Louisiana Developmental Disabilities Council Quarterly Report

Bureau of Health Services Financing (Medicaid)
Louisiana Department of Health

July 2025

News and Updates

Beneficiary Advisory Council (BAC)

The Louisiana Department of Health (LDH) recently established a Beneficiary Advisory Committee (BAC) which will serve as a subcommittee to the larger Medicaid Advisory Committee. Applications for the initial Council were accepted during the month of April and seventy-two (72) applications were received. Membership in this group includes Medicaid members, family members of Medicaid members, or caregivers (paid or unpaid) of Medicaid members. BAC members will advise LDH on a range of topics including but not limited to changes to covered services, coordination of care, quality of services, and the eligibility application and renewal processes.

The BAC held its first meeting on July 9, 2025 and will meet quarterly going forward. If you have a question regarding the BAC, you may submit those via email to QualityCommittee@la.gov.

SNAP to Transition to LDH/Medicaid

House Bill 624 from the 2025 Louisiana Legislative Session, often referred to as the "One Door" bill, transfers certain family and support programs from the Department of Children & Family Services (DCFS) to other state agencies.

Louisiana's Supplemental Nutrition Assistance Program **(SNAP),** which provides food benefits to low-income families, is **moving from DCFS to Louisiana Medicaid.**

For now, nothing will change for beneficiaries. They will still go through the same channels to apply for benefits and get information. Over time, Medicaid, SNAP and related programs will integrate so that beneficiaries will have their needs met through a single service location and a single caseworker. SNAP employees currently working under DCFS will begin working under LDH on October 1, 2025. Work locations will not change at this time.

Medicaid Purchase Plan

The Louisiana Medicaid Purchase Plan (MPP), which supports working individuals with disabilities, is implementing key updates, effective July 13, 2025.

- **Income eligibility** is increasing from **100% to 200%** of the federal poverty level (FPL).
- The **resource limit** is rising from **$10,000 to $25,000**.
- A Monthly premium of $131 would be required for participants earning above 150% of the FPL.
    - Premiums are due the month following certification of coverage in the Medicaid eligibility system, regardless of start date. For example, if an MPP is certified on February 15 with a January 1 start date, the first premium will be due in March.
    - Premiums may change at the time of eligibility review. Beneficiaries can lose or gain a premium based on changes noted during eligibility review.
    - Coverage may be closed for failure to pay premiums, in addition to having excess income or resources.

Personal Needs Allowance

Effective July 1, 2025, Louisiana Medicaid is increasing the Personal Care Needs Allowance (PCNA) and the Optional State Supplement (OSS) to better support long-term care (LTC) members with personal expenses not covered by facility fees.

- **PCNA** will increase from **$38 to $45** per month.
- **OSS** will increase from **$8 to $15** per month.

These changes aim to enhance the financial support available to LTC members for essential personal needs.

Pharmacy Benefit Manager (PBM) Transition

Effective October 1, 2025, Louisiana Medicaid will transition away from a single pharmacy benefit manager (PBM) to a model where each Medicaid health plan manages its own pharmacy benefits. This includes handling prior authorizations, claims, and prescription coverage.

- This only affects those who receive all of their benefits through a MCO. Fee-for-service (FFS)/legacy members and those with behavioral-health only coverage are not affected.
- New health plan ID cards will be issued with updated pharmacy details. Prescription benefits, co-pays, and drug coverage remain the same. Pharmacy networks may change—members will be contacted if their pharmacy is no longer in-network.
- PBM responsibilities will shift from Prime Therapeutics to individual health plan PBMs. Existing prior authorizations will carry over and remain valid. Pharmacies must confirm network participation with each health plan PBM.

Justice-Involved Initiatives

Reentry 1115 Demonstration - On September 27, 2024, LDH submitted an application to the Centers for Medicare and Medicaid Services (CMS) for a Section 1115 demonstration waiver. This demonstration waiver will allow Medicaid coverage of certain services to Medicaid-eligible individuals who are incarcerated up to 90 days prior to their release. Those participating in the demonstration will have access to services including but not limited to case management, medication-assisted treatment and counseling for substance use disorders, and a 30-day supply of all prescription medications. Goals of the demonstration include improving care transitions and continuity of coverage, improving health outcomes, and supporting successful reentry of individuals into society. In May 2025, CMS notified the state that review of the application is still pending and a timeframe for review has not been set. For more information on this project, please visit the following web site: www.ldh.la.gov/1115Reentry.

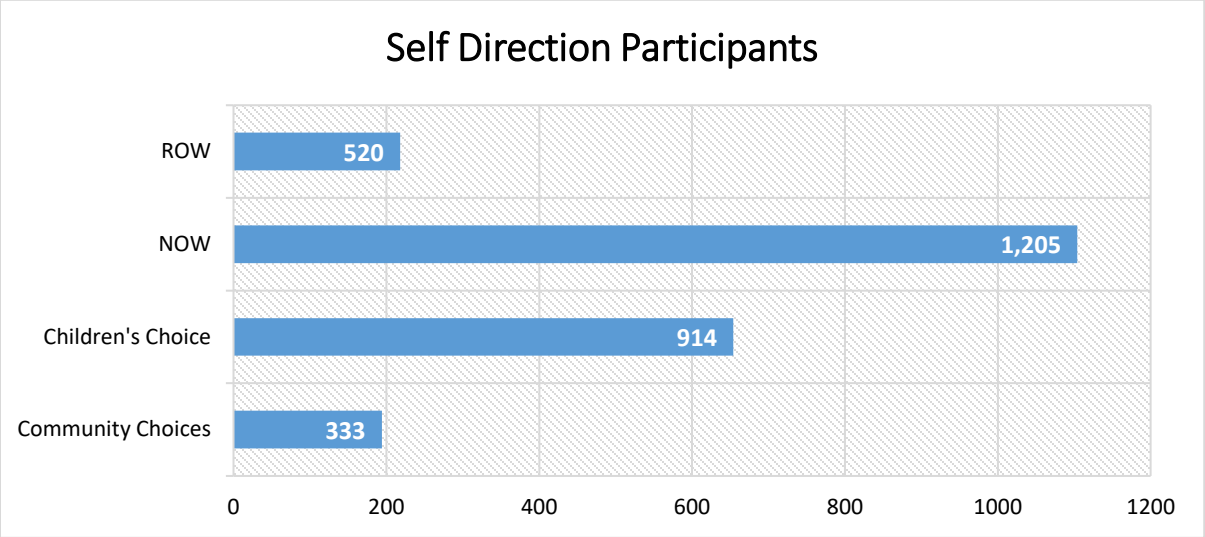
Consolidated Appropriations Act (CAA) 5121 Youth Reentry Program – On July 1, 2025, Medicaid implemented coverage and benefit requirements mandated by Section 5121 of the Consolidated Appropriations Act. This requires states to offer limited benefits to incarcerated youth and former foster care children thirty days prior to their release from incarceration. Targeted Case Management and certain screening and diagnostic services are available during the 30-day pre-release period and the member will continue to receive Targeted Case Management thirty days following release from incarceration to assist with reentry into the community. This program is currently in place for Office of Juvenile Justice facilities and the Florida Parishes Juvenile Detention Center.

Programs and Services

Self-Direction

Self-Direction is a service delivery option for eligible waiver participants which allows them, or an authorized representative, to become the employer of the people they choose to hire to provide in-home supports. As the employer, participants or their authorized representatives are responsible for recruiting, training, supervising, and managing the people they choose to hire. This option gives participants the most control over their supports but also requires the most responsibility. Self-Direction is based on the principles of self-determination, which means that you have the ability or right to make your own decisions. As of June 30, 2025, there are 2,972 individuals enrolled in the Self-Direction waiver service option. *Figure 1* (below) provides a breakdown of participants enrolled in self-direction by waiver.

Figure 1. Self-Direction Enrollment by Waiver as of June 2025



Participants in the Residential Options Waiver (ROW), New Opportunities Waiver (NOW), Children's Choice Waiver, and Community Choices Waiver who are interested in self-direction are offered freedom of choice to select a fiscal employer agent (FEA) - Acumen or Morning Sun. Currently, Acumen provides FEA services to 71% of those self-directing their services and Morning Sun provides FEA services to 29%.

You may visit https://ldh.la.gov/medicaid/self-direction for additional information on the self-direction program.

Act 421 Children's Medicaid Option/TEFRA

The Act 421 Children's Medicaid Option (Act 421-CMO) or TEFRA program provides Medicaid eligibility to children under the age of 19 who have disabilities and meet institutional level of care requirements, regardless of parental income and resources. 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. More than 3,100 children have been approved for Medicaid coverage through this program who would not otherwise be eligible since its implementation in 2022.

Table 1. Act 421-CMO/TEFRA Application and Enrollment Data as of June 26, 2025

Applications Received	
Total Applications Received	7,002
Applications Received in 2025	792
Applications Approved	
Total Number Approved	3,443
Number Approved in 2025	510
Currently Enrolled	2,534

You may visit https://ldh.la.gov/act-421 for additional information on the Act 421/TEFRA program. You may also email us at 421-CMO@LA.GOV or call at 1-800-230-0690.

Money Follows the Person

The Money Follows the Person (MFP) program is a federal grant administered by OAAS, OCDD, and Medicaid to assist in transitioning eligible individuals out of institutional settings so they may receive home and community-based services in their homes. To date, more than 4,500 individuals have transitioned out of qualified institutions (hospitals, nursing facilities and supports and services centers) through the MFP program in Louisiana. In calendar year 2025, 154 participants transitioned out of institutional settings under the MFP program (as of June 2025).

You may visit MyPlaceLouisiana.com for additional information on the MFP/My Place program.

Applied Behavior Analysis (ABA) Therapy Services

Behavior analysis is based on a scientific study of how people learn. By doing research, techniques have been developed that increase useful behavior (including communication) and reduce harmful behavior. Applied behavior analysis (ABA) therapy uses these techniques. ABA is helpful in treating autism spectrum disorders.

Table 2. ABA Utilization for May 2025

	Managed Care Organizations (MCOs)						
	ACLA	**AETNA**	**Healthy Blue**	**Humana**	**LHCC**	**UHC**	**TOTALS**
Number of CCMs with ASD	1,144	297	751	24	741	82	**3,039**
Number of PAs Requested for CCMs with ASD	22	11	65	24	82	1	**205**
Number of PAs approved for CCMs with ASD	22	11	65	24	82	1	**205**
Number of PAs denied	0	0	0	0	0	0	**0**
Claims Paid for CCMs with ASD	$284,987	$225,259	$556,934	$147,034	$744,316	$13,199	**$1,971,729**

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

You may visit https://ldh.la.gov/medicaid/medicaid-services (click on the "Applied Behavior Analysis ABA" section) for additional information on ABA services.

EPSDT Support Coordination

Medicaid eligible children/youth under the age of 21 on the Developmental Disabilities Request for Services Registry or those meeting criteria for children with special needs are eligible to receive EPSDT Support Coordination services. This service assists beneficiaries with gaining access to the full range of needed services including medical, social, educational and other services. This includes all services that beneficiaries under age 21 may be entitled to receive through the EPSDT benefit. The support coordinator reviews all available services and assists with making referrals for the services they may be eligible to receive. These may include services such as medical equipment, occupational, physical or speech therapy, personal care service, home health and EPSDT screening. Support coordinators conduct follow-up visits or phone calls monthly to ensure beneficiaries are receiving all authorized services.

More than 1,000 children/youth received EPSDT Support Coordination services in June 2025.