

Louisiana Developmental Disabilities Council Report

January 2023

Louisiana Department of Health

Bureau of Health Services Financing



Table of Contents

Table of Contents	2
Section 1 – Provider Enrollment	3
Section 2 – Act 421 Children’s Medicaid Option/TEFRA.....	3
Section 3 – Dental Coverage	4
Subsection 3.1 – Act 450 – Dental Coverage for Adult OCDD Waiver Participants.....	4
Subsection 3.2 – Dental – Hospital/Anesthesia	4
Section 4 – American Rescue Plan Act of 2021.....	5
Section 5 – Permanent Supportive Housing	6
Section 6 – Money Follows the Person.....	6
Section 7 – Self-Direction.....	7
Section 8 – Electronic Visit Verification	8
Section 9 – Behavioral Health	8
Subsection 9.1 – Behavioral Health Network Adequacy Report 2022 Q3 (July-September)	9
Section 10 – Applied Behavior Analysis-Based Therapy Services	11

Section 1 – Provider Enrollment

CMS mandates provider enrollment with Medicaid 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.

For providers that may have missed the September 30, 2022 deadline, the Provider enrollment portal at www.lamedicaid.com remains open for providers required to enroll and have not yet applied. Any providers who have not completed enrollment by June 20, 2023 will have their patients assigned to another primary care physician and will be terminated from the Medicaid program. Additional details are available in the informational bulletin provided.

This enrollment deadline applies to providers who received an invitation letter from Gainwell initially. Providers that are unsure of their enrollment status may use the Provider Portal Enrollment lookup tool at <https://www.lamedicaid.com/portalenrollmentstatus/search>.

Providers, please inform Humana Health Horizons members that they must show both their Healthy Louisiana Medicaid ID card and their Humana Healthy Horizons plan ID card for pharmacy services, including prescriptions. Louisiana Medicaid is in the process of mailing new Healthy Louisiana Medicaid ID cards to all Humana Healthy Horizons members enrolled with the plan on January 1, 2023. Additional details available at <https://ldh.la.gov/news/6873> and in the Pharmacy Facts flyer provided.

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

Section 2 – 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 December 30th, Act 421/TEFRA has approved 787 children for Medicaid coverage who would not otherwise be eligible. There are approximately 211 more applicants currently under review for a level of care or disability determination.

The TEFRA option, which disregards family income, covers services needed for children under 19 with disabilities who meet specific criteria allowing them 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.

Helpful documents can be found in the Resources section of the Act 421-CMO webpage. 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.

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 qualify as a disabled individual under section 1614(a) of the Social Security Act

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

Section 3 – Dental Coverage

Subsection 3.1 – Act 450 – Dental Coverage for Adult OCDD Waiver Participants

Act 450 of the 2021 Regular Legislative Session required LDH to cover comprehensive dental care for adults with intellectual and developmental disabilities (IDD) enrolled in a Medicaid waiver. This coverage began July 1, 2022.

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

Subsection 3.2 – 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](#).

Section 4 – 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, 2025. In other words, the funds can be spent through March 31, 2025, 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 is 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 approved amendments for OCDD waivers on 6/23/22 and OAAS amendments on 7/6/22. Disaster/emergency SPAs were submitted to CMS on 6/13/22 and were approved 9/9/22. LDH has implemented rate increases for EPSDT Personal Care Services, EPSDT Case Management, OCDD - Support Coordination, OAAS - Long Term Personal Care Services (LTPCS), Personal Assistance Services, Adult Day Health Care Services, and Support Coordination services.

The Louisiana Department of Labor (DOL) advised LDH in early October 2022 that planned bonus payments for direct service workers are subject to Fair Labor Standards Act overtime rules and regulations. Payment of overtime was not considered in plan development. LDH is working with CMS to revise its waiver amendments and to revise rulemaking. LDH anticipates making payments once all approvals are received from CMS and edits to rulemaking are final (estimated end of March 2023).

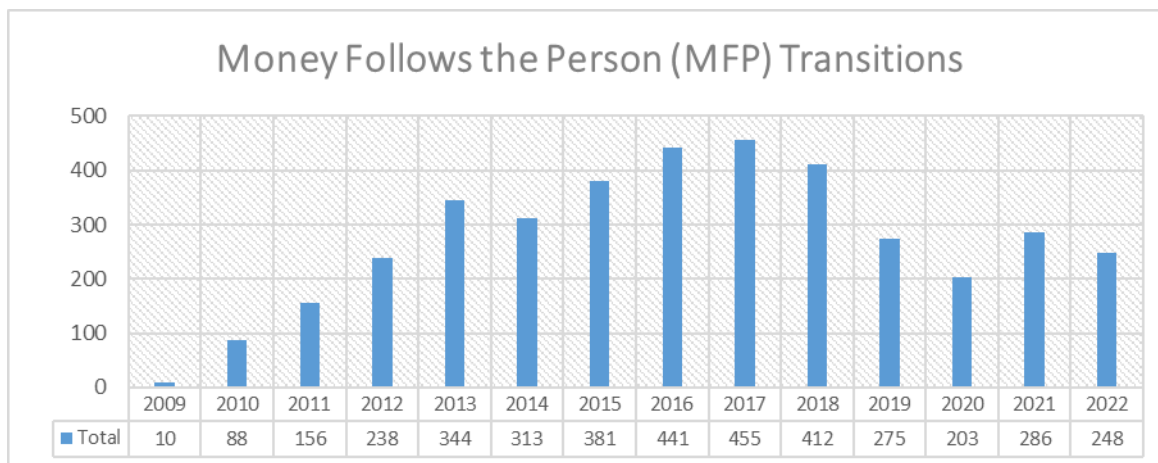
Section 5 – Permanent Supportive Housing

OAAS, OCDD and OBH continue to assist participants to transition into Permanent Supportive Housing. There are currently 3,924 individuals being served and 2,358 households providing Permanent Supportive Housing. A total of 8,507 individuals have been served since the beginning of the program.

Section 6 – Money Follows the Person

As of November 30, 2022, approximately 3,850 individuals have transitioned from qualified institutions (hospitals, nursing facilities and supports and services centers), through the Money Follows the Person (MFP) program.

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. See below transitions shown by calendar year:



In 2021, 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.

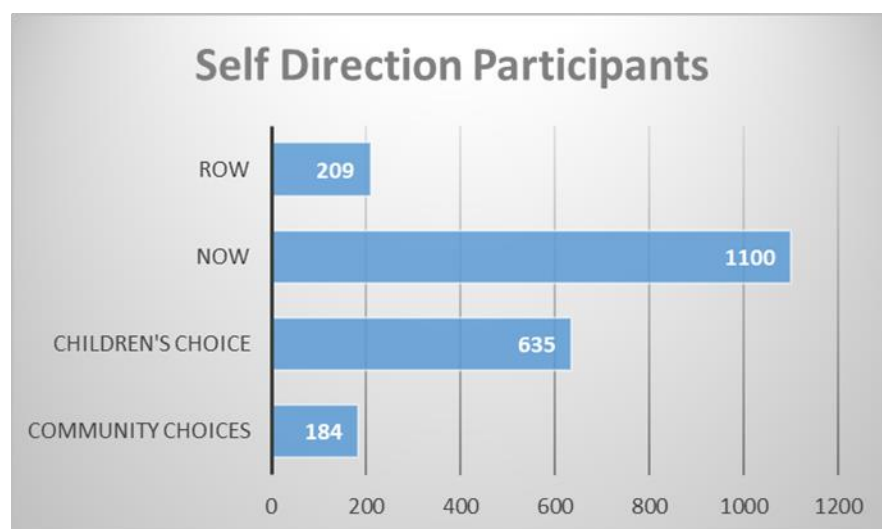
Over the past several years, Congress continues to introduce bills that would provide longer reauthorization of the MFP program. So far, Congress has passed several short-term extensions

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. On December 23, 2022 notable provisions to the [Consolidated Appropriations Act](#) was signed into law. This law extends the Money Follows the Person (MFP) program at \$450 million a year through September 30, 2027.

Section 7 – Self-Direction

There are a total of 2,108 individuals participating in the self-direction option as of November 30, 2022. See below totals by waiver:



Participants who are interested in self-direction are all offered Freedom of Choice (FOC) to select a fiscal employer agent: Acumen or Morning Sun. As of November 30, 2022, Morning Sun provided fiscal management services to 321 participants/employers and Acumen provided services to 1,807 participants/employers (includes both OAAS/OCDD waiver populations). Self-direction participants may change fiscal employer agencies at the beginning of each calendar quarter.

A small stakeholder meeting was held on October 22, 2021. LDH anticipates facilitating its next statewide stakeholder meeting in March 2023.

Section 8 – 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 offered to providers as needed.

All personal care service providers are reporting services through electronic visit verification. LDH issued a memo to providers on 10/10/22, detailing how compliance (specifically the lookback period) will be monitored going forward and the expectations around proper use of EVV. At this time, approximately 94% of providers are meeting the state benchmark of 80% EVV input. LDH is continuing to work with providers to increase compliance with EVV requirements and provide technical assistance when requested.

A Request for Proposals was issued in May 2021 for a Home and Community Based Data Management and EVV system. In October 2022, the Louisiana Office of State Procurement (OSP) issued a Notice of Intent to Award to the current contractor, Statistical Resources, Inc. On November 3, 2022, OSP issued a Stay of Notice of Intent to Award due to a protest received from Therapy Services, LLC. The stay is in effect until OSP issues a decision on the protest.

Section 9 – Behavioral Health

The Statewide Coordinated System of Care (CSoC) waiver enrollment totaled 2,347 as of December 28, 2022. This data includes all children presumptively eligible and enrolled in the CSoc 1915 b/c waivers.

Region/Parish	Participant Count
Region 1 (Jefferson/Orleans area)	298
Region 2 (Capital area)	283
Region 3 (Covington area)	232
Region 4 (Thibodeaux area)	286
Region 5 (Lafayette area)	340
Region 6 (Lake Charles area)	124
Region 7 (Alexandria area)	192
Region 8 (Shreveport area)	128
Region 9 (Monroe area)	464
Total	2,347

Subsection 9.1 – Behavioral Health Network Adequacy Report 2022 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	56	116	0	1,436	37	26	0	1,671
Region 2 : Capital Area	78	101	1	824	36	25	0	1,065
Region 3 : South Central LA	20	24	0	316	17	2	0	379
Region 4 : Acadiana	38	55	0	515	53	14	0	675
Region 5 : Southwest LA	19	26	0	289	23	7	0	364
Region 6 : Central LA	26	36	0	376	23	9	0	470
Region 7 : Northwest LA	39	89	1	523	21	8	0	681
Region 8 : Northeast LA	68	75	0	486	20	32	0	681
Region 9 : Northshore Area	32	44	0	556	19	7	0	658
Out of State	0	0	0	33	0	0	0	33
Grand Total	376	566	2	5,354	249	130	0	6,677

**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	62	0	645	13	17	0	757
Region 2 : Capital Area	33	53	1	333	14	13	0	447
Region 3 : South Central LA	7	16	0	114	8	2	0	147
Region 4 : Acadiana	12	26	0	24	18	5	0	85
Region 5 : Southwest LA	9	12	0	18	9	4	0	52
Region 6 : Central LA	14	25	0	213	10	6	0	268
Region 7 : Northwest LA	22	56	0	45	10	5	0	138
Region 8 : Northeast LA	42	46	0	124	9	18	0	239
Region 9 : Northshore Area	9	24	0	178	10	5	0	226
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	168	320	1	1,694	101	75	0	2,359

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	30	73	0	153	14	9	0	279
Region 2 : Capital Area	30	48	0	111	8	10	0	207
Region 3 : South Central LA	9	14	0	53	7	4	0	87
Region 4 : Acadiana	15	16	0	86	15	6	0	138
Region 5 : Southwest LA	6	13	0	48	6	4	0	77
Region 6 : Central LA	11	21	0	81	6	4	0	123
Region 7 : Northwest LA	9	52	0	100	9	4	0	174
Region 8 : Northeast LA	25	34	0	110	6	12	0	187
Region 9 : Northshore Area	7	15	0	78	8	3	0	111
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	142	286	0	820	79	56	0	1,383

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	21	68	0	803	16	49	0	957
Region 2 : Capital Area	28	65	0	440	18	69	0	620
Region 3 : South Central LA	8	22	0	161	9	6	0	206
Region 4 : Acadiana	9	25	0	320	17	42	0	413
Region 5 : Southwest LA	9	25	0	175	9	12	0	230
Region 6 : Central LA	5	47	0	208	10	9	0	279
Region 7 : Northwest LA	22	88	0	276	14	15	0	415
Region 8 : Northeast LA	16	89	0	309	10	26	0	450
Region 9 : Northshore Area	12	16	0	335	9	16	0	388
Out of State	0	0	0	33	0	0	0	33
Unduplicated Grand Total	130	445	0	3,060	112	244	0	3,991

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	31	65	0	369	10	9	0	484
Region 2 : Capital Area	48	52	0	282	9	10	0	401
Region 3 : South Central LA	13	14	0	85	7	2	0	121
Region 4 : Acadiana	25	23	0	193	16	8	0	265
Region 5 : Southwest LA	11	14	0	100	8	4	0	137
Region 6 : Central LA	17	19	0	117	10	4	0	167
Region 7 : Northwest LA	23	54	1	150	9	4	0	241
Region 8 : Northeast LA	42	49	0	176	6	17	0	290
Region 9 : Northshore Area	18	26	0	160	9	5	0	218
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	228	316	1	1,632	84	63	0	2,324

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	13	59	0	716	12	12	0	812
Region 2 : Capital Area	19	48	1	390	15	5	0	478
Region 3 : South Central LA	5	12	0	156	9	2	0	184
Region 4 : Acadiana	7	34	0	250	20	6	0	317
Region 5 : Southwest LA	4	13	0	128	8	4	0	157
Region 6 : Central LA	4	20	0	176	9	3	0	212
Region 7 : Northwest LA	7	50	0	267	6	3	0	333
Region 8 : Northeast LA	12	39	0	185	11	8	0	255
Region 9 : Northshore Area	7	21	0	285	9	2	0	324
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	78	296	1	2,553	99	45	0	3,072

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

Section 10 – 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 November 2022.

November 2022 Chisholm MCO Reporting Data						
	AETNA	ACLA	Healthy Blue	LHCC	UHC	TOTALS
Number of CCMs with ASD	241	1273	401	833	386	3134
Number of PAs Requested for CCMs with ASD	24	5	30	42	21	122
Number of PAs approved for CCMs with ASD	24	5	30	42	21	122
Number of PAs denied	0	0	0	0	0	0
Claims Paid for CCMs with ASD	\$186,900.33	\$114,339.02	\$239,180.64	\$868,744.09	\$322,452.32	\$1,731,616.40
Enrolled Provider Groups	92	138	223	146	86	
Total licensed BCBAs	421	627	927	614	476	

TABLE GUIDE:

PA = Prior Authorization

CCMs = Chisholm Class Members

ASD = Autism Spectrum Disorder

Louisiana Department of Health

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