

My Choice Louisiana Annual Implementation Plan: January 2022-December 2022

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 years 2020 and 2021.

In preparation for calendar year 2022, 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. Feedback received from members of the My Choice Advisory Group. While some of the feedback has been integrated into the first iteration of the 2022 Annual Implementation plan, additional time will be needed to discuss specific feedback and identify strategies to integrate into the plan. These discussions will be held during the first quarter of 2022 with any needed revisions being incorporated into the next iteration of the 2022 Annual Implementation plan. 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 2022 of the Agreement, addresses how LDH will accomplish the following goals:

- Plan and organize a retreat for transition coordinators to enhance skills and provide support related to transition efforts;
- With implementation of community case management, transition coordinators will resume typical duties including in-reach engagement and transition activities;
- 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;
- Implement MCO engagement strategies for individuals identified as diverted, develop tracking mechanisms, and evaluate effectiveness of strategies implemented to inform continuous quality improvement;
- Monitor the MCO's efforts to identify at risk individuals and evaluate the effectiveness of the strategies implemented;
- Implement revisions to the 2021 in-reach plan to improve in-reach efforts;
- Develop strategies for addressing any gaps in services as identified by the needs assessment;
- Implement community case management strategy consistent with person-center planning approaches for members of the TP, inclusive of team meetings, referrals to needed resources and supports and follow-up;
- Monitor and evaluate community case management services;
- Establish annual targets for CY 2023 for transitioning and diverting individuals in the Target Population to successful integrated placements in the community;
- Operationalize and implement new community support services for which funding has been authorized; this includes Personal Care Services (PCS), Individual Placement and Support (IPS), and the following services associated with the Louisiana Crisis Response System including Mobile Crisis Response (MCR), Community Brief Crisis Support (CBCS), and Behavioral Health Crisis Care (BHCC) Centers;
- Pending the approval of funding, operationalize and implement Crisis Stabilization (CS) services for adults;

- Work with community stakeholders, including law enforcement regarding implementation of the Louisiana Crisis Response System;
- 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;
- Continue implementing and enhancing the long-term quality assurance, mortality and critical incident management processes 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 new PASRR Level II data system and use this system to pull critical data elements for quality improvement activities;
- Implement an auditing program for PASRR Level II operations, this Quality Audit Tool and process will evaluate the quality of evaluations and determinations being issued;
- Develop and implement a dementia protocol which will be used within the PASRR Level II program to validate a primary dementia diagnosis;
- Develop and implement a training plan for the PASRR Level II Determination Specialists, MCOs, Level II Evaluators, and referral sources on programmatic improvements to the PASRR Level II program;
- Implement a paperless system to track the admission of individuals to nursing facilities consistent with the Agreement including identifying and engaging individuals early in their NF stay;
- 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 2022 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 publicly 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 either through in-reach efforts or during the first 90 days post admission to the Nursing Facility, and (2) TP members identified for transition through the initial PASRR Level II evaluation and Continued Stay Request process, 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. LDH will develop processes to engage individuals earlier in their NF tenure (within 3 working days post admission) and offer transition supports to these newly admitted individuals. A major area of focus during plan year 2022 will be the implementation of the community case management option. Community case managers will work with the individual and Transition Coordinators 60 days prior to the scheduled transition and identify and facilitate the ongoing services and supports identified by the individual. Tasks outlining work related to community case management option are included in section 2.4 of the plan. LDH will continue the provision of the interim strategy for post-transition case management for a portion of CY 2022 until the new community case management service is implemented.

Based on information learned during the plan year, LDH will establish its transition targets for CY 2023 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	Ongoing implementation of the Person Centered Thinking and Planning training to support TCs, coordinators, community case managers, and service providers	OAAS/OBH	Ongoing
1.1	Evaluate and identify strategies to refine current Person Centered Thinking and Planning training to support waiver support coordinators and implement training to service providers serving the Target Population	OAAS	July 2022/ongoing
1.2	Evaluate Active Caseload to assure that all individuals that have expressed interest in transitioning are included on the Active Caseload and transfer to Master List those individuals that have indicated they are currently not interested in transitioning	OAAS/OBH	January 2022/Ongoing
1.3	Assure that all individuals on Active Caseload have been assigned to a Transition Coordinator	OAAS/OBH	January 2022/Ongoing
1.4	Evaluate caseload sizes to determine if adequate resources are available to support transition activities	OAAS/OBH	Monthly
1.5	When need is identified, develop a strategy to improve capacity to support transition efforts	OAAS/OBH	Quarterly – Beginning in March 2022
1.6	Plan and organize a retreat for transition coordinators to enhance skills and provide support to improve transition efforts	OAAS/OBH	March 2022
1.7	Develop strategy/tool to evaluate effectiveness of training provided to TCs	OAAS/OBH	March 2022

1.8	Develop strategies and begin to identify individuals newly admitted to offer transition supports within 3-14 days of admission	OAAS/OBH	May 2022
1.9	Continue effort to transition individuals (292 persons/year) in 2022	OAAS/OBH	Ongoing
1.10	Monitor and evaluate the continued stay review process and related trends and determine the need for any modifications to the process	OBH/OAAS	Ongoing
1.11	Evaluate transition timeframes (assessment, planning and transition)	OAAS/OBH	Ongoing
1.12	Identify barriers and opportunities to improve the number of transitions into the community	OAAS/OBH	Ongoing
1.13	Compile information provided by TC team during monthly review of transitions regarding barriers to transition.	OAAS/OBH	Quarterly— Beginning in March 2022
1.14	Identify and implement strategies to overcome unresolved issues/barriers	OAAS/OBH	Quarterly— Beginning in March 2022
1.15	Review status and achievements gained in meeting transition goals and, if needed, adjust approach and/or identify new strategies to approach to transition	OAAS/OBH	Quarterly— Beginning March 2022
1.16	Continue efforts to identify and remove transition barriers through the Service Review Panel (SRP), with the internal LDH QM Committee and My Choice Advisory Committee	OAAS/OBH	Ongoing
1.17	Review and revise both the methodology for 2023 transition target, and the long-term (multi-year strategy) to increase the number of transitions	OAAS/OBH	September 2022
1.18	Develop transition targets for 2023, 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	October 2022
1.19	Identify and prioritize actions for calendar year 2023 and update annual plan	OAAS/OBH	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 identify and build enhancements needed to the transition tracking system within the OAAS Participant Tracking System (OPTS). OPTS is the web-based data system where all critical transition functions will be maintained and tracked. (2) Implementation of PASRR Level I System to identify/track the nursing facility to which people are admitted after PASRR approval. Implementation of the system 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. (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.

Currently, transition activities are entered and tracked within SharePoint. Implementation of the transition assessment, transition plan and contact documentation log is planned to be integrated into the OPTS system in

April 2022. Staff will be working in early 2022, to identify/outline requirements for reports and/or other enhancements that will be needed to the OPTS system to submit to the software developer. LDH anticipates that the data and the ability to generate reports will be available by the end of this plan year. In-Reach activities, Service Review Panel documentation, and mortality review documentation will remain in SharePoint. Moving forward, the team will evaluate and discuss options to integrate these modules/processes into OPTS; however, in the interim SharePoint will be utilized to track these areas.

Early in 2022, it is anticipated that changes to the PASRR Level I system will be implemented. This system will allow LDH to identify and track in near real time people admitted after PASRR approval to a nursing facility. The implementation of this system will allow the team to develop strategies and implement processes to identify and offer transition supports to individuals within 3-14 days of admission.

Initial work has been completed to identify system requirements for the new PASRR Level II system, which will replace the current data system. Revisions to this system will incorporate necessary requirements for quality improvement strategies outlined in section 2.3 and 2.6 of this plan. While the initial requirements have been outlined, continued evaluation of the requirements to determine if further refinements are needed including identification of needed reports will occur during this year.

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 such as in-reach activities, SRP, and mortality review processes	OAAS/OBH	Ongoing
2.1	Evaluate options to enhance reporting options within the SharePoint environment and develop reports	OAAS/OBH	Ongoing
2.2	Generate reports 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	OAAS/OBH	February/March 2022
2.4	Develop training for end users on the My Choice tracking module	OAAS/OBH	February/March 2022
2.5	Deliver training on the My Choice tracking module to transition coordinators and supervisors utilizing the system	OAAS/OBH	April 2022
2.6	Go Live: My Choice Tracking module which includes transition assessment, transition plan, and contact documentation log	OTS/LDH Workgroup	April 2022
2.7	Identify and outline requirements for reports and other identified enhancements to the system.	OTS/LDH Workgroup	July 2022
2.8	Refining existing and creating new reports in OPTS for quality assurance purposes.	OTS/LDH Workgroup	Ongoing
PASRR Level I System – Vendor procurement to track NF admission			

2.9	Execute contract with Vendor.	OAAS	March 2022
2.10	Provide training to PASRR Level I reviewers regarding system changes and ongoing PASRR Level I.	OAAS	July 2022
New PASRR Level II Application			
2.11	Further refine the specifications requirements including identification of needed reports	OBH/Vendor	February 2022
2.12	Test new PASRR II system	OBH/Vendor	April 2022
2.13	Go live with new PASRR Level II system.	OBH	May 2022
2.14	Post implementation monitoring and issue resolution.	OBH	Ongoing
2.15	Test reports using new PASRR Level II system and other PASRR/Medicaid systems to respond to measures for Quality Matrix	OBH/OAAS	June 2022
2.16	Ongoing generation and use of reports derived from new PASRR Level II system	OBH/OAAS	Ongoing

Section 2.3: Diversion Activities

Annual Implementation Plan focus: The activities during this year will focus on the implementation of the revised diversion plan, including creating a diversion pathway for Medicaid individuals with SMI seeking admission to a nursing facility for whom the PASRR level II indicated community placement versus a nursing facility admission. In order to achieve this goal, LDH will enhance PASRR processes and education for PASRR Level II evaluators to divert additional individuals from NF admissions by identifying least restrictive settings and linking individuals with needed community resources in order to stay in the community. In an effort to maximize the number of annual diversions, the OBH PASRR program will implement an internal quality monitoring/improvement process through which the quality of PASRR Level II evaluations and determinations will be reviewed on a monthly basis. Based on findings, the state will implement quality improvement strategies as appropriate to enhance education or provide technical assistance to evaluators to enhance the number of individuals diverted from nursing facilities.

As outlined in the Agreement, approximately 80% of admissions of persons with SMI to nursing facilities are from hospitals. In an effort to address this area, the state will implement activities with the goal of reducing referrals to nursing home placement. This includes: (1) Develop diversionary strategies from Behavioral Health emergency department visits through implementation of crisis services. Implementation of these crisis services are included in section 2.4. (2) Continue efforts to work with MCOs regarding persons with SMI who are at risk of avoidable hospitalizations, which will place them at risk for subsequent nursing facility admissions. This includes individuals that are homeless and with SMI (including individuals with co-occurring substance use disorders (SUD)).

During 2021, LDH implemented initial strategies to identify and divert individuals with SMI at risk for nursing facility placement. These strategies included sharing the definition of the Medicaid population with SMI at highest risk for inpatient admissions (all cause) with MCOs; requesting that each MCO develop an outreach and case management approach that will better meet these individuals' health and behavioral health needs in an effort to lessen the likelihood of hospital admissions; developing a reporting mechanism for MCOs to track individuals that receive case management services; and, providing training and education to the MCOs regarding the at-risk criteria. During calendar year 2022, LDH will be reviewing and evaluating the effectiveness of these processes. This will include evaluating the effectiveness of the MCO efforts to review ED visits, inpatient admissions (all cause) and nursing facility admissions/re-admissions.

Based on information learned during the plan year, LDH will establish long-term diversion targets.

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

No.	Task/Activity	Owner	Target Completion Date
Diversion Activities			
3.0	Finalize Diversion Plan	OAAS/OBH	January 2022
3.1	Evaluate effectiveness of changes to the Level I and Level II processes	OAAS/OBH	April 1, 2022 and Ongoing
3.2	Continue to monitor data for individuals admitted to NF with a sole diagnosis for a behavioral health condition and identify/implement alternate strategies if performance issues are discovered	OAAS	Ongoing
3.3	Develop Level I PASRR training	OAAS	June 2022
3.4	Deliver Level I PASRR training as a component of onboarding users to the Level I PASRR system	OAAS	July 2022/Ongoing for new users
3.5	Train OBH PASRR Determination Specialists on the Quality Audit Tool	OBH	February 2022
3.6	Implement OBH PASRR Determination Specialists Quality Audit Tool and monthly audits as an internal quality improvement process	OBH	February 2022
3.7	Ongoing monthly monitoring of OBH PASRR Determination Specialists determinations using the Quality Audit Tool	OBH	Ongoing
3.8	Meeting with OBH PASRR Level II Determination Specialists to review and discuss audit findings	OBH	Ongoing
3.9	Meeting with MCOs and the Level II evaluators affiliated with their organizations on the findings of the evaluation audits.	OBH	Ongoing
3.10	Based on findings from the initial review of evaluation audits, develop statewide training and technical assistance plan for PASRR Level II Assessors, MCOs, and OBH PASRR Team.	OBH	April 2022
3.11	Implement trainings for PASRR Level II Assessors, MCOs, and OBH PASRR Team	OBH	Ongoing
3.12	Develop training plan for PASRR Level II Referral Sources (Nursing Facilities, Acute Psychiatric Hospitals, Acute Medical Hospitals)	OBH	July 2022
3.13	Implement trainings for PASRR Level II Referral Sources	OBH	Ongoing
3.14	Continue monthly meetings with the MCOs to discuss PASRR Level II operations and opportunities for quality improvement.	OBH	Ongoing
3.15	Develop an enhanced protocol for identifying a primary dementia and an internal process for reviewing	OBH	April 2022
3.16	Finalize new protocol for determining primary dementia	OBH	May 2022
3.17	Train OBH staff and PASRR Level II referral sources on new processes	OBH	June 2022
3.18	Fully implement new dementia protocol	OBH	July 2022
3.19	Monitor effectiveness of new dementia protocol	OBH	Ongoing

3.20	Update Methodology for 2023 diversion targets as needed	OBH	September 2022
3.21	Review diversion efforts and update the long term (multi-year) diversion strategy to increase the number of diversions	OBH/OAAS	September 2022
3.22	Develop diversion targets for 2023, which are consistent with a long-term strategy for diverting all individuals with SMI away from inappropriate nursing facility placements	OBH/OAAS	October 2022
At-Risk Activities			
3.23	Conduct a review and analysis of MCO case management reports for at-risk population to determine appropriate identification of members meeting the at-risk criteria, engagement efforts, and adherence to contract standards related to case management activities and associated timelines.	OBH	Ongoing
3.24	Conduct formal evaluation of MCO case management program for at-risk population to determine appropriate identification of members meeting the at-risk criteria, engagement efforts, and adherence to contract standards related to case management activities and associated timelines.	OBH	March 2022
3.25	Determine actions needed to address any opportunities for improvement for addressing at-risk individuals on an individual MCO level and systemic level, including but not limited to the need for additional technical assistance/education, program enhancements, and/or corrective actions.	OBH	April 2022
3.26	Provide evaluation results regarding activities to engage at-risk individuals to each MCOs and require corrective actions to address any opportunities for improvement identified.	OBH	April 2022
3.27	Conduct ongoing monitoring to ensure any opportunities for improvement regarding the at-risk population are adequately addressed within the prescribed timelines.	OBH	Ongoing

Section 2.4: Community Support Services Development

Annual Implementation Plan focus: The main focus of the annual implementation plan include: (1) develop a plan for addressing recommended service enhancements outlined in the needs assessment/gaps analysis; (2) revising the housing plan and continuing to develop housing opportunities identified in the plan; (3) Implementation of key community services including community case management services, supported employment using the Individual Placement and Support (IPS) Model), Personal Care Service and a full array of Crisis Services.

In some instances, the additional services and supports required the State to amend or create new Medicaid authorities. In addition, the State received and will need additional funding in FY 2023 from the State Legislature to create and implement some of 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. The implementation of these new services will be monitored closely by LDH during CY 2022 to identify implementation issues and other barriers that may impact access to these services by members of the Target Population. Additionally, there are continued efforts underway

to monitor the availability of existing intensive community support services and improve the impact of Assertive Community Treatment (ACT) as ongoing strategies for CY 2022.

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

Crisis System Development Activities

No.	Task/Activity	Owner	Target Completion Date
4.0	Engage ongoing dialogue with stakeholders about the crisis system development	OBH	Ongoing
4.1	Publish Notice of Intent (NOI) to legislative fiscal office for Crisis Stabilization	OBH	January 2022
4.2	Develop statewide and regional crisis coalitions and plan for implementing meetings	OBH	January 2022
4.3	Develop plan for marketing strategy for Louisiana Crisis Response System	OBH	January 2022
4.4	Finalize data collection processes/reporting metrics to be used	OBH	February 2022
4.5	Training of MCR and CBCS providers/staff	LSU	Beginning February 2022 and ongoing
4.6	Develop branding/talking points for implementation of the Louisiana Crisis Response System	OBH	February 2022
4.7	Submit SPA to CMS for CS	OBH/ Medicaid	February 2022
4.8	Implement MCR and CBCS services	OBH	March 2022
4.9	Monitor implementation activities, resolving issues in real time through joint provider and MCO meetings occurring at least weekly for first 90 days post implementation	OBH	March 2022 and ongoing
4.10	Coaching and evaluation of MCR and CBCS providers	LSU	ongoing
4.11	Training of BHCC providers	LSU	Beginning March 2022 and ongoing
4.12	Implement BHCC services	OBH	April 2022
4.13	Monitor implementation activities, resolving issues in real time through joint provider and MCO meetings occurring at least weekly for first 90 days post implementation	OBH	April 2022 and ongoing
4.14	Publish final Rule for CS	OBH/ Medicaid	April 2022
4.15	Provide coaching and evaluation of BHCC providers	LSU	ongoing
4.16	Obtain final budget approval for SFY22/23 (pending legislative process)	OBH	June 2022
4.17	Training of CS providers	LSU	June 2022*
4.18	Implement CS services	OBH	August 2022*
4.19	Monitor implementation activities, resolving issues in real time through joint provider and MCO meetings occurring at least weekly for first 90 days post implementation	OBH	August 2022 and ongoing
4.20	Coaching and evaluation of CS providers	LSU	Ongoing*

No.	Task/Activity	Owner	Target Completion Date
4.21	Call Center Implemented	OBH	October 2022
4.22	Implement statewide marketing campaign for the Louisiana Crisis Response System	OBH	October 2022
4.23	Meetings with statewide and regional crisis coalitions	OBH	Ongoing
4.24	Evaluation of outcomes and programmatic data through review/analysis of reports and other available data	OBH	Ongoing

Note: Pending budget allocation and CMS approval

Assertive Community Treatment Activities

No.	Task/Activity	Owner	Target Completion Date
4.25	Continue meetings with MCOs, performing ongoing review of ACT providers and outcomes data	OBH	Ongoing
4.26	Identify opportunities for training and/or programmatic enhancements through a bi-annual review of reporting	OBH	Ongoing
4.27	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
4.28	Continue to obtain and review network adequacy reports from the MCOs.	OBH	Ongoing
4.29	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
4.30	Continue to meet with MCOs/service providers about how to use the MHR program to offer employment supports	OBH	Ongoing
4.31	Finalize IPS service definition and provider qualifications	OBH	Beginning January 2022/ongoing
4.32	Provide IPS training to MCO staff, LGE and ACT IPS supervisors and employment specialists	OBH	January 2022
4.33	IPS services provided by LGEs and ACT provider early adopters go live	OBH	February 2022
4.34	Develop and implement marketing for IPS and employment supports	OBH	March 2022

4.35	IPS and employment supports implementation meetings with LGE and ACT provider early adopters	OBH	ongoing
4.36	Develop plan for expanding employment opportunities within existing provider types and systems to include ACT providers	OBH	July 2022
4.37	Development of a drop in center model with resource guide	OBH	November 2022
4.38	Offer trainings to existing drop in centers to help them to learn more about current best practices and operations	OBH	December 2022

Note: Pending CMS approval

Peer Support Services Activities

No.	Task/Activity	Owner	Target Completion Date
4.39	Conduct routine meetings with the local governing entities (LGEs), service providers and MCOs to plan continued development and implementation of Peer Services, as well as to monitor service delivery and support providers and recipients with identifying and overcoming barriers. Continue to facilitate monthly meetings with LGEs and approved service providers. MCOs will be included in the meetings as needed to respond to questions/requests from the service providers. OBH will continue to monitor Peer Services claims monthly, as well as provide and/or coordinate technical assistance to the providers to support overcoming any challenges with the provision of Peer Services.	OBH	Ongoing
4.40	Begin to monitor and evaluate implementation and service utilization to identify opportunities to improve and to determine if modifications to the service definition and/or implementation plan are needed	OBH	March 2022
4.41	Utilize results of monitoring and evaluation of service utilization, as well as stakeholder feedback, to guide next phases of implementation of Peer Services as a Medicaid reimbursable service to include an expansion of allowed services (i.e. group sessions) and/or expansion to additional provider types beyond the Local Governing Entities (LGEs).	OBH	July 2022
4.42	Obtain CMS approval for modifications to the service definition for Peer Services to add expansion of the service providers allowed to bill and/or add more allowable services. This will include modifying the service definition for Medicaid reimbursable Peer Services to add peer-facilitated group sessions, working with LDH actuaries to develop a reimbursement rate for peer-facilitated group sessions, and obtaining CMS approval for these modifications.	OBH, Medicaid	October 2022
4.43	Implement modified/expanded Peer Services in accordance with CMS approved service definition.	OBH, Medicaid, MCOs	November 2022

Housing and Tenancy Support Activities

No.	Task/Activity	Owner	Target Completion Date
4.44	Review and revise housing plan and amend the implementation plan with actions once that activity is complete. Track the utilization of vouchers and other housing opportunities against plan.	LDH	March 2022 and ongoing

Case Management Services

No.	Task/Activity	Owner	Target Completion Date
4.45	Review MCO developed standard operating procedures	OBH	December 2021
4.46	Revise and finalize plan of care and assessment forms	OBH	January 2022
4.47	MCOs to provide onboarding and train community case managers regarding the diversion population	OBH	Beginning January 2022 and continuing
4.48	Implement community case management program for target population members, including referrals to community case management	OBH	Beginning January, 2022 and continuing
4.49	Conduct initial and ongoing monitoring of the community case management program to identify member level of engagement, monitor quality and timeliness of assessments and plans of care, team process, and adherence to reporting requirements, and to identify any health/safety concerns or unmet needs, on both an individual and systemic level through report reviews conducted on a monthly basis	OBH	Beginning January, 2022 and continuing
4.50	Evaluate the community case management program, considering member satisfaction/member outcomes and MCO and community case management agency compliance with program standards/requirements, through review/analysis of reports, member treatment records and other available data	OBH	October 2022
4.51	Use evaluation data to identify needed program enhancements, training/education, or corrective actions.	OBH	October 2022
4.52	Provide evaluation results to the MCO and require corrective actions to address any opportunities for improvement identified.	OBH	November 2022
4.53	Conduct ongoing monitoring to ensure any opportunities for improvement are adequately addressed within the prescribed timelines.	OBH	Ongoing

Personal Care Services

No.	Task/Activity	Owner	Target Completion Date
4.54	Obtain list of enrolled PCS providers from MCOs for this service	OBH	February 2022
4.55	Train My Choice Transition Coordinators on PCS, requirements and processes for accessing services	OBH/OAAS	February 2022
4.56	Implement the service	OBH/OAAS	February 2022
4.57	Ongoing monitoring to ensure providers meet requirements specified in the provider manual and associated rules, including but not limited to completion of behavioral health standardized training for unlicensed direct care staff (which includes but is not limited to mental health 101, cultural competency, crisis intervention, suicide and homicide precautions, co-occurring disorders, and treatment planning) and network adequacy through provider monitoring reviews conducted by the MCOs and review/analysis of MCO-submitted reports.	OBH	Ongoing
4.58	Ongoing monitoring of service utilization	OBH	Ongoing

Note: Pending 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 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 continue with the development, analysis and changes to programs and policies based on these reports. 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 new and existing community-based services for the Target Population consistent with the format from the needs assessment.

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	Implement next iteration of the quality matrix utilizing data collected on measures to drive continuous quality improvement.	OAAS/OBH	January 2022
5.1	Develop a reporting schedule to meet with My Choice Quality Resource Group and My Choice Advisory to share performance data.	OAAS/OBH	January 2022
5.2	Draft Annual Quality Report	OAAS/OBH	April 2022
5.3	Share and Discuss Annual Quality Report with Stakeholders	OAAS/OBH	June 2022

5.4	Continue to notify the SME and DOJ of mortalities utilizing the agreed upon mortality communication protocol	OAAS/OBH	Ongoing
5.5	Mortality review – ongoing implementation and evaluation of processes and procedures related to the mortality review process	OBH/OAAS	Ongoing
5.6	Ongoing evaluation of needs assessment findings to identify next steps	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	Evaluation of the quality matrix will occur on an annual basis and revisions will be made as needed.	OAAS/OBH	September 2022

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. During CY 2021, LDH revised the in-reach plan and implemented activities to complete initial contact and engage with every individual identified on the Master List by April, 2022. Through this process, LDH is able to identify individuals expressing interest in community living and initiate transition activities. In early 2022, LDH will be revising the in-reach plan, to identify long-term options to engage with individuals on the Master List on an ongoing basis and to evaluate strategies to enhance in-reach efforts. These efforts will be monitored and tracked on a regular basis with modifications and adjustments occurring as opportunities for improvement are identified.

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

No.	Task/Activity	Owner	Target Completion Date
In-Reach			
6.0	Review in-reach practices and identify training needs and other improvements in practice that may be needed.	OAAS/OBH	February 2022
6.1	Review LDH’s implementation of the revised in-reach plan and adjust to incorporate long term strategies to enhance in-reach efforts	OAAS/OBH	March 2022

6.2	Complete in-reach for initial group of individuals identified in 2021	OAAS/OBH	April 2022
6.3	Develop My Choice PSS and TC in-reach targets for 2022	OBH	April 2022
6.4	Track adherence to My Choice PSS and TC in-reach targets	OBH	Ongoing
6.5	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 2022
6.6	Evaluate reasons individuals indicate they are not interested in transitioning and identify alternate engagement strategies for these individuals	OAAS/OBH	August 2022
6.7	Update Methodology for 2023 My Choice PSS and TC in-reach targets as needed	OBH	September 2022
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	Continue to 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 2022
6.11	In partnership with the stakeholders develop guidance regarding My Choice participants rights	OAAS/OBH	March 2022
6.12	Revise Outreach plan	OAAS/OBH	August 2022
6.13	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	OAAS/OBH	August 2022
Education			
6.14	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	OAAS/OBH	June 2022

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
DOJ: United States Department of Justice	OAAS: Office of Aging and Adult Services
EBP: Evidence-Based Practice	OPTS: OAAS Participant Tracking System
HUD: United States Department of Housing and Urban Development	OTIS: Online Tracking Incident System
HSS: Health Standards Section (LDH licensing section)	OTS: Louisiana Office of Technology Services
ICSS: Intensive Community Support Services	PASRR: Pre-Admission Screening and Resident Review
IPS: Individual Placement and Support	PCS: Personal Care Services
ITP: Individualized Transition Plan	PSH: Permanent Supportive Housing
LDH: Louisiana Department of Health	PSS: Peer Support Specialist
LGEs: Local Governing Entities	RR: Resident Review
LHA: Louisiana Housing Authority	QAP: Qualified Allocation Plan
LHC: Louisiana Housing Corporation	SME: Subject Matter Expert
LIHTC: Low Income Housing Tax Credit	SMI: Serious Mental Illness
LOC: Level of Care	SUD: Substance Use Disorder
LSU: Louisiana State University	TA: Technical Assistance
LSU-HSC: Louisiana State University-Health Sciences Center	TC: Transition Coordinator
LTC: Long-Term Care	TP: Target Population
	TSMs: Tenancy Supports Managers

