

# Louisiana Developmental Disabilities Council Report

*April 2023*

**Louisiana Department of Health**

*Bureau of Health Services Financing*



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## Section 1 – 2023 Consolidated Appropriations Act (CAA)

The 2023 Consolidated Appropriations Act (CAA), signed into law by President Biden on December 30, 2022, included fiscal and programmatic impacts on the Medicaid program, including the termination of continuous coverage established in the FFCRA. As a result, beginning in April 2023, Medicaid will re-start reviewing eligibility for all 2 million-plus Medicaid members and closing anyone who is not eligible.

Some eligibility reviews can be completed without contacting the member by using information from electronic databases. Many, however, will require members to respond to mail. For this reason, it is VITAL that Medicaid members make certain Medicaid has their most up-to-date contact information, including cell phone numbers and email addresses. Members can make changes to their contact information by:

- logging on to MyMedicaid.la.gov,
- emailing MyMedicaid@la.gov,
- calling their health plan on the number on their ID card or
- calling Medicaid’s Customer Service hotline at 1-888-342-6207. Hotline assistance is available Monday through Friday, 8 a.m. – 4:30 p.m.
- In-person help is also available at any of the regional Medicaid offices. For an office closest to you, visit [www.ldh.la.gov/medicaidoffices](http://www.ldh.la.gov/medicaidoffices).

### **The continuous enrollment condition ends on March 31, 2022.**

- First batch of renewal letters mailed at the end of April dated May 1, 2023.
- Members deemed ineligible would close on June 30, 2023.

### **Mailing of renewal letters will be staggered across 12 months, and it will take 14 months to complete the redetermination process for all Medicaid members.**

- All unwinding-related renewals would have to have be initiated by March 2024.
- All unwinding-related renewals would have to be completed by May 2024.

## Section 2 – 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](http://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 on 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](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.

### **Section 3 – 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 March 17, Act 421-CMO/TEFRA has approved 989 children for Medicaid coverage who would not otherwise be eligible. There are approximately 268 more applicants currently under review for a level of care or disability determination.

The TEFRA option, which disregards family income, covers needed services for children under 19 years of age 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 at home must cost less than care provided in an institution.

In April 2022, changes to the intermediate care facility for individuals with intellectual disabilities (ICF/IID) level of care requirements broadened to 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 are located 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](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 two** - 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 three** - Disability Determination – applicants must qualify as a disabled individual under section 1614(a) of the Social Security Act

**Step four** - Enrollment/Service Coverage through a Healthy Louisiana plan

The Medicaid renewal process resumes in May of 2023. Individuals that receive Medicaid benefits, including Act 421-CMO beneficiaries, will have to renew their coverage this year. It is important that any changes to mailing addresses and phone numbers be reported to Medicaid to ensure that Medicaid can contact families to process renewals. The first round of renewal letters will be mailed out the last week in April and will continue over the next twelve months.

The Act 421-CMO level of care (LOC) process will align with the Medicaid eligibility process so that both the financial and programmatic reviews occur at the same time. The same process used when families initially applied for Act 421 will be repeated for renewals. If a new LOC assessment is needed for the renewal, the LOC packet will be mailed to the family and, upon receipt of completed packets, the LGE will contact the family to complete the LOC assessment. Act 421-CMO staff will continue to follow up with families by phone to check on the status of any LOC packets where a response was not received.

## **Section 4 – 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 5 – 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 has received CMS approval on its waiver amendments and awaiting State Plan and HCBS Spending Plan

approval. LDH anticipates making payments once all approvals are received from CMS and edits to rulemaking are final.

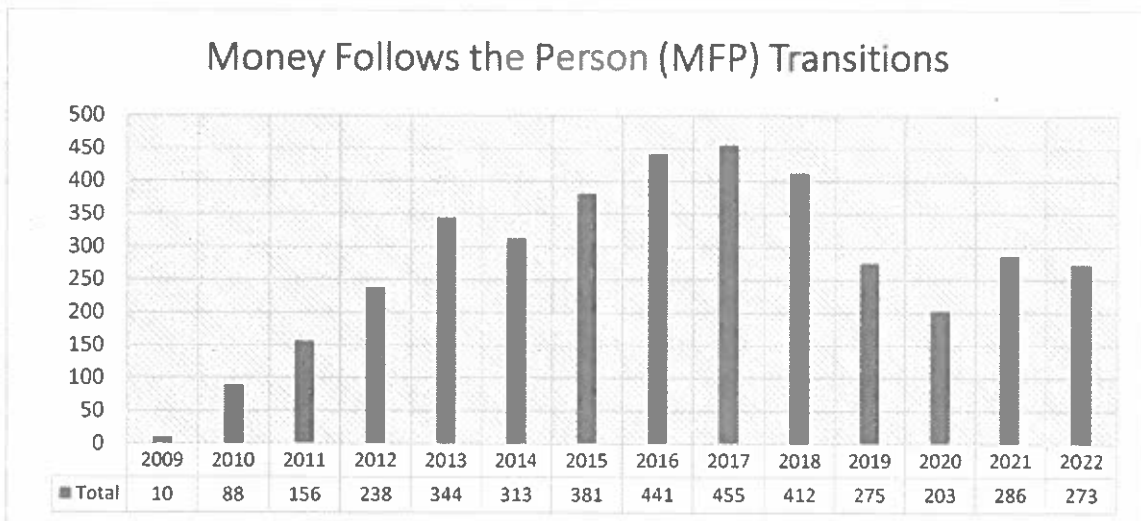
## Section 6 – Permanent Supportive Housing

OAAS, OCDD and OBH continue to assist participants to transition into Permanent Supportive Housing. There are currently 3,859 individuals being served and 2,346 households providing Permanent Supportive Housing. A total of 8,565 individuals have been served since the beginning of the program.

## Section 7 – Money Follows the Person

As of March 13, 2022, approximately 3,909 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

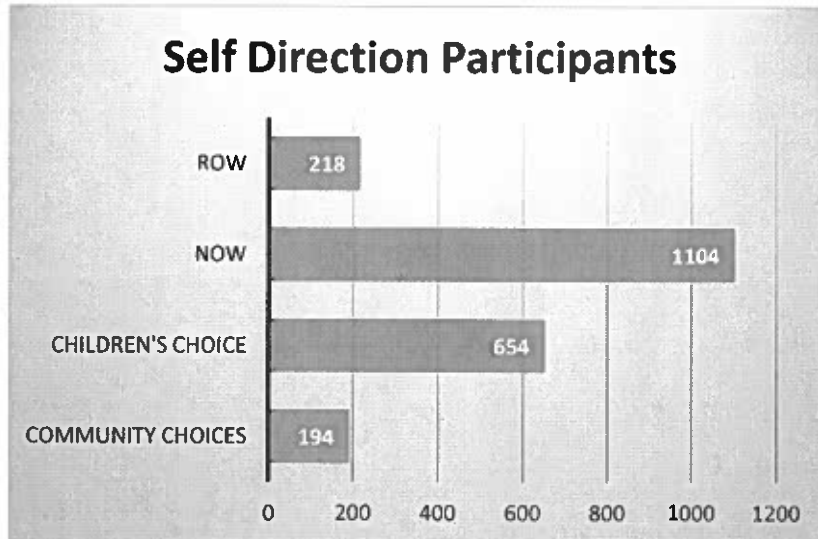
in which it was awarded and four additional fiscal years. Proposals for this initiative were submitted and approved on September 8, 2021.

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 8 – Self-Direction

There are a total of 2,170 individuals participating in the self-direction option as of January 31, 2023. 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 January 31, 2023, Morning Sun provided fiscal management services to 346 participants/employers and Acumen provided services to 1,824 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 April 2023.

**Section 9 – 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. Approximately 94% of providers continue to meet 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. In January 2023, OSP upheld the protest and the RFP was cancelled. A new RFP is under development for these services.

**Section 10 – Behavioral Health**

The Statewide Coordinated System of Care (CSoC) waiver enrollment totaled 2,392 as of March 10, 2023. 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)	333
Region 2 (Capital area)	270
Region 3 (Covington area)	239
Region 4 (Thibodeaux area)	293
Region 5 (Lafayette area)	336
Region 6 (Lake Charles area)	133
Region 7 (Alexandria area)	197
Region 8 (Shreveport area)	127

Region 9 (Monroe area)

464

Total

2,392

Subsection 10.1 – Behavioral Health Network Adequacy Report 2022 Q4 (October-December)

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	57	102	0	1,367	22	29	0	1,577
Region 2 : Capital Area	70	100	1	776	22	22	0	991
Region 3 : South Central LA	21	24	0	287	10	2	0	344
Region 4 : Acadiana	32	46	0	485	33	12	0	609
Region 5 : Southwest LA	17	18	0	270	15	5	0	325
Region 6 : Central LA	22	37	0	330	13	8	0	410
Region 7 : Northwest LA	29	89	1	487	17	8	0	631
Region 8 : Northeast LA	57	70	0	431	13	22	0	593
Region 9 : Northshore Area	32	42	0	510	15	8	0	607
Out of State	0	0	0	26	0	0	0	26
<b>Grand Total</b>	<b>337</b>	<b>528</b>	<b>2</b>	<b>4,970</b>	<b>160</b>	<b>116</b>	<b>0</b>	<b>6,113</b>

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

PLAN 1 : AmeriHealth Caritas Louisiana (ACL)

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	60	0	648	13	17	0	758
Region 2 : Capital Area	31	54	1	333	14	13	0	446
Region 3 : South Central LA	7	18	0	113	8	2	0	148
Region 4 : Acadiana	10	23	0	26	18	5	0	82
Region 5 : Southwest LA	9	11	0	17	9	4	0	50
Region 6 : Central LA	12	25	0	215	10	6	0	268
Region 7 : Northwest LA	20	57	0	49	10	5	0	141
Region 8 : Northeast LA	40	45	0	129	9	17	0	240
Region 9 : Northshore Area	10	22	0	173	10	6	0	221
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>159</b>	<b>315</b>	<b>1</b>	<b>1,709</b>	<b>101</b>	<b>75</b>	<b>0</b>	<b>2,354</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	7	29	0	136	6	3	0	181
Region 2 : Capital Area	5	29	1	97	9	2	0	143
Region 3 : South Central LA	2	7	0	50	6	9	0	74
Region 4 : Acadiana	3	14	0	55	6	1	0	79
Region 5 : Southwest LA	2	6	0	32	6	5	0	51
Region 6 : Central LA	0	9	0	64	4	4	0	81
Region 7 : Northwest LA	1	25	0	80	6	2	0	114
Region 8 : Northeast LA	6	24	0	95	5	10	0	140
Region 9 : Northshore Area	3	5	0	63	5	3	0	79
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>29</b>	<b>148</b>	<b>1</b>	<b>672</b>	<b>53</b>	<b>39</b>	<b>0</b>	<b>942</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	10	35	0	788	14	15	0	862
Region 2 : Capital Area	12	47	0	421	16	17	0	513
Region 3 : South Central LA	2	7	0	153	9	2	0	173
Region 4 : Acadiana	5	13	0	305	17	9	0	349
Region 5 : Southwest LA	3	2	0	160	9	4	0	178
Region 6 : Central LA	1	16	0	192	9	5	0	223
Region 7 : Northwest LA	9	40	0	261	10	4	0	324
Region 8 : Northeast LA	7	29	0	295	10	15	0	356
Region 9 : Northshore Area	10	12	0	298	9	2	0	331
Out of State	0	0	0	26	0	0	0	26
<b>Unduplicated Grand Total</b>	<b>59</b>	<b>201</b>	<b>0</b>	<b>2,899</b>	<b>103</b>	<b>73</b>	<b>0</b>	<b>3,335</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	32	62	0	376	15	19	0	504
Region 2: Capital Area	51	52	0	277	13	13	0	406
Region 3: South Central LA	13	13	0	97	9	2	0	134
Region 4: Acadiana	22	21	0	199	22	6	0	270
Region 5: Southwest LA	11	12	0	98	10	4	0	135
Region 6: Central LA	18	19	0	119	11	6	0	173
Region 7: Northwest LA	22	52	1	152	9	5	0	241
Region 8: Northeast LA	40	49	0	178	8	17	0	292
Region 9: Northshore Area	19	25	0	158	9	5	0	216
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	228	305	1	1,654	106	77	0	2,371

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	57	0	719	12	12	0	813
Region 2: Capital Area	18	47	1	385	15	5	0	471
Region 3: South Central LA	5	11	0	154	9	2	0	181
Region 4: Acadiana	8	26	0	245	18	6	0	303
Region 5: Southwest LA	4	11	0	127	8	3	0	153
Region 6: Central LA	4	18	0	173	9	2	0	206
Region 7: Northwest LA	7	49	0	261	6	3	0	326
Region 8: Northeast LA	10	40	0	184	11	7	0	252
Region 9: Northshore Area	7	20	0	283	9	1	0	320
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	76	279	1	2,531	97	41	0	3,025

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 11 – 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 2023.

	ACLA	AETNA	Healthy Blue	Humana	LHCC	UHC	TOTALS
Number of CCMs with ASD	462	237	423	3	468	425	2018
Number of PAs Requested for CCMs with ASD	9	4	19	7	49	29	117
Number of PAs approved for CCMs with ASD	9	4	19	7	49	29	117
Number of PAs denied	0	0	0	0	0	0	0
Claims Paid for CCMs with ASD	\$77,730.80	\$89,697.07	\$201,313.15	\$12,438.47	\$597,045.16	\$314,421.38	\$1,292,646.03
Enrolled Provider Groups	94	140	224	23	150	90	
Total licensed BCBAs	422	656	927	137	863	539	

### TABLE GUIDE:

PA = Prior Authorization

CCMs = Chisholm Class Members

ASD = Autism Spectrum Disorder

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