My Choice Louisiana

Initial Implementation Plan: June 6, 2018 – December 6, 2019

Agreement to Resolve the Department of Justice Investigation

Louisiana Department of Health

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LOUISIANA DEPARTMENT OF HEALTH

Contents

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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.

Pursuant to the Agreement requirements, this Initial Implementation Plan ("the plan") covers activities for the first 18-month period, between June 6, 2018 and December 6, 2019. The plan is divided into two sections: (1) an outline of the goals of the Agreement and the plan and (2) a listing of tasks planned throughout the initial phase. This plan was developed with input from local and state entities, providers and advocacy groups, and in conjunction with consumer meetings.

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 their 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.

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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.

For the initial 18-month period of the Agreement, this implementation plan seeks to show how LDH will accomplish the following goals set forth by the DOJ:

- Develop and deliver training to LDH staff and providers concerning the provisions of this Agreement, and LDH's commitment to ending unnecessary institutionalization of people in the Target Population (TP), consistent with Olmstead principles;
- Identify nursing facility residents in the Target Population who have the fewest barriers to transition and begin to transition those residents to the community using transition planning and community-based services in accordance with the provisions of this Agreement;
- Conduct a gap analysis that identifies gaps in services and proposes goals and timeframes to remedy gaps in services;
- Assess Medicaid services, rates, managed care contracts, and billing structures to identify barriers to the provision of community-based services for the Target Population;
- Identify and implement incentives through Medicaid waiver, managed care, and provider contracts to increase use of community-based services and reduce reliance on institutional long-term care (LTC) for the Target Population;
- Establish annual targets for diversion and 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;
- Assign agency and division responsibility for achieving goals identified in the Initial Implementation Plan;
- 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.

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Section 2 – Initial Implementation Plan (Project Schedule)

This section includes the Initial Implementation Plan project schedule for the first 18 months of work on the Agreement to Resolve Department of Justice Investigation. This section is divided into seven subsections, which contain the associated tasks and target completion dates: (1) Work Flow and Tracking System Development – Phase 1, (2) Medicaid Managed Care Organization (MCO) & Provider Training, (3) Transition System Development, (4) Diversion System Development, (5) Community Support Services Development, (6) Quality Assurance and Continuous Improvement, and (7) Stakeholder Engagement, Outreach, and In-reach. Additionally, each subsection includes a reference to the associated goals mentioned in the Agreement for the Initial Implementation plan phase.

Initial Implementation Plan Goal(s): Assign agency and division responsibility for achieving goals identified in the Initial Implementation Plan (completed) and establish collaborative problem solving among State and local government agencies and entities (ongoing).

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Section 2.1: Workflow and Tracking System Development – Phase 1

After spending the past year assessing vendor solutions available for a tracking system, the State has decided that an existing solution does not exist to meet all aspects of the agreement. We will be using State resources to build some key components of the tracking system specific to the requirements of the Agreement and assure interface with our existing systems.

Initial 18-month Implementation Plan focus: Defining requirements for the system as a whole and working with our Office of Technology Services (OTS) to build the first phase of the system. Our goal is to have the first phase of the system built by the end of the Initial Implementation phase.

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

No.	Task/Activity	Owner	Target Completion Date*
1.0	To support the immediate work of Transition Coordinators, stand up an interim tracking and work support system in SharePoint to assign cases and track transition task completion. **(COMPLETE)**	OAAS	7/20/2018
1.1	Make ongoing changes/improvements to interim system as needed to accomplish goals of the agreement in initial months of implementation. Interim system can serve as prototype for components of long-term system.	OAAS	Ongoing
1.2	Complete brainstorm meeting with OAAS staff, OBH staff, and IT to consider the direction for the tracking system development **(COMPLETE)**	Integration Coordinator	8/20/2018
1.3	Establish workgroup to review existing data systems across offices and direct tracking system development being completed by OTS. This group will guide the development of a permanent, comprehensive tracking system for agreement. **(COMPLETE)**	Integration Coordinator	10/1/2018
1.4	Begin to identify necessary data elements for tracking to meet the agreement requirements. **(COMPLETE)**	Work group	11/30/2018
1.5	Assess existing LDH systems, (including the interim SharePoint system, OPTS, and Utopia) that support components of the agreement. For purposes of gaps analysis, identify supported and unsupported tasks, data needs, and reporting needs. Complete review of existing systems through which nursing facility (NF) admission is identified. **(COMPLETE)**	Work group	12/1/2018
1.6	To guide the development of system requirements, meet with other states to learn from their experiences.	Integration Coordinator	Ongoing
1.7	Develop internal requirements and scope for tracking system.	Work group	12/6/2019
1.8	Determine reports needed	Work group	12/6/2019

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1.9	Discuss contract with OTS for building the elements of the system needed.	LDH IT	3/15/2019
1.10	System Development – Phase 1: Develop or implement a system for identifying/tracking the facility to which people are admitted after Pre-Admission Screening and Resident Review (PASRR) approval	OTS	12/6/2019
1.11	Refine system/report generation	OTS/LDH	12/6/2019
1.12	Go live = Complete modifications to LDH systems in order to notify transition coordinator (TC) of NF admission, enabling initiation of contact within 3 days of admission.	OTS	12/6/2019
1.13	Go live = Data Warehouse Completed	OTS	12/6/2019

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Section 2.2: Medicaid Managed Care Organization (MCO), LDH Employee, and Provider Training

Initial 18-month Implementation Plan focus: (a) Completing a survey of the existing adult behavioral health system in Louisiana, (b) assessing the results to determine training needs, (c) performing a gap analysis between our existing manuals that include training and the DOJ Agreement, (d) utilizing technical assistance to determine best practices for trainings, qualifications, and curriculum, and then (e) implementing trainings to be completed by the end of the Initial Implementation plan phase.

Initial Implementation Plan Goal(s): Develop and Deliver training to LDH staff and providers concerning the provisions of this agreement, and LDH's commitment to ending unnecessary institutionalization of people in the target population, consistent with Olmstead principles.

The following charts will detail the tasks for the first phase of the MCO and provider training efforts.

Survey to Establish Baseline for the Adult Behavioral Health System in Louisiana

No.	Task/Activity	Owner	Target Completion Date
2.0	Develop and complete Evidence-Based Practice (EBP) survey of the adult behavioral health system of care in Louisiana. **(COMPLETE)**	OBH	11/5/2018
2.1	Assess the results of the EBP survey to determine preliminary training needs. **(COMPLETE)**	OBH	11/30/2018

Evaluation of Existing Resources and Establishment of Training and Policies

2.2	LDH will establish a mandatory training policy, qualifications, and curriculum for Community Providers with regard to the Agreement and serving the Target Population.	OBH	12/6/2019
2.3	Evaluate existing policy manual which includes training, qualifications, and curriculum **(COMPLETE)**	OBH	6/6/2018
2.4	Develop workgroup to crosswalk existing services/manual(s) with the DOJ Agreement, identifying gaps. **(COMPLETE)**	OBH	10/1/2018
2.5	Identify national best practices for services, to include provider qualifications and curriculums for individuals in Target Population exiting institutions.	OBH	Ongoing
2.6	Identify trainings related to best practices for serving individuals in the Target Population exiting institutions. **(COMPLETE)**	OBH	6/1/2019
2.7	As needed, complete initial update to manuals/qualifications, reflecting best practices and related qualifications and training needs	OBH	9/1/2019
2.8	As needed, messaging to providers & MCOs regarding modifications to manuals	OBH	Ongoing
2.9	As needed, finalize update to manuals/qualifications through authority documents	OBH	12/6/2019
2.10	Develop training schedule for MCOs	OBH	9/1/2019
2.11	Develop training schedule for providers	OBH	9/1/2019

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2.12	Identify ongoing training needs with the MCOs, develop training materials, and provide ongoing training to MCOs on serving TP and compliance with Agreement	OBH/OAAS	12/6/2019
2.13	Implement required trainings	OBH	12/6/2019

Training of LDH Employees

2.14	Upon consultation with internal partners, determine the best method of training for LDH employees, to ensure awareness and understanding of the Agreement. **(COMPLETE)**	Integration Coordinator	1/15/2019
2.15	Develop training materials and route for internal approvals. **(COMPLETE)**	Integration Coordinator	3/28/2019
2.16	Training goes live to LDH employees. **(COMPLETE)**	Integration Coordinator	4/29/2019

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Section 2.3: Transition System Development

In the months prior to execution of the agreement, and using lessons learned from its successful Money Follows the Person (MFP) program, the State moved forward in hiring transition staff and starting the process of assessing and transitioning members of the Target Population residing in nursing facilities. Initial process flows, a transition assessment tool, and a SharePoint-based tracking system have been developed and are being used to assess, transition, and track members of the target population as they receive assistance in returning to the community. Several transitions have been completed already and additional transitions are in process. Members of the target population residing in nursing facilities are being identified through the use of MDS 3.0 and PASRR Level 2 data. Individuals with the fewest barriers to transition are being identified through use of the MDS Q+ index, which was developed by the InterRAI organization based on national MFP data predictive of successful transition. The index includes self-reported interest in returning to the community. Processes developed also include incorporation of MDS Section Q referrals and HCBS waiver requests into the active caseload of transition coordinators.

Initial 18-month Implementation Plan focus: The activities in the first 18 months will focus on ensuring the staffing, tools, policies, and processes are in place to begin assessing and transitioning nursing facility residents in the target population.

Initial Implementation Plan Goal(s): (a) Establish annual targets for transition of Target Population members to successful placements in the community and (b) identify nursing facility residents in the target population who have the fewest barriers to transition and continue to transition those residents to the community using existing community-based services in accordance with Agreement provisions.

These charts will detail the tasks for the first phase of the transition system development.

Initiate Initial Transitions

No.	Task/Activity	Owner	Target Completion Date
3.0	Identify nursing facility residents in the Target Population who have the fewest barriers to transition and begin to transition those residents to the community using transition planning and existing community-based services. **(COMPLETE)**	OAAS	2/12/2019
3.1	Analyze MDS and PASRR data to identify members of TP residing in NFs **(COMPLETE)**	OAAS	6/6/2018
3.2	Match MDS data to PASRR Level II data to identify individuals who may have required a level 2 screening but did not receive one **(COMPLETE)**	OAAS	6/6/2018
3.3	Develop referral system and prioritization to complete Level 2 screenings. **(COMPLETE)**	OBH/OAAS	11/1/2018
3.4	Develop method for prioritizing in reach based on self-referral, MDS data, and other factors **(COMPLETE)**	OAAS	6/11/2018

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3.5	Develop an initial list of target population members and establish a process to maintain a priority list of for in-reach **(COMPLETE)**	OAAS	6/11/2018
3.6	Begin outreach in form of face-to-face assessment using process and protocols agreed between parties **(COMPLETE)**	OAAS	6/6/2018
3.7	Implement initial assessment tool, ITP and related processes.	OAAS/OBH	9/1/2019
3.8	Implement post-transition follow-up & monitoring. As part of follow-up processes, LDH will ensure that members of the TP who are not Medicaid eligible are referred to the LGE or FQHC in their area.	OAAS/OBH	10/1/2019
3.9	Develop format and process to document members of TP who chose to remain in NF or move to setting that is not community-based.	OAAS/OBH	7/30/2019

Develop Transition Infrastructure

3.10	Form transition teams (including hiring/training transition coordinators and managers for the teams) **(COMPLETE)**	OAAS/OBH	7/13/2018
3.11	Review post-transition follow-up & monitoring procedures that currently exist for MFP. **(COMPLETE)**	OAAS/OBH	10/31/2018
3.12	Develop procedures for Target Population based on MFP. **(COMPLETE)**	OAAS/OBH	11/30/2018
3.13	Implement tracking for initial assessment activities **(COMPLETE)**	OAAS	6/6/2018
3.14	Develop assessment tool, process and protocols. **(COMPLETE)**	OAAS	6/6/2018
3.15	Seek SME and DOJ approval of assessment tools, process and protocols. **(COMPLETE)**	Integration Coordinator	11/14/2018
3.16	Create Transition Support Committee or identify existing committee within LDH to assume this responsibility. **(COMPLETE)**	OAAS/OBH	12/6/2018
3.17	Based on Assessment tool, draft Individualized Transition Plan (ITP) tool and post-transition monitoring processes **(COMPLETE)**	OAAS/OBH	11/30/2018
3.18	Seek SME and DOJ initial approval on ITP and processes. Incorporate edits once received, and seek final approval if necessary. **(Submission to SME and DOJ is COMPLETE)**	Integration Coordinator	12/3/2018
3.19	Review existing protocols for "handoff" between MFP TCs and 1915(c) waiver support coordinators. **(COMPLETE)**	OAAS	5/1/19
3.20	If needed, adapt existing protocols for members of the Target Population who will receive support through 1915(c) waivers **(COMPLETE)**	OAAS	6/1/2019
3.21	Finalize an approach to case management for TP who do not participate in 1915c waivers.	OAAS/OBH	8/1/2019

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3.22	Develop protocols for "handoff" between TCs and MCOs for individuals who will not receive support coordination through 1915(c) waivers. **(COMPLETE)**	OAAS/OBH	3/6/2019
3.23	Review existing protocols for involving MCOs and behavioral health providers in nursing facility transition.	OBH	9/1/2019
3.24	Based on experience, adapt or improve existing protocols, processes and procedures to ensure timely provision and coordination of behavioral health services.	OAAS/OBH	12/6/2019
3.25	Submit proposed post-transition procedures to Subject Matter Expert (SME) for approval. **(COMPLETE)**	Integration Coordinator	12/3/2018
3.26	Establish annual targets for transitioning members of the target population to successful community placements.	Team	12/6/2019

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Section 2.4: Diversion System Development

Initial 18-month Implementation Plan focus: The activities in the first 18 months will focus on the development of the diversion system plan, including annual targets and strategies for the goals listed below. This section of the Agreement largely deals with NF admission and PASRR processes, which is reflected in the tasks included below.

Initial Implementation Plan Goal(s): (a) Establish annual targets for diversion of Target Population members to successful placements in the community and (b) establish annual targets and strategies for decreasing referrals for individuals with SMI to nursing facilities.

These charts will detail the tasks for the first phase of the diversion system development.

Development of Diversion Plan and Processes

No.	Task/Activity	Owner	Target Completion Date
4.0	Develop a plan to identify TP members at high risk for NF placement.	OBH/OAAS	7/31/2019
4.1	Develop a diversion plan for TP members at high risk for NF placement.	OBH/OAAS	9/1/2019
4.2	Establishment of meetings, processes, and ongoing monitoring of MCOs implementation of diversion plan.	OBH/OAAS	12/6/2019
4.3	Continue to comply with federal PASRR requirements in consultation with DOJ and the SME	OBH/OAAS	Ongoing

Improve Processes for screening individuals prior to NF placement

4.4	Improve Processes for screening individuals prior to NF placement.	OAAS	12/6/2019
4.5	Implement improvements to processes to ensure that individuals applying for NF services receive information about community options. **(COMPLETE)**	OAAS	6/6/2018
4.6	Develop & implement standardized training to improve identification of persons with SMI during PASRR Level I. **(COMPLETE)**	OAAS	6/1/2018
4.7	Develop tracking to ensure non-MD personnel receive PASRR training.	OAAS	12/6/2019
4.8	Revise Level 2 evaluation form to include more extensive and detailed information regarding services in the community. **(COMPLETE)**	OBH	9/17/2017
4.9	Provide training to Level 2 evaluators. **(COMPLETE)**	OBH	9/27/2017
4.10	Refer all person screened suspected of having SMI with dementia to Level 2 for evaluation, including those 65 and older **(COMPLETE)**	OBH/OAAS	7/1/2018
4.11	Strengthen documentation requirements used to establish primary dementia diagnosis and train providers.	OBH	8/30/2019

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4.12	Strengthen documentation requirements used to train providers who are referring individuals for NF placement.	OBH	8/30/2019
4.13	For individuals without sufficient documentation to establish the validity of a primary dementia diagnosis, LDH shall provide additional evaluation. **(COMPLETE)**	OBH	8/15/2018
4.14	Elimination of behavioral pathway as an eligibility pathway for new NF admissions. **(COMPLETE)**	OAAS	12/1/2018
4.15	Implement changes to the LOC determination process to assure appropriate use of temporary stays and continued stays. **(COMPLETE)**	OAAS	3/1/2018
4.16	Include intended duration, reason for duration, need for specialized behavioral health (BH) services, and barriers to community-placement at time of temporary admission. **(COMPLETE)**	OBH	9/20/2017
4.17	Modify approval standards for Level 2 to include initial authorizations of no more than 90 – 100 days. **(COMPLETE)**	OBH	6/6/2018
4.18	Complete initial review of Level 2 documents to ensure the determination forms include required information. **(COMPLETE)**	OBH	12/6/2018
4.19	Compile comprehensive resource list for individuals denied NF placement. Upon completion, ensure availability to individuals denied NF placement. **(Initial Compilation COMPLETE)**	OBH	5/1/2019 Ongoing
4.20	MCO shall ensure establishment of referrals to services of those individuals denied NF placement. **(COMPLETE)**	OBH	7/11/2018
4.21	For TP, LDH shall require MDS responses be verified by qualified party unaffiliated with the NF for Continued NF stays (beyond 100 days).	OAAS	12/6/2019
4.22	Ensure processes are in place for each individual who received an initial Level II admitted to a NF to receive a new PASRR Level 2 annually. **(COMPLETE)**	OBH	6/6/2018
4.23	Develop Resident Review (RR) form for submission by NF when the need for a RR is identified. **(COMPLETE)**	OBH	7/16/2018
4.24	Establish annual targets for decreasing referrals for individuals with SMI to nursing facilities	OBH/OAAS	12/6/2019
4.25	Develop strategies for decreasing referrals for individuals with SMI to nursing facilities	OBH/OAAS	12/6/2019

Section 2.5: Community Support Services Development

Initial 18-month Implementation Plan focus: The main focus of the Initial Implementation plan period will be the service system gap analyses and network adequacy reviews, broken down below by service type, and the development of the plans for the crisis system and housing and tenancy supports.

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Initial Implementation Plan Goal(s): (a) Conduct a gap analysis that identifies the gaps in services and proposes goals and timeframes to remedy gaps in services, (b) assess Medicaid services, rates, managed care contracts, and billing structures to identify barriers to the provision of community-based services for the Target Population, and (c) identify and implement incentives through Medicaid waiver, managed care, and provider contracts to increase use of community-based services and reduce reliance on institutional long-term care for the Target Population.

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

Crisis System Assessment and Plan Development

No.	Task/Activity	Owner	Target Completion Date
5.0	Crisis System Assessment **(COMPLETE)**	OBH	6/6/2019
5.1	Develop LDH workgroup to conduct gap analysis of existing crisis system **(COMPLETE)**	OBH	11/15/2018
5.2	Identify existing service options, including mobile crisis, crisis receiving system, crisis phone lines; compare existing services to DOJ agreement.	OBH	4/6/2019
5.3	Complete report of findings of gap analysis of crisis system with recommendations.	OBH	7/31/2019
5.4	Establish stakeholder group to help guide the department's efforts towards establishing a plan for a crisis system in Louisiana. **(COMPLETE)**	OBH	6/6/2019
5.5	Establish a plan for implementing the full array of crisis services (policies, services/staffing, funding, training). This plan will seek to ensure that all individuals have access to the full array of services required by the Agreement, such as face-to-face mobile crisis and recovery services, by 2023.	OBH	12/6/2019
5.6	Develop LDH workgroup and establish framework for Crisis Service Providers.	OBH	12/6/2019
5.7	Review rates for crisis services.	OBH	12/6/2019
5.8	Identify training needs and develop training for providers on new services.	OBH	Ongoing
5.9	Review MCO contract and authority documents for necessary modifications to the crisis system.	OBH	12/6/2019

Assertive Community Treatment (ACT) Assessment

No.	Task/Activity	Owner	Target Completion Date
5.10	Conduct preliminary ACT network adequacy review. **(COMPLETE)**	OBH	12/15/2017
5.11	MCOs working within provider network to ensure adequate provision of ACT. **(COMPLETE)**	OBH	12/1/2017

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5.12	Review Network Adequacy reports, drafting recommended modifications if appropriate.**(COMPLETE)**	OBH	3/15/2019
5.13	As needed, implement modified Network Adequacy reports.	OBH	7/1/2019
5.14	Develop LDH workgroup to review LOC criteria for ACT against national LOC guidelines. **(COMPLETE)**	OBH	11/15/2018
5.15	Establish standards for conducting ongoing review of penetration rates of ACT, enabling an evaluation of the adequacy of the ACT provider network. **(COMPLETE)**	OBH	1/15/2019
5.16	Conduct a review of the LOC criteria. **(COMPLETE)**	OBH	3/15/2019
5.17	Revise LOC criteria, as needed.	OBH	9/30/2019
5.18	As appropriate, implement modified LOC standards for the ACT provider network through the MCOs.	OBH	12/6/2019
5.19	Establish OBH facilitated workgroup with MCOs to evaluate Fidelity Monitoring Process. **(COMPLETE)**	OBH	9/30/2017
5.20	Through the Fidelity Monitoring Process, evaluate ACT team's adherence to program fidelity.	OBH	Ongoing
5.21	Based on adherence to program fidelity, as appropriate, identify needs for system improvement for ACT programming through MCOs and their provider networks.	OBH	9/1/2019
5.22	As needed, implement required trainings related to program fidelity and system improvement to include use of ACT to provide services to NF participants.	OBH	9/1/2019
5.23	Review rates and billing structures for service providers.	OBH	12/6/2019
5.24	Review MCO contract for necessary modifications, as needed.	OBH	9/1/2019

Intensive Community Support Services (ICSS) Assessment

No.	Task/Activity	Owner	Target Completion Date
5.25	Develop LDH workgroup **(COMPLETE)**	OBH	11/15/2018
5.26	Define ICSS Services.**(COMPLETE)**	OBH	3/1/2019
5.27	Conduct analysis of provider network to ensure the number and quality of community mental health service providers is sufficient	OBH	4/6/2019
5.28	Develop and review rates and billing structures for service providers	OBH	12/6/2019
5.29	Determine if new Medicaid authorities are needed for new ICSS	OBH	10/6/2019
5.30	Make adjustments to rates for existing ICSS, as necessary.	OBH	12/6/2019
5.31	Review MCO contract and Medicaid authority documents to ensure integration of elements found within DOJ Agreement	OBH	12/6/2019

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5.32	Review and recommend improvements to existing provisions governing the fundamental, personal, and treatment rights of individuals receiving services.	OBH	12/6/2019
5.33	Develop training for providers on new services	OBH	12/6/2019
5.34	Review new service recommendations with stakeholder subcommittee.	OBH	11/6/2019
5.35	Determine whether to seek option to develop a Medicaid waiver to include case management services.	OBH	12/6/2019

Integrated Day Activities Assessment

5.36	Develop LDH workgroup **(COMPLETE)**	OBH	11/15/2018
5.37	Define Integrated Day Activities **(COMPLETE)**	OBH	5/1/2019
5.38	Conduct gap analysis of integrated day activities as defined within the Agreement	OBH	10/1/2019
5.39	Identify best practices for implementation	OBH	10/1/2019
5.40	Identify costs for implementation	OBH	10/1/2019
5.41	Develop training for providers on new services	OBH	12/6/2019
5.42	Develop/review rates and funding sources for integrated Day Services	OBH	12/6/2019
5.43	Seek options for development of Supported Employment services through technical assistance.	OBH	12/6/2019
5.44	Explore engagement opportunities with the Office of Disability Employment Policy at the U.S. Department of Labor in order to learn about options and successful strategies.	OBH	12/6/2019
5.45	Explore engagement/learning options with other states.	OBH	12/6/2019
5.46	Review new service recommendations with stakeholder subcommittee.	OBH	Ongoing

Peer Support Services (PSS) Assessment

5.47	OBH contracting with a consultant to conduct a review of PSS credentialing system. **(COMPLETE)**	OBH	8/15/2018
5.48	Develop workgroup to identify needs of PSS for those with SMI transitioning from NF. **(COMPLETE)**	OBH	11/15/2018
5.49	Define roles for Peer Support Workers. **(Initial work complete-ongoing work)**	OBH	2/15/2018
5.50	Identify options for PSS credentials. **(Initial work complete)**	OBH	2/15/2018
5.51	Review ACT 582 of 2018 legislative session for implications on PSS programming.	OBH	3/15/2019
5.52	Develop plan for integration of PSS for those transitioning from NF prior to and after transition into the community.	OBH	7/15/2019
5.53	Review existing program standards, identifying areas for inclusion of PSS in the service description.	OBH	10/102019

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5.54	Review new service recommendations with stakeholder subcommittee.	OBH	11/6/2019
5.55	Determine whether to seek option to develop a waiver to include peer support services as a service.	OBH	12/6/2019

Housing and Tenancy Supports Assessment and Plan Development

Louisiana's existing, state-operated Permanent Supportive Housing (PSH) program will be a primary vehicle for meeting the housing needs of members of the target population who require tenancy supports to be successful in their affordable, community-integrated rental housing.

Louisiana provides Tenancy Supports as a Medicaid-funded service under Mental Health Rehabilitation (MHR) and as a service in its 1915(c) HCBS waivers for the Aged/Disabled and ID/DD. There are currently fourteen (14) Medicaid-enrolled providers around the state who participate in the state's PSH program and provide tenancy supports to program participants. Per PSH program requirements, all fourteen provider agencies are accredited MHR providers contracted with all five Medicaid MCOs. All are also enrolled in the Medicaid HCBS waivers. All are trained and certified in the provision of PSH services by the LDH PSH office, and that office also monitors the agencies for quality, model fidelity, and compliance.

Sometimes Medicaid service authorizations are delayed, especially at the start of services. To assure continuity of services when Medicaid service authorizations are delayed, especially at the start of services for a variety of reasons, the state employs its own small staff of Tenancy Supports Managers (TSMs) who can initiate or continue services when the PSH provider agencies are unable to access Medicaid payment or are unsuccessful working with a client. State TSMs also play a lead role in initial lease up by assisting with housing search, explaining subsidy arrangements and program requirements to potential landlords, and gathering documents needed for apartment applications – all activities that cannot be paid for under Medicaid MHR. Louisiana's PSH program is a cross-disability program operated by the LDH Office of Aging and Adult Services (OAAS). When issues arise with PSH providers, OAAS works closely with OBH and Medicaid in resolving the issues.

This chart will detail the tasks for the first phase of the housing and tenancy supports development.

No.	Task/Activity	Owner	Target Completion Date
5.56	Develop a plan to provide access to affordable, community-integrated housing for TP members including, creating 1000 units/subsidies by 2023.	OAAS	12/30/2019
5.57	Send draft housing plan to the My Choice Louisiana advisory group, or subcommittee, for review.	OAAS	10/6/2019
5.58	Submit to DOJ plan to provide access to affordable, community-integrated housing for TP members including, creating 1000 units/subsidies by 2023.	OAAS/LHA	11/15/2019

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5.59	Establish minimum 100 state-funded short or long-term rental subsidies within first 18 months of agreement	OAAS/LHA	12/6/2019
5.60	Hire two Tenancy Supports Managers as provided for under the initial budget for the Agreement.	OAAS	12/6/2019
5.61	On at least an annual basis, assess the need for additional TSMs to meet requirements of the agreement and prepare corresponding budget and position requests if needed.	OAAS	By 8/15 annually
5.62	Use Housing and Urban Development (HUD) HOME Program Tenancy Based Rental Assistance for security and utility deposits.	LHA/OAAS	12/6/2019

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Section 2.6: Quality Assurance and Continuous Improvement

Initial 18-month Implementation Plan focus: The activities in the first 18 months will focus on the development and implementation of the quality assurance system required in section 8 of the agreement.

These charts will detail the tasks for the first phase of the quality assurance and continuous improvement system development.

No.	Task/Activity	Owner	Target Completion Date
6.0	Identify an LDH workgroup to explore quality assurance system **(COMPLETE)**	OAAS/OBH	10/1/2018
6.1	Identify technical assistance (TA) needed and/or Consultant **(COMPLETE)**	OAAS/OBH	11/1/2018
6.2	Convene initial kick-off meeting of group **(COMPLETE)**	OAAS/OBH	11/15/2018
6.3	Review existing quality assurance system, MCO contracts and proposed enhancements with TA Contractor to determine modifications needed **(Initial work complete-enhancements needed)**	OAAS/OBH	8/31/2019
6.4	Crosswalk findings with DOJ Agreement, identifying gaps in existing system including community providers identifying service gaps **(Initial Work complete-enhancements needed)**	OAAS/OBH	8/31/2019
6.5	Develop protocol and processes for data collection	OAAS/OBH	10/15/2019
6.6	Update quality, network and utilization management reports and processes	OAAS/OBH	10/15/2019
6.7	Identify a reporting process for annual community based services report (method, content, and responsible parties)	OAAS/OBH	8/31/2019

Continuous Improvement Tasks

6.8	Identify internal group for reviewing initial transitions.**(COMPLETE)**	OAAS/OBH	3/1/2019
6.9	Develop process for reviewing initial transitions and suggesting changes in various protocols and processes. **(COMPLETE)**	OAAS/OBH	4/1/2019
6.10	Review initial transition information with stakeholders for awareness and feedback.	OAAS/OBH	Ongoing

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Critical Incidents (CI) System Tasks

6.11	Convene kick off meeting of Mortality Review Committee **(COMPLETE)**	OAAS/OBH	3/27/2019
6.12	Review existing CI systems (Online Tracking Incident System (OTIS), Health Standards Section (HSS)) and MCO reporting in conjunction with TA consultant	OAAS/OBH	8/31/2019
6.13	Review current CI reports and needed data elements/data sources in conjunction with TA consultant, including reviewing needed community provider processes and procedures.	OAAS/OBH	10/15/2019
6.14	Modify CI processes as needed	OAAS/OBH	11/27/2019
6.15	Establish reporting and investigation protocols	OAAS/OBH	11/27/2019
6.16	Update CI reports to capture needed information	OAAS/OBH	11/27/2019
6.17	Update rules/provider manual, as necessary	OAAS/OBH	11/27/2019

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Section 2.7: Stakeholder Engagement, Outreach, and In-reach

When developing the implementation plan, it was important for LDH to do this inclusive of stakeholder input. This included both internal stakeholders (LDH offices and LGEs) as well as external stakeholders and advocates that would be necessary to implement the plan (the Advocacy Center, LGEs, the LHA, and Medicaid and/or community providers). Additionally, LDH began meeting with resident councils in nursing facilities where we know have a high concentration of our TP. These meetings give LDH the opportunity to hear from residents in NFs (and their family members, when present) about barriers to living in the community.

Initial 18-month Implementation Plan focus: The main focus of the Initial Implementation plan period will be (a) Utilizing any opportunity possible to create awareness of the Agreement, (b) creating stakeholder engagement, outreach and Target Population in-reach plans over the first six months, and (c) implementing and improving those plans over the remaining 12 months.

This chart will detail the tasks for the first phase of the stakeholder engagement, outreach, and in-reach plan development.

No.	Task/Activity	Owner	Target Completion Date
7.0	Develop a public-facing website for the Agreement and related activities. **(COMPLETE)**	Integration Coordinator	10/3/2018
7.1	Develop stakeholder engagement and communications plan, ensuring the inclusion of family members and advocates. **(COMPLETE)**	Integration Coordinator	12/6/2018
7.2	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
7.3	Develop and implement a strategy for ongoing communication with advocates and community stakeholders, relative to implementation of the agreement.	Integration Coordinator	12/6/2019
7.4	Develop and implement a strategy for ongoing communication with community providers, NFs, and hospitals relative to implementation of the agreement. **(COMPLETE)**	Integration Coordinator	12/6/2018
7.5	Develop and implement a strategy for ongoing in-reach to every member of the Target Population, including family members whenever possible, residing in a NF, regular presentations in the community in addition to onsite at NFs, and inclusion of peers from the Target Population in in-reach efforts. **(COMPLETE)**	Integration Coordinator	12/6/2018
7.6	LDH transition teams will begin in-reach efforts with members of the TP. **(COMPLETE)**	OBH/OAAS	6/6/2018 (start date – ongoing work)

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Appendix – Acronyms

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

ACT: Assertive Community Treatment

ADA: Americans with Disabilities Act

BH: Behavioral Health

CI: Critical Incidents

DOJ: United States Department of Justice

EBP: Evidence-Based Practice

HUD: United States Department of Housing and Urban Development

HSS: Health Standards Section (LDH licensing section)

ICSS: Intensive Community Support Services

ITP: Individualized Transition Plan

LDH: Louisiana Department of Health

LGEs: Local Governing Entities

LHA: Louisiana Housing Authority

LHC: Louisiana Housing Corporation

LIHTC: Low Income Housing Tax Credit

LOC: Level of Care

LSU: Louisiana State University

LSU-HSC: Louisiana State University-Health Sciences Center

LTC: Long-Term Care

MCO: Managed Care Organization (refers to the Healthy Louisiana Medicaid plans)

MD: Doctor of Medicine

MDS: Minimum Data Set

MFP: Money Follows the Person

NF: Nursing Facility

OBH: Office of Behavioral Health

OAAS: Office of Aging and Adult Services

OTIS: Online Tracking Incident System

OTS: Louisiana Office of Technology Services

PASRR: Pre-Admission Screening and Resident Review

PSH: Permanent Supportive Housing

PSS: Peer Support Services

RR: Resident Review

QAP: Qualified Allocation Plan

SME: Subject Matter Expert

SMI: Serious Mental Illness

TA: Technical Assistance

TC: Transition Coordinator

TP: Target Population

TSMs: Tenancy Supports Managers

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DEPARTMENT OF HEALTH