

LA-DOJ Sixth Subject Matter Expert (SME) Report

COVERING THE PERIOD OF 7/1/2021 THROUGH 12/31/2021

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I. Introduction

In June of 2018, the State of Louisiana (the State) entered into an Agreement with the United States Department of Justice (DOJ) to resolve its lawsuit alleging the State violated the Americans with Disabilities Act (ADA) by failing to serve people with mental illness in the most integrated setting appropriate to their needs. The complaint alleges that the State relies on providing services to these individuals in institutional settings - specifically, Nursing Facilities (NFs) - rather than in the community. Under this Agreement, the State is required to create and implement a plan that will either transition or divert individuals with mental illness from these facilities by expanding the array of community-based services, including crisis services, case management, integrated day services, and supportive housing.

The Target Population for the Agreement is comprised of (a) Medicaid-eligible individuals over age 18 with serious mental illness (SMI) currently residing in nursing facilities; and (b) individuals over age 18 with SMI who are referred for a Pre-Admission Screening and Resident Review (PASRR) Level II evaluation of nursing facility placement during the course of this Agreement, or who have been referred within two years prior to the effective date of this Agreement. It excludes those individuals with co-occurring SMI and dementia, where dementia is the primary diagnosis.

The Agreement sets forth the requirement for a Subject Matter Expert (SME). The SME is to provide technical assistance to help the State comply with its obligations under the Agreement. The SME has various responsibilities, including analyzing and reporting data on the State's progress in complying with all sections of this Agreement. In addition, the SME is responsible for assessing the quality of community-based services for members of the Target Population (defined in the Agreement). The State engaged the Technical Assistance Collaborative in August of 2018 to perform the SME responsibilities. Every six months, the SME will draft and submit to the Parties a comprehensive public report on Louisiana Department of Health (LDH) compliance, including recommendations, if any, to facilitate or sustain compliance. This is the sixth SME report, covering the period of 7/1/2021 through 12/31/2021.

While the goal of the agreement is to reduce the use of nursing facilities for people with serious mental illness, thus far, the number of people with serious mental illness living in nursing facilities has remained relatively constant. In June 2018, there were 3,580 individuals in the Target Population in nursing facilities. As of 11/30/2021 there are 3,711 individuals in the Target Population in nursing facilities. This is likely a result of new admissions exceeding transitions from NFs to integrated settings.

As of December 2021, LDH has transitioned 227 individuals from nursing facilities since June 2018, when the implementation of this Agreement began. While the State aimed to transition 219 individuals in Calendar Year (CY) 2021, they fell far short of that transition target. For the period 1/1/2021 through 12/1/2021, the State reports they transitioned 84 individuals from nursing facilities. The State expects an additional 20 will be transitioned in December 2021.

The State aimed to divert an additional 194 individuals from NFs in CY 2021. They reported meeting that target. However, the majority of these individuals were people who were homeless, some of whom were at-risk of an NF admission rather than individuals who had sought NF admission and were diverted to the community during the admission process.

The State has indicated that the ongoing pandemic and the hurricanes have impacted their diversion and transition efforts. These factors undoubtedly presented unique challenges in the implementation of this

Agreement. Still, the fact remains that many more diversions and transitions will need to occur in future years to meet the goals of this Agreement.

At the current pace of transitions, it will take LDH several years to transition everyone who is interested and can transition from a NF. Consequently, many people who already want to move may remain institutionalized unnecessarily for years. LDH will need to take significant action to accommodate people's desires to transition without unnecessary delay.

There are several areas of focus that the SME recommends for the next six months and beyond. These priority areas have not changed significantly since the last SME reports. The fundamental goals of the Agreement drive the SME's areas of focus. Specifically, diverting individuals with serious mental illness away from inappropriate nursing facility admissions and identifying 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 providing them with transition and discharge planning and community-based services sufficient to meet their needs. In addition, the State will be implementing six new services during the next reporting period, including community case management. Therefore, the SME recommends that LDH concentrate most of its efforts over the next reporting period on the following activities:

- Increasing the number of individuals transitioned from nursing facilities. The State projects 1,776 individuals in the current Target Population in NFs may be interested in moving in the near future. It is aiming to transition 292 of these individuals in CY 2022. This is approximately 32% of the individuals on the Active Caseload (those who have indicated an interest in moving and whom the State has prioritized for transition) and less than 17% of the overall Target Population in NFs that the State projects may express an interest in transition in the near future. In Paragraph 42, the SME recommends LDH undertake several activities to increase transitions.
 - Combining the efforts of all Transitions Coordinators (TCs) to perform transitions regardless of the population they were initially responsible for transitioning.
 - Develop a new process for prioritizing TC and other staff efforts to work with individuals who have expressed an interest in moving to the community.
 - Hire or contract with additional Peer Specialists that can support TCs and Community Case Managers (CCMs) in their efforts to transition individuals.
- Identifying and addressing major barriers that impede transitions. During this reporting period, the TCs indicated housing in general was a significant barrier for individuals interested in transitioning from NFs. This is the first reporting period where the lack of housing was identified as a significant barrier. The SME recommends LDH continue cooperative efforts with the Louisiana Housing Corporation and engage local public housing authorities in efforts to obtain the necessary vouchers and units for the Target Population. In addition, the SME is requesting LDH revise its housing plan to better project the sources of federal and state funds that will be needed to meet the requirements of the Agreement.
- Completing efforts to contact each individual in the Target Population to gauge their interest in moving from NFs. In April 2021, LDH implemented a revised in-reach plan and specific targets for in-reach efforts. The State is on track to meet the expectations set forth in their April projections. LDH should continue to provide the SME with monthly status reports regarding in-reach efforts over the next reporting period. The SME is also recommending that LDH evaluate the quality of the in-reach engagements and identify future training needs of staff performing in-reach. In the previous SME report, it was suggested that LDH develop a strategy to identify barriers generally

for individuals who are not expressing an interest in transitioning and develop initial strategies to address these barriers. The State did not develop a process for identifying and addressing these barriers.

- The Agreement requires case management in the community to be provided to members of the Target Population for a minimum of 12 months following discharge from the nursing facility. Effective oversight and delivery of case management will be critical in order to ensure successful outcomes for people who are diverted and transitioned. The Department was to launch this service in November 2021. Due to Hurricane Ida this has been delayed two months. The SME has reviewed information regarding the standard operating procedures (SOP) for CCM. Overall, the SOP sets forth a reasonable quality monitoring process if adequately implemented. However, there are areas that the SME recommends addressing in revisions to these procedures, including additional documentation (e.g., crisis plans), additional situations that may trigger a re-assessment including changes in primary care giver, living arrangements, and focusing on strategies to address physical health conditions. As indicated in other SME reports and highlighted in the Service Review, most individuals in the Target Population have significant co-morbid conditions. The SME also reviewed the proposed assessment tool and plan of care. The SME finds these documents incomplete and inadequate for identifying and addressing the needs of individuals receiving CCM. As indicated in Paragraph 61, the SME strongly recommends the assessment and planning tool be revised to reflect the efforts by the LDH Office of Aging and Adult Services (OAAS) and the Office of Behavioral Health (OBH) to identify needs and have plans that are person-centered. LDH is open to this feedback and is working with the SME to revise the assessment and plan of care tools ahead of implementation of CCM.
- Focusing more closely on identifying and coordinating the needs of individuals diverted from NFs will be a major activity in FY 2022. LDH will need to pay particular attention to the referral and engagement process for these individuals.
- Continuing to assess whether the Managed Care Organizations' (MCOs') efforts regarding the at-risk population are effective. As indicated in the fifth report, LDH finalized the at-risk definition and required the MCOs to develop plans for better engaging at-risk members in case management to address their health and behavioral health needs, thereby reducing emergency department (ED) visits, inpatient stays, and nursing home readmissions. The MCO plans were relatively short and varied in the level of detail provided by each MCO regarding their strategies to engage and provide case management to at-risk members. In the SME's opinion, few of these plans provided sufficient detail to assess what the MCOs may be doing differently for at-risk members than what they generally do for individuals with complex needs. The MCO plans focused on identification, outreach, and initial case management strategies. The plans did not provide much detail on how MCOs would explicitly work with these members to reduce ED visits or inpatient hospital or NF admissions. The State implemented a reporting system that tracks the MCO's efforts to provide case management to these individuals. The SME recommends information be collected and analyzed on all at-risk members (even if they are not receiving MCO care coordination) to determine the effectiveness of the MCO's engagement and care coordination effort.
- Continue efforts to measure the quality of community services for Target Population members. As noted above, effective oversight is critical to ensuring successful outcomes for people in the Target Population. As additional individuals are transitioned and diverted from nursing facilities, and new services are brought on-line, LDH's quality assurance activities will need to be expanded to oversee the implementation of the new services and specifically to ensure that MCOs and the Community Case Management agencies are engaging individuals in case management in a timely

manner, conducting the necessary assessments and developing person-centered plans of care. LDH should also develop a process to ensure that individuals are getting linked effectively to the services identified in the plan of care. LDH has collected six quarters of information on the quality matrix measures. There are several measures that continue to indicate potential systemic issues that the State's quality assurance workgroup should address, as discussed in Paragraph 100. During this reporting period, LDH reviewed the current measures to determine what measures should be modified and where new measures should be added. LDH has incorporated feedback from stakeholders (a subcommittee of the My Choice Advisory Committee) in the revisions of these measures. In addition, LDH has received input from DOJ and the SME and is proposing new measures to comport with Paragraph 99. LDH has developed their Annual Quality Report, the first such quality report for the My Choice Program. The State still needs to obtain feedback from the My Choice Advisory Committee regarding this report.

- Contracting for the necessary tracking systems to meet the requirements of the Agreement. In particular, the State should have the necessary systems to not only support their quality assurance efforts, but also, more importantly, identify individuals in the Target Population within three days after admission into an NF. The State solicited proposals from vendors this past reporting period and reports that a contract will be awarded in early CY 2022.
- Ensuring that new services are implemented this reporting period. There are crisis services, employment supports, and personal care assistance, in addition to community case management (discussed above) that are being implemented during the coming reporting period. Due to Hurricane Ida, there has been some delay in the implementation of these services. However, LDH has stated they will have these services in place in the first six-months of CY 2022. During this period, LDH is expected to continue working on a plan for a single, 24-hour crisis hot line. As recommended in Section V (Community Support Services) in this report, LDH should work with the MCOs to closely monitor the implementation of these services including regular meetings with the MCOs, technical assistance vendors (e.g., Louisiana State University), providers, and stakeholders to identify and address early implementation issues.
- Developing and implementing strategies to address recommendations set forth in the LDH Needs Assessment and the SME Service Reviews. The SME is recommending the State develop a strategy for prioritizing the recommendations with particular attention on assessments and care planning that are reflective of a person-centered thinking and a recovery approach.

The following report provides an overview of the State's progress in each area of the Settlement Agreement. The report is organized using the language of the Agreement as a framework, with Paragraphs from critical areas of the Agreement (by number) included in italics followed by descriptions of the State's progress in these areas. The report also includes recommendations by the SME for the State to address in the next reporting period. The report also assesses LDH's progress in completing activities in the CY 2021 Implementation Plan that can be found at <https://ldh.la.gov/assets/docs/MyChoice/LA-LDH2021AnnualImplementationPlan.pdf>.

II. Target Population

24. *The Target Population comprises (a) Medicaid-eligible individuals over age 18 with SMI currently residing in nursing facilities; (b) individuals over age 18 with SMI who are referred for a Pre-Admission Screening and Resident Review (PASRR) Level II evaluation of nursing facility placement during the course of this Agreement, or have been referred within two years prior to the effective date of this Agreement; and (c) excludes those individuals with co-occurring SMI and dementia, where dementia is the primary diagnosis.*

25. *Members of the Target Population shall be identified through the Level II process of the Pre-Admission Screening and Resident Review (PASRR), 42 C.F.R. 483.100-138. LDH shall perform additional analysis of the assessment information contained in the Minimum Data Set (MDS) of information reported to the Centers for Medicare and Medicaid Services (CMS), to identify individuals who may have required a Level II screen but did not receive one.*

26. *The State will develop and maintain a Target Population priority list of individuals who meet the criteria described in Paragraphs 24 and 25.*

The SME assessment of Paragraphs 24 through 26 is combined. As one of the initial activities, LDH created a list of individuals in NFs who are members of the Target Population. The list includes individuals with an SMI identified through a PASRR Level II evaluation and individuals who do not have a PASRR Level II evaluation, but the MDS indicates they have an SMI. As of 12/1/2021, the State reports that 90% of the individuals on the priority list had at least one PASRR II evaluation with a confirmed Serious Mental Illness. The State regularly analyzed and reviewed data from the MDS and PASRR Level II reviews on individuals who were residing in NFs to add to this List. The MDS is part of a federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing homes. This process involves a comprehensive, standardized assessment of each resident's functional capabilities and health needs. This includes diagnosis and other information to determine if an individual has a Serious Mental Illness (SMI).

The State has divided the list of Target Population members in nursing facilities into two groupings. This includes an Active Caseload List for individuals who have indicated an interest in moving and whom the State has prioritized for transition. LDH has also created a Master List for the remaining individuals who have indicated they are not interested in moving at this time or for individuals who have not been contacted recently about transition. As of 12/1/2021, there were 3,711 individuals in the Target Population, with 916 individuals on the Active Caseload List and 2,795 individuals on the Master List.

In the previous SME report, there were 3,549 individuals in the Target Population in nursing facilities. 2,825 individuals were included in the Master List and 724 individuals on the Active Caseload List. The increases in the Active List and the Master List are a result of new admissions exceeding discharges, including transitions. The increase on the Active Caseload List is a result of LDH's renewed in-reach efforts (as discussed in Paragraph 54) since April 2021 to meet with individuals on the Master List to discuss their interest in transitioning.

Over the past year, the State developed a referral system and prioritization to complete Level II evaluations for individuals on the Master List who were identified by MDS information as having an SMI. The State reports an increase in individuals on the Master List who have received a PASRR Level II. As of the December 2020 report, 78% of the individuals on the Master List had received a PASRR Level II. As of

this reporting period, 88% of the individuals on the Master List have received a PASRR Level II evaluation, representing a 13% increase.

The State continues to add individuals to the Target Population list on a daily basis. MDS information is provided to LDH daily for individuals at admission and at other times during their NF stay. Individuals who are identified by the MDS as having SMI are added to the Master List the next day. On a regular basis, the State matches MDS data to PASRR Level II data to identify individuals who may have required a Level II screening but did not receive one.

Overall, the SME's assessment for these paragraphs indicates:

- LDH has developed and actively maintains a Target Population list required by Paragraph 26.
- LDH had identified individuals admitted to nursing facilities with an SMI using the MDS to identify whether the individuals have a Serious Mental Illness consistent with the diagnoses agreed to by the Parties.
- LDH states that individuals who were admitted to an NF prior to CY 2022 (through September 2021) have been provided a PASRR Level II. This statement conflicts with the data provided to the SME from the State this reporting period. The SME is requesting information in the next reporting period (similar to the last two reporting periods) regarding the number of individuals on the Master List who have a PASRR Level II evaluation.
- The SME understands that individuals are identified as having a potential SMI after they are admitted to the NF. These individuals are placed on the Master List. LDH should ensure a process for providing a PASRR Level II for those individuals on the Master List who are newly identified as having a psychiatric diagnosis on the MDS and, therefore, are in need of a Level II evaluation. LDH should ensure these individuals receive timely PASRR Level II evaluations (within 30 days of being placed on the Master List).

Over the next reporting period the SME is recommending that LDH develop and maintain a list of individuals who are diverted from NF, given these individuals are also part of the Target Population.

27. People in the State who have SMI but are not in the Target Population may request services described in Section VI of this Agreement or, with their informed consent, may be referred for such services by a provider, family member, guardian, advocate, officer of the court, or State agency staff. Once LDH receives a request or referral, the person with SMI will be referred for services in accordance with the State's eligibility and priority requirements and provided notice of the State's eligibility determination and their right to appeal that determination.

During the reporting period January through July 2021, the SME requested information from the State regarding activities that have been completed to meet the requirements of this Paragraph. Per LDH, individuals who have SMI but are not in the Target Population may request and receive some existing and some new services that are set forth in the Agreement, including Mental Health Rehabilitation Services, outpatient mental health services, substance use disorder services under the State's 1115 Demonstration Program, and, more recently, Peer Supports. Available services and processes to access these services are dependent on payer source. For instance, individuals with SMI who are enrolled in the Medicaid program may receive the current array of existing and new Medicaid services. These individuals must maintain Medicaid eligibility and meet the medical necessity criteria established by the State or their contracted Managed Care Organizations (MCOs) to receive these services. For services managed by LDH (e.g., services in the Community Choice Waiver), the individual must apply and be determined to meet eligibility criteria set forth by the State.

For individuals who are Medicaid eligible and who seek behavioral health services, the MCO case manager or behavioral health provider seeks authorization (as necessary) from the MCO to determine if the individual meets medical necessity criteria. If an individual is denied participation in the Waiver or is denied services from their MCO, LDH reports they have the required processes for the individual to appeal that decision. If an individual is not Medicaid eligible and has an SMI, the individual will be encouraged to enroll in the Medicaid program. If the individual is determined to be ineligible for the State's Medicaid program, LDH has the required processes to appeal that decision. If found ineligible, the Office of Behavioral Health (OBH) will refer the individual to a Local Governing Entity (LGE) for services and supports. The array of services and supports available to those individuals without Medicaid is dependent on the services offered by the LGE and the availability of funding for expanded services beyond that which they are mandated to provide.

III. Diversion and Pre-Admission Screening

29. The State shall develop and implement a plan for a diversion system that has the capability to promptly identify individuals in the Target Population seeking admission to nursing facilities and provide intervention and services to prevent unnecessary institutionalization. The State's plan shall include, but not be limited to, development of services identified in Section VI [of the Settlement Agreement].

In December 2019, the State submitted a diversion plan to outline the steps LDH will take to promptly identify individuals in the Target Population seeking admission to NFs and to provide intervention and services to prevent unnecessary institutionalization. The plan set forth definitions for individuals who would be considered diverted from NFs and individuals who are at high-risk for NF placement. The plan also sets targets for the number of people who will be diverted from NFs each year. The State's plan can be found at <https://ldh.la.gov/assets/docs/MyChoice/DiversionPlan.pdf>.

The State projected it would divert 194 individuals from NFs in CY 2021. The State reports that it has diverted 210 individuals from January 2021 through December 1, 2021. While the State technically met its projected targets, most of these individuals in the diversion category were not true diversions. Rather, these individuals were homeless and had an SMI. They were not referred to an NF and were diverted to the community during the admission process. As indicated in the previous SME report, many of these individuals did not meet NF level of care or meet the criteria for the at-risk population. The State reports that 83 individuals were diverted through the PASRR Level II process. Going forward, the population of people who are homeless and have an SMI will not count as diversions, but instead will be included in the at-risk population.

During this reporting period, LDH is making revisions to the 2019 Diversion Plan. A critical component of the revised plan should establish measurable annual and long-term targets for the diversion of the Target Population members per the requirements of the Agreement. As set forth in the CY 2021 implementation plan, the State is to develop a long-term diversion strategy "to increase the number of diversions," similar to the aggressive long-term transition strategy, and develop diversion targets consistent with that strategy. The State did not develop a long-term strategy during this reporting period.

The SME is requesting that LDH revise its diversion plan early in the next reporting period. The SME is recommending that the plan include:

- Projections (annual and long term) that are specific to individuals whom the PASRR Level II evaluation process identifies should be maintained in the community versus admitted to an NF.
- Only items that are future oriented. The previous report provided important information about what LDH had undertaken prior to CY 2020 to reduce individuals with SMI from being admitted to NFs. LDH should include in the revised plan strategies to ensure these efforts are continuing to be implemented and are effective (e.g., continuous review of efforts to remove the behavioral health pathway for NF admissions).
- Strategies to meet CY 2022 and longer-term projections for diversions including strategies to enhance OBH's oversight of PASRR Level II reviewers to ensure that reviewers are assessing and providing information regarding community options to individuals with SMI that are seeking admission into an NF.
- Evaluation strategies to determine whether the MCO's efforts to provide enhanced care coordination to the at-risk population are producing the intended outcomes.
- Ensuring referrals from PASRR Level II evaluators to community case management providers are timely and that LDH is tracking these individuals consistent with efforts to track individuals who are transitioned from NFs.
- Outreach to organizations identified in Paragraph 88 including law enforcement, corrections, and courts.

The SME is also recommending the State develop a process for identifying individuals prior to admission and during the PASRR process (Level I screening and Level II evaluation) who have few barriers to receiving services in the community even though they meet NF Level of Care. As indicated in Paragraph 36, the State has successfully eliminated the behavioral health pathway and therefore individuals should not be admitted solely due to their mental illness. There may be individuals with an SMI who seek NF admissions who may have lower physical health needs and home and community-based services and natural supports are readily available to meet their needs. The SME recommends OAAS and OBH should develop a strategy for how to best identify and divert this population during the next reporting period to further increase diversions from NFs.

30. LDH will therefore 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.

LDH has developed and begun efforts to implement a system to identify and divert individuals from avoidable hospitalizations. While working with hospitals is an important strategy (as required in Paragraph 87), it is the SME's opinion that LDH's initial effort would be better spent on working with MCOs versus hospitals directly to prevent avoidable hospitalizations. The SME continues to believe that MCOs have the fiscal incentive to identify these individuals and develop strategies that prevent admission or readmissions for individuals with significant co-morbid conditions and SMI.

A major strategy for diverting individuals from NF admissions is to identify individuals who may be at high risk for hospitalizations that would lead to an NF admission. As indicated in the previous SME report, the Department finalized a definition for an "at-risk" population that included individuals with an SMI, who had chronic physical health conditions and who had recent and 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 required the individual to have at

least one physical health condition, at least one behavioral condition, and at least six ED visits or inpatient hospital (all cause) admissions within the last 12 months. The State projected there were 7,150 individuals who met the criteria in CY 2020. In total, these individuals had 8,586 inpatient stays (all cause) and 28,479 ED visits. These individuals also had 143 NF admissions.

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

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

Each MCO provided LDH with a plan, which generally comported with the above requirements. The SME requested and received baseline information from LDH regarding each MCO's baseline utilization for ED visits, inpatient, and NF admissions.

The SME requested and the State provided each MCO's plans for engaging at-risk members consistent with the Department's contractual requirements. The plans were relatively short (less than three or four pages) and varied in the level of detail provided by each MCO regarding their strategies to engage and provide case management to at-risk members. In the SME's opinion, few of these plans provided sufficient detail to assess what the MCOs may be doing differently for at-risk members than what they generally do for individuals with complex needs. The SME understood that the Department was interested in changes the MCOs will make to their existing case management approach to better engage individuals in case management and to develop strategies for addressing physical and behavioral health needs to divert them from EDs, hospitals, and NFs. The MCO plans focused on identification, outreach, and initial case management strategies. The plans did not provide much detail on how MCOs would explicitly work with these members to reduce ED visits, inpatient hospital, or NF admissions. However, some plans did provide important information to LDH regarding their case management strategies for the at-risk population. For instance:

- All plans were committed to providing case management services to the at-risk population for 12 months.
- Several plans provided detailed information on criteria they will use to determine if case management is useful beyond the initial 12 months.
- One plan provided detail on how they would do a home visit to the individual if regular means of contact were not effective (including the use of peers and the ACT provider in the geographic area).
- Plans included evaluation criteria to re-assess whether the case management strategy developed by the MCO was effective (engagement and ongoing case management).
- Reviewing and revising the plan of care on a monthly or 60 days basis (versus once per year).
- Collaborating with EDs and psychiatric inpatient providers to ensure awareness of the MCO's at-risk efforts.

The SME recommends that aggregate (and by plan) information be tracked and analyzed by LDH regarding the at-risk population over the next year to determine if the MCO care coordination efforts successfully divert individuals from EDs, inpatient, and nursing home admissions. This will allow the State to measure whether the strategies developed by MCOs to offer better care coordination for these individuals is effective in reducing NF referrals. The SME recommends information be collected and analyzed on all at-risk members (even if they are not receiving MCO care coordination) to determine the effectiveness of MCO's engagement and care coordination effort. The SME is requesting this information for the next reporting period.

In the fourth and fifth SME report, the SME recommended LDH identify hospitals that have higher rates of potential avoidable hospitalizations (leading to NF referrals) and discuss strategies with the MCO and these hospital providers to reduce avoidable hospitalizations. The State has not undertaken an analysis of hospitals with higher rates of referrals and has not met with the MCOs and hospitals to review this data and to develop strategies to reduce these referrals. The SME recommends LDH complete these activities in the next reporting period.

31. LDH shall also implement improvements to its existing processes for screening individuals prior to approving nursing facility placement.

LDH reports that it has implemented a number of strategies to improve the PASRR Level I screenings to achieve diversion of individuals with SMI seeking admission to NFs. The strategies the State identified to improve the PASRR Level I screening process included changes to the PASRR Level I referral process and providing training to Level I screeners to improve the identification of individuals with SMI through the PASRR Level I screening. LDH has also trained staff completing the MDS to better identify and provide diagnosis information to LDH from the MDS. Additional information regarding PASRR Level I screenings is provided in Paragraph 33. No large-scale additional PASRR Level I trainings have been conducted since 2018.

The State reports they will develop and implement training for PASRR Level I screeners when the tracking system is implemented. The new tracking system will identify individuals in the Target Population who were admitted into an NF within three days. LDH is procuring this new system during this reporting period (more information on these efforts is provided in Paragraph 39). The SME is requesting information regarding the implementation of this new training (training materials and schedule of trainings) for PASRR Level I for the next reporting period. The SME is also requesting for the next reporting period that LDH develop goals for these improvements and an evaluation strategy to ensure that these strategies are producing the intended outcome.

32. The State will ensure that all individuals applying for nursing facility services are provided with information about community options.

According to the State, individuals are asked about their interest in and need for community services by PASRR Level II evaluators and are provided information about community options at the time of the evaluation. The SME has not yet reviewed the specific strategies and processes that the independent evaluator uses to discuss these options. The three previous SME reports requested information from the State regarding their efforts to ensure that the evaluators offer community options in a meaningful way. The SME believes the State's oversight and evaluation of these strategies are important. LDH states this process will be part of the evaluation and possible changes to the PASRR Level II Program.

The SME recommended that LDH develop an oversight process to conduct an independent review of supporting documentation and admission decisions using the PASRR Level II evaluation to support the admission decision. As discussed in Paragraph 34, LDH has developed a process to review the quality of evaluations performed and processes undertaken by PASRR Level II reviewers. The State reports that part of this review will focus on if and how individuals are offered community options during the evaluation. Specific SME requests and recommendations are set forth in that paragraph.

During the next reporting period, the SME will request and re-review the most recent list of community options. As indicated in previous reports, the list has many resources that would be available to the individual; however, it is a daunting list, and the SME imagines that individuals will need assistance in understanding and accessing these options.

33. All screenings and evaluations shall begin with the presumption that individuals can live in community-based residences. For any individual for whom a nursing facility placement is contemplated, the PASRR Level I screening will be conducted by a qualified professional prior to nursing facility admission to determine whether the individual may have a mental illness. To improve identification of persons with mental illness through the PASRR Level I screening, LDH shall develop and implement standardized training and require that all personnel who complete any part of the Level I screening, excepting physicians, receive this training.

As indicated in Paragraph 31, LDH has taken several steps to change the PASRR Level I screening process to better identify individuals with SMI who are referred to NFs. These steps included modifying the Level I screening instrument, developing and implementing standardized training for personnel (except physicians) who complete any part of the PASRR Level I screening process, and specifying the credentials of individuals deemed qualified to complete the PASRR Level I Screen. Information regarding these specific three steps was provided in subsequent SME reports.

The State is proposing new training for PASRR Level I reviewers once changes are finalized for the tracking system. The tracking system was to be operational during CY 2021; however, due to procurement delays the vendor will not be procured and under contract until CY 2022. The State indicates the tracking vendor will play an important role in training staff that complete Level of Care Eligibility Tool (LOCET) and PASRR Level I once changes to the tracking system are complete. As stated in Paragraph 31, the SME is requesting training and other implementation materials during the next reporting period.

34. For each individual identified through the Level I screen, LDH will promptly provide a comprehensive PASRR Level II evaluation that complies with federal requirements. It shall be conducted by an evaluator independent of the proposed nursing facility and the State. This evaluation will confirm whether the individual has SMI and will detail with specificity the services and supports necessary to live successfully in the community. It shall address options for where the individual might live in the community. LDH shall provide additional training to ensure that PASRR Level II evaluators are familiar with the complete array of home and community-based services available to provide and maintain community-integration and shall revise Level II forms to include more extensive and detailed information regarding services in the community.

PASRR Level II reviews are performed by the Medicaid MCOs' Level II Evaluators, Licensed Mental Health Professionals who operate independently of the NF and the State. LDH has implemented policies and

incorporated specific requirements within its Medicaid managed care contracts to ensure timeliness of the evaluations. LDH also issued a legal memorandum in December 2017 to providers to clarify their responsibilities to submit required documentation to OBH and Medicaid MCOs within a timely manner for the purposes of PASRR Level II evaluations.¹ This 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 MCO's PASRR Level II evaluators. The most recent data provided to the SME indicates that Medicaid MCOs continue to complete PASRR Level II evaluations within four business days of referral from OBH, consistent with State requirements. As discussed below, due to the COVID-19 pandemic, the State requested waivers from CMS to suspend PASRR screenings and evaluations. Due to these waivers, many individuals who were candidates for a PASRR Level II did not receive the Level II evaluation prior to admission to an NF.

As discussed in prior SME reports, 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 NF residents with SMI. LDH also 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 determination forms are intended to better convey information about community-based mental health services and supports.

According to LDH, and as set forth in the current MCO contract, the Medicaid MCOs continue to offer trainings to their affiliates and representatives that perform PASRR Level II evaluations. As indicated in the previous three SME reports, LDH has also developed directories for community-based resources available to individuals referred for PASRR evaluations. The State reports there are ongoing efforts made to ensure these directories are maintained and updated with current listings of available services within the behavioral health service array. The State also reports that during meetings with MCOs, LDH staff integrate discussions on available community resources.

As indicated in the fifth SME report, the SME requested and received the most recent PASRR Level II training materials during this reporting period. A review of the training material by the SME and the SME team found the presentation to be fairly process oriented and did not convey substantive information on how to best determine if an individual should be denied admission to a nursing facility. The SME recommended the training be revised to address some of these deficits. The training should also be revised based on findings from the process recommended in Paragraph 32 (a review of current PASRR Level II evaluator practices).

The State reports they have undertaken the following activities to address the SME report recommendations for improvements in the training materials and processes. They have specifically reported that the OBH PASRR Level II Program Manager provides training and quality improvement efforts in monthly meetings with the MCOs and the contracted PASRR Level II evaluator agency, Merakey. Topics addressed during these meetings include the following:

- DOJ compliance guide and state contract standards for MCOs and PASRR Level II Evaluators
- Face to face assessment requirements
- Managed Care Organization PASRR timeline and management of timeline

¹ LDH Legal Memorandum "Provision of Required Documentation for the Purposes of PASRR", 12/4/2017, available at https://ldh.la.gov/assets/medicaid/hss/docs/ALL_Prgms/HIPAA_and_PASRR_120417.pdf.

- Education regarding what is a “complete” PASRR and required documentation needed to complete the Level II review; review of documentation needed for dementia diagnosis
- Waiver discussion and process changes; Planning for Dementia Training and other Level II Evaluator training; Establishment of Quarterly meetings with MCOs and Merakey, (the contractor that performs the PASRR Level II evaluation) on an individual basis
- Specialized services recommendations congruent with identified needs.

The SME has not had the opportunity to review the training provided in this reporting period. The LDH reports they are planning for 2022 PASRR trainings to address various topics. Proposed training topics include, but are not limited to, the following:

- PASRR 101: DOJ Agreement, DOJ Compliance Guide, Timelines, and other PASRR Technical Assistance Center
- PASRR Level II Evaluation 101: Assessment Documentation, Meaningful Placement and Service Recommendations, Producing a Comprehensive Quality Assessment of the Individual
- Services 101: Specialized Services, Community Resources, Housing Resource Training, Waiver Services
- Additional Documentation: Mental Status Exam, Serious Mental Illness, and Dementia

The SME believes these are important trainings to improve the PASRR Level II process. The SME is requesting that LDH provide the training materials during the next reporting period. However, the State should identify how these efforts will impact the PASRR Level II evaluations and ultimately how it will improve diversions from NFs.

Previously the SME recommended that LDH develop an oversight process for the MCO PASRR Level II evaluators and the LDH PASRR Level II staff who make the final determination regarding an NF admission or a continued stay. The SME recommended the oversight process include an independent review of supporting documentation and admission decisions using the PASRR Level II evaluation to support the admission decision. OBH, in cooperation with the SME, is in the process of developing this oversight process and it should be developed and initially implemented in the next reporting period. Given the requirements of this paragraph, the SME also recommends the review include how LDH ensures the PASRR II evaluators:

- Complete PASRR Level II prior to admission to a nursing facility.
- Specify the services and supports necessary to live successfully in the community.
- Identify barriers for accessing these services or service gaps that would support an individual to live in the community.
- Address options for where the individual might live in the community.
- Are familiar with the array of home and community-based services available.

In addition, the SME, as part of the PASRR Level II review process, recommended meeting with PASRR Level II evaluators to discuss their approach for completing the evaluation, including their approach for identifying housing options and necessary home and community-based services and supports. In discussions with the State, the suggested timing of this meeting was after LDH had finished its quality improvement efforts with the PASRR Level II evaluation process. The SME is requesting information early the next reporting period regarding the timeframe for completing this initial quality review of the PASRR Level II process.

The SME recommends the State develop a strategy to measure whether these activities have produced the intended result of potential diversions or at least enhanced services provided to members of the Target Population in NF as well as better information for the Transition Coordinator and CCM to develop plans of care that meet the individual's needs.

In addition to monthly Managed Care Organization and Merakey meetings, OBH reports they had and will continue to have individual meetings with each MCO and Merakey to address individual issues, barriers, and service needs based on PASRR Level II review information. They report these meetings have been successful in forging productive and collaborative working relationships with the MCOs, Merakey, and OBH, as well as providing opportunities to identify barriers to Managed Care Organization and Merakey turnaround time compliance and service recommendation quality. OBH will continue with these quarterly meetings, in addition to the monthly meetings of all MCOs and Merakey. The SME is requesting information from these efforts regarding the barriers issues and service needs identified by the PASRR Level II evaluations.

As recommended by the SME, the State reports the PASRR Program Manager has been conducting quality reviews of PASRR processes, Level II evaluations, and outcomes, including final recommendations for placement and services. Based on this review, the State reports they are further standardizing these processes to improve the quality of these PASRR Level II reviews. Once finalized, the State reports that OBH PASRR staff will begin a quality review of Pre-Admission reviews using this process in CY2022. This will 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, Managed Care Organization Review, and OBH PASRR Determination Specialist. Each month a minimum number of reviews per Determination Specialist will be audited for appropriate and meaningful placement and service recommendations. These audits also will focus on PASRR evaluations rendered for continued stay requests and ongoing resident reviews.

The State is proposing the PASRR Program Manager will meet with each OBH Determination Specialist monthly to review audits and address any issues/barriers with placement and service recommendations. As trends in performance are identified, the State proposes the PASRR Program Manager will explore options for issue mitigation. This may include process improvements, modifications to evaluation tools, and/or the development of a training plan. This training plan will provide educational elements associated with the PASRR Level II process. This should correlate to service recommendations that meaningfully address identified behavioral health, SUD, social, housing, and other lesser physical health needs such as occupational therapies, vision and dental exams, primary care provider (PCP) linkage, home health, and durable medical equipment (DME) that will assist the individual to function with success in the least restrictive setting or when a community placement is more appropriate.

The SME is encouraged by these activities and requests information in this next reporting period regarding the use of this information to assess the effectiveness of potential diversions from NF placement through the PASRR Level II process.

As indicated in the fourth and fifth reports, the State, due to the COVID-19 pandemic, has periodically suspended PASRR processes for new admissions to nursing facilities. This first occurred in late March 2020 and intermittently subsequent to this time due to either spikes in COVID cases or the multiple hurricanes that impacted Louisiana in 2020 and 2021. Per federal guidelines, in order to suspend these processes, the State must request a waiver from CMS to temporarily waive PASRR screenings and evaluations prior

to admission. The last suspension implemented was in place from August 2, 2021, until October 31, 2021. As of this writing, the State is not operating under a waiver of PASRR operations.

Due to these waivers, many individuals who were candidates for a PASRR Level II did not receive the Level II evaluation prior to admission to an NF. LDH stated they would track individuals who were admitted to an NF who did not receive a PASRR Level II due to a 1135 Waiver through the Continued Stay Review (CSR) process. During the reporting period spanning from January 1, 2021, through December 1, 2021, a total of 28,407 individuals were admitted to a nursing facility and received a PASRR Level I. Of these individuals, 3,921 requested a continued stay for nursing facility placement, 1,479 of which were individuals flagged as having a behavioral health condition and were subsequently referred for a PASRR Level II evaluation. Of these 1,479 individuals:

- 857 were determined not to have an SMI and did not need a PASRR Level II.
- 546 were identified as having an SMI, approved for a continued stay, and were added to the Target Population list
- 0 were identified as having an SMI but denied a continued stay.
- 76 individuals had no decision at the time of this report.

While some of the 546 individuals were admitted to a NF during the timeframe the waiver was in place, LDH did not have a process for collecting specific information regarding the number of individuals who were admitted to NFs in CY 2021 who had a deferred PASRR Level II due to these waivers. However, it is highly likely that an 1135 Waiver will be requested over subsequent reporting periods and LDH will need to develop a strategy for tracking individuals who need but did not receive a PASRR Level II prior to admission.

Given there are no existing 1135 Waivers, LDH should ensure these evaluations are performed within the required timeframes prior to an NF admission. In addition, the SME continues to recommend that LDH provide information on individuals who are diverted from NFs immediately to the MCO's case management unit for those individuals for which the PASRR Level II does not recommend NF placement. LDH reports that they currently send the MCOs the Level II form and email them to let them know that the person was denied nursing home placement and to connect that person to the recommended services. The SME is requesting information during the next reporting period regarding the length of time between the PASRR Level II evaluation and the initial contact by the MCO or community case manager to assure that timely referrals and engagement for CCM are occurring.

35. LDH shall refer all persons screened as having suspected SMI but also suspected of having a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, for PASRR Level II evaluation, including those aged 65 or older. LDH shall strengthen documentation requirements used to establish a primary diagnosis of dementia relative to the PASRR screening process. For individuals without sufficient documentation to establish the validity of a primary dementia diagnosis, LDH shall provide an additional professional evaluation to ensure appropriate diagnosis and differentiation. The evaluation shall rule out external causes of the symptoms of dementia such as overmedication and neglect. Individuals with a primary diagnosis of dementia shall be provided with information regarding community-based service options but shall not be included within the Target Population for the purposes of this Agreement.

According to LDH, steps were taken in 2018 to strengthen the application and criteria of PASRR Level II evaluations to ensure appropriate identification of dementia as a primary diagnosis. These steps were documented in the fourth SME report (12/2020). In this reporting period, LDH has identified 294

individuals, or 5% of individuals referred for a PASRR Level II evaluation, who were determined to have a primary diagnosis of dementia. The SME is requesting LDH report on the number of individuals without sufficient documentation who were referred for a professional evaluation to ensure appropriate diagnosis and differentiation.

In the previous SME report, it was recommended that the State continue to analyze information regarding the findings of these reviews to determine the prevalence of individuals with dementia who have been identified by the psychiatrist and determine if these findings may be within what are considered norms in other states. The State has new OBH leadership in the PASRR Level II program and has requested this information from other states or from PTAC. The State has reached out to PTAC and reports there are no suitable proxies for comparing the percent of individuals that have been identified as having dementia and were referred for PASRR Level II evaluation. The SME recommends for the next reporting period, the State track the changes in the number of individuals identified as having a primary diagnosis of dementia and who were recommended for a PASRR Level II evaluation and determine whether the training and review process is adequately identifying individuals with a primary dementia diagnosis and whether these individuals and their caregivers are offered information regarding community-based options.

LDH has developed training and the SME made recommendations on its dementia diagnosis verification policy. During this reporting period, the State reported the physician working with the OBH PASRR Level II program conducted two updated trainings on dementia assessment and diagnosis. This training was provided for all OBH Determination Specialists, PASRR staff working within the MCOs, and their contracted PASRR Level II Evaluators (employed through Merakey). The specific focus of training was in how to obtain detailed social, behavioral, and cognitive histories from caregivers to increase the quality of the PASRR Level II evaluation for individuals with dementia. The State reports that the first dementia training was attended by 58 individuals. OBH offered a second training to the Office of Citizens with Disabilities PASRR Level II Evaluators, OBH Transition Coordinators, interested Office of Aging and Adult Services staff, and any other interested OBH staff. This second training was attended by 55 participants. In total, there were 113 attendees across the two days. The SME is encouraged by these efforts and recommends the State develop a process for evaluating the effectiveness of this training to meet the obligation in this paragraph for how individuals with dementia are identified and provided information regarding community-based service options.

During the fifth reporting period, the SME met with the LDH psychiatrist who reviews all individuals who are in the Target Population, are admitted to a nursing facility, and have a dementia diagnosis. The psychiatrist verifies that a dementia diagnosis determines whether the individual would benefit from behavioral health services. Individuals were generally not re-reviewed for dementia. However, in discussion with the SME, the LDH consulting psychiatrist did identify several conditions that may benefit from a review, including a substance use disorder (especially alcohol disorder) and other medical conditions. It was also discussed that individuals who have a dementia diagnosis need to be re-reviewed in a year. The SME recommended in the fifth report that the LDH psychiatrist re-review individuals with dementia, who have certain physical and behavioral health conditions, on an annual basis. The State reports it does not have a process to track individuals with a primary dementia diagnosis after they are admitted to an NF. The State proposes in CY2022 to revise the Utopia system to allow OBH to identify and track individuals who have a suspected diagnosis of dementia. In addition, OBH states they will conduct re-reviews of individuals with a primary diagnosis of dementia and co-morbid conditions (specifics TBD) that may be "rehabilitated" to a point where, with adequate supports, the individual may be successfully

transitioned into the community. The SME is requesting information on LDH's efforts to review these individuals who continue to have dementia or for whom there is no longer dementia present.

36. LDH will implement changes to its Level of Care determination process to assure that individuals meeting on a temporary pathway eligibility for nursing facility services receive only temporary approval and must reapply for a continued stay. Within 18 months of the execution of this agreement, LDH will eliminate the behavioral pathway as an eligibility pathway for new admissions to nursing facilities.

In 2018, LDH eliminated the behavior eligibility pathway. The behavior pathway provided an avenue for individuals with SMI to be admitted to NFs without having met other level of care (LOC) criteria for NF placement. NF residents who were admitted per the behavior pathway had no other qualifying condition to meet NF LOC other than SMI. The SME continues to request information from LDH to determine if individuals with a sole diagnosis related to behavioral health (BH) have been admitted to NFs since 2018. Information from the MDS prior to admission collects information on diagnosis, including behavioral health diagnosis. Since the fifth reporting period, the SME has requested and received information from MDS data to identify if anyone was admitted to an NF in CY 2021 who had only a BH diagnosis. The State reports that no individual in this reporting period, with a sole diagnosis of behavioral health, was admitted to an NF.

37. LDH, following approval of a Level II determination that in accordance with 42 CFR 483.132(a)(1) includes assessment of whether the individual's total needs are such that they can be met in an appropriate community setting, will initially approve nursing facility stays for no more than 90 days (or 100 days for persons approved for convalescent care by LDH) for an individual in the Target Population. If nursing facility admission for a limited period is approved by LDH, the approval shall specify the intended duration of the nursing facility admission, the reasons the individual should be in a nursing facility for that duration, the need for specialized behavioral health services, and the barriers that prevent the individual from receiving community-based services at that time.

LDH has developed a system for authorizing temporary stays rather than long-term "permanent" stays. This allows the State to review the ongoing need for NF services in a shorter period of time. OBH now requires a temporary authorization for all individuals where the PASRR Level II confirms that they have an SMI. For pre-admission PASRR Level II requests, authorization requests do not exceed 90 days (or 100 days for persons approved for convalescent care by LDH). This timeframe does not exceed 365 days for those individuals who are already residing in an NF. As indicated in the last SME report, this change in process has resulted in 100% of authorizations issued by the OBH PASRR Level II authority being short-term and requiring continued stay requests thereafter. The SME requested information regarding the percent of individuals in the Target Population admitted since January 2021 who received a short-term authorization request. The State has reported that 100% of authorizations issued for this reporting period do not exceed 90 days (or 100 days for persons approved for convalescent care). LDH should develop a strategy to evaluate the effectiveness of the CSR strategy.

While the Department has taken steps to develop a process for reviewing requests for continued stays, they do not have clear policies for determining the length of subsequent stays. The SME recommends the Department develop protocols for determining the additional length of subsequent NF stays based on an individual's needs versus a re-review at a certain interval (e.g., 365 days).

In addition, the SME is requesting the following information for individuals who are in the Target Population and have been recently admitted into an NF:

- Aggregate information on reasons for admission into a nursing facility for members in the Target Population.
- Aggregate information on reasons for continued stay approvals for members in the Target Population.
- The average length of initial and ongoing approvals (intended duration of the NF admission).
- List of transition barriers for individuals who have requested NF admission and for continued stay.

The State does track the behavioral health services that are needed by individuals in the Target Population that are in an NF. The Needs Assessment did identify the percent of these individuals that needed behavioral health services according to their PASRR Level II evaluation. Services that were most often requested included:

- Assertive Community Treatment
- Community Psychiatric Supports and Treatment
- Psychosocial Rehabilitation
- Permanent Supportive Housing
- Medication Management
- Outpatient Therapies (Individual and Group).

The SME is requesting additional information from OBH during the next reporting period regarding the number and percent of individuals that received specialized behavioral health services identified in the PASRR Level II process while in a NF for CY 2021.

38. For the Target Population, LDH shall require that the MDS responses used to establish level of care for stays beyond 90 days (or 100 days for persons approved for convalescent care by LDH), be verified by a qualified party unaffiliated with the nursing facility.

As indicated in the previous SME report, the State has developed a process that requires NFs to submit continued stay requests (CSRs) for continued stays beyond the 90 days of an initial stay, at least fifteen days before the authorized temporary admission ends. LDH created policies and criteria for individuals who will be provided a continued stay past the initial 90 or 100 days. The fourth SME report provided a description of the CSR process LDH has developed for individuals in the Target Population and delineates the role of OAAS and OBH. This includes the use of MDS to establish continued NF level of care. The State reports that all continued stay requests are reviewed by OAAS regional staff who are independent and not affiliated with the nursing facility.

The SME requested and received information regarding the number of individuals that were discharged prior to a 90 day stay and how many individuals and what percent had a continued stay request. Data provided by LDH for the period 1/2021 through 12/2021 found that 86% of all newly admitted individuals were discharged prior to the expiration of their initial authorization. As indicated in Paragraph 34, approximately 3,921 individuals (14%) who were admitted to an NF requested a continued stay review. Of these individuals, 1,479 individuals (38%) were referred for a PASRR Level II evaluation. All but four individuals receiving a PASRR Level II evaluation through the CSR process were approved for ongoing NF

care. Paragraph 34 provided information regarding individuals in the Target Population who requested a continued stay.

While this data did indicate a significant number of individuals were discharged prior to 90 days, the SME still has concerns that no individual was denied by OAAS when a PASRR Level II is performed for a continued stay request. LDH indicated it will include a review of PASRR Level II evaluations that are conducted during the CSR process as discussed in Paragraph 34. For the next reporting period, the SME is requesting aggregate information on reasons for continued stay approvals for members in the Target Population and a list of transition barriers for individuals who have requested a continued stay.

There are individuals in the Target Population who receive a continued stay request either 90 days or 100 days after admission or subsequent continued stay requests if an ongoing stay is recommended. The table below reflects the dispositions of all continued stay requests for the Target Population during the time period from January 1 to November 30th, 2021.

Target Population CSR Decisions	Count	Percent
Approved	1986	99%
Denied	4	.2%
Level II Not Required	16	.8%
No Decision	76	5%
Total²	2,006	100.00%

Similar to the findings in Paragraph 34, very few of the individuals who have an initial or subsequent PASRR Level II during CSR review are denied an ongoing NF stay. The State has included improvement strategies discussed in Paragraph 34 for PASRR Level II evaluations performed after a CSR. The SME requests information from LDH on whether these changes have resulted in individuals being denied an NF request during the CSR process.

39. In addition, LDH will 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, to determine whether the individual's needs can be met in a community-based setting. Examples of significant change that can occur subsequent to nursing facility admission include but are not limited to improvements or declines in physical or mental health; behavioral incidents triggering facility transfers or other change in an individual's living conditions; changes in mental health diagnosis or in dosage or type of psychotropic medication; and requests for community placement.

As indicated in the response to Paragraph 34, PASRR Level II reviews are performed by the Medicaid MCOS' Level II Evaluators, licensed mental health professionals who operate independent of the NF and the State.

This paragraph provides several scenarios for an individual receiving an additional PASRR Level II during their nursing facility stay tenure:

² This is not an unduplicated count; individuals may have received more than one CSR.

- A PASRR Level II is performed by an independent reviewer when a provider requests a subsequent continued stay for an individual (instances where the individual seeks an ongoing stay). In many instances, the PASRR Level II initiated through the CSR process is the annual resident review.
- Annual resident reviews, as required by the Agreement, are being performed on individuals in the Target Population who were admitted to an NF prior to 2018 and for individuals who were admitted after 2018 who did not have a continued stay review during the year.
- A PASRR Level II is also done when a nursing facility requests a Level II due to a significant change in an individual at their facility.

The SME continues to request information regarding the number of individuals in the Target Population who received a PASRR Level II based on each of these scenarios over the past year. As discussed in the fifth SME report, information for several of these scenarios is not readily available in large part due to the lack of existing fields in the UTOPIA system used to collect PASRR Level II data. LDH will make changes to the UTOPIA system in the next reporting period to be able to report on the above scenarios. These changes in the UTOPIA system coupled with information from the existing OPTS system and information from Medicaid claims will allow LDH to collect information that aligns with the bulleted scenarios and information regarding behavioral health services needed and received. Preliminary data from the State identified that approximately 55% of individuals on the Master List had a subsequent PASRR Level II review in FY 2021. This does not meet the requirement of the Agreement to have everyone in the Target Population in an NF receive an annual resident review.

The SME is requesting that LDH provide report templates in the next reporting period to make available the following information:

- The number and percent of individuals in the Target Population who have received a recent (within the past year) PASRR Level II annual review. For the purposes of identifying whether an individual received an annual resident review, LDH will include PASRR Level II completed during a CSR review OR an annual review for individuals who are no longer subject to CSRs.
- The number and percent of individuals in the Target Population who had a PASRR Level II (within the past year) due to a change in medical condition.
- The specialized services recommended by the PASRR Level II for:
 - New admissions (number and percentage for each service)
 - Ongoing stays (annual resident review--number and percentage for each service)
- The number and percent of individuals (new admissions and ongoing stays) who received each service.

Performing these subsequent PASRR Level II evaluations will allow the State to meet the commitment to ensure that everyone in the Target Population receives an annual PASRR Level II and, more importantly, to identify the ongoing specialized behavioral health needs for these individuals. Subsequent PASRR Level II evaluations will also allow LDH to have an additional “touchpoint” with the individual regarding community alternatives and gauge possible interest in transitioning from the NF.

When the State has made the changes to the tracking systems to improve the capacity to provide detailed PASRR Level II information, the SME will request and review information regarding PASRR Level II evaluations that were completed due to any significant change in the resident’s physical and mental health condition to determine whether the individual’s needs can be met in a community-based setting. This includes, but is not limited to:

- Improvements and declines in physical health.
- Behavioral health incidents that trigger facility transfers or other changes in an individual's living condition.
- Changes in mental health diagnosis.
- Significant change in dosage or type of psychotropic medications.
- Request for community placement.

IV. Transition and Rapid Reintegration

A. Comprehensive Transition Planning

40. LDH will offer comprehensive transition planning services to all individuals in the Target Population who are admitted to a nursing facility in Louisiana. LDH's approach to transition planning shall address two distinct situations: (1) the need to identify and transition members of the Target Population already in nursing facilities at the effective date of this agreement, and (2) the need to identify and transition members of the Target Population admitted to nursing facilities after the effective date of this agreement.

As indicated in the previous SME reports, the State has developed a process for developing transition planning services for individuals in the Target Population in NFs. This process was based off the State's Money Follows the Person program and consists of a transition assessment and an Individual Transition Plan (ITP). The process is the same for individuals who were in NFs prior to the Agreement and for individuals in the Target Population who were admitted after the Agreement. In 2019, the State, with the assistance of the SME, revised these documents to better address the needs of the individuals in the Target Population based on the initial year of implementation.

The SME Service Review identified issues with the transition process and the quality of the Transition Assessment and ITPs, including:

- Individuals' interest in activities that would support community integration were rarely addressed in the transition plan. While the pandemic is certainly a significant barrier to participate in some of these activities, there was no documentation in the plan that addresses interests or activities (e.g., pursuing hobbies) that could have been done in-home.
- Very few of the assessment and transition plans identified natural supports or other informal supports.
- Lack of clarity as to whether the individual had an active role in choosing where they would live post transition.
- None of the transition plans reviewed included employment goals, which is a shortcoming in the current assessment process.

The issues are described in more detail in the Service Review Report, which was produced in July 2021. The SME recommended several strategies for LDH to consider for addressing these issues:

- Provide training and technical assistance to TCs regarding important areas established in the Transition Assessment, including services and supports that will enhance community integration (including employment) and medication information and adherence.

- Ensure that services that have been identified in the Transition Plan are available immediately at the time of transition. While the review identified transition issues that were not contemplated at or during the first week of transition, TCs may want to follow-up with each service (including DME) a few working days before transition occurs.
- Enhancing the acumen of TCs to identify and address physical health conditions and resources during the transition process to ensure the individuals who are transitioning have the resources in place to address their physical health needs.

The State has not addressed these recommendations in the SME Service Review. The SME is requesting the State develop and begin to implement a plan for addressing these issues in the next reporting period.

41. If the State becomes aware of an individual in a nursing facility who should have received a PASRR Level II evaluation, but did not, the State will refer the individual to the Level II authority for evaluation.

As indicated in previous SME reports, there are many individuals who were placed on the Master List but who did not receive any PASRR Level II evaluations. In the fourth SME report, it was recommended that the State identify these individuals who are on the Master List, who were admitted prior to the beginning of the Agreement, and who did not receive a PASRR Level II. The PASRR Level II would confirm whether the individual had an SMI as initially identified through MDS data and verify they are a member of the Target Population.

The State agreed and implemented a process for identifying individuals who were admitted prior to September 2021 and ensuring these individuals received a PASRR Level II to determine if they were members of the Target Population. This included individuals who were admitted prior to the Agreement and individuals who were placed on the Master List and admitted in subsequent years.

The SME requested and received information on the number of individuals who are on the Master List and had or had not received an initial PASRR Level II. The SME requested this information for individuals who were admitted prior to the Agreement and for subsequent years (FY 2019, FY 2020, and FY 2021). The State provided the information in the following table.

All Persons on the Master List that Received a PASRR Level II (by Year of Admission)					
Year Admitted	Yes	Percent	No	Percent	Total
Prior to the Agreement	967	95%	55	5%	1022
Prior to FY 2019	11	92%	1	8%	12
During FY 2019	181	90%	20	10%	201
During FY 2020	248	90%	29	10%	277
During FY 2021	1042	81%	241	19%	1283
Total	2449	88%	346	12%	2795

As this table indicates, 88% of the individuals on the Master List have at least one PASRR Level II. The number of individuals who received a PASRR Level II is highest for individuals who were admitted at the start of the Agreement and remain on the Master List. In addition, data provided by the State indicates over 98% of individuals on the Active Caseload List have a PASRR Level II. The SME is encouraged by this progress for individuals who were admitted prior to FY 2020. However, for individuals admitted in FY 2020

and FY 2021 there are at least 10% or more individuals on the Master List that have not received a PASRR Level II. The SME is recommending the State prioritize these individuals for a PASRR Level II to ensure they are part of the Target Population. The SME will continue to request this information for this reporting period.

It should be noted there are individuals admitted to NFs who are identified (through a subsequent MDS) as having an SMI and possibly part of the Target Population. The SME is requesting the following information on these individuals:

- The number of individuals in CY 2021 who were in NFs and were identified by a subsequent MDS as having an SMI.
- The number and percent of these individuals who received a PASRR Level II evaluation to determine if they had an SMI.
- The number and percent of these individuals who had an SMI based on the PASRR Level II Evaluation.
- The length of time between identifying if an individual had an SMI (through the subsequent MDS) and the receipt of a PASRR Level II evaluation.

Transition Teams

42. LDH shall form transition teams composed of transition coordinators from the LDH Office of Aging and Adult Services, the LDH Office of Behavioral Health, and the LDH Office for Citizens with Developmental Disabilities. The relative number of transition coordinators hired or otherwise provided by each of these LDH offices will be based upon an analysis of the characteristics of the Target Population residing in Louisiana nursing facilities as well as trends in nursing facility admissions relative to the Target Population. This approach builds upon the State's experiences and success within its existing Money Follows the Person program that transitions roughly 300 people per year from nursing facilities. The addition of OBH transition coordinators to the State's existing transition framework is to assure that the comprehensive transition plan fully identifies and addresses behavioral health needs. OBH transition coordinators shall facilitate medically necessary community behavioral health services for members of the Target Population whose behavioral health services are covered under Medicaid. Similarly, OAAS transition coordinators shall assess, plan for, and facilitate access to home and community-based services (HCBS) overseen by OAAS, such as long-term personal care services (LTPCS), Community Choices Waivers, and Permanent Supportive Housing. OCDD transition coordinators shall provide this same assistance for members of the Target Population who have a co-occurring developmental disability.

Prior to finalizing the Agreement, the State embarked on a process to develop the protocols and processes for transitioning individuals in the Target Population from NFs to the community. These protocols and processes were based on the State's Money Follows the Person (MFP) program, which focuses on transitioning and diverting other populations from NFs.

The State initially established 18 positions to assist with transitions. The State recruited, hired, and trained all Transition Coordinators (TCs). In FY 2020 the State expanded the number of TCs to 25 individuals; OAAS has 16 TCs and OBH has 9 TCs. This expansion was due to the experience early in the Agreement regarding a more realistic projection regarding the time needed by TCs to perform various transition activities and an increase in the projected number of individuals who would transition from nursing facilities in CY 2020. The role of these Transition Coordinators is similar to those deployed through the My Place program.

These Transition Coordinators are responsible for in-reach and education to members of the Target Population in nursing facilities. They are also responsible for assessing the community-based needs (including behavioral health needs) of individuals who have expressed interest in transitioning to the community and for working with the individual to develop a transition plan. They are responsible for facilitating referrals for individuals who are transitioning from nursing facilities to community-based services.

At the beginning of the Agreement, LDH reviewed information regarding the number of individuals in the Target Population who had a co-occurring intellectual and/or developmental disability (ID/DD) to determine if additional TCs were necessary for the Office for Citizens with Developmental Disabilities (OCDD). There was a very small number of individuals with co-occurring SMI and ID/DD. The State decided not to have specific TCs for ID/DD and to coordinate with OCDD program staff for services potentially needed by these individuals. LDH has indicated that it would revisit the need for OCDD Transition Coordinators if the number of individuals with ID/DD and SMI increased. For the next reporting period the SME is requesting information on the number of individuals with ID/DD over the past several years to determine if this approach continues to make sense.

There are various factors that LDH has and should consider in re-assessing its TC capacity. These drivers include the number of individuals who are interested in moving—specifically members on the Active Caseload. The second driver is the TC's role and responsibilities with various functions. The third driver is the caseload size for Transition Coordinators. Transition barriers and other factors will also influence the length of time someone will need to transition and actively remain on a TC's caseload.

The State reports that as of December 1, 2021, there are 916 individuals on the Active Caseload. In addition, the State projects that another 860 individuals in the current Target Population have an interest in moving and will be placed on the Active Caseload List over the next several months. Therefore, a total of 1,776 individuals in the current Target Population may need to be engaged with a TC to facilitate transition in the near term. The State is projecting to transition approximately 292 individuals in CY 2022. This is approximately 32% of the individuals on the Active Caseload and less than 17% of the overall Target Population in NFs (1,776) that the State projects may express an interest in moving in the near future. The SME recommends LDH undertake the following activities to enhance the number of transitions during the next and subsequent reporting periods:

- Combine the efforts of all TCs to perform transitions of any member of the Active Caseload regardless of whether they were hired by OBH or OAAS. Some OBH Transition Coordinators have low caseloads, and this will create additional capacity to complete transitions. LDH has begun to implement this recommendation, but it is a relatively new approach and data was not available to determine if this change accomplished the intended goal.
- The SME is also requesting LDH develop a new process for prioritizing TCs and other staff efforts. As indicated in this paragraph, LDH does not have the TC capacity to work with each individual on the Active Caseload List this year. To make the best use of existing TC resources, LDH should consider several steps:
 - Identify individuals with lower physical health needs that can be transitioned to the community. Some of these individuals will meet level of care and be eligible for the CCW program while others may not meet the level of care, but new Personal Care Services

tailored specifically for this population should address some of these physical health needs.

- Review the case mix of each TC caseload to ensure that TCs are engaging and working with individuals that may have mild, moderate, and high service needs. This review will provide some assurance that the caseload size of 20-25 is manageable and the TC can perform their duties in a timely way.
- Consider having an FTE in both OAAS and OBH that is managing all TC activity. Currently, these efforts are the responsibilities of senior managers in each office who have a very wide span of duties and may not always have the capacity due to time and other demands to effectively oversee transitions on a daily basis.
- Hire or contract with additional Peer Specialists that can support TCs and CCMs in their efforts to transition individuals. Other states, such as North Carolina, have effectively used seasoned peer specialists in their transition efforts.
- Develop clear protocols for CCM and TCs to support and not supplant each other's efforts in the transition process. As required by Paragraph 47, CCMs and TCs will need to work collaboratively during the transition process.
- Review considerations to employ more staff that can perform transitions. The current case load per TC (25) can assist approximately 600 individuals to transition per year, leaving an additional 1,000 individuals interested in transitioning without a TC or staff that can begin the transition process.

LDH continues to fall short of its own transition targets. The pandemic played a large role in limiting TCs' access to individuals on a face-to-face basis. However, it was not the only factor that impeded progress. For instance, more proactive oversight of transition planning activities would assist LDH in setting and meeting reasonable transition expectations. As the pandemic eased, LDH recognized that additional management tools could be helpful. The State revised the transition management process in summer of CY 2021 that provides and tracks specific expectations for the transitions for each region. This tracking information includes data on the number of transitions projected and completed per month each quarter. This tracking will reflect the progress on transitions and identify by region whether LDH is meeting its transition targets. Tracking this on a regular basis will allow LDH to identify regions that may be experiencing significant challenges in transitioning individuals in the Target Population residing in NFs. The SME is requesting information on a quarterly basis regarding the barriers identified by the TCs and strategies that will be undertaken to address these barriers. This reporting should be included in the Quality Matrix discussed in Paragraph 99.

In the previous SME report, it was recommended that LDH recreate the Status Tracker to provide critical information to identify where individuals are in the transition process. This tracker, in the SME's opinion, will prove to be a very valuable management tool for LDH executive and management staff to determine the progress of transitions and any "bottlenecks" the State may be experiencing regarding transition activities. LDH has developed a new monthly status tracker for CY 2022. This status tracker will include the following by region:

- Number of individuals on the Active Caseload and assigned to a TC
- Activity by the TC over the past 30 and 60 days including finalizing Transition Assessments and developing Transition Plans

- The number of individuals interested/not interested in moving
- The number of Transition Assessments started and completed
- The number of Transition Plans started and completed
- The number of individuals that will need housing
- The number of individuals projected to transition
- The number of individuals transitioned.

The SME is requesting information from this tracker be provided on a monthly basis beginning in CY 2022. In the next reporting period, the SME recommends that LDH use these management tools (and any other information) to determine whether the existing TCs can serve more individuals on the Active Caseload List or if the department will need to add staffing to transition individuals on the Active List from NFs. This additional capacity could include additional peer specialists, transition coordinators, or even community case managers who are to engage individuals within 60 days of transition.

Transition Planning

43. LDH's transition teams as described in Paragraph 42 above shall be responsible for developing an Individualized Transition Plan (ITP) for each member of the Target Population who is residing in a nursing facility. The ITP shall address the service needs identified through the PASRR Level II process as well as additional needs identified by transition team members.

Since the beginning of the Agreement, LDH has developed ITPs based on a standardized assessment that is completed prior to discharge. The State has made revisions to the assessment and ITP over the past several years to be more person-centered and to gather additional information regarding individuals' interests and desires about integrated day opportunities. The assessment and ITP, as revised, also provides more specificity regarding the housing options that are available in the community post-transition.

As of December 2021, 752 of the 916 individuals on the Active Caseload (including those individuals who were transitioned) received a Transition Assessment. Of these 752 individuals, approximately 251 Transition Plans have been completed. Therefore, approximately 75% of the individuals on the Active Caseload List do not have a Transition Plan. While there may be individuals who are currently on the Active Caseload List that may not choose to transition, the lack of a transition plan for the majority of individuals who have a Transition Assessment is concerning. The lack of Transition Plans is directly related to the TC resources available to develop these plans.

The SME Service Review conducted over the past two years identified that the quality of the assessments and ITPs varied. While all ITPs included specific services and supports needed for the individual to transition to the community, there was little or no information in key areas, especially community integration. Information regarding interests and hobbies was not always indicated on the assessment and therefore not included in the transition plan. In addition, many individuals' interests in employment were not indicated on the assessment and no individual had employment as a goal in the transition plan. As recommended in the July 2021 SME Service Review Report, the State should develop and deliver training regarding important areas established in the Transition Assessment and ITP, including services and supports that will enhance community integration (including employment) and medication information and adherence. The State has not developed or implemented this training.

Some of the variability in the ITP was directly related to the design of the transition planning document. While the revised ITP is an improvement, there are still additional enhancements the State should consider. Specifically, the SME requests that the existing ITP be revised to include detailed information regarding scope, amount, and duration of community services and supports that will be provided to individuals at transition.

44. Transition planning will begin with the presumption that with sufficient services and supports, individuals can live in the community. Transition planning will be developed and implemented through a person-centered planning process in which the individual has a primary role and based on principles of self-determination and recovery. LDH shall ensure that the transition planning process includes opportunities for individuals to visit community settings.

As indicated in the third SME report, the SME reviewed previous and planned training used to develop the ITP to determine if the approach is person-centered. The SME's review of this material identified issues with the language and approach set forth in these materials. During the fourth reporting period, the State, in collaboration with the SME's team, revised the training materials. These new training materials specifically reframed the approach for TCs, MCO case managers, and other providers for engaging the individual during the assessment process (focusing on strengths and needs versus diagnosis and barriers) and for developing a meaningful process for working collaboratively with the individual to develop a transition plan. LDH has reviewed the training curriculum with a My Choice subcommittee. The State and the SME team provided five trainings virtually to the TCs in CY 2020 regarding person centered assessments and planning. LDH should validate the effectiveness of this training on the quality and the person centeredness of the ITPs in the next reporting period.

The SME Service Review did identify that the assessment and planning process comported with some principles of person centeredness. For instance, the ITP process always included the individual or caregiver (when appropriate). In addition, the review generally found that a team planning process included the individual as well as Transition Coordinator, nursing facility staff, MCO case managers, Community Choices Waiver (CCW) support coordinator, and other individuals. Individuals that needed housing post-transition were offered and provided housing and supports generally in the communities they requested.

It is less clear if and how individuals in NFs are afforded opportunities to visit community settings. The new in-reach process that is discussed in Paragraph 89 should include how the State will use existing or new strategies for offering individuals opportunities to "visualize" what their life could look like once they transitioned from the facility. The SME requested, but did not receive, information in this reporting period regarding the process the State deploys to allow individuals an opportunity to visit potential housing options and the surrounding community, to better envision their lives post transition. The SME is requesting this information for the next reporting period.

45. The process of transition planning shall begin within three working days of admission to a nursing facility and shall be an interactive process in which plans are updated to reflect changes in the individual's status and/or goals and in the strategies or resources identified to achieve those goals. The State shall assign a transition coordinator who shall initiate contact with the individual within three working days of admission. A face-to-face meeting shall occur within 14 calendar days of admission for new admissions.

The Implementation Plans described in Section X shall specify timeframes for transition planning for members of the Target Population residing in nursing facilities as of the Effective Date.

The State does not currently have a real-time way to identify when individuals are admitted to a nursing facility. Therefore, the State is not able to meet the 3-day and 14-day requirements in this paragraph. Based on work that the State has set forth in its implementation plan for CY 2021, the State was to have this much-needed functionality in place by October 2021. However, based on contract delays, LDH has stated the tracking system will not be operational until early CY 2022. In addition, the State will need to complete activities set forth in Paragraph 54 regarding the timeframes TCs will need to meet for starting and completing the ITP.

46. The transition plans will accurately reflect and include: (a) the individual's strengths, preferences, needs, and desired outcomes; (b) a list of the services and supports the individual currently receives; (c) a description of how the services and supports the individual currently receives will be provided in the community; (d) any other specific supports and services that would allow the individual to transition successfully back to his or her home and to avoid unnecessary readmission to an institutionalized setting, regardless of whether those services are currently available; (e) Case Management services consistent with Section V.E. of this Agreement; (f) the specific Community Provider(s) who will provide the identified supports and services, and the needed frequency and intensity of services and supports; (g) resources that the individual will call on if she or he experiences crisis in the community; and (h) the date the transition will occur, as well as the timeframes for completion of needed steps to effect the transition.

See the response to Paragraph 43.

47. The transition teams shall interface with case managers for each transitioning individual to assure that all services necessary to transition the individual are provided at the appropriate time and that all persons transitioned have a community plan of care in place with necessary services authorized at the point of transition to the community.

At the beginning of the Agreement, the State did not have a community case management strategy for individuals transitioning from NFs. In late CY 2019, the State implemented an interim intensive case management strategy for these individuals. Specifically, the TCs were required to provide intensive case management while the State developed a longer-term approach for developing and implementing case management. TCs, in their role as intensive case managers, are responsible for completing weekly and monthly logs that review whether the individual is satisfied with the services they are receiving, whether the individual is receiving the services identified in the ITP, and if the individual has experienced a significant change in services.

LDH has designed a case management approach that will rely on community agencies to provide case management. The State reports this approach will be implemented in January 2022. The approach does provide some information on how TCs will interface with the community case managers (CCM). Specifically:

- The CCM is required to collaborate with the individual's assigned TC, as well as the MCO, to develop a transition plan and secure providers, resources, and supports in the community that will begin immediately upon the member's transition to the community.
- The CCM is required to attend transition planning meetings with the TC and the individual.

The SME is recommending the onboarding process for staff providing CCM include training on the TC role and the transition process. This training should reflect the standard operating protocols (SOP) developed by the MCO for the CCM program. In reviewing the SOPs there was some information regarding the different roles and responsibilities of the TCs versus CCM staff. However, LDH and the MCOs should continue to revise these protocols as the implementation of the CCM occurs over the next reporting period and valuable lessons learned can further inform the roles between these two important transition resources.

Over the next reporting period, the State, in cooperation with the SME, should review whether the CCM and TCs interface consistent with the protocols developed by the State. Specifically, the State should participate in some transition planning meetings to review the attendance and participation of the CCM in the planning process. In addition, the State should solicit feedback from the TCs and CCMs regarding their initial experience with the onboarding of CCMs.

48. The Implementation Plan, described in Section X, shall define the process for assigning case management responsibility to support individuals in the Target Population.

LDH required MCOs develop internal protocols to link members transitioning from nursing facilities or diverted from nursing facility care immediately to community case management agencies and for ensuring the PASRR II evaluators make an immediate referral for community case management services. The State has provided information on the proposed SOP that provides some detail on the process MCOs will use to refer individuals who were transitioned or diverted to CCM on a timely basis. The State has developed a tracking system that should provide information regarding the timeliness of these referrals and engagement status post referral. The SME is requesting information for the next reporting period regarding the timeliness of these referrals and CCM engagement status.

49. Transition teams and the LDH managerial staff who oversee their work will also conduct post-transition follow-up to assure that services in the community are initiated and delivered to individuals in a fashion that accomplishes the goals of the transition plan.

At the beginning of the Agreement, LDH required TCs to conduct post-transition follow-up to determine if the individual was receiving services in the community and to generally identify any issues an individual had during the first year of the transition. Specifically, LDH required TCs to perform post transition assessments at 30, 60-, 90-, 180- and 365-days post transition. The State developed the necessary protocols and trackers to collect this information. During the next reporting period, the SME recommends that TCs are provided information on these protocols (many of the TCs were hired after December 2019 and may be unfamiliar with these protocols or processes). In addition, LDH may want to take this opportunity to review these protocols and determine if changes should be made given their experience with transitions over the past three years.

As discussed in Paragraph 42, LDH has developed better management tools for tracking the efforts of the TCs to improve transition and monitoring efforts. In addition, as the SME recommended in Paragraph 42, the State should increase the management staff that are overseeing TC activity to address issues identified during and post transition more effectively.

50. Members of the Target Population who will lose Medicaid financial eligibility upon transition to the community shall be referred for services through safety net behavioral health providers such as the LGEs and Federally Qualified Health Care providers.

Some Individuals who are transitioned from NFs are at-risk of losing Medicaid eligibility when transitioning to the community. Medicaid has more generous income limits for individuals who meet the level of care for a nursing facility than those who reside in the community. During this reporting period, three individuals who transitioned into the community were at risk of losing Medicaid eligibility post transition. LDH has yet to provide information on the status of these individuals. These individuals will continue to be enrolled in the Medicaid program until the end of the pandemic. Over the duration of the Agreement, a total of 21 individuals through OBH have lost Medicaid. Six individuals who were projected to lose Medicaid were referred and participated in the Medicaid Purchase Plan. Several individuals receive Medicare and continue to receive services covered under Medicare. The State reports other individuals:

- Moved and left no forwarding contact information.
- Relocated to another area of the state and opted to discontinue receiving behavioral health services.
- Continued to receive tenancy support, Community Psychiatric Support and Treatment (CPST), and Psychosocial Rehabilitation (PSR) through the Permanent Supportive Housing (PSH) provider.

As recommended in previous SME reports, LDH should develop clear pathways for making referrals for these individuals to LGEs for follow-up services. The SME is requesting information on whether these 21 individuals were referred to LGEs and if available, any information regarding their engagement in services provided or coordinated by the LGE. In addition, the SME is requesting information during this next reporting period regarding information related to those who lost eligibility, in order to validate what the State is reporting.

51. For members of the Target Population who are eligible to remain in the nursing facility and choose to do so, LDH will document the steps taken to identify and address barriers to community living, and document efforts to ensure that the individual's decision is meaningful and informed. This same procedure will also apply for members who choose to move to a setting that is not community based.

The State has identified three major barriers regarding the individuals who are awaiting transition. These barriers have been identified by Transition Coordinators during the reporting period. These three barriers are:

- Availability of housing, including accessible housing. As discussed in Paragraph 80, the availability of housing has been a major issue this reporting period. The prior year's federal opportunities for units and subsidies were not always available to individuals who were transitioning. In addition, many of the individuals who were transitioning needed accessible housing and available and accessible units are not sufficient to meet the needs of individuals ready to transition.
- Availability of Durable Medical Equipment (DME). There is a shortage of some DME equipment nationwide. The State indicates that DME suppliers do not have the inventory they need due to shipping and other issues that are affecting supplies.
- Specific medical conditions that are preventing transitions, specifically strategies that can be effectively put into place to manage diabetes care. This includes education of the individuals to monitor their diabetes and take medications that will control their diabetes.

The State has continued their efforts to identify and address these barriers. This has included developing and implementing processes for addressing these barriers across OAAS, OBH, and MCOs. According to the State, MCO case managers and TCs have developed more frequent and better communication strategies, which has allowed MCO case managers to assist TCs to better identify resources in the community for members who have been transitioned from NFs. This cooperation was noted in the service reviews conducted by the SME. The TCs and the MCO case managers often had regular standing meetings (quarterly or more frequently, as necessary). Additionally, in some instances and as needed, the different organizations meet with service providers to discuss the situation with the member in an effort to overcome barriers.

In the previous report, the SME recommended the State provide specific strategies and progress for addressing each of the barriers listed above during the next reporting period. Many of these barriers have been perennial issues that have been identified by the SME in previous reports. The State has undertaken some strategies for addressing these barriers. As discussed later in Paragraph 58, the State has developed a process for addressing the needs of individuals with diabetes. In addition, as part of the revised housing plan, LDH and LHC are developing strategies for creating additional housing opportunities with a focus on accessible housing. Measuring the progress of the State efforts to address these barriers will be important for subsequent transitions.

In addition, the State should also track barriers for individuals in the Target Population who are not awaiting transition and have concerns regarding transitioning to the community. While focusing on barriers for individuals imminently transitioning is necessary, the State should proactively identify and plan for addressing barriers for individuals that may be interested in transitioning but articulate concerns regarding their experience during and after the transition. The SME is requesting the State develop a process to identify these barriers and develop strategies to address these barriers during the next reporting period.

52. To assist the State in determining whether Target Population members are offered the most integrated placement appropriate to their needs, the Subject Matter Expert (“Expert”) will review all transition plans that identify an assisted living facility, personal care home, group home, supervised living house or apartment, rooming house, or psychiatric facility as the individual’s residence, for the first two years of this Agreement. Thereafter, the State and the Expert will determine the appropriate scope of review as part of the State’s quality assurance efforts.

In early 2019, the SME developed a protocol and process to meet the requirements of this paragraph. During this evaluation period, LDH reported that one member of the Target Population who was interested in transitioning from an NF requested to be transitioned to a setting other than their family’s home or their own housing (single family home or apartment). Specifically, this individual was requesting to move close to a relative who lived in another state. The SME requested and the TC provided information regarding the request—a shared living arrangement in a single-family home with two other individuals. The TC had also initiated the service referral process to a behavioral health community provider for ongoing services and supports (e.g., medication management and initial assessment for ongoing services). The SME also suggested some additional information should be gathered to determine other options for the individual including possible supportive housing arrangements in the area near the family member. The TC was following up with the identified behavioral health provider to determine whether there were additional housing options for this individual. The SME has requested and did confirm the individual did move out of state as planned. The SME requested follow-up information from the TC regarding this

transition. The TC states that they did contact the individual post transition to follow up and ensure the individual moved and was engaged in services.

53. LDH will develop procedures for addressing safety and choice for members of the Target Population who lack decision-making capacity.

LDH has reported that Transition Coordinators during the early phase of transitions have identified individuals who may present issues relative to safety in the community (e.g., cognitive issues that may be difficult to address in the community). The Transition Coordinators engaged the Service Review Panel discussed in the report to review various documentation to determine if safety issues identified were valid. In addition, the Transition Coordinators will engage the individual's MCO to obtain additional evaluations/assessments to identify or ameliorate concerns that may have been identified as a barrier to transition. In the fourth report, the SME requested information from the State to better understand how the provisions of this paragraph are operationalized. While this continues to be a request, the State has focused efforts on other areas. The SME will work with the State to obtain and review this information in CY 2022.

B. Outreach and Transition for Target Population Members in Nursing Facilities

54. Within dates to be specified in the Implementation Plan, LDH will analyze MDS data to identify members of the Target Population residing in nursing facilities. LDH will begin outreach to these individuals according to timeframes to be specified in the Implementation Plan. Outreach shall consist of face-to-face assessment of the individuals by one or more members of the transition team using a process and protocols to be agreed upon by LDH and the United States.

The SME notes that the terms "outreach" and "in-reach" are both used in this Agreement to describe the activities at issue in this provision. However, LDH policies and documents use the term "in-reach" to describe such activities. These include efforts to engage with individuals who are in the Target Population in NFs to discuss their interest in moving, assign them to either Master or Active Caseloads, and begin the transition assessment and ITP processes. For clarity, the SME uses the term "in-reach" to describe such activities throughout this report. The SME uses the term "outreach" to describe efforts to engage with community stakeholders.

As indicated in the response to Paragraphs 24 through 26, LDH developed a list of individuals in the Target Population who resided in NFs using information provided by the PASRR Level II evaluation or the MDS. The State divided the list into two groupings: an Active Caseload List for individuals who have indicated an interest in moving and whom the State has prioritized for transition, and a Master List for the remaining individuals.

The State's initial processes for conducting in-reach and adding people to the Active Caseload are discussed in Paragraph 55. For the first few years of the Agreement, the State did not have a specific plan to provide in-reach to individuals on the Master List. As discussed in Paragraph 41, some individuals on the Master List did not have a PASRR Level II evaluation performed.

During the previous reporting period, LDH did develop and implement an initial in-reach strategy to engage with every member on the Master List at least once over a 12-month period. The in-reach began

in April of 2021 and the State indicates it will be completed by the end of March 2022. The in-reach activities included the following:

- Developing regional teams of OAAS medical certification specialists (who perform initial and ongoing continued stay reviews) and TCs to perform in-reach strategies. The medical certification specialists have contact with many individuals in the Target Population as part of their daily activities and to some degree have an existing relationship with these members. Specifically, the State's in-reach strategy includes these staff members performing some of the in-reach to individuals on the Master List. Regional teams were initially training on in-reach responsibilities and expectations by OAAS and OBH.
- Continuing to have TCs perform in-reach strategies for individuals on the Master List, in coordination with the medical certification specialists.
- Hiring Peer Support Specialists (PSS) (termed Peer In-Reach Specialists (PIRS)) in each region to also provide in-reach and transition efforts for individuals in NFs. The State has stated they have hired the full complement of ten peer support staff as of 12/2021. This strategy will provide additional engagement mechanisms, ensuring the PSSs will be able to use their personal experience, modeling recovery in action for the in-reach process. PSS received similar training to TCs and Medical Certification Specialists regarding in-reach and have begun the in-reach process.

Additionally, in-reach efforts performed by LDH are comprised of the following activities:

- Identifying and connecting (or reconnecting) with individuals on the Master List for in-reach purposes.
- Setting specific targets for each region to provide in-reach to each individual on the Master List by April 2022. The State has developed monthly projections for each staff to perform in-reach.
- Developing and implementing training for medical certification specialists, TCs, and peer support specialists to improve their in-reach efforts.
- Developing the management reports to track progress of each regional team's in-reach efforts.
- Having senior leadership at OAAS and OBH meet with the regional teams initially to implement the in-reach efforts and to address concerns regional team members may have regarding in-reach.

As of March 2021, the Master List included 2,972 individuals. LDH reports that approximately 1,000 individuals on the Master List had been contacted through the CSR process and therefore 1,930 individuals were needing to have an in-reach visit. LDH developed a schedule per quarter by region for in-reach to these individuals. As of December 1, 2021, almost 1,200 individuals have received in-reach through the process described in this paragraph. LDH states that 730 individuals will be contacted and provided in-reach over the next four months. Of the individuals who received in-reach since December 1, 2021, LDH reports that:

- 258 or 22% have indicated their interest in moving and were added to the Active Caseload.
- 137 or 12% are undecided about moving.
- 638 or 54% are not interested in moving.
- For 142 or 12%, LDH has determined these individuals are unable to make a decision about moving, meaning they do not have the ability to make a decision regarding relocation.

In reviewing the most recent in-reach report, there is significant variation among regions regarding the percent of individuals that have indicated an interest in moving. For instance, in Region 6, 37% of

individuals provided in-reach indicated an interest in moving, while Region 7 had only 10% of individuals that were interested in moving. The SME is requesting additional information regarding the approach used in these two regions or other factors that are contributing to these differences. There may be some valuable lessons learned from regions that appear to be more successful in their in-reach efforts that could be applied to regions with lower percentages of individuals expressing an interest in moving.

The SME is also seeking information from LDH regarding activities and timeframes for transitioning individuals who have indicated an interest in moving or may be undecided. In the SME's opinion, actively pursuing transitions when an individual indicates their interest in moving is critical. Significant delays in beginning the assessment and ITP process may lead to individuals being less interested in moving. LDH has indicated they have begun to set requirements for developing assessments and ITPs and are beginning activities to initiate transitions for individuals who have expressed an interest in moving. Per the SME's request, LDH has redeveloped but has not implemented a status tracking system for individuals who are moved to the Active Caseload List for key transition activities:

- The average number of days from assessment start to assessment completion
- The average number of days from when an assessment was completed to when the transition plan was started
- The average number of days from Transition Plan completion to transition date
- The length of time between the completed Transition Plan and proposed transition date
- The average length of time an individual remains on the Active Caseload
- The length of time between the proposed transition date and actual transition date.

The State reports they are revising their timelines for each of these key transition activities and tracking actual timelines against these new standards. The SME believes this information is necessary for senior staff within LDH and Transition Coordinators to identify any barriers that may create bottlenecks for transitioning individuals. The SME is requesting information during the next reporting period from LDH regarding these timeline requirements, how these were developed, and whether these requirements are being met.

In addition, the SME is requesting that LDH develop a subsequent in-reach strategy during the next reporting period for individuals that remain undecided or indicate they are not interested. Specifically, the SME is interested in the cadence for subsequent LDH in-reach efforts. The SME suggests that LDH consider specific timeframes for performing in-reach for individuals who remain on the Master List, taking into account that some individuals may benefit from in-reach within a shorter time frame, to encourage transitions.

LDH, as part of its in-reach strategy, is reconnecting with individuals on the existing Active Caseload to determine their continued interest in transitioning to the community. Individuals who are on the Active Caseload List and who have indicated they are not interested in moving will be placed on the Master List and should also have continued in-reach by staff within a certain timeframe. These timeframes have yet to be developed by the department and should be included in the subsequent in-reach plan. The SME is also requesting information during the next reporting period regarding the number of individuals on the Active Caseload List who are reportedly no longer interested in transitioning and any information on why these individuals are no longer interested.

55. Based upon information gained as a result of outreach, as well as other information available to LDH, LDH may develop a plan to prioritize individuals for transition based upon such factors as location or concentration of members of the Target Population in certain facilities or regions, likelihood of successful transition as measured by MDS-based tools, individual access to housing or availability of housing in the area in which the person wishes to reside, and other factors. The goal of such prioritization will be to effect multiple successful transitions within two years of the effective date, on a schedule specified in the Implementation Plan, and to incorporate lessons learned into the State's practices.

TCs began the in-reach process in July 2018 to identify a cohort of individuals who had fewer transition barriers and thus were more likely to experience a successful transition. The State reports that individuals were initially identified using information gathered from the MDS Q+ index and follow-up conversations with the Transition Coordinators. It is unclear how these processes identified individuals with few transition barriers. Per the SME Service Review, a number of individuals did have very few transition barriers; however, several individuals had fairly complex health and behavioral health conditions and were also able to transition from the NFs.

The SME encourages the State to develop a process for identifying and prioritizing among individuals in NFs who have expressed an interest in moving. As recommended in Paragraph 42, there are several strategies the State could undertake to identify individuals with lower transition barriers who may be moved more quickly.

56. LDH will transition members of the Target Population according to timelines agreed upon by LDH and the United States and set forth in the Implementation Plan.

The State is required to establish annual targets for successful transitions of Target Population members to the community. In October 2020, the State revised their targets for CY 2021 to significantly enhance the number of transitions from NFs. Specifically, the State developed targets for CY 2021 that were based on critical assumptions rather than historical projections. The data used to establish the targets included:

- The number of individuals in the Target Population who currently reside in a nursing facility and are on the Department's Active Caseload list. Individuals on this list have a confirmed SMI (as indicated by a PASRR Level II evaluation) and have met the numeric threshold of the MDS Q+, which indicates a strong interest in moving.
- The percent of individuals on the Active Case List who either continue to meet or do not meet nursing facility (NF) level of care.
- The average caseloads for the Transition Coordinators, taking into account the multiple functions (including providing interim case management) for individuals who are on the Active Caseload List.
- The estimated percent of individuals on the Active Caseload List who continue to indicate a strong interest in transition.
- The estimated percent of individuals who have significant transition barriers, impacting the number of individuals who will move in a given year.
- Length of time from application for the CCW Program to transition, for individuals on the OAAS Active Caseload List.

- The percent of individuals on the OBH Active Caseload List who do not meet the level of care but who have been in a nursing facility for more than 30 months and have effectively been grandfathered eligible for ongoing NF placement.
- The percent of individuals on the OBH Active Caseload List who do not meet the level of care but who have been in a nursing facility for more than 30 months and have continued to express an interest in moving.

Based on these assumptions the State projected to transition 219 individuals in CY 2021. Since the beginning of CY 2021, the State transitioned 84 individuals. The State transitioned a total of 94 individuals by the end of CY 2021. It should be noted that LDH has developed and implemented new management tools over the past six months that set specific expectations regarding transitions and track whether these expectations are being met. Of the 84 individuals that were transitioned, almost 2/3 thirds (63%) occurred during the past 5 months, indicating these tools may be improving transitions. However, 84 transitions are still far less than the number projected for CY 2021.

For CY 2022, LDH projects 292 individuals in the Target Population will be transitioned from NFs.

As indicated in Paragraph 42, the CY 2022 projections are considerably less than the number of individuals on the Active Caseload as of 12/1/2021 and the State should implement the recommended strategies to meet the transition targets for this next calendar year.

As indicated in the three previous SME reports, annual targets should be developed in conjunction with a longer term, aggressive plan for accomplishing “rapid reintegration,” consistent with the goals of this Agreement. LDH should set forth a timeline for allowing *everyone* who is able to and would like to transition to the community to do so – with sufficient transition, discharge planning, and community-based services to meet their needs – within a set amount of time.

The State developed a methodology to develop these longer-term targets during this reporting period. The State projected that 1,766 individuals in the Target Population in NFs may be interested in transitioning. Assuming LDH meets the proposed targets for CY 2022, the State will need between five to seven years to successfully transition current members of the Active Caseload. These projections do not include additional individuals that will be admitted to NFs during this period or otherwise identified for the Active Caseload List. As discussed in Paragraph 42, the State should re-evaluate staff resources in CY 2022 to transition greater numbers of individuals on the Active Caseload over the next several years. Initially, this Agreement had a five-year horizon for achieving compliance with this Agreement, with transitions from NFs being a foundational premise of complying with this Agreement. At the current pace it will take LDH much longer to achieve compliance. LDH must take action to change course. This should include identifying what additional resources are needed to increase the number of transitions projected long-term rather than projecting transitions based on current staffing capacity.

57. Members of the Target Population will be transitioned back to their previous community living situations whenever viable, or to another community living situation, according to the timeframes set forth in the Individual Transition Plan.

See discussion in Paragraph 56.

C. Transition Support Committee

58. LDH will create a Transition Support Committee to assist in addressing and overcoming barriers to transition for individual members of the Target Population when transition team members working with service providers, the individual, and the individual's informal supports cannot successfully overcome those barriers. The Transition Support Committee will include personnel from OAAS and OBH, and ad hoc representation as needed to address particular barriers in individual cases as well as systemic barriers affecting multiple members of the Target Population. Additional members with experience and expertise in how to successfully resolve barriers to discharge may include OCDD, Assertive Community Treatment team members, Permanent Supportive Housing staff and/or providers, community physical and home health providers, representatives of agencies responsible for benefits determinations, Adult Protective Services staff, LGEs, and certified peer specialists. A list of such ad hoc members shall be approved by the Expert.

As indicated in previous reports, the State has developed procedures to fulfill the Agreement's requirement to facilitate a Transition Support Committee. Using OAAS's framework for its current service review panel, LDH has developed the My Choice Louisiana Service Review Panel (SRP), a cross-agency process that works to identify systemic barriers that impede or prevent transitions and work through individual case-related issues (for all NF transitions). The My Choice Louisiana SRP functions as the Transition Support Committee. Currently, there are ten members (including chairs and co-chairs) of the Transition Support Committee consisting of OAAS, OBH, and OCDD staff, including health care professionals, TCs, and central office and regional staff. The SRP reviews information for each individual regarding barriers to transition, formal and natural supports available to individuals that could facilitate transition, strategies that have been considered for facilitating transition (and the success/lack of success of these efforts), interventions recommended by the SRP and the result of those outcomes, and final recommendations and decisions by the SRP regarding a transition.

The SME requested information from LDH regarding the number of individuals who have been referred to the SRP and if the SRP was effective in addressing these barriers. LDH reported that five individuals from the My Choice Program were referred to the SRP. There are several barriers that have been identified by the SRP, including:

- Individuals with poor cognition, poor decision-making skills, poor insight, hallucinations
- Need for strategies to self-administer insulin
- Lack of contractors to provide home modifications needed to support transition.

The SRP addressed or is in the process of addressing several of these barriers. The State is in the process of hiring a Certified Diabetes Educator consultant to the SRP. The goal of contracting with a Certified Diabetes Educator is to support individuals in transitioning out of nursing facilities, support individuals with maintaining community living, and to advise SRP regarding the appropriate supports and services required to safely support these efforts. This consultant will conduct comprehensive reviews of participants referred to the SRP whose diabetes management needs have been identified as a barrier to HCBS living. This will include:

- Assessing the individual on-site at the NF for a diabetes strategy

- Performing medication reviews
- Consulting with community and/or nursing facility staff
- Training the individual on how to administer insulin
- Developing strategies to remember to take medications.

In addition to case reviews, the consultant will also provide consultation and training to OAAS and OBH staff, nursing homes, and community providers on diabetes education and diabetes prevention to maintain community living with special considerations to individuals with differing physical and cognitive abilities. The consultant is also providing training to Managed Care Organizations (MCOs), nursing homes, community providers, and other OAAS and OBH staff that interact and provide services to HCBS participants.

The State has also successfully resolved the issues with home modifications. These individuals will transition in the next reporting period.

As indicated in previous SME reports, it will be important that the State continue to use this process to identify and address barriers to transitions. As recommended in the third SME report, the State should consider additional SRP members who can identify systemic barriers affecting multiple members of the Target Population and ad hoc representation to address particular barriers in individual cases. This would include adding members with experience and expertise related to successfully resolving barriers to discharge. This includes ACT team members, Permanent Supportive Housing staff and/or providers, community physical and home health providers, representatives of agencies responsible for benefits determinations, Adult Protective Services (APS) staff, LGE staff, and certified peer specialists. The SME recommended these members since they are working on a daily basis with members who have been transitioned or diverted. In the previous report, LDH has stated the SRP will extend an invitation to the MCO Case Manager or ACT representative to participate in SRP meetings when the MCO/ACT team is a member of the transition team for an individual. For the next reporting period, the SME is requesting information on whether these additional members have been invited and have participated.

While the SRP provides a valuable process for the State to review transition barriers, the SME is concerned about the volume of individuals that are referred to the SRP. As indicated in this paragraph, a Transition Support Committee is responsible for addressing and overcoming barriers to transition for individual members of the Target Population when transition team members working with service providers, the individual, and the individual's informal supports cannot successfully overcome those barriers. Given the barriers listed throughout this report, the SME would anticipate that the number of individuals that will need to have transition barriers addressed would be greater than five and the State may consider enhancements or a parallel process to the SRP to regularly meet to identify and address transition barriers. The State should review the adequacy of the SRP process to identify and address barriers for many of the individuals transitioning to the community from NFs. Based on this review the State should either enhance the SRP's role for the My Choice Program or develop an alternative process that meets the requirements of this paragraph.

D. Post-Discharge Community Case Management

59. Ongoing case-management in the community shall be provided to members of the Target Population for a minimum of twelve months following discharge from the nursing facility.

As discussed in the assessment of Paragraph 47, since December 2019 TCs have provided interim intensive case management to members of the Target Population who transitioned, consistent with LDH standards for contacts by the Transition Coordinators for twelve months after discharge. All individuals who transitioned were offered interim case management for twelve months post transition. On a limited basis, TCs provided ongoing case management past the twelve months.

The diversion population which is part of the Target Population did not receive intensive case management from the TCs. Originally, the State proposed the MCO provide case management to the diverted population. LDH has reported that all individuals in the diverted population were offered case management since CY 2020. However, the engagement of the individuals in case management who were diverted from NFs was uneven. Participation in case management by the population diverted from NFs and offered by MCOs ranged from 15-40%.

As indicated in Paragraph 47, CCMs will provide case management beginning in January 2022. Originally, LDH had proposed to implement the CCM strategy in November 2021 but delays due the pandemic and Hurricane Ida pushed implementation out by 60 days. In reviewing the SOPs for the CCM program, there is a requirement that individuals will be provided CCM for twelve months post transition or diversion. Specifically, the SOP requires CCM involvement and contacts to continue for no less than 365 days at which time an assessment is conducted to determine ongoing need and desire to continue CCM.

60. The Implementation Plan shall describe LDH's plan to ensure case management services are provided to the Target Population. Case management services shall provide consistency, and continuity, both pre- and post-transition. Services will be of sufficient intensity to ensure case managers are able to identify and coordinate services and supports to help prevent reinstitutionalization and assist the individual to maintain community placement. This will include assuring access to all medically necessary services covered under the State's Medicaid program, including but not limited to assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), behavioral and physical health services, substance use disorder services, integrated day activities such as supported employment and education, and community connections. LDH shall ensure capacity to provide face-to-face engagement with individuals in the Target Population, through case management and/or through the appropriate behavioral health provider.

As indicated in the SME's Service Review, TCs providing interim case management were not required to develop a community plan post transition. Most individuals had multiple care or treatment plans but not an overall plan that integrated services and supports into a single document that reflected the individual needs and provided the TC with a tool to ensure better coordination of services. As described in the SME Service Review Report, the lack of an overall community plan for the individual that knits together the goals, overall desires, and needs of the individual was a major concern. For some individuals, there were multiple plans: Transition Plan, MCO plan of care, CCW plan of care, and a behavioral health provider treatment plan. The plans were often not developed collaboratively nor were they shared or reviewed as a team. Without an all-encompassing plan aimed at achieving a clear set of goals and aligning an array of services in pursuit of these goals, it is challenging to assess progress for individuals in the Target Population and the service system as a whole. It also makes it very difficult to refine services in response to crises or other unexpected events or to employ consistent, complementary approaches across providers.

The CCM model, as designed, is individualized, person-centered, and reflects the individual's unique strengths, needs, preferences, experiences, and cultural background. It allows individuals to participate in all decisions that affect their care and ensures they are provided options regarding their services and supports, including the option to refuse services. LDH has developed detailed contractual language for

MCOs that sets forth LDH's plan to ensure case management services are provided to the Target Population. The SME has reviewed and provided feedback to the State regarding this language. The contractual language requires services to be provided by a community provider and offered pre- and post-transition. In addition, the contractual language specifies the intensity of the case management. This language reflects the frequency and medium (face to face or virtual) recommended by the SME. As planned, the CCM will be offered to individuals who are diverted and who have transitioned from NFs.

As indicated above, LDH will implement the CCM approach during the next reporting period. The SME is recommending that LDH develop a monitoring process to ensure that:

- Case management is provided consistently and with continuity pre- and post-transition.
- Community Case Managers are identifying and coordinating the services and supports to help the individual maintain community placement.
- Community Case Managers are assuring access to all medically necessary services.
- Community Case Managers and/or other providers (e.g., ACT) conduct face-to-face engagement of the Target Population.

The SME had recommended that the interim case management strategy offered by the TCs continue past January 2022 to ensure that individuals who are receiving case management from the TCs do not experience an interruption in their care. The State has indicated, and the SME agrees, that LDH will identify individuals who are currently on the TC's interim case management caseload who will be transitioned to the CCM program. In discussions with LDH, the SME recommends that individuals who have been transitioned from an NF within the past six months may receive CCM. This will require these individuals to be transitioned from the TC caseload to CCM. This decision to transition to CCM should be done on an individual-by-individual basis by staff managing the My Choice program. The SME continues to recommend that individuals who have been discharged from NF longer than six months continue to receive intensive case management from the TCs.

61. The case manager will assure that each member of the Target Population receiving Medicaid services has a person-centered plan that will assist the individual in achieving outcomes that promote individual's social, professional, and educational growth and independence in the most integrated settings.

The discussion of the community plan is provided in Paragraph 60. As indicated in the previous SME report, CCMs will need to be well versed in the principles and process to assist the individual to create a plan that is truly person centered. LDH has developed some important tools over the past two years to provide information and support to CCMs, TCs, and other service providers for developing person-centered assessments and plans. As indicated in the SME Service Review, a significant area of concern was the lack of focus in the assessment and ITPs regarding activities that would promote social, employment, and other activities that would promote independence in the most integrated setting.

The SME has requested and reviewed information regarding the standard operating procedures for CCM. Overall, the SOPs set forth a reasonable quality monitoring process if adequately implemented. There are several recommendations the State should consider for modifications to the SOP:

- Ensure crisis plans and behavioral health advanced directives are included in the documentation required for individuals receiving CCM.

- Ensure the list of services for each transitioning member has identified if the individual needs DME.
- Consider other situations that may trigger a re-assessment including changes in primary care giver, living arrangements, etc.
- Adding references to physical health conditions throughout the SOP document. As indicated in other SME reports and highlighted in the Service Review, most individuals in the Target Population have significant co-morbid conditions.
- Add language regarding expectations that staff providing CCM facilitate regular planning team meetings that include the individual, TC, other health and behavioral health providers, and other individuals identified by the individual to support the planning process.

The SME also received and reviewed the proposed assessment tool and plan of care. The SME finds these documents incomplete and inadequate for identifying and addressing the needs of individuals receiving CCM. Specific concerns include:

- They are not consistent with the person-centered training and technical assistance efforts developed by LDH over the past year.
- It is unclear how community services will be identified and offered with a particular focus on identifying services and supports that will promote community inclusion.
- No plan to address potential crisis.
- Lack of clarity on how plans will address physical health needs given the high co-morbid conditions of the Target Population.

The SME strongly recommends the assessment and planning tool be revised to reflect the efforts of OAAS and OBH to identify needs and have plans that address these concerns. At a minimum, the State should consider using the current Transition Assessment as a starting point for these revisions. The SME would also encourage plans that comport with the person-centered planning checklist developed earlier this year. The SME also recommends that CCM providers and advocates/members of the advisory committee be involved in the revisions to these tools, similar to the process LDH used to review the Transition Assessment and Individual Transition Plan. Given that they should have a history with performing assessments and developing plans for similar populations, their input will be valuable and will also provide needed buy-in from these providers to effectively use these tools. It is also recommended that LDH (OAAS and OBH) be very involved in the process to revise these tools and take a leadership role in revising these documents on a timely basis.

The SME has requested and is in the process of reviewing the training materials (not just the curriculum) used for the CCM training. The SME is very interested in assuring that recent training developed and implemented by LDH will be included in the training materials.

The SME is requesting a listing of CCM agencies and case management staff. On a monthly basis, during the next reporting period, the SME is requesting the following information:

- The number of individuals that were transitioned and are receiving CCM.
- The number of individuals that were diverted and receiving CCM.

In addition, the SME is requesting the State develop a tracking strategy in the next reporting period, similar to tracking strategies for TCs that provide information regarding:

- Whether CCMs meet the requirements regarding participation in ITP meetings and contacts prior to an individual transitioning from an NF.
- Whether the CCMs perform an assessment and develop a plan of care within the timeframes required by the department.
- Whether the CCM agencies (or MCOs) are providing timely and complete information to LDH as required in the contract to inform the quality matrix and review processes.

E. Tracking

62. By the date specified in the Implementation Plan, LDH will develop and implement a system to identify and monitor individuals in the Target Population who remain in Louisiana Medicaid after their transition from a nursing facility in order to: ensure health and safety in the community; assess whether supports identified in the individual's discharge plan are in place and achieving the goals of integration; identify any gaps in care; and address proactively any such gaps to reduce the risk of readmission or other negative outcomes. The monitoring system shall include both face-to-face meetings with individuals in the Target Population and tracking by service utilization and other data.

As described in the fourth SME report, the TCs are collecting information through monthly logs on the individuals who were transitioned from NF regarding key areas to meet the intent of this paragraph, including services needed but not received as reported by the individual, change in caregivers or living arrangement, change of providers, and critical incidents including ED visits, inpatient admissions, and nursing facility readmissions. Information is also collected to measure whether individuals were involved in the transition plan and community plan process and information regarding their physical health and well-being. LDH also uses information from these logs for reporting purposes as part of their larger Quality Assurance effort. A review of these indicators is now embedded in LDH's My Choice Quality Assurance process. These indicators are reviewed jointly by OAAS and OBH leadership to identify individual and systemic issues. In addition, as discussed in Paragraph 98 and 99, LDH has shared and discussed these indicators with a subset of their My Choice Advisory Committee.

The State did not develop a similar system for individuals who were diverted from NFs. In previous reports, the SME recommended that LDH develop a strategy for collecting similar information for individuals who are diverted from NFs.

As requested by the SME, LDH will require MCOs and the CCMs to collect and report information from the assessments, plans of care, and logs or similar documentation from the community case managers. LDH will need quick access to these assessments and plans and will provide continuity for reporting information on key outcome measures for the My Choice Program. The SME is recommending that LDH have a real-time process for monitoring the rollout of CCM. While the information LDH will collect from CCM will be very important to determine the effectiveness of CCM, it will be important for staff overseeing the My Choice Program to ensure that individuals are being referred on a timely basis to CCM and that CCM is engaging these individuals and developing the necessary plans of care. Specifically, the SME recommends LDH develop and implement a process within the first 90 days for this real-time review. The SME is requesting that LDH provide information regarding the process they will deploy to be able to collect and review assessments, plans, and other required reporting information on a timely basis.

V. Community Support Services

A. Crisis System

63. LDH will develop and implement a plan for its crisis services system. LDH will ensure a crisis service system that provides timely and accessible services and supports to individuals with SMI experiencing a behavioral health crisis within their local community. The services shall include a mobile crisis response capacity, crisis intervention services, and crisis telephone lines, consistent with the principles outlined below. Crisis services shall be provided in the most integrated setting appropriate (including at the individual's residence whenever practicable), consistent with community-based crisis plans developed for individuals receiving services, or in a manner that develops such a plan as a result of a crisis situation, to prevent unnecessary hospitalization, incarceration, or institutionalization.

In December 2019, LDH, with input from the SME, developed a plan for a statewide crisis response system, which included the crisis services in the Agreement and additional crisis services used in other jurisdictions that have proven efficacy. This framework included the requirements in the Agreement and can be found at <https://ldh.la.gov/assets/docs/MyChoice/CrisisFramework.pdf>. There are four crisis services that LDH seeks to create for individuals enrolled in Medicaid through a program called the Louisiana Crisis Response System. These include mobile crisis response, community brief crisis support, behavioral health crisis care centers, and crisis stabilization units. Since the release of this framework, the following activities have taken place:

- Developed an internal workplan for implementing crisis services (including the crisis call center) for FY 2022
- Developed and implemented initial training for staff who were working with individuals as they transitioned from NFs, described in the fourth SME report
- Finalized the crisis service definitions
- Received funding in their budget for FY 2022 to implement several Mobile Crisis Response (MCR), Community Brief Crisis Support (CBCS), and Behavioral Health Crisis Care centers
- LSU developed and released a Request for Application to select crisis providers to offer the four crisis services
- Selected providers to receive training on crisis services from LSU
- Developed an initial training protocol in cooperation with LSU for crisis providers
- Applied for and was awarded a Transformation and Training Initiative (TTI) grant through the National Association of State Mental Health Program Directors (NASMHPD) to develop short- and long-term plans for implementing triage and dispatch functions associated with the Louisiana Crisis Response System
- Continued to meet with MCOs regarding their responsibilities to provide interim call center responsibilities and crisis provider network functions
- Worked on the development of a draft RFP for a statewide crisis call center
- Developed rates for each crisis services
- Facilitated regular and ongoing presentations regarding the implementation of these services offered through the Louisiana Crisis Response System.

The State is proposing a rolling implementation of various crisis services. The initial focus of these efforts will include standing up MCR, CBCS, and BHCC centers. Additional information regarding these crisis services can be found at <https://ldh.la.gov/assets/docs/MyChoice/CRISIS-PRESENTATION-032921.pdf>. As

indicated above, the State has received the necessary funding for these services. Initially the State proposed an implementation date of January 2022 for these three services. Due to Hurricane Ida the implementation dates for these crisis services have been delayed and they are scheduled to begin in March 2022. Crisis Stabilization services are slated for implementation in FY23. Funding for these services has been included within the LDH budget request for the 2022 regular legislative session. The State has also reviewed their crisis service definitions to align with federal opportunities in the recently passed American Recovery Plan to garner additional federal funding for these new services.

64. LDH will ensure that the Target Population has access to a toll-free crisis hotline in each community 24 hours a day, 7 days a week, staffed by qualified providers, with sufficient capacity to preclude the use of answering machines, third-party answering services, and voicemail. Crisis hotline staff will try to resolve the crisis over the phone, and if needed will provide assistance in accessing face-to-face intervention, arranging an urgent outpatient appointment, providing phone consultation with a Licensed Mental Health Practitioner if a higher level of clinical skill is needed, or connecting the caller with peer support services.

As discussed in previous SME reports, there is a patchwork of toll-free crisis and help lines currently available to assist individuals, including members of the Target Population, who are experiencing crisis. To address this issue, the crisis plan, as proposed, would ensure that the Target Population and all Louisianans experiencing a behavioral health crisis would have access to a statewide toll-free crisis line.

OBH staff has begun drafting a Request for Proposal for a single crisis call center. This call center will be critical to the success of the overall system with a single phone number individuals can use when in crisis. Due to Hurricane Ida, this crisis line will be implemented later in CY 2022. A projected date for implementation has been targeted for October 2022. Given that all other crisis services will be implemented prior to October 2022, the MCOs will continue to have the responsibility to receive crisis calls and dispatch mobile teams and make referrals to other crisis services in the interim.

The State continues their efforts to implement a state-specific 988 hotline for Louisianans in crisis to connect with crisis services and supports. Though the 988 implementation plan is in process, the State has had ongoing meetings between these two programs in order to ensure their implementation occurs in tandem, given that there will ultimately need to be interface between the LDH crisis hotline and 988.

65. LDH will, through the Implementation Plan, ensure that a face-to-face, mobile crisis response capacity is available statewide before termination of this agreement. Mobile crisis response shall have the capacity to respond to a crisis at the location in the community where the crisis arises with an average response time of one hour in urban areas and two hours in rural areas, 24 hours a day, and seven days a week. Mobile crisis response will have the capacity to support resolution of the crisis in the most integrated setting, including arranging urgent outpatient appointments with local providers, and providing ongoing support services for up to 15 days after the initial call.

The State has not implemented the mobile crisis response capacity set forth in the crisis framework as indicated in Paragraph 63. Two crisis services (MCR and CBCS) will begin to go live in March 2022. BHCC will begin to go live in April 2022. As indicated above, the State has finalized service definitions for mobile crisis response that set forth the response times and other expectations for mobile response providers. In addition, the State is working with Louisiana State University (LSU) to develop network capacity for MCR, CBCS, and BHCC centers. LSU has identified providers who are at highest readiness for implementation and will initially offer these services. As indicated above, LSU has identified the providers that will initially participate in training and will likely be under contact with the MCOs to provide these services. LSU

received responses to the RFA for nine of the ten regions in Louisiana. Additional information from the LSU review indicated:

- There were no bidders for region 5. This is the Lake Charles region that had significant impacts from hurricanes in 2020 and 2021.
- In regions 6 and 7, it was determined that there were no qualified bidders for any of the services.
- In regions 4 and 9 there were no bidders for the Crisis Stabilization (CS) service.

LSU has reviewed the responses and identified seven agencies as having the readiness and meeting the qualifications to provide one or more of the four crisis services. LSU, in consultation with the state and MCOs, is considering strategies for developing coverage for the rest of the state. The SME is requesting information early in CY 2022 regarding these strategies and any information regarding additional providers that will offer these services.

The State will also review the provider readiness to offer crisis services. This will include a review of staffing, facility, start-up financing, and executive support provided to the organization's crisis program. This will also include a review of the qualifications of the staff that will provide crisis services (e.g., required licenses, Medicaid provider status, in good standing with MCOs). The readiness review is essential in ensuring MCOs' efforts to continue to build the crisis network.

In addition, the State reports that LDH, LSU and all five MCOs are collectively working to develop protocols for receiving crisis calls through their existing crisis lines, for dispatching mobile teams, collecting and communicating data, and for authorizing next level crisis services (CBCS and CSU). This will be a primary means of accessing mobile crisis services until the statewide call center is operational. In addition, the State reports they are undertaking the following activities:

- Working with MCOs to assure that contracts with service providers will be in place in advance of the launch dates.
- Performing a readiness dry run of processes to assure that MCOs and mobile teams are prepared to launch services on March 1, 2022.
- Developing MCO-specific plans to assure that next service authorization (when required) is in as close to real time as possible.
- Collecting and reviewing episode-specific data collected by crisis teams and MCOs; this data, along with Medicaid claims data, will be analyzed to inform actual practice
- Providing monthly, agency-specific coaching (through LSU) for a period of at least several months to support implementation.

The SME recommends LDH develop a strategy to monitor the roll-out of these new crisis services. The SME team has recommended that initially LDH facilitate a standing, brief, daily huddle of MCOs and crisis teams (via phone conference line) to check in on service demand, access issues, implementation hiccups, and to continue to hone the working protocol. This will allow LDH to identify and address in real time implementation issues that may adversely impact the provision of these services. While the SME understands MCOs are responsible for network development and ensuring access, it will be important for LDH to take a more formidable role in overseeing implementation.

66. LDH will, through the Implementation Plan, ensure that a crisis receiving system is developed statewide with capacity to provide community-based de-escalation and recovery services to individuals experiencing

crisis. The State shall conduct a gap analysis and develop crisis receiving system components in community-based settings designed to serve as home-like alternatives to institutional care, such as walk-in centers and crisis or peer respite apartments, or other evidence-based practices. LDH shall discourage co-locating in an institutional setting any new crisis receiving services developed during the term of this Agreement. Crisis or peer respite apartments developed through the Implementation Plan will have no more than two beds per apartment, with peer staff on site and licensed clinical staff on call 24 hours per day, seven days per week.

As indicated in the fifth SME report, LDH completed a comprehensive needs assessment with an analysis of all crisis services, including the components of the home-like alternatives referenced above. The initial findings and recommendations from the needs assessment were helpful in shaping the FY 2022 budget request for crisis and other services. LDH used the data from the initial analysis and developed budget assumptions regarding the potential need for each crisis service. LDH developed additional assumptions to project budget requests for FY 2022. This included identifying the potential demand for crisis services (based on ED visits and inpatient hospitalization for behavioral health) and reimbursement rates from other states that had established services similar to those proposed for Louisiana. It also incorporated service initiation dates (most were January 2022).

The final Needs Assessment (published in December 2021) provided additional recommendations for LDH to consider for developing crisis services in the future. Specifically, the Needs Assessment recommended expanding crisis service capacity and funding for individuals who are not enrolled in Medicaid but who experience significant behavioral health issues that often generate the need for a crisis response.

As indicated in Paragraph 63, the State is developing BH Crisis Care Centers in each region that will serve as walk-in centers to address initial or emergent psychiatric crisis intervention response intended to provide relief, resolution, and intervention through crisis supports and services during the first phase of a crisis for adults.

Mobile crisis response and walk-in services represent one part of a comprehensive crisis system of care. The State will realize greater return on investment in these services if there is also attention paid upstream and downstream to look for opportunities to strengthen the system. This should include the following activities:

- Collecting data by agencies and MCOs to determine where to target future investments. For example, understanding the nature of the crisis that individuals are experiencing may lead to further investments in peer-delivered services, housing supports, or specialized brief crisis services for individuals with co-occurring disorders.
- Working with MCOs to assure that post-crisis services and supports are accessible and effective. This includes timely appointments with prescribers, clinical staff, and peer supports following crisis care, to increase the likelihood of stabilization in the community.
- Developing other “upstream” and less restrictive strategies within outpatient services agencies to develop skills and capacity to provide suicide-specific care in the community; to assure agencies are adequately meeting urgent care needs of their existing clients (timely access for an urgent appointment, meaningful 24/7 crisis support telephonic support, and non-traditional appointment models such as Open Access that allow for same day scheduling).

The SME is recommending LDH consider adding these network development activities to the CY 2022 implementation plan.

67. LDH is working to address the State's opioid crisis and other co-occurring substance use disorders affecting the Target Population. As part of this effort, LDH shall ensure statewide network adequacy of detoxification, rehabilitation, and intensive outpatient substance use disorder (SUD) recovery services. SUD services shall have sufficient capacity to accept walk-ins and referrals for the Target Population from crisis services, emergency services, and law enforcement personnel. With the technical assistance and approval of the Expert, the State shall develop policies, procedures, and core competencies for substance use recovery, rehabilitation, and detoxification service providers.

Since 2018, LDH has been implementing significant changes to their SUD service system through a CMS 1115 Demonstration Waiver. This 1115 Waiver opportunity allowed states to make important changes to their SUD system and required participating states to meet six important milestones. One of these milestones focused on improving access to SUD services. The State has a continuum of services consistent with the American Society of Addiction Medicine (ASAM). A review of MCO network adequacy reports for the third quarter of 2021 (July-September) by the SME indicated that there were no network adequacy issues for the various SUD levels of care during this reporting period. The State uses block grant funds to expand evidenced-based practices, such as Medication Assisted Treatment (MAT), as well as to increase the availability of recovery coaches in communities throughout Louisiana.

However, other information suggests that SUD services are underutilized. A finding from the needs assessment is the “extremely low” penetration of SUD service utilization for members of the Target Population. As indicated in the needs assessment, less than 5% of individuals who transitioned or were diverted received an SUD service. As indicated in the fifth SME report, 48% of individuals with an SMI may have a substance use issue or disorder³. Some of these individuals should have their SUD needs assessed and addressed by the ACT teams, which include a SUD practitioner that is responsible for providing SUD services for individuals with identified substance use or substance misuse issues. The SME's service review found that over one-half of the individuals participating in the review had an SUD history. Several individuals were actively using (mostly alcohol) and did not want to seek or participate in treatment.

The State reports that ten individuals transitioned from NFs received SUD treatment for the period from July 1, 2020, to June 30, 2021. The specific services received included:

- Medication Assisted Treatment (5)
- SUD Inpatient Services (4)
- SUD Residential (2)
- SUD Outpatient (4)

In addition, a recent death of a member of the Target Population was related to a drug overdose. This death is currently being reviewed by the My Choice Mortality Review Committee and its findings should further inform LDH's efforts to enhance SUD services for the Target Population.

In the last SME report, it was recommended that the State identify and address barriers to individuals in the Target Population who have an SUD who may benefit from treatment and recovery services. The SME is requesting this information for the next reporting period—with a focus on how the newly implemented crisis services will address individuals in the Target Population who are in crisis due to SUD issues.

³ https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-004_Final_508.pdf

68. LDH will collaboratively work with law enforcement, dispatch call centers, and emergency services personnel to develop policies and protocols for responding to mental health crises in the community and will support development and training of Crisis Intervention Teams and other initiatives that increase the competency of officers and emergency services personnel when engaging individuals with mental illness or substance use disorders.

Given the ongoing national focus on the role of policing, including calls to reduce the police role in responding to people with MH disabilities, LDH continues outreach efforts to law enforcement during this reporting period. LDH and LSU invited various state and local police associations to a meeting regarding the implementation of the crisis services. LDH and LSU provided more detailed information regarding these services and discussed the role of police to access and utilize these services rather than seeking involuntary admissions into inpatient hospitalizations. In addition to these meetings, law enforcement agencies have:

- Been represented and actively participate in the 988 workgroup meetings. These workgroups will be expanded to provide larger stakeholder and law enforcement-specific voice.
- Participated in a crisis system-specific meeting held in November and attended by the Louisiana Commission on Law Enforcement. This is a large and active organization with 56 members of law enforcement serving on the board. The Executive Director is very supportive of the launch of the crisis system and has committed to convening meetings and providing public service announcements.
- Been engaged by LDH to include other state level associations including the Sheriff's association. (Note, these meetings had initially been scheduled in early September and had to be cancelled due to the hurricane).

LDH, LSU, and MCOs are continuing to discuss the best method for law enforcement to aid an individual in accessing the new crisis services.

69. The State shall develop policies, procedures, and core competencies for crisis services providers, which shall be developed with the technical assistance and approval of the Expert prior to implementation. The State shall also develop quality assurance measures for all Providers of community-based crisis services, including, at a minimum, tracking response times, and dispositions at the time of crisis and at post-crisis intervals of 7 and 30 days. The State shall consult with the Expert in selecting its quality assurance measures for providers of community crisis services.

As indicated above, the State, in consultation with the SME, has developed the service requirements for each of the services set forth in the crisis plan. The SME has approved these service requirements.

The State still needs to finalize the necessary performance metrics for the call center and crisis providers. In the previous SME report, it was recommended that these metrics be finalized in the first 90 days of the next reporting period. These metrics have not been finalized. The SME is requesting these metrics (for providers and the call center) be finalized in January.

In addition, the SME recommended the State finalize how the MCOs will oversee the provider network against these performance metrics to increase the accountability and performance of all crisis providers. The State reports:

- LSU will work with teams on implementing consultation and coaching and identifying barriers to implementation.
- LDH will work with MCOs to assure agencies are credentialed and contracted to deliver crisis services.
- As indicated above, daily huddles will identify barriers of any sort that are impeding the ability to deliver an effective service.

It is anticipated that the launch of the statewide call center will coincide with enhanced technological tools for teams to facilitate mobile response and collection of data. This might include the use of common software with tablets for mobile teams and the use of GPS technology to track team movement in the field along with hot spot capability.

B. Assertive Community Treatment

70. The State will expand Assertive Community Treatment (“ACT”) services to ensure network adequacy and to meet the needs of the Target Population.

As of December 2021, the State reports there are 45 ACT teams operating within Louisiana that are and will be serving individuals in the Target Population. The SME team continues to review information from the MCOs on a quarterly basis regarding the adequacy of access to ACT. Upon review, the SME continues to believe that the State has sufficient ACT capacity for serving members of the Target Population who are currently in the community. While the needs assessment did not specify where capacity was needed, historically the State has not experienced challenges with increasing ACT capacity. For instance, the ACT capacity increased by 300 individuals in FY 2020.

The needs assessment indicated that approximately 30% of individuals in the Target Population who transitioned from nursing facilities received ACT. Fifteen percent of individuals diverted from nursing facilities received ACT. The needs assessment projected that approximately 136 individuals may need ACT services during FY 2022 (assuming 400 individuals will be transitioned from nursing facilities by June 30, 2022). The SME is requesting information during the next reporting period on the number and percent of individuals transitioned from NFs during FY 2021 who received ACT and whether any individuals who requested ACT did not receive this service.

During the last reporting period, the SME recommended that LDH review policies and other efforts to better identify individuals who will be or have been recently transitioned to determine if these individuals (based on their previous behavioral health ED and IP utilization) should be referred to ACT teams. The SME requested that LDH report the number of these individuals who were or will be referred to ACT at their transition to the community. The State has not provided this information to the SME.

71. Members of the Target Population who require the highest intensity of support will be provided with evidence-based ACT services if medically necessary. The State shall review its level of care or eligibility criteria for ACT services to remove any barriers to access identified by the State or the Expert resulting in inadequate access for the Target Population.

The SME reviewed Louisiana’s level of care requirements for ACT against similar requirements in other jurisdictions. As constructed, the admission criteria for ACT are reasonably consistent with other states.

In the fourth SME report, the SME identified that the State does not have defined exit or stepdown criteria. The SME has provided examples of other states' exit/stepdown criteria. In addition, the State continues its efforts to identify which ACT teams may be experiencing more challenges with exiting/stepping down individuals from their team. For instance, there are individuals who have been in NFs receiving ACT for several years. It is unclear whether these individuals continue to need ACT or could benefit from other services such as CPST or psychosocial rehabilitation. The intensity of ACT may not always be appropriate for these individuals.

72. ACT teams will operate with high fidelity to nationally recognized standards, developed with the technical assistance and approval of the Expert.

According to key informants in the Needs Assessment, there is considerable variability among ACT workers in their responsiveness to potential crises and engagement early in the response to a crisis and in the recommended training for ACT providers and MCOs to improve their capability in planning for crisis and engagement and intervention techniques to reduce the need for a higher level of care intervention. As recommended in Paragraph 68, LDH should include ACT teams and community case managers, who are often the locus of accountability for these individuals, in training regarding new crisis services and provide them with training regarding crisis de-escalation approaches.

As indicated in previous SME reports, the State, through its MCOs, conducts fidelity reviews of ACT providers on an ongoing basis. During this reporting period, fidelity reviews were conducted on 21 ACT Teams. The balance of the reviews (24) was to be conducted in this reporting period. Due to Hurricane Ida, these reviews will occur during the next reporting period. The SME is requesting these fidelity reviews on the 21 teams and any subsequent reviews that are performed during the next reporting period.

Previous fidelity reviews highlighted the lack of employment focus for some of the ACT teams. In the SME's opinion, with respect to the employment area, the ACT teams are singularly positioned to provide intensive supported employment services because the teams already include a dedicated employment specialist. As discussed in the fifth SME report, the State developed and implemented strategies to address this issue.

Through the encouragement of the SME team, the State has developed critical performance measures that are specific to ACT. The purpose of these measures is to determine if high fidelity for an ACT team is associated with better outcomes and if lower fidelity is associated with poorer outcomes (e.g., low intensity services or lack of individualized plans for individuals on an ACT team).

OBH, in cooperation with the SME and Medicaid, is collecting and analyzing data to review the performance of each ACT Team. This information is entered into the ACT Outcomes System. The ACT Outcome System provides information on:

- Homelessness status
- Incarceration status
- Emergency Department visits
- Behavioral health inpatient admissions
- Physical health inpatient admissions
- Partial hospitalization participation
- Admission into an SUD detoxification facility

- Employment
- Average lengths of stay in ACT.

The ACT Outcomes System is in use by all ACT teams, but not all teams are technically proficient using this new system. Most teams are serving clients from multiple MCOs, and there are complexities in the reporting to assure clients are reported by MCO as well as the total team. The SME recommends the State and MCOs provide technical assistance to the ACT provider group in monthly MCO/LDH/ACT meetings. In addition, the SME recommends ACT teams be informed on how to use the outcome data they are collecting for quality improvement.

The SME recommended an analysis of outcomes be completed during this reporting period to identify ACT teams that may have longer lengths of stays and that could benefit from targeted technical assistance to determine whether those stays are appropriate or whether step-down strategies are needed. The SME is requesting the State provide this analysis in the next reporting period.

C. Intensive Community Support Services (ICSS)

73. In Louisiana, [Intensive Community Support Services (“ICSS”)] are provided through a variety of community-based mental health rehabilitation services as described below. Managed Care Organizations (MCOs) manage Medicaid reimbursable services for the treatment of mental health and substance use disorders. LDH shall monitor the MCOs, LGEs, and Medicaid provider network to ensure the number and quality of community mental health service providers are sufficient to enable individuals in the Target Population to transition to and live in the community with needed Community-Based Services. LDH will take into account rates and billing structure for Community-Based Services to ensure that all members of the Target Population have access to ICSS of sufficient intensity to support their transition, recovery, and maintenance in the community.

The State continues to measure the availability of and access to Intensive Community Support Services, which include services in the State’s current Medicaid behavioral health services, on a quarterly basis utilizing network adequacy reports. For the purposes of this report, the SME has identified the following services to be intensive community supports:

- Community Psychiatric Services and Treatment
- Psycho-Social Rehabilitation
- Crisis Services (current crisis intervention services)
- Assertive Community Treatment
- Peer Supports
- Intensive Outpatient Programs
- Ambulatory Withdrawal Management with Extended On-Site Monitoring

The State provides the findings of MCO-generated reports on network adequacy quarterly to the SME. It is also included in the quarterly Quality Assurance matrix developed by LDH. Based on the review of these reports for the CY 2021 there are no obvious access issues for Intensive Community Support Services. Providers of CPST increased by 9% during this calendar year. While Intensive Community Support Services could be defined as inclusive of case management services, for the purposes of this report case management is being considered as a stand-alone service for which the State is developing a more tailored

strategy. During this reporting period, LDH has proposed changes to the CPST service, to better differentiate the role of this service versus Psycho-Social Rehabilitation (PSR), which had overlapping service definitions.

Similar to ACT, the current needs assessment reviewed the demand for ICSS services by members of the Target Population who are transitioned or diverted from NFs. Per this report, up to 250 additional individuals may need CPST (assuming, again, that 400 individuals will be transitioned from nursing facilities by June 30, 2022). This is a relatively small number compared to the 18,000 individuals who utilized this service in CY 2019 and the current capacity in the network should be sufficient. The SME is not recommending that the State perform an analysis of rates and billing structures for the MHR services yet. While rates can be an indicator of barriers to access, the needs assessment and review of the MCO's network adequacy report does not infer there are issues with accessing CPST.

74. LDH will continue to provide services comparable to the following services currently provided: (a) Community Psychiatric Support and Treatment (CPST) services are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the individual's individualized treatment plan; (b) Psychosocial rehabilitation (PSR) services are designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and environmental barriers associated with his or her mental illness. The intent of PSR is to restore the fullest possible integration of the individual as an active and productive member of his or her family and community with the least amount of ongoing professional intervention; and (c) Crisis intervention (CI) services are provided to a person who is experiencing a psychiatric crisis and are designed to interrupt and ameliorate a crisis experience, via a preliminary assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment.

The State continues to offer and provide these services through the Mental Health Rehabilitation program. There are over 400 providers of MHR services throughout the State. There have been changes to this program over the past calendar year, including the biggest change, the expansive use of telehealth by these providers. The State developed policies at the onset of COVID-19 to allow providers the flexibility to use telehealth to deliver MHR services during the pandemic.

The State continues to track the impact of COVID-19 on these providers. Specifically, the OBH is collecting information from MCOs on the number of MHR agencies that have notified their intent to close programs. In the previous SME report, there were about the same number of program closures (3-4) pre and post COVID-19 onset. During this reporting period, there were four additional closures. Three of these closures were specific sites of providers that had multiple sites. One closure occurred due to the death of the director.

75. LDH will seek necessary waivers and/or CMS approvals to ensure that individuals in the Target Population identified as needing assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) are provided with services sufficient to meet their needs.

The Needs Assessment found a high need for in-home personal care supports for individuals transitioning to the community and recommends maximizing access. According to the report, data suggest up to 75% of individuals transitioning to the community need some form of in-home personal care service. The Needs Assessment stated that dependencies for activities of daily living is "one of the strongest predictors

[of NF placement], demonstrating the importance of these support services in maintaining people in the community.⁴”

There are several current pathways for individuals to receive in-home personal care through the Medicaid program. Some individuals may qualify for the Community Choice Waiver (CCW), one of the State’s home and community-based services programs and have access to an array of services and supports to address IADLs, including personal assistance and skilled maintenance therapies. In addition, individuals may receive personal care through a stand-alone Medicaid state plan service (Long Term Personal Care Services). Both of these pathways require the individual to meet nursing facility level of care.

Members who are under the purview of OBH do not have access to similar services since they do not currently meet the NF level of care. The State will target personal care services on individuals in the Target Population who resided in NFs, who need some level of personal care, and who currently do not meet the criteria for the CCW or LTPCS program. In January 2022, the State will implement a Medicaid option for services currently not included or allowable under the state’s existing Medicaid plan. The State, as recommended by the SME, finalized the benefit package and approach for these authorities in the fourth reporting period and has obtained the appropriate authority for this service. The initial benefit package will include personal care services and supported employment. LDH has requested and received funding for their services in their FY 2022 budget. The State has amended its current 1915b Medicaid Waiver for personal care services to include these benefits.

The Needs Assessment did identify several issues with the existing personal care services. The Assessment cited a concern about “churn” for these programs—specifically individuals improving their IADLs and no longer qualifying for these supports. Few individuals were re-referred for a subsequent evaluation for these benefits despite ongoing needs and sometimes deteriorating IADLs. LDH should develop processes to track individuals in the Target Population who no longer meet the NF level of care needed for the CCW or LTPCS program and make a follow-up referral for these programs or the new Medicaid option that offers personal care assistance to ensure ongoing personal care services. LDH should also apply the lessons learned from the CCW program to the new personal care services benefit to address the churn issues described above.

The State submitted and obtained approval from CMS for peer services. This new service began in March of 2021 and is a benefit that is provided through LGEs. Information regarding the implementation of this service is provided in Paragraph 79.

Upon further review of the existing Medicaid state plan, LDH believes it has the current authority to cover the initial crisis services in the existing State Medicaid Plan.

76. LDH, in partnership with stakeholders, will review and recommend improvements to existing provisions governing the fundamental, personal, and treatment rights of individuals receiving community-based mental health services.

LDH has not performed structured activities that address this paragraph. The SME is unaware of engagement and subsequent discussions with stakeholders regarding a review and possible changes to these provisions. In the previous report, the SME recommended LDH develop an organized process to engage stakeholders to review current provisions, make recommended changes, and develop the

⁴ [LouisianaNeedsAssessment-Final-Report.pdf \(la.gov\)](#)

necessary policy guidance to address these rights. The State has not undertaken these activities. The SME is recommending the State initiate steps to meet the requirements of this paragraph during the next reporting period.

77. Staff for each of the services in VI A-C shall include credentialed peer support specialists as defined by LDH.

Currently, the State, through the MHR program, allows peer specialists to provide services, including ACT, Community Psychiatric Support and Treatment, Psychosocial Rehabilitation, and Crisis Intervention. In addition, the initial Crisis Framework referenced that peer services are simultaneously being developed and will be incorporated into the crisis continuum services as well as other services. As discussed in Paragraph 79, the State implemented a freestanding peer support service in March that complements the services in VI A-C and other services such as integrated day services discussed below. The utilization of this service has been extremely low as discussed in Paragraph 79. To determine if the State met the requirements of this Agreement, the SME is requesting data regarding peer support specialists providing existing MHR services for the CY 2021 including:

- ACT
- Psychosocial Rehabilitation services
- Community Psychiatric Support and Treatment
- Crisis Intervention

In subsequent reports, the SME will be requesting information on peers delivering new services (e.g., crisis and supported employment) during CY 2022.

D. Integrated Day Activities

78. The State will develop and implement a plan to ensure that all individuals in the Target Population have access to an array of day activities in integrated settings. Integrated Day activities shall include access to supported employment and rehabilitation services, which may include but are not limited to competitive work, community volunteer activities, community learning, recreational opportunities, and other non-congregate, integrated day activities. These activities shall: (a) offer integrated opportunities for people to work or to develop academic or functional skills; (b) provide individuals with opportunities to make connections in the community; and (c) be provided with high fidelity to evidence-based models. The Implementation Plan will provide for development of supported employment services in the amount, duration, and intensity necessary to give members of the Target Population the opportunity to seek and maintain competitive employment in integrated community settings consistent with their individual, person-centered plans.

The State has undertaken activities to identify, develop, or enhance services for individuals during the day. The State defined a preliminary set of integrated day services for members of the Target Population that include employment supports, drop-in centers, and adult day opportunities. The state's primary focus has been on developing employment opportunities for individuals in the Target Population. These opportunities are to enhance state efforts to offer integrated opportunities for people to work and be provided with high fidelity to evidence-based models, such as Individual Placement Supports (IPS). Over the past several years, the State has undertaken several activities to promote the availability of employment supports for individuals with mental illness including the Target Population. This includes:

- Receiving federal grants to facilitate policy and training in states to enable them to increase employment outcomes for people with disabilities, and in particular, people with mental health disabilities.
- Holding a statewide learning opportunity for MCOs, behavioral health providers, and other stakeholders regarding the importance of employment for individuals with mental health conditions and strategies that providers and others should consider to garner interests and enhance strategies for integrated employment.
- Hired a staff person that will be specifically responsible for overseeing all employment activities for OBH including the roll out of Individual Placement and Supports.
- Training the MCOs on guidance that stipulates that illness management and recovery supports in the domain of employment activities be within the scope of current funding methodologies for the Mental Health Rehabilitation Program.
- Participating in a national Learning Collaborative on Individual Placement and Supports. OBH staff members who are involved in creating more supported employment opportunities were involved in this Learning Collaborative during the reporting period.

During this reporting period, the State indicated they performed the following activities:

- Finalizing a definition for IPS to be included as a specific service in the Medicaid program.
- Obtaining funding to underwrite the costs of IPS.
- Finalizing a reimbursement methodology for IPS activities.
- Submitting changes to the current Medicaid program to include IPS.
- Offering training regarding employment supports to employment specialists and their supervisors.

In addition, the State reports they will undertake the following activities for the next six months:

- Initiating a contract with national IPS Employment Center by 6/2022, the creators of IPS to build an infrastructure to provide IPS services statewide.
- Providing technical assistance and consultation to IPS providers (LGEs and ACT teams) by LDH.
- Conducting weekly planning meetings with the LGEs beginning in January 2022 to roll out IPS in February.
- Contracting with a consultant to assist with linkages between OBH and Louisiana Rehabilitation Services to ensure that referrals for IPS are appropriate and LDH does not duplicate efforts or funding for this service.

According to the State, IPS will be implemented in February 2022. The State will make IPS available through each LGE for individuals in the Target Population. While the state has made good progress on moving IPS forward, the SME has expressed several concerns regarding this approach:

- The volume of individuals in the Target Population that will initially want and benefit from IPS may be small initially and therefore LGEs may have fewer incentives to dedicate staff resources to the delivery of IPS.
- IPS requires close coordination between the employment specialists and the mental health professional or teams that deliver clinical care and other behavioral health supports to the individuals. Many individuals that have transitioned from NFs do not get their care from LGEs. The State does not have a clear strategy for supporting this coordination.

- The historical focus by TCs on identifying employment interest and facilitating access to employment supports has been minimal for individuals who have transitioned from NFs. As indicated in the SME Service Review, few individuals were asked about their employment interests, and none were working at the time of the review.

The SME would like to see a successful implementation of IPS. The SME recommends the State consider the following activities during the next reporting period:

- Ensure that the TCs and CCMs are identifying individuals' employment desires and needed supports to successfully engage those individuals in activities that promote employment, including IPS. Once identified, the CCM should work closely with the MHR providers, LRS, or LGEs to initiate a referral for services.
- Develop coordination strategies for individuals who have separate providers offering IPS and mental health treatment and supports. The SME recommends that the State consider a strategy for having the CCM facilitate the necessary meetings between the LGEs, ACT, and other agencies offering this treatment and supports.
- Implement the strategy for assessing the fidelity of IPS. Similar to ACT, the State may consider having the MCOs work together to identify an entity to perform the fidelity reviews. The IPS benefit will be managed by the MCOs and a shared process for assessing fidelity will be needed.

As indicated in the previous SME report, OBH has developed guidance to providers regarding employment services, including the use of existing services (CPST and PSR) to offer employment supports and coaching through the MHR program. As of this report, the State has yet to release this guidance. The SME recommends that LDH release this guidance and provide training to MHR providers to support the release of this guidance early in the next reporting period.

In addition to employment, the SME has recommended that additional services or supports be available to the Target Population for ensuring additional integrated day options. Several years ago, the State gathered information to identify drop-in/low-demand social settings that could provide support and engagement to individuals transitioning or being diverted from NFs. Information from the surveys was added to the resource guide for the Transition Coordinators. Given that some of these programs have limited operations during the pandemic, the SME recommended in previous SME reports that the State identify which of these programs are still operational and update the resource guide for the next reporting period. The State has not updated this resource guide as of this report and the SME recommends LDH perform this update in January to assist TCs and CCMs with resources as LDH projects higher volumes of individuals transitioned from NFs and as individuals who are diverted receive CCM.

E. Peer Support Services

79. LDH shall ensure certified Peer Support Specialists will continue to be incorporated into its rehabilitation services, CPST, PSR, CI, ACT, Crisis Services, Residential Supports, Integrated Day, SUD Recovery, and Supported Employment systems. Peer support services will be provided with the frequency necessary to meet the needs and goals of the individual's person-centered plan. LDH shall ensure peer support services are available to all individuals with SMI transitioning from nursing facilities, both prior to and after transition to the community.

Peer support is an evidence-based practice for individuals with mental health conditions or challenges. Both quantitative and qualitative evidence indicates that peer support lowers the overall cost of mental health services by reducing re-hospitalization rates and days spent in inpatient services and by increasing the use of outpatient services. Peer support improves quality of life, increases and improves engagement with services, and increases whole health and self-management. The State and the SME believe there is an interest in increasing access to and involvement of peer support specialists. During this reporting period, the State continues to incorporate Peer Support Specialists in the delivery of various existing MHR services. There were no specific changes that impacted this policy during this reporting period.

The State continues efforts to enhance the provision of services offered by peer support specialists. Over the past several years the State:

- Finalized a Medicaid framework for new peer support services.
- Obtained approval from CMS for a new peer support service. This new service began in March of 2021 and is being provided through LGEs.
- Hired peers to perform in-reach and transition assistance for individuals in the Target Population in NFs (as discussed in Paragraph 89).
- Developed the service parameters and staff qualifications for this new service.
- Released an RFI in 2020 to solicit recommendations from stakeholders regarding strategies for improving the training and certification process. The previous SME report provides information on the responses received through this process.
- Improved the process for training and recertifying peers, as the previous process was not sufficient to support the necessary changes and additions proposed by the State.
- Developed and implemented training of peer supervisors. Approximately 25 individuals attended the supervisor training in June of 2021.

The SME requested information on the number of individuals in the Target Population that received the new peer support services (implemented in March 2021). To date, State reports the LGEs have not yet billed Medicaid for Peer Services for any individual. In discussions with the LGEs, the State has identified the following barriers to this slow implementation:

- Some confusion by LGEs on how to seek reimbursement for peer services. Currently some peer services have been underwritten by federal grants and need assistance to convert billing from these grant sources to billing Medicaid.
- LGEs report that the currently approved Medicaid service definition for Peer Services does not allow for reimbursement of group sessions.

To assist the LGEs with overcoming any challenges, the State reports they have undertaken the following activities:

- Conducted individual meetings with LGEs as needed to provide guidance and technical assistance regarding billing and reimbursement.
- Developed plans to add group services to later phases of implementation.
- Explored additional provider types for expansion of Peer Services.

It is anticipated that one LGE will initiate Medicaid billing for Peer Services during December 2021 which will include revising their electronic health record (EHR) and training staff to begin billing Medicaid. The

availability of this service is not adequate to meet the needs of the individuals in the Target Population in the other areas of the State that are further behind in implementation. Other states have effectively created implementation strategies before the roll-out of the service to address some of these issues. The SME recommends that LDH make a concerted effort to make changes to the current definition to allow for group services and allow other provider types to offer this service rather than limiting this to LGEs.

As some LGEs have expressed challenges with identifying qualified peers for employment vacancies, OBH also plans to partner with Louisiana Peer Action Advocacy Coalition (LaPAAC), the professional organization of Peer Support Specialists recently established in Louisiana. In collaboration with LaPAAC and The Extra Mile IV, OBH will host a virtual peer job fair in December to introduce qualified peers who are seeking employment to the LGEs. To date, six (6) LGEs have requested to participate in the Virtual Peer Job Fair to assist them with identifying Peer Support Specialists in their geographical areas.

OBH reports they have continued with training efforts for Peer Support Specialists and Peer Supervisors to support further growth of the Peer Support Specialist profession throughout the state. From July 2020 through June 2021, LDH reports 112 Peers successfully completed the initial Peer Support Specialist training, which was nearly double the number of graduates from the previous year.

The SME is recommending the State develop a strategy to evaluate the effectiveness of peer supports. This could include a brief analysis of:

- Whether the individual receiving peer supports continued to remain in treatment.
- The utilization of high-end services (EDs and inpatient services) as compared to the Target Population at large.
- Identifying whether individuals receiving peer support services are more likely to be employed and are less likely to have unstable living situations.

F. Housing and Tenancy Supports

80. The State will develop a plan to provide access to affordable, community-integrated housing for members of the Target Population. This includes but is not limited to expansion of the State's current Permanent Supportive Housing Program, which includes use of housing opportunities under the State's current 811 Project Rental Assistance (PRA) demonstration. Housing services will ensure that members of the Target Population can, like Louisianans without disabilities, live in their own homes, either alone, with family members, or with their choice of roommates.

In December 2019, the State developed a Housing Plan, as required under the Agreement. The plan set forth specific actionable strategies with specific annual targets for the creation of additional affordable housing units and rental subsidies to be made available to members of the Target Population.⁵

The State, with the assistance of the SME team, is in the process of evaluating the progress on the initial housing plan. This includes a review of the planned number of units and subsidy production for each housing strategy set forth in the original plan and whether LDH achieved the projected number of units and subsidy production for the first three years of the Agreement. LDH is also reviewing how many members of the Target Population took advantage of each of these strategies. This evaluation should be completed by January 2022.

⁵ <http://ldh.la.gov/assets/docs/MyChoice/MyChoiceHousingPlan.pdf>

The evaluation will be incorporated into a revised housing plan for the next three years. The initial plan covered the first five years of the Agreement and provided information on how LDH would develop the number of units and subsidy production required in Paragraph 81. It is expected that this revised plan will be completed in January 2022.

81. In the Implementation Plan, the State shall set annual targets for creation of additional housing units and rental subsidies to be made available to members of the Target Population, for a combined total of 1,000 additional units and rental subsidies before termination of the Agreement. Once targets are achieved, the State shall maintain the availability of units and/or subsidies at the achieved target level for the term of this Agreement. Mechanisms to accomplish these targets shall be specified in the State's Implementation Plan, and include, but are not limited to, the following: (a) the State shall use some portion of the existing capacity in its current Permanent Supportive Housing program to house members of the Target Population through the institutional preference that prioritizes access to PSH units for persons in institutions; (b) the State shall use tenant-based vouchers in conjunction with Tenancy Supports offered through the Louisiana Permanent Supportive Housing Program to create supported housing opportunities for members of the Target Population; a portion of 125 existing vouchers shall be used for members of the Target Population; (c) through its statutory relationship with Public Housing Authorities, the State may seek to make available additional tenant-based vouchers for the Target Population; (d) the State, through the Louisiana Housing Corporation (LHC), shall continue to use existing incentives in the Low Income Housing Tax Credit (LIHTC) Qualified Allocation Plan (QAP) to create new units for the State's Permanent Supportive Housing Program; (e) the State shall additionally establish state-funded short or long term rental subsidies as needed to meet the requirements of this agreement. Within 18 months of the execution of this agreement, the State shall establish a minimum of 100 State-funded short-term rental subsidies to assist with initial transitions.

The State, in its original housing plan, set forth the annual targets for creating additional housing units or rental subsidies that would be available to the Target Population. The combined total of 1,000 additional units and subsidies were identified from a number of federal and state housing resources. The State has undertaken the following activities to meet the requirements of this paragraph:

- Implemented a state-funded subsidy rental assistance program within the first 18 months, the My Choice State Rental Assistance Program, to serve a total of 100 individuals in the Target Population. In collaboration with LDH, the Louisiana Housing Authority continues to administer the rental assistance subsidies (i.e., rental assistance lasting more than 3 months). This program is fully utilized as of December 2021. To date, 4 members of the Target Population have received short-term rental assistance, 108 are receiving ongoing rental assistance (i.e., My Choice Voucher) paid through LHA, and 57 additional members are in the process of being housed with My Choice rental assistance. The State has obtained additional tenant-based rental subsidy vouchers to assist members of the Target Population. LDH and LHA received two awards totaling 102 Nonelderly disabled tenant-based vouchers in FY 2020. Fifty-three members of the Target Population have been transitioned from NFs using this resource with an additional 26 members enrolled and currently in a housing search and 14 members identified for enrollment in NED.
- In August 2020, HUD awarded LHC additional Section 811 Project Based Rental Assistance (Section 811 PRA), to be used in conjunction with both existing and new affordable multi-family projects. This award totaled \$7 million, to support approximately 140 integrated permanent supportive housing units. As part of its Section 811 PRA proposal to HUD, LHC proposed to target the

integrated PSH units' support, with Section 811 PRA assistance, to members of the Target Population.

- The State sustained the existing requirements in the Low-Income Housing Tax Credit (LIHTC) program specific to PSH units for the Target Population. The Board of the Louisiana Housing Corporation approved language that created new units for the Permanent Supportive Housing Program to house individuals transitioning from nursing homes or at risk of nursing home placement as part of the 2019 Qualified Allocation Plan for the State's LIHTC program.
- LDH and the LA Office of Community Development (OCD) successfully collaborated to include PSH incentives within the PRIME Multi-Family Rental Housing Development Notice of Funding Availability (NOFA), which offered both CDBG capital funding by OCD and 4% LIHTC financing from LHC. This partnership resulted in 67 PSH set-aside units to Target Population members within 14 new multi-family rental housing developments to be created across Louisiana.

The SME is working with LDH and LHC to update the numbers provided in the previous SME report and incorporate them into the revised LDH Housing Plan.

In addition to the accomplishments discussed above, LDH, in partnership with LHC, has made significant progress in applying for new targeted, permanent rental assistance resources from both HUD's Mainstream Program and the Section 811 PRA with an award received for Mainstream. In the first quarter of CY 2021, LDH and LHC conducted a formal progress review of all aspects of the housing plan to assess which strategies were successful in meeting their production targets and which strategies have fallen short in reaching their annual target for CY 2020. LDH and LHC are currently using this review to refine strategies for the next version of the housing plan.

As indicated in the previous paragraph, LDH, in cooperation with LHC, is meeting weekly to revise the My Choice Housing Plan to determine if the original unit and production strategies are on course to produce the 1,000 units required in the Agreement. In addition, this effort will determine if additional time is needed for these strategies (strategies in the current housing plan are only through FY 2023). This review will also identify the number of individuals in the Target Population who took advantage of each of these strategies.

The SME is also recommending a strategy for tracking members in the Target Population who were offered and participate in each strategy set forth in the revised housing plan. LHC and LDH have created good opportunities over the past several years. However, the number of individuals transitioning over the past several years has not kept up with the efforts to create new units or subsidy production. Therefore, some of these strategies were missed opportunities for the My Choice program and were offered and used by other populations that were needing these units or subsidies.

The immediate development of units and subsidies is critical. TCs report that a significant percent of individuals that have expressed an interest in transitioning may not have housing and will need assistance locating an affordable unit in the community. A number of these individuals will need accessible housing which is not as available as other supportive housing options. The availability of units has been complicated by Hurricane Ida; greater demand for housing due to displaced individuals has also shrunk the availability of housing stock and will make the development of units and subsidies even more challenging. Therefore, the next iteration of the housing plan will need to have clear strategies to address the immediate need for both accessible and other housing.

82. Consistent with the State's current Permanent Supportive Housing Program: (a) tenancy supports shall be voluntary; refusal of tenancy supports shall not be grounds for denial of participation in the Permanent Supportive Housing Program or eviction; (b) individuals shall not be rejected categorically for participation in Louisiana Permanent Supportive Housing due to medical needs, physical or mental disabilities, criminal justice involvement, or substance use history; and (c) in order to satisfy the requirements of this Section E, housing shall be community integrated and scattered site. For purposes of this Agreement, to be considered scattered site housing, no more than two units or 25% of the total number of units in a building, whichever is greater, may be occupied by individuals with a disability referred by or provided supports through the State's permanent supportive housing program or individuals who are identified members of the Target Population under this Agreement. For purposes of this Agreement, and consistent with provisions of the State's existing permanent supported housing program, community-integrated housing shall not include licensed or unlicensed personal care, boarding, or "room and board" homes, provider-run group homes, or assisted living facilities. It may include monitored in-home care provided to individuals in the Target Population eligible for Medicaid waiver services.

83. The State shall employ Tenancy Supports Managers (TSMs) sufficient to conduct landlord outreach, provide tenancy supports when Medicaid enrolled providers are unable to do so, provide technical assistance and support to landlords and/or tenancy supports providers during the leasing process, and address crises that pose a risk to continued tenancy. TSMs shall have demonstrated experience finding and securing integrated housing and providing Tenancy Supports to individuals with mental illness. The State shall take steps to assure the preservation of existing housing for members of the Target Population when a member of the Target Population is admitted to a hospital or nursing facility or is known to be incarcerated in connection with a mental health crisis or behavioral incident.

Paragraphs 82 and 83 are reviewed together. The State continues to employ six TSMs to provide statewide coverage to assist members of the Target Population transitioning from NFs. These TSMs perform the following functions:

- Meeting with the client to perform housing needs assessment
- Assisting the client in finding appropriate rental housing
- Performing the HUD quality standards inspection of the unit
- Negotiating with the landlord on the client's behalf, including seeking reasonable accommodation under the Americans with Disabilities Act and Fair Housing laws
- Assisting the client in gathering documents necessary for housing applications and lease signing
- Helping the client accomplish move-in, including working with team members and assisting individuals to obtain items needed for move-in
- Working with the client to develop crisis action plans and eviction avoidance plans
- Serving as point of contact for the property manager/landlord mediation
- Addressing problems that may arise between the client and landlord
- Assisting households with community referrals as needed
- Implementing eviction avoidance plans, seeking to prevent housing instability and rehousing
- Providing ongoing tenancy support and community-living skills training during lapses in Medicaid coverage or when the Medicaid provider is unable to successfully engage
- Maintaining files on all households and providing data as requested on households served.

The SME's opinion is that TSMs should provide a valuable function on behalf of the Target Population and for landlords and local housing authorities. The SME is requesting additional information on how the TSMs can be helpful to the TCs to assist members of the Target Population to find appropriate housing. As indicated in calls this reporting period with TCs, the lack of housing, especially ADA accessible housing, has been a challenge to transition individuals. To ensure that the State is meeting the expectations of this paragraph, the SME is requesting the following information:

- The number of individuals in the Target Population that have requested and received assistance from the TSMs.
- How LDH ensures TSMs have the required experience to perform their job duties as listed above
- The TSM activities during the next reporting period regarding the support provided to landlords and providers.
- How TSMs specifically address crisis situations and how the TSMs will work with new crisis providers to ensure that crises are adequately addressed on a timely basis.
- Information from the State that demonstrates existing housing is preserved when people are admitted to a hospital or NF or incarcerated.

84. The State shall seek funding to cover such expenses as security deposits and other necessities for making a new home. The State shall use HOME Tenancy Based Rental Assistance for security and utility deposits for members of the Target Population.

The State continues funding for housing-related expenses such as security deposits and other necessities for making a new home. For members of the Target Population who qualify for and transition to the OAAS CCW, many expenses of establishing a home can be covered under Medicaid. These include home accessibility modification, basic furnishings and supplies, and rent and utility deposits. These expenses can also be paid under the state's Money Follows the Person program for members of the Target Population who transition to OAAS or Office for Citizens with Developmental Disabilities (OCDD) Medicaid HCBS programs. For members of the Target Population who do not qualify for these resources, State funding was established for housing related expenses starting at the beginning of the Agreement. Unlike Medicaid resources, these State funds can also be used to purchase basic food items needed for the initial days of occupancy. In addition, the HOME Investment Partnerships Program Tenant-Based Rental Assistance administered by LHA is currently being used for security and utility deposits for persons transitioning to 811 PRA Units. The SME is requesting information on the number of individuals in the Target Population that received HOME based rental assistance.

The State is currently funding these expenses, as discussed in Paragraph 81, and has included this strategy in the housing plan developed in December 2019. In addition, the State has developed the policies related to a Risk Mitigation Fund to cover damages to an apartment where a member of the Target Population resides, which exceeds the amount covered by the traditional damage deposit. The State expects that this fund will provide a valuable tool to support members in retaining their housing over the long-term.

85. LDH may seek federal approval of an 1115 or other Medicaid waiver to provide comprehensive services to the Target Population. LDH shall ensure its Medicaid rates are adequate to achieve and sustain sufficient provider capacity to provide HCBS and mental health services to the Target Population.

As indicated in Paragraph 75 of the Agreement, the State has identified several services that will require additional Medicaid authorities. All of these services will be provided to individuals of the Target Population in their homes, including individuals in a supportive housing arrangement developed under this Agreement. For these new services, the State worked with the Medicaid actuaries to develop reimbursement rates for each new service. The SME was engaged in some of these discussions or provided input regarding the assumptions for rate setting based on other strategies that have been used in other states that have mature and well utilized services. Initial efforts to contract with providers for these new services have not identified that these new rates provide barriers to interest in offering these services.

VI. Outreach, In-reach, and Provider Education and Training

A. Outreach

86. LDH shall 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. Such outreach may include, but shall not be limited to, existing forums such as meetings of the Developmental Disabilities Council, Behavioral Health Advisory Council and regularly scheduled meetings between LDH, provider associations, and advocacy groups. LDH will conduct outreach specifically to individuals currently receiving mental health services for the purpose of sharing this information and collecting feedback on the service array.

The current outreach efforts revolve around information dissemination to the My Choice Advisory Committee, MCOs, and to various stakeholders regarding new services such as crisis services.

An overview of the My Choice Advisory Committee has been provided in previous SME reports. Since its inception in the fall of 2018, the State has held 20 statewide Advisory Committee meetings. During this reporting period, the State provided general updates regarding progress on the My Choice Program. In addition, the My Choice Advisory Committee was provided detailed information regarding the findings and recommendations from the Needs Assessment and potential updates to the My Choice Quality Matrix. The My Choice Advisory Group provided minimal input into either of these substantive areas. As indicated in previous SME Reports, most of the Advisory Group's feedback is provided by the resource groups (comprised of Advisory Group members) discussed next.

The State developed a number of resource groups to provide input on key areas. These resource groups include:

- The Crisis Resource Group, providing input/feedback and guidance regarding the development of the crisis system.
- The Community Service Development Resource Group, assisting with the development of community services and capacity building for the My Choice program.
- The Community Transitions Resource Group
- The Quality Resource Group, soliciting feedback regarding the measures for the Agreement and their approach to the development and implementation of their Quality Assurance Plan.

During this reporting period the State held meetings with the Crisis Resource Group and the Quality Resource Group. The Crisis Resource Group continues to provide feedback to the State regarding the implementation of crisis services. This group's efforts were supported by several other outreach efforts on crisis services discussed later in this paragraph. The Quality Resource Group continued to provide input

regarding the additional measures the State should consider for CY 2022 and was provided an overview of the SME Service Review Report. The SME attended both meetings of the Quality Resource Workgroup and has worked with LDH staff to incorporate their recommendation in the next iteration of the My Choice Quality Matrix.

The SME recommended in the previous report that the State convene and meet with the Community Transitions Resource Group to discuss the issues that have been identified by the Needs Assessment, TCs, and other individuals regarding barriers to transition, given the low number of individuals transitioned during this reporting period. The State did not meet with either the Community Services Development Resource Group or the Community Transition Resource Group. The SME recommends that LDH meet with these groups, given the barriers identified by the TCs and the recommendations of the Needs Assessment. This information is important for the State to incorporate into a number of areas referenced in this report.

In the SME's opinion, these meetings have been helpful to the State in their efforts to get specific feedback on important areas and activities, as the meetings are interactive and subcommittee members provide helpful comments regarding the subjects of discussion. The SME is requesting information regarding the rationale for not holding these meetings given the barriers identified in Paragraphs 51.

In addition to the Crisis Resource Group, the State made significant efforts to engage other stakeholders focused on the crisis services roll-out. During this reporting period, the State held three statewide webinars for providers, advocates, law enforcement, and other stakeholders on crisis services to provide an overview of the services and the implementation processes and timeframes. In addition, the State held meetings with all LGEs and subsequent meetings with each region to engage them in the crisis service roll out and to identify implementation issues. The State also met with the Coroners Association, Louisiana Behavioral Health Advisory Committee, and the Louisiana Hospital Association to provide an overview of the crisis services and roll-out.

The State has made efforts this reporting period regarding engaging law enforcement, specific to crisis services. The State reports representatives from law enforcement have participated in 988 implementation activities. Additionally, two meetings were held with the Judges Association, and a kick-off meeting was held with the Louisiana Commission on Law Enforcement. OBH is in the process of planning a kick-off meeting with the Public Defenders Association.

The State continues to hold regular meetings with the MCOs that include information and updates specific to the Agreement. In addition, the State has a regular schedule of meetings with MCOs regarding PASRR, the My Choice Louisiana Transition Coordination activities, ACT, crisis services implementation, call center responsibilities, implementation of CCM, and strategies for at-risk individuals to divert them from potential NFs placements. The SME has not attended these meetings during the reporting period. As indicated in Paragraphs 70-72, LDH continues to have outreach meetings with MCOs and providers. During this reporting period, OBH continued to convene ACT teams and MCOs to discuss improvement in the delivery of ACT services.

The SME is interested in how LDH and the MCOs will partner during the next reporting period to implement and initially monitor the new services for the Target Population. While the MCOs have a contractual responsibility to monitor the provider network, the State should either participate with the MCOs in their initial monitoring efforts or have a separate effort to engage providers who are offering these new services and individuals who are using this service to discuss implementation. These meetings will be essential to identify early implementation issues and understand how effective the MCOs'

approach is in developing the network for these new services, including identifying, soliciting, and training providers to deliver these services.

In the past two reports, the SME recommended that the State enhance its My Choice Website, specifically recommending that the site should include additional information such as information on the Advisory Committee and the agendas and materials presented at the Advisory Committee meetings. It should include presentations and materials regarding the My Choice program offered to other stakeholder groups. Other states with similar initiatives can be used as a model for the website changes. Specifically, the Rosie D. consent decree in Massachusetts has a well-developed website that the state maintains regularly. The State has not enhanced the My Choice website. The SME requested the State take the necessary steps during the next reporting period to improve the website.

In the past two reports, the SME recommended that the State post information regarding data from the quality measures referenced in Paragraph 99 and required in Paragraph 101. Posting this information is important to provide transparency regarding the State's progress on all performance measures. The State is in the process of posting the information regarding the My Choice Quality matrix that will incorporate feedback from stakeholders regarding the changes in quality indicators as part of their overall Quality Improvement approach rather than simply posting this information on the website. The State was to publish the Quality Report and Matrix discussed in Paragraph 99 by November 1, 2021. The State indicates that it will publish the Report and Matrix in early January, after the final review by the My Choice Advisory Committee, the SME, and DOJ when these documents are complete.

87. Within six months of execution of this Agreement, LDH will develop and implement a strategy for ongoing communication with community providers, nursing facilities, and hospitals on issues related to implementation of this Agreement. This strategy will include engaging community providers, nursing facilities and hospitals so that LDH learns about challenges encountered in the implementation of this Agreement and can engage the providers in addressing such challenges. This will, when needed, include the provision of technical assistance related to State policies and procedures that affect compliance with the Agreement.

The State developed an initial communication plan for community providers, NFs, hospitals, law enforcement, corrections, and the courts. The communication plan included initial engagement to learn about challenges encountered in the implementation of this Agreement, addressing those challenges, and targeted outreach and education needed to implement the plan. The SME did not participate in the initial meetings with these stakeholders. The SME is recommending the State revise its outreach plan given its proposed renewed efforts as discussed throughout this report. The outreach plan at a minimum should involve NFs, hospitals, LGEs, law enforcement, and other resources the Target Population will need to live independently in the community.

As indicated in the previous SME report, the State had not developed an ongoing organized communication plan for these stakeholders. The previous SME report recommended the State create and implement a semi-annual communication plan for these constituency groups beginning this next period. This communication plan was not developed. In the fourth report, the SME recommended and LDH agreed to develop a quarterly newsletter (or a similar communication effort) to keep stakeholders beyond the Advisory Group informed of the progress regarding the Agreement. This is particularly important given that the State has not re-established listening tours for this year and stakeholders could benefit from the progress and the work the State will continue to do this year. This did not occur during this reporting period.

88. LDH will incorporate into its plan for pre-admission diversion (Section IV.C.) any targeted outreach and education needed to successfully implement that plan, including outreach to law enforcement, corrections and courts.

The State is in the process of revising the initial diversion plan. A critical component of the plan will be the identification and engagement of individuals who are in the at-risk group as discussed in Paragraph 30. During this reporting period, the State continued to work with the MCOs to implement their processes for the at-risk group. LDH has also worked with the MCOs to design a referral and engagement process to provide CCM to individuals who are being identified through the PASRR process who are not appropriate for an NF admission.

In the previous three reports, the SME requested additional information regarding outreach efforts that are specific to law enforcement, corrections, and courts for the next reporting period. The State has conducted meetings with these groups during this reporting period as discussed in Paragraphs 68 and 86. Most of these efforts focus on the development of the new crisis services system. The SME is encouraged by these discussions, given crises are more likely to precipitate involvement with law enforcement and eventually the judicial and correctional systems.

B. In-Reach

89. Within six months of execution of the Agreement, LDH will develop a plan for ongoing in-reach to every member of the Target Population residing in a nursing facility, regular presentations in the community in addition to onsite at nursing facilities, and inclusion of peers from the Target Population in in-reach efforts. In-reach will explain LDH's commitment to serving people with disabilities in the most integrated setting; provide information about Community-Based Services and supports that can be alternatives to nursing facility placement; provide information about the benefits of transitioning from a nursing facility; respond to questions or concerns from members of the Target Population residing in a nursing facility and their families about transition; and actively support the informed decision-making of individuals in the Target Population.

In December 2018, LDH developed an initial plan for in-reach to members of the Target Population residing in an NF. The in-reach plan set forth various activities that the State was undertaking in this area and was described in the fourth SME report. As indicated in the third and fourth SME reports, there were areas of the original in-reach plan that lacked specificity regarding more granular in-reach activities and timeframes. In the fourth SME report, it was recommended that LDH revise the initial in-reach plan to enhance efforts for increasing the number of individuals in the Target Population who are successfully transitioned from NFs. As discussed in Paragraph 54, the State has developed and implemented a revised in-reach strategy for contacting every member of the Target Population residing in an NF at least once about their interest in transition. As discussed in that paragraph, it includes some limited participation from peers from the Target Population who were discharged from an NF under the My Choice Program. Ongoing, LDH will need to provide in-reach for individuals who have indicated they are not yet interested in moving. Specifically, LDH should develop a schedule for conducting in-reach for individuals who were not ready to commit to transitioning and individuals who were not interested in transitioning. The schedule should differentiate the timing of this in-reach (who will be contacted every three or six months and who will be contacted annually).

As indicated in the fifth SME report, the State is commended on its efforts to creatively fund an initial cadre of PSSs who will assist in in-reach and transition efforts. However, the SME believes these numbers will not be sufficient to assertively continue in-reach efforts for individuals on the Master List. In addition, having a single peer in each region is not recommended long term. Peers in similar situations have often experienced confusion regarding their roles, isolation, and higher turnover. The SME would suggest that the State have perhaps twice or three times the number of PSSs to supplement in-reach efforts by CY 2023.

The State has also developed materials for these in-reach efforts. Specifically, the State developed informational packets in early CY 2021 regarding the My Choice Program for TCs, Medical Review Specialists, and Peer Support Specialists to have consistent communication and information for individuals in the Target Population, especially individuals on the Master List who were less likely to know about the My Choice Program. For the next reporting period, the SME recommends that LDH review these materials with several members of the transitioned population to garner feedback on possible changes to the informational packet.

It is unclear whether LDH has continued to provide outreach and informational sessions to NFs and the community as large. The SME recommends (as required by Paragraph 81) LDH include these efforts in their revised outreach plan. LDH did have these sessions during the roll-out of the My Choice Program and it may be helpful to revisit these processes given the number of individuals the State is proposing to transition. These informational sessions may be helpful for new staff in NFs and in behavioral health organizations that did not participate in these initial efforts.

C. Provider Training

90. Training for services provided pursuant to this Agreement will be designed and implemented to ensure that Community Providers have the skills and knowledge necessary to deliver quality Community-Based Services consistent with this Agreement.

There has been some training offered for community providers during this reporting period. The State, in cooperation with the MCOs, implemented training on person-centered planning for behavioral health providers. This included the five initial trainings that will occur throughout the state for behavioral health providers during the next reporting period. The SME is requesting information on the number of attendees who participated in this training and any strategy the State or the MCOs have considered to evaluate the effectiveness of this training.

The State has reported the MCOs have provided the following training during the reporting period:

- Introduction to Crisis Intervention and the Role of Communication
- Fundamentals of Cultural and Linguistic Competence in Recovery-Oriented Systems of Care
- MH 101 - Overview of SMI/Emotional Behavioral Distress
- Suicide/Homicide Precautions
- Co-Occurring Disorders: Treatment and Support for Persons with MI and SUD
- Trauma informed Care
- Level of Care Utilization System (LOCUS)
- Substance - Related and Addictive Disorders.

As indicated in this report, the State reports they have developed training for agencies and their staff that will provide CCM. The SME has reviewed the syllabus and has requested and is reviewing the training materials developed for this training for the next reporting period.

This next reporting period will require significant training for providers of new services. As indicated in the crisis section, the State has contracted with LSU to develop and implement a training program for organizations offering the four crisis services. The SME is involved in helping create the curriculum. In addition, the LGEs will receive initial training on IPS from the SME team. However, as recommended in Paragraph 60, the State should ensure resources to support ongoing training and support of these providers as well as a process to measure fidelity of the delivery of IPS by these organizations.

In addition, the SME also recommended in the SME Service Review a training approach to CCW support coordinators and personal care staff that were serving individuals with a serious mental illness. The State has not developed these training efforts. The SME recommends the State develop and implement this training during the next reporting period.

91. With the technical assistance and approval of the Expert, LDH will establish a mandatory training policy, qualifications, and curriculum for Community Providers. The curriculum will include initial training and continuing training and coaching for Community Providers.

As recommended in the last several SME reports, the State should develop a single organized training plan for providers who serve the Target Population. While the State does require provider trainings specific to each Medicaid covered service, as of this reporting period, the State has not developed an organized training plan specific to the Target Population. This organized training plan will be critical given the implementation of four crisis services, CCM, IPS, and personal care.

92. The curriculum will emphasize person-centered service delivery, community integration, and cultural competency. The curriculum will incorporate the provisions of this Agreement where applicable. LDH will seek input from individuals receiving services regarding the training curriculum and will include such individuals in the training where appropriate.

As indicated in Paragraph 90, the MCOs have implemented the State's training materials and curriculum specific to person-centered service delivery during this reporting period. Training was initially provided to the TCs. During this reporting period, this training focused on community behavioral health providers. The purpose of this training is to help practitioners enhance their sensitivity and learn skills that will support them in ensuring that the planning and subsequent service delivery for each person they serve is driven by the hopes, dreams, aspirations, and wishes of the person receiving the help. This training manual consists of three modules, each designed to consist of potentially 60- to 90-minute training sessions. The State reviewed this training with members of the My Choice Advisory Committee and a subcommittee to obtain and incorporate their feedback. Feedback from some committee members was incorporated in training materials and the curriculum to respond to their recommendations. It should be noted that the State has yet to seek input regarding the training from individuals receiving services nor has it included training by individuals who were receiving services. For the next reporting period, the State should include a process for soliciting and incorporating consumer feedback and also develop a strategy for including consumers in the training. This training should be available to CCM agencies prior to the beginning of community case management services.

VII. Quality Assurance and Continuous Improvement

93. Community-Based Services will be of sufficient quality to ensure individuals in the Target Population can successfully live in, transition to, and remain in the community, and help individuals achieve positive outcomes, including avoidance of harms, stable community living, and increased integration, independence, and self-determination in all life domains (e.g., community living, employment, education, recreation, healthcare, and relationships).

There are several strategies the State has deployed to review the quality of services for individuals in the Target Population who will transition or who have transitioned from NFs, including:

- Ongoing review of specific services, such as ACT, to determine whether these services are provided with fidelity and produce the outcomes intended for the service.
- Monthly collection and review of self-reported information on each individual transitioned from NFs regarding critical areas that address quality: availability of needed services, critical incidents, stability in housing, and other indicators.
- Quarterly review of network adequacy of behavioral health services available to members of the Target Population.

While these are a reasonable start to reviewing quality, these activities will need to be expanded over the next reporting periods as additional individuals are transitioned and diverted from nursing facilities and new services are brought on-line. The SME recommends that LDH:

- Begin to incorporate the findings from the SME Service Review that identified a number of issues and recommendations for improving the quality of services offered to the Target Population.
- Develop a process to review the quality of new services. Some of these services (e.g., ACT and IPS) have fidelity instruments that can be used to evaluate quality of services. Crisis services will have performance measures the State will collect to determine whether providers are initially meeting these standards. As discussed in Paragraph 69, the State is in the process of finalizing these measures and will have a process for implementing these measures in the next reporting period.
- Ensure that CCM staff provide the necessary information to review quality of services consistent with the TC strategies over the past two years. While this information was self-reported, it does provide LDH with information on how best to target its quality efforts and improve the quality of services for the Target Population.
- Work with the SME to develop a process for reviewing assessments and plans of care developed by the CCMs to ensure that the assessment instrument and processes address several major issues and recommendation from the SME Service Review. This includes ensuring:
 - Assessments are complete and identify efforts to avoid harm, promote stable community living, and increased integration, independence, and self-determination in all life domains.
 - Plans of care are complete and reflect the needs identified by the individual from the assessment. This will also include a review of whether the plans are developed consistent with the person-centered approach the department has developed and implemented for the My Choice Program.
 - Services that are included in the plan of care are provided to the individual in the amount and duration reflected in each plan.

94. Accordingly, by December 2019, the State will develop and implement a quality assurance system consistent with the terms of this Section.

The State did not meet the timeframes set forth in this paragraph. Per the SME's recommendation, LDH has continued its efforts to develop a quality assurance system. The State developed its first iteration of a cross agency matrix of measures in CY 2020 and is in the process of revising this matrix based on feedback from stakeholders and DOJ. As discussed in previous SME reports, the matrix contains preliminary measures designed to address requirements in Paragraph 98 and 99 of the Agreement. During this reporting period, the State expanded and refined this matrix to continue to capture information required by those paragraphs. These most recent matrix and performance data are reflected in the quality matrix provided in Attachment A.

The State has drafted and is in the process of finalizing its first Annual Quality Assurance Report for the My Choice Program. As recommended by the SME, this plan incorporates the work that has been done to collect and analyze data on some of the measures required in Paragraph 99. It also sets forth the processes LDH has put in place to use this information to improve the experience of care for individuals transitioned from NFs as well as improve the quality of services that are offered to the Target Population.

In the fifth report, the SME recommended, and the State included a stakeholder feedback process as part of their overall quality assurance strategy for the Agreement. As indicated in Paragraph 86, the State provided the My Choice Advisory Committee and the Quality Resource Group with an opportunity to review and recommend changes to the Quality Matrix. As indicated in that paragraph, the State is in the process of revising the matrix to include their recommendations. The State has yet to provide the My Choice Advisory Group with the Quality Assurance Report. LDH indicates that the plan is being finalized and will be shared with the Advisory Group and published in early CY 2022.

During this reporting period, the State has continued to collect and analyze information on some of the measures required by Paragraph 99. During this reporting period, LDH continued their cross agency internal quality assurance workgroup that reviews the changes in the measures each quarter, identifies measures that seem to indicate there are individual or systemic issues, and discusses strategies for further analyzing and addressing these issues. In the fourth report, the SME recommended this workgroup identify actionable items to address the systemic issues in subsequent meetings. The workgroup has focused on the root cause of the critical incidents that have been reported for individuals who have transitioned from NFs. As indicated in Attachment A, approximately 14 of 50 individuals (28%) receiving intensive case management from TCs experienced a critical incident in the first two quarters of CY 2021. Staff reviewed these critical incidents to identify if there were trends in the type of incidents and to determine what actions were taken or could be taken to prevent these incidents. This review identified that most of the critical incidents were related to major medical issues.

While major behavioral health issues and falls were also experienced by individuals who transitioned from NFs, major medical issues were far more significant. These major medical issues often resulted in an ED visit or inpatient admission for physical health concerns. This is consistent with the findings from the SME Service Review where almost one half of the individuals in the review experienced a major medical issue. In the previous SME report, it was recommended that the State monitor the availability of Non-Emergency Transportation and consider other opportunities to expand access to transportation to these specialty medical providers to reduce the critical incidents that are related to addressing their ongoing and sometimes chronic physical health conditions. It is unclear whether the State has undertaken any activities to address these areas.

The SME recommended the State consider conducting a Quality Improvement analysis as proposed in the Needs Assessment to identify the causes of ER and inpatient admissions, and the extent to which these adverse events are the result of barriers to primary care preventive services as well as to identify strategies for reducing the frequency of these events. During the next reporting period the SME will work with the State to perform a root cause analysis of individuals receiving intensive case management from the TCs and who experienced multiple ED visits and inpatient admissions (all cause). This review will focus on individuals transitioned from NFs and receiving intensive case management from 10/1/2020 through 9/30/2021. This analysis will be similar to the SME Service Review and will include information from critical incidents, TC logs, discharge information (when available), and interviews with individuals, TCs, and providers to determine what steps could be taken to avoid these critical incidents. This information should be helpful to the internal team reviewing these incidents and developing the necessary strategies to address future visits and admissions

95. For individuals in the Target Population receiving services under this Agreement, the State's quality assurance and critical incident management system will identify and take steps to reduce risks of harm; and ensure the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings, consistent with principles of self-determination. The State will collect and evaluate data; and use the evaluation of data to identify and respond to trends to ensure continuous quality improvement.

The State has a critical incident report (CIR) process that is used by both agencies (OAAS and OBH). The program offices have aligned definitions and processes for individuals transitioned from NFs. The OBH TCs are responsible for completing the CIRs, capturing the elements and measures that align with the definitions and formats used by OAAS. LDH then combines the critical incidents across program offices and provides aggregate information for the quality matrix.

The State has developed these similar definitions and processes and has been the focus of cross agency discussions and improvement strategies regarding these incidents as part of their overall Quality Assurance framework. As indicated in Paragraph 94, the State, per the SME's recommendation, will focus on the review of critical incidents specific to ED visits and inpatient admission, which are likely to result in an NF admission or re-admission. In addition, the State should collect data (using claims or other information) regarding the number of individuals who were transitioned or diverted and re-admitted to an NF.

96. The State will require that professional Community Providers implement critical incident management and quality improvement processes that enable them to identify service gaps and to timely identify, address, and remediate harms, assess the effectiveness of corrective or remedial actions, and reduce risk of recurrent harm. The State will require that MCOs implement critical incident management and quality improvement processes that enable them to identify and address service gaps and to timely identify, address, and remediate harms, assess the effectiveness of corrective or remedial actions, and reduce risk of recurrent harm.

The SME has reviewed the MCO contract regarding critical incident management and quality improvement processes. Historically, MCOs are responsible for developing, submitting, and implementing critical reporting and management procedures for the behavioral health population at large and not specific to the Target Population. During this reporting period, a special designation was added for the

October 2021 report to collect critical incidents specific for the DOJ target population. The State reports there were no reports of abuse, neglect, extortion, or death for the DOJ target population for October and November.

The SME has not reviewed the processes, protocols, or contractual language that may require community providers to implement critical incident management and quality improvement processes. The SME is requesting this information for review for the next reporting period. The State reports that initial efforts to have community providers report critical incidents will occur with the community case managers in CY 2021. The State has included these requirements in the MCO contracts for this service.

The SME is requesting that LDH crosswalk and report to the SME critical incident reports provided by TCs and CCMs for the next reporting period with the information received from MCOs to determine if these reports align.

97. The State will establish reporting and investigation protocols for significant incidents, including mortalities. The protocols will require a mortality review of deaths of individuals in the Target Population in specified circumstances, including any unexplained death, any death within 60 days of discharge from a Nursing Facility, and any death in which abuse, neglect, or exploitation is suspected. Mortality reviews will be conducted by multidisciplinary teams and will have at least one member who neither is an employee of nor contracted with OAAS, OBH, the LGEs, MCOs, and Community Providers. The reporting and investigation protocols for significant incident and mortality reviews shall be developed with the technical assistance and approval of the Expert.

OBH and OAAS have developed a joint mortality review committee protocol for the My Choice Program. As part of this process, the State has developed a mortality review form for the My Choice Program and a mortality review committee documentation form that summarizes the assessment, findings, and recommendations regarding deaths. The State reports this process was used for deaths that occurred in CY 2020 for some individuals who transitioned from NFs. In the opinion of the SME, the new protocol is a vast improvement over the interim protocol developed during the previous reporting period. The new mortality review protocol includes:

- Description of the composition of the My Choice mortality review committee.
- Functions of the My Choice mortality review committee.
- Procedures for the mortality review committee.
- Creation of a My Choice Mortality Review Database.
- Development of an annual Mortality Review Report and process for sharing this report with stakeholders.

The SME is requesting information for all mortality reviews that have been completed using the new protocol for the next reporting period. The SME is also requesting the State provide an annual Mortality Review Report required in the revised protocol.

There were two deaths in this reporting period. The SME is requesting information from the mortality review committee for these individuals during the next reporting period.

98. On a regular basis, and as needed based on adverse outcomes or data, the State will assess provider and MCO services, the amount, intensity, and availability of such services, and quality assurance processes,

and will take corrective actions where appropriate to ensure sufficient quality, amount, and accessibility of services provided pursuant to this Agreement.

99. The State will collect and analyze consistent, reliable data to improve the availability, accessibility, and quality of services to achieve positive outcomes for individuals in the Target Population. The State will create protocols on collection and analysis of data to drive improvement in services, which shall be developed with the technical assistance and approval of the Expert prior to implementation. Data elements shall measure the following areas: (a) referral to, admission and readmission to, diversion from, and length of stay in, nursing facilities; (b) person-centered planning, transition planning, and transitions from nursing facilities; (c) safety and freedom from harm (e.g., neglect and abuse, exploitation, injuries, critical incidents, and death; timely reporting, investigation, and resolution of incidents); (d) physical and mental health and wellbeing, and incidence of health crises (e.g., frequent use of crisis services, admissions to emergency rooms or hospitals, admissions to nursing facilities, or admissions to residential treatment facilities); (e) stability (e.g., maintenance of chosen living arrangement, change in providers, work or other day activity stability); (f) choice and self-determination (e.g., service plans are developed through person-centered planning process, choice of services and providers, individualized goals, self-direction of services); (g) community inclusion (e.g., community activities, integrated day and employment outcomes, integrated living options, relationships with non-paid individuals); (h) provider capacity (e.g., adherence to provider qualifications and requirements, access to services, sufficiency of provider types); (i) barriers to serving individuals in more integrated settings, including the barriers documented and any involvement of the Transition Support Committee as required by Section V.D.; and (j) access to and utilization of Community-Based Services.

Paragraphs 98 and 99 are addressed together. As discussed in Paragraph 94, the State has developed a process for collecting and reporting on initial measures to address the requirements of this paragraph. These measures and performance data are reflected in the quality matrix provided in Attachment A. LDH is in the process of amending the initial measures with a particular focus on improving measures specific to PASRR, stability, provider capacity and service utilization, barriers to community integration, choice and self-determination, community inclusion, and quality of life. In addition, while the initial reporting focused on transitioned members of the Target Population, LDH acknowledges the need to expand upon this reporting to include those who were diverted from nursing facilities.

The data sources identified in the matrix provide the State with reliable information (e.g., Medicaid claims, OPTs, or UTOPIA PASRR information). Other measures are being collected through self-reporting processes gathered from the Transition Coordinator monthly logs. For the next reporting period, this information will begin to be collected by CCMs who will track and report this information for individuals who are transitioned from NFs and who are diverted from NFs. The information collected also attempts to gauge the individual's level of involvement in the community.

During this reporting period, the State has developed additional data measures related to 99(i), which requires the State to collect and analyze data to measure "barriers to serving individuals in more integrated settings, including the barriers documented and any involvement of the Transition Support Committee." The State also intends to collect information on the utilization of community services.

The Needs Assessment provided information on the utilization of Community-Based Services for individuals who were in the Target Population. This needs assessment provides a framework for the State to collect and analyze utilization for all members of the Target Population (individuals who were transitioned and diverted). Information from the needs assessment was provided by LDH and therefore the State will have ready access (and a format) for ongoing review of services utilized, to identify potential

gaps in services. The SME recommends that LDH develop and review this data on an annual basis (as required in Paragraph 101) or more frequently if necessary. The SME recommends the State develop these same reports in the third quarter (ending March 30th) of each year to review and determine if additional capacity is needed and whether additional budget requests will need to be made the following summer based on the State's budget cycle.

As indicated in previous SME reports, while self-reported information can serve as a good proxy when quantitative data is not available, the State will need to develop a process to offset any reliability concerns regarding this data. In the fourth SME report, the SME recommended the State develop a process that would verify information that is being self-reported. During the previous reporting period, the State proposed a process for independently collecting additional information or verifying existing information collected by the State. Specifically, the State is proposing to have the Transition Coordinators perform interviews with the Target Population member as a second level review to verify that the information being reported is accurate. This process is being considered for implementation in CY 2022, when the Transition Coordinators will no longer be providing intensive case management for individuals who have been transitioned from nursing facilities and can collect and review information through a more independent review of the quality of services provided, assessing Target Population members' satisfaction of services, transition, and community tenure more generally. The SME is requesting an update from the State regarding the status of the TCs' reviews subsequent to the implementation of CCM.

In addition, the Service Reviews conducted by the SME this past year were a source to verify information collected by TCs. Specifically, these Service Reviews reviewed information on the following measures:

- Number and percent of transitioned members who received services in the amount, frequency, and duration specified in the transition plan
- Number and percent of transitioned members whose plan of care addressed their needs
- Number and percent of participants whose service plans had strategies that addressed their health and safety risks as indicated in the assessments
- Number and percent of transitioned members reporting that they were able to make choices and exert control over their own life.

As indicated in the SME Service Review, the team obtained information through interviews and review of various documents to assess the quality and sufficiency of services provided to a representative group of individuals who were transitioned from nursing facilities over the past two years. A review of documents and interviews did indicate almost all members transitioned from nursing facilities received the services in the transition plan. However, it was not possible to assess whether they received services in the recommended amount, frequency, and duration because the initial and current Transition Plans lacked those recommendations.

As indicated in the SME Service Review report, it was challenging to determine whether the ITPs addressed their needs once they moved to the community. There was no community plan developed by TCs for these individuals. Individuals in the review had multiple assessments and plans. These multiple assessments made it difficult to obtain a comprehensive perspective of the collective needs and desires of the individual and the extent to which plans addressed those needs. There were a number of issues identified in the SME Service Review Report regarding the number and percent of participants whose service plans had strategies that addressed their health and safety risks as indicated in the assessments. For instance, there was generally no crisis plan and the lack of a single community plan did not allow the SME to be able to review this measure adequately. Finally, the SME report identified that most individuals who were

actively involved in the ITP process, were provided choices regarding their services and supports, and generally felt they controlled their own life post transition.

In order to address the team's initial findings regarding assessments and plans, the SME recommended and LDH developed an assessment and a care plan for the provision of CCM. The SME recommended the plan weave together the holistic needs of the individual. The plan should address:

- Specific services, formal and natural supports that are needed by the individual
- The initial proposed scope, amount, and duration of the plan
- Organizations and individual practitioners that will render these services
- A crisis plan that includes potential causes and strategies for recognizing and addressing crisis (including physical and behavioral health)
- Sharing of this comprehensive plan with individuals, caregivers, and organizations delivering care
- Cross sharing of plans during regular team meetings with the individual and others identified by the individual who should participate in regular team meetings
- Updating the comprehensive and individual plans when a significant event or change in an individual's condition occurs.

As indicated in Paragraph 61, the initial draft of the assessment and plans are not adequate, and the State should and is taking immediate measures to revise and implement these before implementation.

In the previous SME report, it was recommended that LDH seek input from stakeholders regarding the proposed process and components of these documents. The SME recommended the State develop (or require the MCOs to jointly develop) protocols and training for community case managers responsible for conducting the assessments and coordinating the overall care planning process. The MCOs have developed this protocol and the SME is in the process of reviewing and providing feedback to LDH regarding these documents. The State did not seek input from stakeholders regarding these protocols or tools.

100. The State will use all data collected under this Agreement to: (a) identify trends, patterns, strengths, and problems at the individual, provider, and systemic levels, including, but not limited to, screening and diversion from nursing facility admission, quality of services, service gaps, geographic and timely accessibility of services, individuals with significant or complex needs, physical accessibility, and the discharge and transition planning process; (b) develop and implement preventative, corrective, and improvement strategies to address identified problems and build on successes and positive outcomes; and (c) track the efficacy of preventative, corrective, and improvement strategies and revise strategies as needed.

The State is using the quality reporting described in Paragraph 99 for the purposes of meeting the requirements of this paragraph. The reports for the quarter ending in June 2021 are provided in Attachment A. In general, these reports indicate that measures have been more positive and are similar or greater than measure values since the beginning of CY 2020. There are several measures that continue to indicate potential systemic issues that the State's quality assurance workgroup should address, including:

- Number and percent of transitioned members who report that they received all types of services specified in the transition plan. One in four individuals continue to report they do not receive all types of services specified in the transition plan.
- Number of major incidents. Approximately 20% of transitioned members report that they have not experienced any major incidents and therefore 80% had a major incident during the reporting period ending 6/2021.
- Review and analysis of critical incident reports submitted by the TCs and using provider and member reported CI information. Reports indicated:
 - Fourteen individuals this quarter reported a critical incident.
 - These individuals had 26 critical incidents in aggregate, with most of these incidents being major medical events (all cause admissions into hospital and emergency department presentations representing 70% of these events).
- Number and percent of transitioned members reporting that they are involved in the community to the extent that they would like has remained problematic; almost 25% of individuals who have been transitioned reported they have not been involved in the community as much as they would like.

In the previous SME report, it was identified that LDH had not developed a clear process for how the reports will be reviewed and factored into a larger quality assurance framework for the Agreement. The State has drafted an initial quality assurance plan and will provide this plan to the My Choice Advisory Committee prior to its finalization. However, the SME is concerned that LDH has not developed a sufficient approach in using information from the Quality Matrix to develop strategies for improving the quality of services and the experience of the Target Population. LDH reports they have regular quality management team meetings (some of which the SME has attended). From the SME's perspective, staff participating in the review of information from the matrix may not have sufficient training that would assist with a more robust quality management process.

101. At least annually, the State will report publicly, through new or existing mechanisms, on the data collected pursuant to this Section, and on the availability and quality of Community-Based Services (including the number of people served in each type of Community-Based Service described in this Agreement) and gaps in services and will include plans for improvement.

As indicated in Paragraph 99, LDH has developed a needs assessment for individuals in the Target Population and provided the findings of these needs assessments to the My Choice Advisory Committee. They have also posted this information to the My Choice Website during the reporting period. The State has the necessary templates and data to populate and analyze information from Transition Assessments, PASRR Level II evaluations, and Medicaid claims to be able to replicate the original needs assessment for subsequent years. The SME is requesting that LDH provide information regarding the approach and frequency for meeting the requirements of this Agreement on an annual basis as proposed in Paragraph 99. The State has not provided specific information on this reporting process and frequency. The SME is requesting this information for the next reporting period. The SME is also recommending LDH disseminate the Annual Quality Report described in paragraph 99, which includes data from the quality matrix for the past year.

102. The State will ensure that all relevant State agencies serving individuals in the Target Population have access to the data collected under this Agreement.

The State has not developed a formal process for all relevant State agencies to access data collected under this Agreement. As recommended in the previous report, the State should consider including other State agency input as part of its larger quality assurance framework. Specifically, the State should have a parallel process for reviewing the measures, including changes in the measures, and specifically discuss implications for their systems and assistance that may be needed to improve the experience of individuals who have been transitioned or diverted that have implications for other systems (e.g., OCDD).

103. Beginning no later than the fourth year following the Effective Date, the State will, with the technical assistance of the Expert, begin to adopt and implement an assessment methodology so that the State will be able to continue to assess the quality and sufficiency of Community-Based Services and the processes required in this Agreement, following the Termination of this Agreement. The State will demonstrate that it has developed this capacity prior to the Termination of this Agreement.

Conclusion

Since the last SME report, the State has continued efforts in most areas of the Agreement. In subsequent SME reports there will be a compliance rating by the SME associated with each provision of the Agreement. A major focus of the next SME report will be on transitions, diversions, and development of community support services identified in Section V.

The State will need to ensure their strategies will allow LDH to meet the projected number of transitions and diversions set forth for CY 2022. While the pandemic and the workforce shortage continue, LDH should adapt strategies to meet this next year's projections, accounting for the pandemic and likely storms that will impact the State. Priorities for the next six months include:

- Meeting the targets set forth regarding the number of individuals who will be transitioned in CY 2022. This includes assessing the resources needed to meet the annual and long-term projections for transitions.
- Finishing in-reach to contact individuals on the Master List to gauge their interest in moving and to begin transition activities and develop a longer-term strategy to work with these individuals to continue to encourage and assess their interest in transitioning.
- Developing rapid referral and transition efforts for individuals identified through this new in-reach process who have expressed a desire to transition.
- Developing strategies to address the recommendations set forth in the SME Service Reviews and the Needs Assessment.
- Implementing community case management consistent with the assessment and planning processes developed by LDH over the past year.
- Implementing and monitoring the implementation of other community support services including crisis, employment, and personal care services.
- Revising the Housing Plan to reflect the availability of federal and state resources to achieve the units/vouchers required by the Agreement, including continued outreach and engagement of LHC and Public Housing Authorities.

ATTACHMENT A--MY CHOICE 2021 QUARTER 1 DATA

Requirement		Proposed Data Measure	Methodology	Quarter 3 July-September 2020	Quarter 4 October-December 2020	Quarter 1 January-March 2021	Quarter 2 April-June 2021
1. Provider Capacity, Access to, and Utilization of Community Based Services	1.a	Number of community based behavioral health providers available to provide services and accepting new Medicaid participants	# of providers accepting new Medicaid patients by level of care stratified by LDH region	See attached reports			
	1.b	Number of community based behavioral health providers available to serve BH Medicaid beneficiaries stratified geographically by region	Report analysis # of providers accepting new Medicaid patients by level of care stratified by LDH region				
	1.c	Number and percent of specialized behavioral health providers meeting appointment availability standards. 1) Emergent: 1 hour; 2) Urgent: 48 hours (2 calendar days); Routine: 14 calendar days	Statistically significant random sample of providers to obtain next available appointment				
	1.d	Number and percent of transitioned members who report that they received all types of services specified in the transition plan	Self-report- Interviews with TP members done by TCs: # of transitioned members who report that they received all types of services specified in plan/total # of transitioned members interviewed.	34/49 70%	25/33 76%	33/38 87%	38/50 76%
	1.e	Number and percent of transitioned members who received services in the amount, frequency and duration specified in the transition plan	SME review of representative sample of individuals transitioned from NFs ¹				
	1.f	Number and percent of transitioned members reporting they are receiving the services they need	Self-report- Interviews with TP members done by TCs: # of transitioned members reporting they are receiving the services they need/total # of transitioned members interviewed	37/49 76%	26/33 79%	35/38 92 %	44/50 88%
2. Referrals to, admission and readmission to, diversion	2.a	Referral to nursing homes- Nursing Facility Admission Request	Number of persons that request level 1 admission to Nursing Facility	7807	7804	8665	9147
	2.b	Referral to Level II OBH (as per results of Level I PASRR) requested at admission	Number of individual initial placement requests (# initial placement requests) ²	403 5%	257 3%	205 2%	748 8%

ATTACHMENT A--MY CHOICE 2021 QUARTER 1 DATA

Requirement		Proposed Data Measure	Methodology	Quarter 3 July-September 2020	Quarter 4 October-December 2020	Quarter 1 January-March 2021	Quarter 2 April-June 2021
from, and length of stay in nursing facility	2.c	PASRR Outcome Trends	Independent Evaluations vs. desk review	Indep Eval 816	Indep Eval 960	Indep Eval 961	Independent Eval 1019
				Total Level II Reviews 1514	Total Level II Reviews 1686	Total Level II Reviews 1595	Total Level II Reviews 2004
	2.d	PASRR Outcome Trends	Total Resident Reviews--# of Resident Reviews conducted (# resident reviews)	602	798	529	779
	2.e	NF Short Term Authorizations vs. Long Term Authorizations	Number of initial authorizations approved for short term stay(100 days or less) (# short term authorizations)	788	84	66	204
	2.f	PASRR Level II Service Recommendations	Percent of PASRR determinations that recommended referral to Specialized Behavioral Health Services (# referred SS/# approved)	94%	77%	74%	78%
	2.g	Services Provided	Number and percent of individuals receiving PASRR Level II Specialized Behavioral Health Services Recommended ³				
	2.h	PASRR Level II Placement Recommendations	Number and Percent of PASRR determinations indicating that admission to NF is not recommended as it is not the least restrictive setting (#Level II determinations not recommending NF admission/#initial Level II referral requests for placement excluding cases identified as withdrawn)	23 6%	14 7%	3 2%	38 6%
3. Person Centered Planning, Transition Planning, and Transitions from Nursing Facilities	3.a	Number and % of transitioned members who report having service plans that addressed their needs	Self-report- Interviews with TP members done by TCs: # of transitioned members who report that they understand their plan of care/treatment plan/total # of transitioned members interviewed.	47/49 96%	31/33 94%	36/38 95%	47/50 94%
	3.b	Number and % of transitioned members who report that they participated in planning	Self-report- Interviews with TP members done by TCs: # of transitioned members who report that	38/49 78%	26/33 79%	35/38 92%	46/50 92%

ATTACHMENT A--MY CHOICE 2021 QUARTER 1 DATA

Requirement		Proposed Data Measure	Methodology	Quarter 3 July-September 2020	Quarter 4 October-December 2020	Quarter 1 January-March 2021	Quarter 2 April-June 2021
			they participated in planning /total # of transitioned members interviewed.				
	3.c	Number and % of transitioned members who report planning included participation members of their chosen social network	Self-report- Interviews with TP members done by TCs: # of transitioned members who report that planning included others of their choosing/total # of transitioned members interviewed.	46/49 94%	29/33 88%	35/38 92%	46/50 92%
	3.d	Number and % of transitioned members who indicated their preferences are being respected	Self-report- Interviews with TP members done by TCs: # of transitioned members who report that their preferences are being respected /total # of transitioned members interviewed.	42/49 86%	30/33 91%	35/38 92%	42/50 84%
	3.e	Number and percent of transitioned members whose plan of care addressed their needs	SME review of representative sample of individuals transitioned from NFs ¹				
4. Safety and Freedom from harm	4.a	Number of critical incidents, stratified by type of incident	Review and analysis of critical incident reports submitted by the TCs and using provider and member reported CI information	# of people that had CIRs = 20 individuals <u>Categories:</u> Falls: 17 Maj Medical: 44 Maj Injury: 0 Maj Behavioral Incident: 3 Protective Services: 4 Death: 3 Other: 3	# of people that had CIRs = 15 individuals <u>Categories:</u> Falls: 7 Maj Medical: 21 Maj Injury: 0 Maj Behavioral Incident: 2 Protective Services: 2 Death: 1 Other (loss of home): 2	# of people that had CIRs = 19 individuals <u>Categories:</u> Falls: 5 Maj Medical: 19 Maj Injury: 0 Maj Illness: 1 Maj Behavioral Incident: 0 Protective Services: 3 Death: 0 Other (loss of home): 0 Other (legal involvement): 1	# of people that had CIRs = 14 individuals <u>Categories:</u> Falls: 6 Maj Medical: 12 Maj Injury: 1 Maj Illness: 0 Maj Behavioral Incident: 2 Protective Services: 1 Death: 0 Other (loss of home/Risk of Eviction): 2 Other (legal involvement): 2
				ER visits: 41 Hospitalization: 14	ER visits: 14 Hospitalization: 10	ER visits: 8 Hospitalization: 11	ER visits: 10 Hospitalization: 7

ATTACHMENT A--MY CHOICE 2021 QUARTER 1 DATA

Requirement		Proposed Data Measure	Methodology	Quarter 3 July-September 2020	Quarter 4 October-December 2020	Quarter 1 January-March 2021	Quarter 2 April-June 2021
				Psyc Admission: 6	Psyc Admission: 3	Psyc Admission: 3	Psyc Admission: 1
	4.b	Number and percent of referrals reported to protective service agency for abuse, neglect, and exploitation	Number of abuse, neglect, exploitation referrals made	4	2	3	1
	4.c	Number and percent of death investigations that were completed	Number of death investigations that were completed/ Total number of death investigations	0	0	0	
	4.d	Number and percent of deaths that require a remediation plan	# of transitioned TP members deaths requiring remediation plan/total # of transitioned members interviewed				
	4.e	Number and percent of participants whose service plans had strategies that addressed their health and safety risks as indicated in the assessment (s)	SME review of representative sample of individuals transitioned from NFs ³				
	4.f	Number and percent of transitioned members reporting that they have not experienced any major incidents	Self-report- Interviews with TP members done by TCs: # of transitioned TP reporting no major incidents/total # of transitioned members interviewed	30/49 62%	23/33 70%	35/38 92%	39/50 78%
	4.g	Number and percent of transitioned members reporting that they have been free from abuse, neglect, or exploitation	Self-report- Interviews with TP members done by TCs: # of transitioned TP reporting freedom from abuse, neglect, exploitation/total # of transitioned members interviewed	46/49 94%	30/33 90%	37/38 97%	47/50 94%
5. Physical and mental health wellbeing and incidence of health crisis	5.a	Number and percent of transitioned members reporting good physical and mental health	Self-report- Interviews with TP members done by TCs: # of transitioned TP members reporting good physical health and mental health/total # of transitioned members interviewed	38/49 78%	27/33 82%	36/38 95%	42/50 84%
	5.b	Number and percent of transitioned members reporting independence with taking care of themselves physically	Self-report- Interviews with TP members done by TCs: # of transitioned TP members reporting no	43/49 88%	30/33 91%	36/38 95%	45/50 90%

ATTACHMENT A--MY CHOICE 2021 QUARTER 1 DATA

Requirement		Proposed Data Measure	Methodology	Quarter 3 July-September 2020	Quarter 4 October-December 2020	Quarter 1 January-March 2021	Quarter 2 April-June 2021
			change in ability to complete tasks for themselves/total # of transitioned members interviewed				
	5.c	Number and percent of individuals that report that they had a change in medications/ treatments, or side effects from, and/or who gives them	Self-report- Interviews with TP members done by TCs: # of transitioned TP members reporting a change in medications/treatments, or side effects from and/or who gives them/total # of transitioned members interviewed	14/49 29%	8/33 24%	3/38 8%	10/50 20%
	5.d	Number and percent of participants who utilized crisis services, ED presentations, hospitalizations (as an overlay to see if a person was in crisis)					
6. Stability	6.a	Number and percent of transitioned members reporting stability in housing	Self-report- Interviews with TP members done by TCs: # of transitioned members reporting stability in housing /total # of transitioned members interviewed	41/49 84%	30/33 91%	35/38 92%	45/50 90%
	6.b	Number and % of transitioned members reporting stability in natural supports network	Self-report- Interviews with TP members done by TCs: # of transitioned members reporting stability in natural support network/total # of transitioned members interviewed	46/49 94%	29/33 88%	36/38 95%	46/50 92%
7. Choice and Self Determination	7.a	Number and % of transitioned members reporting that they are able to make choices and exert control over their own life	SME review of representative sample of individuals transitioned from NFs ¹				
8. Community Inclusion	8.a	Number and percent of transitioned members reporting that they are involved in the community to the extent they would like	Self-report- Interviews with TP members done by TCs: # of transitioned members reporting they are able to be involved in the community to the extent that they would like/total # of transitioned members interviewed	32/49 65%	26/33 79%	28/38 74%	38/50 76%

¹ For items that the methodology is noted as follows: '*SME review of representative sample of individuals transitioned from NFs*', data not available during this reporting period as it is a measure that will be reported on a semi-annual basis.

² 2.b – 1135 waiver for PASRR Level II operations lifted during this quarter

³ 2.g-OBH has identified changes needed to their system in order to be able to begin reporting this data. In the absence of those system changes the data is not able to be reported for this quarter.

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