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GOVERNOR

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State of Louisiana

Louisiana Department of Health

Bureau of Health Services Financing

Louisiana Developmental Disability Council Report

March 2022

Update/Progress on Agency Initiatives

LDH Business Plan

The Louisiana Department of Health (LDH) 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.

The business plan defines a list of measurable initiatives intended to accomplish 42 goals by the end of the state fiscal year 2022. The full business plan is available on LDH'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 LDH 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 202, LDH will provide a report detailing the business plan's achievements, lessons learned, and opportunities for further improvement.

Provider Enrollment

As a part of the Affordable Care Act and later refined in the 21st Century Cures Act, federal laws enforced by CMS require that states screen and enroll all providers, including MCO-only providers, Dental Benefits Program Manager (DBPM) providers and Coordinated System of Care (CSoC) providers. Provider Enrollment resumed on February 14, 2022, after a brief pause in the enrollment portal to complete system repairs.

The Louisiana Department of Health (LDH) has requested a deadline extension from CMS. The proposed deadline is June 30, 2022, and is pending CMS approval. CMS has until May 7, 2022, to grant approval of this proposal. This extension request has been communicated to providers.

LDH continues to encourage providers to use the portal to complete enrollment through focused outreach and partnerships with the managed care entities, provider groups and provider associations. Any existing Medicaid provider that does not complete the enrollment and screening process through the new portal will have their claims denied.

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

- The provider enrollment website at www.ldh.la.gov/medicaidproviderenrollment includes training webinars, links to manuals and frequently asked questions.
- Informational Bulletin 22-4 includes information on the provider enrollment portal, Medicaid's process for enrollment and the latest updates.
- 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

Medicaid launched Act 421 Children's Medicaid Option (Act 421 - CMO), or TEFRA, on January 1, 2022. As of March 25, Act 421/TEFRA has approved 46 children for Medicaid coverage who would not otherwise be eligible. There are approximately 200 more applicants currently pending for a level of care or disability determination.

The TEFRA option, which disregards family income for children under 19 with disabilities who meet specific criteria, covers the services needed 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. The process can take as much as 90 days to complete. An application workflow can be found here.

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 Human Services District

Your Human Services District 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

Act 450 of the 2021 Regular Legislative Session requires LDH to cover comprehensive dental care for adults with intellectual and developmental 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. Medicaid's intent is for coverage to begin July 1, 2022.

Dental coverage will be provided through managed care with one of our LDH's 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. 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.

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, 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. Louisiana submitted its amended spending plan to CMS on October 12, 2021, and received partial approval and follow-up questions. LDH submitted responses to CMS follow-up questions on February 1, 2022, and are working on implementing the activities that CMS has approved.

Permanent Supportive Housing Services

OAAS, OCDD and OBH continue to assist participants to transition into Permanent Supportive Housing. There are currently 4,732 individuals being served and 2,822 households providing Permanent Supportive Housing. A total of 8,276 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 March 8, 2022), approximately 3,638 individuals have transitioned from qualified institutions (hospitals, nursing facilities and supports and services centers), through the Money Follows the Person (MFP) program. This includes:

- 412 individuals in calendar year (CY) 2018
- 275 individuals in CY 2019
- 203 individuals in CY 2020
- 286 individuals in CY 2021

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.

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 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.

Currently, MFP reauthorization bills are under review in Congress. On March 12, 2021, representatives reintroduced a bill to make the Medicaid Money Follows the Person Program permanent (H.R.1880). For now, CMS continues to approve MFP budgets in yearly increments. The current MFP budget for CY22 was submitted on March 11, 2022, and is pending approval.

Self-Direction

- There are 1,900 individuals participating in the self-direction option as of February 28, 2022.
- 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 February 28, 2022, Morning Sun provided fiscal services to 203 participants/employers; Acumen provided services to 1,697 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 May 2022.
- LDH is currently exploring options for implementing overtime payments within OCDD waivers. The timeline for completion will depend on the option selected, based on feedback from the Self-Direction Advocacy Group.

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 provided as needed.

All providers are reporting services through electronic visit verification. LDH issued a memo to providers on November 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 90% of providers are meeting the state benchmark of 80% EVV input.

A request for proposals was issued in May 2021 for a Home and Community Based Data and EVV system. The department is currently evaluating the proposals submitted.

The state began requiring self-direction employers/employees to begin electronically entering time effective January 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 2019 stating that option 1 (e.g. web-based portal using dual verification) is not permissible under the 21st Century 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 phone number used needs to be the phone number on file with the participant, or 2) FOB device – a fixed device that generates new codes at the press of 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 self-direction 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.

EPSDT Personal Care Services (PCS)

EPSDT PCS providers are using EVV for these services. Both fee-for-service and managed care providers are required to use EVV to report services as of October 1, 2020. Medicaid is currently working to implement a post authorization process for EPSDT PCS services similar to the post authorization process for 1915(c) waiver in home services.

Behavioral Health

The Statewide Coordinated System of Care (CSoC) waiver enrollment totaled 2,284 as of March 18, 2022. This data includes all children presumptively eligible and enrolled in 1915 b (3)/(c) waivers.

Region/Parish	Participant Count
Region 1 (Jefferson/Orleans area)	306
Region 2 (Capital area)	296
Region 3 (Covington area)	231
Region 4 (Thibodeaux area)	248
Region 5 (Lafayette area)	279
Region 6 (Lake Charles area)	144
Region 7 (Alexandria area)	180
Region 8 (Shreveport area)	180
Region 9 (Monroe area)	420
Total	**2,284**

Behavioral Health Network Adequacy Report 2021 Q4 (October –December 2021)

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	109	350	0	2,934	57	74	0	**3,524**
Region 2 : Capital Area	137	259	0	1,633	63	50	0	**2,142**
Region 3 : South Central LA	40	76	0	538	38	11	0	**703**
Region 4 : Acadiana	73	140	0	1,020	85	31	0	**1,349**
Region 5 : Southwest LA	45	68	0	564	43	17	0	**737**
Region 6 : Central LA	49	120	0	742	38	30	0	**979**
Region 7 : Northwest LA	66	295	2	1,027	37	20	0	**1,447**
Region 8 : Northeast LA	124	243	0	1,024	40	70	0	**1,501**
Region 9 : Northshore Area	50	117	1	1,056	34	19	0	**1,277**
Out of State	0	0	0	28	0	0	0	**28**
Grand Total	**693**	**1,668**	**3**	**10,566**	**435**	**322**	**0**	**13,687**

**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	17	68	0	647	13	21	0	**766**
Region 2 : Capital Area	27	53	0	302	15	11	0	**408**
Region 3 : South Central LA	8	18	0	117	9	2	0	**154**
Region 4 : Acadiana	16	28	0	151	21	4	0	**220**
Region 5 : Southwest LA	11	14	0	114	10	3	0	**152**
Region 6 : Central LA	14	31	0	157	10	8	0	**220**
Region 7 : Northwest LA	19	60	0	195	9	5	0	**288**
Region 8 : Northeast LA	37	53	0	171	11	20	0	**292**
Region 9 : Northshore Area	9	26	0	194	9	4	0	**242**
Out of State	0	0	0	0	0	0	0	**0**
Unduplicated Grand Total	**158**	**351**	**0**	**2,048**	**107**	**78**	**0**	**2,742**

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	0	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**	**1**	**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	23	77	0	711	9	14	0	**834**
Region 2 : Capital Area	23	52	0	378	12	13	0	**478**
Region 3 : South Central LA	8	13	0	146	7	2	0	**176**
Region 4 : Acadiana	12	24	0	271	11	8	0	**326**
Region 5 : Southwest LA	7	11	0	157	9	4	0	**188**
Region 6 : Central LA	6	20	0	185	6	7	0	**224**
Region 7 : Northwest LA	10	56	0	242	6	4	0	**318**
Region 8 : Northeast LA	15	40	0	286	7	15	0	**363**
Region 9 : Northshore Area	9	19	0	302	3	2	0	**335**
Out of State	0	0	0	28	0	0	0	**28**
Unduplicated Grand Total	**113**	**312**	**0**	**2,706**	**70**	**69**	**0**	**3,270**

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	30	73	0	359	13	18	0	**493**
Region 2 : Capital Area	45	51	0	254	11	11	0	**372**
Region 3 : South Central LA	9	14	0	90	7	2	0	**122**
Region 4 : Acadiana	23	26	0	193	21	7	0	**270**
Region 5 : Southwest LA	12	15	0	97	10	4	0	**138**
Region 6 : Central LA	18	25	0	111	9	7	0	**170**
Region 7 : Northwest LA	22	59	1	154	9	6	0	**251**
Region 8 : Northeast LA	38	54	0	174	8	20	0	**294**
Region 9 : Northshore Area	15	26	1	173	8	6	0	**229**
Out of State	0	0	0	0	0	0	0	**0**
Unduplicated Grand Total	**212**	**343**	**2**	**1,605**	**96**	**81**	**0**	**2,339**

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	15	69	0	638	12	12	0	**746**
Region 2 : Capital Area	17	55	0	363	16	4	0	**455**
Region 3 : South Central LA	5	17	0	117	9	2	0	**150**
Region 4 : Acadiana	7	39	0	203	20	5	0	**274**
Region 5 : Southwest LA	5	16	0	87	8	3	0	**119**
Region 6 : Central LA	5	28	0	127	9	3	0	**172**
Region 7 : Northwest LA	5	63	0	226	6	3	0	**303**
Region 8 : Northeast LA	9	58	0	184	11	6	0	**268**
Region 9 : Northshore Area	7	23	0	242	8	0	0	**280**
Out of State	0	0	0	0	0	0	0	**0**
Unduplicated Grand Total	**75**	**368**	**0**	**2,187**	**99**	**38**	**0**	**2,767**

Source: Healthy Louisiana Managed Care Reporting - Behavioral Health Provider Network Detail Report

Note: *Indicates provider counts calculated using NPI numbers of independently practicing practitiones and the service address of provider agencies

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 2022.

February 2022 Chisholm MCO Reporting Data						
	AETNA	ACLA	Healthy Blue	LHCC	UHC	TOTALS
Number of CCMs with ASD	211	415	553	712	348	**2,239**
Number of PAs Requested for CCMs with ASD	7	8	31	65	30	**141**
Number of PAs approved for CCMs with ASD	7	8	31	65	30	**141**
Number of PAs denied	0	0	0	0	0	**0**
Claims Paid for CCMs with ASD	$105,347.95	$117,416.58	$186,398.22	$2,058,901.43	$240,912.19	**$2,708,976.37**
Enrolled Provider Groups	103	89	85	133	78	
Total licensed BCBAs	491	434	209	666	449	

TABLE GUIDE:

PA = Prior Authorization

CCMs = Chisholm Class Members

ASD = Autism Spectrum Disorder

BCBA = Board Certified Behavior Analyst