



Louisiana Department of Health: My Choice Louisiana Diversion Plan Update

Introduction

In June 2018, the State of Louisiana and the Louisiana Department of Health (LDH) signed an agreement with the Department of Justice to help ensure compliance with Title II of the American with Disabilities Act (ADA), which requires that the State’s services to individuals with serious mental illness (SMI) be provided in the most integrated setting appropriate to their needs. In December 2019, LDH developed a plan for a diversion system as part of its overall efforts to achieve compliance with the ADA and ensure successful implementation of its *Agreement to Resolve Department of Justice Investigation (Agreement)*. This document revises the initial plan based on additional activities and analysis that were completed since the original 2019 diversion plan.

Consistent with Section IV of the *Agreement*, LDH developed the initial diversion plan to outline the steps LDH was taking to promptly identify individuals in the Target Population seeking admission to nursing facilities and provide intervention and services to prevent unnecessary institutionalization¹. As described in the initial document, LDH sought to achieve these diversion objectives through several strategies:

1. Revising eligibility pathways for nursing facility placement;
2. Improving Pre-admission Screening and Resident Review (PASRR) processes and criteria;
3. Implementing and expanding the availability of Community Support Services;
4. Defining the diversion population; and
5. Developing a diversion protocol for the Target Population.

Since the initial plan, LDH implemented and expanded upon the diversion objectives outlined above and has identified several major activities to focus on during 2022 in an effort to increase the number of diversions. This new plan provides specific information regarding the activities LDH will undertake for the next year to meet this objective. This includes:

1. Redefining the diversion population;
2. Improving PASRR Level II Processes for increasing diversion prior to admission;
3. Implementing and expanding community based services for individuals seeking admission to a nursing facility;
4. Projecting the number of diversions for CY 2022; and
5. Developing the necessary protocols to support individuals who are diverted to access community-based services and prevent re-admissions into a nursing facility.

Defining the Diversion Population

As defined in the Agreement, diversion is a set of activities set to occur before an individual is admitted to a nursing facility, seeking to provide an appropriate alternative placement to a nursing facility and meet the individual’s needs in the most integrated setting. As defined by the Agreement, the Target Population is comprised of (a) Medicaid-eligible individuals over age 18 with SMI currently residing in nursing facilities; (b) individuals over age

¹ [DiversionPlan.pdf](#)



18 with SMI who are referred for a PASRR Level II evaluation of nursing facility placement during the course of the *Agreement*, or (c) have been referred within two years prior to the effective date of the *Agreement*. As indicated above, the Target Population definition excludes those individuals with co-occurring SMI and dementia where dementia is the primary diagnosis.

An initial activity undertaken by LDH in calendar year 2019 was to define the diversion population. Using the definition of diversion and the Target Population in the Agreement, the State embarked on a process to review data and other information that would help define the diversion population. Specifically, the State looked at Medicaid claims data and data from the Utopia information system (on PASSR) to define the diversion population.

Based on this analysis LDH initially recommended a definition of the diversion population to include the following:

1. Medicaid individuals with SMI 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. This would be limited to individuals that were admitted for short-term stays and whom the Transition Coordinator had undertaken a Transition Assessment and developed a Transition Plan within the first 90-100 days.
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.
3. Medicaid individuals with SMI at risk of nursing facility placement. Recently, LDH finalized a definition for “at risk” population that included individuals with a SMI, had chronic physical health conditions and who had multiple Emergency Department (ED) and inpatient admissions (all cause). The assumption is that many of these individuals, with better care coordination, would have preventable hospitalization and reduced referrals to nursing facilities (NFs).

During calendar year 2021, LDH refined its definition of the diversion population. In an effort to better delineate the population, LDH is recommending limiting the definition of diversion to the Medicaid population of individuals with SMI who seek admission to a nursing facility but are not admitted because the PASRR Level II indicated community placement versus a nursing facility admission.

While the original recommendation included individuals with SMI 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, LDH is recommending that this not be included in the diversion definition moving forward. After careful consideration, this group with involvement from the transition coordinator seems to align better with expectations surrounding transition and rapid reintegration as defined in the Agreement. With implementation of the new PASRR Level I system in 2022, LDH will be able to identify individuals newly admitted to a nursing facility within 3 days and initiate in-reach activities in order to offer transition supports. These efforts will be captured and tracked through transition activities completed by the transition coordinators.

Finally, for the purpose of defining the diversion population, LDH is recommending excluding Medicaid individuals with SMI at risk of nursing facility placement from the diverted definition. Technically, this group does not meet the definition of the Target Population. LDH does feel that it is critically important to be proactive to ensure that these individuals are identified and provided necessary supports and services to remain in the community, as such, this will be a vital diversionary activity/strategy moving forward. Included in the at risk group are individuals with SMI who are homeless, and are at high risk for nursing facility placement.



Revising Eligibility Pathways for Nursing Facility Admission

Eliminating the Behavior Pathway

In 2018, LDH implemented new regulations to effectuate changes to the Behavior pathway effective May 2018.² The Behavior pathway was eliminated as a functional eligibility pathway for nursing facility placement for new admissions. The rule included a “grandfather” clause: nursing facility residents who were admitted prior to the implementation of the new rule were (and are) deemed to meet Nursing Facility Level Of Care (NF LOC), as long as they continue to only meet the Behavior pathway eligibility criteria. Residents lose their “grandfathered” status if they no longer meet the behavior pathway eligibility criteria, are discharged from the facility, or meet any eligibility pathway other than the Behavior pathway. LDH undertook steps to provide education and implementation support to providers as part of the elimination of the Behavior pathway.

LDH has analyzed information from various sources to verify that individuals that only have a behavioral health condition are not admitted into nursing facilities. Specifically, LDH has reviewed information from the Minimum Data Set (MDS) to identify if any recent admissions had a sole diagnosis of a behavioral health condition. The State reports that two individuals in CY 2020, with a sole diagnosis of a behavioral health condition were admitted to a NF. Both individuals were discharged within two weeks of admission. The Office of Aging and Adult Services (OAAS), due to quick discharge, is unable to obtain NF LOC information to determine which pathways were met post NF admit. The State reports there are no individuals in CY 2021 with a sole diagnosis of behavioral health admitted to a NF. It is important to note that this diagnosis is entered by the nursing facility on the MDS and may not be the individual’s only diagnosis. LDH will continue to monitor data for individuals admitted to a NF with a sole diagnosis for a behavioral health condition and will identify/implement alternate strategies if performance issues are discovered.

Improving PASRR Processes and Criteria

LDH continued to deploy a number of strategies to improve the PASRR Level I screenings and Level II evaluations to achieve diversion of individuals with SMI seeking admission to nursing facilities. These strategies to improve PASRR processes and criteria include:

1. Improving the identification of individuals with SMI through PASRR Level I screening;
2. Improving the delivery of PASRR Level II evaluations;
3. Performing PASRR Level II evaluations promptly to ensure continued compliance with federal standards regarding the timeliness of PASRR Level II determinations;
4. Revising PASRR Level II forms to include more information regarding mental health services in the community;
5. Providing additional training to ensure that PASRR Level II evaluators are familiar with the complete array of home and community-based services available; and
6. Strengthening documentation requirements used to establish a primary diagnosis of dementia relative to the PASRR screening process.

As part of these efforts, LDH in cooperation with the subject matter expert (SME), are currently developing an oversight process for the managed care organization (MCO) PASRR Level II evaluators and the LDH PASRR Level II staff who make the final determination regarding NF admission or continued stay. This process will include an independent review of supporting documentation and admission decision using the PASRR Level II evaluation tool

² Louisiana Administrative Code. Title 50, Part II, Subchapter G. Section 10156(I)(1)-(2).



to support the admission decision. Additional elements recommended for inclusion in these reviews are as follows:

1. Specification of the supports and services necessary to live successfully in the community.
2. Individual preferences related to community living are addressed.
3. Individual understanding/familiarity with the array of home and community-based services available.

Improving the Identification of Individuals with SMI through PASRR Level I Screening

The PASSR Level I screening instrument was modified in June 2018 to incorporate several changes designed to better identify individuals with SMI for the purpose of ensuring appropriate referrals are made to the Level II Authorities.³ LDH revised the form in response to the PASRR Technical Assistance Center's (PTAC) findings that listed Louisiana among the states where too many individuals were identified as having a mental health diagnosis after nursing home admission, suggesting that the pre-admission form may not have been sensitive enough. LDH incorporated best practices from other states in the revision, especially from those states that PTAC found to have better pre-admission identification.

LDH provided training opportunities for NF and hospital staff to introduce the revised PASSR Level I screening tool. Webinar training and an instruction guide for completing the Level I Screen, including the list of individuals deemed qualified, are maintained on the LDH OAAS website (<http://ldh.la.gov/assets/docs/OAAS/PASRR/NFA-Level1-PASRR.pdf>).

LDH is in the process of procuring the services of an experienced vendor who will provide an on-line Level I screen, clinical reviews of uncertain cases and training. Implementation and training for this PASRR Level I system is scheduled to be completed in CY 2022. Revisions to the training will incorporate changes to the PASRR Level I information system and will also provide a refresher course on the Level I instrument.

Training materials will be developed by the vendor in conjunction with LDH. These materials will be shared with the SME for review and input. In addition to training, the new system will have a variety of data elements, information, and reports available to evaluate overall effectiveness of the current approach. This data and information will allow LDH to identify areas of concern and develop any needed strategies or interventions to address areas of concern. LDH is planning to determine the effectiveness of this training by determining if more individuals are identified through the PASRR Level I process as potentially having an SMI, whether referrals to a PASRR Level II occurs and whether the PASRR Level II reviewers also identify whether these individuals have a SMI diagnosis.

Improving the Delivery of PASRR Level II Evaluations

Consistent with the *Agreement*, LDH is taking steps to ensure that each individual with SMI who has been admitted to a nursing facility receives a new PASRR Level II evaluation conducted by a qualified professional, independent of the nursing facility and the State annually, and upon knowledge of any significant change in the resident's physical or mental condition.

In general, PASRR Level II Evaluations are prompted for Louisiana nursing facility residents with SMI through four routes:

³ <http://ldh.la.gov/assets/docs/OAAS/PASRR/NFA-Level1-PASRR.pdf>



1. **Initial:** Pre-admission screening PASRR Level II evaluations performed as part of the nursing facility application process and completed prior to admission (for all referrals with SMI indicated by a Level I screen);
2. **Extension Requests/Annual Reviews:** PASRR Level II evaluations performed on NF residents with a previous Office of Behavioral Health (OBH) PASRR Level II issued authorization when a nursing facility requests a continued stay to extend an authorization that is expiring;
3. **Resident Reviews:** Routine PASRR Level II evaluations performed on nursing facility residents with a valid authorization for NF placement who have a verified or suspected SMI diagnosis. Resident Reviews occur when there is a significant change in status which may impact the individual’s need for services and/or continued NF placement; and
4. **Agreement-Specific:** PASRR Level II evaluations performed for residents that are on the Master List of the Target Population and referred for a PASSR Level II. These are treated like Resident Reviews (described above).

Level II Evaluation Route	When Does It Occur?	Who Receives It?
Pre-admission Screening	Prior to nursing facility placement.	All nursing facility applicants identified as possibly having SMI per Level I screen.
Extension Requests/Annual Reviews	When the nursing facility requests a continued stay beyond the existing authorization.	All nursing facility residents with an OBH PASRR Level II authorization seeking a continued stay in the NF.
Resident Reviews	When there is a “significant change” in a resident’s status, per federal definition.	Nursing facility residents with a “significant change” in status, including those previously identified and not identified by PASRR as having, or being suspected as having, a SMI diagnosis.
<i>Agreement-specific evaluations</i>	When there is a member of the Master List suspected of having a SMI diagnosis but who has not gone through the PASRR Level II review process; or was previously determined not to meet SMI criteria though it is suspected their behavioral health status has changed or worsened.	Target Population members included on the Master List maintained by OAAS suspected as having a SMI diagnosis.

The OBH PASRR Level II Program Manager began conducting quality reviews of pre-admission PASRR Level II processes, Level II evaluations, and outcomes including final recommendations for placement and services in CY 2021. These quality reviews were focused on the Level II review and determination process though it did allow opportunities to objectively review the evaluation and supporting documentation associated with Level II requests. Through this process, it was identified that determinations were being made within federally-mandated timeframes and denials were made after appropriate processes were utilized. It was also noted that there were some errors by staff in appropriately documenting across the various PASRR systems when specialized services were recommended. Though these initial quality reviews were crucial to understanding how determinations are



being made, additional time will be needed to expand upon and standardize the quality review process to more fully evaluate the quality of the PASRR Level II review/determination process. Reviews are planned to be a monthly focused look at the quality and appropriateness of PASRR Level II placement and service recommendations of the PASRR Level II Independent Evaluator, MCO Review, and the OBH PASRR Determination Specialist. Each month a minimum number of focused reviews will be audited per Determination Specialist for appropriate and meaningful placement, service recommendations and adherence to standard processes. This will include a review of completed Level II evaluations and supporting documentation used during the determination process, the MCO recommendations regarding placement and services subsequent to their review of the evaluation, and the PASRR Determination Specialists final determination and recommendations of services.

Initially, the audits will focus on PASRR evaluations rendered for pre-admission, as it is perceived as having the largest impact to diversions from NF placement. Our goal is to expand the scope of this audit process to include Level II evaluations generated through continued stay requests and ongoing resident reviews. This will occur once audit processes are well integrated into the PASRR program and the new PASRR data systems are implemented. The proposed process includes the PASRR Program Manager monthly meeting with each OBH Determination Specialist to review audits and address any issues/barriers with placement and service recommendations. As trends in performance are identified, the Program Manager will explore options to address areas of concern. Strategies may include process improvement, modifications to evaluation tools, and/or the development of a training plan. The training plan will provide educational elements associated with the PASRR Level II process and should correlate to service recommendations that meaningfully address identified behavioral health, substance use disorder (SUD), social, housing, and other lesser physical health needs such as occupational therapies, vision and dental exams, primary care physician (PCP) linkage, home health, and durable medical equipment (DME) that will assist the individual to function successfully in a less restrictive setting, or when community placement is more appropriate. OBH plans to finalize and implement this process during CY 2022 and evaluate the use of this information for the purpose of assessing the effectiveness of potential diversions from NF placement through the PASRR Level II process.

Performing PASRR Level II Evaluations Promptly

To ensure that PASRR Level II evaluations are performed promptly, LDH has implemented policies and incorporated specific requirements within its Medicaid managed care contracts to ensure sufficient timeliness of evaluation completion.

Additionally, in an effort to ensure the provision of appropriate documentation needed in order to finalize the determination process, LDH issued a legal memorandum in December 2017 to providers to clarify their responsibilities in submitting required documentation to OBH and Medicaid MCOs within a timely manner for the purposes of PASRR Level II evaluations.⁴ Specifically, the memo identifies the minimum data to be submitted as part of a PASRR Level II request and the required timeframes for providers sending requested records and information to the Medicaid MCOs. The memo also clarifies that disclosure of Medicaid enrollee information by a Medicaid provider to a Medicaid MCO is permitted without enrollee authorization for the purposes of PASRR Level II evaluations. The most recent data indicates that Medicaid MCOs are completing PASRR Level II evaluations within four business days of referral from OBH, consistent with state requirements.

⁴ LDH Legal Memorandum "Provision of Required Documentation for the Purposes of PASRR", 12/4/2017. Included as attachment.



In late March 2020, PASRR processes for new admissions were suspended due to the COVID-19 pandemic. In order to suspend these processes LDH had to request a waiver from CMS to suspend PASRR screenings and evaluations. LDH was granted permission by CMS to suspend these reviews under an 1135 waiver. Under this waiver, LDH suspended PASRR processes for the COVID-19 pandemic (2020), Hurricane Laura (2020), Hurricane Ida (2021), and due to a COVID-19 surge in cases during the summer of 2021. Suspension of processes remained in place until October 2021. As a result of this waiver, many individuals who were candidates for a PASRR Level II did not receive an evaluation prior to admission to a NF. While these individuals were not diverted from NFs since the pre-admission PASRR Level II did not occur, LDH was able to perform a PASRR Level II within 90 days from admission to a nursing facility through the continued stay process. As there is no longer an 1135 waiver in place, LDH has resumed typical PASRR processes and intends to continue efforts to ensure evaluations are performed within the required timeframe prior to admission.

[Revising PASRR Level II Evaluation Forms to Include Information Regarding Mental Health Services in the Community](#)

LDH revised the PASRR Level II evaluation forms in 2019 to better convey the availability of community-based mental health services that may be appropriate for nursing facility residents with SMI. To achieve alignment with these updates to the evaluation forms used by PASRR Level II evaluators within the Medicaid MCOs, in CY 2020, LDH updated the OBH PASRR Level II Evaluation Summary and Determination Notice, which is submitted, along with the final authorization, to the individual seeking NF placement at the completion of the determination. The goal of these changes are to assist individuals with identifying community-based options to meet the needs of residents with SMI when developing a Level II summary, determination of placement, and recommendation for services. In this way, all parties affiliated with the process will have immediate, better access to information regarding the continuum of services that are available in the community.

[Providing Additional Training to Ensure that PASRR Level II Evaluators Are Familiar with the Complete Array of Home and Community-based Services Available](#)

To complement the updates to the PASRR Level II evaluation forms regarding community-based services as described above, LDH is taking additional steps to ensure that Level II evaluators are knowledgeable about the community-based services that are available for nursing facility residents with SMI.

LDH ensures the Medicaid MCOs are offering sufficient trainings to their affiliates and representatives that perform PASRR Level II evaluations. In this regard, LDH reviews the credentials and training processes for Level II evaluation specialists performing Level II evaluations on behalf of MCOs, including the qualification that each specialist is trained in using the Level of Care Utilization System for Psychiatric and Addiction Services assessment tool developed by the American Association of Community Psychiatrists and participates in regular PASRR trainings.

LDH has also developed directories for community-based resources available to individuals referred for PASRR evaluations, including mental health and SUD services, Medicaid MCOs, local housing authorities, disability and public benefits offices, Local Governing Entities (LGE), crisis hotlines, transportation, and other relevant programs. These directories are maintained and kept updated with a current listing of available services within the behavioral health service array.

During CY 2021, OBH has undertaken several activities to address recommendations set forth by the SME for improvements related to the training materials and processes. The OBH PASRR Level II Manager provides training



and quality improvement efforts in monthly meetings with the MCOs and the contracted PASRR Level II evaluator agency, Merakey. In addition to monthly all MCO/Merakey meetings, OBH has been meeting individually with each MCO/Merakey to address individual issues, barriers, and service needs based on PASRR Level II review information. These meetings have resulted in productive and collaborative working relationships, providing opportunities to identify barriers regarding turnaround time compliance and quality of service recommendations. OBH intends to continue monthly meetings with all MCOs and Merakey, as well as individual MCO/Merakey meetings on a quarterly basis during CY 2022.

During CY 2022, LDH plans to provide training on various topics. The proposed training topics include, but are not limited, to the following:

1. PASRR 101: DOJ Agreement, DOJ Compliance Guide, Timelines, and other PASRR Technical Assistance Center
2. PASRR Level II Evaluation 101: Assessment Documentation, Meaningful Placement and Service Recommendations, Producing a Comprehensive Quality Assessment of the Individual, Person Centered Planning
3. Specialized Services, Community Resources, Housing Resource Training, Waiver services
4. Additional Documentation: Mental Status Exam, SMI and Dementia

As recommended by the SME, LDH will provide training materials and rationale for how these training efforts overall will impact the PASRR Level II evaluations and ultimately improve diversions.

LDH and the SME plan to hold a meeting with the Level II evaluators to discuss their approach for confirming that individuals have SMI, as well as their approach for identifying housing options and home and community-based supports and services.

LDH will develop a strategy to measure effectiveness of these activities in order to determine whether they have produced the intended result of potential diversions.

Strengthening Documentation Requirements Used to Establish a Primary Diagnosis of Dementia

In addition to solidifying the processes and timetables by which PASRR Level II evaluations are prompted, and in addition to enhancing the Level II evaluation forms to provide additional information regarding the availability of community-based services, LDH has also taken steps to strengthen the application and criteria of PASRR Level II evaluations to ensure appropriate identification of dementia as a primary diagnosis. The goal of strengthening these documentation requirements is to ensure that residents presenting with symptoms of dementia, such as overmedication and neglect, are not misdiagnosed with dementia and consequently excluded from the Target Population.

In May 2018, LDH issued a legal memorandum clarifying the new documentation requirements to verify dementia diagnoses for the purpose of PASRR Level II evaluation.⁵ As described in the guidance, to ensure the accurate diagnosis of dementia, the referring provider should provide documentation to support the assertion that the dementia symptoms are not due to comorbid mental illness, medication use, or another medical condition. At a minimum, this includes clear documentation reflecting the impact, history, and progression of the dementing illness. If this information is clear, comprehensive, and reasonably substantiates the dementia diagnosis while

⁵ See attached LDH Legal Memorandum "Required documentation to verify dementia diagnoses for the purposes of PASRR through OBH Level II Authority", 5/30/2018.



ruling out differential diagnosis possibilities, it will likely be determined additional information is not necessary. However, additional documentation requirements may be requested by LDH, including additional medical history, neurological consultation or examinations, lab tests, and imagery such as CT scans or MRIs.

To ensure successful implementation of this new policy, LDH has maintained its contract with an independent psychiatrist to review all PASRR Level II requests that include dementia and Alzheimer’s diagnoses. In addition, LDH revised the PASRR Level II evaluation form to include an addendum that clearly delineates the documentation required for requests with a dementia diagnosis. The LDH consulting psychiatrist has identified several conditions that may benefit from a review, including SUD (especially alcohol disorder) and other medical conditions. Discussions have been held regarding the need to re-review individuals who have dementia diagnosis in one year. LDH does not currently have a process to track individuals with a primary dementia diagnosis after they are admitted to a NF. In an effort to address this area, in CY 2022 revisions to the Level II data system are being proposed that will allow OBH to track individuals where a diagnosis of dementia is suspected and establish a process to re-review these individuals with certain physical and behavioral conditions on an annual basis. Additionally, OBH will develop and implement a process to conduct re-reviews of individuals with a primary diagnosis of dementia and co-morbid conditions that with adequate supports may be successfully transitioned into the community.

LDH implemented extensive training on the new dementia diagnosis verification policy. This includes the provision of training to OBH and OAAS Transition Coordinators, PASRR Level II Specialists within OBH, Medicaid MCOs, PASRR Level II evaluators who are representatives/affiliates of the MCOs, nursing facilities, and hospitals. Additional trainings are planned for implementation as ongoing improvements for these processes are identified. Additional training opportunities were offered to OBH Determination Specialists, OCDD PASRR Level II evaluators, transition coordinators, OBH staff working within MCOs and their contracted PASRR Level II evaluators (Merakey), and other interested LDH staff in CY 2021. In total, 113 individuals attended training over a two-day timeframe. At the recommendation of the SME, LDH will develop a process for evaluating the effectiveness of this training to meet the obligations outlined in the Agreement related to how individuals with dementia are identified and provided information regarding community-based service options.

Implementing and Expanding the Availability of Community Support Services

In addition to implementing improvements to the processes for screening individuals prior to approving nursing facility stays and ensuring that all individuals applying for nursing facility services are provided with information about community options, LDH is undertaking comprehensive efforts to develop, expand, and implement community-based services for individuals with mental illness. Consistent with Section VI of the *Agreement*, LDH is developing a wide range of community options of services and supports designed to serve individuals with SMI in the most integrated setting possible.

The following resources provide information about the planning, development, and implementation progress for services and supports in community-based settings:

1. Crisis System;
2. Assertive Community Treatment;
3. Intensive Community Support Services;
4. Personal Care Services;
5. Integrated Day Activities—including Supported Employment;
6. Peer Support Services; and



7. Housing and Tenancy Supports.

Projections for Diversion

To monitor the performance of the diversion strategies described in this plan, LDH is required to establish measurable targets for the diversion of the Target Population members. Specifically, the Agreement requires LDH to establish annual targets for the diversion of Target Population members to successful placements in the community. For CY 2022, LDH is proposing to establish projections minimally that return to the number of diversions prior to the pandemic. Additionally, LDH will develop a process to identify and divert individuals with an SMI seeking NF admission that may have lower physical health needs and home-community based services and natural supports are readily available to meet their needs. Work in this area will be used to inform long-term, multi-year projections for diversions.

Population	Projected Diversions
#1 PASRR II Recommendation	120

Developing a Diversion Protocol for the Target Population

Developing a Case Management Strategy for Diversions

LDH will be implementing a case management strategy in January 2022 for individuals diverted from NFs based on a PASRR Level II evaluation. This approach is similar to the approach for the transitioned population. For the transitioned and diverted population, LDH will use community agencies under contract with the MCOs to provide community case management to persons with SMI who seek admission to, are referred to, and/or receive screenings and/or evaluations for nursing facility placement for whom a Pre-Admission Screening and Resident Review Level (PASRR) II review recommends placement in the community. LDH has developed the protocols for immediate referrals to community case management for these individuals via this program, which is scheduled to be launched in January 2022. Merakey will provide regionally-based community case management for the Target Population and has significant experience with coordinating care for individuals with SMI given their role in delivering Assertive Community Treatment for individuals with SMI.

LDH will develop and implement the necessary tracking mechanisms to evaluate length of time between PASRR Level II evaluations and initial contact by the MCO or community case manager. These efforts will allow LDH to assure that timely referrals and engagement for community case management is occurring. Outcome information regarding impact and effectiveness of community case management strategy will be collected through the community case management logs and reporting templates developed by OBH, and service utilization and monitoring reviews. These outcomes have been cross-walked to the quality matrix currently utilized by LDH to track outcomes for individuals that are included in the My Choice population. Outcomes will be evaluated and the matrix expanded/revised over time and based on experience.

Developing a Strategy to Address Individuals in the At-Risk Population.

The Agreement requires LDH to establish annual targets and strategies for decreasing referrals of individuals with SMI to nursing facilities. In addition, LDH is required to develop and implement an evidence-based system that



seeks to divert persons with SMI from the avoidable hospitalizations that place them at risk for subsequent nursing facility admission. Initially, LDH considered strategies to conduct outreach with hospitals to develop diversion efforts prior to discharge. It is estimated that 80 percent of most nursing facility admission requests are from hospitals. While this outreach may be beneficial, LDH believes that MCOs have the fiscal responsibility to develop strategies that prevent admission or readmissions for individuals with significant co-morbid conditions and SMI. Hospitals do not have the same incentives. Rather, hospitals have more of an incentive to discharge individuals in a timely manner and therefore have little incentive to initiate a discharge process that may require days, if not weeks, to locate the necessary housing and supports prior to discharge.

A major strategy for diverting individuals from NF admissions is to identify individuals that may be at high risk for hospitalizations that would lead to a NF admission. During calendar year 2020, LDH finalized a definition for “at risk” population that included individuals with a SMI, had chronic physical health conditions and who had multiple EDs and inpatient admissions (all cause). The assumption is that many of these individuals with better care coordination would have preventable hospitalization and reduced referrals to NFs. The definition requires the individual to have a least one physical health condition, at least one behavioral health condition, and at least six ER visits or inpatient hospital (all cause) admissions within the last twelve months. Based on the definition outlined above, LDH projected there were 7,150 individuals that met this criteria in CY 2020. In total, these individuals had 8,568 inpatient stays (all cause), 28,479 ED visits, and 143 NF admissions.

During CY 2021, LDH met with the MCOs to discuss these projections and required each MCO to develop a plan for serving the at-risk population, including:

1. Engaging members and linking them with an MCO case manager.
2. Assessing their needs and linking them with services/service providers to address those needs.
3. Ongoing monitoring and follow-up to ensure appropriate access to care, quality of care, and member health and safety.
4. Tracking members and member outcomes.
5. Reporting data in accordance with LDH-issued reporting templates.

As recommended by the SME, LDH will track and analyze both aggregate and MCO plan data regarding the at-risk population during CY 2022 to determine if the MCO care coordination efforts are successful in diverting individuals from EDs, inpatient and NF admissions. Tracking this information will allow LDH to measure whether the strategies developed by the MCOs to offer better care coordination for these individuals is effective in reducing NF referrals. This information will also be helpful for establishing annual targets for decreasing referrals for individuals with SMI to nursing facilities.

Revising the Diversion Pathway

Meeting the target numbers of individuals in the Target Population that will be diverted from nursing facilities will require LDH to develop processes and protocols for implementing the revised diversion strategy. Medicaid individuals with SMI seeking admission to a nursing facility, for whom the PASRR level II indicated community placement versus a nursing facility admission, will benefit from a community case management approach which is scheduled to be implemented in January 2022. This approach will ensure that these community case managers assess the individual’s community needs, develop a person-centered plan for addressing these needs, refer individuals to the necessary services and supports and implement a robust case management strategy for these individuals.

Described below are tasks to further refine and implement the diversion pathway.



Key Milestones/Task	Anticipated Date
Diversion Activities	
Evaluate the effectiveness of changes to the Level I and Level II processes	Ongoing
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.	Ongoing
Develop Level I PASRR training	June 2022
Deliver Level I PASRR training as a component of on-boarding users to the Level I PASRR system.	July 2022 and ongoing for new users
Train OBH PASRR Determination Specialists on the Quality Audit Tool.	January 2022
Implement OBH PASRR Determination Specialists Quality Audit Tool and monthly audits as an internal quality improvement process.	February 2022
Ongoing monthly monitoring of OBH PASRR Determination Specialists determinations using the Quality Audit Tool.	Ongoing
Meeting with the MCOs and the Level II evaluators affiliated with their organizations on the findings of the evaluation audits.	Ongoing
Based on the findings from the initial review of the evaluation audits, develop statewide training and technical assistance plan for PASRR Level II Assessors, MCOs, and OBH PASRR Team.	April 2022
Implement trainings for PASRR Level II Assessors, MCOs, and OBH PASRR Team.	Ongoing
Develop training plan for PASRR Level II Referral Sources (Nursing Facilities, Acute Psychiatric Hospitals, Acute Medical Hospitals).	July 2022
Implement trainings for PASRR Level II Referral Sources.	Ongoing
Continue monthly meetings with the MCOs to discuss PASRR Level II operations and opportunities for quality improvement.	Ongoing
Develop an enhanced protocol for identifying a primary dementia and an internal process for reviewing.	April 2022
Finalize new protocol for determining primary dementia.	May 2022
Train OBH staff and PASRR Level II referral sources on new processes.	June 2022
Fully implement new dementia protocol.	July 2022
Monitor effectiveness of new dementia protocol.	Ongoing
Update Methodology for 2023 diversion targets as needed.	September 2022
Review diversion efforts and update the long term (multi-year) diversion strategy to increase the number of diversions.	September 2022
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.	October 2022
At-Risk Activities	
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.	Ongoing
Conduct formal evaluation of MCO case management program for at-risk population to determine appropriate identification of members meeting the at-risk criteria, engagement	March 2022



Key Milestones/Task	Anticipated Date
efforts, and adherence to contract standards related to case management activities and associated timelines.	
Determine actions needed to address any opportunities for improvement 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.	April 2022
Provide evaluation results to the MCOs and require corrective actions to address any opportunities for improvement identified.	April 2022
Conduct ongoing monitoring to ensure any opportunities for improvement are adequately addressed within the prescribed timelines.	Ongoing