

My Choice Louisiana Annual Implementation Plan: January 2026-December 2026

Agreement to Resolve the Department of Justice Investigation

Louisiana Department of Health

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Introduction

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, LDH has developed an annual implementation plan each calendar year.

In preparation for calendar year 2026, LDH has developed the following annual implementation plan. Activities outlined in this annual plan have been drafted by LDH and are considered steps focused on achieving substantial compliance with goals outlined in the Agreement.

Section 1 – Agreement Goals

There are two main goals of this Agreement:

- 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.

As set forth by the agreement, the Subject Matter Expert (SME) produces a comprehensive public report on LDH's compliance. This implementation plan for calendar year 2026 addresses how LDH will accomplish the following overarching priority recommendations from the 13th SME Report published on December 23, 2025:

1. LDH will implement a standardized procedure to inventory, analyze, and address known systemic issues that impede transition performance, with the goal of increasing the number of successful transitions. This process will leverage cross-agency collaboration, the Transition Support Committee, internal and external quality assurance groups, and subject-matter experts to identify systemic barriers and develop practical, data-informed solutions that support ongoing compliance and program improvement.
2. LDH will fully implement quality assurance and oversight structures for the PASRR Level I vendor, with a focus on improving the identification of suspected serious mental illness (SMI), strengthening referrals to PASRR Level II evaluations, and ensuring accurate and timely data submission to trigger early engagement. As part of this quality assurance approach, LDH will collect and monitor the number and percentage of cases identified with suspected SMI at the PASRR Level I stage, compare rates pre- and post-implementation of the new process, and assess the impact of the process on later identification of SMI (e.g., during post-admission MDS assessments), along with other relevant performance metrics.
3. LDH will continue to refine the Rapid Integration Transition Coordination (RITC) program, now effectively called *Early Engagement*, based on lessons learned during the pilot phase. Early engagement and other My Choice Louisiana services will utilize a rapid engagement approach that emphasizes building rapport, trust, and connection, while supporting member motivation and self-efficacy. Transition Coordinators will apply an individualized approach to engagement, assessing each member's readiness to participate in assessment and treatment planning processes and adjusting strategies as

needed. While engagements will remain relational, flexible, and person-centered, they will also be intentional, goal-oriented, and aligned with program objectives.

4. LDH will continue to improve the accuracy of the Master List and, in collaboration with the SME and the Department of Justice, will define clear parameters for engaging individuals without confirmed Medicaid eligibility at the time of admission. This approach will balance the efficient use of limited staff resources with the demonstrated likelihood that at least half of those individuals without Medicaid at admission ultimately meets Target Population criteria.
5. At this stage of the Agreement, LDH will review and update diversion plan and methodology to reflect current program implementation, recognizing that the existing plan is now six years old. This evaluation will consider enhancements to current initiatives, the development of new initiatives, and the establishment of system-wide and initiative-specific key performance indicators to demonstrate that LDH’s diversion efforts are effective, coordinated, and sustainable.

Section 2 – Annual Implementation Plan

This section includes the Annual Implementation Plan for calendar year 2026 and areas of focus from the Agreement to Resolve the Department of Justice Investigation. This section is divided into subsections that 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.

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 LDH’s compliance with the Agreement, except as otherwise specified in the Agreement.

Section 2.1 Transition/Post Transition Activities

No.	Task/Activity	Owner	Target Completion Date
Transition Activities: Ongoing Training			
1.0	Provide routine PCP and IPS training to LGE’s, ACT staff, CCM, and service providers to improve the quality of service planning process.	OBH	Monthly/or as scheduled
1.1	Provide routine PCP training to waiver support coordinators, waiver service providers, PIRS and TC’s/supervisors serving the Target Population.	OAAS/OBH	Ongoing/As scheduled
1.2	Provide routine training to HCBS providers and other community providers regarding behavioral health and recovery.	OAAS/OBH	Ongoing/As scheduled
1.3	Provide routine training specific to PSH/housing and service options, including senior centers, to CCMs , TCs, PIRS, MCO’s and other external stakeholders with the goal of ensuring all members of the TP, including diverted members, can access MCL housing resources.	OAAS	Semi-Annually
1.4	Identify training needs and develop agenda for a retreat for TCs and PIRS. This will include but is not limited to individuals and their substance use disorder (SUD), mental health and crisis needs, family and caregiver engagement, medical and physical health needs, overview of the support services available to individuals and how to access them, engagement and rapport-building strategies, motivational interviewing	OBH/OAAS	March 2026

No.	Task/Activity	Owner	Target Completion Date
	and related approaches that support self-efficacy, informed choice, and readiness for transition.		
1.5	Schedule and implement retreat.	OBH/OAAS	September 2026
1.6	Continue to provide training/technical assistance to TCs based on findings from internal reviews and service reviews, to strengthen the quality of transition activities, including the ITP.	OAAS/OBH	As identified
Managing Transition Activities/Processes			
1.7	Collaborate with the SME to refine the Early Engagement model (formerly RITC) based on pilot findings and implement standardized guidance, training, and monitoring to support rapid, individualized, and goal-oriented member engagement, including updated protocols and staff training materials.	OAAS/OBH	June 2026
1.8	Develop a plan to analyze the TP with the SME to better understand its characteristics, needs, barriers, and other defining components critical to the transition process.	OAAS/OBH	August 2026
1.9	Identify and discuss quality improvement areas and activities based on Service Review Findings that evaluate, monitor, and enhance TC engagement, person centered planning, ITP Addendum, transition efforts, as well as post-discharge contacts and unmet service needs identified in the community, with MCL team and stakeholders.	OAAS/OBH	October 2026
1.10	Collaborate with the DOJ and SME to devise approach to engaging individuals with unconfirmed Medicaid eligibility at NF admission.	OAAS/OBH	May 2026
1.11	Continue to track and report the number of individuals transitioned from NFs who lose Medicaid eligibility.	OAAS/OBH	Semi-Annually
1.12	Develop a companion document to the MCL guide to provide to individuals who will lose Medicaid coverage post-transition.	OAAS/OBH	March 2026
1.13	Implement the companion document and track utilization within SharePoint.	OAAS/OBH	April 2026
1.14	Track and analyze housing outcomes for individuals transitioning from nursing facilities, including non-PSH and group home placements, using available systems, to identify contributing factors and inform transition planning and continuous quality improvement.	OAAS/OBH	Semi-Annually
1.15	Continue effort to transition individuals: 2026 target of 177 transitions	OAAS/OBH	Ongoing
Barriers to Transition			
1.16	Implement the systemic barrier referral procedure and conduct monthly reviews of contributing data sources (e.g., TSC, internal service reviews, staff meetings) to analyze trends; execute strategies and associated timelines to address identified barriers, and track progress and outcomes.	OAAS/OBH	March 2026 and ongoing
1.17	Formalize strategies for working with OCDD on transition activities related to individuals who are eligible for services offered through their system.	OBH/OAAS	May 2026
1.18	Report issues/barriers identified and strategies implemented to the My Choice Internal Quality Review Committee.	OAAS/OBH	Semi-Annually

No.	Task/Activity	Owner	Target Completion Date
My Choice Transition Support Committee (TSC)			
1.19	Track/Trend systemic barriers referred to TSC, actions taken to address proposed resolutions, and the effectiveness of the resolutions implemented.	OAAS/OBH	Semi-Annually
1.20	Implement readmission referral process to the TSC	OAAS	February 2026
1.21	Review readmissions monthly; however, during months in which no readmissions occur cases will be reviewed as they arise.	OAAS	Monthly/As-needed
1.22	Provide the My Choice Internal Quality Committee with common reasons for readmissions and recommendations to inform continuous quality improvement with transition activities.	TSC/OAAS/OBH	Quarterly
Transition Activities			
1.23	In collaboration with the SME, review and revise both the methodology for 2027 transition target, and the long-term (multi-year strategy) to accurately reflect a viable target of the potential number of transitions. This will be informed based on current and best available data on the target population and other environmental and policy factors.	OAAS/OBH	October 2026
1.24	Establish transition targets for 2027, which are consistent with a long-term strategy for allowing all members of the TP who would like to transition to the community.	OAAS/OBH	December 2026
1.25	Prepare a draft of priority tasks for the CY2027 implementation plan, to be finalized in collaboration with SME feedback in January 2027.	OAAS/OBH	December 2026

Section 2.2: Work Flow and Tracking System Development

No.	Task/Activity	Owner	Target Completion Date
OPTS workflow/tracking system			
2.0	Identify and outline requirements for reports and other identified enhancements to the system such as tracking post-transition visits and ITP Addendum.	OTS/LDH	As identified
2.1	Conduct a needs assessment to evaluate the feasibility, system requirements, and workflow implications of integrating PIRS documentation within OPTS.	OTS/LDH	May 2026
2.2	Enhance the accuracy of the Master List by incorporating LaMeds as the primary Medicaid eligibility verification source to ensure accurate and timely Target Population identification.	OTS/LDH	December 2026
PASRR Level I System – Vendor procurement to track NF admission			
2.3	Provide ongoing training to PASRR Level I reviewers regarding PASRR Level I processes.	OAAS	Ongoing/As Needed
2.4	Develop and implement quality oversight goals, structures, and metrics for the PASRR Level I vendor, with focus on improving the identification of suspected SMI and associated Level II referrals.	OAAS	June 2026
2.5	Conduct an analysis to assess the impact of the new system on the rate of MDS-identified serious mental illness (SMI).	OAAS	October 2026

No.	Task/Activity	Owner	Target Completion Date
2.6	Collect, review, analyze and report data obtained from the new PASRR Level 1 system to include a comparison of rates of SMI detection and referral Level II review pre and post implementation.	OAAS	October 2026

Section 2.3: Diversion Activities

No.	Task/Activity	Owner	Target Completion Date
Diversion Activities			
3.0	Continue to track the number of individuals referred to NFs, the portion approved for placement, the portion diverted through the PASRR Level II preadmission process due to NF not being the least restrictive setting, and the length of those authorizations for preadmission requests.	OBH	Quarterly
3.1	Refine the strategy to collect and review information regarding reasons individuals request admission to the NF, work across program offices to ensure congruence in the process for collecting and evaluating this information.	OAAS/OBH	June 2026
3.2	Continue to monitor and evaluate the continued stay review process, data, and related trends to determine the need for any modifications to the process or methodology. Collaborate with SME as needed.	OBH	Ongoing
3.3	Track the number of individuals who needed but did not receive a PASRR Level II prior to admission and specific reasons (e.g. 1135 waiver), develop and implement a strategy to complete those Level IIs quickly. LDH will continue to audit a sample of these cases to determine reasons a Level II review wasn't completed when SMI was suspected or identified during PASRR processes.	OBH/OAAS	August 2026
3.4	Work with the SME to review methodology to enhance reporting on the completion and disposition of resident reviews not requested by NFs. Monitor and update current process as needed.	OBH	July 2026
Diversion Activities: PASRR Instrument Enhancements and Process Improvements			
3.5	Continue to compile barrier information provided by PASRR Level II evaluators during review of diversion activities.	OBH	Quarterly
3.6	Continue to identify and implement strategies to overcome unresolved issues/barriers as identified during regular internal management meetings and reviews of diversion activities, including in the TSC referral process as appropriate.	OBH	Quarterly
3.7	Continue to review NF Residents identified through the quality audit process who were confirmed as a potential diversion by OAAS review. Review will include tracking barriers to transitioning to the community.	OBH	Quarterly
Diversion Activities: PASRR Internal Audit Process			
3.8	Continue the PASRR Level II auditing process in conjunction with OAAS, to identify findings and trends. Present findings to MCOs, Level II evaluators, and Level II Determination Specialists, using this	OBH/OAAS	Monthly and ongoing

No.	Task/Activity	Owner	Target Completion Date
	information to identify needed quality improvement strategies and, as needed, develop strategies to address areas of concern.		
3.9	Implement specific strategies aimed at improving the quality of PASRR Level II evaluations and recommended services, as they relate to identification of SUD needs and needed services. Review/report trends, identify needed quality improvement strategies, and as needed develop strategies to address areas of concern.	OBH	May 2026
Diversion Activities: Dementia Protocol			
3.10	Collaborate with the SME to improve the clarity of data collection and reporting as it relates to the prevalence of dementia and the outcomes of the reviews of the consulting psychiatrist and other testing administered by the NFs or MCOs.	OBH	May 2026
Diversion Activities: Methodology			
3.11	In collaboration with the SME, review and update diversion plan and methodology to reflect current program implementation while confirming appropriateness of determinations issued. This includes enhancements to new and current initiatives, and system-wide and initiative-specific key performance indicators that would demonstrate their constellation of diversion efforts are effective and durable.	OBH/OAAS	September 2026
3.12	Update Methodology for 2027 diversion targets.	OBH	October 2026
At-Risk Activities			
3.13	Continue to produce reporting that reflects the number of people who meet the at-risk definition and the number of people enrolled in case management.	OBH	Semi-annually
3.14	Continue to analyze, evaluate and produce reporting that reflects outcome data for the at-risk population pertaining to EDs, hospitalizations, nursing facility admissions, and service utilization, broken down by those enrolled in each case management tier and those who are not enrolled.	OBH/OAAS	Annually
3.15	Evaluate MCO case management of the at-risk population via member record reviews, including engagement rates.	OBH	Annually

Section 2.4: Community Support Services Development

No.	Task/Activity	Owner	Target Completion Date
Crisis System Development Activities			
4.0	Continue engagement efforts through ongoing dialogue with stakeholders about crisis system development through regular meetings and presentations.	OBH	Ongoing
4.1	Pilot and refine a community coalition toolkit that outlines processes and strategies for integrating crisis services into local communities. Through this process, strengthening the capacity of providers and local communities to work together to implement services in a manner that meets the needs of local constituents.	OBH/LSUHSC	August 2026

No.	Task/Activity	Owner	Target Completion Date
Crisis System Development Activities			
4.2	Continue efforts to expand availability of LA-CRS services to all unserved areas of the state.	OBH	Ongoing
4.3	Continue to monitor implementation activities, resolving issues in real time through joint provider and MCO meetings occurring as needed.	OBH	At least Monthly
4.4	Refine crisis training for adult and child serving teams, consolidating and streamlining as appropriate, implementing when finalized.	LSUHSC	March 2026
4.5	Continue training of new and existing crisis service providers through initial and ongoing coaching and consultative activities.	LSUHSC	At least Quarterly/More often as needed
4.6	Implement statewide marketing awareness for LA-CRS.	OBH	Ongoing
4.7	Continue to conduct evaluation of network adequacy and review of outcomes/programmatic data to ensure individuals with SMI experiencing a behavioral health crisis have access to timely crisis services and programs are operating in compliance with established standards.	OBH	At least Quarterly
4.8	Continue to participate in meetings with 988 crisis center providers to explore integration of LA-CRS services into 988 referrals and protocols.	OBH	Ongoing

Assertive Community Treatment Activities

No.	Task/Activity	Owner	Target Completion Date
4.9	Continue meetings with MCOs, performing ongoing review of ACT providers, the population eligible for services, and fidelity/outcomes data. Through this process, identify opportunities for training and programmatic enhancements as needed.	OBH	Ongoing

Integrated Day Activities

No.	Task/Activity	Owner	Target Completion Date
4.10	Continue to meet with LGEs to identify and address ongoing IPS implementation issues.	OBH	Monthly
4.11	Continue existing marketing for IPS and employment supports for TP members.	OBH	Ongoing
4.12	Provide training to TCs, CCMs, and new LGE and ACT team employment staff on benefits counseling services (e.g., WIPA) available to TP members who express concerns or questions about employment jeopardizing their benefits.	OBH	Ongoing
4.13	Continue fidelity reviews of IPS providers (including ACT) who have gone live.	OBH	Ongoing

No.	Task/Activity	Owner	Target Completion Date
4.14	Review findings of fidelity reviews	OBH	Ongoing
4.15	Monitor and report on the utilization of IPS.	OBH	Semi-Annually
Drop In Centers			
4.16	Continue ongoing learning collaborative amongst existing drop in centers and a schedule of future meetings to build on best practices.	OBH	Semi-Annually

Peer Support Services Activities

No.	Task/Activity	Owner	Target Completion Date
4.17	Monitor and report on utilization of Peer Support Services.	OBH	Quarterly
4.18	Continue meetings with MCOs and LGEs to increase utilization of peer support and maintain/increase the number of LGEs billing Medicaid for Peer Services.	OBH	Monthly
4.19	As identified, implement strategies to address implementation barriers.	OBH	Ongoing
4.20	Conduct training for peer supervisors.	OBH	Ongoing
4.21	Continue development and implementation plans for a strategic plan for a standardized statewide credential/certification process for RPSS.	OBH	December 2026

Housing and Tenancy Support Activities

No.	Task/Activity	Owner	Target Completion Date
4.22	Track and report on housing opportunities created/offered/leased	OAAS/LHC	Quarterly
4.23	Evaluate and report on housing opportunities offered and leased to individuals of the TP to determine if opportunities are being utilized and/or if there are issues/barriers that need to be addressed.	OAAS/LHC	Quarterly
4.24	Develop a new multi-year housing plan	LDH/LHC	April 2026
4.25	LDH and LHC will continue meeting on a monthly basis to discuss progress and identify any additional housing opportunities.	OAAS/LHC	Monthly
4.26	LDH and the SME Team will meet on a quarterly basis to discuss Agreement-specific housing plan/activities and the potential for additional housing opportunities for the DOJ population.	LDH/LHC	Quarterly

Case Management Services

No.	Task/Activity	Owner	Target Completion Date
4.27	Refine critical incident monitoring processes to trend information across reporting periods and to ensure appropriate classification.	OBH	Monthly

4.28	Develop and implement strategies to increase the % of diverted members who enroll in the CCM program.		Annually
4.29	Conduct quality reviews of the CCMs to assess compliance with specific requirements included in the guide and to determine of plans of care are reflecting the assessment completed by the CCM.	OBH	Annually
4.30	Evaluate the CCM program using data obtained from a variety of sources such as but not limited to SME service reviews and MCO reports.	OBH	Annually

Section 2.5: Quality Assurance and Continuous Improvement

No.	Task/Activity	Owner	Target Completion Date
5.0	Continue to notify the SME and DOJ of mortalities utilizing the agreed upon mortality communication protocol.	OAAS/OBH	As identified
5.1	Complete an analysis on cause of death for 2024 mortalities, including a comparison to 2023 mortalities.	OAAS/OBH	July 2026
5.2	Complete and finalize the 2025 annual mortality report	OAAS	August 2026
5.3	Post the 2025 Annual Mortality Report	OAAS	September 2026
5.4	Collaborate with SME on production of My Choice Quality report, incorporating extant data sources/reports on systemic barriers, quality matrix, network report, utilization review and service reviews	OAAS/OBH	May 2026
5.5	Share and discuss 2025 Annual Quality Report with stakeholders.	OAAS/OBH	May 2026
5.6	Continue to meet with the My Choice Internal Quality Committee to identify new or revised quality matrix measures consistent with the requirements in Section X of the Agreement, finalize benchmarks or trends, and review quality matrix metrics against established benchmarks or trends, service review findings, and/or other measures.	OAAS/OBH	Monthly
5.7	Continue to meet and share data to inform programmatic and policy decisions with key state agencies involved with the My Choice Program.	OAAS/OBH	Ongoing/As scheduled

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

No.	Task/Activity	Owner	Target Completion Date
In-Reach			
6.0	Track reasons individuals indicate they are undecided or not interested in transitioning; identify and implement strategies to overcome unresolved issues/barriers and/or optimize informed choice engagement for these individuals during staffing meetings or post monthly review of in-reach activities.	OBH	December 2026
6.1	Continue to track in-reach contacts for timeliness and quality, ensuring individuals assigned for in-reach receive an initial contact and follow up contacts consistent with policy.	OBH	Ongoing
6.2	Following improvements to Master List accuracy, cross-reference in-reach and Early Engagement data to identify individuals who have not yet	OBH	August 2026

No.	Task/Activity	Owner	Target Completion Date
	received in-reach and inform targeted outreach efforts.		
6.3	Review current in-reach practices to determine whether additional guidance is needed to support re-engagement of individuals who lack decision-making capacity at the time of initial in-reach. Develop and implement new guidance, if warranted.	OBH	September 2026
6.4	Review a small subset of cases categorized as “unable to decide” to better understand contributing circumstances and inform in-reach and re-engagement practices.	OBH	September 2026
6.5	Explore new in-reach strategies, including approaches to strengthen engagement, trust-building, and informed decision-making, based on service review findings and stakeholder feedback. Develop and implement new guidance, if warranted.	OBH	September 2026
Outreach			
6.6	Conduct an inventory and catalog existing cross-agency data sharing to identify gaps and incorporate findings into LDH’s data sharing framework.	OAAS/OBH	May 2026
6.7	Develop a revised comprehensive stakeholder engagement and communication plan that identifies key messages, strategies/activities, communications mechanisms (e.g., webinars, newsletter), frequency, target audiences (i.e., internal staff, specific committees), timelines, and other key operational details, with the goal of providing timely and targeted information regarding the My Choice Program.	OAAS/OBH	July 2026
6.8	Continue to engage with system partners in opportunities regionally and statewide, such as, provider meetings, association meetings, and professional conferences to share information and seek input regarding audience appropriate My Choice activities.	OAAS/OBH	Ongoing
6.9	Continue to identify self-advocates or individuals with personal lived experience to participate in committees, recruit them to attend meetings, conduct targeted outreach, and contribute to training designs.	LDH workgroup	June 2026
6.10	In partnership with the stakeholders, review and recommend improvements to existing provisions governing regarding My Choice participants’ rights consisting of written recommendations and/or updated policy to share with MCL participants.	OAAS/OBH	June 2026

Appendix – Acronyms

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

ACT: Assertive Community Treatment	MCO: Managed Care Organization (refers to the Healthy Louisiana Medicaid plans)
ADA: Americans with Disabilities Act	MCR: Mobile Crisis Response
BH: Behavioral Health	MD: Doctor of Medicine
BHCC: Behavioral Health Crisis Care	MDS: Minimum Data Set
CI: Critical Incidents	MFP: Money Follows the Person
CBCS: Community Brief Crisis Support	NF: Nursing Facility
CS: Crisis Stabilization	OBH: Office of Behavioral Health
CCM: Community Case Management	OAAS: Office of Aging and Adult Services
DOJ: United States Department of Justice	OPTS: OAAS Participant Tracking System
EE: Early Engagement (replaces RITC)	OTS: Louisiana Office of Technology Services
EBP: Evidence-Based Practice	PASRR: Pre-Admission Screening and Resident Review
HUD: United States Department of Housing and Urban Development	PCS: Personal Care Services
HSS: Health Standards Section (LDH licensing section)	PCP: Person Centered Planning
ICSS: Intensive Community Support Services	PSH: Permanent Supportive Housing
IPS: Individual Placement and Support	PSS: Peer Support Specialist
ITP: Individualized Transition Plan	RITC: Rapid Reintegration Transition Coordinator
LA-CRS: Louisiana Crisis Response System	RR: Resident Review
LDH: Louisiana Department of Health	QAP: Qualified Allocation Plan
LGEs: Local Governing Entities	SME: Subject Matter Expert
LHA: Louisiana Housing Authority	SMI: Serious Mental Illness
LHC: Louisiana Housing Corporation	SUD: Substance Use Disorder
LIHTC: Low Income Housing Tax Credit	TA: Technical Assistance
LOC: Level of Care	TC: Transition Coordinator
LSU: Louisiana State University	TP: Target Population
LSU-HSC: Louisiana State University-Health Sciences Center	TSMs: Tenancy Supports Managers
LTC: Long-Term Care	