# Louisiana Developmental Disabilities Council Report

July 2023

#### Louisiana Department of Health

Bureau of Health Services Financing



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# Section 1 – Ending of Continuous Medicaid

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. Members who are closed because of a failure to respond to the renewal packet have 90 days after their closure date to complete their renewal and reinstate their coverage, if they are still eligible. They can do this a number of ways:

- Online at Medicaid's self-service portal (MyMedicaid.la.gov). An account log in and password is required.
- By submitting their completed renewal packet to Medicaid by email (<u>MyMedicaid@la.gov</u>), by fax (877-523-2987), by mail (Louisiana Medicaid, PO Box 91283 Baton Rouge, LA 70821) or in person at a regional Medicaid office (find a regional Medicaid office online at <u>www.ldh.la.gov/medicaidoffices</u>).
- By calling Medicaid at #1-888-342-6207.

#### 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 June 23, Act 421-CMO/TEFRA has approved 1204 children for Medicaid coverage who would not otherwise be eligible. There are approximately 446 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 <u>www.ldh.la.gov/Act421</u>.

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 <u>here</u>.

Step 1 - Completing a Medicaid Application

<u>Step 2</u> - 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.

<u>Step 3</u> - Disability Determination – applicants must qualify as a disabled individual under section 1614(a) of the Social Security Act

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

The Medicaid renewal process resumed in May of 2023. Individuals that receive Medicaid benefits, including Act 421-CMO beneficiaries, will have to renew their coverage within the next 12 months. It is important to let Medicaid know about any changes to mailing addresses and phone numbers to ensure that Medicaid can contact families to process renewals. The first round of renewal letters mailed out the last week in April. Each month, the renewal letters will continue to mail out at the end of the month.

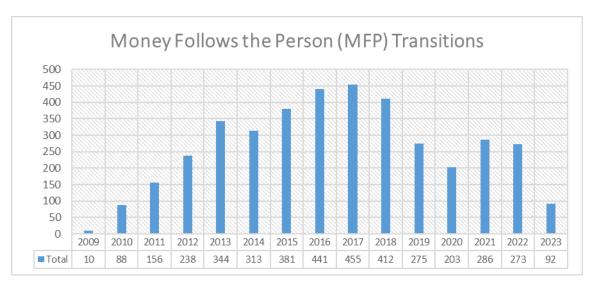
The Act 421-CMO level of care (LOC) process aligns with the Medicaid eligibility process so that both the financial and programmatic reviews occur at the same time. The process used when families initially applied for Act 421 will be the same for renewals. If it is determined that a new LOC assessment 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. If there is no response to the LOC packet mailed out, the Act 421-CMO staff will continue to follow up with families by phone to check on the status of the LOC packet. The response rate to the June renewal and level of care packets so far is 86%.

#### Section 3 - Permanent Supportive Housing

OAAS, OCDD and OBH continue to assist participants to transition into Permanent Supportive Housing. There are currently 3,850 individuals being served and 2,354 households providing Permanent Supportive Housing. A total of 8,647 individuals have been served since the beginning of the program.

## Section 4 - Money Follows the Person

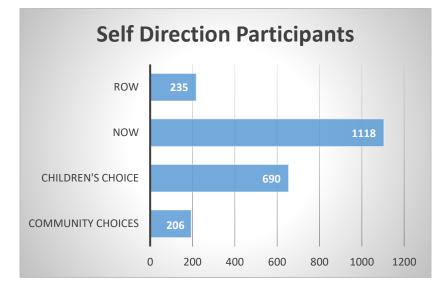
As of June 1, 2023, approximately 3,967 individuals have transitioned from qualified institutions (hospitals, nursing facilities and supports and services centers), through the Money Follows the Person (MFP) program.



See below transitions shown by calendar year:

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

# **Section 5 – Self-Direction**



There are 2,249 individuals participating in the self-direction option as of April 30, 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 April 30, 2023, Morning Sun provided fiscal management services to 373 participants/employers and Acumen provided services to 1,876 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 August 2023.

# Section 6 - 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 7 – Behavioral Health

The Statewide Coordinated System of Care (CSoC) waiver enrollment totaled 2,500 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)	327
Region 2 (Capital area)	276
Region 3 (Covington area)	267
Region 4 (Thibodeaux area)	287
Region 5 (Lafayette area)	369
Region 6 (Lake Charles area)	143
Region 7 (Alexandria area)	196
Region 8 (Shreveport area)	132
Region 9 (Monroe area)	503
Total	2,500

## Subsection 7.1 – Behavioral Health Network Adequacy Report 2023 Q1 (January-March)

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	Region 9 : Northshore Area	7	8	0	295	2	0	0	312
Unduplicated Grand Total 64 94 1 2,125 27 45 0 2,356	Out of State	0	0	0	0	0	0	0	0
	Unduplicated Grand Total	64	94	1	2,125	27	45	0	2,356

PLAN 5 : LOUISIANA HEALTHCARE CONNECTION								
	Addiction		Crisis	*Outpatient	Psychiatric		Family Support	
DHH Administrative Regions	Outpatient	<b>BH Rehabilitation</b>	Stabilization	Therapy	Inpatient	Residential	Organizations	Total
Region 1 & 10 : Greater NO Area & Jefferson Parish	31	61	0	373	15	19	0	499
Region 2 : Capital Area	52	50	0	277	13	13	0	405
Region 3 : South Central LA	13	14	0	97	9	2	0	135
Region 4 : Acadiana	22	21	0	195	22	4	0	264
Region 5 : Southwest LA	11	12	0	98	10	3	0	134
Region 6 : Central LA	20	19	0	118	10	7	0	174
Region 7 : Northwest LA	22	49	1	150	9	5	0	236
Region 8 : Northeast LA	40	49	0	174	8	16	0	287
Region 9 : Northshore Area	21	26	0	159	9	5	0	220
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	232	301	1	1,641	105	74	0	2,354
PLAN 6 : UNITED HEALTHCARE OF LOUISIANA								
	Addiction		Crisis	*Outpatient	Psychiatric		Family Support	
DHH Administrative Regions	Outpatient	<b>BH Rehabilitation</b>	Stabilization	Therapy	Inpatient	Residential	Organizations	Total
Region 1 & 10 : Greater NO Area & Jefferson Parish	8	57	0	710	12	12	0	799
Region 2 : Capital Area	13	45	1	390	16	5	0	470
Region 3 : South Central LA	1	11	0	154	10	2	0	178
Region 4 : Acadiana	5	24	0	244	21	6	0	300
Region 5 : Southwest LA	3	11	0	122	10	3	0	149
Region 6 : Central LA	1	18	0	172	9	1	0	201
Region 7 : Northwest LA	6	49	0	260	5	3	0	323
Region 8 : Northeast LA	9	39	0	179	11	8	0	246
Region 9 : Northshore Area	3	20	0	279	12	1	0	315
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	49	274	1	2,510	106	41	0	2,981

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 8 – 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 May 2023.

	ACLA	AETNA	Healthy Blue	Humana	LHCC	UHC	TOTALS
Number of CCMs with ASD	1264	223	313	4	599	82	2490
Number of PAs Requested for CCMs with ASD	23	5	22	6	50	0	106
Number of PAs approved for CCMs with ASD	23	5	22	6	50	0	106
Number of PAs denied	0	0	0	0	0	0	0
Claims Paid for CCMs with ASD	\$ 311991.75	\$99,496.64	\$319,738.55	\$16,733.14	\$796,192.39	\$71,629.12	\$1,615,781.59
Enrolled Provider Groups	97	144	223	22	152	21	
Total licensed BCBAs	427	651	927	136	850	552	

#### TABLE GUIDE:

PA = Prior Authorization CCMs = Chisholm Class Members ASD = Autism Spectrum Disorder

Louisiana Department of Health 628 North Fourth Street, Baton Rouge, Louisiana 70802

> (225) 342-9500 www.ldh.la.gov



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