



# State of Louisiana

## Louisiana Department of Health Bureau of Health Services Financing

### July 2021

## Louisiana Developmental Disability Council Report

#### Update/Progress on Agency Initiatives

#### 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 OCDD, OAAS, and the Office of Behavioral Health (OBH) to develop the initial spending proposal that will be submitted to CMS for approval due by July 12, 2021. The Department will continue to work with stakeholders on use of the funds and ongoing service and expenditure requests for implementation.

#### Act 421 – Children’s Medicaid Option Update

Act 421 of the 2019 Legislative Session mandates that the Department implement a Tax Equity & Fiscal Responsibility Act (TEFRA) option under the Medicaid program. Briefly, TEFRA allows Medicaid to disregard parental income for children with disabilities who meet institutional level-of-care requirements, thus allowing the child with disabilities to receive Medicaid coverage. Act 421 requires submission of necessary documents to the federal Centers for Medicare and Medicaid Services (CMS). LDH submitted the waiver application on September 1, 2020.

After consideration of numerous models, consultation with the legislative authors and stakeholder outreach, given the current appropriation for the program, LDH has determined that Act 421 is best implemented as an 1115 demonstration waiver, managed jointly by Medicaid and OCDD within LDH.

For FY 22, LDH annualized the \$13.6 million funded in the FY 2021 Executive Budget for a total annual budget of \$27.2 million. LDH was hoping to kick off registration in April 2021; however, the timeline has been delayed as the application is still under review with CMS. Due to the delayed CMS approval of this demonstration waiver, LDH is working aggressively with CMS in hopes of obtaining approval as soon as possible. We continue the work on systems, policies, and procedures necessary to begin enrollment in the program once CMS approval is received. LDH has worked through implementation requirements and stands ready to go live upon federal approval. However, given the recent announcement of possible enhanced funding under the American Rescue Plan, LDH is exploring expansion of this program either through unlimited enrollment in the demonstration or through a State Plan Amendment option. Additional updates and details will be provided upon further discussions with CMS regarding the funding.

All information and updates on the implementation of the program are posted to our Act 421 website here: [www.ldh.la.gov/Act421](http://www.ldh.la.gov/Act421).

### **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 4,767 individuals being served and 2,836 households providing Permanent Supportive Housing. A total of 7,966 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 July 2021), approximately 3,415 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 99 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.

On September 23, 2020, 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. Eligible states can submit supplemental budget requests under this funding opportunity through June 30, 2021. 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 on 6/25/21 and is pending approval.

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 1738 individuals participating in the self-direction option as of 5/31/21.
- All participants new to Self-Direction are given the 'Freedom of Choice' to select either Acumen Fiscal Agent or Morning Sun.
- Self-Direction participants may change fiscal employer agencies for dates of service at the beginning of the calendar quarter.
- As of May 31, 2021, Morning Sun provided fiscal services to 110 Participants/Employers (OAAS/OCDD).
- A small stakeholder meeting was held on June 4, 2021. We are in the process of scheduling the statewide stakeholder meeting which is expected to occur in September 2021.

## **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 2/24/21 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 93% 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 in the second and third quarter of 2021.

#### 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 2,247 as of 7/21/2021.

\*This data includes all children presumptively eligible and enrolled in 1915 b(3)/(c) waivers.

Region/Parish	Participant Count
Region 1 (Jefferson/Orleans area)	333
Region 2 (Capital area)	281
Region 3 (Covington area)	263
Region 4 (Thibodeaux area)	250
Region 5 (Lafayette area)	255
Region 6 (Lake Charles area)	128
Region 7 (Alexandria area)	165
Region 8 (Shreveport area)	177
Region 9 (Monroe area)	395
<b>Total</b>	<b>2,247</b>

## Behavioral Health Network Adequacy Report 2021 Q1 (-January - March)

All Plans	Addiction Outpatient	BH Rehabilitation	Crisis Stabilization	*Outpatient Therapy	Psychiatric Inpatient	Residential	Family Support Organizations	Total
DHH Administrative Regions								
Region 1 & 10 : Greater NO Area & Jefferson Parish	93	322	0	2,780	71	61	0	3,327
Region 2 : Capital Area	106	223	0	1,473	58	51	0	1,911
Region 3 : South Central LA	34	73	0	624	36	12	0	779
Region 4 : Acadiana	64	123	0	1,001	75	29	0	1,292
Region 5 : Southwest LA	34	75	0	563	43	20	0	735
Region 6 : Central LA	44	112	0	603	38	27	0	824
Region 7 : Northwest LA	47	231	1	725	34	18	0	1,056
Region 8 : Northeast LA	111	227	0	961	36	56	0	1,391
Region 9 : Northshore Area	47	121	0	1,081	39	20	0	1,308
Out of State	0	0	0	0	0	0	0	0
**Grand Total	580	1,507	1	8,751	430	294	0	11,563

\*\*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)	Addiction Outpatient	BH Rehabilitation	Crisis Stabilization	*Outpatient Therapy	Psychiatric Inpatient	Residential	Family Support Organizations	Total
DHH Administrative Regions								
Region 1 & 10 : Greater NO Area & Jefferson Parish	13	80	0	626	16	16	0	751
Region 2 : Capital Area	19	46	0	278	16	12	0	371
Region 3 : South Central LA	8	19	0	109	9	2	0	147
Region 4 : Acadiana	16	25	0	155	24	3	0	223
Region 5 : Southwest LA	7	17	0	102	10	4	0	140
Region 6 : Central LA	12	25	0	141	10	6	0	194
Region 7 : Northwest LA	13	54	0	181	8	4	0	260
Region 8 : Northeast LA	34	56	0	157	10	16	0	273
Region 9 : Northshore Area	9	24	0	185	12	3	0	233
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	131	346	0	1,762	115	66	0	2,420

PLAN 2 : AETNA BETTER HEALTH OF LOUISIANA	Addiction Outpatient	BH Rehabilitation	Crisis Stabilization	*Outpatient Therapy	Psychiatric Inpatient	Residential	Family Support Organizations	Total
DHH Administrative Regions								
Region 1 & 10 : Greater NO Area & Jefferson Parish	11	37	0	142	18	2	0	210
Region 2 : Capital Area	15	39	0	89	16	9	0	168
Region 3 : South Central LA	10	15	0	42	6	3	0	76
Region 4 : Acadiana	13	16	0	84	15	7	0	135
Region 5 : Southwest LA	7	16	0	51	10	4	0	88
Region 6 : Central LA	4	18	0	70	6	5	0	103
Region 7 : Northwest LA	5	38	0	82	8	1	0	134
Region 8 : Northeast LA	20	35	0	84	5	7	0	151
Region 9 : Northshore Area	11	18	0	77	11	9	0	126
Out of State	0	0	0	0	0	0	0	0
Unduplicated Grand Total	96	232	0	601	95	47	0	1,071

DD Council Quarterly Report

FY 21 Q3

Page 6

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	66	0	655	11	11	0	766
Region 2 : Capital Area	23	47	0	348	13	13	0	444
Region 3 : South Central LA	8	14	0	135	6	2	0	165
Region 4 : Acadiana	10	25	0	235	11	7	0	288
Region 5 : Southwest LA	7	12	0	149	9	4	0	181
Region 6 : Central LA	6	21	0	190	7	6	0	230
Region 7 : Northwest LA	9	47	0	224	6	4	0	290
Region 8 : Northeast LA	18	39	0	261	7	12	0	337
Region 9 : Northshore Area	8	21	0	248	3	2	0	282
Out of State	0	0	0	0	0	0	v	0
<b>Unduplicated Grand Total</b>	<b>112</b>	<b>292</b>	<b>0</b>	<b>2,324</b>	<b>73</b>	<b>61</b>	<b>0</b>	<b>2,862</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	34	75	0	317	12	19	0	457
Region 2 : Capital Area	33	49	0	186	10	12	0	290
Region 3 : South Central LA	9	14	0	76	7	2	0	108
Region 4 : Acadiana	22	28	0	166	12	7	0	235
Region 5 : Southwest LA	12	17	0	68	7	4	0	108
Region 6 : Central LA	14	21	0	87	8	10	0	140
Region 7 : Northwest LA	17	57	1	142	8	5	0	230
Region 8 : Northeast LA	29	47	0	139	7	18	0	240
Region 9 : Northshore Area	14	25	0	137	5	6	0	187
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>184</b>	<b>333</b>	<b>1</b>	<b>1,290</b>	<b>76</b>	<b>83</b>	<b>0</b>	<b>1,967</b>

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	25	81	0	969	15	15	0	1,105
Region 2 : Capital Area	42	62	0	581	13	12	0	710
Region 3 : South Central LA	6	15	0	257	8	3	0	289
Region 4 : Acadiana	17	37	0	371	14	7	0	446
Region 5 : Southwest LA	13	22	0	197	8	5	0	245
Region 6 : Central LA	10	30	0	263	8	4	0	315
Region 7 : Northwest LA	8	54	0	405	7	5	0	479
Region 8 : Northeast LA	13	62	0	323	7	6	0	411
Region 9 : Northshore Area	13	42	0	427	9	1	0	492
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>73</b>	<b>405</b>	<b>0</b>	<b>2,789</b>	<b>89</b>	<b>58</b>	<b>0</b>	<b>3,414</b>

### 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 April 2021.

#### April 2021 Chisholm MCO Reporting Data

	ACLA	AETNA	HB	LHCC	UHC	TOTALS
<b>Number of CCMs with ASD</b>	526	193	832	548	383	<b>2482</b>
<b>Number of PAs Requested for CCMs with ASD</b>	12	3	33	29	21	<b>98</b>
<b>Number of PAs approved for CCMS with ASD</b>	12	3	33	29	21	<b>98</b>
<b>Number of PAs denied</b>	0	0	0	0	0	<b>0</b>
<b>Claims Paid for CCMS with ASD</b>	\$149,928.10	\$83,389.82	\$150,303.75	\$1,879,291.14	\$277,182.42	<b>\$2,536,095.23</b>
<b>Enrolled Provider Groups</b>	83	88	85	82	74	
<b>Total licensed BCBA</b>	356	372	209	423	420	

PA = Prior Authorization

CCMs = Chisholm Class Members

ASD = Autism Spectrum Disorder

BCBA = Board Certified Behavior Analyst