

My Choice Louisiana Phase III Annual Implementation Plan: January 2021-December 2021

Agreement to Resolve the Department of Justice Investigation

Louisiana Department of Health

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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. Subsequent to this Initial Implementation Plan, LDH developed an annual implementation plan for calendar year 2020.

In preparation for calendar year 2021, LDH has developed the following annual implementation plan. 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 shared with the My Choice Advisory group, which includes representatives from self-advocates and/or their families, local and state entities, providers, and advocacy groups. LDH requested that this group share the plan with their respective networks and provide the Department with feedback. To date, no formal feedback has been received from these groups. Throughout the year, during scheduled meetings with external stakeholder groups, information has been shared regarding work occurring in the areas outlined in the annual plan. Feedback and input received during these meetings are considered and incorporated when prioritizing activities for upcoming year.

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:

- 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 2021 of the Agreement, addresses how LDH will accomplish the following goals:

- Enhance efforts to identify all nursing facility residents in the target population (TP) who desire to transition to the community, and provide them with transition planning and community-based services in accordance with the provisions of this Agreement;
- Finalize at risk criteria, meet with Managed Care Organizations (MCOs) to develop mechanisms to identify and track at risk individuals that meet identified criteria, and evaluate effectiveness of strategies implemented;
- Finalize definition of homeless population with SMI to be included as a diversion group;
- Implement MCO engagement strategies for individuals identified as diverted, develop tracking mechanisms, and evaluate effectiveness of strategies implemented to inform continuous quality improvement;
- Implement revisions to the in-reach plan to improve in-reach efforts;
- Complete the results of a needs assessment that identifies gaps in services and develop strategies for addressing any gaps;
- Implement community case management strategy for members of the TP;
- Establish annual targets for CY 2022 for transitioning and diverting individuals in the Target Population to successful integrated placements in the community;
- Pending approval of funding, operationalize and implement community support services;
- Continue 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 to inform continuous quality improvement;
- Implement 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, and areas of concern that will drive quality enhancement activities focused on performance improvement and planning;
- Implement a paperless system to track the admission of individuals to nursing facilities;
- Implement Office of Aging Participant Tracking System (OPTS) and identify need for additional enhancements;
- Revise My Choice web-page;

- 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; and
- Deliver and monitor the effectiveness of training to providers related to person centered thinking and planning, employment, crisis, and other identified topics.

Section 2 – Annual Implementation Plan

This section includes the Annual Implementation Plan for calendar year 2021 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 DOJ.

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. Modifications of the implementation plan will be publically shared via My Choice website.

Section 2.1 Transition/Post Transition Activities

The Annual Implementation Plan focus: The activities during the next year will focus on enhancing in-reach with all members of the TP in nursing facilities, with a continued focus on: (1) TP members who express interest in transitioning, (2) TP members identified for transition through the PASRR and Continued Stay Request process, and (3) individuals identified through the Minimum Data Set (MDS) that have fewer barriers to transition, and transitioning those individuals to the community using existing community based services. Specific tasks outlining in-reach efforts are included in section 2.6 of this plan. Additionally, LDH will offer transition supports to individuals newly admitted to a nursing facility earlier in the individuals stay (within 3 working days post admission). A major area of focus during plan year 2021 will be the implementation of community case management option. Tasks outlining work related to community case management option is included in section 2.4 of the plan. LDH will continue the provision of the interim strategy for post-transition case management for most of CY 2022 until the new community case management service is implemented.

Based on information learned during the last twenty-eight (28) months LDH has set aggressive targets for 2021. Factors considered include but are not limited to:

- Individuals on Active Caseload;
- Individual meets NF Level of Care;
- Individual meets 30 months rule;
- Individual expressed interest in moving;
- Transition barriers; and
- Average caseload of the Transition Coordinators.

Based on information learned during the plan year, LDH will establish its transition targets for CY 2022 as well as long term, multi-year strategies to increase transitions. In addition, LDH will enhance its in-reach efforts through the use of peer specialists as required in the Agreement.

This chart details the tasks for the transition system development.

No.	Task/Activity	Owner	Target Completion Date
1.0	My Choice Peer Support Specialist (PSS) hired to work with Transition Coordinators	OBH	January 2021
1.1	Begin delivering Person Centered Thinking and Planning training to support coordinators, case managers, and service providers	OBH/OAAS	March 2021/Ongoing
1.2	Develop Policies/Procedures/Training for use of My Choice PSS program	OBH	March 2021
1.3	Train TCs and MCOs on the role of PSS working within the My Choice program	OBH	May 2021
1.4	Onboard My Choice PSS employed throughout the state	OBH	May 2021
1.5	Train My Choice PSS	OBH	May/June 2021
1.6	Develop strategies to offer transition supports to individuals within 3-14 days of admission	OAAS/OBH	May-August 2021
1.7	Begin to identify individuals newly admitted to a nursing facility within 3-14 days of their admission and offer transition supports	OAAS/OBH	October 2021
1.8	Continue effort to transition individuals (219 persons/year)	OBH/OAAS	Ongoing
1.9	Monitor and evaluate the continued stay review process and related trends and determine the need for any modifications to the process	OBH/OAAS	September 2021/Ongoing
1.10	Evaluate status of transitions, identify opportunities barriers and opportunities to improve the number of transitions into the community	OBH/OAAS	Ongoing
1.11	Continue efforts to identify and remove transition barriers through the Service Review Panel (SRP)	OBH/OAAS	Ongoing
1.12	Review and revise (if needed) methodology for 2022 transition targets	OBH/OAAS	September 2021
1.13	Develop long term (multi-year) transition strategy to increase the number of transitions	OBH/OAAS	September 2021
1.14	Develop transition targets for 2022, which are consistent with a long-term strategy for allowing all members of the TP who would like to transition to the community	OBH/OAAS	October 2021
1.15	Identify and prioritize actions for calendar year 2022 and update annual plan	OBH/OAAS	Annually

Section 2.2: Work Flow and Tracking System Development

Annual Implementation Plan focus: This section focuses on implementing/updating a workflow and tracking system needed to track individuals in the TP. There are three areas of focus during this calendar year. (1) Work

with the state Office of Technology Services (OTS) to build the transition tracking system within the OAAS Participant Tracking System (OPTS). (2) Procuring a vendor to identify/track the nursing facility to which people are admitted after PASRR approval (PASRR Level I System). Procuring a vendor to identify/track nursing facility to which people are admitted will be necessary to identify individuals within three days of admission and begin the in-reach process. The procurement process will include publishing the RFP, selecting and onboarding the vendor. (3) Development of a new PASRR Level II system application. 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
Interim Tracking System - SharePoint			
2.0	Utilize SharePoint as interim tracking system to monitor critical transition functions	OAAS/OBH	Ongoing
2.1	Evaluate options to enhance reporting options within the SharePoint environment and develop reports	OAAS/OBH	Ongoing
2.2	Generate monthly quality report to evaluate/monitor progress of transitioned individuals and to drive continuous quality improvement	OAAS/OBH	Ongoing
OPTS workflow/tracking system			
2.3	Test My Choice tracking module within OPTS.	OTS/LDH Workgroup	May 2021
2.4	Develop training for end users on the My Choice tracking module	OTS/LDH Workgroup	June 2021
2.5	Deliver training on My Choice tracking module to end users.	LDH Workgroup	June 2021
2.6	Go Live: My Choice Tracking module	OTS/LDH Workgroup	July 2021
2.7	Refining existing and creating new reports in OPTS for quality assurance purposes.	OTS/LDH Workgroup	July 2021 and Ongoing
PASRR Level I System – Vendor procurement to track NF admission			
2.8	Publish RFP for PASRR Level I system	OAAS/OBH	March 2021
2.9	Execute contract with Vendor.	OAAS/OBH	July 2021
2.10	Provide training to PASRR Level I reviewers regarding system changes and ongoing PASRR Level I.	OAAS	August 2021
New PASRR Level II Application			
2.11	Deliver new PASRR Level II application specifications document to current software development contractor.	OBH	February 2021
2.12	Identify funding and develop contract requirements needed to develop and support new PASRR II software product.	OBH	February 2021
2.13	Implement software development contract to create new PASRR II application.	OBH	March 2021
2.14	Software development phase - Alpha and Beta testing for new PASRR II system	OBH	May 2021
2.15	Go live with new PASRR Level II system.	OBH	June 2021
2.16	Post implementation monitoring and issue resolution.	OBH	Ongoing

Section 2.3: Diversion Activities

Annual Implementation Plan focus: The activities during this year will focus on the implementation of the diversion plan, including: creating a diversion pathway for: (1) 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; (2) Medicaid individuals with SMI seeking admission to a nursing facility for whom the PASSR level II indicated community placement versus a nursing facility admission; and (3) individuals with SMI experiencing homelessness. 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 2022.

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

No.	Task/Activity	Owner	Target Completion Date
Diversion Activities			
3.0	Update Diversion Plan to include responsibilities for the State, Managed Care Organizations (MCOs), community case managers and providers to assist individuals who have been diverted from a NF	OBH	March 2021
3.1	Evaluate effectiveness of Level I and Level II processes	OAAS/OBH	Ongoing
3.2	Analyze the a sample of PASRR Level II evaluations and determinations to identify whether or not there are issues related to the evaluation and/or final determination processes and the appropriateness of decisions and recommendations being rendered	OBH	May 2021
3.3	Based on findings, determine the need for programmatic enhancements related to the evaluation and determination processes, developing a plan for improvements as needed	OBH	July 2021
3.4	Develop and incorporate activities and measures into the new tracking system to monitor individuals that have been diverted using new protocols and processes	OBH/OAAS	August 2021
3.5	Onboard and train community case managers regarding the diversion population	OBH	September 2021
3.6	Update Methodology for 2022 diversion targets as needed	OBH	September 2021
3.7	Develop long term (multi-year) diversion strategy to increase the number of diversions	OBH/OAAS	September 2021
3.8	Develop diversion targets for 2022, which are consistent with a long-term strategy for diverting all individuals with SMI away from inappropriate nursing facility placements	OBH/OAAS	October 2021
At-Risk Activities			
3.9	Finalize at risk criteria with MCOs and initiate the development of specific strategies and targets for decreasing avoidable hospitalizations with the goal of reducing inappropriate referrals for individuals with SMI to nursing facilities	OBH	February 2021

3.10	Work with MCOs to identify and track members who meet At Risk target population	OBH	March 2021
3.11	Meet with the MCOs regarding these revised expectations regarding critical diversion functions for At-Risk population	OBH	March 2021
3.12	Develop tracking/reporting for MCOs regarding the At-Risk population	OBH	April 2021
3.13	Conduct review of MCO reporting for first 6 months of CY 2021 to determine the effectiveness of processes/protocols implemented for At-Risk population.	OBH	July 2021
3.14	Draft improvement strategies based on review, developing necessary guidance for MCOs to perform critical diversion functions for At-Risk population.	OBH	August 2021
3.15	Identify and prioritize actions for calendar year 2022 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, continued implementation of both housing and crisis plans, implementation of community case management services, implementation of peer supports, and identification and implementation of necessary provider and stakeholder 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 from the State Legislature 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 changed in Medicaid authorities or 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 2021.

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 report of needs assessment with findings	TAC/HSRI	May 2021
4.1	Review findings for updates to system as needed	OBH	June 2021
4.2	Develop plan for system improvements and ongoing evaluation of needs based on findings	OBH	August 2021

Crisis System Development Activities

No.	Task/Activity	Owner	Target Completion Date
4.3	Engage ongoing dialogue with stakeholders about the crisis system development	OBH	February 2021
4.4	Review LDH's crisis framework and revise if necessary	OBH	April 2021

4.5	Obtain final budget approval for SFY21/22 (pending legislative process)	OBH	June 2021
4.6	Submit rulemaking request to legislative fiscal office (if needed)	OBH	July 2021
4.7	Submit SPA/Waiver to CMS (if needed)	OBH/ Medicaid	July 2021
4.8	Finalize core competencies and training curriculum for new crisis service providers	OBH	July 2021
4.9	Publish final Rule pending budget and CMS approval	OBH/ Medicaid	November 2021

Note: Pending budget allocation and CMS approval

Assertive Community Treatment Activities

No.	Task/Activity	Owner	Target Completion Date
4.10	Continue meetings with MCOs, performing ongoing review of ACT providers and outcomes data	OBH	Ongoing
4.11	Identify opportunities for training and/or programmatic enhancements through a bi-annual review of reporting	OBH	Ongoing
4.12	Continue meetings with ACT providers, discussing program implementation and programmatic enhancements	OBH	Ongoing

Intensive Community Support Services Activities (ICSS)

No.	Task/Activity	Owner	Target Completion Date
4.13	If needed, develop plan for enhancement to ICSS based on Needs Assessment findings/recommendations.	OBH	August 2021
4.14	If needed, Implement enhancement to ICSS based on recommendations in Needs Assessment	OBH	November 2021
4.15	Continue to obtain and review network adequacy reports from the MCOs.	OBH	Ongoing
4.16	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
4.17	Develop options for integrating employment activities within the service array	OBH	January 2021
4.18	Evaluate available data to determine activities of interest identified by TP	OBH	February 2021
4.19	Utilizing the TCs, identify opportunities in local communities that align with individual interest increasing options for meaningful day activity	OBH	February 2021
4.20	Continue to meet with MCOs/service providers about the how to use the MHR program to offer employment supports	OBH	Ongoing

4.21	Offer training on employment as a social determinant of health to MCOs and Direct Service providers, including TCs	OBH	June 2021
4.22	Development of a drop in center model with resource guide	OBH	August 2021
4.23	Offer trainings to existing drop in centers to help them to learn more about current best practices and operations	OBH	October 2021
4.24	Develop an integrated day activities summit	OBH	December 2021

Peer Support Services Activities

No.	Task/Activity	Owner	Target Completion Date
4.25	Peer Services published in Behavioral Health Services Provider Manual	OBH	February 2021
4.26	LGE and MCO Meetings regarding planning and preparation for service implementation	OBH	Ongoing
4.27	Implementation of Service*	OBH	March 2021

Note: Pending CMS approval

Housing and Tenancy Support Activities

No.	Task/Activity	Owner	Target Completion Date
4.28	Obtain HUD approval to prioritize TP for Section 8 vouchers.	LHA	May 2021
4.29	Provide priority referral for Section 8 vouchers as units become available	LDH/OAAS	July 2021 and Ongoing
4.30	Conduct owner outreach for use of any 811 PRA vouchers awarded by HUD.	LHA & LDH/OAAS	Ongoing
4.31	Issue solicitation for National Housing Trust Fund.	LHA/OAAS	July 2021
4.32	Review and select Housing Projects for NHT funding.	LHC & LDH/OAAS	October 2021
4.33	Place PRIME NOFA and 2020 QAP Proposers under ARAC (agreements) for 811 vouchers awarded in 2020	LHA	Fall 2021
4.34	Conduct 811 outreach and marketing to 2019, 2020 and 2021 QAP awardees and proposers to commit all 811 vouchers awarded in 2020	LDH/LHC	June 2021
4.35	Seek congressional authorization to allow LHA to tenant-base a portion of the Section 8 HCV portfolio which is currently restricted to project-based	LHC	September 2021
4.36	Complete leasing for NED vouchers awarded in 2020	LDH/LHC	December 2021
4.37	Update Housing Plan annually.	LDH, LHC, OCD	December 2021

Case Management Services

No.	Task/Activity	Owner	Target Completion Date
4.38	Develop a comprehensive process to monitor and provide oversight specific to the case management process	OBH	April 2021
4.39	Obtain final budget approval for SFY21/22 (pending legislative process)	OBH	June 2021

4.40	Review and approve standard operating procedures which outline the processes for key community case management activities	OBH	July 2021
4.41	Participate in the community case management agency review and selection process	OBH	July 2021
4.42	Review and approve training curriculum for community case managers	OBH	August 2021
4.43	Implement case management	OBH	October 2021

Note: Pending budget allocation and CMS approval

Personal Care Services

No.	Task/Activity	Owner	Target Completion Date
4.44	Draft PCA service definition	OBH/OAAS	March 2021
4.45	Develop PCA provider qualifications	OBH/OAAS	March 2021
4.46	Submit rulemaking request	OBH/OAAS	May 2021
4.47	Public Notice	OBH/OAAS	June 2021
4.48	Submit SPA/Waiver CMS	OBH/OAAS	July 2021
4.49	Publish final rule pending budget and CMS approval	OBH/OAAS	August 2021
4.50	Implement the service	OBH/OAAS	January 2022

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. 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. 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	Review quality matrix with the My Choice Advisory Group, identify modifications needed, and revise the measures as appropriate	OAAS/OBH	January 2021
5.1	Implement reporting process to share performance data with My Choice Advisory Group	OAAS/OBH	January 2021
5.2	Finalize and implement the mortality review committee process	OAAS/OBH	February 2021

5.3	Draft Annual Quality Report	OAAS/OBH	April 2021
5.4	Share and Discuss Annual Quality Report with Stakeholders	OAAS/OBH	June 2021
5.5	Continue to notify the SME and DOJ of mortalities utilizing the agreed upon mortality communication protocol	OAAS/OBH	Ongoing
5.6	Mortality review – ongoing implementation and evaluation of processes and procedures related to the mortality review process	OBH/OAAS	Ongoing
5.7	Q/A ongoing implementation of OBH-internal workgroup evaluating data elements, identifying additional elements to incorporate in reporting moving forward	OBH	Ongoing
5.8	Q/A ongoing implementation of OAAS –internal workgroup evaluating data elements, identifying additional elements to incorporate in reporting moving forward	OAAS	Ongoing
5.9	Review of quality matrix performance metrics on a quarterly basis. Identify trends/patterns to determine need for remediation and/or refinements needed to the process	OAAS/OBH	Ongoing/ Quarterly basis
5.10	Modify quality matrix- develop new measures, modify existing measures, etc.	OAAS/OBH	September 2021

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 Disability Rights, 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
In-Reach			
6.0	Finalize revisions to the in-reach plan	OAAS/OBH	February 2021
6.1	Develop targets for in-reach by the OAAS regional office staff and TCs	OAAS	March 2021
6.2	Develop targets for in-reach by the My Choice PSS	OBH	July 2021
6.3	Track adherence to My Choice PSS and TC in-reach targets	OBH	Ongoing
6.4	Evaluate the effectiveness of in-reach efforts, identifying opportunities to improve and determine if modifications are needed to the in-reach plan	OAAS/OBH	August 2021

6.5	Update Methodology for 2022 My Choice PSS and TC in-reach targets as needed	OBH	September 2021
6.6	Develop My Choice PSS and TC in-reach targets for 2022	OBH	December 2021
6.7	Review LDH's implementation of the revised in-reach plan and adjust as necessary	OAAS/OBH	December 2021
Outreach			
6.8	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
6.9	Identify self-advocates or individuals with personal lived experience to participate in committees and recruit them to attend meetings, and/or conduct targeted outreach	LDH workgroup	Ongoing
6.10	Identify and implement enhancements needed to the My Choice website	Integration Coordinator	March 2021
6.11	In partnership with the stakeholders develop guidance regarding My Choice participants rights	OAAS/OBH	March 2021
6.12	Develop targets for engagement/outreach by the My Choice PSS and TCs	OBH	July 2021
6.13	Track adherence to My Choice PSS and TC engagement/outreach targets	OBH	Ongoing
6.14	Update Methodology for 2022 My Choice PSS and TC engagement/outreach targets as needed	OBH	September 2021
6.15	Develop My Choice PSS and TC engagement/outreach targets for 2022	OBH	October 2021
Education			
6.16	Develop a training schedule for providers for critical services set forth in the Agreement, including a master training schedule of topics across LDH and the MCO for providers that are service members of the Target Population	OBH	April 2021
6.17	Develop a schedule of outreach activities intended to provide public updates on implementation activities related to the DOJ Agreement including semi-annual updates and information regarding the Agreement	OBH/OAAS	April 2021

Appendix – Acronyms

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

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

