

My Choice Louisiana Annual Implementation Plan: January 2023-December 2023

Agreement to Resolve the Department of Justice Investigation

Louisiana Department of Health

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Introduction

In 2014, the United States Department of Justice (DOJ) initiated an investigation of the State of Louisiana's mental health service system to assess compliance with Title II of the Americans with Disabilities Act (ADA). Following this investigation, in 2016, the DOJ stated that Louisiana unnecessarily relies on nursing facilities (NF) to serve people with serious mental illness instead of serving them in the most integrated setting appropriate to their needs as required by the ADA.

In June of 2018, the State of Louisiana and the Louisiana Department of Health (LDH) signed an agreement with the DOJ to help ensure compliance with the ADA, which requires that the State's services to individuals with mental illness be provided in the most integrated setting appropriate to their needs. The State's efforts to comply with the terms and intent of the agreement are collectively referred to as the My Choice Louisiana initiative.

Pursuant to the Agreement requirements, the Initial Implementation Plan ("the plan") covering activities for the first 18-month period, between June 6, 2018 and December 6, 2019 was developed with input from local and state entities, providers and advocacy groups, and in conjunction with consumer meetings. Once finalized the LDH team moved forward with working the initial implementation plan. Subsequent to this Initial Implementation Plan, LDH has developed an annual implementation plan each calendar year.

In preparation for calendar year 2023, LDH has developed the following annual implementation plan. Activities outlined in this annual plan have been drafted by the Department and are considered to be steps focused on meeting the overall goals outlined in the Agreement. Recognizing the importance and value of having input from self-advocates and stakeholders, the annual plan was shared with the My Choice Advisory group, which includes representatives from self-advocates and/or their families, local and state entities, providers, and advocacy groups. LDH requested that this group share the plan with their respective networks and provide the Department with feedback. As of 2/21/2023, no feedback was received regarding the implementation plan. Throughout the year, during scheduled meetings with external stakeholder groups, information has been shared regarding work occurring in the areas outlined in the annual plan. Feedback and input received during these meetings are considered and incorporated when prioritizing activities for the upcoming year.

Statement of Principle

The mission of the Louisiana Department of Health (LDH) is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana. Our core values reflect the belief that every citizen of our State has the right to live with dignity, to be served with compassion, and to have a choice when it comes to how they will receive care and where they want to live. It is LDH's vision that every Louisiana citizen is able to access the right care, at the right time, in the right place.

LDH is committed to ensuring that individuals and their families have access to necessary treatments and supports that are compassionate, evidence-based and resolution-focused, and delivered by a behavioral health system that is coordinated, responsive and efficient. By addressing the needs of all populations, including our most vulnerable citizens, we believe improvements to our behavioral health system of care will allow people to remain in their communities and reduce the need for restrictive levels of care including nursing homes, jails, and hospitals. These improvements include supporting our workforce to deliver care that improves the health, including the behavioral health, of individuals and families who need these services. It is our goal to develop a system of care that is person-

centered, regardless of the care setting. It is our vision that every person should be able to receive the support they need to live in the setting of their choice.

Section 1 – Agreement Goals

There are two main goals of this Agreement:

- Divert individuals with serious mental illness away from inappropriate nursing facility placements by requiring comprehensive evaluations and providing services designed to enable them to live in community-based settings; and
- Identify people with serious mental illness who have been admitted to nursing facilities but are able to and would like to transition to the community, and provide them with transition planning and community-based services sufficient to meet their needs.

In consultation with the Subject Matter Expert (SME) and the DOJ, the Annual Plan for calendar year 2023 of the Agreement, addresses how LDH will accomplish the following goals:

- Deliver and monitor the effectiveness of training to providers related to person centered planning, employment, crisis, and other identified topics;
- Monitor and evaluate efforts to identify all nursing facility residents in the target population (TP) through the new in-reach process who desire to transition to the community, and provide them with transition planning and community-based services in accordance with the provisions of this Agreement;
- Continue implementation and enhancements to quality assurance processes to monitor/report outcomes for persons that will be or are in the process of transitioning, mortalities, critical incidents, and other key performance data to inform continuous quality improvement;
- Develop and implement an addendum to the initial transition plan (ITP) to identify supports secured and activities that need to be addressed during the first thirty (30) days post transition and to address key provisions outlined in the Agreement;
- Implement standardized process across program areas to identify/collect barriers impacting transition/diversion efforts and develop strategies to overcome unresolved issues/barriers to improve transition/diversion opportunities;
- Implement an electronic system to track the admission of individuals to nursing facilities consistent with the Agreement including identifying and engaging individuals early in their NF stay;
- Continued Implementation and identification of any needed enhancements of an auditing program for PASRR Level II operations, this Quality Audit Tool and process will evaluate the quality of evaluations and determinations being issued;
- Implement the dementia protocol which will be used within the PASRR Level II program to validate a primary dementia diagnosis;
- Develop and implement a training plan for the PASRR Level II Determination Specialists, MCOs, Level II Evaluators, and referral sources on programmatic improvements to the PASRR Level II program;
- Establish annual targets for CY 2024 for transitioning and diverting individuals in the Target Population to successful integrated placements in the community;
- Monitor the MCO's efforts to identify at risk individuals and evaluate the effectiveness of the strategies implemented;
- Implement revisions to the 2022 in-reach plan to improve in-reach efforts;

- Develop strategies for addressing any gaps in services as identified by the needs assessment and the SME Service Reviews;
- Monitor and evaluate community case management services;
- Operationalize and implement Crisis Stabilization (CS) services for adults;
- Work with community stakeholders, including law enforcement regarding implementation of the Louisiana Crisis Response System;
- Ensuring individuals diverted or transitioned from nursing facilities receive newly created services developed as part of this Agreement.
- Continue collaborative efforts among State and local government entities to identify and address issues during the initial and subsequent implementation of this plan; and
- Continue implementing and enhancing the long-term quality assurance, mortality and critical incident management processes that will allow LDH to assess and oversee provider and MCO services; measure the success of reform; identify trends, patterns, strengths, and areas of concern that will drive quality enhancement activities focused on performance improvement and planning.

Section 2 – Annual Implementation Plan

This section includes the Annual Implementation Plan for calendar year 2023 and areas of focus from the Agreement to Resolve the Department of Justice Investigation. This section is divided into six subsections, which contain the associated goals: (1) Transition/Post-transition Activities, (2) Work Flow and Tracking System Development, (3) Diversion Activities, (4) Community Support Services Development, (5) Quality Assurance and Continuous Improvement, and (6) Stakeholder Engagement, Outreach, and In-Reach. Training has been incorporated into each subsection, as this will be a critical component in each focus area. Documents reflecting LDH’s work in support of the goals will be shared with the SME and DOJ.

The dates listed as “Target Completion Dates” throughout this section of the annual plan were developed internally by LDH and are not governed by the Agreement. Therefore, LDH may modify these dates as necessary, in consultation with the DOJ and with the approval of the Subject Matter Expert, without consequence to the Department’s compliance with the Agreement, except as otherwise specified in the Agreement. Modifications of the implementation plan will be publicly shared via My Choice website.

Section 2.1 Transition/Post Transition Activities

The Annual Implementation Plan focus: The activities during the 2023 calendar year will focus on enhancing in-reach with all members of the TP in nursing facilities, with a continued focus on:

- (1) TP members who express interest in transitioning either through in-reach efforts or during the first 90 days post admission to the Nursing Facility, and
- (2) TP members identified for transition through the initial PASRR Level II evaluation and Continued Stay Request process, and transitioning those individuals to the community using existing community-based services.

Specific tasks outlining in-reach efforts are included in section 2.6 of this plan. LDH will develop processes to engage individuals earlier in their NF tenure (within 3 working days post admission) and offer transition supports to these newly admitted individuals. LDH will develop and implement quality strategies to ensure a person-centered transition planning process. This process will be designed to address issues identified in the Service

Review, and ensure that each member of the Target Population that has expressed interest in moving has an ITP consistent with the requirements outlined in paragraphs 43 and 46 of the Agreement. Strategies will include providing technical assistance to the Transition Coordinators (TC). With the implementation of the community case management in 2022, Community Case Managers began coordinating with individuals and TCs to identify and facilitate ongoing services and supports. In 2023, LDH will enhance connection to needed services through an addendum to the ITP focused on this purpose. As the community case management service matures, LDH will establish formal monitoring and evaluation to measure the effectiveness of this process.

Based on information learned during the plan year, LDH will establish its transition targets for CY 2024 as well as long term, multi-year strategies to increase transitions.

This chart details the tasks for the transition system development.

No.	Task/Activity	Owner	Target Completion Date
1.0	Ongoing implementation of the Person Centered Thinking and Planning training to support TCs, coordinators, community case managers, and service providers.	OAAS/OBH	Monthly and/or as scheduled
1.1	Develop schedule and plan for offering/providing Person Centered Thinking and Planning training to waiver support coordinators and waiver service providers serving the Target Population.	OAAS	March 2023
1.2	Establish a process to solicit and incorporate feedback from stakeholders including self-advocates regarding the training curriculum.	OAAS	March 2023
1.3	Implement scheduled training on Person Centered Thinking and Planning for waiver support coordinators and waiver service providers serving the Target Population.	OAAS	April 2023 / Ongoing
1.4	Develop strategy for the provision of training to waiver support coordinators and waiver service providers regarding behavioral health and recovery.	OAAS	June 2023
1.5	Implement and offer training specific to behavioral health and recovery to support coordinators and waiver service providers.	OAAS	Beginning July 2023/Ongoing
1.6	Continue to review Active Caseload to assure that all individuals that have expressed interest in transitioning are included on the Active Caseload.	OAAS/OBH	Monthly
1.7	Continue process of My Choice leadership reviewing all requests to transfer those individuals that have indicated they are not currently interested in transitioning back to Master List.	OAAS/OBH	Monthly
1.8	Assure that all individuals on Active Caseload have been assigned to a Transition Coordinator.	OAAS/OBH	Monthly
1.9	Continue to evaluate transition timeframes and address issues with timeliness as identified (assessment, planning and transition).	OAAS/OBH	Quarterly
1.10	Evaluate and report on caseload sizes, staffing levels, compliance with transition activity timelines / expectations, and progress toward the annual transition target to determine if adequate staffing resources are available to support transition activities.	OAAS/OBH	Monthly

No.	Task/Activity	Owner	Target Completion Date
1.11	Based on findings from internal reviews and service reviews, develop and provide training/technical assistance to TCs to improve the development and quality of the ITP.	OAAS/OBH	February 2023
1.12	Outline and provide expectations to TCs regarding conducting monthly contacts with individuals on their caseloads residing in NF working on transition. Monitor TC caseloads to assure that monthly contacts are being completed.	OAAS/OBH	January 2023 / Ongoing
1.13	Develop and implement an addendum to the ITP to capture services (type, provider, amount, duration, and frequency) in place at the time of transition as well as those activities requiring follow up during the first 30 days post transition.	OAAS/OBH	March 2023
1.14	Develop and implement internal quality strategy/tool to evaluate, monitor, and enhance TC engagement, person centered planning, and transition efforts, as well as post-discharge contacts.	OAAS/OBH	April 2023
1.15	Develop and operationalize a strategy to identify and track individuals newly admitted to offer transition supports within 3-14 days of admission.	OAAS/OBH	April 2023
1.16	Develop a reporting template to track required 3 and 14 day contacts for individuals newly admitted.	OAAS/OBH	May 2023
1.17	Develop policies and procedures to ensure contacts occur within the 3 and 14 days for individuals newly admitted.	OAAS/OBH	May 2023
1.18	Implement strategy to identify newly admitted individuals and offer transition supports within 3 and 14 days of admission.	OAAS/OBH	June 2023
1.19	Continue effort to transition individuals (annual target of 350 transitions in 2023).	OAAS/OBH	Ongoing
1.20	Review status and achievements gained in meeting transition goals and, if needed, develop a plan for improvement to adjust approach and/or identify new strategies to accomplish transition goals.	OAAS/OBH	Quarterly
1.21	Continue to implement standardized process for TCs to identify and collect barriers to transition.	OAAS/OBH	Monthly/Ongoing
1.22	Compile/discuss information collected and provided by TCs during monthly review of transition activities.	OAAS/OBH	Monthly
1.23	Identify and implement strategies to overcome unresolved issues/barriers as identified during individual staffing meetings or post monthly review of transition activities.	OAAS/OBH	Monthly
1.24	Integrate barrier information collected into the quality matrix for review by the cross office Quality Workgroup.	OAAS/OBH	April 2023
1.25	Develop a process for the Quality Workgroup to refer identified systemic issues/barriers to the Service Review Panel to review and provide recommendations.	OAAS/OBH	April 2023
1.26	Implement process to refer identified systemic issues/barriers to the Service Review Panel.	OAAS/OBH	May 2023
1.27	Continue efforts to identify and remove transition barriers through the Service Review Panel (SRP), with the internal LDH	OAAS/OBH	Quarterly/ Ongoing

No.	Task/Activity	Owner	Target Completion Date
	Quality Management (QM) Committee and My Choice Advisory Committee.		
1.28	Review and revise both the methodology for 2024 transition target, and the long-term (multi-year strategy) to increase the number of transitions.	OAAS/OBH	September 2023
1.29	Develop transition targets for 2024, which are consistent with a long-term strategy for allowing all members of the TP who would like to transition to the community.	OAAS/OBH	October 2023
1.30	Identify and prioritize actions for calendar year 2024 and update annual plan.	OAAS/OBH	Annually

Section 2.2: Work Flow and Tracking System Development

Annual Implementation Plan focus: This section focuses on implementing/updating a workflow and tracking system needed to track individuals in the TP. There are two areas of focus during this calendar year. (1) Work with the state Office of Technology Services (OTS) to identify and build enhancements needed to the transition tracking system within the OAAS Participant Tracking System (OPTS). OPTS is the web-based data system where all critical transition functions will be maintained and tracked. (2) Implementation of PASRR Level I System to identify/track the nursing facility to which people are admitted after PASRR approval. Implementation of the system to identify/track nursing facility to which people are admitted will be necessary to identify individuals within three days of admission and begin the in-reach process.

In 2023, it is anticipated that changes to the PASRR Level I system will be implemented. This system will allow LDH to identify and track in near real-time people admitted after PASRR approval to a nursing facility. The implementation of this system will allow the team to develop strategies and implement processes to identify and offer transition supports to individuals within 3-14 days of admission.

This chart will detail the tasks for the next phase of the workflow and tracking system development.

No.	Task/Activity	Owner	Target Completion Date
Interim Tracking System – SharePoint			
2.0	Utilize SharePoint as interim tracking system to monitor critical transition functions such as in-reach activities, SRP, and mortality review processes.	OAAS/OBH	Monthly
2.1	Evaluate options to enhance reporting strategies within the SharePoint environment and develop reports.	OAAS/OBH	As needs are identified
2.2	Generate reports to evaluate/monitor progress of transitioned individuals and to drive continuous quality improvement.	OAAS/OBH	Monthly or more frequently
OPTS workflow/tracking system			
2.3	Identify and outline requirements for reports and other identified enhancements to the system.	OTS/LDH Workgroup	July 2023
2.4	Refine existing and create new reports in OPTS for quality assurance purposes.	OTS/LDH Workgroup	As identified
PASRR Level I System – Vendor procurement to track NF admission			
2.5	Execute contract with Vendor.	OAAS	March 2023

2.6	Provide training to PASRR Level I reviewers regarding system changes and ongoing PASRR Level I.	OAAS	June 2023
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Section 2.3: Diversion Activities

Annual Implementation Plan focus: The activities during CY 2023 will continue to focus on the implementation of the revised diversion plan, including creating a diversion pathway for Medicaid individuals with SMI seeking admission to a nursing facility for whom the PASSR level II indicated community placement versus a nursing facility admission. In order to achieve this goal, LDH will continue its efforts to enhance PASRR processes and education for PASRR Level II evaluators and referral sources (including hospitals and nursing homes) to maximize the number of individuals who are able to be diverted from NFs due to it not being the least restrictive setting. This is occurring through ongoing implementation and refinement of an OBH PASRR Level II auditing process through which the quality of PASRR Level II evaluations and determinations are reviewed on a monthly basis. Based on findings, the state will continue to implement quality improvement strategies as appropriate to enhance education or provide technical assistance to evaluators to enhance the number of individuals diverted from nursing facilities.

As outlined in the Agreement, approximately 80% of admissions of persons with SMI to nursing facilities are from hospitals. In an effort to address this area, the state will implement activities upstream to the PASRR process with the goal of reducing referrals to nursing home placement. This includes continued efforts to work with MCOs regarding persons with SMI who are at risk of avoidable hospitalizations, which will place them at risk for subsequent nursing facility admissions.

During 2021, LDH implemented strategies to identify and divert individuals with SMI at risk for nursing facility placement. These strategies included:

- Sharing the definition of the Medicaid population with SMI at highest risk for inpatient admissions (all cause) with MCOs;
- Requesting that each MCO develop an outreach and case management approach that will better meet these individuals' health and behavioral health needs in an effort to lessen the likelihood of hospital admissions;
- Developing a reporting mechanism for MCOs to track individuals that receive case management services; and
- Providing training and education to the MCOs regarding the at-risk criteria.

Beginning January 1st, LDH is introducing new changes to the at-risk definitions and processes. During calendar year 2023, LDH will be reviewing and evaluating the effectiveness of these processes. This includes evaluating the effectiveness of the MCO efforts to review ED visits, inpatient admissions (all cause) and nursing facility admissions/re-admissions.

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

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

No.	Task/Activity	Owner	Target Completion Date
Diversion Activities			
3.0	Track the number of individuals in the TP who are referred to Nursing Facilities, the portion approved for placement, and the	OBH	Quarterly

No.	Task/Activity	Owner	Target Completion Date
	portion diverted through the PASRR Level II preadmission process due to NF not being the least restrictive setting.		
3.1	Continue to identify and track individuals suspected as having SMI through the MDS process for inclusion on the Master List.	OAAS	Quarterly
3.2	Continue to provide and track PASRR Level II reviews on individuals identified as having a suspected SMI based on their MDS post admission in the NF for inclusion on the Master List, with the goal of reducing the percent of individuals in NFs who have been identified as having a potential SMI and have not had a Level II.	OBH	Weekly/ Monthly
3.3	Develop and track timeframe expectations for completing a Level II after an individual is identified through the MDS process, with the goal of reducing the length of time between identification of the individual and completion of the Level II.	OBH	March 2023 / Quarterly
3.4	Evaluate data to identify and further operationalize the reasons individuals are identified for a PASRR Level II post admission into the facility, and report on common trends on a quarterly basis.	OBH	Quarterly / Ongoing
3.5	Evaluate and provide update to the CSR process into a written protocol, identifying metrics to be included within the quality matrix (eg: length of authorization, etc).	OBH/OAAS	March 2023
3.6	Monitor and evaluate the continued stay review process and related trends and determine the need for any modifications to the process.	OBH/OAAS	Quarterly
3.7	Begin tracking the number of individuals who needed but did not receive a PASRR Level II prior to admission and specific reasons (e.g. 1135 waiver), develop and implement a strategy to complete those Level IIs quickly.	OBH/OAAS	Quarterly
3.8	Develop plan for evaluating whether PASRR Level II training improves quality and consistency of determinations and recommendations related to services and placement.	OBH	April 2023
3.9	Continue to develop and review data for individuals admitted to NF with a sole diagnosis for a behavioral health condition and identify/implement alternate strategies if performance issues are discovered.	OAAS	Bi-annually
3.10	Track authorization for NF admissions to ensure compliance with the 90-100 day requirement.	OBH	Quarterly
Diversion Activities: PASRR Level I Training/Processes			
3.11	Develop Level I PASRR training.	OAAS	April 2023
3.12	Deliver Level I PASRR training.	OAAS	June 2023
3.13	Evaluate effectiveness of PASRR Level I training.	OAAS	October 2023
Diversion Activities: PASRR Instrument Enhancements and Process Improvements			
3.14	Finalize a list of realistic and useful community options that would be helpful for individuals who seek NF admission and should be discussed as part of the PASRR Level II evaluation, where	OBH/OAAS	March 2023

No.	Task/Activity	Owner	Target Completion Date
	appropriate, in an effort to improve the understanding of individuals seeking NF placement about the array of health, long term services and support and behavioral health community services available to them.		
3.15	Update the Level II evaluation instrument to include recommended improvements related to the person's total needs, and barriers to receiving services in the community.	OBH	May 2023
3.16	Formalize a process through which alternate HCBS options can be identified and discussed with individuals seeking NF placement, and are incorporated into PASRR reviews and decisions.	OBH/OAAS	July 2023
3.17	Coordinate with OAAS to develop training materials and provide training, technical assistance, and guidance to the Level II evaluators, MCOs, and Determination Specialists.	OBH/OAAS	July 2023
3.18	Provide training to PASRR Level II evaluators on the revised evaluation instrument, and the alternate community options that should be discussed and considered.	OBH/OAAS	July 2023
3.19	Implement updated Level II evaluation instrument.	OBH	August 2023
3.20	Compile barrier information provided by PASRR Level II evaluators during monthly review of diversion activities.	OBH/OAAS	Beginning October 2023/ Monthly
3.21	Identify and implement strategies to overcome unresolved issues/barriers as identified during regular meetings or post monthly reviews of diversion activities.	OBH/OAAS	Beginning October 2023/ Monthly
3.22	Integrate barrier information into the quality matrix for review by the cross-office quality workgroup.	OBH/OAAS	November 2023
3.23	Incorporate review and referral of systemic issues/barriers collected by the PASRR Level II evaluators into the SRP referral process discussed in task 1.25 and 1.26.	OBH/OAAS	Beginning December 2023/Quarterly
3.24	Monitoring the identification of community options through the expansion of PASRR Level II audit tool.	OBH	Ongoing
Diversion Activities: PASRR Internal Audit Process			
3.25	Continued implementation of the PASRR Level II auditing process, identifying trends and findings.	OBH	Monthly
3.26	Review and report trends in findings and identifying the need for quality improvement strategies and as needed developing strategies to address areas of concern.	OBH	Quarterly
3.27	Integrate OAAS into the PASRR Level II auditing process, evaluating for potential recommendations for HCBS and physical health care needs.	OBH/OAAS	January 2023
3.28	Meet with OBH PASRR Level II Determination Specialists to review and discuss audit findings and as needed developing strategies to address areas of concern.	OBH	Monthly

No.	Task/Activity	Owner	Target Completion Date
3.29	Meet with MCOs and the Level II evaluators affiliated with their organizations on the findings of the evaluation audits identifying opportunities for quality improvement.	OBH	Ongoing
3.30	Review status and achievements gained in meeting diversion goals and, if needed, develop a plan for improvement to adjust approach and/or identify new strategies to accomplish transition goals.	OBH	Quarterly
Diversion Activities: Dementia Protocol			
3.31	Train OBH PASRR staff on Dementia Protocol and how data will be entered into Utopia.	OBH	February 2023
3.32	Fully implement new dementia protocol.	OBH	March 2023
3.33	Track referrals and monitor effectiveness of new dementia protocol.	OBH	Quarterly
3.34	Based on monitoring activities, revise protocol as needed.	OBH	December 2023/ Annually
Diversion Activities: Methodology			
3.35	Update Methodology for 2024 diversion targets.	OBH/OAAS	September 2023
3.36	Review diversion efforts and develop a long term (multi-year) diversion strategy to increase the number of diversions.	OBH/OAAS	September 2023
At-Risk Activities			
3.36	Modify the at-risk criteria and related policies to align with the MCO re-procurement contract requirements which includes a tiered case management system.	OBH	January 2023
3.37	Provide education to the MCOs on the revised criteria and related procedures.	OBH	January 2023
3.38	Implement updated at-risk criteria.	OBH	March 2023
3.39	Measure the impact of the modified at-risk criteria to include: identification of evidence used to establish the 6 month look back period; comparison of population size under previous definition, current definition and proposed one year look back; and the total number of 2022 at-risk members who were receiving case management that will continue to receive case management in the new tiered system.	OBH	April 2023
3.40	Conduct ongoing reviews and analysis of MCO case management reports for at-risk population to determine appropriate identification of members meeting the at-risk criteria, engagement efforts, and adherence to contract standards related to case management activities for individuals at risk and associated timelines on a quarterly basis.	OBH	Beginning April 2023/Quarterly
3.41	Evaluate outcome data for the at-risk population pertaining to hospitalizations, nursing facility admissions, and service utilization.	OBH	Semi-annually
3.42	Partner with Medicaid external quality review organization to evaluate MCO case management of the at-risk population.	OBH	November 2023

No.	Task/Activity	Owner	Target Completion Date
3.43	Determine actions needed to address any opportunities for improvement for addressing at-risk individuals on an individual MCO level and systemic level, including but not limited to the need for additional technical assistance/education, program enhancements, and/or corrective actions based on data from a variety of sources including MCO reporting, claims data and internal or external quality reviews.	OBH	November 2023

Section 2.4: Community Support Services Development

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

In some instances, the State will need additional funding in FY 2023 from the State Legislature to implement some of these new service opportunities. Information from the various service plans will be an important input for ensuring services as implemented are meeting the needs of the system, individuals they serve, and providing a path of sustainability for service providers. Through this analysis, staff will be able to make recommendations for improvements to existing services or the identification/implementation of additional resources for critical services and supports identified in the Agreement. The ongoing implementation of these services will be monitored closely by LDH during CY 2023 to identify implementation issues and other barriers that may impact access to these services by members of the Target Population. Additionally, there are continued efforts underway to monitor the availability of existing intensive community support services offered through Intensive Community Support Services (ICSS) and Assertive Community Treatment (ACT) as ongoing strategies for CY 2023.

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

Crisis System Development Activities

No.	Task/Activity	Owner	Target Completion Date
4.0	Hire and onboard Crisis Coordinator as a liaison with internal and external partners to support crisis services offered consistent with the Agreement.	OBH	March 2023
4.1	Engage ongoing dialogue with stakeholders about crisis system development through regular meetings and presentations.	OBH	Ongoing
4.2	Continue efforts to meet with law enforcement, judges, and coroners to encourage diversions and referrals to crisis services and determine whether existing efforts are successfully diverting those in crisis from law enforcement interactions.	OBH	Ongoing
4.3	Facilitate and participate in statewide and regional meetings with crisis coalitions including LA-CRS providers to share data, strengthen outreach efforts and collaborations with local stakeholders with the intention of increasing linkages to services.	OBH	Ongoing

No.	Task/Activity	Owner	Target Completion Date
4.4	Evaluate LA-CRS implementation status and utilization data to explore the ability of providers to expand hours of operation, using the information to establish a plan and timeline for full implementation of services and/or programmatic expansion to additional providers, if warranted.	OBH	July 2023
4.5	Expand implementation of MCR, CBCS, BHCC and CS services to all areas of the state 24/7.	OBH	Ongoing / December 2023
4.6	Monitor implementation activities, resolving issues in real time through joint provider and MCO meetings occurring as needed.	OBH	At least Monthly
4.7	Conduct ongoing learning through coaching and consultative activities with crisis service providers.	LSU	At least Quarterly
4.8	Continue training of new and existing crisis service providers.	LSU	At least Quarterly/More often as needed
4.9	Implement statewide marketing campaign for LA-CRS and Crisis Hub.	OBH	May 2023
4.10	Provide ongoing tracking on network adequacy to ensure that individuals with SMI experiencing a behavioral health crisis have access to timely crisis services.	OBH	At least Quarterly
4.11	Collect and evaluate outcomes and programmatic data of crisis providers through review/analysis of reports and other available data.	OBH	Quarterly
4.12	Identify and address performance of crisis providers based on these reviews.	OBH	Quarterly
4.13	Continue to track, review and report the performance of the MCO crisis lines against current measures.	OBH	Quarterly
4.14	Identify and address performance of the crisis line based on these reviews.	OBH	Quarterly
4.15	Review and update policies and procedures for the LA-CRS providers as needed.	OBH	Bi-annually

Assertive Community Treatment Activities

No.	Task/Activity	Owner	Target Completion Date
4.16	Continue meetings with MCOs, performing ongoing review of ACT providers and outcomes data.	OBH	Bi-annually
4.17	Identify opportunities for training and/or programmatic enhancements through a bi-annual review of reporting.	OBH	Bi-annually
4.18	Continue meetings with ACT providers, discussing program implementation and programmatic enhancements.	OBH	Annually or more frequently as needed

No.	Task/Activity	Owner	Target Completion Date
4.19	Address the findings from fidelity and service reviews in meetings with MCOs and ACT providers as a process of quality of continuous quality improvement.	OBH	Bi-annually
4.20	Educate TCs, PASRR staff and CCM on the ACT model and to support the identification of individuals in the TP that could be referred to ACT.	OBH	March 2023
4.21	Review and update the service definition to ensure effectiveness of ACT operability and employment programming.	OBH	May 2023
4.22	Publish updated service definition.	OBH	July 2023
4.23	Develop a plan for step-down criteria and discharge from ACT services in an effort to ensure additional future capacity.	OBH	July 2023

Intensive Community Support Services Activities (ICSS)

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

Integrated Day Activities

No.	Task/Activity	Owner	Target Completion Date
MHR Employment Guidance			
4.26	Publish Employment Addendum to the MHR program as part of the service definition.	OBH	January 2023
4.27	Develop and implement training for MCOs and service providers on how to use MHR programming to offer employment supports and how to link individuals with employment supports.	OBH	April 2023
IPS			
4.28	Kick off activities with ASPIRE grant, collaborating with national TA and in-state partners to further objectives related to IPS implementation.	OBH	January 2023
4.29	Execute the contracts with consultants intended to enhance the partnership with LRS and training of LGEs on IPS.	OBH	March 2023
4.30	Continue to meet with LGEs to identify and address ongoing implementation issues IPS.	OBH	Bi-weekly
4.31	Develop and implement marketing for IPS and employment supports for TP members.	OBH	May 2023

No.	Task/Activity	Owner	Target Completion Date
4.32	Provide initial IPS training to new LGE and ACT team employment staff.	OBH	June 2023
4.33	IPS services provided by ACT teams go live (depending on funding)	OBH	July 2023
4.34	Conduct initial fidelity reviews of IPS providers who have gone live.	OBH	October 2023
4.35	Review findings of the initial fidelity reviews and develop plan for ongoing fidelity reviews.	OBH	November 2023
4.36	Monitor utilization of IPS.	OBH	Quarterly
Drop In Centers			
4.37	Development of drop in center model.	OBH	August 2023
4.38	Develop and kick off a learning collaborative amongst existing drop in centers and a schedule of future meetings.	OBH	October 2023

Peer Support Services Activities

No.	Task/Activity	Owner	Target Completion Date
4.39	Monitor utilization of Peer Support Services.	OBH	Quarterly
4.40	Continue meetings with MCOs and LGEs to increase utilization of peer support.	OBH	Monthly
4.41	As identified, implement strategies to address implementation barriers.	OBH	Ongoing
4.42	Conduct training for peer supervisors.	OBH	July 2023
4.43	Revise and implement certification process for PSS.	OBH	October 2023
4.44	Develop and implement a strategy for identifying the number of Recognized Peer Support Specialist (RPSS) that are delivering Agreement services.	OBH	October 2023
4.45	Research and develop a plan for the next phase of implementation of Peer Services as a Medicaid reimbursable service to include expansion of allowed services and/or expansion of additional provider types.	OBH	October 2023

Housing and Tenancy Support Activities

No.	Task/Activity	Owner	Target Completion Date
4.46	Track and report housing opportunities created.	LDH/LHC	Quarterly
4.47	Track and provide report opportunities offered to TP individuals.	LDH/LHC	Quarterly
4.48	Evaluate opportunities created and offered to determine if opportunities are being utilized, if there is a need for additional opportunities, and or if there are issues/barriers that need to be addressed.	LDH/LHC	Quarterly
4.49	Track and report on opportunities leased by members of the TP.	LDH/LHC	Quarterly

No.	Task/Activity	Owner	Target Completion Date
4.50	Evaluate opportunities offered and leased to determine if opportunities are being utilized by the TP, if there is a need for additional opportunities, and or if there are issues/barriers that need to be addressed.	LDH/LHC	Quarterly
4.51	Evaluate overall progress towards goals identified for the year revise housing plan if needed and address issues/concerns as they are identified.	LDH/LHC	Quarterly
4.52	LDH and LHC will continue meeting on a monthly basis to discuss progress and identify any additional housing opportunities.	LDH/LHC	Monthly

Case Management Services

No.	Task/Activity	Owner	Target Completion Date
4.53	Monitor community case management program to identify member enrollment, level of engagement, monitor timeliness of assessments and plans of care, adherence to reporting requirements, and to identify any health/safety concerns or unmet needs, on both an individual and systemic level through report reviews conducted on a monthly basis	OBH	Monthly
4.54	Conduct quality reviews of the CCMs to assess compliance with specific requirements included in the guide and to determine of plans of care are reflecting the assessment completed by the CCM.	OBH	October 2023
4.55	Evaluate the community case management program using data obtained from a variety of sources such as but not limited to SME service reviews and MCO reports.	OBH	December 2023
4.56	Provide evaluation results to the MCOs and require corrective actions to address any issues of noncompliance.	OBH	December 2023

Personal Care Services

No.	Task/Activity	Owner	Target Completion Date
4.57	Working with the MCOs to develop a standard monitoring strategy and reporting template that will allow for the reporting and review/analysis of consistent information across MCOs to ensure providers meet requirements specified in the provider manual.	OBH	March 2023
4.58	Review/analyze network adequacy reports submitted by the MCOs and work to address any gaps identified in the reports submitted.	OBH	Quarterly
4.59	Monitor service utilization.	OBH	Quarterly

Section 2.5: Quality Assurance and Continuous Improvement

Annual Implementation Plan focus: The activities during the next year will focus on the ongoing implementation of the quality assurance system required in section 8 of the agreement. The activities in this Section will complement the work outlined in Section 2.2 and continue with the development, analysis and changes to programs and policies based on these reports. In addition, this will include the development of critical management and public-facing reports using the data and reports that are generated through this effort. These efforts will include better utilization of the My Choice quality committee, Service Review Panel and more timely efforts to review mortalities by the Mortality Review Committee. The State will continue its efforts to utilize these reports to make the necessary changes to various policy and service strategies that will be necessary to address the issues identified in the Agreement.

This chart will detail the tasks for the next phase of the quality assurance and continuous improvement system development.

No.	Task/Activity	Owner	Target Completion Date
5.0	Continue to notify the SME and DOJ of mortalities utilizing the agreed upon mortality communication protocol.	OAAS/OBH	As identified
5.1	Finalize Revised Mortality Review Procedure-implement, track reviews and evaluate processes/procedures and timeliness to identify areas for improvement.	OAAS/OBH	January 2023
5.2	Complete Mortality Reviews for all individuals who died in Calendar Year 2022 or earlier.	OAAS/OBH	July 2023
5.3	Complete the second annual mortality report.	OAAS/OBH	July 2023
5.4	Draft Annual Quality Report.	OAAS/OBH	May 2023
5.5	Share and discuss annual quality report with stakeholders.	OAAS/OBH	July 2023
5.6	Publish Annual Quality Report.	OAAS/OBH	August 2023
5.7	Convene the My Choice Quality Resource Workgroup on a semi-annual basis. Additional members will be added as identified.	OAAS/OBH	Semi-annually
5.8	Review annual plan and other findings with My Choice Quality Resource Workgroup to discuss findings and address strategies.	OAAS/OBH	Semi-annually
5.9	Incorporate recommended strategies from My Choice Quality Resource Workgroup.	OAAS/OBH	Semi-annually
5.10	Continue to meet with the My Choice Quality Review Workgroup (internal cross-office group) to review quality matrix performance metrics, service review findings, and/or other measures at a minimum on a quarterly basis.	OAAS/OBH	At a minimum Quarterly
5.11	Based on internal review of measures, the workgroup will identify area(s) of focus and design/implement an approach for analyzing/developing strategies to remediate these areas.	OAAS/OBH	At a minimum Quarterly
5.12	Develop/Implement a tracking process to determine if the strategies implemented to address concerns identified through the quality assurance process had intended outcome.	OAAS/OBH	March 2023 / Ongoing
5.13	Revise the quality matrix as needed to incorporate new or revised elements.	OAAS/OBH	June 2023

No.	Task/Activity	Owner	Target Completion Date
5.14	Incorporate expanded CIR reporting being completed by CCM into the quality matrix and establish a schedule for the My Choice Quality Review Workgroup to review selected cases.	OAAS/OBH	Beginning April 2023
5.15	Evaluate current make-up and structure of the Service Review Panel.	OAAS	February 2023
5.16	Identify opportunities to enhance role of SRP related to My Choice activities.	OAAS	February 2023
5.17	Develop proposal based on opportunities identified to enhance SRP's role related to My Choice activities.	OAAS	March 2023
5.18	Implement proposed changes to SRP.	OAAS	April 2023

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

When developing the annual implementation plan, it was important for LDH to incorporate stakeholder input. This included both internal stakeholders (LDH offices) as well as external stakeholders and advocates that would be necessary to implement the plan (the Disability Rights, LGEs, and the LHA, and Medicaid and/or community providers).

Annual Implementation Plan focus: The main focus of the Annual Implementation plan period will be to continue to conduct broad stakeholder outreach to create continued awareness of the provisions of the Agreement, share progress on activities, and seek input related to various areas of work. During CY 2023, LDH will review and update the outreach plan incorporating strategies/recommendations from stakeholders. Additionally, LDH will evaluate current structures and make-up of committees to assure continued participation from a broad range of stakeholders. During CY 2022, LDH revised the in-reach plan to identify long-term options to engage with individuals on the Master List on an ongoing basis. During CY 2023, LDH will move forward with implementation of the long-term strategy for in-reach with continued use of peer specialists as required in the Agreement. Through this process the strategies will be evaluated to enhance in-reach efforts. These efforts will be monitored on a regular basis with modifications and adjustments occurring as opportunities for improvement are identified.

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

No.	Task/Activity	Owner	Target Completion Date
In-Reach			
6.0	Finalize revisions to in-reach contact form, which will include a mechanism for PIRS to identify and propose strategies for engaging those individuals that indicate they are not yet interested in transition.	OAAS/OBH	January 2023
6.1	Program revised in-reach contact form into SP.	OAAS/OBH	February 2023
6.2	Develop and provide training, conversation guides, and other written resources to all in-reach specialists to enhance their skills to ensure the provision of meaningful information about community options.	OAAS/OBH	March 2023 / Ongoing
6.3	Implement new in-reach contact form.	OAAS/OBH	March 2023

No.	Task/Activity	Owner	Target Completion Date
6.4	Develop and implement internal quality strategy/tool to evaluate, monitor, and enhance PIRS engagement activities.	OAAS/OBH	April 2023
6.5	Compile/discuss information regarding barriers identified and collected by the PIRS utilizing the new in-reach contact form during the monthly review of transition/in-reach activities.	OBH	Beginning April 2023/Monthly
6.6	Identify and implement strategies to overcome unresolved issues/barriers as identified during individual staffing meetings or post monthly review of in-reach activities.	OAAS/OBH	Monthly
6.7	Integrate barrier information into the quality matrix for review by cross office quality workgroup.	OAAS/OBH	May 2023
6.8	Incorporate review and referral of systemic issues/barriers collected by the PIRS into the SRP referral process discussed in task 1.25 and 1.26.	OBH	May 2023
6.9	Complete and track in-reach contacts for priority groups identified for 2023.	OBH	Monthly
6.10	Continue to track reasons individuals indicate they are undecided or not interested in transitioning and identify alternate engagement strategies for these individuals.	OBH	Monthly
6.11	Update Methodology for 2024 My Choice PIRS in-reach contacts evaluating the need for additional staff resources to ensure everyone on the ML gets in-reach at least annually.	OBH	September 2023
Outreach			
6.12	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 by developing and disseminating a quarterly newsletter.	Integration Coordinator	March 2023
6.13	Identify opportunities, such as, regional provider meetings, and invite transition coordinators and/or other My Choice representatives to participate in these meetings both to share information, brainstorm, and seek input regarding various activities.	OAAS/OBH	April 2023/ Ongoing
6.14	Continue to identify self-advocates or individuals with personal lived experience to participate in committees and recruit them to attend meetings, and/or conduct targeted outreach.	LDH workgroup	Ongoing
6.15	Identify and implement enhancements needed to the My Choice website.	Integration Coordinator	June 2023
6.16	In partnership with the stakeholders develop guidance regarding My Choice participants' rights.	OAAS/OBH	June 2023
6.17	In collaboration with a variety of stakeholders, brainstorm and identify strategies to create better awareness of the provisions of the Agreement to incorporate in the updated outreach plan.	OAAS/OBH	June 2023
6.18	Update Outreach plan to include strategies implemented to create better awareness of the provisions of the Agreement and actions taken by LDH to accomplish the goals of the Agreement.	OAAS/OBH	August 2023

No.	Task/Activity	Owner	Target Completion Date
6.19	Develop a schedule of outreach activities intended to provide public updates on implementation activities related to the DOJ Agreement including semi-annual updates and information regarding the Agreement.	OAAS/OBH	August 2023
Education			
6.20	Develop and distribute a single organized annual training schedule planned for 2023 for providers of critical services set forth in the Agreement.	OAAS/OBH	March 2023
6.21	Develop and distribute a 2024 annual training schedule for providers of critical services set forth in the Agreement.	OAAS/OBH	December 2023

Appendix – Acronyms

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

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

