



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

September 2019

Louisiana Developmental Disability Council Report

Update/Progress on Agency Initiatives

Louisiana Health Insurance Premium Payment (LaHIPP) Program

- Louisiana Department of Health (LDH) made changes to the LaHIPP program on April 20, 2019. LaHIPP is a post Medicaid eligibility program that reimburses the policy holder for monthly health insurance premiums and covers the out-of-pocket cost (co-pay, deductibles) for Medicaid members. Households with one or more Medicaid member(s) that are enrolled or have access to enroll in either employer sponsored insurance (ESI) or individual health insurance (IHI) may be considered for the program.
- LaHIPP eligibility is based solely on the cost effectiveness of the case. A case is deemed cost effective when the cost to Medicaid is less than the cost of participation in private health insurance. Cost effectiveness is calculated using the per member per month (PMPM) for MCO members or claims for FFS members, plan deductible, premiums, and wrap cost (co-pays, deductibles) of the Medicaid members. The case must be cost effective in order for LaHIPP to reimburse the health insurance premium.
- LaHIPP certifications are prospective and are effective the first day of the next month after the case is certified. The LaHIPP certification period is at least six to twelve months provided the case meets eligibility requirements. Annual reviews are conducted during the plan's open enrollment period.
- LaHIPP enrollees are fee-for-service Medicaid members and must follow program guidelines by accessing the plan's in-network providers or out-of-network provider if the plan covers out-of-network services. Additionally, the plan provider must be a fee-for-service Medicaid provider and submit secondary claims to Medicaid in order for Medicaid to cover out-of-pocket costs.

- The MCO will only cover behavioral health services and non-emergency medical transportation (NEMT) after a Medicaid member is enrolled in LaHIPP.
- On August 13, 2019 the Center for Medicare & Medicaid Services (CMS) approved LA SPA TIN 19-0016 Louisiana Health Insurance Premium Payment Program-Cost Effectiveness Formula. The state will process fee-for-service and managed care members receiving waiver and Chisholm services beginning in October.

Permanent Supportive Housing Services

- The Office of Aging and Adult Services (OAAS), Office for Citizens with Developmental Disabilities (OCDD) and Office of Behavioral Health (OBH) continue to assist participants to transition into Permanent Supportive Housing. There are currently 4,697 individuals being served and 2,739 households providing Permanent Supportive Housing. A total of 7,075 individuals have been served since the beginning of the program.

Money Follows the Person

- Since the fall of 2009 through year-to-date (as of August 2019), approximately 3,001 individuals have transitioned through the Money Follows the Person (MFP) program in OAAS and OCDD from qualified institutions (hospitals, nursing facilities, and supports and services centers), with 412 individuals having transitioned in CY 2018. 163 individuals have transitioned so far in CY 2019. MFP continues to break barriers and exceed existing benchmarks.
- On January 25, 2019, the Medicaid Extenders Act of 2019, a bill that includes short-term funding for the Money Follows the Person program, became law. Participants can now transition through MFP through CY 2019, which was extended from December 31, 2018. On February 28, 2019, Congress introduced two reauthorization bills, H.R.1342 and S.548, through the Empower Care Act to extend the MFP program for five additional years. On August 6, 2019, the President signed into law H.R. 3253 referred to as the Sustaining Excellence in Medicaid Act of 2019 (Public Law 116-39). This is the third short-term extension of the MFP demonstration that Congress has passed this year, bringing the total short-term funding amount to \$254.5M. Over the past several years, Congress has presented bills that would provide a longer reauthorization of the program. Currently, MFP reauthorization bills are under review in Congress.

Self-Direction

- There are currently 1,373 individuals participating in the self-direction option as of 7/31/2019.
- LDH has formed a Self-Direction Stakeholder group; meetings were held on July 10th, September 11th, and November 13th in 2018, and on February 14th and June 24th in 2019 to date. The next meeting will be held in September 2019.

- LDH released a Request for Proposals (RFP) for the Fiscal/Employer Agent services on April 2, 2019. The evaluation and scoring process of proposals received was completed at the end of May. LDH awarded contracts to both Acumen Fiscal Agent and Morning Sun Financial Management. All participants will have the choice to remain with Acumen or switch to Morning Sun with an anticipated start date of January 2020. An announcement was sent out to all self-direction participants notifying of this change in August.
- Acumen and Morning Sun conducted a statewide tour with presentations on each vendor the week of September 23 – September 27, 2019.
- Self-direction participants will have the ability to switch F/EA before the start of each quarter (4x per year) This is restricted for tax filing purposes.
- For those wishing to stay with Acumen, no action is needed. For those choosing to switch to Morning Sun, a new employer and employee packet must be completed. Contact your Support Coordinators for the packets.
- Timeline:
 - **November 1 – November 30, 2019:** Anticipated testing period for Morning Sun's system – as the new vendor, Morning Sun is preparing its system to incorporate electronic visit verification (EVV).
 - **December:** Enrollment with Morning Sun & system adjustments
 - **January 2020:** Anticipated first payroll check for Morning Sun
 - NOTE: LDH will adjust the start date to April 1, 2020 if system testing reveals the need for additional programming time to ensure payments process properly.

Electronic Visit Verification

- LDH and its contractor SRI have trained and worked with providers statewide to implement in-home electronic visit verification (EVV) to ensure Louisiana complies with requirements listed in the Cures Act. LDH required providers to implement EVV for in-home personal care services (PCS) by 2/19/18.
- All providers are reporting services through electronic visit verification to some extent; however, work has now shifted to focus on minimizing manual entry of services. LDH issued a memo to providers on 3/20/19 detailing how compliance (specifically the degree of usage) will be monitored going forward and the expectations around proper use of EVV.

Support Coordination/Case Management for Waivers

- Effective 4/1/19, support coordination agencies serving waiver participants began using EVV to report all required monthly contacts.

Self-Direction

- The Fiscal/Employer Agent (FEA) issued training materials and began hosting one-on-one and group training events in late 2018 in preparation for the transition to EVV. LDH required self-direction employers and employees to use EVV to report services effective 4/1/19. Currently, more than 90% of all self-direction employers and employees are utilizing EVV. LDH and Acumen are continuing to reach out to those who have not yet adopted EVV to offer additional technical assistance and training.

EPSDT Personal Care Services

- EPSDT PCS providers will be the final population to implement EVV by the 1/1/20 federal deadline for PCS. Both fee-for-service and managed care providers will be required to use EVV to report services and LDH by 1/1/20. An informational bulletin for both fee-for-service and managed care providers will be issued in early October alongside a Health Plan Advisory for the managed care organizations with additional information. The informational bulletin will also be posted to the DXC provider portal at lamedicaid.com.

- **Long-Term Supports and Services Incident Management System**

- LDH procured a contract through the competitive bid process to replace the outdated, isolated and unsupported incident management system (OTIS) with a system that allows OAAS, OCDD, Health Standards Section (HSS), direct service providers, support coordinators, nursing homes, and workers of intermediate care facilities for individuals with intellectual disabilities (ICF/IID) to use a single incident management system. The new system allows for a consolidated, consistent reporting and analytics mechanism in addition to real-time data sharing among agencies. This was aimed at improving response times, programmatic assessment, strategic planning and compliance with Centers for Medicare and Medicaid Services' (CMS) assurances while aiding in resolving incidents more efficiently to prevent further similar incidents.
- The implementation phase schedule of the new system is detailed in the table below:

Phase	Implementation Date	Group	LDH Region
1	April 15, 2019	Adult Protective Services (APS) Villa and Pinecrest	Statewide
		Nursing homes and ICF-IIDs	Region 3

2	May 6, 2019	OAAS and OCDD waivers	Regions 3 and 5
		Nursing homes and ICF-IIDs	Regions 5 and 6
3	May 27, 2019	OAAS and OCDD waivers	Regions 6 and 8
		Nursing homes and ICF-IIDs	Regions 8 and 9
4	June 17, 2019	OAAS and OCDD waivers	Regions 1, 2, 9, 10
		Nursing homes and ICF-IIDs	Regions 1 and 2
5	July 8, 2019	OAAS and OCDD waivers, Nursing homes and ICF-IIDs	Regions 4 and 7
6	September 2019 (tentative)	ELMS and Central	Statewide

Behavioral Health

- The Statewide Coordinated System of Care (CSoC) waiver enrollment totaled 2,331 as of 8/16/2019.

Region/Parish	Participant Count
Region 1 (Jefferson/Orleans area)	322
Region 2 (Capital area)	239
Region 3 (Covington area)	313
Region 4 (Thibodeaux area)	284
Region 5 (Lafayette area)	200
Region 6 (Lake Charles area)	182
Region 7 (Alexandria area)	185
Region 8 (Shreveport area)	206
Region 9 (Monroe area)	400
Total	2,331

*This data includes all children presumptively eligible and enrolled in 1915 b(3)/(c) waivers.

Network Adequacy Report 2019 QTR 2 (April-June):

All Plans								
DHH Administrative Regions	*Addiction Outpatient	BH Rehabilitation	Crisis Stabilization	*Outpatient Therapy	Psychiatric Inpatient	Residential	Family Support Organizations	Total
Region 1 & 10 : Greater NO Area & Jefferson Parish	130	428	0	2,438	63	50	0	3,109
Region 2 : Capital Area	100	286	0	1,307	58	64	0	1,815
Region 3 : South Central LA	39	78	0	543	32	11	0	703
Region 4 : Acadiana	66	136	0	714	78	34	0	1,028
Region 5 : Southwest LA	40	85	0	385	42	18	0	570
Region 6 : Central LA	62	120	0	542	34	29	0	787
Region 7 : Northwest LA	52	264	1	940	36	20	0	1,313
Region 8 : Northeast LA	93	231	0	832	40	39	0	1,235
Region 9 : Northshore Area	51	138	0	848	30	13	0	1,080
Out of State	0	0	0	0	0	0	0	0
Grand Total	640	1,768	1	7,890	412	278	0	10,989
**Grand Total consist of the sum of all providers from each plan, which may include duplicates.								
PLAN 1: AmeriHealth Caritas Louisiana (ACLA)								
DHH Administrative Regions	*Addiction Outpatient	BH Rehabilitation	Crisis Stabilization	*Outpatient Therapy	Psychiatric Inpatient	Residential	Family Support Organizations	Total
Region 1 & 10 : Greater NO Area & Jefferson Parish	28	96	0	733	12	11	0	880
Region 2 : Capital Area	23	62	0	428	13	12	0	538
Region 3 : South Central LA	8	15	0	184	4	2	0	213
Region 4 : Acadiana	12	28	0	187	20	4	0	251
Region 5 : Southwest LA	10	16	0	127	8	4	0	165
Region 6 : Central LA	10	27	0	202	8	8	0	255
Region 7 : Northwest LA	8	59	0	307	8	4	0	386
Region 8 : Northeast LA	22	48	0	243	10	10	0	333
Region 9 : Northshore Area	7	28	0	276	5	3	0	319
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	124	379	0	2,249	88	58	0	2,898
PLAN 2: AETNA BETTER HEALTH OF LOUISIANA								
DHH Administrative Regions	*Addiction Outpatient	BH Rehabilitation	Crisis Stabilization	*Outpatient Therapy	Psychiatric Inpatient	Residential	Family Support Organizations	Total
Region 1 & 10 : Greater NO Area & Jefferson Parish	10	56	0	66	9	3	0	144
Region 2 : Capital Area	9	34	0	46	5	6	0	100
Region 3 : South Central LA	8	16	0	32	4	2	0	62
Region 4 : Acadiana	9	19	0	33	12	3	0	76
Region 5 : Southwest LA	4	10	0	14	8	1	0	37
Region 6 : Central LA	10	19	0	25	5	2	0	61
Region 7 : Northwest LA	8	41	1	42	6	3	0	101
Region 8 : Northeast LA	8	26	0	42	2	3	0	81
Region 9 : Northshore Area	10	20	0	29	3	3	0	65
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	76	241	1	326	54	26	0	724
PLAN 3: Healthy Blue Louisiana								
DHH Administrative Regions	*Addiction Outpatient	BH Rehabilitation	Crisis Stabilization	*Outpatient Therapy	Psychiatric Inpatient	Residential	Family Support Organizations	Total
Region 1 & 10 : Greater NO Area & Jefferson Parish	26	110	0	549	10	8	0	703
Region 2 : Capital Area	19	77	0	276	13	11	0	396
Region 3 : South Central LA	8	19	0	128	6	2	0	163
Region 4 : Acadiana	10	29	0	145	11	7	0	202
Region 5 : Southwest LA	5	22	0	101	9	3	0	140
Region 6 : Central LA	6	24	0	125	6	6	0	167
Region 7 : Northwest LA	8	69	0	194	6	3	0	280
Region 8 : Northeast LA	16	59	0	219	9	8	0	311
Region 9 : Northshore Area	8	30	0	182	6	2	0	228
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	94	441	0	1,861	76	50	0	2,522

PLAN 4 : LOUISIANA HEALTHCARE CONNECTION								
DHH Administrative Regions	*Addiction Outpatient	BH Rehabilitation	Crisis Stabilization	*Outpatient Therapy	Psychiatric Inpatient	Residential	Family Support Organizations	Total
Region 1 & 10 : Greater NO Area & Jefferson Parish	18	72	0	368	14	10	0	482
Region 2 : Capital Area	18	53	0	220	10	14	0	315
Region 3 : South Central LA	5	13	0	71	7	2	0	98
Region 4 : Acadiana	8	20	0	140	13	9	0	190
Region 5 : Southwest LA	7	15	0	73	7	4	0	106
Region 6 : Central LA	8	16	0	79	7	5	0	115
Region 7 : Northwest LA	7	40	0	165	8	5	0	225
Region 8 : Northeast LA	18	38	0	141	8	11	0	216
Region 9 : Northshore Area	7	21	0	122	6	3	0	159
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	96	288	0	1,358	80	63	0	1,885
PLAN 5 : UNITED HEALTHCARE OF LOUISIANA								
DHH Administrative Regions	*Addiction Outpatient	BH Rehabilitation	Crisis Stabilization	*Outpatient Therapy	Psychiatric Inpatient	Residential	Family Support Organizations	Total
Region 1 & 10 : Greater NO Area & Jefferson Parish	48	94	0	722	18	18	0	900
Region 2 : Capital Area	54	60	0	337	17	21	0	489
Region 3 : South Central LA	10	15	0	128	10	3	0	166
Region 4 : Acadiana	27	40	0	209	22	11	0	309
Region 5 : Southwest LA	14	22	0	87	10	6	0	139
Region 6 : Central LA	28	34	0	111	8	8	0	189
Region 7 : Northwest LA	21	55	0	232	8	5	0	321
Region 8 : Northeast LA	29	60	0	187	11	7	0	294
Region 9 : Northshore Area	19	39	0	239	10	2	0	309
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	250	419	0	2,096	114	81	0	2,960
Source: 328 Detail Report								
Note: Provider Type: *=Individuals - Data is run by NPI#; Agency - Data is run by Service Address								
*Indicates combination of data being run by NPI# and Service Address								
Roster Staff is excluded from "Outpatient Therapy"								

Applied Behavior Analysis-Based Therapy Services

- Applied Behavior Analysis (ABA) therapy was carved in to the managed care delivery system on 2/1/18. Below is a summary of ABA utilization in July 2019.

July 2019 Chisholm MCO Reporting Data

	ACLA	AETNA	HB	LHCC	UHC	TOTALS
Number of CCMs with ASD	464	197	278	569	374	1,882
Number of PAs Requested for CCMs with ASD	12	6	13	35	15	81
Number of PAs approved for CCMs with ASD	12	5	12	35	15	79
Number of PAs denied	0	0	1	0	0	1
Claims Paid for CCMs with ASD	\$190,419	\$51,930	\$130,438	\$1,652,384	\$232,289	\$2,257,460
Enrolled Provider Groups	53	60	85	75	59	
Total licensed BCBAs	206	236	209	473	440	

PA = Prior Authorization

CCMs = Chisholm Class Members

ASD = Autism Spectrum Disorder

BCBA = Board Certified Behavior Analyst