



# State of Louisiana

Louisiana Department of Health  
Bureau of Health Services Financing

October 2021

## Louisiana Developmental Disability Council Report

### Update/Progress on Agency Initiatives

#### **American Rescue Plan Act of 2021**

On March 11, 2021, President Biden signed the American Rescue Plan (ARP) Act of 2021 that provides states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS). This funding increase is limited to expenditures that occur during a single year, April 1, 2021 to March 31, 2022. The ARP requires states to use the enhanced FMAP to implement or supplement activities to enhance, expand, or strengthen HCBS under the state's Medicaid program by March 31, 2024. In other words, the funds can be spent through March 31, 2024, once received. **The funds cannot be used to supplant existing state funds or services already existing or expended for Medicaid HCBS.** In order to receive the funds, the state must attest that it is not imposing stricter eligibility standards, methodologies or procedures for HCBS as of April 1, 2021; the state is preserving covered HCBS including the services themselves and the amount, duration and scope in place as of April 1, 2021; and the state is maintaining provider payment rates at a rate no less than that paid on April 1, 2021. Medicaid worked with the Office for Citizens with Developmental Disabilities (OCDD), The Office of Aging and Adults Services (OAAS), and the Office of Behavioral Health (OBH) to develop the initial spending proposal that was submitted to CMS for approval due on July 12, 2021. The state received partial approval of its spending plan, specifically for TEFRA, and CMS posed several follow-up questions related to our remaining proposed HCBS activities. The Department has included responses to these questions and revised our initial plan to address stakeholder feedback. Louisiana intends to submit the amended spending plan to CMS in October.

#### **Act 421 – Children's Medicaid Option/TEFRA Update**

The Louisiana Department of Health (LDH) originally submitted the Act 421 Children's Medicaid Option (Act 421-CMO) 1115 demonstration waiver to CMS on September 1, 2020, to obtain approval for the Act 421-CMO program under a limited budget appropriation. The Act 421-CMO is a TEFRA program through which children with disabilities can access Medicaid-funded services regardless of their parents' income. After careful consideration of CMS concerns and continued delayed approval combined with the announcement of possible enhanced federal funding under ARP, LDH has withdrawn its 1115 demonstration waiver application and alternatively filed a State Plan Amendment (SPA) to cover the TEFRA population without an enrollment cap or restrictions.

LDH is working toward implementation of the program starting January 1, 2022, under the SPA (subject to CMS approval). This will require ongoing dialogue with legislators to secure continuation funding when American Rescue Plan reinvestment funds end in March of 2024.

All information and updates on the implementation of the program are posted to our Act 421 website here: [www.ldh.la.gov/Act421](http://www.ldh.la.gov/Act421).

### **Permanent Supportive Housing Services**

The Office of Aging and Adult Services (OAAS), OCDD and OBH continue to assist participants to transition into Permanent Supportive Housing. There are currently 4,801 individuals being served and 2,869 households providing Permanent Supportive Housing. A total of 8,056 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 2021), approximately 3,499 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, 275 individuals transitioned in CY 2019 and 203 in CY 2020. So far 183 individuals have transitioned in CY 2021. Although the COVID-19 public health emergency and limited staff has continued to present its challenges, MFP continued to break barriers. Of the states still participating, Louisiana remained one of the top 5 states for transitions and among those with the highest cumulative transitions to date since the inception of the program.

Last year, CMS announced a supplemental funding opportunity available to the 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. 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. Proposals for this initiative were submitted and approved on 9/8/21.

Over the past several years, Congress continues to introduce bills that would provide longer reauthorization of the MFP program. So far Congress has passed six short-term extensions of MFP since funding expired in 2018. Short-term MFP extensions combined with the impact of COVID 19, has caused many states to significantly decrease the number of transitions or have had to completely shut down their MFP programs. In March of 2020, Congress passed the CARES act which again extended MFP and Families First Coronavirus Response Act (FFCRA), which provides an additional 6.2% increase to each qualifying state's FMAP. In December 2020, Congress passed the [Consolidated Appropriations Act](#), which extended funding for the program an additional three years. The Bill also changed the qualifying institutional length of stay from 90 to 60 days. Currently, MFP reauthorization bills are under review in Congress and on March 12, 2021 representatives reintroduced a bill to make the Medicaid Money Follows the Person (MFP) Program permanent ([H.R.1880](#)). For now, CMS

continues to approve MFP budgets in yearly increments. The current MFP Budget for CY21 was approved on 6/3/21.

### **Self-Direction**

- There are 1797 individuals participating in the self-direction option as of 8/31/21.
- 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 August 31, 2021, Morning Sun provided fiscal services to 140 Participants/Employers (OAAS/OCDD).
- A small stakeholder meeting was held on June 4, 2021. We are in the process of scheduling the statewide stakeholder meeting which is expected to occur in October 2021.

### **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 an updated memo to providers on 2/24/21 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 clock 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. In January 2021, all SD employers were notified that the acceptable EVV options are: mobile app for clock in/clock out, telephony using the participant's land line, and the FOB Device. We will be monitoring compliance in the third and fourth quarter of 2021.

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. We are currently working to implement a post authorization process which will require the use of EVV and LaSRS for EPSDT services.

**Behavioral Health**

The Statewide Coordinated System of Care (CSoC) waiver enrollment totaled 2,094 as of 9/24/2021.

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

Region/Parish	Participant Count
Region 1 (Jefferson/Orleans area)	299
Region 2 (Capital area)	276
Region 3 (Covington area)	240
Region 4 (Thibodeaux area)	229
Region 5 (Lafayette area)	239
Region 6 (Lake Charles area)	122
Region 7 (Alexandria area)	140
Region 8 (Shreveport area)	160
Region 9 (Monroe area)	389
<b>Total</b>	<b>2,094</b>

**Behavioral Health Network Adequacy Report 2021 Q2 (—April-June)**

All Plans	Addiction Outpatient	BH Rehabilitation	Crisis Stabilization	*Outpatient Therapy	Psychiatric Inpatient	Residential	Family Support Organizations	Total
DHH Administrative Regions								
Region 1 & 10 : Greater NO Area & Jefferson Parish	81	236	0	1,682	42	48	0	2,089
Region 2 : Capital Area	92	173	0	968	41	34	0	1,308
Region 3 : South Central LA	26	45	0	413	16	6	0	506
Region 4 : Acadiana	57	96	0	619	52	16	0	840
Region 5 : Southwest LA	29	55	0	359	27	10	0	480
Region 6 : Central LA	38	74	0	446	26	23	0	607
Region 7 : Northwest LA	44	165	1	648	25	11	0	894
Region 8 : Northeast LA	93	146	0	604	23	39	0	905
Region 9 : Northshore Area	37	86	0	700	20	16	0	859
Out of State	0	0	0	12	0	0	0	12
<b>Grand Total</b>	<b>497</b>	<b>1,076</b>	<b>1</b>	<b>5,048</b>	<b>272</b>	<b>203</b>	<b>0</b>	<b>7,097</b>

Source: Healthy Louisiana Managed Care Reporting - Behavioral Health Provider Network Detail Report

Note: \*Indicates provider counts calculated using NPI numbers of independently practicing practitioners and the service address of provider agencies

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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	17	76	0	646	15	16	0	770
Region 2 : Capital Area	22	46	0	295	16	12	0	391
Region 3 : South Central LA	9	19	0	115	9	2	0	154
Region 4 : Acadiana	19	29	0	165	24	3	0	240
Region 5 : Southwest LA	8	19	0	112	10	4	0	153
Region 6 : Central LA	15	29	0	144	9	6	0	203
Region 7 : Northwest LA	18	55	0	189	10	4	0	276
Region 8 : Northeast LA	37	55	0	185	11	17	0	305
Region 9 : Northshore Area	12	26	0	194	8	4	0	244
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>157</b>	<b>354</b>	<b>0</b>	<b>1,662</b>	<b>112</b>	<b>68</b>	<b>0</b>	<b>2,353</b>

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	15	40	0	184	21	9	0	269
Region 2 : Capital Area	18	33	0	109	17	14	0	191
Region 3 : South Central LA	10	14	0	65	9	3	0	101
Region 4 : Acadiana	14	15	0	100	19	8	0	156
Region 5 : Southwest LA	8	15	0	63	12	4	0	102
Region 6 : Central LA	4	15	0	90	9	8	0	126
Region 7 : Northwest LA	9	41	1	106	9	4	0	170
Region 8 : Northeast LA	24	36	0	108	9	12	0	189
Region 9 : Northshore Area	11	18	0	94	8	9	0	140
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>113</b>	<b>227</b>	<b>1</b>	<b>780</b>	<b>113</b>	<b>71</b>	<b>0</b>	<b>1,305</b>

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	79	0	670	10	12	0	795
Region 2 : Capital Area	24	51	0	350	13	13	0	451
Region 3 : South Central LA	8	13	0	137	6	2	0	166
Region 4 : Acadiana	12	25	0	237	11	7	0	292
Region 5 : Southwest LA	7	12	0	147	9	4	0	179
Region 6 : Central LA	6	20	0	177	7	8	0	218
Region 7 : Northwest LA	9	57	0	223	6	4	0	299
Region 8 : Northeast LA	18	42	0	274	7	13	0	354
Region 9 : Northshore Area	9	20	0	257	3	2	0	291
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>117</b>	<b>319</b>	<b>0</b>	<b>2,309</b>	<b>72</b>	<b>65</b>	<b>0</b>	<b>2,882</b>

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	35	72	0	333	12	19	0	471
Region 2 : Capital Area	39	48	0	222	11	12	0	332
Region 3 : South Central LA	8	14	0	75	7	3	0	107
Region 4 : Acadiana	24	28	0	170	18	7	0	247
Region 5 : Southwest LA	12	17	0	78	10	4	0	121
Region 6 : Central LA	18	23	0	86	11	8	0	146
Region 7 : Northwest LA	19	58	1	143	10	5	0	236
Region 8 : Northeast LA	35	50	0	138	9	18	0	250
Region 9 : Northshore Area	16	25	0	142	7	6	0	196
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>206</b>	<b>335</b>	<b>1</b>	<b>1,359</b>	<b>95</b>	<b>82</b>	<b>0</b>	<b>2,078</b>

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	14	79	0	1,052	13	15	0	1,173
Region 2 : Capital Area	17	57	0	600	12	11	0	697
Region 3 : South Central LA	5	15	0	272	8	3	0	303
Region 4 : Acadiana	6	36	0	376	13	7	0	438
Region 5 : Southwest LA	4	22	0	210	8	5	0	249
Region 6 : Central LA	3	27	0	249	8	3	0	290
Region 7 : Northwest LA	5	52	0	425	7	5	0	494
Region 8 : Northeast LA	9	60	0	334	7	7	0	417
Region 9 : Northshore Area	7	40	0	443	7	1	0	498
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	70	388	0	2,927	83	57	0	3,525

### 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 2021.

#### August 2021 Chisholm MCO Reporting Data

	ACLA	AETNA	Healthy Blue	LHCC	UHC	TOTALS
Number of CCMs with ASD	539	209	503	648	402	2301
Number of PAs Requested for CCMs with ASD	27	3	29	48	44	151
Number of PAs approved for CCMS with ASD	27	3	29	48	44	151
Number of PAs denied	0	0	0	0	0	0
Claims Paid for CCMS with ASD	\$150,701	\$144,782	\$248,547	\$2,141,788	\$305,796	\$2,991,614
Enrolled Provider Groups	84	90	85	87	76	
Total licensed BCBA's	380	396	209	435	437	

PA = Prior Authorization

CCMs = Chisholm Class Members

ASD = Autism Spectrum Disorder

BCBA = Board Certified Behavior Analyst