chance to receive assistance.		M							
Immediate Action 4.3 • **Evaluate justification for continued state operation of public nursing facilities.** • **Encourage conversion, diversification and downsizing of private nursing facilities by working on an individual basis with private nursing facility providers.** • **Develop a multi-faceted nursing facility transition program which expands upon current efforts.**									
Supports: Evaluation of need for public nursing facilities.			M	m	M				
Add: In first bullet at end of sentence, add "and act appropriately."	M								
Add: Support efforts to reduce facility-based services including: moratorium on nursing home beds, bed abeyance rules, Quality and Efficiency Board, conversion of nursing facility beds to assisted living, bed buy-backs, and renovation of semi-private rooms to private rooms.						M			
Change: Encourage conversion/diversification to support/implement/expedite conversion/diversification.		M							M

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Immediate Actions from Draft Plan for Immediate Actions and Majority (M) and Minority (m) Recommendations Received from the Regional Consortia	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Add: Improve State Plan LT-PCS Option by including changes to increase reimbursement rate, reduce supervisor/staff ratios, increase consumer choice, increase number of providers, streamline regulations, etc.									M
Immediate Action 4.4 • **Convert state-funded mental health services to a Medicaid Home and Community-based Services waiver.** • **Develop a mental health peer support service.** • **Redesign mental health clinic services to include increased crisis intervention, formation of treatment teams, care coordination and implementation of evidenced-based practices and interventions.**									
Supports: Mental Health waiver, peer support services and redesigned clinic services.			M	m	M				
Add: Avoid combining mental illness and addictive disorder services.						M			
Add: This redesign should include a redesign aimed at services for individuals who are not Medicaid eligible.							M		
Immediate Action 4.5 • **Eliminate the Adult Day Health Care (ADHC) waiver and revise the Elderly and Disabled (EDA) waiver to include adult day health care and add the waiver "slots" from the Adult Day Health Care waiver to the Elderly and Disabled Adult waiver.** • **Services such as respite, assisted living, and adult foster care, and other services (e.g., nutritional services) will be added to the Elderly and Disabled Adult waiver if they can be administered in a fiscally neutral and responsible way. This may include balancing of additional services for some against expanding access for others.** • **Identify and address barriers to adequate access to competitive, high-quality assisted living.**									
Supports: Combining ADHC and EDA waivers and additional services that are fiscally neutral.			M	M	M				M
Add: Improve access to adult day health services and support creation of new programs in areas of the state which do not currently have programs.								M	
Delete: Combining the EDA and the ADHC waivers.							M		
Immediate Action 4.6 • **Accelerate implementation of self-directed services so that within one year, 10 percent of waiver recipients (within all Home and Community-based waivers) and 10 percent of Long-term – Personal Care Service recipients will be directing their own services.**									
Supports: Acceleration of implementation of self-directed services.			M	m	M				
Add: Utilize data collected from first year of implementation of self-directed services to develop future initiatives.									M
Delete: Do not have self-directed services as an option.			m						

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Immediate Actions from Draft Plan for Immediate Actions and Majority (M) and Minority (m) Recommendations Received from the Regional Consortia	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Immediate Action 5.1 • **Examine opportunities for Medicare maximization.** • **Require nursing facilities, home health agencies and durable medical equipment providers that provide services to Medicaid recipients to also be Medicare certified and to exhaust Medicare billing capability before billing Medicaid.** • **Develop protocols for long-term care case managers to maximize use of Medicare services in developing plans of care.** • **Develop contingency contracts for appealing routine Medicare intermediary denials of Medicare nursing facility, home health and other services.**									
Supports: Medicare maximization strategies.			M	m	M				M
Change: Examine and take full advantage of opportunities for Medicare maximization.	M			M					
Add: Develop physician and hospital education programs about the benefits of maximizing Medicare and public education programs for families and people eligible for Medicare benefits.								M	
Do not seek to maximize Medicare.			m						
Immediate Action 5.2 • **Explore the feasibility of :** o **Pursuing the Office of Mental Health modernization project to replace present inpatient facilities with smaller, contemporary structures, and** o **Using any operational savings and proceeds from the sale of stat hospital properties to support community infrastructure (such as expansion of crisis services and Assertive Community Treatment (ACT) teams) to transition long-term residents of mental health facilities to community services and divert future long-term admissions.**									
Supports: Exploring feasibility of pursuing OMH modernization project.			M	m	M				M
Immediate Action 5.3 • **Examine to determine if there are additional opportunities, compliant with federal regulations, for expanding provider fees.**									
Supports: Determining if there are additional opportunities for provider fees.			m	m				M	M
Immediate Action 5.4 • **Evaluate the effects of restructuring nursing facility reimbursements to address excess capacity, including:** o **Basing fair rental allowance on local real estate costs.** o **Increasing the imputed occupancy rate to 85 percent within one year and 90 percent within five years.** • **Evaluate the effects of assessing provider fees on all beds within a nursing facility.**									

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Immediate Actions from Draft Plan for Immediate Actions and Majority (M) and Minority (m) Recommendations Received from the Regional Consortia	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Supports: Evaluating nursing facility reimbursement and fee structures.		m	M	m	M				M
Change: To increasing imputed occupancy to 75% now and 85% over 5 years.				M					
Change: To read—Evaluate effects of assessing provider fees on all occupied beds except for those occupied by individuals who are private payers and don't receive Medicaid benefits.						M			
Add: Implement all changes in nursing facility reimbursement and fee structures that are determined to be fiscally sound.	M	m							
Add: Modify reimbursement methodology to provide incentives for quality improvement and the provision of high quality care.		m							
Add: Evaluate the effects of reducing the number of bed hold days.								M	
Delete: Evaluation of restructuring nursing facility reimbursement and fee structures.		m							
Delete: Remove examination of provider fees for all beds.				M					
Immediate Action 5.5 • **Move from facility-based average case mix index to a Medicaid only average case mix index.**									
Supports: Moving to Medicaid only average case mix index.				m	M				
Delete: Changing to a Medicaid only average case mix index.	m			M		M			
Immediate Action 5.6 • **Examine ways for Louisiana Rehabilitation Services to use existing state monies to capture federal vocational rehabilitation monies.**									
Supports: Examining ways to capture additional federal rehabilitation monies.			M	m	M				
Immediate Action 6.1 • **Within each programmatic unit (the Office fro Citizens with Developmental Disabilities, the Office of Mental Health and the Medicaid long-term care unit), develop full-scale, data-driven quality management system – a system unified across programs and services that reflects the vision, guiding principles and values of the long-term care services system.** • **Consistency in quality management systems will be accomplished through coordination among programmatic units and the use of quality measures that reflect the common vision, principles and values of the Louisiana long-term care services system.** • **Integrate the data bases for elderly and adult onset disability programs and for developmental disability programs within the appropriate program units (the Office for Citizens with Developmental Disabilities and the Medicaid long-term care unit). Work toward development of common data systems for all populations receiving long-term care services with specialized modules of the common data system to meet specialized needs of each population, as necessary.**									

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Immediate Actions from Draft Plan for Immediate Actions and Majority (M) and Minority (m) Recommendations Received from the Regional Consortia	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Supports: Development of quality management system and integrated data bases.			M		M				
Add: Develop an effective method to promote quality care by encouraging providers to increase staffing, improve quality and reduce turnover of staff through pay raises, bonuses and benefits.		M							
Immediate Action 6.2 • **Develop state-operated case management systems for the elderly and adult onset disability population and for the developmental disability population within the appropriate programmatic units (the Office for Citizens with Developmental Disabilities and the Medicaid long-term care unit).** • **Case managers will receive extensive ongoing training on the vision, guiding principles and values of the Louisiana long-term care system.** • **The case management system will be based on proven and promising practices and the Centers for Medicare and Medicaid's Home and Community-based Services Quality System.** • **Case managers will recognize that availability of services varies across communities and will assist people to be aware of their service choices and determine the most cost-effective way to meet their needs.**									
Supports: Providing training to case managers on vision, operating the system based on proven and promising practices and assisting people to meet their needs in the most cost-effective way.			M		M				
Change: State-operated case management to privately-operated case management.		M	M	M		M		M	M
Add: Provide incentive payments for meeting quality indicators.		M							
Add: Implement a competency-based training curriculum toward individual case management certification with provisions to include CEUs.	M								
Immediate Action 6.3 • **Improve the efficiency and effectiveness of the licensing of long-term care providers.** • **Continue to provide oversight for all long-term care services (facility and community-based) and strengthen sanctions.** • **Develop multi-service licensing and appropriate fee structure for all licensing.** • **Streamline licensing regulations and assure that they are consistent with federal and state statutory requirements and they support the vision, guiding principles and values of the Louisiana long-term care services system.**									
Supports: Improving long-term care licensing, developing multi-service licensing, and streamlining licensing regulations and assuring that they are consistent with laws and support the vision of the long-term care services system.			M		M				

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Immediate Actions from Draft Plan for Immediate Actions and Majority (M) and Minority (m) Recommendations Received from the Regional Consortia	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Add: Provide same level of oversight across public/private facility-based and community-based services.								M	
Add: Licensing surveys will include onsite inspections.				m					
Change: Strengthen sanctions to strengthen and enforce appropriate sanctions, if necessary.			M						M
Proposed Immediate Actions without a corresponding Immediate Action within the Draft Immediate Action Plan submitted to the Governor's Health Care Reform Panel in December 2004									
Add: Implement "Money Follows the Individuals" which enables funding to follow a person who moves between institutional and community-based services.	M	M		m					M
Add: Implement proven strategies form other states that maximize local and state dollars as match for federal funds.		M							
Add: Examine utilizing Tobacco Settlement Fund to maximize match monies for Medicaid long-term care supports and services.		M				M			
Add: Enforce the estate recovery law including setting up a database and process to recover all allowable amounts by law and use these monies for long-term care.						M			
Add: Utilize Urban and Rural Development Funds as state match monies to draw down federal funds for services the Department of Health and Hospitals and Louisiana Rehabilitation Services.		M							
Add: Ensure all saving and additional revenues realized through implementation of this plan remain within the Medicaid programs that provide long-term care.		M		m					
Add: Require that net/retained earning be tied to percentage of direct services.		M							
Add: Privatize ancillary services for all state run facilities utilizing any saving within the Medicaid program.		M							
Add: Implement efforts to educate Louisiana citizens on the need for sound retirement planning and provide incentives to encourage citizens to invest in retirement/long-term care insurance programs.		M				M			
Add: Vigorously enforce, investigate, and prosecute reports of Medicaid fraud.								M	
Add: Limit control a family has when relatives are employed to care for loved ones.			m						
Add: Utilize single points of entry as local training and information centers for caregivers and make health care and training information available online.								M	
Add: Investigate opportunities to eliminate Medicaid waste related to accessing medical equipment and supplies, specific to individuals who no longer need care/services, are hospitalized, or are deceased.								M	

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Immediate Actions from Draft Plan for Immediate Actions and Majority (M) and Minority (m) Recommendations Received from the Regional Consortia	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Add: Encourage medical community loan closets, i.e., tax credit for those who donate equipment, prescription drugs, etc.								M	
Add: Investigate expansion of transportation services into rural areas.								M	
Add: Provide resources and incentives to faith-based organizations for services such as meals-on-wheels, home maintenance, repairs, transportation, etc.								M	
Add: Address food issues caused by poverty and inability to access with more programs such as food banks and adopt a senior.								M	
Add: Combine Elderly Protective Services and Adult Protective Services.								M	
Add: Resources available to meet the mental health needs of people with developmental disabilities or adult onset disabilities and the elderly will be addressed by OMH in conjunction with OCDD and the new long-term care unit, so that fragmentation of the services system is reduced.	M								
Add: Wait list management strategy for elderly and adult onset disability waiver services.							M		

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Summary of Stakeholder Organization Recommendations

Immediate Actions from Draft Plan for Immediate Actions and Recommendations Received from Stakeholder Organizations	Alliance of LA DCs	DD Council	Advocacy Center	AARP	LALA	Case Mgmt Alliance	Denson Forum	LNHA	ARC of LA	MS	LADSA	SILC	MH Review Comm	MH Planning Council	FHF
Immediate Action 1.1 • **The Department of Health and Hospitals shall continue to convene the Interagency Team (the Department of Health and Hospitals, Department of Social Services, Governor's Office of Elderly Affairs, and Governor's Office of Disability Affairs) to meet on a regular basis to : coordinate communication and integrate procedures among the aging and disability programs, improve public access to information that is of concern to older adults and persons with disabilities, and provide mutual support for each agency's aging and disability initiatives.**															
No Recommendations															
Immediate Action 1.2 • **The Interagency Team, with stakeholder input, will develop a clear vision, guiding principles and values to guide the development of long-term care planning efforts and the delivery of all long-term care services and supports within the state (the Louisiana long-term care services system.**															
No Recommendations															
Immediate Action 1.3 • **Each Administrative Unit (the Office for Citizens with Developmental Disabilities, Office of Mental Health, and a proposed long-term care unit within Medicaid) will convene a broad-based group of stakeholders to adopt a vision, guiding principles and values for the long-term care system within their respective programmatic area, which is consistent with the overall vision, guiding principles and values of the Louisiana long-term care services system.**															
Change: Delete reference to stakeholder input.								x							
Add: Include Office of Addictive Disorders.													x	x	

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Immediate Actions from Draft Plan for Immediate Actions and Recommendations Received from Stakeholder Organizations	Alliance of LA DCs	DD Council	Advocacy Center	AARP	LALA	Case Mgmt Alliance	Denson Forum	LNHA	ARC of LA	MS	LADSA	SILC	MH Review Comm	MH Planning Council	FHF
Immediate Action 2.1 • **Consolidate administration of long-term services and supports for the elderly and people who have a disability acquired during adulthood within a long-term unit within Medicaid.** • **This long-term care unit would: administer nursing facilities, nursing facility level of care HCBS waivers, Long-term Personal Care Services, Home Health, Program of All-Inclusive Care for the Elderly, and Hospice services.** • **This long-term care unit will be responsible for program expenditures and have funding flexibility so that it can better meet people's needs and preferences.**															
Supports: Consolidation of administration of elderly and adult onset disability services.			x					x		x					x
Supports: Consolidation of budgeting.			x							x					
Change: Change location of unit from within Medicaid to an Office under the Secretary / Deputy Secretary.			x	x								x			
Add: After "during adulthood" add "including persons with long-term service needs associated with mental illness."													x	x	
Add: To the list that this unit will administer, add "case management and the mental health waiver."													x	x	
Add: Hire a person to head this unit who possesses strong administrative skills and working knowledge of services for the elderly and people with adult onset disabilities, a demonstrated dedication to a vision of choice, and experience in successfully changing a long-term care system that is responsive to consumer choice.			x												

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Immediate Action 2.2 • **Consolidate administration of long-term care services and supports for people with developmental disabilities within the Office for Citizens with Developmental Disabilities.** • **The Office of Citizens with Developmental Disabilities would: administer state-funded services, Home and Community-Based Services waivers, and publicly-provided services (i.e., developmental centers, etc.) and have programmatic authority over all Intermediate Care Facility for the Mentally Retarded services.** • **The Office for Citizens with Developmental Disabilities will be responsible for program expenditures and have funding flexibility so that it can better meet people's needs and preferences. This will include consolidation of developmental center budgets into a global Office for Citizens with Developmental Disability budget.**															
Supports: Consolidation of administrative units and budgets within OCDD.			x						x						
Supports: OCDD as single point of entry for developmental disability services.									x						
Delete: Global budgeting for developmental disability services.	x														
Add: OCDD will oversee EPSDT case management.			x												
Add: Implement training and curriculum that will assure support coordinators have the knowledge and skills necessary to assist individuals and families in evaluation and coordination of services, supports and resources in their communities.									x						
Immediate Action 2.3 • **Develop a single point of entry for long-term care services and supports for the elderly and people with adult onset disabilities at the local/regional level.** • **Place state-operated case management functions for the elderly and people with adult onset disabilities in these local offices.** • **These local offices would act as the entry points for all services and supports administered by the proposed Medicaid long-term care unit.**															
Supports: Single point of entry.															x
Change: State-operated case management to privately-operated case management.			x	x		x					x				

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Add: Specify that first and second bullets also refer to persons who have long-term care needs associated with mental illness.													x	x	
Change: Develop a single point of entry to use Regional Medicaid Offices as the single point of entry.											x				
Delete: Creation of single point of entry for all elderly and adult onset disability services.								x							
Immediate Action 2.4 • **Implement a single point of entry for long-term care services and supports, including access to Intermediate Care Facilities for the Mentally Retarded, for people with developmental disabilities within the Office for Citizens with Developmental Disabilities regional administrative units (regional offices and districts/authorities).** • **Add state-operated case management services for people with developmental disabilities to the Office for Citizens with Developmental Disabilities regional administrative units.**															
Supports: The Office for Citizens with Developmental Disabilities as the single point of entry for developmental disability services.		x	x												x
Change: State-operated case management to privately-operated case management.		x	x			x			x			x			x
Add: Implement training and curriculum that will assure that case managers have necessary information and skills to provide the services required by people receiving case management services.			x												
Add: Coordination between case managers for various populations will be required and case managers will be knowledgeable about and have access to services for all long-term care populations.													x	x	

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Immediate Action 2.5 • **Consolidate licensing for all long-term services and services within the Health Standards Section of Bureau of Health Services Financing within the Department of Health and Hospitals.** • **Transfer licensing for Personal Care Attendant (PCA), Respite and Supervised Independent Living (SIL) from the Department of Social Services to the Department of Health and Hospitals.** • **Transfer licensing of Adult Day Health and case management from Bureau of Community Supports and Services to Health Standards.**															
Supports: The transfer of licensing to simplify administrative and regulatory functions.			x					x	x						
Delete: Consolidate of licensing long-term services within DHH.											x				
Add: Specify that the Assisted Living license will remain in DSS and that DHH will not create separate licensing regulations under DHH for Medicaid-funded Assisted Living.					x										
Immediate Action 2.6 • **The various program units (the Office for Developmental Disabilities, the Office of Mental Health, and the Medicaid long-term care unit_ will develop all rules and regulations affecting access, services and supports, financing and quality management of the programs within their purview.** • **Program units, with involvement of stakeholders, will conduct a comprehensive review of all rules, policies and provider requirements in order to: eliminate redundancy; reduce costly administrative burden; promote more efficient service deliver; and focus on achieving desired outcomes for individuals who depend on long-term care.** • **Program units will, from the outset of any rule development or revision, collaborate with a representative group of provider and consumer advocate stakeholders in developing rules for promulgation.** • **For Medicaid-funded programs, Bureau of Health Services Financing will assist the program units in the development of rules and regulations by providing expertise on federal requirements and will also assist in the promulgation process.**															
Supports: Review and streamlining of rules with stakeholder input and proposed new process for development of rules and regulations.			x												
Add: Stakeholder input will include providers and consumers of long-term care services.											x				

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Add: Regulation and oversight should be considered that anticipate abuse and neglect and promote the person's health over a social outcome.								x							
Immediate Action 3.1 • **Implement a comprehensive assessment and level of care instrument for all services and supports to the elderly and people with adult onset disabilities.** • **Adopt a needs-based assessment instrument (the Supports Intensity Scale (SIS) or similar assessment instrument) as a baseline assessment instrument by the Office for Citizens with Developmental Disabilities to determine support needs of people with developmental disabilities.**															
Supports: Adoption and Implementation of needs-based assessment instruments for each population.			x						x						x
Add: Use the Minimum Data Set form for nursing level-of-care services since nursing facilities currently use that form.								x							
Add: After "adult onset disabilities" in bullet one insert "including persons with long-term care needs associated with mental illness."													x	x	
Immediate Action 3.2 • **The Office for Citizens with Developmental Disabilities and the Medicaid long-term care unit will each adopt a single person-centered planning method to use across their respective services systems.**															
Supports: Adoption of a single person-centered planning method.			x						x						x
Add: Individuals in emergency situations, whose health and safety is compromised or who are at imminent risk of institutionalization, should be assessed immediately and receive supports and services within hours.									x						
Add: The OMH to the list of agency that will adopt a person-centered planning method.													x	x	
Immediate Action 3.3 • **Review and streamline long-term care access and authorization processes, including level of need determination, to simplify access to home and community-based services.**															

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Supports: Review and streamlining of long-term care access and authorization processes.			x												
Add: Use Regional Medicaid Offices to streamline access and authorization so that it is no more than a 3-4 step process to access waiver services.											x				
Delete: Review and streamlining of access and authorization process.								x							
Immediate Action 3.4 • **Implement waiting list management strategies for people with developmental disabilities who are waiting for Community-Based Services waiver opportunities.** • **These strategies will include: assessing new people as they get on the waiting list; assessing ¼ of the people on the waiting list on an annual basis so that information about people on the list is updated on a periodic basis; and developing a prioritization policy.**															
Supports: These waiting list management strategies.		x	x						x						
Add: Persons who are currently in institutions or who are at risk for institutionalization as identified by caregivers and OCDD personnel should be assessed immediately.			x												
Add: The state will take an aggressive approach to assure timely access to waiver services.									x						
Add: Include stakeholders who will be affected by prioritization when developing the prioritization process.		x													
Add: Develop a plan to eliminate the MR/DD waiver waiting list by a specified date.			x												
Immediate Action 3.5 • **Proceed with incorporating the training curriculum for direct support professionals as a state approved program in post-secondary schools (vocational/technical and community colleges).** • **Establish a registry similar to the registry for certified nurse aides.**															
Supports: State-approved training curriculum for direct support professionals and establishing a registry.			x						x		x				
Immediate Action 3.6 • **Seek revision of nurse delegation rules to permit more services to be delivered to individuals within their homes.**															

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Supports: Revision of nurse delegation rules.					x				x						
Change: Seek revision of nurse delegation rules to seek legislation to permit more nursing services to be delivered to individuals within their homes.			x												
Delete: Revision of nurse delegation rules.								x							
Immediate Action 3.7 • **Continue implementation of the Aging Disability Resource Center pilot project by the Governor's Office of Elderly Affairs.**															
Supports: Implementation of Aging Disability Resource Center.			x						x						
Add: Explore expansion of Aging and Disability Resource Center pilot project.			x												
Immediate Action 4.1 • **Accelerate downsizing of public developmental centers.** • **Work with community homes that wish to voluntarily convert to waiver services and add coverage of small-sized residential services to the New Opportunities Waiver (NOW). Encourage and support community-based shared living arrangements so that shared-living are the norm, unless programmatically contraindicated.** • **Work with large, private Intermediate Care Facilities for the Mentally Retarded on an individual basis to downsize and diversify their services.** • **Place a moratorium on new Intermediate Care Facility for the Mentally Retarded beds.**															
Supports: Voluntary conversion of community homes and addition of residential services to waiver.			x						x						x
Supports: Working with large private Intermediate Care Facilities for the Mentally Retarded to downsize and diversify.			x						x						
Change: Place a moratorium on new Intermediate Care Facilities for the Mentally Retarded beds to enforce existing legislatively imposed moratorium.			x						x						
Change: Accelerate downsizing of developmental centers to continue downsizing of developmental centers.	x														
Add: Halt admissions to developmental centers.		x							x						

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Add: Consolidate/close some of the developmental centers.		x	x						x						x
Immediate Action 4.2 • **Examine using the Office for Citizens with Developmental Disabilities vocational rehabilitation monies to fund a new, capped, support waiver for adults with developmental disabilities.**															
Change: Examine using vocational rehabilitation funds to develop and implement a capped waiver for adults with developmental disabilities utilizing vocational rehabilitation moneys as state match.		x	x						x						
Add: Ensure that all savings and additional revenues realized are utilized to address waiting lists for the New Opportunities Waiver and the adult capped waiver.									x						
Immediate Action 4.3 • **Evaluate justification for continued state operation of public nursing facilities.** • **Encourage conversion, diversification and downsizing of private nursing facilities by working on an individual basis with private nursing facility providers.** • **Develop a multi-faceted nursing facility transition program which expands upon current efforts.**															
Supports: Evaluation of need for public nursing facilities.			x							x					
Change: Encourage conversion/diversification to implement conversion/diversification.			x					x		x					
Immediate Action 4.4 • **Convert state-funded mental health services to a Medicaid Home and Community-based Services waiver.** • **Develop a mental health peer support service.** • **Redesign mental health clinic services to include increased crisis intervention, formation of treatment teams, care coordination and implementation of evidenced-based practices and interventions.**															
Supports: Mental Health waiver, peer support services and redesigned clinic services.			x												

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Add: Resources available to meet the mental health needs of people with developmental disabilities, people with adult onset disabilities and the elderly will be addressed by OMH in conjunction with OCDD, the new long-term care unit and regional administrative units, so that fragmentation of the system can be reduced.			x												
Add: Continue to provide assertive case management to persons impacted by *State v. Denson.*							x								
Add: Provide assertive case management statewide.							x								
Add: Explore and implement innovative, collaborative approaches which combine resources to attract federal match dollars to develop services that prevent homelessness and unnecessary criminalization of persons with mental illness.							x								
Add: Explore ways to obtain federal match for state dollars currently spent on housing persons with mental illness in jails and prisons. Consider collaborative efforts such as the model in Jefferson Parish.							x						x	x	
Add: Begin development of an intermediate level of treatment and services—following acute, crisis stabilization.													x		
Immediate Action 4.5 • **Eliminate the Adult Day Health Care (ADHC) waiver and revise the Elderly and Disabled (EDA) waiver to include adult day care and add the waiver "slots" from the Adult Day Health Care waiver to the Elderly and Disabled Adult waiver.** • **Services such as respite, assisted living, and adult foster care, and other services (e.g., nutritional services) will be added to the Elderly and Disabled Adult waiver if they can be administered in a fiscally neutral and responsible way. This may include balancing of additional services for some against expanding access for others.** • **Identify and address barriers to adequate access to competitive, high-quality assisted living.**															
Supports: Combining ADHC and EDA waivers and additional services that are fiscally neutral.								x							
Supports: Identifying and address barriers to adequate access to competitive, high-quality assisted living.					x			x							

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Add: In combining the waivers, the waiting lists for the EDA and ADHC waivers must be managed in such a way as to permit persons whose only service need or choice is the ADHC waiver to access that service as rapidly as they would had the waivers not been combined.			x												
Add: Fill capacity of existing ADHC openings and open new centers to meet needs of people on waiting list.											x				
Change: Add nursing services to proposed combined waiver and/or increase the amount of State Plan home nursing services.			x												
Change: Add assistive technology to proposed combined waiver.												x			
Change: Eliminate ADHC to re-configure ADHC to include a comprehensive scope of services.											x				
Immediate Action 4.6 • **Accelerate implementation of self-directed services so that within one year, 10 percent of waiver recipients (within all Home and Community-based waivers) and 10 percent of Long-term – Personal Care Service recipients will be directing their own services.**															
Supports: Acceleration of implementation of self-directed services.			x						x	x					x
Add: Eventually offering self-direction as an option to anyone receiving waiver or Long-Term Personal Care Services.			x												
Immediate Action 5.1 • **Examine opportunities for Medicare maximization.** • **Require nursing facilities, home health agencies and durable medical equipment providers that provide services to Medicaid recipients to also be Medicare certified and to exhaust Medicare billing capability before billing Medicaid.** • **Develop protocols for long-term care case managers to maximize use of Medicare services in developing plans of care.** • **Develop contingency contracts for appealing routine Medicare intermediary denials of Medicare nursing facility, home health and other services.**															
Supports: Medicare maximization strategies.			x					x							
Change: Examine opportunities for Medicare maximization to examine and take full advantage of opportunities for Medicare maximization.			x												

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Add: Begin development of an intermediate level of stabilization as an alternative to high cost crisis units for persons with mental illness. Use Medicare to help finance this new level and license this service.													x	x	
Immediate Action 5.2 • **Explore the feasibility of :** o **Pursuing the Office of Mental Health modernization project to replace present inpatient facilities with smaller, contemporary structures, and** o **Using any operational savings and proceeds from the sale of stat hospital properties to support community infrastructure (such as expansion of crisis services and Assertive Community Treatment (ACT) teams) to transition long-term residents of mental health facilities to community services and divert future long-term admissions.**															
Supports: Exploring feasibility of pursuing OMH modernization project.			x												
Immediate Action 5.3 • **Examine to determine if there are additional opportunities, compliant with federal regulations, for expanding provider fees.**															
Supports: Examining to determine if there are additional opportunities for provider fees.			x					x							
Immediate Action 5.4 • **Evaluate the effects of restructuring nursing facility reimbursements to address excess capacity, including:** o **Basing fair rental allowance on local real estate costs.** o **Increasing the imputed occupancy rate to 85 percent within one year and 90 percent within five years.** • **Evaluate the effects of assessing provider fees on all beds within a nursing facility.**															
Add: Implement all changes in nursing facility reimbursement and fee structures that are determined to be fiscally sound.		x	x	x					x						x
Add: Modify reimbursement methodology to provide incentives for quality improvement and the provision of high quality care.									x						
Delete: Evaluation of restructuring nursing facility reimbursement and fee structures.								x							

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Immediate Action 5.5 • **Move from facility-based average case mix index to a Medicaid only average case mix index.**															
Supports: Moving to Medicaid only average case mix index.			x												
Delete: Changing to a Medicaid only average case mix index.								x							
Immediate Action 5.6 • **Examine ways for Louisiana Rehabilitation Services to use existing state monies to capture federal vocational rehabilitation monies.**															
Supports: Examining ways to capture additional federal rehabilitation monies.			x												
Change: Examine ways for LRS to capture federal monies to provide the necessary matching state funds to capture additional federal dollars.		x							x						
Immediate Action 6.1 • **Within each programmatic unit (the Office fro Citizens with Developmental Disabilities, the Office of Mental Health and the Medicaid long-term care unit), develop full-scale, data-driven quality management system – a system unified across programs and services that reflects the vision, guiding principles and values of the long-term care services system.** • **Consistency in quality management systems will be accomplished through coordination among programmatic units and the use of quality measures that reflect the common vision, principles and values of the Louisiana long-term care services system.** • **Integrate the data bases for elderly and adult onset disability programs and for developmental disability programs within the appropriate program units (the Office for Citizens with Developmental Disabilities and the Medicaid long-term care unit). Work toward development of common data systems for all populations receiving long-term care services with specialized modules of the common data system to meet specialized needs of each population, as necessary.**															
Supports: Development of quality management system and integrated data bases.			x		x			x							

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Immediate Action 6.2 • **Develop state-operated case management systems for the elderly and adult onset disability population and for the developmental disability population within the appropriate programmatic units (the Office for Citizens with Developmental Disabilities and the Medicaid long-term care unit).** • **Case managers will receive extensive ongoing training on the vision, guiding principles and values of the Louisiana long-term care system.** • **The case management system will be based on proven and promising practices and the Centers for Medicare and Medicaid's Home and Community-based Services Quality System.** • **Case managers will recognize that availability of services varies across communities and will assist people to be aware of their service choices and determine the most cost-effective way to meet their needs.**															
Supports: Providing training to case managers on vision, operating the system based on proven and promising practices and assisting people to meet their needs in the most cost-effective way.			x												
Add: After "disability population" in first bullet, add "including persons with metal illness."													x	x	
Change: State-operated case management to privately-operated case management.		x	x	x		x			x		x	x			
Add: Provide incentive payments for meeting quality indicators.									x						
Add: Support Coordination services will include collaboration between coordinators specializing in developmental disabilities, mental health, adult onset disabilities, and aging to ensure access to a broad array of services to meet individual needs.									x						
Immediate Action 6.3 • **Improve the efficiency and effectiveness of the licensing of long-term care providers.** • **Continue to provide oversight for all long-term care services (facility and community-based) and strengthen sanctions.** • **Develop multi-service licensing and appropriate fee structure for all licensing.** • **Streamline licensing regulations and assure that they are consistent with federal and state statutory requirements and they support the vision, guiding principles and values of the Louisiana long-term care services system.**															

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Supports: Improving long-term care licensing, developing multi-service licensing, and streamlining licensing regulations and assuring that they are consistent with laws and support the vision of the long-term care services system.		x			x										
Add: Take immediate steps to empower survey agencies and protective services to pro-actively monitor physical, mental and psychosocial conditions of elderly receiving home and community-based services.								x							
Proposed Immediate Actions without a corresponding Immediate Action within the Draft Immediate Action Plan submitted to the Governor's Health Care Reform Panel in December 2004															
Add: Implement "Money Follows the Individuals" which enables funding to follow a person who moves between institutional and community-based services.		x	x						x			x			x
Add: Implement proven strategies form other states that maximize local and state dollars as match for federal funds.									x						
Add: Tax soda, alcohol and cigarettes using revenues as match for the Medicaid program.									x						
Add: Utilize Urban and Rural Development Funds as state match monies to draw down federal funds for services the Department of Health and Hospitals and Louisiana Rehabilitation Services.									x						
Add: State monies should be utilized to capture any federal money for long-term care that is left on the table.												x			
Add: Ensure all saving and additional revenues realized through implementation of this plan remain within the Medicaid programs that provide long-term care.									x						
Add: Require that net/retained earning be tied to percentage of direct services.									x						
Add: Privatize ancillary services for all state run facilities utilizing any saving within the Medicaid program.									x						
Add: Allocate funding for all people on the current EDA and ADHC waiting lists.											x				

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Add: Implement efforts to educate Louisiana citizens on the need for sound retirement planning and provide incentives to encourage citizens to invest in retirement/long-term care insurance programs.					x			x							
Add: Develop and implement stricter "spend-down" requirements for Medicaid eligibility.					x										
Add: Introduce bills to repeal Act 194 and Act 659 which were passed during the last legislative session.					x										
Add: Require discharge planning for persons with mental illness leaving prison or forensic facilities which coordinates community based services including medication, assertive case management, housing, and finances.							x					x			
Add: Reorganize the Mental Health Rehab Services program in coordination and collaboration with BHSF to improve and maintain program integrity; add evidence-based practices and assure consistency between the intent of the program and its application.													x	x	