

# My Choice Louisiana Phase II Annual Implementation Plan: January 2020-December 2020

*Agreement to Resolve the Department of Justice Investigation*

## **Louisiana Department of Health**

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*December 20, 2019*



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## Introduction

In 2014, the United States Department of Justice (DOJ) initiated an investigation of the State of Louisiana's mental health service system to assess compliance with Title II of the Americans with Disabilities Act (ADA). Following this investigation, in 2016, the DOJ stated that Louisiana unnecessarily relies on nursing facilities to serve people with serious mental illness instead of serving them in the most integrated setting appropriate to their needs as required by the ADA.

In June of 2018, the State of Louisiana and the Louisiana Department of Health (LDH) signed an agreement with the DOJ to help ensure compliance with the ADA, which requires that the State's services to individuals with mental illness be provided in the most integrated setting appropriate to their needs. The State's efforts to comply with the terms and intent of the agreement are collectively referred to as the My Choice Louisiana initiative.

Pursuant to the Agreement requirements, the Initial Implementation Plan ("the plan") covering activities for the first 18-month period, between June 6, 2018 and December 6, 2019 was developed with input from local and state entities, providers and advocacy groups, and in conjunction with consumer meetings. Once finalized the LDH team moved forward with working the initial implementation plan.

With the initial 18-month timeframe coming to a close, the LDH team has completed an annual implementation plan for calendar year 2020. Activities outlined in this annual plan have been drafted by the Department and are considered to be steps focused on meeting the overall goals outlined in the Agreement. Recognizing the importance and value of having input from self-advocates and stakeholders, the annual plan was developed with input from self-advocates and/or their families, local and state entities, providers, and advocacy groups.

## Statement of Principle

The mission of the Louisiana Department of Health (LDH) is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana. Our core values reflect the belief that every citizen of our State has the right to live with dignity, to be served with compassion, and to have a choice when it comes to how they will receive care and where they want to live. It is LDH's vision that every Louisiana citizen is able to access the right care, at the right time, in the right place.

LDH is committed to ensuring that individuals and their families have access to necessary treatments and supports that are compassionate, evidence-based and resolution-focused, and delivered by a behavioral health system that is coordinated, responsive and efficient. By addressing the needs of all populations, including our most vulnerable citizens, we believe improvements to our behavioral health system of care will allow people to remain in their communities and reduce the need for restrictive levels of care including nursing homes, jails, and hospitals. These improvements include supporting our workforce to deliver care that improves the health including the behavioral health of individuals and families who need these services. It is our goal to develop a system of care that is person-centered, regardless of the care setting. It is our vision that every person should be able to receive the support they need to live in the setting of their choice.

## Section 1 – Agreement Goals

There are two main goals of this Agreement, over the next five years:

- Divert individuals with serious mental illness away from inappropriate nursing facility placements by requiring comprehensive evaluations and providing services designed to enable them to live in community-based settings; and
- Identify people with serious mental illness who have been admitted to nursing facilities but are able to and would like to transition to the community, and provide them with transition planning and community-based services sufficient to meet their needs.

In consultation with the Subject Matter Expert (SME) and the DoJ, the Annual Plan for calendar year 2020 of the Agreement, addresses how LDH will accomplish the following goals:

- Develop and deliver training to providers related to person centered thinking and planning, employment, crisis, and other identified topics;
- Continue to identify nursing facility residents in the target population (TP) with the desire to transition to the community using transition planning and community-based services in accordance with the provisions of this Agreement;
- Conduct a needs assessment that identifies gaps in services and proposes goals and timeframes to remedy gaps in services;
- Complete implementation of interim case management strategy;
- Finalize the structure of a long term case management solution;
- Continue collaborative efforts among State and local government agencies and entities to identify and address issues during the initial and subsequent implementation of this plan;
- Establish annual targets for transition of Target Population members to successful placements in the community;
- Establish annual targets and strategies for decreasing referrals for individuals with SMI to nursing facilities;
- Implement interim Quality Assurance reporting to monitor outcomes for persons that will be or are in the process of transitioning, mortalities, critical incidents, and other key performance data; and
- Develop a long-term quality assurance, mortality and critical incident management process that will allow LDH to assess and oversee provider and MCO services; measure the success of reform; identify trends, patterns, strengths, areas of concern that will drive quality enhancement activities focused on performance improvement and planning.

## Section 2 – Annual Implementation Plan

This section includes the Annual Implementation Plan for calendar year 2020 and areas of focus from the Agreement to Resolve the Department of Justice Investigation. This section is divided into six subsections, which contain the associated goals: (1) Transition/Post-transition Activities, (2) Work Flow and Tracking System Development, (3) Diversion Activities, (4) Community Support Services Development, (5) Quality Assurance and Continuous Improvement, and (6) Stakeholder Engagement, Outreach, and In-Reach. Training has been incorporated into each subsection, as this will be a critical component in each focus area. Documents reflecting LDH’s work in support of the goals will be shared with the SME and United States.

The dates listed as “Target Completion Dates” throughout this section of the annual plan were developed internally by LDH and are not governed by the Agreement. Therefore, LDH may modify these dates as necessary, in consultation with the DoJ and with the approval of the Subject Matter Expert, without consequence to the Department’s compliance with the Agreement, except as otherwise specified in the Agreement.

## Section 2.1 Transition/Post Transition Activities

The Annual Implementation Plan focus: The activities during the next year will focus on finalizing the revisions to the tools and processes utilized to transition and monitor nursing facility residents in the target population. LDH will conduct inreach with all members of the TP, but efforts for the next year will be focused on: (1) TP members who express interest in transitioning, (2) TP members identified for transition through the PASRR process, and (3) individuals identified through the MDS that have the fewest barriers to transition and transition those individuals to the community using existing community based services. Additionally, LDH will offer transition supports to individuals newly admitted to a nursing facility earlier in the individuals stay. LDH will also complete implementation of the interim strategy for post-transition case management. Based on information learned during the plan year, LDH will establish its transition target for 2021. Finally, LDH will identify, develop, and provide necessary training focusing on person centered thinking and planning.

This chart details the tasks for the transition system development.

No.	Task/Activity	Owner	Target Completion Date
1.0	Finalize revisions to transition plan and monitoring tools.	OAAS/OBH	January 2020
1.1	Implement Interim Case Management Approach that ensures a single point of contact and accountability.	OAAS/OBH	January 2020
1.2	Implement process to provide engagement with members of target population after initial nursing facility extension request.	OAAS/OBH	February 2020
1.3	Review revised transition plan and monitoring tools with stakeholders.	OAAS/OBH	February 2020
1.4	Provide training on the transition plan and monitoring tools to the TCs and others that will be using the tools.	OAAS/OBH	March 2020
1.5	Continue efforts to transition individuals in nursing facilities to the community. LDH is targeting 100 individuals to transition this year.	OAAS/OBH	Ongoing
1.6	Service Review Panel Committee to begin reviewing transition cases, as requested, where barriers have been identified that are impacting the individual's ability to transition.	OAAS/OBH	January 2020 Ongoing
1.7	Identify common barriers/issues reviewed by the Service Review Panel committee.	OAAS/OBH	June 2020
1.8	Develop process for reviewing the barriers/issues identified by the Service Review Panel on an ongoing basis.	OAAS/OBH	June 2020
1.9	Develop methodology for 2021 transition targets.	OAAS/OBH	September 2020
1.10	Develop transition targets for 2021.	OAAS/OBH	October 2020
1.11	Finalize person centered thinking and planning training.	OAAS/OBH	July 2020
1.12	Deliver person centered thinking and planning training to TCs, interim case managers, support coordinators, and BH providers serving the Target Population.	OAAS/OBH	Ongoing
1.13	Identify and implement training opportunities for TCs as needed.	OAAS/OBH	Ongoing

1.14	Identify and prioritize actions for calendar year 2021 and update annual plan.	OAAS/OBH	Annually
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## Section 2.2: Work Flow and Tracking System Development

Annual Implementation Plan focus: This section focuses on finalizing the first phase of the requirements for the system as a whole and working with the state Office of Technology Services (OTS) to build the first phase of the transition tracking system within the OAAS Participant Tracking System (OPTS); and procuring a vendor to identify/track the nursing facility to which people are admitted after PASRR approval. The latter will be necessary to identify individuals within three days of admission and begin the in-reach process. Our goals are to have the first phase of the system built by the end of the annual plan year (2020) and procure a vendor to provide a system for nursing facility admissions that will integrate with other LDH systems. The procurement process will include first the release of an RFI and if needed an RFP will be published. The systems will incorporate necessary reporting requirements for quality improvement strategies discussed in section 2.6.

This chart will detail the tasks for the next phase of the workflow and tracking system development.

No.	Task/Activity	Owner	Target Completion Date
2.0	Develop data elements to be tracked for individuals in the TP that have transitioned or are in process of transitioning and those diverted from NF placement (align with quality activities outlined in section 2.6).	LDH Workgroup	February 2020
2.1	Develop data collection elements for outcome measures, report formats, and dashboards for using and sharing information.	LDH Workgroup	March 2020
2.2	Develop data element specifications for tracking and reporting outcome information in OPTS.	LDH Workgroup	March 2020
2.3	Develop software specifications for the first iteration of My Choice tracking in OPTS. (Includes Master List, Active Caseload, Transition Assessment, current dashboards and reports)	OTS/LDH Workgroup	March 2020
2.4	Test My Choice tracking module within OPTS.	OTS/LDH Workgroup	June 2020
2.5	Develop training for end users on the My Choice tracking module.	OTS/LDH Workgroup	July 2020
2.6	Deliver training on My Choice tracking module.	LDH Workgroup	July 2020
2.7	Go Live: My Choice Tracking module.	OTS/LDH Workgroup	July 2020
2.8	Identify future enhancements for the OPTS system to integrate the transition plan, case management functions, and post transition monitoring processes.	OTS/LDH Workgroup	Ongoing
2.9	Refine/Create additional reports required for Quality Improvement activities as well as internal management reports.	OTS/LDH Workgroup	November 2020
2.10	Based on responses to RFI for a paperless system for nursing facility admissions, determine need for RFP.	OAAS/OBH	Dates pending RFI responses
2.11	Publish RFP (if needed).	OAAS/OBH	Date pending RFI responses

2.12	Execute contract with Vendor.	OAAS/OBH	Date pending RFI and RFP responses
2.13	Identify and prioritize actions for calendar year 2021 and update implementation plan.	OAAS/OBH	Annually

### Section 2.3: Diversion Activities

**Annual Implementation Plan focus:** The activities during this year will focus on the implementation of the diversion plan, including: (1) creating a diversion pathway for individuals with SMI that have Medicaid, admitted to a nursing facility on a temporary approval, who could be transitioned to the community within the temporary authorization period (90 days, or 100 days for convalescent care) and without a continued stay request; and (2) Medicaid individuals with SMI seeking admission to a nursing facility for whom the PASRR level II indicated community placement versus a nursing facility admission. The State will also refine its efforts to identify individuals that may be at highest risk for nursing facility placement and potentially becoming members of the TP. Based on information learned during the plan year, LDH will establish its diversion target for 2021. In addition, the State will develop and begin to implement efforts to decrease the number of referrals for individuals with SMI to nursing facilities.

This chart will detail the tasks for the implementation of the diversion plan.

No.	Task/Activity	Owner	Target Completion Date
3.0	Formalize process and protocols for engaging Medicaid individuals into community services who have been identified through the PASRR Level II process as needing community placement.	OBH	March 2020
3.1	Review current process and protocols for OBH referrals to MCOs for individuals with a PASRR Level II indicating community placement, identifying areas for modification/improvement.	OBH	April 2020
3.2	Revise process and protocols for referrals from OBH to MCOs based on this review.	OBH	April 2020
3.3	Draft approach to tracking and monitoring individuals that have been diverted using the revised processes and protocols.	OBH/OAAS	April 2020
3.4	Train MCOs on any modifications to the PASRR Level II process and protocols including linking individuals with appropriate services.	OBH	May 2020
3.5	Implement updates to the Level II determination form to achieve alignment with the updated Level II evaluation form.	OBH	June 2020
3.6	Modify existing MCO reports related to PASRR to include information on those Level II reviews which recommended community placement.	OBH	July 2020
3.7	Conduct review of MCO reporting to determine the effectiveness of processes/protocols implemented and	OBH	August 2020 and Ongoing

	fidelity to established PASRR standards including timelines of Level II evaluation completion.		
3.8	Draft improvement strategies based on review, developing necessary guidance for MCOs to perform critical diversion functions.	OBH	Ongoing
3.9	Meet with the MCOs regarding these revised expectations regarding critical diversion functions.	OBH	November 2020
3.10	Evaluate the effectiveness of changes implemented in 2019 to ensure appropriateness of Level I and Level II determinations (e.g. quarterly data dashboards and other information).	OAAS/OBH	Ongoing
3.11	Evaluate the effectiveness of changes implemented to ensure PASRR Level II are conducted promptly upon referral.	OBH	Ongoing
3.12	Evaluate options to conduct outreach with hospitals regarding diversion efforts.	OBH/OAAS	February 2020
3.13	Meet with stakeholders to discuss strategies for working with major referral sources.	OBH/OAAS	May 2020
3.14	Meet with leadership from these referral sources to identify potential diversion strategies.	OBH/OAAS	May 2020
3.15	Develop and implement diversion strategies.	OBH/OAAS	October 2020
3.16	Develop strategies for evaluating the impact of these efforts.	OBH/OAAS	October 2020
3.17	Complete analysis of at-risk population including individuals who are homeless.	OBH/OAAS	June 2020
3.18	Based on the analysis, develop a profile of individuals that would be considered “at-risk” for meeting the definition of the TP and develop diversion strategies for this group.	OBH/OAAS	September 2020
3.19	Develop Methodology for 2021 diversion targets.	OBH/OAAS	September 2020
3.20	Develop diversion targets for 2021.	OBH/OAAS	October 2020
3.21	Develop and incorporate activities and measures into the new tracking system to monitor individuals that have been diverted using new protocols and processes.	OTS/LDH Workgroup	November 2020
3.22	Identify and prioritize actions for calendar year 2021 and update implementation plan.	OBH/OAAS	Annually

## Section 2.4: Community Support Services Development

Annual Implementation Plan focus: The main focus of the annual implementation plan will be to complete the needs assessment/gaps analysis, implementation of both housing and crisis plans, development of community case management services, implementation of peer supports, and identification and implementation of necessary training. For additional information on these specific plans refer to the Crisis and Housing Plans. In most instances, the additional services and supports will require the State to amend or create new Medicaid authorities. The State also recognizes that additional funding will be needed to create these new service opportunities. Information from the needs assessment and the various service plans will be an important input for making recommendations for additional resources for critical services and supports identified in the Agreement. There are some strategies that will require changes in policies and approaches to existing services and may not necessarily require new

resources. Continued efforts to monitor the availability of intensive community support services and improve the impact of Assertive Community Treatment (ACT) are included in ongoing strategies for CY 2020.

These charts will detail the tasks for the next phase of the community support services development.

#### Needs Assessment

No.	Task/Activity	Owner	Target Completion Date
4.0	Finalize the needs assessment/gaps analysis approach.	TAC/HSRI/LDH Workgroup	January 2020
4.1	Identify stakeholders to participate in the needs assessment process.	TAC/HSRI/LDH Workgroup	January 2020
4.2	Identification of data sources for developing the needs assessment.	TAC/HSRI/LDH Workgroup	January 2020
4.3	Develop and provide presentation to educate stakeholders on the purpose, timeframes and possible roles for the needs assessment.	TAC/HSRI/LDH Workgroup	February 2020
4.4	Begin quantitative data collection efforts including collection of identified data such as, but not limited to, claims, PASRR Level II, Transition Assessment, etc.	TAC/HSRI/LDH Workgroup	February 2020
4.5	Begin qualitative data collection efforts including key informant interviews/focus groups.	TAC/HSRI/LDH Workgroup	April 2020
4.6	TAC will submit preliminary report draft to LDH in the form of a memo for purpose of informing FY 20/21 budget process.	TAC/HSRI	July 2020
4.7	Develop initial draft of results and recommendations from needs assessment and review with State and stakeholders.	TAC/HSRI/	October 2020
4.8	Based on initial draft of results/recommendations identify and prioritize actions to be taken in 2021.	LDH	November 2020
4.9	Finalize results and recommendations from needs assessment.	TAC/HSRI	December 2020
4.10	Update implementation plan to include actions to be prioritized.	LDH	Annually

#### Crisis System Development Activities

No.	Task/Activity	Owner	Target Completion Date
4.11	Implement crisis training to TCs working with individuals being transitioned from NF.	OBH	February 2020
4.12	Finalize proposed service specifications.	OBH	May 2020
4.13	Finalize reimbursement methodology.	OBH	July 2020
4.14	Engage ongoing dialogue with stakeholders about the crisis system development.	OBH	July 2020/Ongoing
4.15	Develop necessary Medicaid State Plan Amendments and Medicaid authority changes.	OBH	November 2020
4.16	Facilitate information sessions with treatment providers about business opportunities within a new crisis system of care.	OBH	November 2020
4.17	Begin administrative rulemaking process.	OBH	November 2020

Note: Pending budget allocation and CMS approval

### Assertive Community Treatment Activities

No.	Task/Activity	Owner	Target Completion Date
4.18	Finalize set of outcome measures and reporting processes to be used by ACT teams in their reporting to MCOs	OBH	January 2020
4.19	Evaluate individuals in the TP that are accessing ACT services to determine how teams are being utilized.	OBH	February 2020
4.20	Modify MCO reports and implementing necessary revisions to evaluate teams against the new measures.	OBH	June 2020
4.21	Based on review of reports and outcomes, evaluate programming for potential modifications/improvements.	OBH	September 2020
4.22	As needed, identify and implement additional trainings intended to improve performance outcomes of ACT programming.	OBH	Ongoing
4.23	Implement improvements as needed.	OBH	Dates based on findings of reporting

### Intensive Community Support Services Activities

No.	Task/Activity	Owner	Target Completion Date
4.24	Review initial draft report of needs assessment findings/recommendations from TAC/HSRI.	OBH	October 2020
4.25	Based on recommendations identified in initial report, prioritize actions to be included in 2021 annual plan.	OBH	October 2020
4.26	Receipt of Needs Assessment findings/recommendations from TAC/HSRI which will guide improvements in future years.	OBH	December 2020
4.27	Continue to obtain and review network adequacy reports from the MCOs.	OBH	Ongoing
4.28	Work with MCOs to address any gaps identified in the network adequacy reports.	OBH	Ongoing

### Integrated Day Activities

No.	Task/Activity	Owner	Target Completion Date
4.29	Initiate training on employment and highlight importance as social determinant of health.	OBH/TAC	February 2020
4.30	Create a model for drop in centers that would be similar to best practices in other states.	OBH/TAC	June 2020
4.31	Develop a plan for enhancing drop in center activities.	OBH/TAC	August 2020
4.32	Offer training to drop in centers on this model.	OBH/TAC	December 2020
4.33	Develop employment plan.	OBH/TAC	July 2020
4.34	Development of other training (as needed).	OBH/TAC	November 2020
4.35	Continued collaboration with VR.	OBH	Ongoing

### Peer Support Services Activities

No.	Task/Activity	Owner	Target Completion Date
4.36	Finalize the Peer Support Framework.	OBH	March 2020
4.37	Start development of reimbursement methodology for Peer Support Services.	OBH	April 2020
4.38	State Plan Amendment submitted to Centers for Medicare and Medicaid Services.	OBH	May 2020
4.39	Notice of Intent published.	OBH	June 2020
4.40	Peer Services published in Behavioral Health Services Provider Manual.	OBH	Pending SPA approval
4.41	Anticipated Implementation of Service*.	OBH	December 2020

Note: Pending budget allocation and CMS approval

### Housing and Tenancy Support Activities

No.	Task/Activity	Owner	Target Completion Date
4.42	Obtain HUD approval to prioritize TP for Section 8 vouchers.	LHA	January 2020
4.43	Provide priority referral for Section 8 vouchers as units become available	LDH/OAAS	January 2020 Ongoing
4.44	Draft set aside language for LIHTC Qualified Allocation Plan (QAP)	LDH/OAAS	Jan/Feb 2020
4.45	LDH begins referrals to LHA for TBRA rental assistance.	LDH/OAAS	Jan/Feb 2020
4.46	Submit application for 811 PRA vouchers.	LHA & LDH/OAAS	February 2020
4.47	Obtain Board approval of QAP	LHC & LDH/OAAS	March 2020
4.48	Assignment of 2019 NED vouchers and begin leasing units.	LDH/OAAS	Spring 2020
4.49	Conduct owner outreach for use of any 811 PRA vouchers awarded by HUD.	LHA & LDH/OAAS	May-Sept 2020
4.50	Issue solicitation for National Housing Trust Fund.	LHA/OAAS	July 2020
4.51	Assess the need for additional TSMs to meet requirements of the agreement and prepare corresponding budget and position requests if needed.	OAAS	August 2020
4.52	Review and select Housing Projects for NHT funding.	LHC & LDH/OAAS	October 2020
4.53	Update Housing Plan annually.	LDH, LHC, OCD	December 2020

Note: Pending funding award.

### Case Management Services

No.	Task/Activity	Owner	Target Completion Date
4.54	Develop long term case management model, inclusive of determining appropriate Medicaid authority.	OBH/OAAS	February 2020
4.55	Review long term case management model with stakeholders.	OBH/OAAS	April 2020
4.56	Finalize Case Management Model.	OBH/OAAS	June 2020
4.57	Develop reimbursement methodology for the service.	OBH/OAAS	August 2020

Note: Pending budget allocation and CMS approval

## Section 2.5: Quality Assurance and Continuous Improvement

**Annual Implementation Plan focus:** The activities during the next year will focus on the ongoing development and implementation of the quality assurance system required in section 8 of the agreement. Within program offices, there are quality structures and measures that exist and these options will continue to be vetted during early 2020 as part of the State's efforts to develop and implement the quality assurance system required in the Agreement. Additionally, the State is exploring new measures inclusive of processes for collecting this data. The activities in this Section will complement the work outlined in Section 2.2 and recommend reports and other data analytics activities that the State will need for quality improvement efforts. In addition, this will include the development of critical management and public-facing reports using the data and reports that are generated through this effort. The State will continue its efforts to utilize these reports to make the necessary changes to various policy and service strategies that will be necessary to address the issues identified in the Agreement. A primary focus of these efforts will be to have a consistent process for tracking critical incidents and improving the OBH mortality review process. Finally, the State will develop a specific report that will provide information on the utilization of community-based services for the target Population.

This chart will detail the tasks for the next phase of the quality assurance and continuous improvement system development.

No.	Task/Activity	Owner	Target Completion Date
5.0	Draft and establish communication protocol for reporting mortalities to the Department of Justice.	LDH	January 2020
5.1	Evaluate options to build a more robust mortality review process for individuals in the TP.	OAAS/OBH	February 2020
5.2	Create a design for the mortality review committee.	OAAS/OBH	April 2020
5.3	Implement redesigned mortality review committee.	OAAS/OBH	November 2020
5.4	Review current reports for existing measures and identify needed modifications to report specifically on the individuals in the TP.	OAAS/OBH	March 2020
5.5	Edit/Modify reports for existing measures to be able to report specifically on the TP.	OAAS/OBH	May 2020
5.6	Development of new measures related to individuals in the TP inclusive of methodology and process for development of reports.	OAAS/OBH	May 2020
5.7	Refine/Develop reports (dashboards) needed inclusive of qualitative information specific to transition experience and/or barriers impacting transitions.	OAAS/OBH	June 2020
5.8	Review work flows and vendor contracts to determine feasibility of making changes, if necessary to report on measures for individuals in the TP.	OAAS/OBH	June 2020
5.9	Finalize critical incident quality reporting for TP.	OAAS/OBH	August 2020
5.10	Implement critical incident quality reporting process for TP.	OAAS/OBH	August 2020
5.11	Identify a reporting process for annual community based services report (method, content, and responsible parties).	OAAS/OBH	August 2020

## Section 2.6: Stakeholder Engagement, Outreach, and In-reach

When developing the annual implementation plan, it was important for LDH to incorporate stakeholder input. This included both internal stakeholders (LDH offices) as well as external stakeholders and advocates that would be necessary to implement the plan (the Advocacy Center, LGEs, and the LHA, and Medicaid and/or community providers).

Annual Implementation Plan focus: The main focus of the Annual Implementation plan period will be to continue to conduct broad stakeholder outreach to create continued awareness of the provisions of the Agreement, share progress on activities, and seek input related to various areas of work. Additionally, LDH will evaluate current structures and make-up of committees to assure continued participation from a broad range of stakeholders. Finally, LDH will evaluate options to implement short term strategy to onboard peers in the in-reach process. Updates to existing in-reach and outreach plans will be completed during this plan year.

This chart will detail the tasks for stakeholder engagement, in-reach and outreach.

No.	Task/Activity	Owner	Target Completion Date
6.0	Conduct broad stakeholder outreach to create awareness of the provisions of this Agreement and actions taken by LDH to accomplish the goals of the agreement.	Integration Coordinator	Ongoing
6.1	Evaluate structure of Advisory Committee meetings and determine if any modifications are needed.	LDH workgroup	March 2020
6.2	Evaluate effectiveness of stakeholder outreach and determine if any modifications are needed.	LDH Workgroup	March 2020
6.3	Identify self-advocates or individuals with personal lived experience to participate in committees and recruit them to attend meetings.	LDH workgroup	March 2020 (ongoing)
6.4	Evaluate subcommittee process and schedule to determine needed modifications to that process.	LDH workgroup	January 2020
6.5	Develop short-term strategy to begin onboarding peers in the in-reach process.	LDH workgroup	June 2020
6.6	Based on approval of strategy to onboard peers in the in-reach process, begin implementation activities identified within the plan	LDH workgroup	August 2020

## Appendix – Acronyms

This section contains a list of any acronyms used throughout the document.

<b>ACT:</b> Assertive Community Treatment	<b>MD:</b> Doctor of Medicine
<b>ADA:</b> Americans with Disabilities Act	<b>MDS:</b> Minimum Data Set
<b>BH:</b> Behavioral Health	<b>MFP:</b> Money Follows the Person
<b>CI:</b> Critical Incidents	<b>NF:</b> Nursing Facility
<b>DOJ:</b> United States Department of Justice	<b>OBH:</b> Office of Behavioral Health
<b>EBP:</b> Evidence-Based Practice	<b>OAAS:</b> Office of Aging and Adult Services
<b>HUD:</b> United States Department of Housing and Urban Development	<b>OPTS:</b> OAAS Participant Tracking System
<b>HSS:</b> Health Standards Section (LDH licensing section)	<b>OTIS:</b> Online Tracking Incident System
<b>ICSS:</b> Intensive Community Support Services	<b>OTS:</b> Louisiana Office of Technology Services
<b>ITP:</b> Individualized Transition Plan	<b>PASRR:</b> Pre-Admission Screening and Resident Review
<b>LDH:</b> Louisiana Department of Health	<b>PSH:</b> Permanent Supportive Housing
<b>LGES:</b> Local Governing Entities	<b>PSS:</b> Peer Support Services
<b>LHA:</b> Louisiana Housing Authority	<b>RR:</b> Resident Review
<b>LHC:</b> Louisiana Housing Corporation	<b>QAP:</b> Qualified Allocation Plan
<b>LIHTC:</b> Low Income Housing Tax Credit	<b>SME:</b> Subject Matter Expert
<b>LOC:</b> Level of Care	<b>SMI:</b> Serious Mental Illness
<b>LSU:</b> Louisiana State University	<b>SUD:</b> Substance Use Disorder
<b>LSU-HSC:</b> Louisiana State University-Health Sciences Center	<b>TA:</b> Technical Assistance
<b>LTC:</b> Long-Term Care	<b>TC:</b> Transition Coordinator
<b>MCO:</b> Managed Care Organization (refers to the Healthy Louisiana Medicaid plans)	<b>TP:</b> Target Population
	<b>TSMs:</b> Tenancy Supports Managers

