

My Choice Louisiana Annual Implementation Plan: January 2025-December 2025

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 (NF) 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 has developed an annual implementation plan each calendar year.

In preparation for calendar year 2025, LDH has developed the following annual implementation plan. Activities outlined in this annual plan have been drafted by LDH 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 feedback. General comments received were already incorporated into the implementation plan and additional edits were not needed. 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 the 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 2025 of the Agreement, addresses how LDH will accomplish the following goals:

- Deliver and monitor the effectiveness of training to providers related to Person Centered Planning (PCP), employment, crisis, and other identified topics;
- Monitor and evaluate efforts to identify all nursing facility residents in the target population (TP) who desire to transition to the community through the new in-reach process, and provide them with transition planning and community-based services in accordance with the provisions of this Agreement;
- Implement standardized process across program areas to identify/collect barriers impacting transition/diversion efforts and develop strategies to overcome unresolved issues/barriers to improve transition/diversion opportunities;
- Implement an electronic system to track the admission of individuals to nursing facilities consistent with the Agreement including identifying and engaging individuals early in their NF stay;
- Continue implementation of the PASRR Level II operational auditing program, including identifying and incorporating any needed enhancements. This Quality Audit Tool and process will evaluate the quality of evaluations and determinations being issued;
- 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;
- Establish annual targets for CY 2025 for transitioning and diverting individuals in the Target Population to successful integrated placements in the community;
- Monitor the MCO's efforts to identify at risk individuals and evaluate the effectiveness of the strategies implemented;
- Develop strategies for addressing any gaps in services as identified by the needs assessment and the SME Service Reviews;
- Monitor and evaluate Community Case Management (CCM) services;
- Continue efforts to expand LA-Crisis Response System provider network to 24/7 capacity, evaluate utilization by the Target Population and address any related barriers, and for underserved areas, further evaluating the need for expansion;
- Collaborate with community stakeholders, including law enforcement regarding implementation of the Louisiana Crisis Response System;
- Ensure individuals diverted or transitioned from nursing facilities are offered (and if accepted, receive) appropriate community-based services, including the newly created services developed as part of this Agreement.
- Continue collaborative efforts among State and Local Government Entities to identify and address issues during the initial and subsequent implementation of this plan; and

- 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.

Section 2 – Annual Implementation Plan

This section includes the Annual Implementation Plan for calendar year 2025 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 LDH’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 2025 calendar 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.

No.	Task/Activity	Owner	Target Completion Date
Transition Activities: Ongoing Training			
1.0	Ongoing implementation of the PCP training (including checklist) to ACT staff, community case managers and service providers to improve the quality of service planning process.	OBH	Monthly and/or as scheduled
1.1	Provide ongoing Person Centered practices training to waiver support coordinators, waiver service providers and transition coordinators/supervisors serving the Target Population	OAAS	Ongoing/As scheduled
1.2	Develop and implement training to waiver support coordinators and waiver service providers regarding behavioral health and recovery.	OAAS/OBH	May 2025
1.3	Provide routine training specific to PSH/housing options to CCMs and TCs.	OAAS	Semi-Annually

No.	Task/Activity	Owner	Target Completion Date
1.4	Develop and implement training related to individuals and their substance use disorder (SUD), mental health and crisis needs, medical and physical health needs, as well as an overview of the services available to support individuals and how to access them.	OBH	July 2025
Managing Transition Activities/Processes			
1.5	Collaborate with the SME to discuss the framework of an analysis of the Target Population to better understand its characteristics, needs, barriers, and other defining components critical to the transition process.	OAAS/OBH	Summer 2025
1.6	Collaborate with the SME to develop a framework for a refined service review process with focus on the Target Population based on an analysis of their needs.	OAAS/OBH	November 2025
1.7	Continue to review Active Caseload to assure that all individuals that have expressed interest in transitioning are included on the Active Caseload.	OAAS/OBH	Monthly
1.8	Continue My Choice leadership review of all requests to transfer those individuals that have indicated they are not currently interested in transitioning back to Master List.	OAAS/OBH	Monthly
1.9	Continue to monitor and confirm that all individuals on Active Caseload have been assigned to a TC.	OAAS/OBH	Monthly
1.10	Continue to evaluate transition timeframes for TCs and Rapid Re-integration transition coordinators (RITCs- through sunset of the RITC Pilot) and address issues with timeliness as identified (assessment, planning and transition).	OAAS/OBH	Quarterly
1.11	Determine if adequate staffing resources are available to support transition activities through the evaluation of caseload sizes, staffing levels, compliance with transition activity timelines/expectations, and progress toward the annual transition target. Monitor TC caseloads to assure that monthly contacts are being completed.	OAAS/OBH	Monthly
1.12	Continue to implement internal quality strategy/tool to evaluate, monitor, and enhance TC engagement, person centered planning, ITP Addendum, and transition efforts, as well as post- discharge contacts and unmet service needs identified in the community.	OAAS/OBH	Ongoing
1.13	Share findings from internal quality reviews with My Choice team and stakeholders.	OAAS/OBH	Annually
1.14	Develop and provide training/technical assistance to TCs, based on findings from internal reviews and service reviews, to improve the development and quality of the ITP.	OAAS/OBH	As identified
1.15	Track and report the number of individuals transitioned from NFs who lose Medicaid eligibility.	OAAS/OBH	Quarterly

No.	Task/Activity	Owner	Target Completion Date
1.16	Develop a strategy to offer support post-transition for individuals that lose Medicaid.	OAAS/OBH	March 2025
1.17	Develop strategies to offer in-person opportunities and/or leverage technology to review housing and other community opportunities prior to transition.	OAAS/OBH	May 2025
1.18	Continue effort to transition individuals (annual target of 287 transitions in 2025).	OAAS/OBH	Ongoing
1.19	Review status and achievements gained in meeting transition goals and, if needed, develop a plan for improvement to adjust approach and/or identify new strategies to accomplish transition goals.	OAAS/OBH	Quarterly
Rapid Re-integration process for newly admitted individuals			
1.20	Continue tracking and reporting on individuals newly admitted and engaged in transition activities with the RITC (through sunset of the RITC Pilot).	OAAS/OBH	Monthly
1.21	Outline plan for integration of RITC activities into overall MCL workflows through ongoing cross-office meetings with continued discussion and review of activities post implementation.	OAAS/OBH	Monthly
1.22	Update MCL policy/protocol documents with expectations related to assignment for 3 and 14 day follow up to align with compliance efforts determined through cross office meetings.	OAAS/OBH	April 2025
1.23	Utilize monthly report, to evaluate progress and outcomes of process to engage with newly admitted individuals by RITC.	OAAS/OBH	Monthly
1.24	Review status of achievements gained of the RITC Pilot in meeting transition goals.	OAAS/OBH	October 2025
1.25	Sunset RITC Pilot and integrate key metrics and data into regular MCL operations, utilizing available Transition Coordination resources to address 3/14 day requirement.	OAAS/OBH	October 2025
1.26	Explore rapid engagement strategies implemented in other states to build engagement proficiencies and allow rapport building/participant comfort prior to initiating NFTA.	OAAS/OBH	October 2025
Barriers to Transition			
1.27	Continue standardized process for TCs to identify and collect barriers to transition, and report this information in the quality matrix.	OAAS/OBH	Monthly/Ongoing
1.28	Compile/discuss information collected and provided by TCs during monthly review of transition activities.	OAAS/OBH	Monthly
1.29	Identify and implement strategies to overcome unresolved issues/barriers as identified during individual staffing meetings or post monthly review of transition activities. As needed, establish ongoing meetings with identified partners such as OCDD to improve collaboration across systems.	OAAS/OBH	Monthly

No.	Task/Activity	Owner	Target Completion Date
1.30	Report issues/barriers identified and strategies implemented to the My Choice Internal Quality Review Committee.	OAAS/OBH	Quarterly
My Choice Transition Support Committee (TSC)			
1.31	Continue to have TC and TC supervisors submit individual cases to TSC for review and guidance, collaborating with stakeholders such as OCDD, MCOs, and specialty providers as warranted to work through barriers and improve collaborative efforts. This includes individuals on AC transitioning into the community as well as those at risk of re-institutionalization.	OAAS/OBH	Ongoing
1.32	Track individual cases submitted to TSC for review and the outcomes/guidance provided from those reviews.	OAAS/OBH	Ongoing
1.33	Review the total number of cases submitted to TSC review and the final dispositions.	OAAS/OBH	Quarterly
1.34	Finalize and implement the process for the Quality Workgroup to refer identified systemic issues/barriers to the TSC for review and provide recommendations.	OAAS/OBH	June 2025
1.35	Track/Compile systemic issues/barriers referred to TSC for review.	OAAS/OBH	Quarterly
1.36	Track/Compile proposed resolutions to systemic issues/barriers, actions taken to address proposed resolutions, and the effectiveness of resolutions implemented.	OAAS/OBH	Quarterly
1.37	Finalize and implement the process to refer readmissions of individuals recently discharged from NF to TSC.	OAAS/OBH	June 2025
1.38	Track/Compile readmission reasons identified by TSC.	OAAS/OBH	Quarterly
1.39	Provide the My Choice Internal Quality Committee with common reasons for readmissions and recommendations to inform continuous quality improvement with transition activities.	TSC/ OAAS/OBH	Quarterly
Transition Activities			
1.40	In collaboration with the SME, review and revise both the methodology for 2026 transition target, and the long-term (multi-year strategy) to accurately reflect a viable target of the potential number of transitions. This will be informed in part by an evaluation, of the Target Population and current processes and strategies that influence transition.	OAAS/OBH	October 2025
1.41	Establish transition targets for 2026, which are consistent with a long-term strategy for allowing all members of the TP who would like to transition to the community.	OAAS/OBH	December 2025
1.42	Identify and prioritize actions for calendar year 2026 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. Work will continue 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. (Implementation of PASRR Level I System will provide a mechanism to identify/track the admission date and nursing facility to which people are admitted after PASRR approval. Implementation of the system is necessary to identify individuals within three days of admission and begin initial engagement with members.

In 2025, 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.

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	Conduct an analysis of the Target Population to identify possible revisions of inclusion based on factors such as Medicaid eligibility to determine appropriateness for inclusion in the transition process.	OAAS/OBH/Medicaid	May 2025
2.1	In coordination with the SME, determine revisions to the Target Population based on the analysis	OAAS/OBH/Medicaid	July 2025
2.2	Utilize SharePoint as interim tracking system to monitor critical transition functions such as in-reach activities, TSC, and mortality review processes.	OAAS/OBH	Monthly
2.3	Evaluate options to enhance reporting strategies within the SharePoint or other reporting environments and develop reports.	OAAS/OBH	As needs are identified
2.4	Generate reports to evaluate/monitor progress of transitioned individuals and to drive continuous quality improvement.	OAAS/OBH	Monthly or more frequently
OPTS workflow/tracking system			
2.5	Identify and outline requirements for reports and other identified enhancements to the system.	OTS/LDH Workgroup	As identified
2.6	Refine existing and create new reports in OPTS for quality assurance purposes.	OTS/LDH Workgroup	As identified
PASRR Level I System – Vendor procurement to track NF admission			
2.7	Provide training to PASRR Level I reviewers regarding system changes and ongoing PASRR Level I.	OAAS	March 2025
2.8	Implement the new PASRR Level I System.	OAAS	March 2025
2.9	Receive near real-time notification/report of nursing facility admissions of members of the Target Population.	OAAS	April 2025
2.10	Develop quality assurance and oversight structures for the new PASRR Level 1 vendor.	OAAS	August 2025

No.	Task/Activity	Owner	Target Completion Date
2.11	Collect, review and analyze data obtained from the new PASRR Level 1 system to include a comparison of rates pre and post implementation.	OAAS	December 2025

Section 2.3: Diversion Activities

Annual Implementation Plan focus: The activities during 2025 will continue to focus on the implementation of the revised diversion plan, including creating a diversion pathway for Medicaid individuals with SMI seeking admission to a NF for whom the PASRR level II indicated community placement versus a nursing facility admission. In order to achieve this goal, LDH will continue its efforts to enhance PASRR processes and education for PASRR Level II evaluators and referral sources (including hospitals and NFs) to maximize the number of individuals who are able to be diverted from NFs due to it not being the least restrictive setting. This is occurring via ongoing implementation and refinement of an OBH PASRR Level II auditing process through which the quality of PASRR Level II evaluations and determinations are reviewed on a monthly basis. Based on findings, the state will continue to implement quality improvement strategies as appropriate to enhance education or provide technical assistance to evaluators to enhance the number of individuals diverted from NF.

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

No.	Task/Activity	Owner	Target Completion Date
Diversion Activities			
3.0	Track the number of individuals in the TP who are referred to NFs, the portion approved for placement, and the portion diverted through the PASRR Level II preadmission process due to NF not being the least restrictive setting.	OBH	Quarterly
3.1	Identify and implement a strategy to collect and review information regarding reasons individuals request admission to the NF including referral sources for NF admission.	OAAS/OBH	June 2025
3.2	Continue to identify and track individuals suspected as having SMI through the Minimum Data Set (MDS) process for inclusion on the Master List. Review data, modifying methodology as appropriate.	OAAS/OBH	Quarterly
3.3	Continue to provide and track PASRR Level II reviews on individuals identified as having a suspected SMI based on their MDS post admission in the NF for inclusion on the Master List, with the goal of reducing the percent of individuals in NFs who have been identified as having a potential SMI and have not had a Level II.	OBH	Weekly/ Monthly
3.4	Track timeframe expectations for completing a Level II after an individual is identified through the MDS process, with the goal of reducing the length of time between identification of the individual and completion of the Level II.	OBH	Quarterly/ Ongoing
3.5	Evaluate data to identify and further operationalize the reasons individuals are identified for a PASRR Level II post admission into the facility, and report on common trends.	OBH	Quarterly

No.	Task/Activity	Owner	Target Completion Date
3.6	Monitor and evaluate the continued stay review data, process and related trends and determine the need for any modifications to the process or methodology.	OBH/OAAS	Quarterly
3.7	Track the number of individuals who needed but did not receive a PASRR Level II prior to admission and specific reasons (e.g. 1135 waiver), develop and implement a strategy to complete those Level IIs quickly. Monitor and update current process as needed.	OBH/OAAS	Quarterly
3.8	Continue to review data for individuals admitted to NF with a sole diagnosis for a behavioral health condition and identify/ implement alternate strategies if performance issue patterns are discovered.	OAAS	Semi-Annually
3.9	Track OBH authorization for initial NF admissions to ensure compliance with the 90-100 day requirement.	OBH	Quarterly
Diversion Activities: PASRR Level I Training/Processes			
3.10	Develop Level I PASRR training.	OAAS	March 2025
3.11	Implement Level I PASRR training.	OAAS	March 2025
Diversion Activities: PASRR Instrument Enhancements and Process Improvements			
3.12	Provide training, technical assistance, and guidance specific to the home and community based service array to the Level II evaluators, MCOs, and Determination Specialists.	OBH/OAAS	Ongoing
3.13	Provide training to PASRR Level II evaluators on the revised evaluation instrument, and the alternate community options that should be discussed and considered during the evaluation process.	OBH/OAAS	Ongoing
3.14	Compile barrier information provided by PASRR Level II evaluators during monthly review of diversion activities.	OBH/OAAS	April 2025/Monthly
3.15	Identify and implement strategies to overcome unresolved issues/barriers as identified during regular internal management meetings or post monthly reviews of diversion activities.	OBH/OAAS	/May 2025/Monthly
3.16	Integrate barrier information into the quality matrix for review by the cross-office quality workgroup. Monitor the percentage of people recommended for the community who are admitted to the NF, and related barriers.	OBH/OAAS	June 2025/Monthly
3.17	Incorporate review and referral of systemic issues/barriers collected by the PASRR Level II evaluators into the TSC referral process discussed in task 1.25 and 1.26.	OBH/OAAS	July 2025/Quarterly
3.18	Monitor the identification of community options through the expansion of PASRR Level II audit tool.	OBH	Ongoing
Diversion Activities: PASRR Internal Audit Process			
3.19	Continued implementation of the PASRR Level II auditing process in conjunction with OAAS, to identify findings and trends.	OBH/OAAS	Monthly
3.20	Review/report trends, identify needed quality improvement strategies, and as needed develop strategies to address areas of concern.	OBH	Quarterly
3.21	Meet with OBH PASRR Level II Determination Specialists to review and discuss audit findings, and as needed, adjust strategies to address areas of concern.	OBH	Monthly

No.	Task/Activity	Owner	Target Completion Date
3.22	Meet with MCOs and the Level II evaluators affiliated with their organizations on the audit findings and identify opportunities for quality improvement.	OBH	Ongoing
3.23	Review status and achievements gained in meeting diversion goals and, if needed, develop a plan for improvement to adjust approach and/or identify new strategies to accomplish transition goals.	OBH	Quarterly
Diversion Activities: Dementia Protocol			
3.24	Track referrals and monitor effectiveness of dementia protocol.	OBH	Quarterly
3.25	Based on monitoring activities, revise protocol as needed.	OBH	As needed
Diversion Activities: Methodology			
3.26	Update Methodology for 2026 diversion targets.	OBH/OAAS	September 2025
3.27	Review diversion efforts and develop a long term (multi-year) diversion strategy to increase the number of diversions.	OBH/OAAS	September 2025
At-Risk Activities			
3.28	Conduct ongoing reviews and analysis of MCO case management reports for at-risk population to determine identification of members meeting the at-risk criteria, case management engagement efforts, and delivery of case management services according to contract expectations.	OBH	Quarterly
3.29	Produce reporting that reflects the number of people who meet the at-risk definition and the number of people enrolled in case management.	OBH	Semi-annually
3.30	Evaluate case management engagement rates in similar programs and best practices for increasing engagement. Share findings/recommendations with the MCOs as applicable.	OBH	Annually
3.31	Analyze, evaluate and produce reporting that reflects outcome data for the at-risk population pertaining to EDs, hospitalizations, nursing facility admissions, and service utilization, broken down by those enrolled in each case management tier and those who are not enrolled.	OBH/OAAS	Annually
3.32	Evaluate MCO case management of the at-risk population via member record reviews.	OBH	Annually

Section 2.4: Community Support Services Development

Annual Implementation Plan focus: The main focus of the annual implementation plan includes: Continued implementation and refinement of key community services including community case management services, supported employment using the Individual Placement and Support (IPS) Model, Peer Support, Personal Care Services (PCS) and a full array of Crisis Services.

Monitoring and evaluation of service planning and delivery will be an important input for ensuring services are meeting the needs of the system and the individuals it serves, while providing a path of sustainability for service providers. Through this analysis, staff will be able to make recommendations for improvements to existing services or the identification/implementation of additional resources for critical services and supports identified in the Agreement. The ongoing implementation of these services will be monitored closely by LDH to identify

implementation issues and other barriers that may impact access to these services by members of the Target Population. Additionally, there will be continued monitoring of the availability of existing intensive community support services offered through Intensive Community Support Services (ICSS) and Assertive Community Treatment (ACT) programs.

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	Continue engagement efforts through ongoing dialogue with stakeholders about crisis system development through regular meetings and presentations.	OBH	Ongoing
4.1	Continue to support local efforts to meet with law enforcement, EMS, judges, and coroners to encourage diversions and referrals to crisis services, further supporting LA-CRS providers in their coordination with LEA.	OBH	Ongoing
4.2	Facilitate and participate in statewide and regional meetings with crisis coalitions including LA-CRS providers to share data, strengthen outreach efforts and collaborations with local stakeholders with the intention of increasing linkages to services.	OBH	Ongoing
4.3	Continue efforts to expand availability of LA-CRS services to all unserved areas of the state.	OBH	Ongoing
4.4	Monitor implementation activities, resolving issues in real time through joint provider and MCO meetings occurring as needed.	OBH	At least Monthly
4.5	Conduct ongoing learning through coaching and consultative activities with crisis service providers.	LSUHSC	At least Quarterly
4.6	Continue training of new and existing crisis service providers.	LSUHSC	At least Quarterly/More often as needed
4.7	Implement statewide marketing awareness for LA-CRS.	OBH	Ongoing
4.8	Provide ongoing tracking on network adequacy to ensure that individuals with SMI experiencing a behavioral health crisis have access to timely crisis services.	OBH	At least Quarterly
4.9	Collect and evaluate outcomes and programmatic data of crisis providers through review/analysis of reports and other available data.	OBH	Quarterly
4.10	Identify and address performance of crisis providers based on these reviews.	OBH	Quarterly
4.11	Track and review call volume and current metrics as the state transitions from MCO crisis lines to the newly implemented Crisis Hub call center.	OBH	June – December 2025
4.12	Identify and address performance of the crisis line based on these reviews.	OBH	Quarterly
4.13	Review and update policies and procedures for the LA-CRS providers as needed.	OBH	Semi-annually

No.	Task/Activity	Owner	Target Completion Date
4.14	Participate in meetings with 988 crisis center providers to explore integration of LA-CRS services into 988 referrals and protocols.	OBH	Ongoing

Assertive Community Treatment Activities

No.	Task/Activity	Owner	Target Completion Date
4.15	Continue meetings with MCOs, performing ongoing review of ACT providers, the population eligible for services, and outcomes data.	OBH	Semi-annually
4.16	Identify opportunities for training and/or programmatic enhancements through a semi-annual review of reporting.	OBH	Semi-annually
4.17	Continue meetings with ACT providers, discussing program implementation, programmatic enhancements, and topics related to the My Choice program as needed.	OBH	Annually or more frequently as needed
4.18	Address the findings from fidelity, outcomes and service reviews in meetings with MCOs and ACT providers as a process of quality of continuous quality improvement.	OBH	Semi-Annually
4.19	Continue to educate TCs, PASRR staff and CCM on the ACT model and to support the identification of individuals in the TP that could be referred to ACT, including those individuals diverted from NF placement.	OBH	Ongoing
4.20	Ensure effectiveness of ACT and IPS operability as well as use of step down criteria.	OBH	Ongoing

Intensive Community Support Services Activities (ICSS)

No.	Task/Activity	Owner	Target Completion Date
4.21	Continue to obtain and review network adequacy reports from the MCOs.	OBH	Quarterly
4.22	Work with MCOs to address any gaps identified in the network adequacy reports.	OBH	Quarterly

Integrated Day Activities

No.	Task/Activity	Owner	Target Completion Date
4.23	Continue to meet with LGEs to identify and address ongoing IPS implementation issues.	OBH	Monthly
4.24	Develop and implement marketing for IPS and employment supports for TP members.	OBH	Ongoing
4.25	Provide ongoing IPS training to new LGE and ACT team employment staff.	OBH	Ongoing

No.	Task/Activity	Owner	Target Completion Date
4.26	Continue fidelity reviews of IPS providers (including ACT) who have gone live.	OBH	Ongoing
4.27	Review findings of fidelity reviews	OBH	Ongoing
4.28	Monitor and report on the utilization of IPS.	OBH	Semi-Annually
Drop In Centers			
4.29	Continue ongoing learning collaborative amongst existing drop in centers and a schedule of future meetings to build on best practices.	OBH	Semi-Annually

Peer Support Services Activities

No.	Task/Activity	Owner	Target Completion Date
4.30	Monitor and report on utilization of Peer Support Services.	OBH	Quarterly
4.31	Continue meetings with MCOs and LGEs to increase utilization of peer support.	OBH	Monthly
4.32	As identified, implement strategies to address implementation barriers.	OBH	Ongoing
4.33	Conduct training for peer supervisors.	OBH	Ongoing
4.34	Continue development and implementation plans for a strategic plan for a standardized statewide credential/certification process for RPSS.	OBH	December 2025
4.35	Continue to monitor implementation and further development of the digital platform/Peer web-based system to identify the number of Recognized Peer Support Specialist (RPSS) that are delivering Agreement services.	OBH	October 2025
4.36	Monitor next phase of implementation of Peer Services as a Medicaid reimbursable service to include expansion service to Permanent Supportive Housing (PSH) providers and CMS approved incentives.	OBH	December 2025

Housing and Tenancy Support Activities

No.	Task/Activity	Owner	Target Completion Date
4.37	Track and report on housing opportunities created.	OAAS/LHC	Quarterly
4.38	Track and report on housing opportunities offered to TP individuals.	OAAS/LHC	Quarterly
4.39	Evaluate and report on housing opportunities offered and leased to individuals of the Target Population to determine if opportunities are being utilized and/or if there are issues/barriers that need to be addressed.	OAAS/LHC	Beginning by April 2025 then Quarterly
4.40	Track and report on housing opportunities leased by members of the TP.	OAAS/LHC	Quarterly

No.	Task/Activity	Owner	Target Completion Date
4.41	Collaborate with internal and external stakeholders to improve program processes and workflows, ensuring PSH staff participate in assigned regional Nursing Facility transition meetings as assigned.	OAAS/OBH	Ongoing
4.42	Evaluate overall progress towards goals identified for the year and revise housing plan if needed and address issues/concerns as they are identified.	LDH/LHC	Quarterly
4.43	LDH and LHC will continue meeting on a monthly basis to discuss progress and identify any additional housing opportunities.	OAAS/LHC	Monthly
4.44	LDH and the SME Team will meet on a quarterly basis to discuss Agreement-specific housing plan/activities and the potential for additional housing opportunities for the DOJ population.	LDH/LHC	Quarterly

Case Management Services

No.	Task/Activity	Owner	Target Completion Date
4.45	Monitor CCM program to identify member enrollment (including the number and percent of the diverted and transitioned populations referred, and the number and percent enrolled), level of engagement, monitor timeliness of assessments and plans of care, 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	Monthly
4.46	Conduct quality reviews of the CCMs to assess compliance with specific requirements included in the guide and to determine if plans of care are reflecting the assessment completed by the CCM.	OBH	Annually
4.47	Evaluate the community case management program using data obtained from a variety of sources such as but not limited to SME service reviews and MCO reports.	OBH	Annually

Personal Care Services

No.	Task/Activity	Owner	Target Completion Date
4.48	Continue ongoing provider network monitoring reviews to ensure providers meet requirements specified in the provider manual.	OBH	Quarterly
4.49	Review/analyze network adequacy reports submitted by the MCOs and work to address any gaps identified in the reports submitted.	OBH	Quarterly
4.50	Monitor and report on service utilization.	OBH	Quarterly

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. These efforts will include better utilization of the My Choice internal quality committee, My Choice Transition Support Committee, My Choice Quality Resource Group and timely efforts to review mortalities by the Mortality Review Committee. 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.

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	Continue to notify the SME and DOJ of mortalities utilizing the agreed upon mortality communication protocol.	OAAS/OBH	As identified
5.1	Continue efforts to complete timely reviews of individuals that passed away and are submitted to the Mortality Review Committee.	OAAS/OBH	Ongoing
5.2	Finalize the 2023 Annual Mortality Report.	OAAS/OBH	March 2025
5.3	Post 2022 and 2023 Annual Mortality Reports	OAAS/OBH	April 2025
5.4	Investigate contributors to increased mortalities in 2023 when compared to prior years including an analysis on cause of death for members.	OAAS/OBH	July 2025
5.5	Complete and Finalize the 2024 annual mortality report.	OAAS/OBH	August 2025
5.6	Post 2024 Annual Mortality Report.	OAAS/OBH	September 2025
5.7	Finalize 2024 Annual Quality Report.	OAAS/OBH	March 2025
5.8	Share and discuss 2024 Annual Quality Report with stakeholders.	OAAS/OBH	May 2025
5.9	Publish Annual Quality Report.	OAAS/OBH	June 2025
5.10	Convene the My Choice Quality Resource Workgroup on a semi-annual basis. Additional members will be added as identified.	OAAS/OBH	Semiannual
5.11	Review annual plan and other findings with My Choice Quality Resource Workgroup to discuss findings and address strategies.	OAAS/OBH	May 2025
5.12	Incorporate recommended strategies from My Choice Quality Resource Workgroup.	OAAS/OBH	Ongoing
5.13	Continue to meet with the My Choice Quality Review Workgroup (internal cross-office group) to identify new or revised quality matrix measures consistent with the requirements in Section X of the Agreement, finalize benchmarks or trends, and review quality matrix performance metrics against established benchmarks or trends, service review findings, and/or other measures.	OAAS/OBH	Monthly
5.14	Create a repository for feedback received from the TSC, the external Quality Committee, and the My Choice Advisory Committee and update monthly during internal quality meetings.	OAAS/OBH	April 2025
5.15	Based on feedback in the repository, identify area(s) of focus and design/implement an approach for further analysis and/or to develop strategies to remediate these areas.		Monthly

No.	Task/Activity	Owner	Target Completion Date
5.16	Develop/Implement a tracking process to determine if the strategies implemented to address concerns identified through the quality assurance process had intended outcome.	OAAS/OBH	July 2025 /Ongoing
5.17	Review the quality matrix to finalize metrics, methodology, data sources, benchmarks for items 98.1, 99.d and 99.f.	OAAS/OBH	ongoing
5.18	Continue to meet and share data to inform programmatic and policy decisions with key state agencies involved with the My Choice Program.	OAAS/OBH	Ongoing/As scheduled

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

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. During CY 2025, LDH will review and update the communication plan incorporating strategies/recommendations from stakeholders. Additionally, LDH will evaluate current structures and make-up of committees to assure continued participation from a broad range of stakeholders. During 2022, LDH revised the in-reach plan to identify long-term options to engage with individuals on the Master List on an ongoing basis. During 2025, LDH will continue implementation of the long-term strategy for in-reach with continued use of peer specialists as required in the Agreement. Through this process the strategies will be evaluated to enhance in-reach efforts. These efforts will be monitored 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	Continue to develop and provide training, conversation guides, and other written resources to all in-reach specialists to enhance their skills to ensure the provision of meaningful information about community options.	OAAS/OBH	Ongoing
6.1	Continue to utilize internal quality strategy/tool to evaluate, monitor, and enhance PIRS engagement activities.	OAAS/OBH	Ongoing
6.2	Continue to track reasons individuals indicate they are undecided or not interested in transitioning.	OBH	Monthly
6.3	Compile/discuss information regarding reasons individuals indicate they are undecided or not interested in transitioning collected by the PIRS utilizing the in-reach contact form during the monthly review of transition/in-reach activities.	OBH	Monthly

No.	Task/Activity	Owner	Target Completion Date
6.4	Identify and implement strategies to overcome unresolved issues/barriers and/or optimized informed choice engagement for these individuals during staffing meetings or post monthly review of in-reach activities.	OAAS/OBH	Monthly
6.5	Analyze procedures for potential enhancements related to those who lack decision-making capacity at the time of in-reach.	OBH	Fall 2025 and ongoing
6.5	Incorporate review and referral of systemic issues/barriers collected by the PIRS into the TSC referral process discussed in tasks 1.30-1.32.	OBH	Quarterly
6.6	Complete and track in-reach contacts for priority groups identified for 2025 and ensure that individuals assigned for in-reach receive an initial contact and follow up contacts consistent with policy.	OBH	Beginning by April 2025 then Monthly
6.7	Monitor that contacts are completed timely.	OBH	Ongoing
6.8	Review Methodology for 2025 My Choice PIRS in-reach contacts to create target percentages for penetration for those assigned to in reach.	OBH	Ongoing
Outreach			
6.9	In collaboration with the My Choice Advisory Committee, brainstorm and identify target populations and strategies to create better awareness of the provisions of the Agreement.	OAAS/OBH	March 2025
6.10	Develop and implement a communications plan for identified target populations.	OAAS/OBH	Ongoing
6.11	Continue to engage with system partners in opportunities regionally and statewide, such as, provider meetings, association meetings, and professional conferences to share information and seek input regarding audience appropriate My Choice activities.	OAAS/OBH	Ongoing
6.12	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
6.13	Identify and implement enhancements needed to the My Choice website.	Integration Coordinator	June 2025
6.14	In partnership with the stakeholders develop guidance regarding My Choice participants' rights.	OAAS/OBH	June 2025
Education			
6.15	A comprehensive repository will be created to house all relevant training materials and resources in a single public location to serve as a central reference point, ensuring easy access and organization. This will ensure all providers are up to date on the necessary skills and knowledge to comply with the terms of the Agreement.	OAAS/OBH	April 2025

Appendix – Acronyms

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

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