



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

Louisiana Developmental Disability Council Report
January Report 2022

Update/Progress on Agency Initiatives

LDH Business Plan

The Louisiana Department of Health 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. LDH defines a list of measurable initiatives intended to accomplish the plan's 42 goals by the end of state fiscal year 2022. A copy of the full business plan can be accessed on the department of health's website at 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 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 plan's achievements, lessons learned, and opportunities for further improvement.

Provider Enrollment

Federal laws enforced by CMS, including the Affordable Care Act and the 21st Century Cures Act, require that states screen and enroll all providers. To ensure Medicaid compliance with federal enrollment requirements, all providers that deliver services to Louisiana Medicaid members must enroll and receive a screening through Medicaid's new web-based portal. The Medicaid Provider Enrollment Portal will be managed by Medicaid Fiscal Intermediary, Gainwell, and will be the center for all enrollment and screening processes. Provider enrollment must be complete by March 31.

The state sent all providers a letter in fall 2021 explaining the process for enrollment. The letters included instructions on how to enroll and links to training webinars and instruction manuals. Though providers have been encouraged to enroll sooner than later, Medicaid is conducting provider-specific "enrollment drives" through February 2022, to give the individual provider types a chance to enroll during a set window. Any existing Medicaid provider that does not complete the enrollment and screening process through the new portal by the deadline risk having their claims denied.

LDH has numerous resources available to help providers complete the process, including:

- The provider enrollment web site at www.ldh.la.gov/medicaidproviderenrollment includes training webinars, links to manuals and frequently asked questions.
- Providers can also get one-on-one assistance by email at LouisianaProvEnroll@gainwelltechnologies.com or by calling 1-833-641-2140. The hotline is available Monday through Friday, between 8 a.m. and 5 p.m. central standard time.

Act 421 – Children's Medicaid Option/TEFRA

The Centers for Medicaid and Medicare Services (CMS) has granted approval for Louisiana Medicaid to launch Act 421 Children's Medicaid Option, or TEFRA, effective January 1, 2022. This program allows certain children under 19 years of age with disabilities to receive Medicaid coverage, regardless of parental income.

The TEFRA option disregards family income for children with disabilities who meet specific criteria, so they may qualify for Medicaid to cover the services they need 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.

There are four (4) general steps to enrolling in the Act 421-CMO program.

Step 1 - Completing a Medicaid Application

There are four (4) ways to apply for Medicaid – online, by mail, in person or by phone. Choose the method that works best for you. Link and instructions are found online at www.ldh.la.gov/act421.

Step 2 - Level of Care Assessment at your Local Governing Entity

Your [Local Governing Entity](#) (LGE) needs to complete an assessment to determine if the applicant meets the level of care requirement. You will receive a level of care packet, which contains documents to complete and return to LDH.

Step 3 - Disability Determination

Applicants must meet the definition of disability as set forth by the Social Security Administration. Medicaid will request a disability decision from the Medical Eligibility Determination Team (MEDT) for applicants that do not have a disability determination with the Social Security Administration Office.

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

Applicants meeting the medical and financial requirements will receive Medicaid coverage through a [Healthy Louisiana plan](#).

Dental Coverage

HB 172 by Rep. Butler requires LDH to cover comprehensive dental care for adults with developmental and intellectual 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. Our intent is for coverage to begin on July 1, 2022.

Dental coverage will be provided in managed care with one of our 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. Implementation of these reimbursement changes was completed in the Fall for fee-for-service and completed 1/1/22 for managed care. The changes will retro back to July 1, 2021, and providers will be able to refile their claims for the increase so that there is no barrier to access. This has been communicated to providers via informational bulletin.

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. The 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. The state received partial approval of its spending plan, specifically for TEFRA, and CMS posed several follow-up questions related to our remaining proposed HCBS activities. The Department has included responses to these questions and revised our initial plan to address stakeholder feedback. Louisiana intends to submitted it's amended spending plan to CMS on October 12th and is awaiting CMS' feedback/approval.

Permanent Supportive Housing Services

The Office of Aging and Adult Services (OAAS), OCDD and OBH continue to assist participants to transition into Permanent Supportive Housing. There are currently 4,717 individuals being served and 2,821 households providing Permanent Supportive Housing. A total of 8,168 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 January 10, 2022), approximately 3,602 individuals have transitioned through the Money Follows the Person (MFP) program in OAAS and OCDD from qualified institutions (hospitals, nursing facilities, and supports and services centers), with 412 individuals having transitioned in CY 2018, 275 individuals transitioned in CY 2019 and 203 in CY 2020. So far 286 individuals have transitioned in CY 2021. Although the COVID-19 public health emergency and limited staff has continued to present its challenges, MFP continued to break barriers. Of the states still participating, Louisiana remained one of the top 5 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 is being made available to each eligible state for planning and capacity building activities to accelerate 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 9/8/21.

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

MFP since funding expired in 2018. Short-term MFP extensions combined with the impact of COVID 19, has caused many states to significantly decrease the number of transitions or have had to completely shut down their MFP programs. In March of 2020, Congress passed the CARES act which again extended MFP and 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 Bill also changed the qualifying institutional length of stay from 90 to 60 days. Currently, MFP reauthorization bills are under review in Congress and on March 12, 2021 representatives reintroduced a bill to make the Medicaid Money Follows the Person (MFP) Program permanent ([H.R.1880](#)). For now, CMS continues to approve MFP budgets in yearly increments. The current MFP Budget for CY21 was approved on 6/3/21.

Self-Direction

- There are 1849 individuals participating in the Self-Direction Option as of 11/30/2021.
- 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 November 30, 2021, **Morning Sun** provided fiscal services to 173 Participants/Employers; **Acumen Fiscal Agent** provided services to 1676 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 February 2022.
- LDH is currently exploring options for implementing overtime payments within OCDD waivers. The timeline for completion is dependent upon which direction will be employed, based on feedback from the Self-Direction Advocacy Group. The initial meeting with the Self-Direction Advisory group was held on December 9, 2021 to present options, pros/cons, and timelines for each and to solicit feedback on each option. A follow-up meeting with the Self-Direction Advisory Group is expected to take place on January 21, 2022.

Electronic Visit Verification

LDH and its contractor SRI continues to train and work with providers statewide to for in-home electronic visit verification (EVV) to ensure Louisiana complies with requirements listed in the Cures Act. Ongoing technical assistance is provided as needed. All providers are reporting services through electronic visit verification. LDH issued an updated memo to providers on 11/19/2021 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 91% of providers are meeting the state benchmark of 80% EVV input.

Self-Direction

The state began requiring self-direction employers/employees to begin electronically entering time effective 1/1/2019. 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 of 2019 stating that option #1 (e.g. web-based portal using dual verification) is not permissible under the 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 number used needs to be the phone number on file with the participant 2) FOB Device – a fixed device that generates new codes at the press 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 SD 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. We will be monitoring compliance ongoing.

EPSDT Personal Care Services (PCS)

EPSDT PCS providers are in the process of implementing EVV. Both fee-for-service and managed care providers are required to use EVV to report services as of October 1, 2020. Initially, compliance monitoring will review to ensure EPSDT provider are using the LaSRS EVV system. As with waiver in-home providers, the state will then phase in compliance percentages. We are currently working to implement a post authorization process which will require the use of EVV and LaSRS for EPSDT services.

Behavioral Health

The Statewide Coordinated System of Care (CSoC) waiver enrollment totaled 2,165 as of 12/31/2021. *This data includes all children presumptively eligible and enrolled in 1915 b(3)/(c) waivers.

Region/Parish	Participant Count
Region 1 (Jefferson/Orleans area)	294
Region 2 (Capital area)	282
Region 3 (Covington area)	227
Region 4 (Thibodeaux area)	227
Region 5 (Lafayette area)	261
Region 6 (Lake Charles area)	141
Region 7 (Alexandria area)	157

Region 8 (Shreveport area)	162
Region 9 (Monroe area)	414
Total	2,165

Behavioral Health Network Adequacy Report 2021 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	110	356	0	3,312	58	69	0	3,905
Region 2 : Capital Area	145	250	0	1,910	59	51	0	2,415
Region 3 : South Central LA	40	70	0	701	36	12	0	859
Region 4 : Acadiana	74	138	0	1,179	77	32	0	1,500
Region 5 : Southwest LA	43	71	0	666	43	19	0	842
Region 6 : Central LA	48	103	0	885	38	28	0	1,102
Region 7 : Northwest LA	65	273	2	1,219	36	21	0	1,616
Region 8 : Northeast LA	131	240	1	1,193	36	63	0	1,664
Region 9 : Northshore Area	49	130	0	1,266	32	19	0	1,496
Out of State	0	0	0	23	0	0	0	23
Grand Total	705	1,631	3	12,354	415	314	0	15,422

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

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 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	75	0	639	14	15	0	760
Region 2 : Capital Area	32	49	0	294	15	10	0	400
Region 3 : South Central LA	8	18	0	114	9	2	0	151
Region 4 : Acadiana	17	29	0	168	20	4	0	238
Region 5 : Southwest LA	10	15	0	106	10	3	0	144
Region 6 : Central LA	15	25	0	144	10	6	0	200
Region 7 : Northwest LA	20	56	0	180	8	5	0	269
Region 8 : Northeast LA	41	52	0	172	11	18	0	294
Region 9 : Northshore Area	8	28	0	204	9	4	0	253
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	168	347	0	2,021	106	67	0	2,709

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	1	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
Unduplicated Grand Total	135	294	2	2,020	63	56	0	2,570

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	24	78	0	701	10	12	0	825
Region 2 : Capital Area	25	50	0	363	13	13	0	464
Region 3 : South Central LA	8	12	0	146	6	2	0	174
Region 4 : Acadiana	12	24	0	253	11	7	0	307
Region 5 : Southwest LA	7	12	0	152	9	4	0	184
Region 6 : Central LA	6	18	0	194	7	8	0	233
Region 7 : Northwest LA	9	53	0	247	6	4	0	319
Region 8 : Northeast LA	18	41	0	290	7	15	0	371
Region 9 : Northshore Area	9	20	0	283	3	2	0	317
Out of State	0	0	0	23	0	0	0	23
Unduplicated Grand Total	118	308	0	2,652	72	67	0	3,217

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	71	0	351	13	18	0	484
Region 2 : Capital Area	46	49	0	243	11	10	0	359
Region 3 : South Central LA	9	14	0	88	7	2	0	120
Region 4 : Acadiana	24	26	0	193	21	7	0	271
Region 5 : Southwest LA	12	16	0	97	10	4	0	139
Region 6 : Central LA	18	21	0	107	9	6	0	161
Region 7 : Northwest LA	21	56	1	147	9	5	0	239
Region 8 : Northeast LA	38	52	0	167	8	14	0	279
Region 9 : Northshore Area	15	25	0	171	7	5	0	223
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	214	330	1	1,564	95	71	0	2,275

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	14	69	0	1,042	11	15	0	1,151
Region 2 : Capital Area	17	54	0	674	11	7	0	763
Region 3 : South Central LA	5	12	0	285	8	3	0	313
Region 4 : Acadiana	6	36	0	363	13	7	0	425
Region 5 : Southwest LA	4	16	0	202	8	5	0	235
Region 6 : Central LA	3	23	0	278	8	3	0	315
Region 7 : Northwest LA	5	51	0	435	6	5	0	502
Region 8 : Northeast LA	9	57	0	355	7	7	0	435
Region 9 : Northshore Area	7	34	0	463	7	1	0	512
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	70	352	0	4,097	79	53	0	4,651

Applied Behavior Analysis-Based Therapy Services

Applied Behavior Analysis (ABA) therapy was carved in to the managed care delivery system on 2/1/18. Below is a summary of ABA utilization in November 2021.

November 2021 Chisholm MCO Reporting Data

	ACL A	AETNA	Healthy Blue	LHCC	UHC	TOTALS
Number of CCMs with ASD	396	212	526	675	431	2240
	14	6	22	40	25	

Number of PAs Requested for CCMS with ASD						107
Number of PAs approved for CCMS with ASD	14	6	22	40	25	107
Number of PAs denied	0	0	0	0	0	0
Claims Paid for CCMS with ASD	\$103,247.00	\$106,073.05	\$198,301.80	\$2,282,106.38	\$236,091.36	\$2,925,819.59
Enrolled Provider Groups	86	101	85	88	77	
Total licensed BCBAs	419	448	209	482	454	

PA = Prior Authorization

CCMs = Chisholm Class Members

ASD = Autism Spectrum Disorder

BCBA = Board Certified Behavior Analyst