

LDH Business Plan

TOGETHER
Building a Stronger LDH and a Healthier Louisiana

FY **2022**



LDH MISSION


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





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“TEAMWORK IS THE
PROVEN FABRIC AND
CORE OF LOUISIANANS
AND IT’S AT THE HEART
OF WHAT WE DO AT LDH.”

-DR. COURTNEY N. PHILLIPS | *LDH SECRETARY*

MESSAGE FROM THE SECRETARY



Dr. Courtney N. Phillips

When I took on the role of Secretary of the Louisiana Department of Health in April 2020, I embarked upon a new state and a new challenge. Louisiana's first presumptive case of COVID-19 was confirmed on March 9, 2020, and by April 1, 2020, I came on board facing more than 6,000 new positive cases and 34 lives lost to the virus. Nearly a year and a half later, our state is still battling this pandemic. The struggles have been unyielding for individuals, communities, businesses, schools, and, most notably, our healthcare system.

We will get through this. I know this because Louisianans are resilient and our Louisiana grit is relentless. That strength is one of the reasons I returned home last year. My career in health and human services has given me the opportunity to see what people can accomplish when they work together to conquer and overcome. Louisianans have proved this time and time again. Teamwork is the proven fabric and core of Louisianans and it's at the heart of what we do at LDH.

My communications within the Department regularly include “#TeamLDH.” I've adopted that hashtag to express how I see LDH and the people who work here.

We are a team, and we achieve our goals as a team.

This spirit of collaboration has led to ***Together: Building a Stronger LDH and a Healthier Louisiana***, our business plan for state fiscal year 2022. LDH's mission is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all residents of the state of Louisiana. That mission is fundamental, but it is not stagnant. To that end, we envisioned a plan that builds our foundations while setting new goals, being open to change, and seeking to be progressive and better, every day.

The plan includes four commitments: Improve the Health and Well-being of Louisianans with an Emphasis on Prevention; Reshape #TeamLDH Culture; Enhance Customer Service, Partnerships, and Community Relations; and Promote Transparency, Accountability, and Compliance.

There might be stumbles along the way, but stumbling blocks are also stepping stones. Our team will see those challenges as opportunities to further improve. We will be transparent in our efforts and accountable to our stakeholders.

I am grateful for the support of Governor Edwards, the Louisiana Legislature, community organizations, our team members, healthcare stakeholders, and others who helped begin mapping our path forward. In the last 18 months, we've seen difficulty, but we've also seen teamwork, resilience and hope catapult to new levels. I look forward to seeing how much more we can achieve together.

On behalf of #TeamLDH, thank you for the opportunity and privilege of working with you to improve the health and well-being of the people of Louisiana.

Dr. Courtney N. Phillips
LDH Secretary
#TeamLDH







EXECUTIVE SUMMARY

Together: Building a Stronger LDH and a Healthier Louisiana, our business plan for state fiscal year (FY) 2022 (July 1, 2021-June 30, 2022), defines how LDH will measurably improve its programs, services, and outcomes in the upcoming year. After intentional listening and gathering of feedback, this business plan aims to create a shared understanding among and commitment to LDH team members, legislators, stakeholders, and members of the public about LDH's FY22 priorities and the specific steps we plan to take to achieve those goals. Taken together, the initiatives and goals included in the FY22 business plan are designed to drive LDH forward as a more efficient, effective, and responsive state agency.

At the end of FY22, LDH will provide a report detailing our achievements, lessons learned, and opportunities for further improvement. While unforeseen challenges will undoubtedly arise throughout the year, especially as we work urgently to end a pandemic, having our priorities and goals clearly defined in this business plan will help us maintain our focus and commitment to achieving them.

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

-  Improve the Health and Well-being of Louisianans with an Emphasis on Prevention
-  Reshape #TeamLDH Culture
-  Enhance Customer Service, Partnerships, and Community Relations
-  Promote Transparency, Accountability, and Compliance



Improve the Health and Well-being of Louisianans with an Emphasis on Prevention

LDH is committed to its mission of protecting and promoting the health of all residents of Louisiana, which includes physical, mental, and environmental health. Through the administration of health programs and other direct service programs across the Department, LDH provides access to healthcare services for millions of Louisianans.

Our focus will be on ensuring that residents receive the right care at the right time and the right place. This business plan commitment includes LDH-led initiatives that will:

- Assess Dental Coverage and Services for Adult Medicaid Enrollees to Improve Health Outcomes
- Improve Access to Substance Use Disorder Treatment and the Quality of Care
- Improve Care for Individuals with Serious Mental Illness
- Improve Early Detection of Colorectal Cancer and Treatment of High Blood Pressure and Diabetes
- Improve Health Outcomes from Pregnancy through Childhood
- Increase and Strengthen Service Delivery for Vulnerable Residents

Re-Shape #TeamLDH Culture

Like any company or organization, LDH's performance depends on the strength and health of its workforce. In FY22, LDH will focus on recruiting, developing, and retaining team members. Our work in this area will also concentrate on making LDH a workplace that is more inclusive, equitable, and responsive to team members' needs. This business plan commitment includes LDH-led initiatives that will:

- Advance Equity, Diversity, and Inclusion within LDH
- Improve #TeamLDH Culture, Recruitment, and Retention

Enhance Customer Service, Partnerships, and Community Relations

To improve health outcomes and operate effectively, LDH must be in close communication and partnership with the individuals we serve. Advancing the health of Louisiana is a complex endeavor — the health issues themselves are innumerable, they have disproportionate impacts on vulnerable and minority populations, and they are influenced by the physical, social, and economic settings in which our residents live. Meaningful community engagement enables better understanding of communities' needs and aspirations, allowing LDH to better solve health problems and empower residents with health information.

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

- Forge New Strategic Partnerships with Public Universities
- Improve the Sustainability of Public Water Systems
- Leverage Community Partnerships to Improve Participation in LDH Programs and Improve Program Design
- Pilot a Workforce Development Program
- Support Efforts to Increase Diversity in the State's Healthcare Workforce

Promote Transparency, Accountability, and Compliance

LDH strives to be the best steward of public resources possible. With increased transparency, the public and stakeholders will have greater confidence that LDH is operating efficiently, effectively, and with accountability to all applicable laws and regulations. This business plan commitment includes LDH-led initiatives that will:

- Develop and Implement an Annual Comprehensive Medicaid Provider Rate Review Process
- Develop Sustainable, Equitable, and Comprehensive Supplemental Payment Systems
- Improve LDH Compliance with State, Federal, and Agency Requirements
- Increase Accountability and Transparency through Medicaid Managed Care Organization (MCO) Contract



LOUISIANA DEPARTMENT OF HEALTH OVERVIEW

Introduction

More than 4.6 million people live in our state and our agency serves every single person. It is our privilege to create policy and provide services to 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. Our team includes approximately 7,000 individuals, and each person plays a role in improving and protecting the health and wellness of the people of our state.

Organizational Structure and Services

LDH 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; five 24-hour healthcare facilities; Legal, Audit, and Regulatory Compliance (LARC); nine Human Services Districts and Authorities (HSDAs); Louisiana Emergency Response Network; and the Developmental Disabilities Council.

The **Office of the Secretary** includes LDH's Executive Management Team as well as the teams that handle centralized LDH functions, including internal and external communications, legislative and governmental relations, human resources, legal, audit, and regulatory compliance, finance and budget, and community partnerships and health equity.

The **Office of Aging and Adult Services** (OAAS) works to develop, provide, and enhance services that offer meaningful choices for people in need of care in both 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 with mental illness and addictive disorders. This program office acts as monitors and subject matter consultants 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 people with developmental disabilities. This program office works to ensure individuals with developmental disabilities 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 with developmental disabilities to live fully integrated and valued lives.

What is health equity and why are we focused on it at LDH?

Health equity means every person in a community has a fair and just opportunity to reach their full health potential. The Bureau of Community Partnerships and Health Equity team (BCPHE) is 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.



Medicaid provides medical benefits to 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 1.8 million residents receive healthcare coverage through Medicaid.

The **Office of Public Health** (OPH) is charged with protecting and promoting the health and wellness of all individuals and communities in Louisiana. This program office accomplishes this through education, promotion of 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:

- 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.

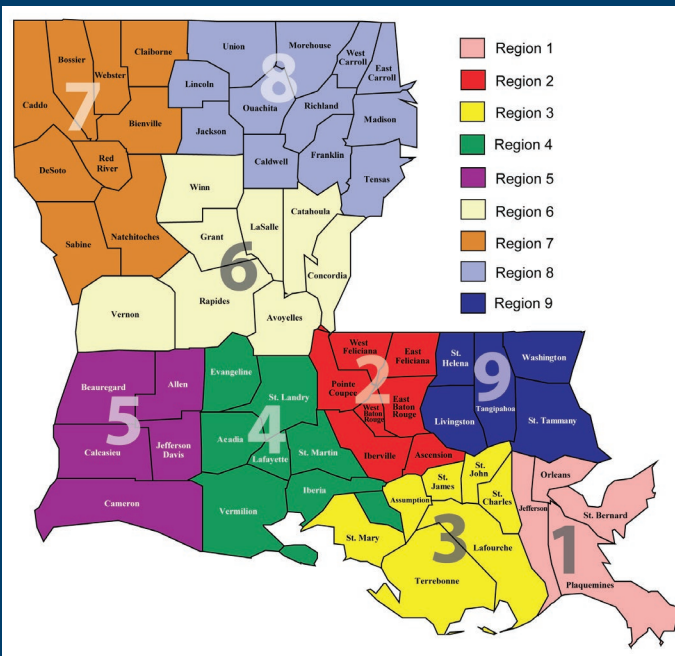
LDH also operates **five 24-hour healthcare facilities**. These facilities include the Central Louisiana State Hospital, Central Louisiana Supports and Services Center, Eastern Louisiana Mental Health System, Pinecrest Supports and Services Center, and the Villa Feliciana Medical Complex. Together, these facilities provide behavioral health, developmental disability, and long-term care services for more than 1,500 Louisiana residents.

Legal, Audit, and Regulatory Compliance (LARC) includes the Legal Services Section, Internal Audit, Program Integrity, and the Health Standards Section. The Bureau of Legal Services is the legal arm of the Department and is responsible for handling all legal matters including 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 help ensure efficient operations that have appropriate controls which help maintain programmatic integrity. The Internal Audit Section also acts as a liaison for the Department with the Legislative Auditor, and other audit entities, in relation to external audits of the Department's programs. The Program Integrity section is responsible for helping ensure the programmatic and fiscal integrity of the Department's Medicaid program and Medicaid within other programs. In the Medicaid area, Program Integrity is responsible for monitoring 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. This includes ensuring that facilities are maintaining compliance with applicable statutes, rules, regulations, and policies. This is accomplished through periodic surveys and inspections, including complaint investigations, of the providers that are subject to licensure and/or certification.

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

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.



The Louisiana Emergency Response Network (LERN) is charged with 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 by engaging in advocacy, capacity building, and systems change.

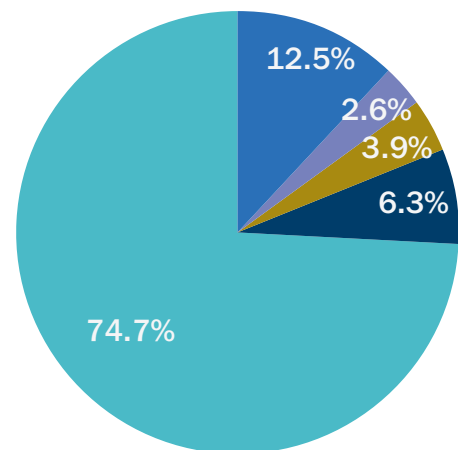
LDH Fiscal Year 2022 Budget

The Louisiana Legislature appropriated a budget of approximately \$18.2 billion for LDH for FY21-22. This appropriation is from five sources: Federal Funds (\$13,557,344,701; 74.7%), State General Funds (\$2,278,687,457; 12.5%), Statutory Dedications (\$1,149,651,183; 6.3%), Fees and Self-Generated Revenue (\$705,076,640; 3.9%), and Interagency Transfers (\$467,722,100; 2.6%).

2021 Legislative Session Overview

Governor Edwards and members of the 2021 Regular Legislative Session played a key role in helping LDH further its goals to effectively and efficiently deliver healthcare services to Louisianans. Legislators filed 2,738 instruments of which LDH monitored more than 240 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, providing critical information and context for the proposed legislation. LDH is committed to working with the Legislature to implement all enacted legislation impacting the Department.

MEANS OF FINANCE	FY22 APPROPRIATION	% of TOTAL BUDGET
State General Fund	\$2,278,687,457	12.5%
Interagency Transfers	\$467,722,100	2.6%
Fees & Self-Generated	\$705,076,640	3.9%
Statutory Dedications	\$1,149,651,183	6.3%
Federal	\$13,557,344,701	74.7%
TOTAL	\$18,158,482,081	100%



Legislative Spotlight: LDH's bill package consisted of one bill this session: Act 347 (House Bill 618). Act 347 allows Louisiana Medicaid to participate in cooperative purchasing programs through multi-state collaboration. In this arrangement, Louisiana and one or more other states would jointly procure a single vendor for a needed software or service. Cooperative purchasing arrangements are encouraged by the Centers for Medicare and Medicaid Services (CMS). The Act also clarifies that LDH can enter into 5-year contracts, with a 5-year option to extend (10 years total), for all Medicaid system contracts instead of the traditional 3-year procurements with two 1-year options to extend (5 years total).

FISCAL YEAR 2022 INITIATIVES

COMMITMENT 1: Improve the Health and Well-being of Louisianans with an Emphasis on Prevention

Initiative 1: Assess Dental Coverage and Services for Adult Medicaid Enrollees to Improve Health Outcomes

Routine and preventive dental care is essential not only for good oral health, but for a person's overall health. Despite this, many do not have access to the dental care they need. More people are unable to afford dental care than other types of healthcare. Many states have found that investing in preventive dental care for Medicaid enrollees saves public dollars on a net cost basis by preventing emergency department visits and expensive, complicated treatments and hospitalizations arising from neglect of oral health.

As of March 2021, approximately 1.7 million Louisiana residents are enrolled in the Medicaid dental program. Dental coverage is currently limited to the 853,000 children under 21 years of age who are enrolled for comprehensive dental benefits. The 864,000 Medicaid enrollees 21 years of age and older are limited to denture benefits.

According to the CDC's Behavioral Risk Factor Surveillance, as of 2018, only 58.1% of Louisianans visited the dentist or dental clinic within the past year for any reason.¹ Louisiana's oral health report card has a state score of D for 2021, in large part driven by poor outcomes such as:

- Only 11% of children ages 6 to 14 received a dental sealant on permanent molars.
- 26% of third graders have untreated dental decay.
- 18% of adults ages 65 and older have lost all their natural teeth to decay or gum disease.
- 40% of adults ages 65 and older have lost six or more of their natural teeth to decay or gum disease.
- In FY20, treating non-traumatic oral health conditions in hospital and emergency department settings resulted in over \$23 million in costs to the Medicaid program.

Legislative Spotlight: Act 450 (House Bill 172) of the 2021 Regular Session ensures comprehensive dental care to adults enrolled in a Medicaid intellectual/developmental disability (I/DD) waiver. Benefits will include diagnostic services, preventive services, restorative services, endodontics, periodontics, prosthodontics, oral and maxillofacial surgery, orthodontics, and emergency care. LDH has initiated conversations with CMS on implementation for FY23. Additionally, House Concurrent Resolution (HCR) 34 of the 2021 Regular Legislative Session requests LDH study potential means of financing dental care for adult residents of intermediate care facilities.

Goal 1: Conduct needs and costs assessment for covering comprehensive dental services for adult Medicaid members.

Strategy: LDH will engage a variety of stakeholders, including advocacy organizations and dental providers, to solicit input on dental coverage access and options. Stakeholder engagement is essential for comprehensive strategy development. It involves listening, collaboration, and providing information to foster mutual learning, build trust, and strengthen the ultimate proposal, while mitigating potential risks such as dissatisfaction and misalignment of goals. Stakeholder groups include the State Advisory Council Dental Task Force, the Louisiana Perinatal Quality Collaborative (LaPQC), the Louisiana Oral Health Coalition, and the network of Louisiana Medicaid dental providers.

The Department will also establish an internal analysis and work team to review dental costs and implementation requirements using data, other state experience/research, and actuarial assistance. This strategy will draw upon all available resources to develop a comprehensive approach to providing dental coverage for adult Medicaid enrollees, and will deliver a report to LDH leadership.

Deliverable	Target Completion Date
Engage actuaries for rate setting	October 2021
Complete cost review	November 2021
Complete comprehensive review of authority changes needed and operational impact of managed care vs. fee for service implementation	December 2021
Conduct listening sessions with waiver communities and advocates including the State Advisory Council Dental Task Force	February 2022
Host a listening session with LaPQC	February 2022
Meet with Medicaid dental providers for listening session on adult dental coverage	February 2022
Compile report of options and stakeholder input	April 2022

Present report and recommendations to LDH leadership	May 2022
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Release report to public and submit to Legislature	June 2022
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Goal 2: Develop a comprehensive dental program for adults over age 21 enrolled in an I/DD waiver.

Strategy: As required by Act 450 of the 2021 legislative session, LDH will seek a waiver from CMS to allow comprehensive dental coverage for adults enrolled in a Medicaid I/DD waiver. Benefits will include diagnostic services, preventive services, restorative services, endodontics, periodontics, prosthodontics, oral and maxillofacial surgery, orthodontics, and emergency care. The Department will engage its actuaries to develop the budget request for FY23 and work toward implementation should CMS approve the waiver and funding be appropriated.

Deliverable	Target Completion Date
Engage actuaries for rate setting	July 2021
Complete comprehensive review of authority changes needed and operational impact of managed care vs. fee for service implementation	August 2021
Engage vendors for systems design and development changes	October 2021
Develop budget request for FY23	October 2021
Request CMS waiver authority	December 2021
Publish Rulemaking/Notice of Intent	February 2022
Finalize and implement communications plan	April 2022
Publish final rule	June 2022
Publish provider manuals and fee schedules	June 2022



Initiative 2: Improve Access to Substance Use Disorder Treatment and the Quality of Care

There has been a steady increase in the number of fatal overdoses involving opioids in Louisiana. According to recent 2019 data from the state's Vital Records database which is used by coroners, opioid-involved deaths increased by 25%, from 470 in 2018 to 588 in 2019. From 2012 to 2019, opioid-involved deaths increased 267%.

According to U.S. Department of Health and Human Services (HHS) guidelines, to combat the overdose crisis, people with opioid use disorders need better access to evidence-based treatments, which are often scarce. Medication for Opioid Use Disorder (MOUD) is the gold standard for treatment of opioid use disorder. Since December 1, 2020, approximately 1,173 of the 4,768 (24.6%) Louisiana residents receiving MOUD live beyond a 35-mile radius from an opioid treatment program (OTP). This presents a barrier to care as geographical access can be a life-saving determinant.

According to the Centers for Disease Control (CDC) 2020 and National Institute on Drug Abuse (NIDA) 2020, the opioid crisis has resulted in approximately 450,000 deaths nationwide since 1999. The CDC and NIDA indicate that increasing the availability of naloxone, a prescription

medication that reverses the respiratory depression caused by an opioid overdose, reduces the rate of opioid overdose deaths.^{2,3} Naloxone can be safely administered to prevent overdose-related injuries and death not only by medical professionals but also by laypeople who witness an overdose.^{4,5,6} Further, research has shown that increasing access to naloxone does not increase nonmedical opioid use.⁷

Evidence-based treatment is effective in reducing morbidity and mortality among persons with substance use disorders. However, effective treatment requires at least three components: access to care, high-quality linkages between service settings, and continuity of care. This initiative will incorporate goals and strategies to address all three components to produce improved quality of care and access to treatment.

Based on this evidence, this initiative's efforts are directed to enhance access to OTPs by adding two additional clinics, which will reduce travel distances and increase the number of patients with access to life-saving services and improve linkages to services. Based on a needs assessment that concluded in July 2021, Washington Parish and Terrebonne Parish were selected.

Goal 1: Increase access to MOUD by increasing the use of evidence-based behavioral health treatment services.

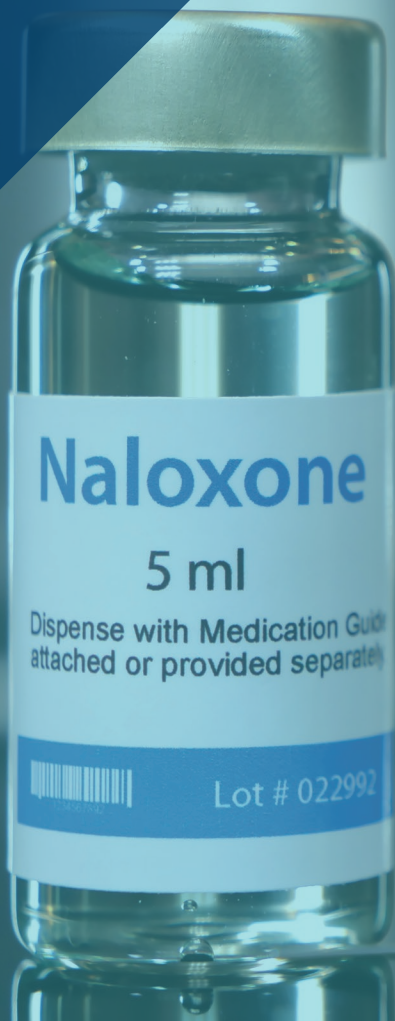
Strategy: The overarching goal is to increase access to care via MOUD by expanding the number of OTPs from 10 to 12 and thereby increasing the number of persons served in the overall program.

An average OTP serves 400 to 1,200 individuals monthly. To implement this goal, we plan to increase availability and accessibility to 400 and up to 1,200 patients per month at two new clinics, which includes geographic access to care and service availability at times that are convenient to patients. Continuity of care is critical because increased time in treatment strengthens long-term recovery. Long-term recovery improves productivity and employability, reduces criminal activity, and improves family functioning. If individuals are productive and self-sufficient, this improves the overall community health and economic sufficiency.

The Request for Information has been finalized and will be out for solicitation in September 2021.

Deliverable	Target Completion Date
Request for Information for solicitation of potential OTPs	November 2021
Review and score proposals	December 2021
Announce new OTPs	January 2022
Finalize licensure, accreditation	March 2022
Begin providing services at two new OTPs	June 2022

****Launching of OTPs will be based upon infrastructure availability and rebuilding of the impacted areas of the state due to severe weather events in 2021.**





Goal 2: Increase access to MOUD by expanding hours of operations at two existing OTP clinics to 24 hours, 7 days per week. The two new 24/7 extended-hour OTP initiatives are projected to serve 600 individuals per site per year, to serve a total of 1,200 individuals.

To increase access to MOUD, the Department plans to expand hours of operation to 24 hours per day, 7 days per week for two additional clinics. Currently 9 of the 10 clinics operate with “regular hours,” which are 5 a.m. to 12 p.m. However, one clinic is operating as a pilot with 24/7 access. Our first 24/7 pilot is located in the Greater New Orleans area and currently yielding increased access to care to approximately 59 new patients per month during nontraditional hours of operation, and serves a total of 712 individuals per year.

Two additional providers of the existing 10 clinics will be selected to extend hours of operation. The criteria for selection is based on the highest overdose and mortality rates in the state. Based on our current provider data, we approximate an additional 50 patients served at each of the new 24/7 extended-hour locations. As a result, 100 new patients will be served each month at the extended sites, with a total of 1,200 individuals annually served.

Deliverable	Target Completion Date
Solicitation of potential 24/7 OTPs	July 2021
Review of submitted OTP 24/7 proposals	July 2021
Provider selection and initiate contract negotiation with OTPs	August 2021
Development of contract agreement and submit for approval	December 2021
Execute and launch program	February 2022

Goal 3: Increase access to life-saving opioid overdose reversal treatment through the distribution of 20,000 naloxone kits, as well as training on administration, to reduce overdose rates. This is a 100% (or 10,000) increase from a baseline of 10,000 naloxone kits distributed in 2018-2020.

Strategy: For opioid use disorder and persons not yet engaged in treatment services, naloxone distribution for overdose prevention must be widely available to decrease mortality rates and increase the probability of survivors who subsequently engage in treatment. The strategy to achieve the goal of increased naloxone accessibility involves widespread distribution as well as education and prevention training through community partner outreach.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol, every patient who misuses opioids or has opioid use disorder should be educated on opioid overdose prevention education and provided a naloxone prescription. Louisiana has made regulatory changes to increase the availability and accessibility of naloxone and will continue to implement best practice initiatives to further expand naloxone access. Increased naloxone accessibility, education, and prevention training through community partner outreach and widespread distribution of naloxone kits supports the three components of effective treatment. These components are vital to reducing the number of opioid overdose deaths across the state. From January 2021 to July 2021 a distribution plan was developed, along with outreach and training plans, to ensure community education and naloxone dissemination are strategically targeting entities and communities that serve persons with opioid use disorder.

Deliverable	Target Completion Date
Conduct quarterly monitoring of the naloxone distribution plan to ensure efficient access to education, outreach, and training for the community	September 2021
Execute naloxone education, outreach, training, and dissemination targeting approximately 5,000 kits per quarter to individuals who are at high risk of an opioid overdose	June 2022



Initiative 3: Improve Care for Individuals with Serious Mental Illness

Mental illness is prevalent in Louisiana and across the United States. In 2018-2019, the share of adults in Louisiana with any mental illness was 21.2% compared to 19.9% in the U.S.⁸ This equates to about 1 in 5 adults in Louisiana suffering from mental illness each year, while the rate of adults with serious mental illness in the U.S. equates to 1 in 20. Serious mental illness is defined as someone over the age of 18 who has (or had within the past year) a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.^{8,9} There are more than 2 million hospitalizations each year related to serious mental illness in the United States.

In terms of impact to Louisiana Medicaid enrollees served by this initiative, there were 40,000 hospitalizations of Louisiana Medicaid enrollees due to serious mental illness in 2019. These hospitalizations negatively impact individuals and their families, affecting their quality of life and having the potential of causing iatrogenic harm, i.e., illness caused by medical examination or treatment. While the personal implications to these illnesses are profound, there are also impacts to society. Direct costs associated with treatment of these disorders, though significant, reveal only a small portion of the economic burden of these illnesses. There are also indirect costs that have profound impacts on individuals with serious mental illness and society. These include lost earning potential, costs of treating comorbidities, homelessness, incarceration, increased mortality, loneliness, and isolation.

Improving the availability and array of services can mitigate these burdens, offering system benefits that can be attributable to an individual, taxpayer, and societal level. For example, individuals receiving services experience improved quality of life, increased chances of finding and/or maintaining employment, and increased educational attainment. Taxpayers are impacted through increased tax revenues, savings in public assistance, and savings to the criminal justice system through crime victims' costs, while societal impacts include reduced likelihood of arrest based on reduced interaction with law enforcement and overall improved perceptions of mental illness.

Access to affordable housing is one such service that has long-term benefits to health and stability. One option is permanent supportive housing. There are multiple publications that support the findings that people offered permanent supportive housing — which links affordable rental options with flexible and individualized services to people with severe and complex disabilities — experience healthcare cost savings.^{10,11} For example, individuals who receive services through permanent supportive housing spent 23% fewer days in hospitals, had 33% fewer emergency department visits, and spent 42% fewer days in nursing homes, per year. The study demonstrating these findings as reported by the Center on Budget and Policy Priorities estimated that these reductions in emergency department visits and hospitalization, among other things, more than offset the cost of supportive housing, resulting in annual savings per person.¹⁰

While permanent supportive housing is one example of programmatic investments offsetting costs of other services, it is not the only example. These savings have also been demonstrated with crisis services. In a study by Wilder Research (2013) of programs in Minnesota, the authors found that the net benefit for mental health crisis services was around \$3 million, with a savings of \$2.16 for every dollar invested, while mobile crisis services in particular resulted in, on average, a 23% lower cost per intervention.¹² Though the study was based on a review of programs in one state, the findings are replicable in other state systems.¹²

Implementing items outlined within this initiative will provide critical improvements to the service delivery system for individuals with serious mental illness in Louisiana, resulting in benefits for individuals, taxpayers, and society. These activities will begin to address gaps identified in the state's behavioral health continuum and develop a crisis system of care. This crisis system includes a total of four new services with phased implementation starting in January 2022, and is aligned with requirements found within the Department of Justice (DOJ) Agreement and, together, comprise a comprehensive crisis continuum of care currently lacking in Louisiana.



What is LDH's DOJ Agreement? A DOJ investigation of Louisiana found that the State was inappropriately relying on nursing facilities to serve people with serious mental illness instead of providing services in integrated settings appropriate to their needs. LDH entered into an Agreement with DOJ that outlines expectations regarding activities related to individuals with serious mental illness in nursing facilities and the overall behavioral health service system. This includes the development of a crisis system of care. Implementation of this Agreement remains ongoing.

Goal 1: Implement a comprehensive crisis system of care resulting in a decrease in the number of emergency department visits for Medicaid members presenting with a primary behavioral health reason by 3% in FY22. This would be a decrease of 3,007 emergency department visits for behavioral health reasons from 100,240 visits in FY19 to 97,233 or fewer in FY22.

Strategy: LDH will phase implementation of a crisis system of care to include Mobile Crisis Intervention, Community Brief Crisis Support, Behavioral Health Crisis Care Centers, and Crisis Stabilization Services. These services are crucial components of a comprehensive crisis system of care, directly correlated to the DOJ Agreement, and are critical to LDH's compliance with the Agreement. Robust crisis services are widely recognized as offering a diversion from emergency department utilization, improving support to individuals, and acting as cost containment strategies for the larger system of care. Given the scope and cost of the service implementation, LDH will initially focus on the Medicaid adult population and provide a crisis framework that initiates a culture shift in the philosophy of treatment needs, and develop a provider network that can continue to grow and serve the needs of all Louisianans. This framework includes:

- Mobile Crisis Intervention is a mobile response system through which teams can deploy to individuals in crisis. This service will involve approximately 17 crisis teams working 24 hours per day, 7 days per week, deploying and providing crisis response to Medicaid eligible adults. These teams will be distributed by, and operate in, each LDH region.
- Community Brief Crisis Support is a follow-up, face-to-face intervention provided for up to 15 days post-crisis for eligible individuals who need ongoing support to restabilize and remain in the community. This service will include 10 total programs across all LDH regions.
- Behavioral Health Crisis Care Centers are facility-based services that operate 24 hours per day, 7 days per week as a walk-in center providing short-term behavioral health crisis intervention. This service will involve 10 providers operating statewide, in each LDH region.

- Crisis Stabilization services are short-term, bed-based services that operate 24 hours per day, 7 days per week for individuals at risk of hospitalization or institutionalization. The service will be implemented pending the approval of funding.

Deliverable	Target Completion Date
Statewide and local community meetings to create awareness about crisis service implementation	September 2021
Work with providers, MCOs, and partners to ready the system for crisis service implementation	October 2021
Train Mobile Crisis Intervention and Community Brief Crisis Support providers	January 2022
Implement Mobile Crisis Intervention services — 17 crisis teams distributed by, and operating in, each LDH region	March 2022
Implement Community Brief Crisis Support services — 10 programs working throughout the state, in each LDH region	March 2022
Train Behavioral Health Crisis Care Center staff	March 2022
Implement Behavioral Health Crisis Care Center — 10 programs working throughout the state, in each LDH region	April 2022

Goal 2: In FY20, OBH determined that approximately 6,800 individuals enrolled with the MCOs for both physical and behavioral health services were at risk of nursing home placement given the number of hospitalizations incurred. Through this initiative, LDH will seek to divert these potentially unnecessary hospitalizations.

Strategy:

- Increase the follow-up rate for Medicaid beneficiaries after a hospitalization for behavioral health reasons within 30 days of discharge.
- Increase the percentage of individuals receiving case management through the My Choice Louisiana initiative, which targets services to Medicaid eligible adults with serious mental illness who are at risk of and/or have been diverted or transitioned from nursing facility placement.¹³ The case management program will be targeted to individuals who transitioned into the community through My Choice Louisiana and/or individuals diverted from nursing facility placement through the Preadmission Screening and Resident Review Level II process.¹⁴
- Through the provision of this new case management service, ensure individuals in the My Choice Louisiana target population are receiving all services necessary to meet their needs.

Implement Personal Care Services for identified persons with serious mental illness*

March 2022

MCOs will submit a plan to OBH for improving transitions of care including identification of barriers, interventions to address those barriers, and information about special healthcare needs populations

February 2022

*Funding is available, but pending CMS approval

Goal 3: Avoid unnecessary hospitalization, institutionalization, and homelessness by obtaining 150 additional permanent supportive housing units or subsidies to house persons with serious mental illness, increasing the total number of units or subsidies for this population from 500 to 650, or 30%.

Strategy: Using Non-elderly Disabled Vouchers, expand permanent supportive housing via Louisiana's nationally recognized program, which provides high-quality, community-integrated, affordable housing combined with tenancy supports to people with disabilities, including serious mental illness. Non-elderly Disabled Vouchers are a form of rental assistance provided by the federal Department of Housing and Urban Development (HUD). Non-elderly Disabled Vouchers help low-income people with disabilities who are younger than age 62 to lease affordable private housing of their choice. Households pay 30% of their income for rent, and the voucher covers the difference between what the individuals/household pays and the market-rate rent. Permanent supportive housing prioritizes housing for individuals who are homeless or transitioning from institutions, thereby avoiding or reducing the high costs associated with homelessness and with institutional care.

Deliverable	Target Completion Date
Public Notice for Personal Care Services	August 2021
Meet with stakeholders to develop the performance improvement project related to transitions of care from hospitals including the identification of performance metrics and determining recommended interventions	November 2021
Community case management and agency training and onboarding	December 2021
Increase coordination of services for individuals with serious mental illness who are transitioning from nursing facility placement	December 2021
Implement Personal Care Services for identified persons with serious mental illness*	January 2022

Deliverable	Target Completion Date
LDH will submit joint request with the Louisiana Housing Corporation to HUD to prioritize members of the DOJ Agreement for Section 8 Rental Assistance	July 2021
Obtain HUD approval to prioritize members of the DOJ Agreement, who are persons with serious mental illness, for Section 8 Rental Assistance	October 2021
Conduct outreach to people transitioning from institutions or at risk of institutionalization due to homelessness and disability	May 2022
House 150 individuals using Non-Elderly Disabled Vouchers obtained in 2020	June 2022



Initiative 4: Improve Early Detection of Colorectal Cancer and Treatment of High Blood Pressure and Diabetes

Many serious illnesses in Louisiana are preventable and treatable, including colorectal cancer, high blood pressure, and diabetes. Early detection of these illnesses can lead to more effective treatment. Even when diagnosed at a later stage, appropriate and effective medical treatments can prevent complications. Louisiana's rates of these illnesses are higher than the national average and so an intensive focus on addressing these illnesses is critical. Barriers include lack of awareness, lack of access to care, lack of healthcare follow-up, and competing priorities such as family, work, and school.

The national incidence rate of colorectal cancer is 38.4 per 100,000 while Louisiana's rate is 45.1 per 100,000, which ranks our state 48th out of 51 in the nation (including Washington, D.C.).¹⁵ Louisiana ranks 42nd out of 50 for diabetes with 12.6% of adults having diabetes as compared to the national rate of 10.8%.¹⁶ Additionally, Louisiana is ranked 45th out of 50 for high blood pressure with 39.7% of adults having high blood pressure while the national rate is 32.5%.¹⁶

Within Louisiana Medicaid, rates of control of high blood pressure and diabetes are significantly lower than the National Committee on Quality Assurance (NCQA) Quality Medicaid National 50th Percentile. For controlling high blood pressure, the Medicaid National 50th Percentile is 61.80% while Louisiana Medicaid is 49.98%.¹⁷ Similarly, the Medicaid National 50th Percentile is 51.82% for comprehensive diabetes care control (Hemoglobin-A1c \leq 8%) as compared to 42.92% for Louisiana Medicaid.¹⁷ Driving improvement in these outcomes is critical to help Medicaid members achieve better health.

Goal 1: Increase the number of adult Medicaid members with controlled high blood pressure by 5,100 (from 63,724 to 68,824) and increase the number of Medicaid members with controlled diabetes by 2,300 (from 24,590 to 26,890) by the end of FY22.

Strategy: LDH will leverage Medicaid MCOs to drive improvements in blood pressure and diabetes control. In January 2021, LDH incentivized these improvements in the MCO contracts. In addition, to bridge the gap between patients and providers, LDH will add Medicaid reimbursement for community health workers. Community health workers are lay people with specialized training who can help people understand their medical care, develop and stick to a treatment plan, navigate the healthcare system, and help address needs like transportation, housing, and food. Community health worker services have been shown to improve treatment of chronic diseases, improve quality of care, and reduce costs from complications.¹⁸

Deliverable	Target Completion Date
MCO mid-year report on strategies and activities	August 2021
Develop and finalize service description, qualifications, and reimbursement for community health worker services	January 2022
Final report on MCO strategies and activities to improve blood pressure and diabetes control	January 2022
Submit State Plan Amendment for community health worker services	February 2022
Implement Medicaid coverage of community health workers	March 2022
Outreach to providers on coverage of community health worker services	March 2022

Goal 2: By June 30, 2022, establish 12 new community-based blood pressure monitoring and diabetes prevention programs.

Strategy: Collaborate with the community-based organizations to implement community-based blood pressure monitoring and diabetes prevention programs. In community-based blood pressure monitoring (community-based BPM) programs, a community-based organization provides onsite blood pressure screenings for the community members that organization serves. The organization is provided with supplies and educational materials for community members to measure their blood pressure on an automatic blood pressure cuff, receive health education to understand their screening results, and provide referral information to medical services to ensure follow-up care. This programming targets individuals with uncontrolled hypertension who may have a medical home or who are not under the care of a medical provider, assisting them in identifying medical services that meet their needs.

One of the overarching goals of community-based BPM is to increase the number of community-clinical linkages within communities and throughout our state in order to improve chronic disease prevention, care, and management. These linkages help ensure that people with or at high risk of chronic diseases, such as high blood pressure, have access to community resources and support (such as BPM programs) to prevent, delay, or manage chronic conditions.

Diabetes prevention programs create partnerships between healthcare providers and community-based organizations to offer evidence-based, cost-effective interventions that have proven to help prevent Type 2 diabetes in communities. The program focuses on life-long changes to certain habits and behaviors, which helps participants maintain a healthier lifestyle over time.

Goal 3: Increase overall colorectal cancer screening rates among men and women ages 50-75 enrolled in Medicaid managed care plans and statewide in Louisiana by at least 2 percentage points in 2022, increasing from 37% and 69% in calendar year 2021 to at least 39% and 71%, respectively, in calendar year 2022. LDH recommends beginning screening at age 45 for colorectal cancer for those individuals at average risk to be consistent with the United States Preventive Services Task Force updated recommendations. Our baseline data are among 50-year-olds so LDH will use that as a reference until a new baseline is established.

Strategy: LDH will implement a Cancer Strategy Plan with actions within Medicaid, OAAS, OBH, OCDD, OPH, and the Office of the Secretary increasing awareness and preventive methods for colorectal cancer. The LDH Cancer Strategy is a multipronged approach to improve colorectal cancer screening in the diverse populations served by LDH including people covered by Medicaid, people with disabilities, seniors, and people with behavioral health needs. The Cancer Strategy Plan also includes ways that LDH will strengthen a key partnership with Taking Aim at Cancer in Louisiana, Inc. (TACL) to conduct two projects to increase cancer screenings and reduce disparities:

- Train community health workers and patient navigators on colorectal cancer, including easy-to-use screening methods; and
- Improve screening and follow-up systems in clinical office practices.

LDH has already laid the groundwork for these projects. In October 2020, LDH launched a training collaborative to train 25 community health workers and patient navigators with robust continuing education opportunities. In addition, LDH partnered with a mobile screening program to increase cancer screening access in targeted areas by meeting people where they are.

Deliverable	Target Completion Date
Develop online resources including webinars and materials to support the implementation of screening, treatment, and referral in clinical and community settings	August 2021
Identify and train 12 community organizations on developing BPM and diabetes prevention programs	March 2022
Support the implementation of newly developed programs through ongoing technical assistance and resources	June 2022



Deliverable	Target Completion Date
Finalize LDH Cancer Strategy focusing on colorectal cancer; develop educational materials	September 2021
Begin communication with providers and individuals enrolled in OAAS, OBH, and OCDD programs and LDH facilities on the LDH Cancer Strategy	October 2021
Provide educational materials and talking points to Rural Health Centers on the LDH Cancer Strategy	July 2021
Collaborate with Medicaid MCOs on the LDH Cancer Strategy to provide public education about cancer within communities	August 2021
Initiate collaborative efforts to educate Louisianans who experience health disparities on tobacco and cancer risk via the CDC Tips From Former Smokers campaign and other tobacco cessation methods	August 2021
Develop annual marketing plan related to cancer education, prevention, and screening	September 2021
Collect data from community health workers and patient navigators on education provided and screening referrals in partnership with TACL	October 2021
Begin recruitment of clinical office practices in partnership with TACL	November 2021
Partner with TACL to evaluate program effectiveness for the community health worker and patient navigator program implementation in additional parishes	December 2021
Implement marketing plan for colorectal cancer education, prevention, and screening	January 2022
Recruit and select clinical office practices to participate with TACL initiative	February 2022
Partner with TACL to evaluate program effectiveness and make adjustments to the clinical office program	June 2022

Legislative Spotlight: House Concurrent Resolution (HCR) 42 of the 2021 Regular Session requests that LDH authorize Medicaid coverage of chiropractic care for adults age 21 and older. Currently, Louisiana Medicaid only covers chiropractic care for individuals under the age of 21 years old. Chiropractic care has been identified as a cost-effective alternative for the treatment of certain pain conditions, and also a treatment that could reduce the need for opioids. LDH, the Chiropractic Association of Louisiana, and the MCOs are working together to review the best available evidence on chiropractic care for the purpose of developing and implementing cost-effective Medicaid coverage that will work for the people who need it.





Initiative 5: Improve Health Outcomes from Pregnancy through Childhood

Maternal and child health outcomes reflect the health of society. A brief from the CDC on Maternal Mortality by State, 2018, lists Louisiana 8th among 25 states reporting maternal mortality data. In 2019, more than 7,000 (over 12%) pregnant women in Louisiana did not receive prenatal care during their first trimester, and more than 6,000 (over 10%) failed to receive any postpartum care after giving birth.¹⁹ In 2020, we received a “Grade F” from the March of Dimes for our high preterm birth rate of 13.1%.²⁰ Furthermore, the racial disparities in maternal and infant outcomes are well documented. Black women experience a pregnancy-associated death at a rate twice that of their white counterparts.²¹ Louisiana Black women experience preterm birth at a rate that is 55% higher than that of other women.²⁰ Every woman deserves to have a safe, dignified, equitable birth. In addition to ensuring best clinical practices, we must support systems of care that promote equity, such as expansion of doula services.

Child health must also be safeguarded and promoted. A lack of preventive healthcare, untreated developmental issues, and exposures to adversity in childhood compromise healthy development and can lead to decreased educational attainment. Louisiana ranks among the unhealthiest states in the country for children, and up to 12% of the state’s children are not in excellent or very good health, compared to 10% nationally.²² Additionally, 28% of Louisiana fourth graders are chronically absent from school, compared to 24% nationally, ranking the state 40th in the country.²³ Research suggests the reasons

for chronic absenteeism are as varied as the challenges our students and families face — including poor health, limited transportation, and a lack of safety, which can be particularly acute in disadvantaged communities and areas of poverty.²⁴

LDH is committed to improving perinatal outcomes in Louisiana, from pregnancy through postpartum care, and continuing to support children to reduce health barriers to learning. To improve these outcomes, evidence-based best practices must be implemented with every birth. Implementing best practices as recommended by national organizations such as the Alliance for Innovation on Maternal Health have proven to improve maternal outcomes in other states. California has seen a 55% reduction in maternal deaths.²⁵ Illinois has seen a 27% decrease in severe pregnancy complications.²⁶ Through the LaPQC, we are on the pathway to change in Louisiana but we must continue to strive to see these best practices implemented every time for every patient for every birth.

Approximately 62% of all births in Louisiana are covered by Medicaid, compared to 42% nationally and 48% among all Southeastern states (the majority of which have not yet expanded Medicaid coverage as Louisiana did).²⁷ Additionally, about 51% of all children in Louisiana are covered by Medicaid, compared to 38% nationally.²⁸ By improving access and services for women and children covered by Medicaid, we can improve the outcomes for all women and children in Louisiana. There is great need to support maternal and child health in multifaceted ways, including such varied approaches as improving perinatal healthcare systems and care delivery, breastfeeding support and promotion, and pediatric preventive healthcare.

Legislative Spotlight: House Resolution 193 of the 2021 Regular Session was passed to urge and request the Louisiana Department of Health to develop and submit to CMS an amendment to the Medicaid state plan on or before April 1, 2022, allowing for postpartum Medicaid coverage for twelve months after birth for eligible pregnant individuals who qualify under the state’s Medicaid plan in furtherance of House Bill No. 468 of the 2021 Regular Session. This would increase access to care for women who are temporarily covered by Medicaid during pregnancy through six weeks postpartum to assure they have coverage.



Goal 1: By June 2022, LDH will launch and create sustainability for four statewide initiatives to address the leading clinical contributors to preventable maternal deaths.

Goal 2: By January 2022, enact three substantive policy changes to strengthen the state's maternal systems of care.

Goal 3: By June 2022, implement four policy and programmatic changes to increase access to maternal care services.

Strategy: To improve birth outcomes, including maternal morbidity and mortality, pregnancy care must be established with women in a manner that expands their access to and trust in healthcare providers and must extend to accessible, proactive reproductive healthcare even after delivery. Furthermore, our care systems should be supported and recognized for their efforts to establish policies and procedures that promote evidence-based practices, and their work to improve equity and patient partnership. The deliverables below reflect important policy changes and other efforts to strengthen the systems of care and support in the state.

The LaPQC's Reducing Maternal Morbidity Initiative, which concluded in May 2020, focused on reducing unexpected outcomes related to bleeding and hypertension, addressing the Black-white disparity in outcomes, and increasing application of evidence-based best practices related to hemorrhage and hypertension, among participating facilities. The Reducing Maternal Morbidity Initiative led to an overall reduction of unexpected outcomes from bleeding by 35% and hypertension by 12%. For Black women, the unexpected outcome from bleeding was reduced by 49%. This improvement work must be sustained. As such, the LaPQC now offers the opportunity for facilities to be awarded Louisiana Birth Ready Designation, a system that reinforces and ensures facilities are implementing best practices to improve readiness for addressing the leading causes of maternal deaths.

Deliverable

Target Completion Date

Goal 1 deliverables

Provide technical assistance and data support to birthing facilities pursuing the LaPQC Louisiana Birth Ready Designation; award initial designations

August 2021

Complete a comprehensive review of all deaths that occurred in 2018 among individuals who were pregnant at the time of death or within the year preceding death; publish state Pregnancy Associated Mortality Review report with findings and recommendations annually

August 2021

Launch an LaPQC initiative to support perinatal depression screening by pediatric providers

January 2022

Launch the initiative to create sustainable change that will lead to the reduction of the number of low-risk, first-time Cesarean births from 33% to <28% through the first year of the LaPQC Safe Births Initiative

June 2022

Goal 2 deliverables

Publish licensing regulations for Free-Standing Birth Centers to align with national guidelines and recommendations from the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality

July 2021

Publish Notice of Intent for updated hospital licensing regulations for birthing facilities to align with national guidelines; launch resources to support birthing facilities with implementation of the new designation requirements

September 2021

Complete appointments to the newly-established Doula Registry Board and convene the inaugural meeting

January 2022

Deliverable	Target Completion Date
Goal 3 deliverables	
Add Medicaid coverage of remote patient monitoring technology for prenatal care, including for management of maternal hypertension	August 2021
Prepare data and evidence to support consideration of an amendment to the Medicaid state plan to extend postpartum Medicaid coverage for 12 months after birth for eligible pregnant individuals	August 2021
Research and begin implementation on policy options for using technology to improve access to routine and specialty obstetric care through telehealth, remote patient monitoring, and subspecialty consultation	January 2022
Enroll 100 Medicaid beneficiaries in enhanced care coordination services for pregnant women with substance use disorder	June 2022
Expand participation in home-based family support and coaching, in partnership with the Louisiana Policy Institute for Children and the Pritzker Children's Initiative which is working to advance policies that increase access to essential health, development, and social-emotional support services	June 2022

Goal 4: Improve systems that support breast milk as first food to increase breastfeeding initiation among Medicaid beneficiaries in Louisiana by 700 (8%) to a total of 9,824, with a specific focus on non-Hispanic Black women.

Goal 5: Increase the number of all mothers breastfeeding their infants at eight weeks of life by 1,120 (4%) to a total of 29,062.

Louisiana's breastfeeding rates are the lowest in the country, with only 66% of Louisiana women initiating breastfeeding compared to 84% nationally,²⁹ and disparities persist between Black and white mothers. Looking more closely at the differences in breastfeeding among Louisiana mothers who are Medicaid beneficiaries, 69% of non-Hispanic white mothers initiate breastfeeding and 61% of those mothers are still breastfeeding at 8 weeks. But among non-Hispanic Black Medicaid beneficiaries, only 56% of mothers initiate breastfeeding, with only 57% of those mothers still breastfeeding at 8 weeks.³⁰ Looking longer term, although the American Academy of Pediatrics recommends exclusive breastfeeding for about 6 months, currently only 41% of all Louisiana infants are still breastfed at 6 months, compared to 58% nationally.³¹

Strategy: Increase Women, Infants, and Children (WIC) Breastfeeding Peer Counselor Program (BFPC) participation and strengthen the provision of lactation supplies and the lactation support workforce; and launch, execute, and complete the third iteration of The Gift (Gift 3.0). The Gift 3.0 is a structured quality improvement collaborative and designation system that aims to increase breastfeeding rates and reduce the Black-white gap in breastfeeding initiation.

Legislative Spotlight: Act 182 (House Bill 190 of the 2021 Regular Session) creates the Louisiana Doula Registry Board who is charged with reviewing, approving and/or denying applications for doulas registering to receive health insurance reimbursement in the state and maintaining a statewide registry. Doula is defined in the Act as an individual who has been trained to provide physical, emotional, and educational support, but not medical or midwifery care, to pregnant and birthing women and their families before, during and after childbirth.

What is The Gift 3.0? The Gift 3.0 is the third iteration of The Gift, an evidence-based hospital designation program for Louisiana birthing facilities designed to increase breastfeeding rates and hospital success. The Gift program helps hospitals improve the quality of their maternity services and enhance patient-centered care through incremental adoption of internationally recognized practices. In this iteration, there is a specific focus on increasing breastfeeding rates and reducing the Black-white gap in breastfeeding initiation that persists both in Louisiana and nationally.



Deliverable	Target Completion Date
Ensure all regions have adequate WIC Breastfeeding Peer Counselor coverage (adequate coverage is defined as greater than 70% of all WIC clinics have a peer counselor assigned)	August 2021
Revise and distribute materials statewide to promote the resources available (breast pumps, peer counselor support, etc.) for eligible participants enrolled in the BFPC Program	August 2021
Conduct targeted BFPC outreach, including the debut of Virtual Support Groups statewide where 15 BFPC will be conducting outreach in regions with low breastfeeding rates (any local agency with a fully breastfed rate lower than 3.5% will be considered “low” and any local agency with a partially breastfed rate below 6.5% will be considered “low”)	September 2021
Complete community-engaged focus groups of stakeholder barriers to lactation support	September 2021
Engage with WIC contract agencies to discuss mini-contracts for the hiring of on-site peer counselors	October 2021
Facilitate breast pump and breast milk storage device availability and accessibility to Medicaid beneficiaries	November 2021
Award first round of Gift 3.0 designations to at least 10 Louisiana birthing hospitals	January 2022
Propose Medicaid clinical and reimbursement policy that expands covered lactation services	March 2022
Provide technical assistance and data support to birthing facilities pursuing the Gift 3.0 designation	Ongoing

Goal 6: Strengthen Louisiana’s Early and Periodic Screening, Diagnostic and Treatment system by increasing the provision of necessary but underutilized preventive services in the following four areas of child health: developmental screening, immunizations, oral health, and Adverse Childhood Experiences (ACEs).

What are Adverse Childhood Experiences (ACEs)? Although there are many reasons for poor academic performance, health conditions in early childhood that contribute to children’s learning are often unrecognized or undermanaged. Developmental delays, behavioral issues, and chronic or acute diseases can hinder children’s ability to participate in the classroom, motivation to learn, attendance, academic performance, and chances of graduating from high school. In addition, 28% of Louisiana’s children (compared to 21% nationally) are impacted by two or more ACEs.^{32, 33} These include exposures to domestic violence, mental illness, substance abuse, and other physical or psychological traumas. ACEs act as additional barriers to learning and are more likely to be experienced by children living in poverty. However, health barriers and ACEs are often identified and addressed during preventive care and screenings provided in early childhood. The provision of developmental, physical, and oral health screenings during these wellness visits can facilitate interventions when they are most impactful.³⁴

Strategy: The work to improve child health outcomes centers around aligning efforts across critical systems of care and support for children’s health and development. In particular, within LDH, Medicaid, public health, and early intervention programs will work together to improve developmental screening and linkage to diagnostic and intervention services, if needed. This work will be complemented by a new partnership with the education system to support recognition and response to trauma — a recognized concern affecting children’s development. Lastly, LDH will work with health systems to ensure that children and adolescents who may be delayed in routine vaccinations have access, if needed.

INITIATIVE 5: IMPROVE HEALTH OUTCOMES FROM PREGNANCY THROUGH CHILDHOOD

Deliverable	Target Completion Date
Provide ongoing technical assistance and peer-learning opportunities to support integration of developmental screening and referral services into pediatric practices	July 2021
Evaluate MCO performance improvement project to increase developmental screenings	December 2021
Work with the Louisiana Department of Education to develop and launch the newly legislated in-service training related to ACEs and trauma-informed education that will be required of public and approved non public school personnel	January 2022
Collaborate with existing immunization programs and health systems to direct vaccination catch-up efforts to areas or populations that are below the average vaccination rates in the state	March 2022
Increase the number of Medicaid insured children ages 0-3 years who receive a developmental screening by recommended ages by 4,300 (5%)	June 2022
Restore the referral rate to early intervention services following the 20% decreases experienced as a result of the impact of COVID-19 and hurricanes	June 2022
Increase the provision of fluoride varnish in the medical home by 500 applications for children insured through Medicaid	June 2022





Initiative 6: Increase and Strengthen Service Delivery for Vulnerable Residents

LDH supports persons with disabilities, including adults and children with I/DD, persons with adult-onset disabilities, and the elderly population to help them remain living in their home and communities as independently as possible. More than 13,000 individuals with developmental disabilities receive home and community-based waiver services. More than 15,500 people who are elderly and/or have adult-onset disabilities receive home and community-based services through OAAS. It is important that the service delivery system for these vulnerable residents is provided in a manner that promotes dignity and respect.

Goal 1: Improve access and prevent unnecessary institutionalization of children with disabilities not otherwise eligible for Medicaid through the development and implementation of a new eligibility group that will keep children in their homes and communities by providing necessary Medicaid services.

Strategy: Medicaid provides any medically necessary service covered in the Medicaid State Plan to children under the EPSDT benefit. A new eligibility program was authorized under Act 421 of the 2019 Regular Legislative Session for a Tax Equity and Fiscal Responsibility Act (TEFRA) option in Louisiana Medicaid, with a \$27.2 million appropriation in the Executive Budget starting in FY21-22.

Under this program, certain children with disabilities will receive Medicaid coverage, without consideration of parental income. It will provide the coverage necessary to ensure parents can remain employed while the child is served at home and in their

community rather than an institution. LDH collaborated with stakeholders and submitted a State Plan Amendment to CMS with plans to begin implementation on January 1, 2021. There will not be a capped limit of participants for this program. Also, in 2021 Congress passed the American Rescue Plan Act which provides for enhanced funding for home and community-based services. CMS has approved this funding opportunity as it applies to the Act 421 program for the expansion of services.

Deliverable	Target Completion Date
Submit American Rescue Plan home and community-based services enhanced funding spending narrative to CMS	July 2021
Act 421 pivot date to State Plan Amendment if CMS does not approve 1115 demonstration	August 2021
Begin code reversal and development of systems changes if pivoting to state plan option	August 2021
Submit State Plan Amendment if 1115 demonstration not approved by pivot date by CMS	September 2021
Begin State Plan Amendment and coverage effective date; application processing	January 2022
Initiate outreach to stakeholders and legislative in preparation for budget transition due to sunseting American Rescue Plan funds	March 2022

Goal 2: Improve workforce capacity and competency for home and community-based long-term supports and services by reducing turnover rate of direct support professionals by 2.5% in a one-year period and increasing the number of new direct support professionals by 5% in a one-year period.

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 home and community. One major obstacle to access to 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 competent and 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.

Legislative Spotlight: An amendment to Act 119 (House Bill 1) was introduced in the 2021 Regular Legislative Session to assist providers in retaining staff and to improve the quality of services by funding rate increases for home and community-based waiver services for persons with intellectual/developmental disabilities.

Strategy: This goal focuses on several strategies that will begin to address the workforce shortages related to these services, and they are based on stakeholder feedback and review of best practices at the national level. LDH will develop and implement home and community-based waiver services that utilize remote supports technology in lieu of one-to-one where appropriate. This includes in-person services such as cameras, video conferencing, speakers, and other forms of communication. LDH will also partner with the Louisiana Workforce Commission to create a definable worker classification for home and community-based direct support professionals. Lastly, we will establish a methodology for ensuring provider rates address the need for recruitment and retention strategies, including establishment of a realistic wage floor for direct support workers.

Deliverable	Target Completion Date
Initiate rate increase of \$2.50 / hour for services provided by a DSW, with requirement that DSWs receive a minimum of \$9.00 / hour payment	July 2021
Meet with stakeholders to create a conversational floor (needs, priorities, and expectations), including wage and/or other compensation requirements	October 2021
Implement Workforce Stabilization Bonus for all employees, including retroactive monthly bonus for DSWs who worked through the pandemic and continued monthly bonuses throughout the Enhanced FMAP period	November 2021
Conduct focus groups and/or surveys with direct support workers and self-advocates to gather research on best approaches for recruitment and retention, including wages	January 2022
Work collaboratively with Louisiana Workforce Commission to establish definable worker classifications for direct support workers	January 2022
Develop waiver services, definitions, and rates that include utilization of technology in collaboration with provider and advocacy stakeholders	March 2022
Collect, aggregate, and analyze national data to inform waiver amendments	June 2022
Submit waiver amendments to CMS for remote/technology services in the appropriate waivers	June 2022
Create standard base job specifications based on duties, expectations, populations served, and licensing regulations	

Goal 3: Increase access to home and community-based care for an aging population by adding an additional Program for All Inclusive Care for the Elderly (PACE) site.

OAAS operates several Medicaid home and community-based programs to serve older adults and others who acquire a disability in adulthood. This initiative seeks to expand PACE, a highly successful, evidence-based alternative to keep frail elders healthy in their homes and communities.

National surveys show that older adults prefer to remain in their own homes and communities as they age, and PACE accomplishes this at less than 60% of the cost of out-of-



home placement, benefiting both elders and taxpayers. Just as importantly, PACE provides and coordinates all services covered under both Medicaid and Medicare, thus reducing the fragmentation of healthcare delivery for this highly vulnerable population. PACE has flexibility to provide nontraditional healthcare services that address the social determinants of health, such as making sure participants have access to healthy foods, or that pest control services are provided if a participant needs them to be safe and healthy in their home. Louisiana has been selected as one of five states to participate in the National Academy of State Health Policy PACE State Action Network which provides technical assistance for state expansion of PACE.

Strategy: Lay the groundwork for additional PACE sites. Louisiana currently has three PACE programs operating out of four sites, including one site in Baton Rouge, one in Lafayette, and two in New Orleans. Despite the demonstrated benefits of PACE, there are no program sites in north or southwest Louisiana, a gap that LDH would like to remedy. LDH will use the Request for Information process to analyze and develop the detailed expansion plan. The state’s current PACE programs, as a matter of internal LDH policy and for budget predictability, are limited to 200 enrollees each. However, demand in each of those areas is great enough to support increased enrollment at those sites.

Deliverable	Target Completion Date
Assess feasibility of using enhanced federal funding to support PACE expansion	July 2021
Issue Request for Information for additional PACE site(s)*	July 2021
Use National Academy of State Health Policy technical assistance to finalize expansion plan and the quality review process	July 2021
Announce selected prospective PACE organization(s)	October 2021
Use new state quality review process to assess and optimize screening and enrollment at existing PACE sites	June 2022
Increase total PACE enrollment to 630	June 2022





COMMITMENT 2: Reshape #TeamLDH Culture

Initiative 7: Advance Equity, Diversity, and Inclusion within LDH

LDH is committed to providing an equitable, diverse, and inclusive culture for our team members and the people we serve. In an effort to advance and strengthen this commitment, we will work to achieve a workforce that is inclusive and draws from the full diversity of our state. Having a diverse and inclusive workforce and representation through healthcare governance will ultimately provide equitable access to services.

A diverse workforce in an inclusive environment will result in the development of policies that reflect a variety of ideas and perspectives, which leads to increased innovation, richer team member experiences, and improved confidence and engagement. To gain the maximum benefit from our diverse workforce we must be inclusive and motivate our team members to strive for advancement and achieve diversity at all levels of LDH leadership.

Gender diverse organizations are 15% more likely to outperform those non-gender-diverse organizations. Ethnically diverse organizations are 35% more likely to outperform organizations with minimal diversity.³⁵

A 2017 study revealed that diversity must be followed up with inclusivity at all levels of decision-making to maximize business performance.³⁶

Results showed:

- Inclusive teams make better business decisions up to 87% of the time.
- Teams that follow an inclusive process make decisions twice as fast with half the meetings.
- Decisions made and executed by diverse teams deliver 60% better results.

Harvard Business School professor Francesca Gino explained: “That our decisions get sidetracked by biases is now well established. While it is hard to change how our brains are wired, it’s possible to change the context of decisions by architecting the composition of decision-making teams for more diverse perspectives.”³⁷

One often-overlooked sector of LDH are its boards and commissions. Government works best when residents are involved in the policy making process but we need to ensure the residents appointed to these public boards and commissions are a reflection of those who make up the State of Louisiana.

LDH asserts its commitment to equitable representation in healthcare governance. Boards and commissions that are led by a diverse and inclusive group of leaders can better achieve their missions by drawing on the skills, talents, and perspectives of a broader and more diverse range of leaders.³⁸ The diversity of viewpoints that come from different life experiences and cultural backgrounds strengthen board deliberations and decision-making.³⁸



Goal 1: Advance diversity throughout all levels of the LDH workforce.

Strategy: Conduct an assessment of LDH employee demographic data to identify whether there are any gaps between internal workforce demographic data and external workforce demographic data. Then partner with internal stakeholders to address training needs.

Deliverable	Target Completion Date
Complete analysis of LDH organizational demographic makeup	October 2021
Assess areas where diversity, equity, and inclusion are underrepresented in LDH	November 2021
Identify external benchmarks to identify gaps that may be present in LDH workforce representation	January 2022
Identify policies and practices that affect equity, diversity, and inclusion	March 2022
Partner with Training Division and BCPHE to analyze training needs to close statistical gap in workforce representation	June 2022

Goal 2: Foster and advance diverse representation through healthcare governance.

Strategy: Develop a planning apparatus, LDH policy, and strategy to encourage diversity and equitable representation on LDH-led boards and commissions.

Deliverable	Target Completion Date
Convene a workgroup to finalize BCPHE's Planning Apparatus — a tool designed to ensure purposeful diversity and inclusion at a decision-making table and especially of the community being discussed	October 2021
Develop a Departmental policy to utilize the tool in the development of all LDH boards, task forces, commissions, and workgroups	November 2021
Provide training session to appropriate LDH team members on the LDH Board Diversity Policy and Planning Apparatus tool	January 2022
Develop communications plan and appropriate materials for LDH-led boards, task forces, commissions, etc.	March 2022
Disseminate policy and tools to LDH-led boards and commissions	June 2022

LDH Health Equity Plan: Beginning in late 2018 with the creation of BCPHE, LDH has invested resources in developing goals and strategies to address health inequities. These efforts were guided by the LDH Health Equity Plan which offered 21 actionable steps toward addressing health equity.³⁹ Each LDH section developed Health Equity Action Teams to work on the four mandatory action steps to tackle health equity concerns in a targeted, intentional fashion. In Fall 2019, six sections submitted their specific proposal of action items and began undertakings such as policy updates, stratified data collection, and an agency-wide Diversity and Inclusion Statement. Programmatic activities are occurring to directly address concerns around health disparities and health outcomes.

Initiative 8: Improve #TeamLDH Culture, Recruitment, and Retention

A strong, positive workplace culture has far-reaching impacts on team member performance and retention, as well as on LDH's ability to attract talent to serve millions of Louisiana residents. LDH is committed to improving agency-wide recruitment and retention activities, enhancing hiring processes, increasing training opportunities, and recognizing team member contributions to promote a workplace culture that empowers and attracts people who are committed to improving the lives of Louisianans.

The COVID-19 pandemic disrupted businesses and organizations across the country, affecting turnover in ways never experienced before. Research indicates that in the next year, all industries can expect to see increased turnover. According to an article by the Society for Human Resource Management, more than half of employees surveyed plan to look for a new job in 2021.⁴⁰ The survey conducted by the Achievers Workforce Institute found that 46% of respondents feel less connected to their company and 42% say company culture has diminished since the start of the pandemic.⁴¹ Burnout was cited by a majority of the respondents who said they plan to quit their job in 2021. The COVID-19 pandemic

INITIATIVE 8: IMPROVE #TEAMLHDH CULTURE, RECRUITMENT, AND RETENTION

has had substantial impacts on the mental and physical health of healthcare workers and others involved in the response.^{42, 43}

In anticipation of an increase in turnover, LDH has outlined below its goals and strategies to address and mitigate this shift in employment. These include tools to strengthen employee engagement, improve training resources, expand succession planning activities, and enhance recruitment services.

Goal 1: Decrease the employee turnover rate by 1% from FY20 to FY22.

Strategy: COVID-19 created a substantial shift in the nature of work and resulted in high turnover and burnout for those who have been part of the COVID response. Retention experts predict continued significant turnover across all industries post-pandemic. To mitigate this event, LDH will develop and implement a recruitment and retention plan that results in minimizing the impact on LDH's turnover rate. In FY20, LDH experienced turnover in 1,066 of its 7,024 positions — a rate of 15.18% turnover. Current quarterly turnover data shows turnover increased to 15.63% in the first quarter, 15.81% in the second quarter, and 16.28% in the third quarter of FY21.

While LDH is focused on overall recruitment and retention, the position classes of Sanitarian 1, Sanitarian 2, and Custodians turnover rates are particularly problematic. The turnover rate for Custodians is greater than 50% at some LDH 24-hour facilities. The turnover rate for Sanitarian 1 and Sanitarian 2 hovers around 25%. LDH will focus our initial efforts on these positions to address high turnover. Our efforts will include pay mechanisms (e.g., optional pay adjustments, special entrance rates, hazard pay) and customized videos that portray a day in the life of a team member working in these positions.

Goal 2: Implement a streamlined hiring process that reduces the time from posting to hiring a position to an average of 60 days by February 2022. This represents a decrease from an average of 90 days in FY21.

Strategy: The average time to fill vacant LDH positions is calculated from the initial posting date to the time an employment offer is made, which averages 90 days per hire. Over that lengthy period of time, there are times when applicants find other opportunities and are no longer available for hire. Reducing the time it takes to hire removes these barriers and aids in our ability to hire top talent. LDH HR will review best practices, identify improvement opportunities in our current hiring processes, and apply the best practices to fill any gaps in the current process.

Deliverable	Target Completion Date
Complete mapping of current end-to-end processes for filling vacant positions	October 2021
Define potential deficiencies and barriers that may delay filling vacant positions	November 2021
Develop a process utilizing best practices to improve timeliness and efficiency of filling vacant positions	December 2021
Update LDH policies to reflect changes in process	January 2022
Implement new process for filling vacancies	February 2022

Goal 3: Develop and implement a formal succession planning program at LDH that results in the creation of succession plans for 10% of the positions throughout LDH.

Strategy: LDH will develop and implement a formal succession planning program to better identify skill sets for effective recruitment and better prepare new hires, in order to maintain continuity of operations. HR will partner with program offices to identify key positions and create position profiles for these roles. The initial goal is the creation of succession plans for 10% of the key positions throughout LDH. However, the ultimate goal is the creation of succession plans for all key positions throughout LDH.

Deliverable	Target Completion Date
Research and develop suitable pay mechanisms for high turnover jobs to include facility custodians and sanitarians	October 2021
Partner with State Civil Service to develop a facility custodian and sanitarian job preview (Day in the Life) video for applicants	November 2021
Implement Spotlight on LDH Recruitment Program that highlights difficult-to-fill positions within LDH	November 2021
Embed job preview (Day in the Life) video into vacancy job postings for facility custodian and sanitarian positions	December 2021



Deliverable	Target Completion Date
Establish the LDH Succession Planning Implementation Team	October 2021
Develop process and templates for the position profiles	January 2021
Identify key positions that are at risk of retirement or burnout within the Department	January 2021
Create position profiles for 10% of identified positions	March 2022
Identify key succession planning functions to include in policy and procedure manuals	April 2022
Provide technical assistance to program offices in developing strategies to mitigate skills gap	June 2022

Goal 4: Develop and implement a departmental leadership training program that identifies emerging leaders by June 2022.

Strategy: Build a centralized training unit and training programs that cover all managers and supervisors as well as training through nomination to further investments in high-performing lead workers, supervisors, and managers. The importance of leadership development for both individual team members as well as organizations as a whole is well documented. Such programs can increase employee productivity, satisfaction, and retention, build better teams, improve decision-making, and nurture future leaders. Lack of employer-offered development training opportunities is among the top five reasons for team member turnover.⁴⁴

Deliverable	Target Completion Date
Establish the LDH Talent Development and Training Division	September 2021
Complete review and inventory of existing internal and external training	October 2021
In consultation with each LDH agency, determine new training needed or updates to existing training	November 2021
Research adult learning modalities to identify appropriate teaching methods for different team members	December 2021
Establish and implement a process to monitor employee training	January 2022
Develop training content for identified needs	March 2022
Determine process for nomination and selection of team members for advanced training	April 2022
Enroll and train first cohort for mandatory and elective training	June 2022





COMMITMENT 3: Enhance Customer Service, Partnerships, and Community Relations

Initiative 9: Forge New Strategic Partnerships with Public Universities

Louisiana is home to world-class public universities and colleges that conduct state-of-the-art research in medicine, public health, public policy, economics, communications, and social sciences, among other disciplines. Strategic partnerships with Louisiana's public universities and colleges will help LDH make data-driven decisions and improve the quality of services provided to the public. Additionally, the partnerships will offer a unique opportunity for the state to serve as a laboratory for innovation and develop local solutions for challenges facing LDH programs.

Specific to Medicaid, according to the State-University Partnerships Learning Network, Medicaid agencies in 25 states currently have active partnerships with 30 public universities. In Louisiana, leveraging the expertise of public universities and colleges to inform Louisiana Medicaid policy and program operations will help to understand and improve the effectiveness and cost-effectiveness of covered services. In turn, the public universities and colleges benefit from a partnership with LDH through federal funding, new opportunities for students and junior researchers, and access to real-world data to maximize the impact of their research.

Goal 1: Establish university partnerships in FY22 to conduct projects that identify and address three challenges or opportunities in LDH.

Strategy: LDH will engage with internal and external stakeholders to identify areas of need and the optimal university/college partners. For Medicaid, LDH will develop and release a research and evaluation opportunity that leverages federal funding to support Medicaid-focused research and evaluation projects conducted by public universities and colleges.

Deliverable	Target Completion Date
Meet with internal and external stakeholders to propose LDH-wide projects	July 2021
Release Notice of Funding Opportunity for Medicaid-focused research and evaluation projects	July 2021
Determine scopes of work for proposed LDH-wide projects	August 2021
Select the most appropriate university partners for LDH-wide projects through a Request for Information process	September 2021
Application period for Medicaid-focused research and evaluation projects	October 2021
Review proposals for Medicaid-focused research and evaluation projects	November 2021
Announce awardees for Medicaid-focused research and evaluation projects	April 2022



Initiative 10: Improve the Sustainability of Public Water Systems

Clean, safe drinking water is a basic human need, and drinking water infrastructure is critical to ensuring that Louisianans have reliable access to safe drinking water. It is estimated that approximately 15-20% of Louisiana water systems would fall into a “D” or “F” category. The American Society of Civil Engineers estimates that over \$5 billion of drinking water infrastructure upgrades are needed in Louisiana, while the 2015 Drinking Water Infrastructure Needs Survey and Assessment (Sixth Report to U.S. Congress) estimates that \$7.3 billion is needed. Additionally, approximately 58% of all water systems in Louisiana are 50-plus years old, creating potential for breakdowns and need of repair.

Over the previous year, systems across the state were affected by multiple hurricanes and a severe ice storm, most notably by Hurricane Laura and Winter Storm Uri/Viola. For instance, during Hurricane Laura 20% of the 1,287 public water systems in the state experienced water outages and/or boil advisories. At peak measure, 103 public water systems were deemed inoperable. During Winter Storm Uri, 31% of public water systems in the state experienced outages and/or boil advisories. At peak measure, 104 public water systems were deemed inoperable. For both instances, power outages, inadequate backup power, main breaks, and customer leaks were the main causes for the outages and boil advisories.

By performing compliance oversight and providing funding incentives for sustainable projects through the Drinking Water Revolving Loan Fund and federal stimulus monies, LDH will directly support improvements to drinking water infrastructure throughout the state. The funding also presents opportunities for consolidation of failing water systems and allows for an increase in the number of Louisiana residents receiving compliant drinking water.

Goal 1: Provide accountability measures for drinking water by issuing letter grades for water systems on an annual basis per Act 98 of the 2021 Regular Session. These deliverables may not be feasible if there are emergency response events that interfere with normal operations.

Goal 2: Develop a plan to prioritize funding for consolidation projects and infrastructure improvements to maximize available funding.

Strategy: Provide monthly compliance sampling for all public water systems in Louisiana, perform required federal sanitary surveys in an allotted three-year period, and perform rulemaking. Rulemaking for Act 98 requires that drinking water report cards are issued annually beginning January 1, 2023. The grades will be published online for the public.

Deliverable	Target Completion Date
Draft rule (Notice of Intent) with preamble, rulemaking	August 2021
Begin formal rulemaking process	December 2021
Publish final rule	April 2022
Provide project reviews and recommendations to the Water Sector Commission per Act 414	Funds must be allocated by the end of 2024
Provide 100% principal forgiveness loans to water system consolidation projects through the Drinking Water Revolving Loan Fund	Ongoing and per FY (funding depends on Congress allocations each year)
Increase the population that receives compliant, sustainable drinking water	Ongoing

Legislative Spotlight: Act 98 (Senate Bill 129) of the 2021 Regular Legislative Session provides for the annual grading of water systems and will incorporate financial sustainability, compliance history, customer satisfaction, and infrastructure issues into the letter grade. This grading system will provide assurance to the residents of Louisiana that their drinking water is monitored and maintained at levels which support health and safety and long-term sustainability.

Legislative Spotlight: Act 410 (House Bill 642) of the 2021 Regular Legislative Session creates the Water Sector Program and the Water Sector Commission. The Water Sector Commission is charged with reviewing and approving applications submitted pursuant to the Water Sector Program which will provide grants to community water and sewer systems and projects necessitated by stormwater.

Initiative 11: Leverage Community Partnerships to Improve Participation in LDH Programs and Improve Program Design

LDH is committed to understanding and being informed by the people, populations, and communities we serve. According to the Robert Wood Johnson Foundation, engaging community organizations and residents in programs and activities leads to community partnerships, which generate collective interest and action, builds community spirit and social capital, and helps build a culture of communication.⁴⁵ This initiative will engage offices and programs across LDH, internal and external decision-makers, community leaders, and stakeholders to work collaboratively in idea generation, program development, and open communication which will foster a stronger sense of mutual benefit and informed service delivery.

According to the CDC, two community engagement related essential public health functions provide that we “inform, educate, and empower people about health issues” and “mobilize community partnerships and actions to identify and solve health problems.”⁴⁶ To achieve this, LDH will utilize established community pipelines such as the Review, Advise, and Inform Board (RAIB), community health workers, and the Community Engagement Advisory Councils to collaborate with our community partners to empower our Louisiana residents with the appropriate health information and education.

What is RAIB? RAIB's purpose is to ensure community-level accountability of LDH's health equity practices and SHA and SHIP efforts. RAIB consists of a minimum of 28 members, representative of varying geographic areas, races and ethnicities, genders, orientations, ages, and other characteristics such as but not limited to educational background, profession, and expertise.

Goal 1: Develop an LDH Community Engagement Toolkit to support LDH team members in the delivery of effective community engagement as we create and improve LDH policies and services.

Strategy: Community engagement works best where it is an ongoing process enabling relationships and trust to build and strengthen over time. A work group that is representative of each LDH program office will develop an overall community engagement strategy and toolkit that is reflective of stakeholder input and community voice. The toolkit will support team members for more efficient, inclusive, and consistent decision-making and outreach that will demonstrate investment and instill community confidence. It will be kept up to date by the Department, allowing all team members to access evidence-based engagement principles, strategies, and techniques. Training tools will be developed to help build understanding and socialize the toolkit.

Deliverable	Target Completion Date
Develop LDH workgroup to collect best practices; generate potential objectives; propose engagement principles; and identify initial challenges and opportunities	October 2021
Conduct stakeholder mapping by LDH region in collaboration with LDH program offices, Regional Medical Directors, and community health workers, as well as a needs assessment	November 2021
Create database and listservs for LDH stakeholders	December 2021
Develop draft toolkit and training tools for team members	January 2022
Present draft toolkit to to RAIB, regional medical directors, LDH senior management team, and Community Engagement Advisory Councils for feedback and suggestions	March 2022
Incorporate feedback from stakeholders into the toolkit	May 2022
Release LDH Community Engagement Toolkit to LDH team members, regional medical directors, and HSDAs along with training sessions for the toolkit	June 2022



Goal 2: Utilize the toolkit to coordinate community-facing events in collaboration with regional community partners to introduce LDH to the community while assessing opportunities and challenges.

Deliverable	Target Completion Date
From the database, identify community partners in each LDH region to equitably engage stakeholders, advise on region-specific communication practices and program needs, and assist in convening meeting(s) in each region	March 2022
Based on State Health Assessment and with LDH program offices and community input, determine services and programs that will benefit from stronger community engagement	April 2022
Create or build upon partnerships with regional groups/stakeholders which will optimize the implementation of the Community Engagement Toolkit based on the expressed need of that community	May 2022
Develop a communications plan to inform the public of the community engagement opportunities	May 2022
All meetings and review of utilization of toolkit conducted; feedback from meetings shared with workgroup	June 2022

Initiative 12: Pilot a Workforce Development Program

Medicaid analysts' job functions are vital to Louisianans as these positions determine if individuals qualify to receive Medicaid benefits. Health insurance and steady employment are key factors to improving overall health outcomes. However, the annual turnover rate for these positions is high (15%).

INITIATIVE 12: PILOT A WORKFORCE DEVELOPMENT PROGRAM

These positions require training to understand and help others with Medicaid eligibility requirements. Medicaid eligibility jobs are statewide, operating in the nine LDH regions of the state plus one additional regional office, St. Landry Parish, housing a long-term care eligibility specialty unit.

LDH seeks to launch a Workforce Development Training Program offering job skills training to fill Medicaid analyst positions within LDH-Medical Vendor Administration. LDH will partner with Louisiana State Civil Service, the Louisiana Workforce Commission, and other state partners in the development of this pilot program.

Goal: Launch the Workforce Development Training Program and train 100 individuals in the pilot phase with 25% of the pilot enrollees being a current Medicaid recipient.

Strategy: LDH will recruit and hire approximately 100 Medicaid analysts through Louisiana State Civil Service. These are existing positions with a high turnover rate and filled regularly throughout the year. The recruited analysts will be employed by LDH, and receive on-the-job training for a minimum of 14 weeks.

Deliverable	Target Completion Date
Develop a screening tool for candidates	December 2021
Begin recruitment involving state and community partners; recruitment will be continuous throughout the year	January 2022
Develop new trainings	February 2022
Onboard newly hired pilot program candidates which will be continuous as new candidates are identified	March 2022
Begin training series	April 2022





Initiative 13: Support Efforts to Increase Diversity in the State’s Healthcare Workforce

Nationwide, there is a severe lack of diversity in the healthcare workforce. A new study from the George Washington University Milken Institute School of Public Health found that while in 2019 about 12.1% of the entire U.S. workforce was Black, among the 10 health professions studied, Black representation ranged from 3.3% to 11.4%, resulting in Black Americans being “very underrepresented in the health professions.”⁴⁷ Similar trends were found for Latinos and Native Americans.⁴⁷

Louisiana also faces this issue. The Behavioral Risk Factor Surveillance System data indicate that 40.2% of Louisiana’s population identify as non-Hispanic white, approximately 33% identify as Black, and approximately 5% identify as Hispanic.⁴⁸ As referenced in the 2018 Statistical Profile of Certified Physician Assistants by State annual report, approximately 91% of Certified Physician Assistants (PAs) are non-Hispanic white, only 4.5% are Black, and only 3.6% are Hispanic.⁴⁹ Louisiana’s Advanced Practice Registered Nurse demographic data reflect a similar trend. The vast majority of licensed Advanced Practice Registered Nurses in Louisiana are white (83%); only 14% are Black. In 2018, there were 67,428 total nurses with a Louisiana Registered Nurse license of which 80% were white and 16% were Black.⁴⁹

Representation among Louisiana’s healthcare workforce has implications beyond providing opportunities to underrepresented racial and ethnic groups. Studies and surveys of patients have regularly shown that implicit biases exist that have a direct negative impact on the quality of clinical care received, notably in maternity care for Black women.

In addition, we know geography and health are linked. It is widely documented that rural Americans face inequities, rooted in economic, social, racial, ethnic, geographic, and health workforce factors, that result in worse healthcare than that of urban and suburban residents. Responsiveness to rural health and healthcare issues presents an important opportunity to decrease disparities and improve health outcomes.

Goal 1: Increase the number of clinicians of color who provide healthcare in Louisiana.

Strategy 1: Create a program to increase interest among students of color to pursue careers in healthcare.

Deliverable	Target Completion Date
Public call to action and formation of clinicians of color working group of stakeholders	October 2021
Develop call to action material and communicate statement of the problem publicly	November 2021
Create inclusive working group of stakeholders	November 2021
Establish rules of engagement	November 2021
Convene working group of stakeholders	November 2021
Develop draft strategic plan to increase clinicians of color in Louisiana, invite public input, and present to LDH leadership	December 2021
Solicit public input	January 2022
Finalize strategic plan	February 2022
Present to LDH Leadership	March 2022

Strategy 2: In coordination with the working group, develop LDH’s Clinician of Color Partners to build student interest by supporting the healthcare workforce pipeline in Louisiana. Collaborate with HBCUs, medical schools, nursing schools, schools of public health, and professional associations at a minimum, to build interest among students to pursue healthcare careers. Assist with admissions applications and tutoring for admission exams. Mentor students in medical school, nursing school, and allied health programs as they matriculate through school and pursue careers. Establish a mentorship program to conduct outreach in educational settings by exposing students to doctors who look like them and share cultural backgrounds.



Deliverable	Target Completion Date
Establish monthly collaborative meetings with Louisiana's HBCUs, state medical schools, and schools of public health to support existing medical school pipelines by sharing LDH programmatic resources, skills, knowledge, and assessments	October 2021
Recruit, select, and strengthen academically 75 undergraduate minority students in disciplines that clearly lead to the pursuit of clinician and clinical faculty status, i.e., nursing, biology, chemistry, mathematics, physics, health science, psychiatry, and psychology	November 2021
Establish mentors for students	November 2021
Establish mentoring classes to deliver extensive educational outreach services with the active participation of the selected students for their experiential training	November 2021
Establish Short Coat Multicultural Strike Teams to conduct outreach in educational settings, targeting day care centers, primary, secondary, and medical schools, trade schools, colleges, and universities	November 2021
Establish a White Coat Rapid Response Team to prepare students when applying for medical school, nursing school, and schools of public health, and track them throughout their matriculation	December 2021
Develop work plans indicating how LDH can support HBCUs in identifying junior and senior level nursing, social work, and pre-med students, and support the long-term goals of students to become clinicians in urban and rural and underserved areas	January 2022
Participate in the Louisiana Department of Education Annual Conference to establish sustainable linkages to promote interests to increase practicing clinicians and faculty in Louisiana	February 2022
Create a strategic plan and working documents to finalize plan for launching program	March 2022

Goal 2: Reinstate the Well-Ahead Louisiana Rural Health Scholars Program in urban and rural healthcare shortage areas by recruiting healthcare students for job rotations in healthcare provider shortage areas.

63 out of 64 Louisiana parishes are designated Primary Care Health Professional Shortage Areas. 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/dental students the opportunity to complete a 3-month rotation in a Critical Access Hospital, Rural Health Clinic, or Federally Qualified Health Center. Participating students receive a stipend and post-graduation job placement assistance.

Deliverable	Target Completion Date
Identify healthcare facilities in rural Health Professional Shortage Areas that would serve as rotation sites for Rural Scholar Program participants	November 2021
Identify potential Rural Scholar Program participants through schools of higher education	January 2022
Assign placement of 15 Rural Scholar Program participants	May 2022
Monitor participant and partner experience	June 2022



COMMITMENT 4: Promote Transparency, Accountability, and Compliance

Initiative 14: Develop and Implement an Annual Comprehensive Medicaid Provider Rate Review Process

LDH seeks to develop and launch an annual Medicaid Rate Review in which provider rates are reviewed by provider type. Sufficient rates can be a barrier to providers deciding to accept Medicaid, and LDH, the Administration, and Legislature often receive requests from providers for rate reviews. The process of developing and funding a rate change involves several layers of government that must work in concert including LDH, the Administration and the Legislature. However, there is no formal collaborative process that accounts for changes in access, cost of care, actuarial soundness, and utilization across Medicaid services and providers.

To proactively address reimbursement rate concerns, Medicaid will issue an annual report to the Governor, Legislature, and stakeholders to share findings from each rate review. These reports will help LDH and legislators make informed policy and appropriations decisions when considering provider rate adjustments. Policy and legislative actions taken based upon the rate review report should provide equity across provider types and result in an objective rate adjustment process. An equitable rate adjustment process would support the providers already seeing Medicaid beneficiaries and encourage other providers to accept Medicaid patients, resulting in continued and increased access for Medicaid beneficiaries. This enhanced access would result in improved health outcomes.

Goal: Establish an annual rate review process that compares current provider rates across Medicaid, the southern average, the national average, Medicare rates, and commercial rates (if available) for all provider types on a staggered three-year cycle to allow for resourcing. A provider rate review will be completed for the first group of selected providers in FY22.

Strategy: Develop protocol for a staggered three-year cycle of rate reviews for all Medicaid provider types with an annual report to policymakers and issue the first report.

Deliverable	Target Completion Date
Establish provider review schedule for publication	October 2021
Finalize written protocol	December 2021
Present schedule and protocol to Joint Medicaid Oversight Committee	December 2021
Complete 2022 rate review of scheduled provider types per protocol	February 2022
Present rate review report to the Administration, Legislature, and stakeholders before session	March 2022
Adjust budget to account for impacts	June 2022



Initiative 15: Develop Sustainable, Equitable, and Comprehensive Supplemental Payment Systems

Over the last several years, CMS has placed additional scrutiny on states' supplemental payment programs and, in response, has issued several regulatory guidance documents to clarify CMS expectations for states which administer these programs. LDH intends transition to the current Full Medicaid Pricing (FMP) programs to directed payments in accordance with CFR 438.6(c). The current FMP programs include hospital, physician, ambulance, and dental services.

Given that the hospital program is the largest of the supplemental programs, early in 2020, LDH began work to establish alternatives to the existing hospital supplemental payment system for a more comprehensive and sustainable program that will ensure our hospital supplemental payments are structured to meet the needs of all Louisiana residents. Also, given the proposed federal cuts to the Disproportionate Share Hospital payment program and the pending reductions in Upper Payment Limit and FMP caps, LDH anticipates that the funding available for the current hospital supplemental payment programs may face sharp declines in the coming years.

LDH has initiated development of a comprehensive reform of our hospital supplemental payment programs utilizing a hospital-directed payment model that is compliant with CMS regulations.

Legislative Spotlight: LDH has contracted with an independent consulting firm, Milliman, in response to Senate Continuing Resolution (SCR) 27 of the 2020 First Extraordinary Session, which requires the Department to develop payment model alternatives for the Legislature's consideration. The model will create a uniform payment system which will incentivize our hospital partners to deliver high-quality care to Medicaid enrollees. Additionally, the directed payment will align with the Department's quality goals to ensure that the dollars are producing the desired outcomes.

Goal: Develop supplemental payment systems that incorporate broad stakeholder feedback from legislative briefings, LHA subcommittee meetings, and other relevant stakeholder groups, and receive approval from CMS.

Strategy: Continue work with Milliman to iterate the current draft model by incorporating feedback from the noted stakeholder groups. Obtain stakeholder and legislative buy-in of the alternative model and receive approval from CMS.

Deliverable	Target Completion Date
Individual meetings with hospital systems to review draft results and receive feedback	July 2021
Follow-up briefings with legislative members to review updated modeled hospital payments	July 2021
Deliver final SCR 27 report to Legislature	July 2021
Engage CMS and provide an overview of the draft model	August 2021
Draft proposal of selected directed payment methodology	August 2021
Stakeholder review/feedback on final draft proposal	September 2021
Refine proposal and finalize for submission to CMS	November 2021
Present proposal to legislative members for review prior to CMS submission	January 2022
Receive legislative approval for hospital assessment	January 2022
Submit final proposal to CMS for approval	April 1, 2022
Obtain CMS approval of the proposal	June 2022



Initiative 16: Improve LDH Compliance with State, Federal, and Agency Requirements

Compliance with federal, state, and agency requirements is paramount for an agency’s ability to demonstrate it is operating efficiently, economically, and with accountability to the public. In complying with applicable regulations, the Department helps increase the public’s confidence of being a good steward of taxpayer dollars in its operations. LDH is charged with ensuring providers are properly regulated and recipients are eligible for the programs to which they apply.

This initiative seeks to improve LDH compliance with state, federal, and agency requirements and mitigate risks through improvements to the following:

- Department and program-specific compliance functions
- Identification of fraud, waste, and abuse within the Medicaid program in regards to providers and recipients
- Medicaid eligibility determinations process in order to increase transparency, accountability, and compliance
- Third-party liability (TPL) cost avoidance and recovery capabilities

This improvement will benefit all Louisiana residents by enhancing the stewardship of public resources through enhanced identification of fraud, waste, abuse, and performance inefficiencies. A robust oversight of the Medicaid program, as well as all other LDH programs, will increase public confidence and provide better outcomes for all Louisiana residents.

Goal 1: Improve the internal oversight of providers 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 Medicaid high-risk provider type selected by the Department; and

Goal 2: Improve the internal oversight of recipient fraud through the development of predictive analytics risk models, using an evidence-based, process-driven, algorithm-development framework, resulting in a 25% increase in recipient fraud investigations cases opened, or 1,250 recipient fraud investigations opened in FY22.

Strategy: Enhance the Medicaid Program Integrity Section’s in-house predictive analytics capabilities with comprehensive, continuously updated provider and recipient risk models, with 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.

Deliverable	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 and a hypothesis	July 2021
Initiate data understanding steps, including total inventory of claims fields, and provider population	July 2021
Initiate data preparation steps, including gathering and formatting the data	October 2021
Prioritize list of scenarios based on risk and begin building the model	November 2021
Test the algorithms, assess, and make adjustments	December 2021
Triage and review results, analyze for false positives, and determine next steps	January 2022
Deploy the algorithm to run on a two-week basis	February 2022
Report back to cross-functional team on potential risk areas/areas for policy review, to collaborate on addressing potential program integrity risk areas such as education, policy clarification, and possible provider terminations	April 2022



Goal 3: Increase transparency, accountability, and compliance in Medicaid eligibility determinations resulting in a decrease in the case review error rate to 6% or less by June 30, 2022.

Strategy: Develop a standard reporting mechanism that allows dissemination of Medicaid application and renewal processing metrics, audit findings with corrective action plans, and error trends to all Medicaid eligibility team members in an effort to reduce eligibility errors that lead to audit findings and disallowances. Disseminate a Medicaid Monthly Quality Report to team members and continue training webinars in response to identified common error trends to reduce the error rates.

A monitoring and training protocol to reduce errors will be essential as the COVID-19 public health emergency is expected to end this year. The end of the public health emergency also marks the end of the eligibility maintenance of effort and resumption of Medicaid case closures. The large volume of backlogged work coupled with the accelerated timeline for verifying eligibility will have a significant strain on eligibility team members and resources. This could result in errors. LDH will work to maintain an error rate below 10% during this period, while simultaneously using the error reports and training to work toward re-achieving its overall annual goal of less than 6% error rate by the end of the fiscal year.

Deliverable	Target Completion Date
Generate monthly error report to inform training to eligibility team members	November 2021
Provide remedial training to all eligibility team members based on the error type	December 2021 – ongoing
Supervisors work with individual team members on errors identified in monthly report	December 2021 – ongoing
After end of COVID public health emergency, maintain monthly case review error rate below 10%	March 2022 – May 2022
Attain case review error rate goal of 6% or less by start of new fiscal year	June 2022

Goal 4: Improve TPL cost avoidance and recovery capabilities, resulting in a 5% increase in total cost avoidance savings and recoveries in FY22. This is a \$27.5 million increase over FY20 savings and recoveries, which totaled \$551 million for all TPL activities.

Strategy: Develop a TPL compliance protocol, which includes an operational plan and review schedule, for assessing current TPL operations against state and federal requirements and guidelines, industry standards, and best practices. The operational plan will be used to identify and apply specific solutions required to modernize LDH TPL activities, ensure federal compliance, and maximize total savings to the State. This strategy will include cross-sectional representation and participation to ensure accuracy and completeness of updates.

Deliverable	Target Completion Date
Create inventory of all required federal TPL compliance changes for utilization in developing TPL compliance protocol	December 2021
Finalize development of the operational plan component of the compliance protocol	December 2021
Complete negotiations of new TPL contract	February 2022
Finalize development of the review schedule component of the compliance protocol	March 2022
New state TPL vendor contract execution	March 2022



Initiative 17: Increase Accountability and Transparency through Medicaid Managed Care Organization (MCO) Contract

Louisiana Medicaid currently serves more than 1.8 million Louisianans, just over 35% of the state's population. In 2012, LDH initiated a managed care delivery model to provide better care and better health outcomes for Medicaid beneficiaries. This model provides additional flexibility for delivering services over the traditional fee-for-service model with the ability to offer value-added benefits and value-based payment arrangements. Today, MCOs deliver healthcare services to nearly 1.6 million enrollees, which is more than 90% of all Louisiana Medicaid beneficiaries. The Medicaid managed care program is responsible for providing innovative, cost-effective, and high-quality healthcare to eligible Medicaid managed care enrollees.

LDH is committed to transforming its Medicaid managed care program to provide better care and better health for its enrollees. To ensure that Louisiana's Medicaid enrollees continue to receive the highest quality of care possible, LDH must examine innovations in healthcare delivery while also looking to increase accountability and address health equity. To accomplish this, LDH has sought input from stakeholders on key elements of the MCO contracts.

LDH must also examine systemic issues observed during the course of current operations to identify opportunities for improvement. Currently, each MCO is responsible for providing pharmacy and non-emergency transportation benefits as part of their contracts. They provide these services through subcontracting with others and no two MCOs have the same subcontractors. This adds a level of complexity, administrative burden, and inequities that is preventable.

For example, there are five pharmacy benefit managers (PBMs), which creates multiple variations of operational practices for pharmacies and prescribing providers, including the interpretation of prior authorization criteria, inability to align application of overrides at the point of sale, and lack of transparent billing processes. This results in provider abrasion

and extension program monitoring and oversight by LDH pharmacy team members to ensure appropriate and medically necessary pharmacy claims processing.

The existence of five transportation brokers creates similar variations of operational practices for non-emergency medical transportation providers and negatively impacts the delivery of services in the following areas: credentialing and contracting, transport management and record keeping, safety and efficiency, billing, and program monitoring and oversight. This creates significant provider abrasion and has been a topic of discussion at legislative committee hearings and on provider calls with the brokers, MCOs, and LDH.

These areas will be positively impacted by a single pharmacy benefit manager and a single transportation broker. LDH will take the opportunity afforded through rebidding the MCO contracts to link LDH's selection of a single NEMT broker and PBM to the MCO RFP. Each MCO awarded a contract through this procurement will be required to either contract with the vendors LDH has selected or do the work in house with LDH's approval. This will reduce the number of differing entities providers have to interact with, provide greater standardization and consistency and ensure LDH's interests in these areas are addressed. Legislators and providers have expressed interest in exploring the option of reducing the number of PBMs and transportation brokers in order to reduce the administrative burden in these programs.

LDH is committed to improving payment accuracy for providers including HSDAs. Since the initial creation of HSDAs, funding adjustments have not been made for population shifts, Medicaid expansion, and other demographic factors across all regions. This creates a disproportionate impact to available and accessible services for vulnerable populations. As discussed in the 2021 Regular Legislative Session, and during the Human Service Interagency Council meetings, many agree that having an equitable funding formula is warranted. The Human Service Interagency Council was established to provide policy guidance to the Department for the ongoing operations of the districts and authorities.



Goal 1: Award MCO contracts that incorporate broad stakeholder feedback and suggestions, resulting in increased accountability, improved health management, and reduced health disparities for individuals accessing Medicaid services

Strategy 1: Award contracts through the request for proposal (RFP) issued in June 2021 that incorporates stakeholder feedback obtained through LDH's MCO RFP development process in areas of interest including:

- Behavioral health integration
- Child and maternal health outcome improvement
- Disaster planning and recovery
- Delivery system reform
- DOJ settlement agreement requirements
- Fraud, waste, and abuse initiatives
- Health equity
- Increased MCO accountability
- Pharmacy and non-emergency medical transportation administrative simplification

Deliverable	Target Completion Date
Finalize draft of single PBM and single transportation broker RFPs	August 2021
Submit draft RFPs to Office of State Procurement (OSP) for review	August 2021
MCO award recommendation OSP	October 2021
MCO award announcement (begin transition of MCOs if applicable)	November 2021
OSP approval of RFPs	November 2021
Publish RFPs for vendor responses	November 2021
PBM and transportation broker award recommendations to OSP	January 2022
OSP approval of MCO contracts	March 2022
Readiness review activities	April 2022
MCO open enrollment begins	April 2022
MCO open enrollment ends	May 2022
OSP approval of contracts	June 2022
MCO contract go-live	July 1, 2022
PBM and transportation broker contracts go-live	July 1, 2022

Goal 2: Develop a standardized funding formula relative to HSDAs for all newly appropriated funds utilizing FY22 funding as the base year.

Strategy 1: Develop a universal funding formula that accounts for population needs, percentage of population served pre/post Medicaid expansion, current indigent population census, and agreed-upon data elements. The development of a funding formula will incorporate broad stakeholder input which will inform new State General Fund dollars as well as Federal Funds and grant-appropriated dollars.

Deliverable	Target Completion Date
Seek stakeholder input to inform the development of funding formula	July 2021
Develop a funding formula to review key data elements pre/post expansion eligibility numbers by region including population shifts of persons with I/DD and behavioral health needs	October 2021
Incorporate stakeholder input into funding formula development	October 2021
Present and gain feedback from LDH leadership	November 2021
Present and gain feedback from legislators and key stakeholders	November 2021
Revisit funding formula with Human Services Interagency Council	December 2021
Finalize draft of the funding formula for presentation at the annual Human Services Interagency Council meeting	January 2022
Present finalized formula to HSDA board chairs, legislators, and key stakeholders	February 2022



CONCLUSION

When we speak about protecting and promoting health and ensuring access to medical, preventive, and rehabilitative services for Louisianans, we are not just making a statement. We are revealing who we are as a Department. We are also answering our calling as LDH team members and as a collaborative partner committed to working with our clients, legislators, stakeholders, and other state and federal entities.

FY22 initiatives, goals, and deliverables as defined in this business plan focus on key areas that LDH will prioritize in the upcoming year where we can make the greatest impact for the people we serve. This business plan lays the groundwork for our intentional efforts toward success in improving the health and well-being of Louisianans.

Establishing these initiatives is only the beginning. Over the next fiscal year, we will keep developing and improving the ways in which we partner with you. LDH will continue to foster and engage in discussions with stakeholders to build a strong foundation for successful outcomes. At the end of the fiscal year, LDH will provide an annual update to you, our partners.

Your collaborative partnerships are critical to our Department and ultimately Louisiana's success.

We look forward to working with you on this effort.



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