



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

January 2021

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). LDH submitted the waiver application on September 1, 2020, which was delayed due to COVID response.

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-like program in Louisiana. This modeling involved, among other things, estimating the size of the eligible population and the average annual cost of 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 the overall size of the new population; likewise, the Department has worked to find suitable analogs among existing programs for projecting costs.

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.

For FY 22, LDH requested annualizing the \$13.6 million funded in the FY 2021 Executive Budget for a total annual budget of \$27.2 million. This will be reviewed for inclusion in the FY 22 Executive Budget. LDH has not yet received approval from CMS as of December 2020, so the program will not begin on January 1, 2021 as originally planned. We are now planning for an April 1, 2021 start date, though this date will again depend on CMS approving the waiver by this time. We have had numerous communications with CMS since the submission of the waiver on September 1, and it is our understanding that CMS is working toward a decision on the demonstration application early in the new year. As such, **LDH is cautiously optimistic that we will meet our new April 1, 2021 target.**

We continue the work on systems, policies, and procedures necessary to begin enrollment in the program once CMS approval is received.

The written presentation, initial draft application, and final application are all available for review at www.ldh.la.gov/Act421.

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 4,704 individuals being served and 2,778 households providing Permanent Supportive Housing. A total of 7,667 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 September 2020), approximately 3,287 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 275 individuals transitioned in CY 2019. So far 174 individuals have transitioned in CY 2020. While the COVID-19 public health emergency and limited staff presented its challenges, MFP has continued to break barriers. Of the 42 states still participating, Louisiana remains one of the top 5 states for transitions and among those with the highest cumulative transitions to date since the inception of the program.

Over the past several years, Congress continues to introduce bills that would provide longer reauthorization of the program. Currently, MFP reauthorization bills are under review in Congress. On November 20, 2019, CMS notified states that participants could transition through MFP through CY 2020 (December 31, 2020), based on available funding. On September 23, 2020, CMS announced a supplemental funding opportunity available to the 33 MFP demonstration states that are still currently operating MFP funded transition programs. Under this supplemental funding opportunity, up to \$5 million in MFP grant funds is being made available to each eligible state for planning and capacity building activities to accelerate LTSS system transformation design and implementation and to expand HCBS capacity. Eligible states can submit supplemental budget requests under this funding opportunity on a rolling basis through June 30, 2021. Consistent with all MFP grant awards, funds will be available for the federal fiscal year in which it was awarded and four additional fiscal years. States are awaiting instructions from CMS on how and when to apply.

Self-Direction

- There are currently 1,687 individuals participating in the self-direction option as of 11/30/2020.
- All participants new to Self-Direction are given 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.
- As of November 30, 2020, Morning Sun provided fiscal services to 67 Participants/Employers (OAAS/OCDD).
- A statewide stakeholder meeting was held on November 13, 2020.

Electronic Visit Verification

LDH and its contractor SRI continues to train and work with providers statewide to for in-home electronic visit verification (EVV) to ensure Louisiana complies with requirements listed in the Cures Act. Ongoing technical assistance is provided as needed. All providers are reporting services through electronic visit verification. 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 93% of providers are meeting the state benchmark of 80% EVV input.

Self-Direction

The state began requiring self-direction employers/employees to begin electronically entering time effective 1/1/2019. The state's fiscal employer agent contractor hosts an EVV module where employers/employees could utilize two options for reporting services/entering time: 1) a web-based portal requiring dual verification by both employer and employee and 2) a mobile app which records clock-in/out times and GPS. CMS released guidance in August of 2019 stating that option #1 (e.g. web-based portal using dual verification) is not permissible under the Cures Act. Currently, 86% of self-direction employers/employees report services utilizing this mechanism. In addition to the mobile app solution the state has identified alternative Cures compliant solutions 1) Telephony – clock in and clout out is done in real time and the number used needs to be the phone number on file with the participant 2) FOB Device – a fixed device that generates new codes at the press a button used to clock in and clock out. LDH has discussed the alternative solutions with stakeholders and received feedback in order to successfully transition from the use of the web-based portal option. These options are currently being reviewed for possible implementation.

EPSDT Personal Care Services (PCS)

EPSDT PCS providers are in the process of implementing EVV. Both fee-for-service and managed care providers are required to use EVV to report services as of October 1, 2020. Initially, compliance monitoring will review to ensure EPSDT provider are using the LaSRS EVV system. As with waiver in-home providers, the state will then phase in compliance percentages.

Behavioral Health

The Statewide Coordinated System of Care (CSoC) waiver enrollment totaled 2,296 as of 12/4/2020.
 *This data includes all children presumptively eligible and enrolled in 1915 b(3)/(c) waivers.

Region/Parish	Participant Count
Region 1 (Jefferson/Orleans area)	357
Region 2 (Capital area)	273
Region 3 (Covington area)	268
Region 4 (Thibodeaux area)	255
Region 5 (Lafayette area)	219
Region 6 (Lake Charles area)	160
Region 7 (Alexandria area)	172
Region 8 (Shreveport area)	216
Region 9 (Monroe area)	376
Total	2,296

Behavioral Health Network Adequacy Report 2020 Q3 (July - September)

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	96	400	0	2,995	59	68	0	3,618
Region 2 : Capital Area	108	258	0	1,165	49	61	0	1,641
Region 3 : South Central LA	35	72	0	450	41	11	0	609
Region 4 : Acadiana	53	131	0	762	53	33	0	1,032
Region 5 : Southwest LA	38	82	0	447	60	19	0	646
Region 6 : Central LA	35	114	0	569	39	27	0	784
Region 7 : Northwest LA	35	266	0	869	33	19	0	1,222
Region 8 : Northeast LA	82	240	0	807	35	59	0	1,223
Region 9 : Northshore Area	40	123	0	874	31	13	0	1,081
Out of State	0	0	0	0	0	0	0	0
Grand Total	530	1,689	0	7,917	392	310	0	10,838

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

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"

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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	16	84	0	573	17	15	0	705
Region 2 : Capital Area	23	54	0	238	10	10	0	335
Region 3 : South Central LA	8	18	0	92	15	2	0	135
Region 4 : Acadiana	13	24	0	130	9	2	0	178
Region 5 : Southwest LA	7	17	0	89	23	3	0	139
Region 6 : Central LA	12	28	0	121	11	6	0	178
Region 7 : Northwest LA	10	54	0	177	8	3	0	252
Region 8 : Northeast LA	32	56	0	152	11	14	0	265
Region 9 : Northshore Area	9	25	0	191	11	3	0	239
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	130	360	0	1,595	115	58	0	2,258

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	65	0	140	6	6	0	227
Region 2 : Capital Area	11	41	0	76	7	9	0	144
Region 3 : South Central LA	6	7	0	32	3	2	0	50
Region 4 : Acadiana	6	16	0	63	12	7	0	104
Region 5 : Southwest LA	3	10	0	34	9	3	0	59
Region 6 : Central LA	1	13	0	52	3	3	0	72
Region 7 : Northwest LA	2	46	0	79	5	3	0	135
Region 8 : Northeast LA	4	27	0	82	4	7	0	124
Region 9 : Northshore Area	4	14	0	58	4	1	0	81
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	47	239	0	614	43	41	0	984

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	24	90	0	625	11	9	0	759
Region 2 : Capital Area	24	59	0	323	13	13	0	432
Region 3 : South Central LA	8	16	0	136	6	2	0	168
Region 4 : Acadiana	11	26	0	205	11	7	0	260
Region 5 : Southwest LA	7	16	0	142	9	3	0	177
Region 6 : Central LA	6	24	0	166	7	6	0	209
Region 7 : Northwest LA	9	61	0	227	6	3	0	306
Region 8 : Northeast LA	17	50	0	246	7	12	0	332
Region 9 : Northshore Area	8	27	0	237	4	2	0	278
Out of State	0	0	0	0	0	0	v	0
Unduplicated Grand Total	114	370	0	2,257	74	57	0	2,872

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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	25	77	0	305	11	21	0	439
Region 2 : Capital Area	23	49	0	175	10	11	0	268
Region 3 : South Central LA	6	14	0	70	7	2	0	99
Region 4 : Acadiana	13	27	0	152	13	7	0	212
Region 5 : Southwest LA	8	17	0	72	7	4	0	108
Region 6 : Central LA	11	21	0	83	8	9	0	132
Region 7 : Northwest LA	8	56	0	141	8	4	0	217
Region 8 : Northeast LA	19	48	0	123	7	16	0	213
Region 9 : Northshore Area	9	26	0	130	5	5	0	175
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	122	335	0	1,224	76	79	0	1,836
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	21	84	0	752	14	17	0	888
Region 2 : Capital Area	27	55	0	353	9	18	0	462
Region 3 : South Central LA	7	17	0	120	10	3	0	157
Region 4 : Acadiana	10	38	0	212	8	10	0	278
Region 5 : Southwest LA	13	22	0	110	12	6	0	163
Region 6 : Central LA	5	28	0	147	10	3	0	193
Region 7 : Northwest LA	6	51	0	245	8	6	0	316
Region 8 : Northeast LA	10	59	0	204	6	10	0	289
Region 9 : Northshore Area	10	31	0	258	7	2	0	308
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	117	385	0	2,227	84	75	0	2,888

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 August 2020.

October 2020 Chisholm MCO Reporting Data

	ACLA	AETNA	HB	LHCC	UHC	TOTALS
Number of CCMs with ASD	520	209	729	652	371	2481
Number of PAs Requested for CCMs with ASD	21	9	26	48	6	110
Number of PAs approved for CCMS with ASD	21	9	26	489	6	110
Number of PAs denied	0	0	0	0	0	0
Claims Paid for CCMS with ASD	\$162,294.50	\$461,079.18	\$158,869.95	\$1,533,923.44	\$213,135.91	\$2,529,302.98
Enrolled Provider Groups	71	80	85	79	70	
Total licensed BCBA's	306	335	209	380	372	

PA = Prior Authorization
 CCMs = Chisholm Class Members
 ASD = Autism Spectrum Disorder
 BCBA = Board Certified Behavior Analyst