



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

June 2020

Louisiana Developmental Disability Council Report

Update/Progress on Agency Initiatives

Act 421 Implementation and Timeline

Act 421 of the 2019 Legislative Session mandates that the Department implement a Tax Equity & Fiscal Responsibility Act (TEFRA) option under the Medicaid program. Briefly, TEFRA allows disregard of parental income for children with disabilities who meet institutional level-of-care requirements, thus allowing the child with disabilities to receive Medicaid coverage. Act 421 requires submission of necessary documents to the federal Centers for Medicare and Medicaid Services (CMS) on or before June 1, 2020. CMS approval is required in order to implement Act 421 coverage within Louisiana Medicaid. To clarify, Act 421 did not require that the program start on June 1, 2020, but rather, that the Department submit its proposal to CMS.

Since passage of Act 421, LDH has worked internally across program offices and with external partners and stakeholders to develop a model for a TEFRA or TEFRA-like program in Louisiana. This modeling involved, among other things, estimating the size of the eligible population and the average annual cost of state plan services for Act 421 members. These models have required continual refinement. Because it is a new eligibility group, at least a portion of the anticipated population is currently untracked by the Department, leading to uncertainty as to size of the population; likewise, the Department has worked to find suitable analogs among existing programs for projecting per-member expenditures.

After consideration of numerous models, consultation with the legislative authors and stakeholder outreach, LDH has determined that Act 421 is best implemented as an 1115 demonstration waiver, implemented jointly by Medicaid and the Office for Citizens with Development Disabilities (OCDD) within LDH. An 1115 demonstration allows the Department the flexibility to:

- Maximize spending on the services stakeholders most want, specifically, Medicaid state plan services;
- Cap enrollment and, therefore, control expenditures—the Department will be requesting CMS approval to tie its demonstration waiver expenditures to the amount appropriated by the legislature;
- Implement a prioritization for services based on recent/frequent institutionalization, as advocated for by stakeholders;
- Monitor all aspects of the Act 421 program as it is implemented and make adjustments in out-years to provide services to more people or to control costs. This allows LDH to tweak the program where its projections may have been over or understated, and to evaluate the potential effects of private insurance, among other factors, on cost.

LDH requested \$13.6 million to fund the Act 421 program in the FY 2021 Executive Budget. This amount represents some ramp-up costs and an anticipated service delivery beginning January 1, 2021, based on a submission to CMS on June 1, 2020, as required by the Act. However, the submission timeline has changed due to COVID-19.

Effects of COVID-19 on Act 421 Implementation

The COVID-19 public health emergency (PHE) presented significant barriers to meeting the June 1, 2020 submission deadline. LDH staff resources have been wholly diverted to meet the demands of the PHE including emergency support function deployments and ongoing efforts to stabilize care and operations through necessary emergency waivers with CMS to provide supports to our members, the home and community-based services (HCBS) community, and all providers. Further, the PHE has required resources from the Department's contractors and partners—most notably the actuaries who were working with Medicaid staff to develop the crucial budget neutrality section of the 1115 demonstration waiver and to produce a per member, per month (PMPM) managed care rate for the new eligibility group. Likewise, SRI, Inc. which is LDH's contractor for various functions related to waiver services, has been diverted to assist with revisions to prior authorizations and other changes necessitated to serve HCBS waiver recipients relative to COVID-19. LDH staff and contractors whose expertise will be required in order to produce necessary changes in LaMEDS and other key Medicaid systems are also implementing and testing changes related to COVID-19, and will be heavily involved in undoing those changes once the PHE is over.

Further complicating submission, CMS staff and resources are also taxed during this time. Soon after the COVID-19 emergency declaration, CMS staff began canceling non-COVID related meetings with LDH personnel in order to attend to the public health emergency. The same staff within CMS that would process the Act 421 1115 demonstration waiver request are also managing 1115 emergency waivers related to COVID-19, which are understandably prioritized.

In addition, 1115 demonstration waivers are subject to strict transparency requirements, including a requirement at 24 C.F.R. § 431.408(a)(3) for at least two public hearings 20 days prior to submission. The hearings must be held on separate dates in separate locations. Twenty days prior to June 1 was May 12, 2020, prior to the expiration of the governor's stay-home order. We were concerned that two entirely virtual hearings will not be sufficient to meet the regulatory requirement of statewide accessibility to the public. Most importantly, any public gathering would potentially put the Act 421 stakeholder families, many of which include medically fragile or immunocompromised children, at risk.

For these reasons, LDH was unable to submit its proposal to CMS by June 1, 2020. The Department hopes instead to submit its proposal to CMS as early as September 1, 2020, with a requested implementation date of January 1, 2021. LDH is committed to its obligations under Act 421 and to the families it serves, and will work diligently and as expeditiously as possible. To that end, the Department has prepared a presentation on current Act 421 program design for the Developmental Disabilities Council for the July 2020 meeting.

Louisiana Health Insurance Premium Payment (LaHIPP) Program

- 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. 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.
- Waiver recipients began to be eligible for this program in December 2019. Since that time, the following counts of enrollments have occurred:

| Waiver | Enrollment Count/Cases |
|----------------------------|------------------------|
| Children's Choice Waiver | 25 |
| Supports Waiver | 7 |
| New Opportunities Waiver | 37 |
| Residential Options Waiver | 2 |

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 4,584 individuals being served and 2,681 households providing Permanent Supportive Housing. A total of 7,399 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 June 8 2020), approximately 3,207 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 and 274 individuals transitioned in CY 2019. So far in 2020, there have been 93 individuals to transition. MFP continues to break barriers.

- On November 20, 2019, CMS notified states that participants can now transition through MFP through CY 2020 (December 31, 2020), based on available funding. 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 1,548 individuals participating in the self-direction option as of 4/30/2020. April 2020, Acumen Fiscal Agent conducted a Participant/Employer Satisfaction survey via email and ground mail.
- 92.22% of the respondents indicated they would recommend Acumen's services to a friend or colleague.
- All participants new to Self-Direction have the 'Freedom of Choice' to select either Acumen Fiscal Agent or Morning Sun.
- Self-Direction participants may change fiscal employer agencies for dates of service at the beginning of the calendar quarter. This is to keep tax reporting clear.
- As of April 2020, Morning Sun provided fiscal services to 23 Participants/Employers (OAAS/OCDD).
- All participants were given the choice to remain with Acumen or switch to Morning Sun starting in December 2019 to account for the lead time needed for timekeeping to allow for payments to begin in January.

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. 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. At this time approximately 6% of providers are meeting our benchmark of 80% EVV input.

Self-Direction

Currently, more than 95% of all self-direction employers and employees are utilizing EVV.

EPSDT Personal Care Services

EPSDT PCS providers will be the final population to implement EVV. Both fee-for-service and managed care providers will be required to use EVV to report services and LDH is actively working to implement in 2020.

Behavioral Health

- The Statewide Coordinated System of Care (CSoC) waiver enrollment totaled 2,332 as of 5/29/20.

| Region/Parish | Participant Count |
|-----------------------------------|-------------------|
| Region 1 (Jefferson/Orleans area) | 338 |
| Region 2 (Capital area) | 257 |
| Region 3 (Covington area) | 297 |
| Region 4 (Thibodeaux area) | 262 |
| Region 5 (Lafayette area) | 218 |
| Region 6 (Lake Charles area) | 182 |
| Region 7 (Alexandria area) | 191 |
| Region 8 (Shreveport area) | 197 |
| Region 9 (Monroe area) | 390 |
| Total | 2,332 |

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

Behavioral Health Network Adequacy Report 2020 Q1 (January-March)**All Plans**

| LDH 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 | 100 | 455 | 0 | 2,197 | 68 | 80 | 0 | 2,900 |
| Region 2: Capital Area | 125 | 216 | 0 | 1,039 | 66 | 69 | 0 | 1,515 |
| Region 3: South Central LA | 40 | 86 | 0 | 523 | 34 | 18 | 0 | 701 |
| Region 4: Acadiana | 57 | 144 | 0 | 605 | 77 | 37 | 0 | 920 |
| Region 5: Southwest LA | 37 | 90 | 0 | 458 | 47 | 21 | 0 | 653 |
| Region 6: Central LA | 48 | 131 | 0 | 645 | 37 | 26 | 0 | 887 |
| Region 7: Northwest LA | 55 | 285 | 1 | 792 | 34 | 26 | 0 | 1,193 |
| Region 8: Northeast LA | 96 | 260 | 0 | 919 | 39 | 50 | 0 | 1,364 |
| Region 9: Northshore | 50 | 137 | 0 | 829 | 31 | 13 | 0 | 1,060 |

| Area | | | | | | | | |
|--------------|-----|-------|---|-------|-----|-----|---|--------|
| Out of State | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Grand Total | 596 | 1,877 | 1 | 7,373 | 433 | 352 | 0 | 10,632 |

*Indicates combination of data being run by NPI# and Service Address (Individual practitioner counts are obtained by NPI and agency/facility data is obtained by Service Address

**Grand Total consists of the sum of all providers from each plan, which may include duplicates.

PLAN 1 : AmeriHealth Caritas Louisiana (ACLA)

| LDH 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 | 23 | 116 | 0 | 735 | 19 | 13 | 0 | 906 |
| Region 2: Capital Area | 28 | 75 | 0 | 344 | 15 | 12 | 0 | 474 |
| Region 3: South Central LA | 10 | 24 | 0 | 146 | 8 | 2 | 0 | 190 |
| Region 4: Acadiana | 12 | 33 | 0 | 161 | 22 | 3 | 0 | 231 |
| Region 5: Southwest LA | 8 | 20 | 0 | 111 | 10 | 3 | 0 | 152 |
| Region 6: Central LA | 10 | 33 | 0 | 156 | 10 | 9 | 0 | 218 |
| Region 7: Northwest LA | 12 | 65 | 0 | 227 | 7 | 4 | 0 | 315 |
| Region 8: Northeast LA | 20 | 63 | 0 | 215 | 11 | 12 | 0 | 321 |
| Region 9: Northshore Area | 9 | 30 | 0 | 292 | 9 | 1 | 0 | 341 |
| Out of State | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unduplicated Grand Total | 132 | 459 | 0 | 1,997 | 111 | 59 | 0 | 2,758 |

*Indicates combination of data being run by NPI# and Service Address (Individual practitioner counts are obtained by NPI and agency/facility data is obtained by Service Address)

PLAN 2 : AETNA BETTER HEALTH OF LOUISIANA

| LDH 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 | 17 | 84 | 0 | 94 | 10 | 18 | 0 | 223 |
| Region 2: Capital Area | 22 | 53 | 0 | 61 | 5 | 12 | 0 | 153 |
| Region 3: South Central LA | 8 | 18 | 0 | 35 | 4 | 6 | 0 | 71 |
| Region 4: Acadiana | 14 | 23 | 0 | 37 | 12 | 16 | 0 | 102 |
| Region 5: Southwest LA | 9 | 14 | 0 | 19 | 8 | 10 | 0 | 60 |
| Region 6: Central LA | 10 | 24 | 0 | 31 | 4 | 8 | 0 | 77 |
| Region 7: Northwest LA | 9 | 61 | 1 | 59 | 5 | 8 | 0 | 143 |
| Region 8: Northeast LA | 21 | 42 | 0 | 57 | 2 | 8 | 0 | 130 |
| Region 9: Northshore Area | 9 | 23 | 0 | 37 | 4 | 5 | 0 | 78 |
| Out of State | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unduplicated Grand Total | 119 | 342 | 1 | 430 | 54 | 91 | 0 | 1,037 |

*Indicates combination of data being run by NPI# and Service Address (Individual practitioner counts are obtained by NPI and agency/facility data is obtained by Service Address)

PLAN 3 : Healthy Blue Louisiana

| LDH 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 | 24 | 97 | 0 | 411 | 10 | 9 | 0 | 551 |
| Region 2: Capital Area | 23 | 61 | 0 | 181 | 14 | 8 | 0 | 287 |
| Region 3: South Central LA | 8 | 17 | 0 | 174 | 6 | 2 | 0 | 207 |
| Region 4: Acadiana | 10 | 26 | 0 | 90 | 11 | 5 | 0 | 142 |
| Region 5: Southwest LA | 6 | 16 | 0 | 175 | 9 | 2 | 0 | 208 |
| Region 6: Central LA | 6 | 23 | 0 | 246 | 6 | 5 | 0 | 286 |
| Region 7: Northwest LA | 9 | 64 | 0 | 212 | 6 | 3 | 0 | 294 |
| Region 8: Northeast LA | 17 | 54 | 0 | 347 | 7 | 7 | 0 | 432 |
| Region 9: Northshore Area | 9 | 28 | 0 | 121 | 4 | 0 | 0 | 162 |
| Out of State | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unduplicated Grand Total | 111 | 386 | 0 | 1,963 | 73 | 41 | 0 | 2,574 |

*Indicates combination of data being run by NPI# and Service Address (Individual practitioner counts are obtained by NPI and agency/facility data is obtained by Service Address)

PLAN 4 : LOUISIANA HEALTHCARE CONNECTION

| LDH 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 | 21 | 84 | 0 | 315 | 11 | 16 | 0 | 447 |
| Region 2: Capital Area | 23 | 53 | 0 | 154 | 11 | 14 | 0 | 255 |
| Region 3: South Central LA | 6 | 16 | 0 | 64 | 7 | 2 | 0 | 95 |
| Region 4: Acadiana | 9 | 29 | 0 | 135 | 13 | 5 | 0 | 191 |
| Region 5: Southwest LA | 7 | 22 | 0 | 65 | 7 | 3 | 0 | 104 |
| Region 6: Central LA | 11 | 26 | 0 | 121 | 7 | 9 | 0 | 174 |
| Region 7: Northwest LA | 8 | 55 | 0 | 99 | 8 | 3 | 0 | 173 |
| Region 8: Northeast LA | 21 | 50 | 0 | 142 | 7 | 14 | 0 | 234 |
| Region 9: Northshore Area | 13 | 30 | 0 | 159 | 5 | 2 | 0 | 209 |
| Out of State | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unduplicated Grand Total | 113 | 365 | 0 | 1,156 | 76 | 68 | 0 | 1,778 |

*Indicates combination of data being run by NPI# and Service Address (Individual practitioner counts are obtained by NPI and agency/facility data is obtained by Service Address)

PLAN 5 : UNITED HEALTHCARE OF LOUISIANA

| LDH 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 | 15 | 74 | 0 | 642 | 18 | 24 | 0 | 773 |
| Region 2: Capital Area | 29 | 47 | 0 | 299 | 21 | 22 | 0 | 418 |
| Region 3: South Central LA | 8 | 11 | 0 | 104 | 9 | 6 | 0 | 138 |
| Region 4: Acadiana | 12 | 33 | 0 | 182 | 19 | 8 | 0 | 254 |
| Region 5: Southwest LA | 14 | 18 | 0 | 88 | 13 | 8 | 0 | 141 |
| Region 6: Central LA | 11 | 25 | 0 | 91 | 10 | 4 | 0 | 141 |
| Region 7: Northwest LA | 8 | 40 | 0 | 195 | 8 | 7 | 0 | 258 |
| Region 8: Northeast LA | 17 | 51 | 0 | 158 | 12 | 9 | 0 | 247 |
| Region 9: Northshore Area | 10 | 26 | 0 | 220 | 9 | 5 | 0 | 270 |
| Out of State | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unduplicated Grand Total | 121 | 325 | 0 | 1,827 | 119 | 93 | 0 | 2,485 |

*Indicates combination of data being run by NPI# and Service Address (Individual practitioner counts are obtained by NPI and agency/facility data is obtained by Service Address)

Source: 328 Behavioral Health Provider Network Detail Report

NOTE: MCO data is submitted by the 30th following the reporting period, i.e., Q1 data is due for submission on April 30th.

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 April 2020.

October 2019 Chisholm MCO Reporting Data

| | ACLA | AETNA | HB | LHCC | UHC | TOTALS |
|---|-----------|----------|----------|-----------|-----------|--------------------|
| Number of CCMs with ASD | 506 | 199 | 329 | 612 | 439 | 2,085 |
| Number of PAs Requested for CCMs with ASD | 19 | 3 | 15 | 120 | 12 | 169 |
| Number of PAs approved for CCMs with ASD | 19 | 3 | 15 | 120 | 12 | 169 |
| Number of PAs denied | 0 | 0 | 0 | 0 | 0 | 0 |
| Claims Paid for CCMs with ASD | \$111,352 | \$32,936 | \$32,693 | \$532,107 | \$548,760 | \$1,257,848 |
| Enrolled Provider Groups | 65 | 72 | 85 | 78 | 69 | |
| Total licensed BCBA's | 240 | 295 | 209 | 367 | 222 | |

PA = Prior Authorization

CCMs = Chisholm Class Members

ASD = Autism Spectrum Disorder

BCBA = Board Certified Behavior Analyst