



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

**Louisiana Developmental Disability Council Report**

**July 2022**

**Update/Progress on Agency Initiatives**

**LDH Business Plan**

The Louisiana Department of Health (LDH) has published its first business plan in nearly a decade titled, "Together: Building a Stronger LDH and a Healthier Louisiana." The plan outlines how the department will improve its services in order to better support the people of Louisiana.

The business plan defines a list of measurable initiatives intended to accomplish 42 goals by the end of the state fiscal year 2022. The full business plan is available on LDH's website at [www.ldh.la.gov/businessplan](http://www.ldh.la.gov/businessplan).

The plan assesses where the department is headed and aligns our goals with the Governor's policy priorities. It is structured around four major commitments.

**Four Commitments in the LDH Business Plan**

- Improve the health and well-being of Louisianans with an emphasis on Prevention
- Reshape #TeamLDH culture
- Enhance customer service, partnerships, and community relations
- Promote transparency, accountability, and compliance

LDH has started its work putting the plan in action, and deadlines are scheduled through June of 2022.

At the end of 2022, LDH will provide a report detailing the business plan's achievements, lessons learned, and opportunities for further improvement.

## **Provider Enrollment**

CMS has mandated provider enrollment and it applies to any provider that provides care to Medicaid members, which includes current managed care organization (MCO) only providers, Dental Benefits Program Manager (DBPM) providers, Coordinated System of Care (CSoC) providers, existing fee-for-service providers, and any new providers enrolling for the first time.

The deadline to submit an enrollment application has been extended to September 30. This was done for two primary reasons 1) low enrollment 2) issues with Gainwell technology. Providers must allow several weeks from the time of the application submission to the time that enrollment is considered complete. Claims will be denied beginning December 31, 2022 for providers who have not completed the enrollment process. This enrollment deadline applies to providers who received an invitation letter from Gainwell. Providers should visit [www.lamedicaid.com](http://www.lamedicaid.com) to enroll. Providers will need several data points to complete enrollment, including Louisiana Provider ID, NPI, city, state and zip code. This information is included in a letter from Gainwell Technologies.

If providers are unsure of their enrollment status, a Provider Portal Enrollment Lookup Tool is available at [lamedicaid.com](http://lamedicaid.com). Providers will need one of the following data points to use the lookup tool: NPI, provider name, provider type, specialty, address, city and state, or zip code. Results given will show providers whose enrollments are 100% complete. Providers, who have submitted their applications but do not see their names listed, must allow at least 15 business days for the update to be processed. If your information has not been processed within 15 business days, please contact Gainwell Technologies by emailing [louisianaprovenroll@gainwelltechnologies.com](mailto:louisianaprovenroll@gainwelltechnologies.com) or contacting 833-641-2140 for a status update on enrollment and any next steps needed to complete the process.

Additional guidance is located at [www.ldh.la.gov/medicaidproviderenrollment](http://www.ldh.la.gov/medicaidproviderenrollment). Providers can also email questions to [LouisianaProvEnroll@gainwelltechnologies.com](mailto:LouisianaProvEnroll@gainwelltechnologies.com) or call 833-641-2140, Monday – Friday between the hours of 8 a.m. and 5 p.m. CST.

## **Act 421 – Children’s Medicaid Option/TEFRA**

Medicaid launched Act 421 Children’s Medicaid Option (Act 421 - CMO), or TEFRA, on January 1, 2022. As of July 1, Act 421/TEFRA has approved 311 children for Medicaid coverage who would not otherwise be eligible. There are approximately 200 more applicants currently under review for a level of care or disability determination.

The TEFRA option, which disregards family income for children under 19 with disabilities who meet specific criteria, covers the services needed to grow and thrive while living at home. To qualify, children must have a disability that is recognized under the definition utilized in the

Supplemental Security Income program of the Social Security Administration and must meet basic Medicaid and institutional level-of-care requirements. Additionally, their care must cost less at home than in an institution.

In April, changes to the intermediate care facility for individuals with intellectual disabilities (ICF/IID) level of care requirements were implemented to now include children under three years of age who have EarlySteps eligibility. At implementation of the program, children under three years of age did not qualify for ICF level of care because they were ineligible for a statement of approval (SOA) from OCDD.

New documents have been added to the Resources section of the Act 421-CMO webpage over the last quarter. These resources include informational pages detailing general requirements for the program, the level of care process, and a flowchart of the application process. For more information, visit [www.ldh.la.gov/Act421](http://www.ldh.la.gov/Act421).

There are four (4) general steps to enrolling in the Act 421-CMO program. The process can take as much as 90 days to complete. An application workflow can be found [here](#).

Step 1 - Completing a Medicaid Application

Step 2 - Level of Care Assessment at your Human Services District/Authority – the applicant must meet an institutional level of care for an ICF, nursing facility, or hospital.

Step 3 - Disability Determination – applicants must meet the definition of disability as set forth by the Social Security Administration.

Step 4 - Enrollment/Service Coverage through a Healthy Louisiana plan

## **Dental Coverage**

Act 450 of the 2021 Regular Legislative Session requires LDH to cover comprehensive dental care for adults with intellectual and developmental disabilities (IDD) enrolled in a Medicaid waiver.

This coverage requires CMS approval. LDH submitted waiver amendments to CMS on December 29, 2021. The waiver amendments are pending review and approval. Medicaid's intent is for coverage to begin July 1, 2022.

Dental coverage will be provided through managed care with one of our LDH's two dental plans: MCNA or DentaQuest.

## Dental - Hospital/Anesthesia

LDH has implemented increased hospital and anesthesia reimbursement to incentivize hospitals to schedule dental procedures requiring general anesthesia. Reimbursement changes were implemented in the fall of 2021 for fee-for-service providers and January 1, 2022, for managed care providers. These reimbursement changes are retroactive back to July 1, 2021, for both fee-for-service and managed care providers. Claims must be refiled to adjust for the increase. This has been communicated to providers through [Informational Bulletin 21-15](#).

## 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.

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. LDH received approval from CMS on all activities included in the HCBS Spending Plan on 5/2/22. CMS requires approval of Waiver and State Plan Amendments (SPAs) and in some cases State emergency rulemaking will also be needed for activities that involve provider payments and changes to services prior to implementing. Waiver amendments/Appendix K requests were submitted to CMS on 5/16/22. CMS has approved amendments for OCDD waivers and OAAS amendments are still pending approval. Disaster/emergency SPAs were submitted to CMS on 6/13/22 and are under review with CMS. Emergency rules are being circulated for final review and approval.

## **Permanent Supportive Housing Services**

OAAS, OCDD and OBH continue to assist participants to transition into Permanent Supportive Housing. There are currently 4,758 individuals being served and 2,854 households providing Permanent Supportive Housing. A total of 8,393 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 30, 2022), approximately 3,704 individuals have transitioned from qualified institutions (hospitals, nursing facilities and supports and services centers), through the Money Follows the Person (MFP) program. This includes:

- 412 individuals in calendar year (CY) 2018
- 275 individuals in CY 2019
- 203 individuals in CY 2020
- 286 individuals in CY 2021

Although the COVID-19 public health emergency and limited staff have continued to present challenges, MFP continues to break barriers. Of the states still participating, Louisiana remained one of the top five 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 was made available to each eligible state for planning and capacity building activities to accelerate long term services and supports (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 September 8, 2021.

Over the past several years, Congress continues to introduce bills that would provide longer reauthorization of the MFP program. So far, Congress has passed several short-term extensions of MFP since funding expired in 2018. Short-term MFP extensions combined with the impact of COVID-19, have caused many states to significantly decrease the number of transitions or have had to completely shut down their MFP programs.

In March 2020, Congress passed the CARES Act, which again extended MFP, and the 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 legislation also changed the qualifying institutional length of stay from 90 days to 60 days.

Currently, MFP reauthorization bills are under review in Congress. On March 12, 2021, representatives reintroduced a bill to make the Medicaid Money Follows the Person Program permanent ([H.R.1880](#)). For now, CMS continues to approve MFP budgets in yearly increments. The current MFP budget for CY22 was submitted on March 11, 2022, and was approved on May 3, 2022.

## **Self-Direction**

- There are 1,984 individuals participating in the self-direction option as of May 31, 2022.
- Participants who are interested in self-direction are all offered a Freedom of Choice (FOC) to select a fiscal employer agent: Acumen or Morning Sun.
- Self-direction participants may change fiscal employer agencies for dates of service at the beginning of the calendar quarter.
- As of May 31, 2022, Morning Sun provided fiscal services to 240 participants/employers; Acumen provided fiscal services to 1,744 participants/employers (OAAS/OCDD).
- A small stakeholder meeting was held on October 22, 2021. LDH is in the process of scheduling a statewide stakeholder meeting, this meeting is expected to occur in September of 2022.
- LDH is currently exploring options for implementing overtime payments within OCDD waivers. The timeline for completion will depend on the option selected, based on feedback from the Self-Direction Advocacy Group.

## **Electronic Visit Verification**

LDH and its contractor SRI continue to train and work with providers statewide regarding in-home electronic visit verification (EVV). Ongoing technical assistance is provided as needed.

All providers are reporting services through electronic visit verification. LDH issued a memo to providers on November 19, 2021, 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 92% of providers are meeting the state benchmark of 80% EVV input.

A request for proposals was issued in May 2021 for a Home and Community Based Data and EVV system. The department is currently evaluating the proposals submitted.

### Self-Direction

The state began requiring self-direction employers/employees to begin electronically entering time effective January 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 2019 stating that option 1 (e.g. web-based portal using dual verification) is not permissible under the 21<sup>st</sup> Century 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 phone number used needs to be the phone number on file with the participant, or 2) FOB device – a fixed device that generates new codes at the press of 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 self-direction 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.

### EPSDT Personal Care Services (PCS)

EPSDT PCS providers are using EVV for these services. Both fee-for-service and managed care providers are required to use EVV to report services as of October 1, 2020. Medicaid is currently working to implement a post authorization process for EPSDT PCS services similar to the post authorization process for 1915(c) waiver in home services. There is a 78% compliance of providers meeting the LDH benchmark.

## Behavioral Health

The Statewide Coordinated System of Care (CSoC) waiver enrollment totaled 2,115 as of June 24, 2022. This data includes all children presumptively eligible and enrolled in 1915 b (3)/(c) waivers.

Region/Parish	Participant Count
Region 1 (Jefferson/Orleans area)	297
Region 2 (Capital area)	278
Region 3 (Covington area)	230
Region 4 (Thibodeaux area)	235
Region 5 (Lafayette area)	285
Region 6 (Lake Charles area)	124
Region 7 (Alexandria area)	180
Region 8 (Shreveport area)	137
Region 9 (Monroe area)	348
<b>Total</b>	<b>2,115</b>



## Behavioral Health Network Adequacy Report 2022 Q1 (January - March)

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	58	115	1	1,947	24	40	0	2,185
Region 2 : Capital Area	70	93	1	1,171	27	31	0	1,393
Region 3 : South Central LA	21	25	0	507	10	5	0	568
Region 4 : Acadiana	31	45	0	664	36	16	0	792
Region 5 : Southwest LA	17	24	0	387	17	5	0	450
Region 6 : Central LA	21	40	0	523	12	9	0	605
Region 7 : Northwest LA	28	92	1	780	16	13	0	930
Region 8 : Northeast LA	61	80	1	605	17	19	0	783
Region 9 : Northshore Area	24	38	1	855	16	10	0	944
Out of State	0	0	0	28	0	0	0	28
<b>Grand Total</b>	<b>331</b>	<b>552</b>	<b>5</b>	<b>7,467</b>	<b>175</b>	<b>148</b>	<b>0</b>	<b>8,678</b>

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

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	109	350	0	2,934	57	74	0	3,524
Region 2 : Capital Area	137	259	0	1,633	63	50	0	2,142
Region 3 : South Central LA	40	76	0	538	38	11	0	703
Region 4 : Acadiana	73	140	0	1,020	85	31	0	1,349
Region 5 : Southwest LA	45	68	0	564	43	17	0	737
Region 6 : Central LA	49	120	0	742	38	30	0	979
Region 7 : Northwest LA	66	295	2	1,027	37	20	0	1,447
Region 8 : Northeast LA	124	243	0	1,024	40	70	0	1,501
Region 9 : Northshore Area	50	117	1	1,056	34	19	0	1,277
Out of State	0	0	0	28	0	0	0	28
<b>Grand Total</b>	<b>693</b>	<b>1,668</b>	<b>3</b>	<b>10,566</b>	<b>435</b>	<b>322</b>	<b>0</b>	<b>13,687</b>

\*\*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	20	63	0	639	13	13	0	748
Region 2 : Capital Area	30	53	0	305	15	13	0	416
Region 3 : South Central LA	7	18	0	119	9	2	0	155
Region 4 : Acadiana	15	30	0	142	19	5	0	211
Region 5 : Southwest LA	10	15	0	115	10	4	0	154
Region 6 : Central LA	14	25	0	144	10	6	0	199
Region 7 : Northwest LA	20	56	0	172	10	5	0	263
Region 8 : Northeast LA	38	49	0	159	11	17	0	274
Region 9 : Northshore Area	9	25	0	196	9	5	0	244
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>163</b>	<b>334</b>	<b>0</b>	<b>1,991</b>	<b>106</b>	<b>70</b>	<b>0</b>	<b>2,664</b>

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	68	0	647	13	21	0	766
Region 2 : Capital Area	27	53	0	302	15	11	0	408
Region 3 : South Central LA	8	18	0	117	9	2	0	154
Region 4 : Acadiana	16	28	0	151	21	4	0	220
Region 5 : Southwest LA	11	14	0	114	10	3	0	152
Region 6 : Central LA	14	31	0	157	10	8	0	220
Region 7 : Northwest LA	19	60	0	195	9	5	0	288
Region 8 : Northeast LA	37	53	0	171	11	20	0	292
Region 9 : Northshore Area	9	26	0	194	9	4	0	242
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>158</b>	<b>351</b>	<b>0</b>	<b>2,048</b>	<b>107</b>	<b>78</b>	<b>0</b>	<b>2,742</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	25	70	0	586	13	6	0	700
Region 2 : Capital Area	20	47	0	264	7	8	0	346
Region 3 : South Central LA	10	13	0	105	7	2	0	137
Region 4 : Acadiana	13	23	0	81	14	4	0	135
Region 5 : Southwest LA	7	18	0	45	6	2	0	78
Region 6 : Central LA	6	20	0	155	6	2	0	189
Region 7 : Northwest LA	8	61	1	98	9	5	0	182
Region 8 : Northeast LA	20	44	1	177	6	8	0	256
Region 9 : Northshore Area	7	19	0	179	8	2	0	215
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>116</b>	<b>315</b>	<b>2</b>	<b>1,690</b>	<b>76</b>	<b>39</b>	<b>0</b>	<b>2,238</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	24	63	0	579	10	9	0	685
Region 2 : Capital Area	25	48	0	336	9	11	0	429
Region 3 : South Central LA	10	14	0	68	6	3	0	101
Region 4 : Acadiana	15	23	0	202	12	7	0	259
Region 5 : Southwest LA	10	12	0	109	6	3	0	140
Region 6 : Central LA	6	16	0	162	4	5	0	193
Region 7 : Northwest LA	10	57	1	210	7	2	0	287
Region 8 : Northeast LA	25	38	0	209	3	9	0	285
Region 9 : Northshore Area	10	23	0	145	6	7	0	191
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>135</b>	<b>294</b>	<b>1</b>	<b>2,020</b>	<b>63</b>	<b>56</b>	<b>0</b>	<b>2,570</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	16	69	0	705	15	13	0	818
Region 2 : Capital Area	14	60	1	394	17	17	0	503
Region 3 : South Central LA	6	15	0	145	8	2	0	176
Region 4 : Acadiana	5	24	0	276	17	11	0	333
Region 5 : Southwest LA	5	14	0	158	9	5	0	191
Region 6 : Central LA	5	27	0	167	9	6	0	214
Region 7 : Northwest LA	9	58	0	251	10	4	0	332
Region 8 : Northeast LA	15	41	0	287	9	14	0	366
Region 9 : Northshore Area	6	20	0	284	9	3	0	322
Out of State	0	0	0	28	0	0	0	28
<b>Unduplicated Grand Total</b>	<b>81</b>	<b>328</b>	<b>1</b>	<b>2,695</b>	<b>103</b>	<b>75</b>	<b>0</b>	<b>3,283</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	23	77	0	711	9	14	0	834
Region 2 : Capital Area	23	52	0	378	12	13	0	478
Region 3 : South Central LA	8	13	0	146	7	2	0	176
Region 4 : Acadiana	12	24	0	271	11	8	0	326
Region 5 : Southwest LA	7	11	0	157	9	4	0	188
Region 6 : Central LA	6	20	0	185	6	7	0	224
Region 7 : Northwest LA	10	56	0	242	6	4	0	318
Region 8 : Northeast LA	15	40	0	286	7	15	0	363
Region 9 : Northshore Area	9	19	0	302	3	2	0	335
Out of State	0	0	0	28	0	0	0	28
<b>Unduplicated Grand Total</b>	<b>113</b>	<b>312</b>	<b>0</b>	<b>2,706</b>	<b>70</b>	<b>69</b>	<b>0</b>	<b>3,270</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	33	67	0	354	13	19	0	486
Region 2 : Capital Area	46	51	0	247	13	11	0	368
Region 3 : South Central LA	9	14	0	82	7	2	0	114
Region 4 : Acadiana	22	25	0	182	21	7	0	257
Region 5 : Southwest LA	11	15	0	96	10	4	0	136
Region 6 : Central LA	17	21	0	84	9	5	0	136
Region 7 : Northwest LA	22	54	1	151	9	6	0	243
Region 8 : Northeast LA	39	52	0	166	8	15	0	280
Region 9 : Northshore Area	15	26	1	163	8	5	0	218
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>214</b>	<b>325</b>	<b>2</b>	<b>1,525</b>	<b>98</b>	<b>74</b>	<b>0</b>	<b>2,238</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	30	73	0	359	13	18	0	493
Region 2 : Capital Area	45	51	0	254	11	11	0	372
Region 3 : South Central LA	9	14	0	90	7	2	0	122
Region 4 : Acadiana	23	26	0	193	21	7	0	270
Region 5 : Southwest LA	12	15	0	97	10	4	0	138
Region 6 : Central LA	18	25	0	111	9	7	0	170
Region 7 : Northwest LA	22	59	1	154	9	6	0	251
Region 8 : Northeast LA	38	54	0	174	8	20	0	294
Region 9 : Northshore Area	15	26	1	173	8	6	0	229
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>212</b>	<b>343</b>	<b>2</b>	<b>1,605</b>	<b>96</b>	<b>81</b>	<b>0</b>	<b>2,339</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	7	24	0	1,286	13	30	0	1,360
Region 2 : Capital Area	12	10	0	813	17	18	0	870
Region 3 : South Central LA	4	4	0	379	4	4	0	395
Region 4 : Acadiana	7	3	0	436	14	11	0	471
Region 5 : Southwest LA	5	2	0	251	10	3	0	271
Region 6 : Central LA	2	9	0	384	6	3	0	404
Region 7 : Northwest LA	7	18	0	549	5	10	0	589
Region 8 : Northeast LA	10	22	0	334	10	6	0	382
Region 9 : Northshore Area	8	14	0	593	9	8	0	632
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>62</b>	<b>106</b>	<b>0</b>	<b>5,025</b>	<b>88</b>	<b>93</b>	<b>0</b>	<b>5,374</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

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	15	69	0	638	12	12	0	746
Region 2 : Capital Area	17	55	0	363	16	4	0	455
Region 3 : South Central LA	5	17	0	117	9	2	0	150
Region 4 : Acadiana	7	39	0	203	20	5	0	274
Region 5 : Southwest LA	5	16	0	87	8	3	0	119
Region 6 : Central LA	5	28	0	127	9	3	0	172
Region 7 : Northwest LA	5	63	0	226	6	3	0	303
Region 8 : Northeast LA	9	58	0	184	11	6	0	268
Region 9 : Northshore Area	7	23	0	242	8	0	0	280
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>75</b>	<b>368</b>	<b>0</b>	<b>2,187</b>	<b>99</b>	<b>38</b>	<b>0</b>	<b>2,767</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

## Applied Behavior Analysis-Based Therapy Services

Applied Behavior Analysis (ABA) therapy was carved into the managed care delivery system on February 1, 2018. Below is a summary of ABA utilization in February 2022.

February 2022 Chisholm MCO Reporting Data						
	AETNA	ACLA	Healthy Blue	LHCC	UHC	TOTALS
Number of CCMs with ASD	211	415	553	712	348	<b>2,239</b>
Number of PAs Requested for CCMs with ASD	7	8	31	65	30	<b>141</b>
Number of PAs approved for CCMs with ASD	7	8	31	65	30	<b>141</b>
Number of PAs denied	0	0	0	0	0	<b>0</b>
Claims Paid for CCMs with ASD	\$105,347.95	\$117,416.58	\$186,398.22	\$2,058,901.43	\$240,912.19	<b>\$2,708,976.37</b>
Enrolled Provider Groups	103	89	85	133	78	
Total licensed BCBA's	491	434	209	666	449	

### TABLE GUIDE:

PA = Prior Authorization

CCMs = Chisholm Class Members

ASD = Autism Spectrum Disorder

BCBA = Board Certified Behavior Analyst