



LDH Business Plan FY 2023

NVEST:

Teaming Up for a Stronger LDH and a Healthier Louisiana

FY **2023**



LDH MISSION

To protect and promote health
and to ensure access to medical,
preventive, and rehabilitative
services for all residents of
the state of Louisiana.



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MESSAGE FROM THE SECRETARY



Dr. Courtney N. Phillips

As we begin the long road to recovery from a historic pandemic, our state has reached a critical juncture.

Louisiana has long ranked at the bottom of lists evaluating health and well-being, and the COVID-19 pandemic has taken an immense toll. Areas of intense struggle, like behavioral health, have been exacerbated by one of the biggest public health crises of our time.

While this crisis brought enormous grief and trauma, it also led to introspection and invaluable learning experiences.

COVID-19 compelled us to deepen and strengthen community partnerships, break barriers between silos, and use innovative outreach methods to keep our residents as safe and healthy as possible. Through these partnerships, intentional community outreach, and a sharp focus on saving lives, we saw real results.

As we emerge from the pandemic, we must extend this sense of passion and urgency into other areas of healthcare, where so many existing health conditions continue to impact Louisiana lives.

A year ago, the Louisiana Department of Health launched our FY22 business plan for moving the dial on health issues that deeply impact our state. The plan was far-reaching and ambitious, encompassing initiatives and services from every program office in our agency.

Together, we made progress amid staggering hits from Hurricanes Laura and Ida, the winter weather storm and tornadoes, an ongoing COVID pandemic, and the more recent challenge of monkeypox.

Through purposeful partnerships and strategies, we completed 88% of our 42 goals and 95% of our 258 deliverables, and guided measurable improvements in behavioral, maternal, and dental health services; chronic disease prevention and detection; public water systems; and workforce development.

We focused on areas like colorectal cancer, which despite being highly treatable and survivable through early detection, claims more lives on average in Louisiana than most of the country. We achieved our FY22 goal of increasing statewide screening rates by 2 percentage points — representing hundreds more chances to catch this cancer in time.

We made advancements in maternal health, working with the Louisiana Perinatal Quality Collaborative (LaPQC) to reduce low-risk, first-time Cesarean section births. Between 2020 and late 2021, we reduced these C-section births from 33% to 28.5% — meaning more Louisiana women experienced safer, healthier births.



Between August 2021 and June 2022, we increased breastfeeding peer counselor coverage in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics from 43% to 73% statewide. This means more professional support provided to Louisiana moms, and more infants gaining a healthier, stronger start.

We implemented a new directed payment model for hospitals that both meets U.S. Centers for Medicare & Medicaid Services (CMS) guidance and benefits our most vulnerable residents. The new model, which changes the way we reimburse hospitals for care provided to Medicaid patients, reflects close collaboration with CMS, hospital providers, the Louisiana Hospital Association, legislators, and other stakeholders.

Though some goals went unmet, for reasons ranging from data delays, provider shortages, and national workforce trends to construction delays and supply issues, these unfinished goals offer a chance to learn and redirect efforts.

The LDH FY23 business plan will further our FY22 work in critical areas, including behavioral, maternal, and dental health; chronic disease; workforce expansion and diversification; and transparency and accountability.

Through collaboration with partners and stakeholders, we will continue the push to prevent colorectal cancer through early detection while also improving resources for Louisianans struggling with Sickle Cell Disease. We will build on progress made in maternal health while striving to improve until every expectant mother receives dignified, respectful care during pregnancy, childbirth, and postpartum. We will expand behavioral health crisis intervention services to better reach everyone in crisis, including teens, postpartum mothers, and rural residents. We will better invest in Louisiana high school and college students to draw them into the health arena, to advance their career goals, and fill critical gaps in the healthcare workforce.

Through collaboration with Medicaid Managed Care Organizations (MCOs), community partners, and clinicians, we will boost screenings for cardiovascular disease and connect residents with effective prevention and management programs. We will partner with nonprofit and state agencies to increase access to nutritious foods and safe physical activity, and work with Medicaid to expand access to smoking cessation programs. Together, we can lower our higher-than-average rates of cardiovascular disease.

Better health and improved quality of life are within reach if we pull together and act with purpose. This work is hard but achievable and a healthy Louisiana is worth the effort and investment.

Thank you to #TeamLDH and all of our stakeholders for your consistent hard work and support in bettering our state.

Dr. Courtney N. Phillips
LDH Secretary
#TeamLDH



EXECUTIVE SUMMARY

The Louisiana Department of Health (LDH, or the Department) achieved an overwhelming number of goals set in our FY22 business plan. As we worked to fulfill the plan's 17 initiatives, it revealed the challenges our state faces as well as valuable lessons that will inform our future efforts.

A crucial lesson was that our work has an exponential impact when we collaborate on the same goals with partners, stakeholders, and community leaders. Partnership is a core theme in our FY23 business plan, *Invest: Teaming Up for a Stronger LDH and a Healthier Louisiana*, which focuses on shared goals, efforts, and investments to measurably improve the health of Louisiana residents.

The health of our state is dependent upon an available and strong healthcare workforce, a challenge we encountered while carrying out the work of the FY22 business plan. The COVID-19 pandemic exacerbated workforce shortages and barriers to retention, and LDH will address these challenges in the FY23 business plan through intentional investments in building, diversifying, and retaining health professionals and clinicians. We will place additional focus on strengthening the work and success in the areas of maternal and child health, behavioral health, and chronic disease, while simultaneously improving internal LDH culture, transparency of operations, and compliance with applicable standards.

LDH team members collaborated for months on the development of the FY23 business plan, identifying areas of focus that are highlighted through key initiatives as well as targeted strategies to achieve the initiatives' goals. This business plan — comprising 18 initiatives, 45 goals, and 253 deliverables — includes timelines and milestones as both measures of progress and a means to increase accountability to the residents of Louisiana, our stakeholders, and LDH.

We look forward to releasing our outcomes report in the first quarter of FY24, which will detail our successes and identify opportunities for further improvements as we invest in a stronger, healthier Louisiana.

LDH has five major categories in which we are committed to making measurable improvements:

- 📦 Improve health and well-being across the lifespan of Louisianans
- 📦 Support vulnerable and underserved populations
- 📦 Invest in and empower #TeamLDH
- 📦 Improve performance, accountability, and compliance
- 📦 Strengthen customer service, partnerships, and community relations



Improve Health and Well-Being across the Lifespan of Louisianans

LDH is committed to protecting and promoting health across the lifespan of all Louisianans, a mission that aligns with the World Health Organization's definition of health: "a state of complete mental, physical, and social well-being and not merely the absence of disease or infirmity."¹ We accomplish this through a holistic array of programs and services for the early detection, prevention, and treatment of chronic diseases; the promotion and treatment of behavioral and mental health; and comprehensive, dignified care for our older adults and those with intellectual and developmental disabilities.

Our focus will be ensuring residents receive high-quality care tailored to every stage of life. This FY23 business plan commitment includes LDH-led initiatives that will:

- Improve Health Outcomes in Pregnancy and through Childhood
- Improve Prevention, Early Detection, and Treatment of Chronic Diseases
- Increase Availability of Behavioral Health Services
- Increase Access to Dental Services for Adults with Developmental Disabilities

Support Vulnerable and Underserved Populations

LDH's mission of providing equitable, accessible healthcare is bolstered by continuous improvement in health systems and service delivery, from the safety of the water we drink to the safeguarding of our older adults in the event of a hurricane or other disaster. Such investments benefit all Louisianans across the lifespan, including our most vulnerable and underserved residents.

This FY23 business plan commitment includes LDH-led initiatives that will:

- Improve Systems to Support People Living with Sickle Cell Disease
- Increase and Strengthen Service Delivery for Vulnerable Residents
- Protect the Health, Safety, and Welfare of Nursing Home Residents in Louisiana
- Improve the Sustainability of Public Water Systems

Invest in and Empower #TeamLDH

LDH cannot fulfill its mission without a qualified, motivated, and skilled workforce. Cultivating such a workforce requires continual investment in our team members as well as bolstering our team with new talent. Building on the

momentum of the FY22 business plan, LDH will continue pursuing programs that will support and strengthen its workforce, and ensuring that our team members are actively involved in building and sustaining an equitable work environment.

This FY23 business plan commitment includes LDH-led initiatives that will:

- Improve #TeamLDH Culture, Recruitment, and Retention
- Expand Workforce Development Training Program

Improve Performance, Accountability, and Compliance

LDH accomplished many successes in promoting transparency, accountability, and compliance of program processes in our FY22 business plan, and this will continue in FY23. The development of quality improvement (QI) processes will strengthen the efficiency of program activities and provide objective measures of achievement.

This FY23 business plan commitment includes LDH-led initiatives that will:

- Establish an LDH Annual Quality Improvement Process
- Develop and Implement a Process to Reduce External Audit Findings
- Advance Prevention of Medicaid Fraud and Waste
- Develop Sustainable, Equitable, and Comprehensive Supplemental Payment Systems

Strengthen Customer Service, Partnerships, and Community Relations

LDH will continue working in close communication and partnership with the individuals and communities we serve. Ongoing community engagement enables deeper understanding of our residents' needs, allowing us to better address the social determinants of health impacting the health outcomes of our residents.

This FY23 business plan commitment includes LDH-led initiatives that will:

- Establish the Office of Women's Health and Community Health
- Build Statewide Capacity to Engage in Systemic Health Equity Work
- Strengthen, Expand, and Diversify Louisiana's Healthcare Workforce
- Expand Collaborations with Community Partners



LOUISIANA DEPARTMENT OF HEALTH OVERVIEW

More than 4.6 million people live in our state and our agency serves every single resident. It is our privilege to create policy and provide services that ensure Louisiana residents have clean drinking water, birth certificates, restaurant and long-term care center inspections, healthcare coverage through the Medicaid program, behavioral health services, access to important health information, and more. The LDH team includes more than 6,500 individuals, and each person plays a pivotal role in improving and protecting the health and wellness of the people of our state.

Organizational Structure and Services

The Louisiana Department of Health includes the Office of the Secretary; Office of Aging and Adult Services; Office of Behavioral Health; Office for Citizens with Developmental Disabilities; Bureau of Health Services Financing (Medicaid); Office of Public Health; Office of Women's Health and Community Health; five 24-hour healthcare facilities; Legal, Audit, and Regulatory Compliance; nine Human Services Districts and Authorities (HSDAs); Louisiana Emergency Response Network; and the Developmental Disabilities Council.

The **Office of the Secretary** (OS) is comprised of LDH's Executive Management Team as well as the teams that handle centralized LDH functions, including internal and external communications; legislative and governmental relations; policy and QI; human resources; training and staff development; legal, audit, and regulatory compliance; finance; and budget.

The **Office of Aging and Adult Services** (OAAS) develops, provides, and enhances services that offer meaningful choices for people in need of care in long-term care facilities and in-home and residential settings through home- and community-based services.

The **Office of Behavioral Health** (OBH) manages and delivers the services and supports necessary to improve the quality of life for residents living with mental health challenges and substance-related and addictive disorders. This program office monitors and serves as subject matter consultant for the children's Coordinated System of Care program and the Medicaid Healthy Louisiana managed care plans, which manage behavioral health services. OBH also delivers direct care through hospitalization and has oversight of behavioral health community-based treatment

programs through the HSDAs. Services are provided for Medicaid and non-Medicaid eligible populations.

The **Office for Citizens with Developmental Disabilities** (OCDD) serves as the single point of entry into the developmental disabilities services system, overseeing public and private residential services and other services for those living with developmental challenges. This program office works to ensure individuals living with developmental challenges and their families have access to a seamless services system that is responsive to both individual needs and desires. In addition, OCDD promotes partnerships and relationships which empower people living with developmental issues to live fully integrated and valued lives.

Medicaid provides government-subsidized medical benefits to qualifying low-income individuals and families. Although the federal government establishes the general rules for Medicaid, specific requirements are established by each state. In Louisiana, more than 1.9 million residents receive healthcare coverage through Medicaid.

The **Office of Public Health** (OPH) is responsible for protecting and promoting the health and wellness of all individuals and communities in Louisiana. OPH accomplishes this through educational initiatives, promoting healthy lifestyles, preventing disease and injury, enforcing regulations that protect the environment, sharing vital information, and assuring preventive services to uninsured and underserved individuals and families. This office also monitors the food Louisiana's residents and visitors eat; keeps our water safe to drink; fights chronic and communicable disease; ensures we are ready for hurricanes, disasters, and other threats; manages,



analyzes, and disseminates public health data; ensures access to vital records like birth certificates; and improves health outcomes with an emphasis on preventive health services.

The **Office of Women's Health and Community Health** (OWHCH) was created by Act 676 (SB 116) of the 2022 Regular Legislative Session, and signed by Governor John Bel Edwards on June 18, 2022. OWHCH will serve as a clearinghouse, coordinating agency, and resource center for women's health data and strategies, services, programs, and initiatives that address women's health-related concerns. This office will focus on health needs throughout a woman's life, including chronic or acute conditions that significantly affect women, access to healthcare for women, and women's health disparities. OWHCH also includes the Bureau of Community Partnerships and Health Equity (BCPHE), which is charged with developing and implementing agency-wide health equity plans, protocols, and tools that support the implementation of health equity and community engagement practices and standards across LDH.

LDH also operates **five 24-hour healthcare facilities**. These facilities include the Central Louisiana State Hospital, Central Louisiana Supports and Services Center, Eastern Louisiana Mental Health System, Pinecrest Supports and Services Center, and the Villa Feliciana Medical Complex. Together, these facilities provide behavioral health, developmental disability, and long-term care services for over 1,400 Louisiana residents.

Legal, Audit, and Regulatory Compliance (LARC) includes the Bureau of Legal Services, Internal Audit, Program Integrity, and Health Standards sections of LDH. The Bureau of Legal Services is the legal arm of the Department and is responsible for handling all legal matters including procurement and the provision of legal advice around state and federal regulations applicable to all Department offices. The Internal Audit Section is responsible for conducting internal audits of various Department programs to ensure efficient operations and appropriate controls geared at maintaining programmatic integrity. The Internal Audit section additionally acts as the liaison for the Department with the Legislative Auditor, and other audit entities, regarding external audits of the Department's programs. The Program Integrity section is responsible for ensuring programmatic and fiscal integrity of the Department's Medicaid program, along with other Medicaid-funded programming provided by other departments. Program Integrity is responsible for monitoring Medicaid-funded programs for provider and/or recipient fraud, waste, or abuse. Finally, the Health Standards Section is responsible for the licensing and certification of various

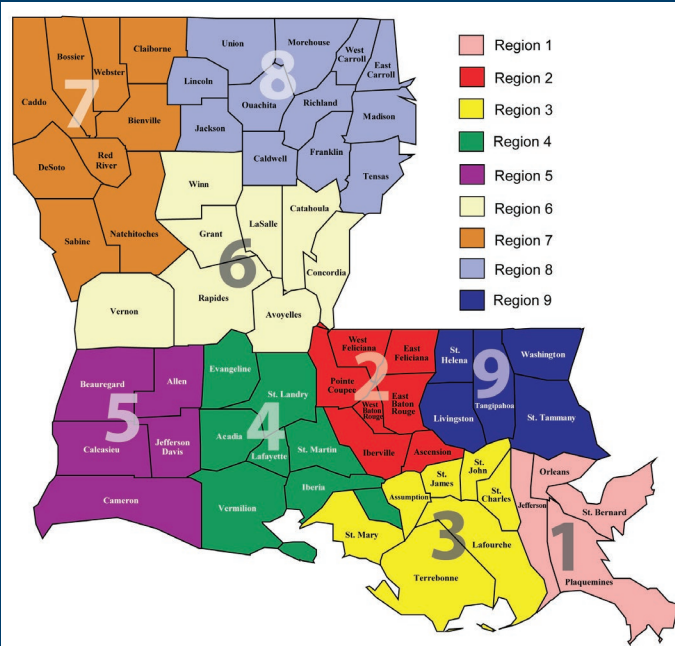
healthcare facilities in Louisiana, which includes ensuring that facilities are maintaining compliance with applicable standards, statutes, rules, regulations, and policies. This is accomplished through periodic surveys and inspections, including complaint investigations of providers that are subject to licensure and/or certification by the Department.

HSDAs, also known as local governing entities (LGEs), are established by Louisiana state law to direct the operation and management of community-based programs and services relative to mental health, intellectual/developmental disabilities and challenges, and substance-related and addictive disorders. HSDAs were established by Louisiana state law beginning in 1989 with the last entity authorized in 2013.

The Louisiana Emergency Response Network (LERN) is responsible for developing and maintaining a statewide system of care coordination for patients suddenly stricken by serious traumatic injury or time-sensitive illness (such as heart attack and stroke). It is a system also designated to serve as a vital healthcare resource in the face of large-scale emergencies and natural disasters.

The **Developmental Disability Council's** mission is to increase independence, self-determination, productivity, integration, and inclusion for Louisianans with developmental disabilities and challenges by engaging in advocacy, capacity building, and systems change.

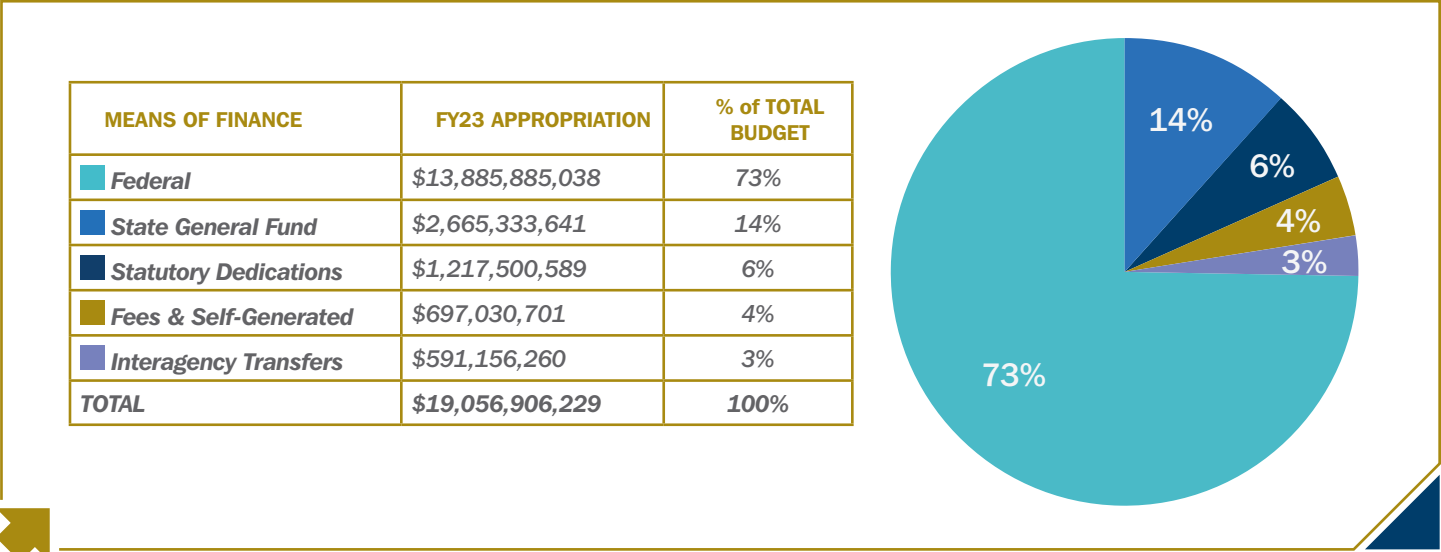
LDH divides the state into nine administrative regions that include all 64 parishes in the state. These LDH regions are referenced throughout the business plan.





LDH Fiscal Year 2023 Budget

The Louisiana Legislature appropriated budget for LDH is approximately \$19 billion for FY22-23. This appropriation is from five sources: Federal Funds, State General Funds, Statutory Dedications, Fees and Self-Generated Revenue, and Interagency Transfers.



2022 Legislative Session Overview

Governor John Bel Edwards and Louisiana legislators during the 2022 Regular Legislative Session played a key role in helping LDH further its goals of effectively and efficiently delivering healthcare services to Louisianans. Legislators filed 2,299 instruments of which LDH monitored more than 121 bills and resolutions that would have directly affected the Department’s operations or services.

Throughout the session, LDH team members testified and participated in meetings with legislators, stakeholders, and constituents, and provided critical information and context for the proposed legislation. LDH is committed to working with the Governor and Legislature to implement all enacted legislation affecting the Department.



FISCAL YEAR 2023 INITIATIVES

COMMITMENT 1: Improve Health and Well-Being across the Lifespan of Louisianans

Initiative 1: Improve Health Outcomes in Pregnancy and through Childhood

In FY22, LDH advanced substantial policy and systems-level changes to improve health outcomes in pregnancy and through early childhood. For FY23, the Department will build on this momentum with a focus on two particular areas: maternal and child nutrition in pregnancy and through early childhood, and the development of a state action plan to address early experiences that affect lifelong health — Adverse Childhood Experiences (ACEs) and trauma.

In pregnancy and through early childhood, malnutrition and diets lacking in key nutrients lead to poor health outcomes for mothers and children. WIC provides access to supplemental foods, nutrition education, breastfeeding support, and social and healthcare referrals to at-risk women, infants, and children up to 5 years of age. Participation in WIC may also reduce nutrition-related health risks such as gestational diabetes, pregnancy-induced hypertension and preeclampsia, and maternal iron deficiency among women. According to 2019 data from the United States Department of Agriculture (USDA), WIC serves 94.7% of potentially eligible infants and 62.9% of potentially eligible women in the state of Louisiana.² Additionally, based on August 2022 participation data, 16% of Louisiana WIC participants are enrolled in the program, but are not actively participating (i.e., not receiving WIC benefits). Strengthening the referral systems for Louisiana WIC and increasing participation will augment the work the Department is currently doing to improve health outcomes.

In addition, Louisiana's breastfeeding rates are below national averages, with lower rates among Black and Medicaid-insured mothers. Therefore, as part of the FY22 business plan, Louisiana Medicaid and LSU Health Sciences Center New Orleans (LSUHSC-NO) conducted research — including focus groups with beneficiaries, physicians, lactation consultants, and MCOs — to determine gaps in care experienced by Medicaid-insured breastfeeding

women. Medicaid's continued partnership with breastfeeding mothers, lactation consultants, physicians, and MCO representatives will inform the next steps in making outpatient breastfeeding support a reality.

Legislative Spotlight: Act 488 (House Bill 650) of the 2022 Regular Session provides for Medicaid coverage of prescription human milk. This law requires Medicaid health plans to provide coverage benefits for medically necessary pasteurized donor human milk upon prescription of an infant's pediatrician stating that the infant is medically or physically unable to receive maternal human milk or participate in breastfeeding, or the infant's mother is medically or physically unable to produce maternal human milk in sufficient quantities.

Looking more broadly at child health, Louisiana is seeking to develop a statewide trauma-informed plan to set priorities for the state, and inform action around addressing the drivers of ACEs and childhood trauma. Research shows that exposure to trauma and toxic stress in childhood increases the likelihood of developing emotional and behavioral disorders in childhood and chronic disease across the lifespan. Childhood trauma is when an event, series of events, or set of circumstances is physically or emotionally harmful or life-threatening, and has lasting negative effects on a child's functioning and mental, physical, social, or emotional well-being.⁴ In Louisiana, 23% of children (compared to 18.2% nationally) are impacted by two or more ACEs.⁵ ACEs are potentially traumatic events that occur in childhood (0-17 years). ACEs are common, with about 61% of adults in the United States reporting they have experienced at least one type of ACE before age 18, and nearly 1 in 6 reporting they had experienced four or more types of ACEs during childhood.⁶

Goal 1: Increase breastfeeding rates through implementation of two policy changes, and increased prenatal and infant participation in the Louisiana WIC program.

Strategy: Knowledge gained from community-engaged focus groups to identify barriers to lactation support — conducted as part of the FY22 business plan — will be applied to operationalize policy options and calculate the fiscal analysis necessary for implementation. Expanding coverage options for outpatient lactation consultations and decreased barriers to obtaining breast pumps will represent the culmination of research, work group consultation, and MCO and internal meetings on feasible and effective options.

The Bureau of Nutrition Services will increase prenatal and infant participation in the Louisiana WIC program by promoting the Louisiana WIC Pre-Screening Tool to potentially enroll eligible women and infants; implementing data sharing agreements with the Supplemental Nutrition Assistance Program (SNAP) and Medicaid to expedite and expand enrollment; and expanding access to potentially eligible participants by partnering with Louisiana birthing facilities.

Additionally, the Bureau of Nutrition Services will continue to promote breast milk as an infant's first food by improving outreach and referrals, specifically for prenatal women, to Louisiana WIC and the WIC Breastfeeding Peer Counselor programs by conducting targeted outreach to healthcare providers, MCOs, and community partners; improving prenatal engagement through monthly Breastfeeding Peer Counselors contacts and enrollment in Pacify for lactation support; and implementing the WIC Breastfeeding Friendly Clinic initiative using USDA Loving Support guidelines and the National WIC Association's Six Steps to Achieve Breastfeeding Goals for WIC Clinics to protect and promote breastfeeding initiation and duration amongst WIC participants.

Deliverables	Target Completion Date
Develop an outpatient lactation support policy using available evidence and models from other states	November 2022
Provide at least two trainings on the Pacify breastfeeding support app to Louisiana WIC clinic staff	January 2023
Finalize policy proposal in conjunction with outpatient lactation consultants, maternal and child health providers, and other partners	February 2023
Engage MCOs in policy and reimbursement changes necessary to include non-clinical lactation supports as a covered service	March 2023
Develop and implement a communications plan to include at least eight targeted outreach opportunities to eligible prenatal women for the Louisiana WIC program	March 2023
Engage CMS in design, development, review, and approval of any state plan amendment required to implement new lactation services	April 2023
Develop maps of Medicaid-eligible populations in comparison to the three largest birthing facilities in Louisiana and to existing Louisiana WIC clinics to make informed decisions of the opening of new full and satellite WIC sites	April 2023
Implement selection criteria of Louisiana WIC sites based on population and birthing facility analysis	June 2023
Enroll 1,729 Pacify breastfeeding app users	June 2023
Designate at least 10 WIC clinics as Breastfeeding Friendly - Gold Status	June 2023
Provide technical assistance to at least five other Louisiana WIC clinics to work toward Gold Status designation	June 2023
Implement an initial targeted outreach campaign via text messages to SNAP and Medicaid participants who are eligible but not enrolled in Louisiana WIC	June 2023
Increase prenatal and infant participation in Louisiana WIC by 1,700 (5%) to a total of 35,819	June 2023

Goal 2: Develop a state plan across Louisiana's child- and family-serving systems to prevent, recognize, and address the effects of ACEs and trauma.

Strategy: Engage in a comprehensive, community-informed, interagency collaborative to develop principles, strategies, and priorities for the state's health, education, justice, and social services systems to recognize and address ACEs and trauma in their policies, approaches, and services. The process will be guided by a steering committee comprising representatives from impacted state agencies, community leaders, and advocates, and will encompass statewide public listening sessions.

Legislative Spotlight: Act 563 (House Bill 921) of the 2022 Regular Session provides relative to ACEs and trauma-informed education. The program shall include ACEs outreach to the parents and legal guardians of children in early childhood centers. The parents and legal guardians shall receive information, education, and resources about ACEs and the effect such experiences have on early childhood education, the manifestations of such experiences in adulthood, and the intergenerational nature of such experiences in families.

Deliverables	Target Completion Date
Develop a work plan and budget for convening collaborators, steering committee, and community listening sessions for the collaborative	August 2022
Host an ACEs/trauma-informed collaborator session to review findings from the ACEs Discovery Report released in August 2022	December 2022
Execute agreements with 8-12 agencies and individuals from across Louisiana with trauma and ACEs experience	January 2023
Convene the steering committee to meet monthly to review recommendations, guide and plan community listening sessions, and draft the trauma-informed state plan	February 2023
Complete four community listening sessions to solicit input from Louisiana community members on the state plan	June 2023
Complete outline of state plan	June 2023

Whole Health Louisiana initiative: This year, the Office of the Governor and the First Lady of Louisiana established a Whole Health Louisiana (WHL) initiative. Supported by LDH and other partners, WHL is envisioned as a multi-sector, statewide effort to prevent ACEs and trauma and address their short- and long-term impacts on individuals, families, and communities.





Initiative 2: Improve Prevention, Early Detection, and Treatment of Chronic Diseases

Chronic diseases are among the leading causes of death and disability in Louisiana and the leading driver of healthcare costs.⁷ Many of these serious illnesses — including colorectal cancer, high blood pressure, and diabetes — are preventable and treatable. This makes prevention, early detection, and treatment both achievable and critical to improving health, reducing disparities, and reducing healthcare costs for individuals and families.

According to County Health Rankings, health can be attributed to four main factors: 40% socioeconomic factors, 30% health behaviors, 20% clinical care, and 10% physical environment.⁸ Health risk behaviors like poor diet, physical inactivity, and tobacco use, as well as social determinants of health inequities like access to healthcare, education, and income contribute to the high prevalence of chronic disease in Louisiana.

Louisiana has the fifth-highest cancer mortality rate and the fourth highest colorectal cancer mortality rate in the United States. Colorectal cancer (CRC) is one of the most

preventable and survivable cancers when diagnosed early along with healthy lifestyle modifications and routine screening.⁹ Nationally, 1 in 3 adults between the ages of 50 and 75 are not up to date on recommended screening for colorectal cancer.¹⁰ Screening rates in Louisiana are 73% statewide and 39% for individuals enrolled in Medicaid. Although CRC incidence and mortality rates are higher than national averages for all Louisianans, a number of racial, socioeconomic, and geographic disparities exist in screening, incidence, and mortality rates in our state. Black Louisianans are more likely to be diagnosed with CRC compared to white Louisianans, and more likely to die from the disease.¹¹ Nationally, rural residents experience a greater cancer burden for tobacco-related cancers and cancers that can be prevented by screening, such as CRC.¹²

Legislative Spotlight: Senate Resolution (SR) 77 of the 2022 Regular Session requests LDH to study and make recommendations on best practices for coordinating services for patients with cancer.



Compared to the rest of the country, Louisiana has higher prevalence rates of diabetes, high blood pressure, and cardiovascular diseases, ranking 40th or lower out of 50 states for all three chronic conditions. 14.1% of adults in our state have diabetes, compared to the national rate of 10.6%; 39.7% of adults have high blood pressure, compared to the national rate of 32.5%; and 10.5% have a cardiovascular disease, compared to the national rate of 8.1%. Louisiana residents with lower socioeconomic status are more likely to have high blood pressure, high blood cholesterol, diabetes, and heart disease, which puts them at an increased risk for a stroke or heart attack. Black Louisianans are more likely than white Louisianans to be diagnosed with both hypertension and diabetes.¹³

Louisiana also has higher rates of obesity, smoking, and tobacco use — some of the leading causes of preventable disease and death in the United States.¹⁴ Louisiana has the third highest rate of childhood obesity in the country, affecting 22% of Louisiana's children.¹⁵ According to the CDC, obesity places children at risk for health issues such as Type 2 diabetes, asthma, high blood pressure, anxiety, depression, low self-esteem, and more as they become adults.¹⁶ Approximately 18% of Louisianans smoke cigarettes, and rates are highest among those with the lowest incomes.¹⁷ Nationally, adults enrolled in Medicaid are more likely to be current smokers, placing them at increased risk for smoking-related diseases.¹⁸

Asthma is another chronic condition with real impact. 9.7% of adults in Louisiana were living with asthma in 2021, according to the CDC.¹⁹ Individuals enrolled in Medicaid experience a high burden of asthma with racially disparate rates of emergency department and hospital utilization. Asthma is also one of the leading causes of school absenteeism among children, according to the CDC. Genetic, environmental, and occupational factors have been linked to developing asthma, but asthma can be controlled by taking medication and avoiding asthma triggers.²⁰

This initiative will utilize multiple approaches and engage different partners to promote the prevention, detection, management, and treatment of several chronic diseases, and improve the health and well-being of individuals in our state. LDH will partner with Medicaid MCOs, community partners, and clinicians to bolster screening campaigns for colorectal cancer, cardiovascular disease, diabetes, and asthma. Strengthening community-clinical linkages will increase health system referrals to effective chronic disease prevention and management programs, including lifestyle change programs and tobacco cessation programs.

Goal 1: Increase CRC screening rates among men and women ages 45-75 enrolled in Medicaid managed care plans and statewide in Louisiana by at least 2%.

Strategy: LDH will increase CRC screening rates by 2%, from 39% to 41% for MCO enrollees and 73% to 75% statewide, with a focus on increasing rates in the three parishes with the lowest screening rates and reducing racial and rural disparities. To do this, LDH will develop and execute a multi-pronged strategy that involves robust screening and communications campaigns and key partnerships including Medicaid MCOs, Mary Bird Perkins Cancer Center, and Ochsner Health. LDH will also fund the Taking Aim at Cancer in Louisiana (TACL) and Louisiana Cancer Program (LCP)-led Learning Collaborative, a 12-month learning initiative with primary care practices that provides opportunities for skills-based learning and information exchange. The Department will work with partners, including Taking Aim at Cancer in Louisiana (TACL), Louisiana Cancer Research Center (LCRC) and Louisiana's Cancer Program (LCP) initiatives - Healthy Communities Coalitions and the Louisiana Colorectal Cancer Roundtable, to identify and remove barriers and raise awareness in communities throughout the state.

Deliverables	Target Completion Date
Establish at least two new CRC cancer partnerships to hold screening events	November 2022
Identify the three parishes in Louisiana with the lowest CRC screening rates	November 2022
Develop CRC Strategy, with specific tactics identified for the MCOs, to increase CRC screenings over the course of FY23 with a focus on increasing screenings in the three identified parishes and reducing racial and rural disparities	December 2022
Begin development of CRC campaign	December 2022
Execute campaign for National CRC Awareness Month	March 2023
Partner with Mary Bird Perkins Cancer Center to deploy mobile clinics across the state	June 2023
MCOs to have completed screening events and outreach activities	June 2023

Goal 2: Increase the number of participants screened for cardiovascular disease, blood pressure, and diabetes at community-based events.

Strategy: Establish partnerships between healthcare providers and community-based organizations to improve chronic disease prevention, care, and management. LDH's Well-Ahead Louisiana program selects communities for blood pressure monitoring program development based on data analysis for chronic disease prevalence and related health disparities.

In FY22, Well-Ahead established 10 community-based blood pressure monitoring and 6 diabetes prevention programs in Regions 4, 6, 7, and 8. Within these community-based blood pressure programs, 112 individuals were screened and 34 referrals were made to primary care; within the diabetes prevention programs, 90 individuals were screened and enrolled. In FY23, Well-Ahead will work with those sites and additional community partners and provide resources and support to increase the number of individuals screened at community-based blood pressure monitoring sites and enrolled in diabetes prevention programs.

Deliverables	Target Completion Dates
Offer each program established in FY22 technical assistance and support in creating targets to increase screening rates	October 2022
Host a community health promotion event in each program	January 2023
Collaborate with community organizations and MCOs to increase screenings and awareness of hypertension by providing pop-up screening sites	February 2023

Goal 3: Increase the use of best practices for the early detection of cardiovascular disease by rural health providers by 20%.

Strategy: Well-Ahead and the Population Health Cohort will assist Federally Qualified Health Centers (FQHCs) and/or Rural Health Clinics (RHCs) in implementing evidence-based strategies to prevent and control cardiovascular disease. The Population Health Cohort is an exclusive collaborative quality improvement opportunity which supports the implementation of strategies aimed at improving population health within a

primary care setting, with a specific focus on chronic disease related outcomes. The Department will provide education to clinic staff to implement and manage improvement strategies and monitor clinic progress. The American Heart Association and American Medical Association's Target: BP Gold status recognition, awarded to practices that have achieved targeted hypertension control (70% of clinics' adult patient population with controlled high blood pressure) is considered the measure for best practice. Three of the existing 18 Population Health Cohort clinics have successfully achieved Gold status. The technical assistance these clinics receive will assist them in addressing identified cardiovascular health disparities to improve health outcomes across the clinics' patient population.

Deliverables	Target Completion Date
Enlist 22 Population Health Cohort clinics to monitor patients with controlled and uncontrolled known high blood pressure and high blood cholesterol	September 2022
Educate population cohort clinics on QI and data interpretation for hypertension control metrics	November 2022 – January 2023
Implement QI strategies within the population cohort clinics to improve the percentage of the controlled hypertensive population	February 2023
Monitor clinics' progress related to QI strategies	March - May 2023
Award additional population cohort clinics with Target: BP Gold recognition that achieve metric	June 2023

Goal 4: Increase the number of Louisiana childcare centers and schools engaged in childhood obesity prevention centers activities by 20 locations.

Strategy: Well-Ahead regional representatives will work with childcare centers and school "WellSpots" to implement nutrition and physical activity wellness benchmarks. Benchmarks include evidence-based practices and programs such as outdoor play and learning standards, nutrition standards, or professional development for educators that improve the health of a child through the development of policies, environments, and systemic change approaches



that promote healthy behaviors through childhood. Louisiana organizations that meet certain wellness benchmarks are designated as a Level 1, 2, or 3 WellSpot — with Level 1 as the highest. There are currently 590 school WellSpots in Louisiana and 282 childcare center WellSpots. In FY23, LDH will work with these schools and childcare centers with the goal of moving 20 sites (10 schools and 10 childcare centers) from Level 3 to Level 2 WellSpots, and an additional 20 from Level 2 to Level 1 WellSpots.

Deliverables	Target Completion Date
Begin outreach to schools and childcare centers	September 2022
Ensure all resources and technical assistance for schools and childcare centers are updated and readily available online	September 2022
Visit schools and childcare centers during National Nutrition Month and Physical Activity Month to promote health behaviors	March 2023
Support 10 schools in the implementation of health benchmarks	June 2023
Support 10 childcare centers in the implementation of health benchmarks	June 2023

Goal 5: Increase access to healthier food options for Louisiana residents in underserved communities by strengthening existing initiatives and establishing new partnerships.

Strategy: Local nonprofit and state agencies such as food banks, state university extension programs, and food policy councils will engage with Department programs to identify opportunities to increase access to nutritious foods, provide education on healthy eating, and expand access to safe physical activity to Louisiana's underserved communities.

With partners, the Department will increase access to community gardens including the Southern University Growing Healthy Gardening program targeting Head Start programs, schools, Council on Aging centers, community centers, faith-based organizations, and transient housing complexes. Community gardens provide access to nutritious foods, promote sustainable healthy eating, and increase physical activity for community members.

In partnership with Louisiana food banks such as Northeast Louisiana Food Bank, and Central Louisiana Food Bank the Department will improve nutrition security through strengthening local food pantries' storage capacity, geographically expanding services, enhancing food procurement and distribution processes, and increasing enrollment in SNAP and WIC.

Deliverables	Target Completion Date
Ensure all resources and technical assistance to partners are updated and readily available online	September 2022
Begin outreach to local additional partners working to improve food insecurity in Louisiana	November 2022
Develop a communications plan to increase participation in community gardens, including among Louisiana WIC recipients	November 2022
Collaborate with three partners to expand access to healthier food options in underserved communities in Louisiana	January 2023
Conduct four targeted outreach opportunities in partnership with the Commodity Supplemental Food Program's local agency to increase program participation by 10% to 37,448 seniors per month	March 2023
Enhance 16 existing community gardens and implement four new community gardens	June 2023

What is a WellSpot? WellSpots are spaces and places in Louisiana that implement health changes in their environment to help their employees and community to live healthier lives. Well-Ahead has designated more than 3,000 organizations across Louisiana as WellSpots. Organizations must complete an assessment and action plan to achieve WellSpot designation. Once designated, Well-Ahead provides WellSpot designees with tools to assist with celebrating their successes and promoting their achievements.

Goal 6: Increase coverage of tobacco cessation counseling to all Medicaid enrollees.

Strategies: Quitting smoking is one of the most positive actions a person can take for his or her health. Although quitting can be quite difficult, evidence-based cessation support can increase the likelihood of success. Louisiana Medicaid currently covers tobacco cessation counseling when provided during pregnancy, and this goal will expand coverage to all individuals enrolled in Medicaid. This goal reinforces LDH's commitment to preventive healthcare and its recognition of the time clinicians devote to providing effective health counseling. Louisiana will join 19 other states offering comprehensive coverage of cessation treatments.²¹

Deliverables	Target Completion Date
Complete fiscal analysis to provide an estimate of additional costs to expand coverage	November 2022
Submit fiscal impact to actuary to determine necessity of rate adjustments	December 2022
Submit policy changes for internal and external reviews and approvals	January 2023
Complete operational updates needed for making policy effective	May 2023

Goal 7: Enroll 50 children in non-clinical asthma management services to inform and expand Medicaid policies that address environmental health risks.

Strategy: The Office of Public Health's (OPH) Bringing Respiratory Health Equity for Asthmatics Through Healthier Environments (BREATHE) program informs recipients of the Medicaid/MCO approach to non-clinical asthma management services, and continues to be an asset in understanding the impact of asthma among Medicaid recipients. Because many asthma triggers are known to be environmental — such as mold, pests, and tobacco smoke — the BREATHE partnership with Medicaid will help remediate these triggers in Medicaid recipients' homes.

In FY23, increase utilization quarter over quarter of home visits, home remediation, and asthma education provided to children with asthma through the BREATHE initiative's home-visiting services and MCO provision of these services as a Value-Added Benefit in the new MCO contracts. Lessons learned through these programs will inform expanded services in future years.

Deliverables	Target Completion Date
Facilitate collaboration between BREATHE program, MCOs, and providers who may offer similar services	October 2022
Review MCO development and implementation of the Value-Added Benefit and tracking methods	January 2023
Assist with outreach to referring providers through the Louisiana Chapter of the American Academy of Pediatrics	April 2023
Determine total pediatric receipt of non-clinical asthma management services in FY23 and provide summary of services, barriers, and successes of the goal to inform future initiatives	June 2023



Initiative 3: Increase Availability of Behavioral Health Services

Behavioral health issues — inclusive of mental illness and substance use disorders — are prevalent in Louisiana and across the United States, and these challenges have been exacerbated by the COVID-19 pandemic. Nationally, more than 3 in 10 adults have reported symptoms of anxiety and/or depressive disorder since May 2020, compared to 1 in 10 adults in 2019.²² In Louisiana, 32.5% of adults reported symptoms of anxiety and/or depressive disorder in 2021. In 2018-2019, the share of adults in Louisiana with any mental illness was 21.2% compared to 19.9% in the U.S. This equates to about 1 in 5 Louisianan adults living with mental illness each year.²³ According to the CDC's most current national data, Louisiana ranked 35th among the 50 states and Washington, D.C. for its age-adjusted rate of suicide in 2020.

Efforts by LDH to address these issues are multi-pronged and ongoing. In July 2022, LDH participated in the launch of the national 988 Suicide and Crisis Lifeline, a new three-digit number that replaces the National Suicide Prevention Lifeline, making it easier for people to receive assistance during a mental health crisis. 988 is a 24/7 national crisis care response system free of charge that links callers to certified, community-based telephonic crisis services located in Louisiana. LDH contracts with two Louisiana-based service providers for this service: The Louisiana Association on Compulsive Gambling, located in Bossier City, fields calls in area codes 318 and 337 covering north, central, and southwest Louisiana, and VIA LINK, located in New Orleans, answers calls for southeast Louisiana, covering area codes 504, 225, and 985. LDH aims to match and maintain the national standard of 90% in

FY23. The importance of increasing the in-state answer rate allows for Louisiana callers to receive crisis intervention support from a local call center that is both familiar with the local community resources and culturally competent.

988 is a beacon of hope for many people experiencing a mental or behavioral health crisis, but it is not a cure-all solution. For individuals who may be in need of more intensive hospital-based treatment, the Office of Behavioral Health (OBH) maintains two state psychiatric hospitals: Central Louisiana State Hospital (CLSH) in Pineville and the Eastern Louisiana Mental Health System (ELMHS) in Jackson. The hospital programs provide care to adults in need of longer-term inpatient psychiatric treatment, adult forensic services, and adult competency restoration services.

Historically, OBH has limited community agreements that extend the number of state bed options. However, OBH has identified the need to improve the client flow through state-operated behavioral health facilities. With additional funding in the allocated FY22-23 budget from the Legislature, OBH is increasing the type and number of bed placement extensions to include community-based Forensic Supervised Transitional Residential Aftercare (FSTRA) beds. Increasing the number of FSTRA beds will support the overall flow of the forensic system, specifically an outflow from the inpatient hospital division of ELMHS, while providing a placement where the clients will be monitored and tracked by ELMHS with the goal of eventual conditional release into the community.

Other community-based crisis support services have been implemented as an extension of the telephonic response with 988. In FY22, the first three services of the new Louisiana Crisis

INITIATIVE 3: INCREASE AVAILABILITY OF BEHAVIORAL HEALTH SERVICES

Response System — Mobile Crisis Response, Behavioral Health Crisis Care Centers, and Community Brief Crisis Support — were implemented for adults in regions showing readiness to deliver these services. In addition, each MCO set up a 24/7 crisis line as the access point for these more intensive crisis services.

A growing mental health crisis among adolescents and teens both nationwide and in Louisiana raises the need for the extension of crisis support services to our younger residents. Unlike adult service delivery, the effective offering of crisis services to adolescents requires developmentally-attuned guidance for de-escalating children and adolescents, skills to navigate family systems, expertise in working alongside both caregivers and school staff who are oftentimes the initiators of youth-focused crisis calls, and understanding the array of child and adolescent supports and service delivery options.

Goal 1: Increase access to crisis call services for individuals in suicidal crisis or emotional distress — maintaining a statewide, in-state answer rate of 90%.

Strategy: For FY23, OBH will promote awareness of 988 among providers and the public, including through the development and launch of a paid media campaign which will have an emphasis on vulnerable populations including individuals who identify as LGBTQ+; being historically marginalized; Black, Indigenous, and people of color (BIPOC); youth; and suicide attempt and loss survivors.

Deliverables	Target Completion Date
Facilitate 988 outreach to providers	August 2022
Develop and begin implementation of a training plan in collaboration with crisis centers in the state	October 2022
Develop the 988 public awareness campaign	November 2022
Execute the 988 public awareness campaign	January 2023

Goal 2: Expand the behavioral health system's capacity to meet the needs of people with mental illness by expanding bed availability.

Strategy: The LDH 24-hour facilities section, ELMHS administration, and OBH will jointly improve the client flow and bed availability at ELMHS by securing agreement(s) with providers and expanding psychiatric hospital placement options.

Deliverables	Target Completion Date
Publish request for information for 24 beds for CLSH	August 2022
Select providers for additional 118 inpatient hospital beds	September 2022
Select providers for 24 Cooperative Endeavor Agreement Inpatient Safety Net Beds for OBH headquarters	October 2022
Complete Cooperative Endeavor Agreements/contracts with providers for additional 118 inpatient hospital beds	November 2022
Select providers for additional 24 beds for CLSH	December 2022
Identify providers and draft and execute agreements to provide 24 Cooperative Endeavor Agreement transitional beds for CLSH	March 2023
Transfer 60 clients from ELMHS to community-based psychiatric hospital beds	June 2023
Transition 58 inpatient hospital clients from ELMHS state facility to community group home beds as they become appropriate for placement	June 2023
Admit 24 patients by providing 24 Cooperative Endeavor Agreement beds through OBH	June 2023



Goal 3: Conceptualize a system to introduce child and adolescent crisis services to Medicaid members including a mechanism to select qualified organizations to act as early adopters.

Strategy: In FY23 OBH will begin preparing the landscape to offer crisis services to Medicaid members under the age of 21 in early adopter regions in FY24. OBH will develop the framework for expanding crisis services to adolescents, including drafting authority documents (service definition, provider qualifications, and licensing requirements) for policy changes and submission to CMS (where applicable) in anticipation of securing funding for these services. OBH will work with Medicaid to prepare a funding request to support child and adolescent crisis services being provided in an early adopter region(s) by FY24. OBH will also develop a training curriculum in consultation with subject matter experts specific to child and adolescent service delivery of Mobile Crisis Response and Community Brief Crisis Support, and research and develop the proper mechanism to select a qualified organization(s) interested in providing these services to children and adolescents.

Deliverables	Target Completion Date
Prepare funding request to support adolescent crisis services in early adopter regions for FY24	September 2022
Develop the framework for offering these services	February 2023
Develop a training curriculum specific to adolescent service delivery of Mobile Crisis Response and Community Brief Crisis Support	March 2023
Increase provider awareness on the service delivery of adolescent crisis services	April 2023
Research and develop the proper mechanism to select a qualified organization(s) to provide Mobile Crisis Response and Community Brief Crisis Support to adolescents	June 2023

Legislative Spotlight: Act 643 (House Bill 495) of the 2022 Regular Session requires each public school governing authority to permit the creation of student-led clubs focused on suicide prevention, student safety, and violence and social isolation prevention at schools with students in grades six through 12.





Initiative 4: Increase Access to Dental Services for Adults with Developmental Disabilities

Dental caries (tooth decay) remain the most prevalent chronic disease in adults despite being largely preventable, according to the National Institute of Health.²⁴ The Louisiana Oral Health Coalition's Oral Health Report Card, released in 2021, reports only 57% of all Louisiana residents ages 18-64 were seen by a dentist in the previous year compared to 66% of adults nationally.²⁵ On average, American adults 20-64 have an average of 3.28 decayed or missing teeth.

According to the Louisiana Dental Task Force for Adults with Developmental Disabilities, many adults living with severe and profound intellectual disabilities, as well as those with behavioral issues, have an aversion to probing in their mouth or are unable to cooperate to allow for proper teeth brushing or general exams, cleaning, and X-rays, and, therefore, require anesthesia or IV sedation in order to receive these services.

While this population has a greater need for specialized dental services, there has historically been a severe lack of resources available for adults who require anesthesia or IV sedation for procedures needed for overall oral and physical health. The task force has cited both a lack of providers available to serve the population and a lack of access to facilities for patients needing sedation services.

In order to address the needs of this group, Act 450 passed during the 2021 Regular Legislative Session, which required LDH to implement comprehensive dental coverage for adults in the New Opportunities Waiver (NOW), Residential Options

Waiver (ROW), and Support Waiver. The implementation of Act 450 creates a need for a larger network of providers who can provide these critical services. To achieve this goal, Medicaid and the Office for Citizens with Developmental Disabilities (OCDD) will raise awareness of need, educate providers on the new categories of eligibility, partner with experienced service providers to identify willing dental service providers, and offer them multiple training opportunities to learn the skills necessary to provide these services.

Goal 1: Ensure a minimum of 20 dental providers are serving those living with developmental disabilities.

Strategy: Partner with the Louisiana Dental Association to survey existing dental providers to gauge capacity, and schedule two training seminars hosted by experienced providers, with the goal of increasing provider participation in the Adult Waiver Dental Program and for residents of intermediate care facilities.

Deliverables	Target Completion Date
Survey providers via the Louisiana Dental Association to gauge capacity	December 2022
Perform quarterly data pulls to identify the number of unique dental providers serving the adult waiver population	Quarterly throughout FY23
Schedule and provide winter provider training	January 2023
Schedule and provide spring provider training	May 2023



Goal 2: Increase the percentage of recipients enrolled in the Adult Waiver Dental Program who receive a preventive or non-preventive dental service.

Strategy: Medicaid will partner with the two Dental Benefit Plan Managers to raise awareness of the newly available services through Medicaid, and link those eligible for the Adult Waiver Dental Program with their dental plan. Additionally, OCDD will identify partners to provide outreach support and training to encourage improved dental care at home.

Legislative Spotlight: Act 366 (House Bill 55) of the 2022 Regular Session provides for Medicaid coverage of dental care for certain residents of intermediate care facilities. It further extends its Medicaid dental coverage provisions to each Medicaid enrollee age 21 or older who resides in a state-licensed intermediate care facility for people with developmental disabilities.

Deliverables	Target Completion Date
Perform quarterly data pull to monitor utilization of dental services by the Adult Waiver dental population since July 1, 2022	Quarterly throughout FY23
Review Dental Benefit Plan Managers policies for routing beneficiaries to case managers for assistance in obtaining services	October 2022
Establish member outreach in cooperation with Dental Benefit Plan Managers for the Adult Waiver Dental Program	November 2022
Implement member outreach strategy	December 2022
Conduct OCDD training to beneficiary families to encourage dental care at home	February 2023
Final meeting with Dental Taskforce for feedback from providers and beneficiary family members	June 2023





COMMITMENT 2: Support Vulnerable and Underserved Populations

Initiative 5: Improve Systems to Support People Living with Sickle Cell Disease

Approximately 80 infants are born each year in Louisiana with sickle cell disease (SCD).²⁶ Louisiana Medicaid provides healthcare coverage to approximately 3,000 individuals living with SCD in the state each year. However, the true number of individuals living with the condition is unknown because there currently is no comprehensive population-level public health monitoring system in the state.

What is SCD? Sickle cell disease (SCD) is a group of inherited red blood cell disorders. Red blood cells contain hemoglobin, a protein that carries oxygen. Healthy red blood cells are round, and they move through small blood vessels to carry oxygen to all parts of the body. In someone who has SCD, the hemoglobin is abnormal, which causes the red blood cells to become hard and sticky and look like a C-shaped farm tool called a “sickle.” The sickle cells die early, which causes a constant shortage of red blood cells. Also, when they travel through small blood vessels, they get stuck and clog the blood flow. This can cause pain and other serious complications (health problems) such as infection, acute chest syndrome, and stroke.²⁷

Individuals living with SCD experience worse health outcomes and have access to fewer resources, compared to individuals living without SCD. They experience a shorter life expectancy, have the highest rate of returning to the hospital within 30 days of being discharged, experience a higher rate of stroke, and experience longer wait times to see a doctor and get pain medication. Further, most patients with SCD nationally are enrolled in Medicaid, and a limited number of clinicians are trained and willing to treat patients with SCD, so obtaining high quality healthcare services can be a significant challenge.²⁸ In 2020, over 1,400 people with SCD were hospitalized (regardless of type of insurance coverage). On average, the people who were hospitalized had four to five total hospitalizations throughout the year, spending about 30 days total in the hospital.²⁹ For children living with SCD, there are also psychological and psychosocial complications related to absenteeism from school and deterioration in school performance, and there is a higher risk for cognitive delays.³⁰

Nationally and in Louisiana, SCD is being recognized as a health issue that is overdue for investment and policy action. In 2020, the National Academies of Sciences, Engineering, and Medicine released *Addressing Sickle Cell Disease: A Strategic Plan and Blueprint for Action*, illuminating systemic factors affecting equitable and effective care, treatment, and support for individuals living with SCD and sickle cell trait (SCT). The report highlighted societal and structural contributors to disease impact, such as lack of public awareness and misinformation.³¹ The report also highlighted the need for patient registries and public health monitoring systems as a foundation to improving clinical care and quality of life.³² Legislative actions in Louisiana in 2021 and



2022 echoed elements of the calls to action in the national strategic plan, many of which have been championed by the statutorily established Louisiana Sickle Cell Commission and the state's sickle cell foundations, community-based organizations established to provide supportive services to people living with SCD.

The aim of this initiative in the FY23 business plan is to build the foundations for the systems to monitor the health of individuals with SCD and strengthen the ability of our care systems to support every person living with SCD to achieve their fullest health potential.

Legislative Spotlight: Act 647 (House Bill 968) of the 2022 Regular Session requires LDH to establish and maintain the Skylar-Cooper Database, a registry of individuals diagnosed with SCD. The registry shall function as a single repository of accurate, complete records to aid in the cure and treatment of SCD in Louisiana.

Act 670 (Senate Bill 298) of the 2022 Regular Session requires LDH to annually review medications, forms of treatment, and services for care of Medicaid enrollees with SCD.

Goal 1: Complete the foundational assessment and engagement activities needed to develop the state sickle cell registry.

Strategy: The CDC's *Guiding Framework for Setting Up a Sickle Cell Disease Surveillance System* outlines the key steps to establishing public health monitoring systems, such as the one authorized under Act 647 of the 2022 Regular Session of the Louisiana Legislature. In FY23, OPH's Bureau of Family Health (BFH) will complete the first steps outlined in this framework: establish a multidisciplinary guidance team to guide the development of the registry; engage members of the public with an interest in the registry to ensure that the information collected and produced by the system will be useful; and begin to prepare for the state rules that will define the parameters for reporting and appropriate data use.³³ Available data collected by or reported to the state will be reviewed to assess its utility in the new public health monitoring systems. Near-term opportunities for improvement in clinical care will also be identified.

LDH will also develop and implement a statewide public information campaign to educate those who live with SCD, as well as those who are instrumental in the systems and touchpoints that support an individual's quality of life, such as caregivers, parents, school personnel, and healthcare providers.

Deliverables	Target Completion Date
Hold the first meeting of the sickle cell registry guidance team	September 2022
Complete the inventory of data sources, authorities, and allowable uses of data currently collected by or reported to the state, related to individuals living with SCD; present to the sickle cell registry guidance team	September 2022
Develop a statewide sickle cell public information campaign	November 2022
Publish educational materials/toolkit for schools and school-based health centers	January 2023
Publish a report of the preliminary findings and recommendations for establishing a comprehensive public health reporting and monitoring system for SCD	February 2023
Publish a public comment portal on requirements and possible uses of the registry	February 2023
Host clinical and community speakers series/webinars	March 2023
Promote awareness for children with SCD in coordination with sickle cell foundations and other partners	April 2023
Consult with the Louisiana Sickle Cell Commission to review data reports and identify care gaps that may be able to be addressed through Medicaid and/or public health	May 2023
Develop and disseminate SCD pain management protocols and guidelines to serve as a resource for in-state clinical systems	June 2023
Publish an updated summary report of recommendations related to the sickle cell registry	June 2023



Initiative 6: Increase and Strengthen Service Delivery for Vulnerable Residents

LDH supports persons living with disabilities, including adults and children with intellectual/developmental disabilities, persons with adult-onset disabilities, and older adults to help them continue living in their homes and communities as independently as possible. More than 15,500 people who are older and/or live with adult-onset disabilities receive home- and community-based services through the LDH Office of Aging and Adult Services (OAAS).

Home- and community-based programs are a critical resource for Louisiana's vulnerable population. The Community Choices Waiver (CCW) provides Medicaid in-home and community-based services as an alternative to nursing home care for older adults and people who acquire a disability in adulthood. In 2017, the Registry for Community Choices Waiver had surpassed 29,000, with a 10-year wait for services. Long waiting lists put individuals waiting for services at high risk of nursing facility placement and make them susceptible to more expensive forms of care if their support needs are not addressed within reasonable timeframes.

Successful home- and community-based services rely on the availability of a competent and qualified workforce to help our vulnerable Louisiana residents remain living in their homes and communities. One major obstacle in accessing quality home- and community-based services is the shortage of qualified direct support professionals. Nationally and in Louisiana, the direct support professional workforce is shrinking while demand and need are increasing as more and more residents who need assistance choose to remain living at home. Without a qualified workforce for home- and community-based services, many Louisiana residents who are in our most vulnerable populations will be at increased risk of not being able to remain living in their homes.

Prior to the COVID-19 pandemic, many states, including Louisiana, were looking for opportunities to increase access to technology-based supports and assistive technology for people with intellectual and developmental disabilities. This included technology-based support in the Developmental Disabilities

Services System, which could broaden opportunities for social connections and build independence by meeting day-to-day needs within home, school, and work settings, while preserving an ability to monitor and respond should additional support be needed. Section 9817 of the American Rescue Plan Act of 2021 allowed for an opportunity to enhance and expand activities in home- and community-based services. Many Louisiana residents, including those with intellectual and developmental disabilities, have limited access to technology, such as the internet. As an initial step toward building technology with remote support into the Developmental Disabilities Services System, LDH received CMS approval to use American Rescue Plan funding to increase the availability of assistive technology for people in OCDD home- and community-based waivers.

Goal 1: Increase the Community Choices Waiver response rate by 5%.

Goal 2: Offer the Community Choices Waiver within 60 days of the date of request to those waiting with no other OAAS home- and community-based support.

Strategy: Having successfully eliminated the wait for services for people living with developmental disabilities, LDH now aims to extend access to the older adult population. LDH will focus on improving the waiver process — from initial request for services to approval for services — to increase the speed with which services can be provided, which will improve individuals' healthcare and quality of life.

OAAS, through legislative approval during the 2022 Regular Session, received 250 new CCW slots. These new slots will enable OAAS to quickly offer new CCW opportunities to individuals waiting for services.

OAAS will also assess current practices to ensure effective communication between OAAS and individuals requesting services. Based on the results of this assessment, OAAS will modify its offer delivery process to ensure individuals with an opportunity to receive CCW are notified as efficiently as possible, and that the agency receives a timely response. The FY22 CCW response rate was 40%.



Goal 1 and 2 Deliverables	Target Completion Date
Receive 250 new CCW slots	July 2022
Implement rate increase for support coordinators	August 2022
Begin offering these new slots to individuals on the Request for Services Registry	August 2022
Begin outreach to individuals who have been mailed an offer and not responded	December 2022
Implement retention bonus for support coordinators	December 2022
Conduct survey to assess CCW communications, processes, and materials	December 2022
Modify process for CCW offers based on research findings	January 2023
Revise CCW waiver packet based on survey findings	January 2023
Resurvey offer recipients for feedback	April 2023
Begin reevaluation of offer rate to determine if process changes have resulted in improvements	March 2023

Goal 3: Reduce turnover rate of OAAS direct support professionals by 2.5% by the end of FY23.

Goal 4: Reduce turnover rate of OCDD direct support professionals by 2.5% by the end of FY23.

Strategy: LDH is assisting direct service providers in their efforts to recruit and retain staff by providing rate increases and retention bonuses. This investment in the staff performing the work will indirectly improve the quality of services provided.

In 2021, Louisiana used federal American Rescue Plan Act funding to increase rates to direct service workers providing services for OCDD — resulting in decreased turnover during FY22. In FY23, OAAS will replicate the same strategy to increase the wage floor and ensure that 70% of the rate increase funding is directed to direct support workers in wage and other non-wage methods such as paid sick leave, health benefits, and training.

Additionally, OAAS will partner with OCDD to study the reasons for the staffing shortages and how best to retain qualified and experienced workers.

At the end of FY22, the turnover rate was 70.4% for OAAS direct support professionals and 51.8% for OCDD direct support professionals. LDH's goal is to achieve a 67.9% turnover rate for OAAS and 49.3% rate for OCDD by the end of FY23.

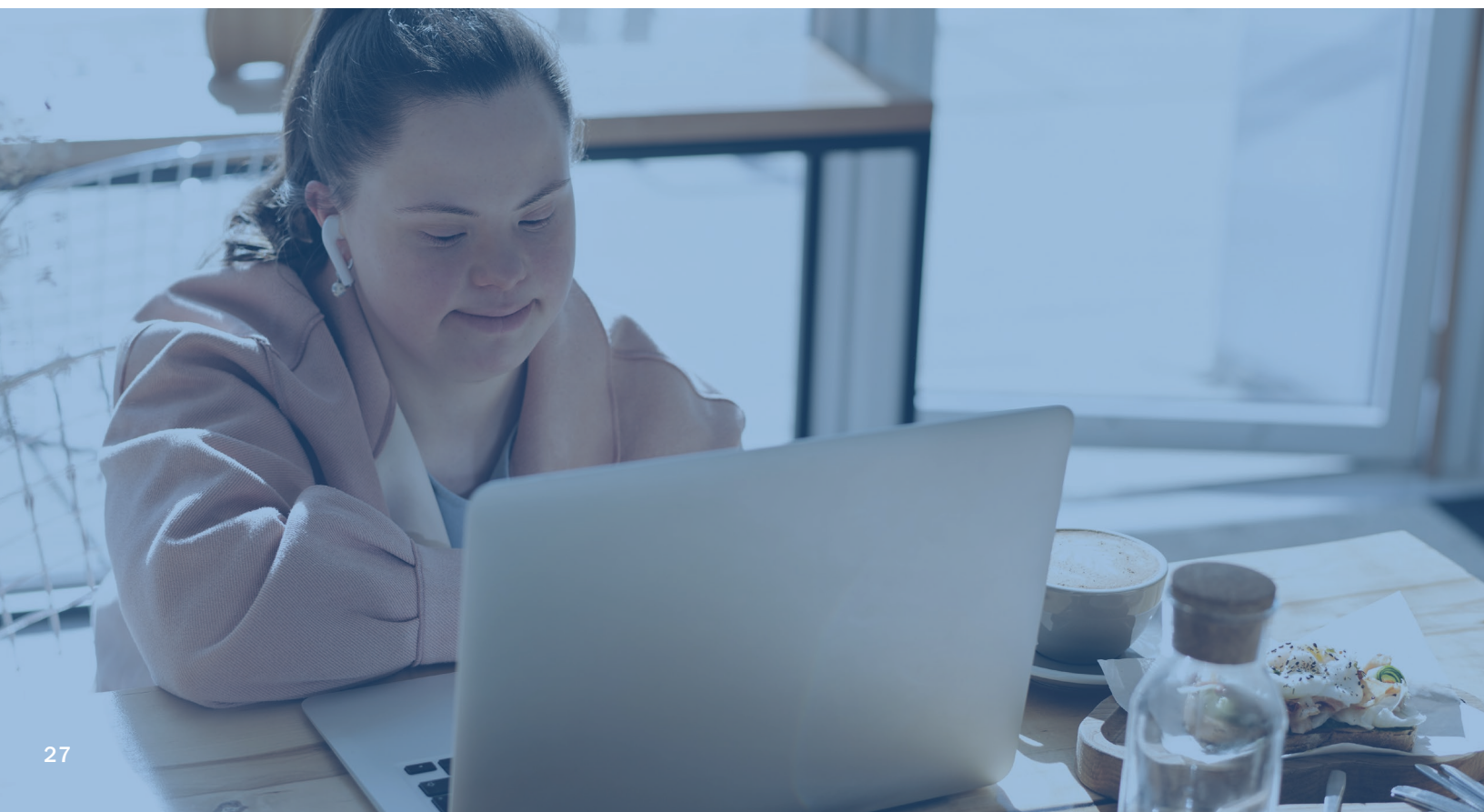
Goal 3 and 4 Deliverables	Target Completion Date
Publish administrative rules, following CMS approval	July 2022
Determine HCR 39 work group members and hold initial work plan meeting	August 2022
Communicate with providers about policy and procedures specific bonuses	August 2022
Implement rate increases for Personal Assistance Services and Long Term Personal Care Services	September 2022
Implement a wage floor rule for direct support professionals	September 2022
Communicate with providers and stakeholders about policy and procedures specific to rate increases bonuses	September 2022
Contract for auditing services	October 2022
Implement retention and recruitment bonuses	December 2022
Implement audit to ensure compliance with established rules related to rate increases	December 2022
Final draft of HCR 39 report completed and approved	January 2023
Final HCR 39 report submitted to Louisiana Legislature	February 2023
Meet with stakeholder groups to evaluate impact of implemented funding investments	March 2023
Develop and implement action plan based on stakeholder feedback	May 2023

Legislative Spotlight: House Concurrent Resolution (HCR) 39 urges LDH to study barriers to the hiring of direct support professionals who provide Medicaid-covered services to people with disabilities. LDH will report findings of the study by February 1, 2023 to the Legislative Committees on Health and Welfare and the Joint Medicaid Oversight Committee.

Goal 5: Broaden opportunities for community involvement and increased independence through the use of technology with remote support in OCDD home- and community-based waivers.

Strategy: Services for technology with remote support were added to the OCDD waivers in June 2022; however, OCDD must identify providers to offer the services and help stakeholders and the general public understand how these services can be used most effectively. To do this, OCDD will pull together a core group of stakeholders to provide ongoing feedback on the use of technology with remote support; gather information to better understand potential gaps in access to technology to help break down these barriers; develop and execute a communications plan to build an understanding of the support that is currently available and how it can be incorporated into a person's Comprehensive Plan of Care; and gather data to gauge the success of the inclusion of technology with remote support and to determine the need for future changes. As this is a new service, no providers are currently utilizing technology with remote support within the services system.

Deliverables	Target Completion Date
Conduct focus groups to discuss potential barriers to accessing services	November 2022
Implement recruitment strategies to build provider network for services	December 2022
Partner with two established providers of assistive technology services in Louisiana to become enrolled as waiver providers	January 2023
Implement campaign focused on increasing access to technology with remote support, including training of relevant stakeholders and informational sessions	January 2023
Initiate tracking of utilization of services and establish a monthly reporting mechanism	January 2023
Incorporate technology with remote support services that were added to the waiver through the emergency authority under Appendix K into the actual waiver amendments	February 2023





Initiative 7: Protect the Health, Safety, and Welfare of Nursing Home Residents in Louisiana

Hurricanes and other natural disasters are among the greatest threats to the highly vulnerable nursing home population. Protecting nursing home residents from the potentially fatal effects of storms falls to the Health Standards Section, which exercises regulatory powers over all Louisiana healthcare providers.

The evacuation of nursing home residents to an unlicensed warehouse in Independence, Louisiana, in 2021 resulted in tragic consequences for nursing home residents, and prompted LDH to work with stakeholders, including nursing homes, other state agencies, and our state legislators, on reforms.

But we did not wait for legislative reforms to take effect. LDH prioritized proactive visits to unlicensed facilities identified as sites for evacuation in 2022 ahead of hurricane season. Through a robust, team-centered approach, LDH was able to identify potential issues, make recommendations for improvements, and, in some instances, warn nursing home operators against moving forward on plans that potentially threaten health and safety.

In addition, the Nursing Home Emergency Preparedness Review Committee, established by the Legislature, plays a key role in helping ensure nursing home emergency preparedness plans adequately position facilities to protect the health, safety, and welfare of Louisiana nursing home residents.

Legislative Spotlight: Act 522 (House Bill 933) of the 2022 Regular Session was designed to strengthen oversight of nursing home emergency preparedness plans and promote interagency collaboration in reviewing the plans and unlicensed evacuation sites that facilities plan to use during a declared emergency. The legislation emphasizes involving local Offices of Emergency Preparedness (OEPs) to broaden awareness of nursing home evacuation plans, and requires other agencies with relevant expertise to review and approve the plans as well.

Goal 1: Ensure review and approval of emergency preparedness plans submitted to the Department.

Strategy: A team approach to evaluating nursing homes' emergency preparedness plans is key. Partner agencies include local OEPs, the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP), the Department of Transportation and Development (DOTD), the Louisiana Emergency Response Network (LERN), and the Office of the State Fire Marshal (OSFM). These partners, as mandated by the Legislature, review each plan to help ensure facilities include risk assessments to identify potential emergency scenarios and the planned response, which must promote the health, safety, and welfare of nursing home residents.

Deliverables	Target Completion Date
Educate nursing home providers on the mandates of Act 522 (House Bill 933) through speaking engagements, trainings, and Nursing Home Emergency Preparedness Review Committee meetings	August 2022
Ensure that the applicable nursing homes have timely submitted their emergency preparedness plans to the Department pursuant to Act 522	September 2022
Ensure that the Nursing Home Emergency Preparedness Review Committee convenes at least quarterly	March 2023, June 2023
Review all emergency preparedness plans submitted to the Department	March 2023
Notify each nursing home of their approved or denied emergency prepared plan via a memorandum	May 2023
Visit all unlicensed evacuation sites that providers plan to use in an emergency utilizing a team to include OPH Sanitarian Services, OAAS, OSFM, and Health Standards Section, and notify providers of deficiencies and corrective measures	May 2023

Goal 2: Provide for the efficient submission, review, and approval/denial of nursing home emergency preparedness plans.

Strategy: LDH will implement a technology solution that will allow for the electronic submission of nursing home emergency preparedness plans. This will streamline the approval process and allow for tracking of the plans throughout the approval process as well as communication among the appropriate stakeholders.

Deliverables	Target Completion Date
Identify a potential funding source for the technology solution	January 2023
Identify the appropriate fields and data to be collected by the technology solution including the appropriate storage format allowing for efficient sharing of plans between stakeholders and the identification of necessary changes, amendments, and clarifications	February - March 2023
Execute contract to implement technology solution with selected vendor	February 2023
Conduct user acceptance testing in phases to ensure that solution is ready for implementation and deployment for the 2023 emergency preparedness plans	March - April 2023

Initiative 8: Improve the Sustainability of Public Water Systems

The state has invested hundreds of millions of dollars into public water system improvements over the past several years; however, many cases of infrastructure decline remain, increasing the urgency of upgrading systems and pursuing water system consolidation.

In 2023, the Department will begin assigning letter grades to systems, providing residents with more information about their water system, and encouraging systems to proactively pursue needed improvements and consolidation opportunities with other jurisdictions. The Drinking Water Revolving Loan Fund (DWRLF) and the Bipartisan Infrastructure Law fund water systems investments in improvements, with disadvantaged communities receiving priority.

- The DWRLF **Supplemental Fund** provides partial loan forgiveness for drinking water infrastructure investments. \$26.9 million is available this year.
- The **Emerging Contaminants Fund** provides 100% loan forgiveness for projects designed to remove contaminants from drinking water such as perfluorooctanoic acid and perfluorooctane sulfonic acid (PFAS/PFOA), or other emerging contaminants such as manganese. \$11.3 million is available this year.
- The **Lead Service Line Replacement Fund** provides partial loan forgiveness for replacing water lines that contain lead. \$42.4 million is available this year.

Goal 1: Utilize Bipartisan Infrastructure Law funding to continue to stabilize the state's water infrastructure.

Strategy: The DWRLF will apply to EPA for grant funding for each funding category as a project list is developed.

Deliverables	Target Completion Date
Apply to EPA for the General Supplemental Fund and Emerging Contaminants Fund	September 2022
Partner with the Governor's Office to educate our congressional delegation with concerns on the Lead Service Line Replacement Fund	October 2022
Educate and invite water systems to apply for funding and determine which grant the water system is eligible	Continuously for FY23
LDH expects to receive \$26.9 million from the General Supplemental Fund and \$11.3 million from the Emerging Contaminants Fund	January 2023
Assist water systems in the loan-closing process through: <ul style="list-style-type: none"> • Development of system improvement plans for review and approval • Assistance in obtaining a rate study if needed • Engineering contract review and approval • Approval of environmental information documents • Assistance in developing the plans and specifications of the project for review and approval • Assistance with all legal proceedings including state bond commission approval if needed 	September 2022 - June 2023
LDH expects to begin closing Emerging Contaminants loans	March 2023
LDH expects General Supplemental loans will be closed and funds expended	April 2023
LDH will apply for the next round of funds (FY24)	June 2023



COMMITMENT 3: Invest in and Empower #TeamLDH

Initiative 9: Improve #TeamLDH Culture, Recruitment, and Retention

In FY22, LDH Human Resources invested in #TeamLDH culture by laying the foundations for greater equity, diversity, and inclusion among team members and healthcare governance; implementing a streamlined hiring process; and developing and implementing formal succession plans for 60 positions. Achievements included increased pay for sanitarians, facility custodians, and positions with historically high turnover; new hybrid and flexible work arrangements; the establishment of a new Employee Engagement and Training unit; and the launch of the FY22 Executive Internship Program.

LDH remains committed to these long-term investments, which will result in increased employee performance, selection of LDH as an employer of choice, and career longevity. In FY23, LDH will build upon this progress by creating a recruitment strategy, including the creation of a dedicated LDH Careers webpage and engagement in existing

and new LDH-hosted job fairs, and expanding the succession planning program to retain aspiring leaders. LDH is committed to building a diverse workforce that meets our performance goals, promotes individual growth, and enhances engagement within our Department as well as the communities that we serve.

Our FY22 Executive Internship Program illustrates this commitment. A total of 11 college/university students from across Louisiana joined various LDH agencies where they learned about public service, including the inner workings of the largest state agency through offices such as Medicaid, OPH, Health Standards, and the Bureau of Media and Communications, among others.

In FY23, LDH will continue to invest in improving recruitment by continuing the Executive Internship Cohort program and completing succession plans for 20% of critical positions throughout the Department. This will provide growth opportunities and a more sustainable workforce model within LDH.

Goal 1: Continue the Executive Internship Cohort Program in FY23 to provide current college students with real-time industry experience, visibility, and exposure to various aspects of LDH.

Strategy: Build the FY23 Executive Internship Program upon the foundations set forth in the FY22 business plan, cultivating a learning environment that encourages continuous development through exposure to various public service career options while identifying and nurturing skill sets for future success.

Deliverables	Target Completion Date
Launch LDH Careers webpage	September 2022
Attend fall and spring college/university career fairs and host LDH Career Days at multiple events in Baton Rouge to recruit diverse students for career and internship opportunities	March 2023
Start hiring summer interns	April 2023
Conduct informational session at LDH for hired summer interns	April 2023
Hire summer interns and convert 10% of summer interns to full-time employees	June 2023

Goal 2: Build succession plans for 20% of critical positions within LDH.

Strategy: LDH HR will expand the formal succession planning program and pilot a quarterly talent review, identifying key roles, skill sets required for those roles, and future potential across the Department.

Deliverables	Target Completion Date
Identify 120 additional key positions to create position profiles and succession plans	January 2023
Develop LDH policy and procedures for succession planning	February 2023
Facilitate regular succession planning discussions regarding critical positions in monthly program office dashboard meetings	March 2023
Develop and pilot a quarterly talent review	April 2023





Initiative 10: Expand Workforce Development Training Program

Evidence shows health insurance and steady employment remain key factors to improving overall health outcomes. In May 2022, LDH met its FY22 business plan goal of hiring 100 Medicaid analysts through a pilot Workforce Development Training Program.

Though the annual turnover rate for administrative coordinators and Medicaid analysts continues to increase (15%), Medicaid is actively building on lessons learned from FY22 and continues to seek innovative ways to attract potential hires and retain current employees.

These positions, which are located statewide, are vital to the operations of offices and require training to understand and help assist others with the Medicaid eligibility process.

LDH will continue its partnership with Louisiana Civil Service, the Louisiana Workforce Commission, and other state partners in offering job skills training to fill positions within LDH.

The Medicaid Eligibility Division strives to recruit, retain, and empower employees through training opportunities and a dynamic work environment. Continuous process improvements, remedial trainings, and professional development along with evidence-based strategies such as flexible work schedules, out-stationing, and telecommuting encourage work-life balance, improve morale, and boost productivity. These strategies create a healthier, more effective work environment which results in higher levels of service to the residents we serve.

Goal 1: Expand the Workforce Development Training Program throughout Medicaid by hiring and training an additional 100 individuals.

Strategy: Fill 35% of the 100 vacant Medicaid analyst and administrative coordinator positions with Medicaid enrollees. Utilize recruitment strategies by participating in outreach events such as job fairs and community events/festivals as well as visiting nontraditional areas like rural shopping centers. Develop and execute a communications plan to promote career opportunities.

Deliverables	Target Completion Date
Educate and provide the screening tool used in FY22 to Medicaid hiring managers	November 2022
Issue communications plan for use throughout Medicaid for promotion of vacancies and opportunities	December 2022
Begin recruitment involving state and community partners	January 2023
Onboard newly hired candidates (which will be continuous as new candidates are identified)	February 2023
Begin training series	March 2023

Goal 2: Decrease vacancies for difficult-to-fill professional-level direct support positions in LDH's 24-hour state facilities in FY23.

Strategy: The COVID-19 pandemic significantly impacted facilities' ability to recruit candidates to fill perennially difficult-to-fill professional-level direct support positions such as licensed practical nurses, registered nurses, social workers, and psychologists. To improve recruitment and build a pipeline of behavioral health clinicians, LDH's 24-hour state facilities section will partner with institutions of higher education to expose students to clinical opportunities in nursing, social work, occupational therapy, and psychology, and engage with the local communities of the facilities.

Deliverables	Target Completion Date
Identify difficult-to-fill professional-level direct support positions	October 2022
Select and partner with institutions to execute clinical rotation internships	November 2022
Develop and implement community engagement strategies for recruitment of high-volume, difficult-to-fill positions	November 2022
Enroll students in clinical rotation internship for spring 2023 semester	January 2023
Complete clinical rotations, internships, and externships for students	May 2023



COMMITMENT 4: Improve Performance, Accountability, and Compliance

Initiative 11: Establish an LDH Annual Quality Improvement Process

LDH saw a need for a Department-wide section within the Office of the Secretary dedicated to streamlining and coordinating policy development and continuous QI. This growing section will work closely with each program office to conduct policy development and implementation, policy-related decisions, and QI processes and initiatives across LDH to ensure alignment with overall LDH goals and objectives.

Additionally, this section will research national and state health policy trends and provide guidance and recommendations to improve policies and procedures that support the achievement of Departmental performance metrics; assist with the development of qualitative and quantitative performance metrics and related monitoring tools for the programs within LDH for internal and external stakeholders; ensure the coordination of data gathering and quality metric reporting; develop and implement current and long-term plans, policies, and procedures to facilitate and enhance LDH's program objectives; oversee the development, monitoring, and reporting on LDH business plans and other QI initiatives; coordinate work with the rulemaking process to ensure the LDH operational framework supports the achievement of goals and performance targets in existing and proposed policies; provide interpretation of policies, procedures, rules, regulations, revised statutes, and internal guidelines for program office personnel and stakeholders

in defining data sources, data integrity, data capture, and reporting; and develop and maintain data monitoring frequency, extraction tools, dictionary, repository, and reporting formats.

Goal 1: Develop a QI Plan and processes for continuous QI to inform LDH policy development.

Strategy: An LDH QI Plan would serve as a tool for ongoing monitoring and evaluation of LDH programmatic, policy, and QI activities; detail the performance metrics used to establish benchmarks and measure progress; provide an opportunity to annually review and evaluate the previous year's QI activities; facilitate a systematic and evidence-based approach to identifying LDH policy priorities and development of QI initiatives and programming; and inform the development of annual operational and strategic planning (i.e., LDH business plans).

Quality coordinators in each program office will be identified to work with the Policy & QI Section to develop a comprehensive list of all QI initiatives throughout the Department; create a data repository that includes all sources of data used for any programming, policy development, or QI within LDH; identify gaps in data collection, performance metrics, and QI processes; and establish a process and timeline for the development of an annual Department-wide QI Plan in future fiscal years.



Deliverables	Target Completion Date
Inform LDH program offices regarding the role of the Policy and QI section	November 2022
Identify quality coordinators in each program office	November 2022
Develop relevant performance indicators and quality metrics for QI initiatives for each program office	January 2023
Provide summary report of LDH QI initiatives by each program office/section	March 2023
Data repository developed	April 2023
Finalize process and timeline for the development of an annual QI plan	June 2023

Initiative 12: Develop and Implement a Process to Reduce External Audit Findings

LDH seeks to demonstrate it is operating efficiently, economically, and with accountability to the public by reducing the number of reportable external audit findings. Various external entities audit LDH, including the Louisiana Legislative Auditor (LLA). External auditors may issue findings that indicate deficiencies in controls within Departmental processes. The Department then prepares a response to the finding including a Corrective Action Plan (CAP) intended to fix the issue.

This initiative will improve LDH's compliance with federal, state, and agency requirements and mitigate risks by targeting Department responses to LLA findings through internal audit procedures, evaluation of proposed CAPs, and training for program staff. Internal Audit (IA) will incorporate strategies to assist program staff in the reduction of external audit findings.

Goal 1: Establish a successful approach to reducing external audit findings by tracking and monitoring CAPs, providing guidance on resolving audit findings, and delivering training on contract monitoring to LDH program staff during FY23.

Strategy: IA will assist program staff with reducing repeated LLA findings by consulting with program staff regarding an external audit finding in the prior fiscal year and providing guidance on corrective actions to reduce future audit findings; tracking CAPs to completion by contacting program offices regarding a previous external finding on a consistent schedule and requesting documentation and updates to their CAP progress; conducting audit procedures to determine if corrective actions are successful and providing recommendations for improvement; and providing training to program staff on how to monitor contracts effectively to reduce the risk of audit findings.

Deliverables	Target Completion Date
Determine how many times per quarter IA will request information on CAP progress	July 2022
Develop and implement a database to monitor and track FY21 CAPs to completion	July 2022
Complete nine audits on prior year LLA audit finding CAPs to determine if CAPs will reduce the risk of a future audit finding	December 2022
At the conclusion of the nine audits, IA provides program staff with written recommendations to enhance their CAP effectiveness	December 2022
Provide training to program staff on how to monitor contracts effectively in order to reduce the risk of an audit finding	December 2022
Develop and implement a database to monitor and track FY22 audit findings, and determine if any are repeat findings	December 2022
Provide ongoing guidance on reducing the risk of future audit findings to program staff as needed based on information obtained during the CAP update process	June 2023

Initiative 13: Advance Prevention of Medicaid Fraud and Waste

Program Integrity is responsible for the prevention, detection, and recovery of fraud, waste, and abuse in the Medicaid program.

In the FY22 business plan, Program Integrity focused on five specific provider types. Program Integrity achieved 112% of its goal to open 104 provider audits. These five provider types had all claims audited for services paid, but not rendered, unbundling, upcoding, billing incorrect procedure codes, and overlapping services.

Program Integrity completed 1,494 individual data mining beneficiary eligibility case reviews, which was 120% of the FY22 business plan goal. These individual beneficiary data mining case reviews search all of the approximately 1.8 million active individual beneficiary eligibility cases in areas such as household members appearing in multiple cases; beneficiaries with no claim history within the last 12-24 months; beneficiaries utilizing a United States Postal Service (USPS) post office box as their home address; associating the same email with more than one case; return mail with no encounters, but Per Member Per Month (PMPM) paid; and Medicaid providers that are also Medicaid recipients.

This initiative builds on these internal oversight efforts set out in the FY22 business plan by expanding LDH's predictive analytics capabilities.

Goal 1: Improve the internal oversight of five provider types through the development of predictive analytics risk models, using an evidence-based, process-driven, algorithm-development framework, resulting in a 30% increase in cases opened on the five selected Medicaid provider types.

Goal 2: Improve the internal oversight of beneficiary fraud through the development of predictive analytics risk models to search across all of the approximately 1.8 million recipients, using an evidence-based, process-driven, algorithm-development framework, resulting in a 10% increase in individual recipient data mining case reviews opened, or 1,375 individual recipients data mining case reviews opened in FY23.

Legislative Spotlight: Act 534 (Senate Bill 59) of the 2022 Regular Session provides relative to prepayment reviews conducted by Medicaid MCOs. This law prohibits MCOs and their contractors, assignees, and agents from subjecting any Medicaid-enrolled healthcare provider to prepayment review unless the prepayment review requirement is implemented directly by LDH in accordance with the Medical Assistance Programs Integrity Law.

Strategy: Enhance the Medicaid Program Integrity Section's in-house predictive analytics capabilities with comprehensive, continuously updated provider and recipient risk models informed by input from cross-functional collaboration. Implementing this hyper-focused methodology will concentrate resources to achieve greater outcomes in the prevention, detection, and recovery of fraud, waste, and abuse in the Medicaid program. This strategy addresses both Goals 1 and 2.

Deliverables for Goals 1 and 2	Target Completion Date
Gather business requirements to create a list of fraud, waste, and abuse opportunity scenarios for analytics development and set goals for the run, including success criteria	July 2022
Initiate data understanding steps, including total inventory of claims fields, and provider and recipient population	
Initiate data preparation steps, including gathering and formatting the data	November 2022
Prioritize a list of scenarios based on risk and begin building the model	
Test algorithms, assess, and make adjustments	
Triage and review results, analyze for false positives, and deploy the algorithm to run bi-weekly	February 2023
Report back to the cross-functional team on potential risk areas to collaborate on addressing potential program integrity risk areas	April 2023



Initiative 14: Develop Sustainable, Equitable, and Comprehensive Supplemental Payment Systems

In November 2017, CMS issued sub-regulatory guidance that created an unintentional loophole in regulatory oversight in relation to general MCO contract requirements. This allowed some states to include general contract requirements for MCO provider payments that require an additional amount to be added to the contracted payment rates for a specific service (e.g., hospital services). CMS issued new guidance in January 2021 requiring states to transform these programs into ones that clearly comply with all CMS rules and federal law.

Goal 1: Develop a replacement reimbursement method for Ambulance Full Medicaid Pricing (FMP) developed with input and feedback from stakeholders and legislative leadership for CMS review by March 2023.

Goal 2: Develop a replacement reimbursement method for Dental FMP for dental providers with input and feedback from stakeholders and legislative leadership for CMS review to ensure dental access for Louisiana residents by March 2023.

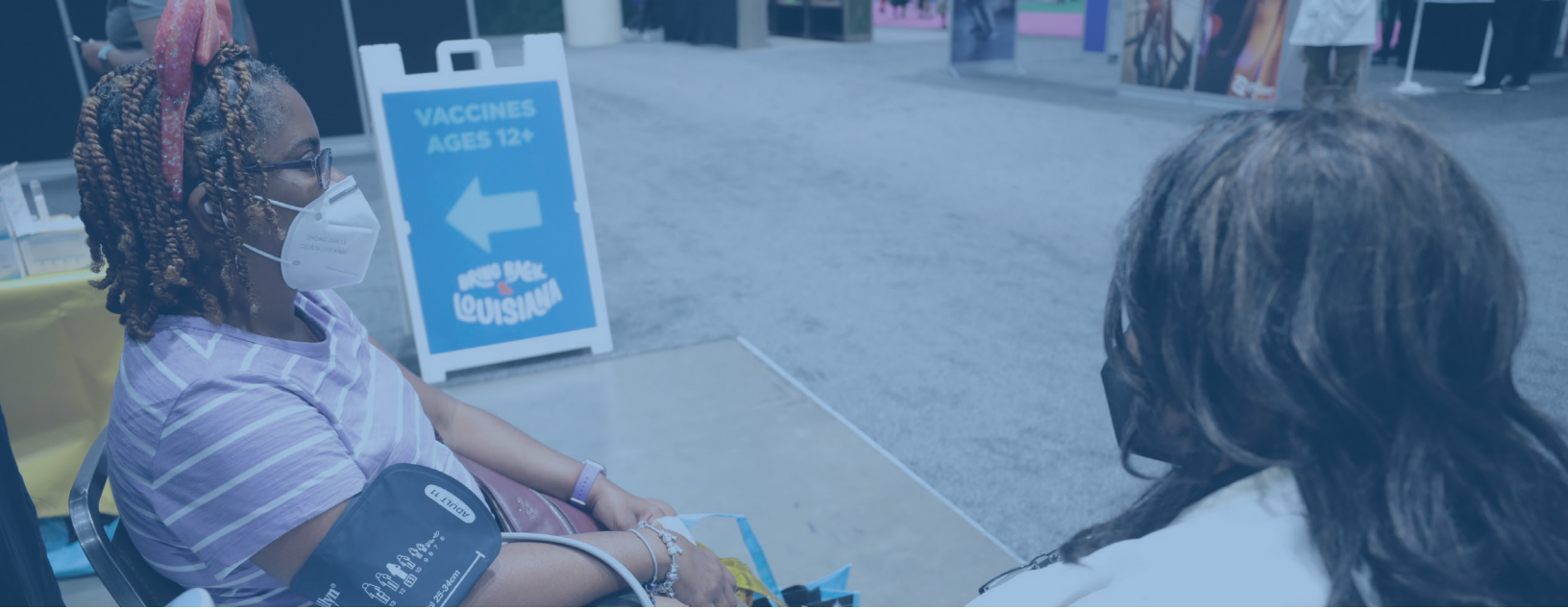
Goal 3: Develop a managed care payment system for physicians that is developed with input and feedback from stakeholders and legislative leadership for CMS review by March 2023.

Strategy: Continue collaboration with vendors to create a replacement model for the existing physician, ambulance, and dental FMP programs that maximizes existing funding streams, limits the need for State General Funds, includes input from stakeholders and legislative leadership, and, most importantly, complies with CMS regulations.

Deliverables (Goals 1 and 2)	Target Completion Date
Meetings with impacted providers and relevant provider representation	October 2022
Rate increase modeling - draft	October 2022
Stakeholder review and feedback	October 2022
Develop draft State Plan Amendment (SPA) language	October 2022
Brief administration	October/November 2022
Finalize models incorporating stakeholder feedback	November 2022
Refine SPA language per CMS input	December 2022
Submit final SPA for CMS approval	March 2023

Deliverables (Goal 3)	Target Completion Date
Meetings with impacted providers and relevant provider representation	August 2022
Draft models completed	September 2022/ October 2022
Brief administration	October 2022
Stakeholder review and feedback	November 2022
Refine proposal with CMS input	December 2022
Present to legislative members prior to CMS submission	February 2023
Submit final proposal to CMS	March 2023





COMMITMENT 5: Strengthen Customer Service, Partnerships, and Community Relations

Initiative 15: Establish the Office of Women’s Health and Community Health

The Office of Women’s Health and Community Health (OWHCH) will be responsible for creating an agency-wide shared agenda and strategic plan for advancing key issues affecting women’s health. OWHCH will coordinate efforts within LDH to improve women’s health outcomes through policy, education, evidence-based practices, programs, and services.

OWHCH will serve as a clearinghouse, coordinating agency, and resource center for women’s health data and strategies, services, programs, and initiatives that address women’s health-related concerns. The office will focus on issues including:

- Needs throughout a woman’s life
- Chronic or acute conditions that significantly affect women
- Access to healthcare
- The impact of poverty on women’s health
- The leading causes of morbidity and mortality for women
- Health disparities of women and communities

Legislative Spotlight: Act 676 (SB 116) of the 2022 Regular Legislative Session created the Office of Women’s Health and Community Health (OWHCH) within LDH.

Goal 1: Develop and operationalize OWHCH.

Strategy: Over the course of FY23, OWHCH will commence operational activities by establishing the Office’s executive management team. Once staff is onboarded, they will identify key stakeholders across Louisiana, plan and host town hall meetings across the state to engage constituents, establish an OWHCH advisory committee, and conduct an assessment of relevant data sources within LDH that will inform the development of OWHCH’s program priorities. Over the course of FY23, the team will develop the first annual report to submit to LDH leadership, legislators, and the Governor.

Deliverables	Target Completion Date
Hire and onboard OWHCH executive positions	October 2022
Develop a women’s health data dictionary	November 2022
Establish an advisory committee to OWHCH	December 2022
Host town halls and related community events	March 2023
Submit OWHCH Annual Report	April 2023



Initiative 16: Build Statewide Capacity to Engage in Systemic Health Equity Work

In early 2020, many efforts across LDH shifted to help address COVID-19, which was declared a pandemic and a national public health emergency. Through that experience, it became even more evident that effects were being felt inequitably throughout the state. LDH responded by addressing the problem from a health equity lens through community engagement, data-supported efforts, and collaborative activities. The result of these efforts was immediately seen in as little as six months. For instance, the first COVID-19 surge had a disproportionate impact on Black Louisianans, while later surges show cases and deaths more proportional to the racial populations in Louisiana. It also resulted in an undeniable realization that each and every LDH team member needed to know what health equity is and how to incorporate it into the scope of their work.

While the revised Health Equity Roadmap helps to strategically address building capacity in LDH team members and define LDH's expressed commitment to health equity, there must be a mechanism to ensure all health equity work is aligned with the Roadmap's expectations. By building on the Equity, Diversity, & Inclusion and Health Equity (EDI/HE) work laid out in the FY22 business plan, this initiative will create a training to ensure shared understanding and language across the organization, as well as integrate it into the employee expectations component of annual performance reviews.

By gaining foundational, practical knowledge on these equity-related topics, LDH team members will be able to view their day-to-day work at LDH through an equity lens. This will positively impact their interactions with colleagues and the Louisiana communities being served.

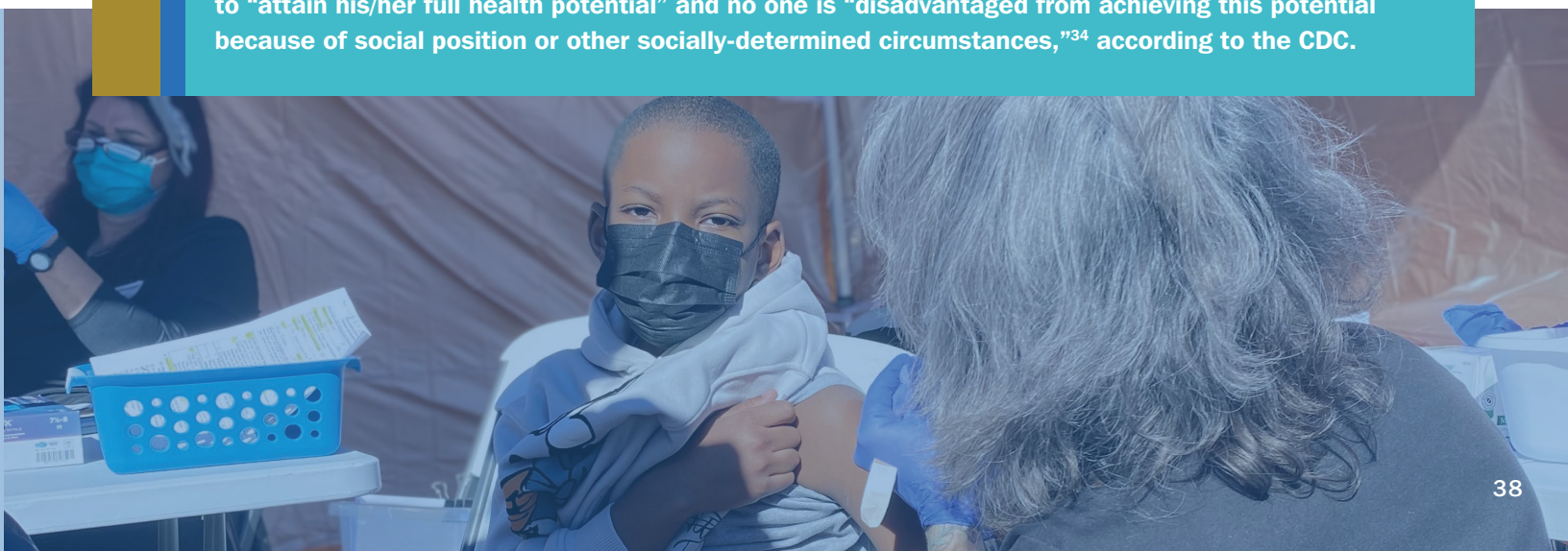
Goal 1: Develop and implement an EDI/HE framework.

Strategy: Develop and align EDI/HE competencies to internal and external stakeholder expectations to discuss the meaning and behaviors associated with EDI/HE at LDH, identify behaviors with competencies, and make recommendations. Integrate feedback to identify competencies and develop a competency model as a framework to build LDH capacity in EDI/HE.

Deliverables	Target Completion Date
Evaluate competencies in EDI/HE	September 2022
Provide a preliminary model of EDI/HE to LDH leadership for approval and feedback	October 2022
Draft competency cluster model with exemplary behaviors	November 2022
Publish competency model with three cluster categories based on the Health Equity Roadmap	November 2022

Legislative Spotlight: House Concurrent Resolution (HCR) 44 from the 2022 Regular Legislative Session created and provided for the Health Disparities in Rural Areas Task Force. The resolution was filed to review rural communities that are medically underserved and identify their healthcare needs.

What is health equity? Health equity is defined as when every person has the opportunity to “attain his/her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially-determined circumstances,”³⁴ according to the CDC.



Goal 2: Integrate expectations for EDI/HE into team members' performance expectations and measures.

Strategy: Extend the work completed in Goal 1 by integrating expectations relative to EDI/HE objectives into LDH policy and annual performance review procedures.

Deliverables	Target Completion Date
Employee Engagement and Training section and Bureau of Community Partnerships and Health Equity work together to identify objectives for EDI/HE	November 2022
Revise LDH policies to include EDI/HE in annual performance review	December 2022
Obtain 100% of hiring manager signatures	January 2023
Create guidance for managers, leaders, and team members to integrate	January 2023
Provide annual performance review guidance	January 2023
Require team members to complete EDI/HE training annually as a compliance measure	June 2023

Goal 3: Develop and deliver an EDI/HE competency training session for LDH team members and managers.

Strategy: LDH will pilot required training for team members on EDI/HE competency clusters through live and recorded training sessions.

Deliverables	Target Completion Date
Utilize the competency cluster to design a training session that provides a common definition and philosophy of equity, diversity, inclusion, and associated behaviors	February 2023
Pilot training to a subset of LDH team members	March 2023
Collect and analyze feedback from the piloted sessions to make any necessary adjustments	April 2023
Modify and finalize the training session based on feedback collected from the piloted sessions	May 2023
Deliver two live sessions, recording one for asynchronous learning	June 2023





Initiative 17: Strengthen, Expand, and Diversify Louisiana's Healthcare Workforce

Successful service delivery relies on the availability of a diverse and qualified workforce. Louisiana, like the rest of the country, is facing critical healthcare workforce challenges such as staff shortages, especially in rural and underserved areas, and a severe lack of diversity — all of which could impact individuals' access to quality healthcare services. According to the Health Resources and Services Administration, only 64% of the need for primary care and 26% of the need for mental healthcare in Louisiana are met.³⁵ A total of 298 primary care practitioners and 166 mental health practitioners are needed to remove Health Professional Shortage Area (HPSA) designations.³⁶ Nationally, there is also a severe lack of diversity in the healthcare workforce, and evidence shows that both health outcomes and patient satisfaction are improved when there is racial, ethnic, and language background concordance between individuals and their healthcare providers. Further, diversifying the healthcare workforce is essential to addressing health disparities and improving health outcomes in underserved populations.^{37 38}

Office Based Opioid Treatment (OBOTs) give people access to drug treatment without having to go to a traditional treatment or rehab facility, placing this type of treatment on the same level as other medically necessary treatments and providers, and reducing the stigma of visiting more traditional substance use facilities. Increasing the number of OBOTs and/or prescribers at the state and national level is crucial to reducing unintentional and accidental opioid overdose deaths by providing more access point availability for individuals seeking care.

Through this initiative, LDH seeks to strengthen its behavioral health workforce by increasing the number of OBOTs to address the unprecedented rising overdose mortality rates and making services more available to individuals and families suffering from the impact of opioids. LDH will also build and strengthen relationships with high schools and colleges/universities to expose young students to careers in healthcare, increase opportunities for these students, and support them as they pursue advanced degrees in healthcare.

LDH will expand its Well-Ahead Louisiana Rural Health Scholars Program, which was reestablished in FY22, to encourage the provision of healthcare in Louisiana's rural and underserved areas and establish the Louisiana Rural Physician Loan Repayment Program with the aim of retaining physicians who are currently working in rural and underserved areas of Louisiana.

Goal 1: Increase availability of OBOT programs within physician or prescriber offices throughout the state.

Strategy: OBH, in collaboration with the Louisiana State Opioid Response (LaSOR) initiative and LSUHSC-NO, will increase access to Medication for Opioid Use Disorder care by sustaining 27 active OBOTs and recruiting 10 new LaSOR-supported OBOT providers, with a goal of 37 OBOTs statewide. These OBOTs will gain access to peer support and consultation to guide them through treatment of vulnerable, high-need patients. OBOT recruitment will target all areas of the state, including targeted outreach to the following high-need areas: Jefferson, Plaquemines, St. Bernard, St. Tammany, and Washington parishes.

Deliverables	Target Completion Date
Develop and negotiate contract agreement with LSUHSC-NO	August 2022
Submit contract for processing and approval	December 2022
Provide community outreach, to raise awareness of the project and recruit interested providers	September 2022 – June 2023
Negotiate and develop contracts with OBOT providers	September 2022 – June 2023
Onboard new providers	September 2022 – June 2023
Execute services	September 2022 – June 2023

Goal 2: Recruit 20 new healthcare students into the Well-Ahead Louisiana Rural Health Scholars Program in healthcare provider shortage areas throughout the state.

Strategy: According to the Health Resources and Services Administration, 59 of Louisiana's 64 parishes are designated primary care HPSAs.³⁹ The Well-Ahead Louisiana Rural Scholars Program aims to increase the number of healthcare professionals practicing in rural and underserved areas of Louisiana by offering third- and fourth-year medical and dental students the opportunity to complete a 180-hour rotation in a rural healthcare facility. These students will gain valuable on-the-job experience, exposure to the unique needs of the rural healthcare facilities where they serve, and the satisfaction of helping residents with limited healthcare access and options. Participating students will receive a stipend and assistance with post-graduation job placement.

Deliverables	Target Completion Date
Identify healthcare facilities in rural HPSAs (primary care and maternal) that would serve as rotation sites for the Rural Health Scholars Program	October 2022
Identify schools of higher education, including Historically Black Colleges and Universities (HBCUs), that will assist with recruitment and placement of their healthcare students	October 2022
Ensure diversity of participating students and rotation types	December 2022
Assign placement of 20 Rural Health Scholar student participants	June 2023
Monitor participant and partner experiences	June 2023

Goal 3: Establish the Rural Physician Loan Repayment Program and enroll 15 providers by the end of FY23.

Strategy: The Louisiana Rural Physician Loan Repayment Program offers repayment of student loans and a competitive salary to up to 15 qualified primary care clinicians in

exchange for providing healthcare services in an HPSA. In FY23, Well-Ahead will work with partners (Louisiana State Medical Society, Louisiana Academy of Family Physicians, LSU Health Sciences Center, Louisiana Rural Health Association, and others) to promote the recruitment and retention programs.

The Louisiana Rural Physician Loan Repayment Program will identify HPSAs in Louisiana; develop an application and guidance document; identify and recruit qualifying healthcare professionals currently working in an HPSA; disseminate funding to participating providers; and monitor participant and partner experience.

Deliverables	Target Completion Date
Identify target areas of rural HPSAs	August 2022
Draft rule (Notice of Intent) with preamble and rulemaking	September 2022
Develop application and guidance document	September 2022
Recruit qualified healthcare provider applicants	October 2022
Accept applications	November 2022
Review/select 15 providers	December 2022
Begin formal rulemaking process	January 2023
Publish final rule	April 2023
Disseminate funding to providers	June 2023
Monitor participant and partner experiences	June 2023

Legislative Spotlight: This initiative will be accomplished through funding provided by **House Bill (HB) 1 of the 2022 Regular Session made payable out of the State General Fund by Statutory Dedications of the Rural Primary Care Physicians Development Fund, with the goal of increasing incentives for rural healthcare physicians in the state.**



Goal 4: Develop and implement a pilot on health careers, including in behavioral health, to improve high school students' knowledge of health workforce opportunities.

Strategy: In an effort to inspire young students to pursue careers in healthcare, LDH will recruit and select two high schools in Louisiana to increase awareness of health career pathways and expose students to training opportunities for entry-level social service positions. LDH will partner to develop and provide a training curriculum to highlight clinical and non-clinical health career options and expose students to health clinicians and their scopes of work.

Deliverables	Target Completion Date
Conduct school outreach and recruitment	October 2022
Select schools	November 2022
Finalize training curriculum	December 2022
Enroll students	December 2022
Implement program	January 2023 – March 2023
Provide technical support	January 2023 – March 2023
Publish summary report of pilot	June 2023

Goal 5: Partner with Louisiana universities and medical schools to increase diversity within the healthcare delivery system.

Strategy: In FY22, LDH developed partnerships with institutions of higher education, including HBCUs, and community-based organizations to support initiatives for graduate and undergraduate students' successful pursuit of advanced degrees in medicine, nursing, and related healthcare

fields, ultimately improving access to care and health equity in the state. Those efforts resulted in programs statewide to increase interest in the pursuit of healthcare careers among students of color. Through its partnership with Area Health Education Centers for a Healthy Louisiana (AHEC), LDH also supported the Rainbow of Short White Coats initiative, a program consisting of 20 schools statewide implementing age-level projects to attract more underrepresented students to the healthcare field. In FY23, LDH will continue partnerships with Southern University System, Dillard University, Grambling State University, LSU Health Sciences Center Shreveport, and AHEC, as well as LSUHSC-NO and Xavier University of Louisiana to support minority students in the pursuit of medical degrees and increase the number of underrepresented minority medical professionals in Louisiana.

Deliverables	Target Completion Date
Recruit 150 students into university mentorship programs	October 2022
Create pre- and post-evaluation plans to gauge program success	October 2022
Provide medical school application seminars, workshops, and tutorial services	October 2022
Initiate clinical exposure, medical shadowing, and mentoring experiences	November 2022
Support graduate and undergraduate students in MCAT prep, one-on-one assistance to complete medical, nursing, etc. school applications, and State Board Exam prep	June 2023
Conduct post-evaluation survey for student feedback	June 2023



Initiative 18: Expand Collaborations with Community Partners

Medicaid can evolve to meet the unique needs of Louisiana communities when its programs are informed by partnerships with patients, frontline healthcare workers, community organizations, and local health researchers and advocates. Medicaid continuously aims to strengthen and leverage these partnerships to impact individuals' health and healthcare access. However, there remains a need to nurture partnerships that address disparities that are especially pronounced in Louisiana, and to keep an eye on emerging interventions that may serve Medicaid members' needs, as the following partnerships illustrate.

In 2021, Louisiana Medicaid joined 25 other states when it launched its own Public University Partnership Program (PUPP). PUPP provides cost-sharing between the public colleges/universities and LDH for research opportunities that advance Louisiana Medicaid priorities. Successful projects

promote the delivery of evidence-based, high-quality, accessible, and cost-effective care to Louisiana Medicaid members. In addition to prioritizing proposals that address health disparities, PUPP aims to expand research partnerships between LDH and colleges/universities whose researchers have traditionally been less represented in Medicaid collaborations.

Hospital-based violence intervention programs are needed in Louisiana, which according to the CDC has one of the highest murder rates.⁴⁰ In addition, according to the FBI, Louisiana has one of the highest violent crime rates in the country.⁴¹ A hospital is where most victims of crime first present after trauma, and, therefore, this is a place where a cycle of violence may first be recognized and addressed. A partnership with both the Health Alliance for Violence Intervention (HAVI) and the University Medical Center in New Orleans (UMCNO) will allow Medicaid to explore programmatic needs and the feasibility of supporting hospital-based violence intervention programs throughout the state.





Goal 1: Provide directed outreach and education on PUPP to all Louisiana public universities and colleges, with a focus on HBCUs, to increase the number and diversity of applicants in this and subsequent years.

Strategy: Build trusted relationships with researchers at public colleges and universities to increase opportunities for the shared benefit of collaborations in research that support Medicaid programs. Outreach will include information sessions, guidance on proposal ideas and feasibility, and guidance on budgetary questions and allowable expenditures, among other tactics.

Goal 2: Support and advise development of a hospital-based violence intervention program at UMCNO.

Strategy: Collaborate with local providers, CMS, and national experts at HAVI and other state Medicaid programs to advise model programming. The process of advising on the development of a hospital-based violence intervention program at UMCNO will facilitate possible long-term reimbursement mechanisms that provide sustainable support, while also allowing Medicaid to examine the feasibility and clinical and fiscal outcomes of the program

Deliverables	Target Completion Date
Hold information session on PUPP with available institutions to educate on PUPP application process	August 2022
Hold 1:1 advising sessions with institutions considering applying	October 2022
Improve and maintain an updated PUPP webpage	January 2023
Develop and maintain a list of reliable contacts in the appropriate departments in each institution in preparation of the next award cycle	March 2023
Prepare Notice of Funding Opportunity for third cycle and schedule Q&A sessions	June 2023

Deliverables	Target Completion Date
Update previous LDH research on hospital-based violence intervention programs with most current HAVI guidance and other state models	October 2022
Determine availability of administrative funds for proof-of-concept project	December 2022
Draft a cooperative endeavor agreement with UMCNO, as needed, for continued partnership	February 2023
Lead regular bimonthly meetings with UMCNO to ensure the progression of model development	June 2023

Legislative Spotlight: Act 461 (House Bill 312) of the 2022 Regular Session enacts reforms to address workplace violence in healthcare settings. The law requires every regulated entity to develop and maintain a workplace violence prevention plan. Additionally, House Concurrent Resolution (HCR) 36 continued the work of the Healthcare Workplace Violence Task Force which was formed during the 2021 Regular Session. The task force studies the policy options and practices through which the problem of workplace violence in healthcare settings can be properly addressed, mitigated, and prevented.



CONCLUSION

The strength and health of Louisiana's residents is critical to our continued improvement as a state. We remain committed to our mission of ensuring all Louisianans have equitable and accessible medical, preventive, and rehabilitative care, but we recognize that we cannot do it alone. We are deeply humbled by the cooperation of our collaborative partners who help us to meet people in their communities, assess their needs, and break barriers to accessing care, and we will continue to invest in these critical partnerships throughout FY23.

Our FY23 business plan aims to improve cohesiveness within LDH for a unified focus across the Department while prioritizing areas where we believe we can make the greatest impact for the people we serve. To fulfill our goals, we will invest in one of our greatest resources — our workforce — by strengthening, coordinating, and supporting our team members as well as filling in the gaps through robust recruitment. We look forward to building upon the foundation we laid in FY22 as we continue to make intentional efforts toward improving the health and well-being of all Louisiana residents.

This business plan is about more than establishing priorities for the year ahead. It is about the collaboration and communication between LDH and our community partners, legislators, and other state and federal entities. We will continue to engage with stakeholders throughout FY23 and will provide an annual update to you, our partners, at the end of the fiscal year.

We look forward to collaborating with you on this investment in a stronger and healthier Louisiana.



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