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State of Louisiana

Louisiana Department of Health

Bureau of Health Services Financing

Louisiana Developmental Disability Council Report

October 2022

Update/Progress on Agency Initiatives

FY 2022 LDH Business Plan

Policy is currently working with LDH BMAC to finalize the FY 2022 LDH Business Plan Final Outcomes Report, which will be released to the public in October 2022. This report will detail the number of deliverables completed and goals met during FY 22. Over 95% of the Business Plan's deliverables were completed in FY 22, and 36 of 42 goals were met.

FY 2022 Highlights – Goals Met

- Medicaid
    - Initiative 1, Goal 2: Develop a comprehensive dental program for adults over age 21 enrolled in an I/DD waiver
    - Initiative 4, Goal 1: Increase the number of adult Medicaid members with controlled high blood pressure and diabetes
    - Initiative 9, Goal 1: Establish university partnerships in FY22 to conduct projects that identify and address three challenges or opportunities in LDH.
    - Initiative 12, Goal 1: Launch the Workforce Development Training Program and train 100 individuals in the pilot phase with 25% of the pilot enrollees being a current Medicaid recipient.
    - Initiative 17, Goal 1: Award MCO contracts that incorporate broad stakeholder feedback and suggestions, resulting in increased accountability, improved health management, and reduced health disparities for individuals accessing Medicaid services.
- Engineering
    - Initiative 10, Goal 2: Develop a plan to prioritize funding for consolidation projects and infrastructure improvements to maximize available funding.

- OAAS
    - Initiative 6, Goal 3: Increase access to home and community-based care for an aging population by adding an additional Program for All Inclusive Care for the Elderly (PACE) site.
- OBH
    - Initiative 2, Goal 3: Increase access to life-saving opioid overdose reversal treatment through the distribution of 20,000 naloxone kits
    - Initiative 3, Goal 1: Implement a comprehensive crisis system of care resulting in a decrease in the number of emergency department visits for Medicaid members presenting with a primary behavioral health reason by 3%
- OCDD
    - Initiative 6, Goal 1: Improve access and prevent unnecessary institutionalization of children with disabilities not otherwise eligible for Medicaid through the development and implementation of a new eligibility group that will keep children in their homes and communities by providing necessary Medicaid services.
- OPH
    - Initiative 4, Goal 2: Establish 12 new community-based blood pressure monitoring and diabetes prevention programs
    - Initiative 13, Goal 2: Reinstate the Well-Ahead Louisiana Rural Health Scholars Program in urban and rural healthcare shortage areas by recruiting healthcare students for job rotations in healthcare provider shortage areas.
- BCPHE
    - Initiative 11, Goal 1: Develop an LDH Community Engagement Toolkit to support LDH team members in the delivery of effective community engagement as we create and improve LDH policies and services.
- LARC
    - Initiative 16, Goal 4: Improve TPL cost avoidance and recovery capabilities, resulting in a 5% increase in total cost avoidance savings and recoveries in FY22
- HR
    - Initiative 8, Goal 3: Develop and implement a formal succession planning program at LDH that results in the creation of succession plans for 10% of the positions throughout LDH.

FY 2023 LDH Business Plan

LDH plans to release its FY 2023 LDH Business Plan simultaneously with the FY 2022 Final Outcomes Report, in October 2022. The planned release date is the end of the month of October 2022. The Department is building on FY 2022 work and success in the areas of maternal health, behavioral health, healthcare workforce, and chronic disease, and continuing to focus on improving internal LDH culture, strengthening external partnerships with stakeholders, and improving transparency and compliance. Some of initiatives to be included in the FY 23 Business Plan are below:

- Expand Collaborations with Community Partners
- Increase and Strengthen Service Delivery for Vulnerable Residents
- Increasing Availability of Behavioral Health Services
- Improve Prevention, Early Detection, and Treatment of Chronic Diseases and Tobacco Use (*Increase overall colorectal cancer screening rates and smoking cessation*)

- Strengthen, Expand, and Diversify in Louisiana's Healthcare Workforce
- Improving Systems to Support People Living with Sickle Cell Disease
- Establish the Office of Women's and Community Health
- Establish an LDH Annual Quality Improvement Process

Provider Enrollment

CMS has mandated provider enrollment and it applies to any provider that provides care to Medicaid members, which includes current managed care organization (MCO) only providers, Dental Benefits Program Manager (DBPM) providers, Coordinated System of Care (CSoC) providers, existing fee-for-service providers, and any new providers enrolling for the first time.

The deadline to submit an enrollment application has been extended to **September 30**. This was done for two primary reasons 1) low enrollment 2) issues with Gainwell technology. Providers must allow several weeks from the time of the application submission to the time that enrollment is considered complete. Claims will be denied beginning December 31, 2022 for providers who have not completed the enrollment process. This enrollment deadline applies to providers who received an invitation letter from Gainwell initially. Since this launched in July 2021, new providers have been and continue to be added and we estimate that an additional 5000-15,000 will need to complete enrollment prior to the end of the PHE. These providers will have a shorter time frame to comply with enrollment. LDH will do additional aggressive enrollment pushes to include legislative town halls, cold calls, Medicaid provider mandatory meetings through associations and direct mail campaigns.

Additional guidance is located at www.ldh.la.gov/medicaidproviderenrollment. Providers can also email questions to LouisianaProvEnroll@gainwelltechnologies.com or call 833-641-2140, Monday – Friday between the hours of 8 a.m. and 5 p.m. CST.

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 July 1, Act 421/TEFRA has approved 552 children for Medicaid coverage who would not otherwise be eligible. There are approximately 237 more applicants currently under review 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.

In April, changes to the intermediate care facility for individuals with intellectual disabilities (ICF/IID) level of care requirements were implemented to now 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.

New documents have been added to the Resources section of the Act 421-CMO webpage over the last quarter. 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 www.ldh.la.gov/Act421.

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

Step 2 - 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.

Step 3 - Disability Determination – applicants must meet the definition of disability as set forth by the Social Security Administration.

Step 4 - Enrollment/Service 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. LDH received approval from CMS on all activities included in the HCBS Spending Plan on 5/2/22. CMS requires approval of Waiver and State Plan Amendments (SPAs) and in some cases State emergency rulemaking is needed for activities that involve provider payments and changes to services prior to implementing. Waiver amendments/Appendix K requests were submitted to CMS on 5/16/22. CMS approved amendments for OCDD waivers on 6/23/22 and OAAS amendments on 7/6/22. Disaster/emergency SPAs were submitted to CMS on 6/13/22 and were approved 9/9/22.

Permanent Supportive Housing Services

OAAS, OCDD and OBH continue to assist participants to transition into Permanent Supportive Housing. There are currently 4,168 individuals being served and 2,487 households providing Permanent Supportive Housing. A total of 8,453 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 June 30, 2022), approximately 3,804 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 was approved on May 3, 2022.

Self-Direction

- There are 2,066 individuals participating in the self-direction option as ofAugust 31, 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 August 31, 2022, Morning Sun provided fiscal services to 284 participants/employers; Acumen provided fiscal services to 1,782 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 December of 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 Stakeholder 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 92% of providers are meeting the state benchmark of 80% EVV input. LDH is

continuing to work with providers to increase compliance with the EVV requirements and provide technical assistance as requested.

A request for proposals was issued in May 2021 for a Home and Community Based Data and EVV system. The department is -waiting on concurrence from the Office of State Procurement to announce the award for this contract.

Behavioral Health

The Statewide Coordinated System of Care (CSoC) waiver enrollment totaled 2,239 as of September 30, 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)	300
Region 2 (Capital area)	287
Region 3 (Covington area)	215
Region 4 (Thibodeaux area)	282
Region 5 (Lafayette area)	310
Region 6 (Lake Charles area)	127
Region 7 (Alexandria area)	195
Region 8 (Shreveport area)	128
Region 9 (Monroe area)	395
Total	2,239

Behavioral Health Network Adequacy Report 2022 Q2 (April - June)

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	64	128	0	1,380	27	25	0	**1,624**
Region 2 : Capital Area	78	98	1	807	24	21	0	**1,029**
Region 3 : South Central LA	18	26	0	296	11	4	0	**355**
Region 4 : Acadiana	38	59	0	512	38	13	0	**660**
Region 5 : Southwest LA	17	25	0	282	18	6	0	**348**
Region 6 : Central LA	26	39	0	354	15	11	0	**445**
Region 7 : Northwest LA	33	91	1	511	16	8	0	**660**
Region 8 : Northeast LA	66	81	0	470	15	22	0	**654**
Region 9 : Northshore Area	26	39	1	572	15	8	0	**661**
Out of State	0	0	0	31	0	0	0	**31**
Grand Total	**366**	**586**	**3**	**5,215**	**179**	**118**	**0**	**6,467**

**Grand Total 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	19	65	0	640	13	18	0	**755**
Region 2 : Capital Area	33	53	1	312	14	13	0	**426**
Region 3 : South Central LA	6	17	0	112	9	2	0	**146**
Region 4 : Acadiana	13	27	0	24	19	5	0	**88**
Region 5 : Southwest LA	10	13	0	18	10	4	0	**55**
Region 6 : Central LA	14	24	0	208	10	6	0	**262**
Region 7 : Northwest LA	21	54	0	56	10	5	0	**146**
Region 8 : Northeast LA	41	46	0	121	11	18	0	**237**
Region 9 : Northshore Area	10	25	0	175	11	5	0	**226**
Out of State	0	0	0	0	0	0	0	**0**
Unduplicated Grand Total	**167**	**324**	**1**	**1,666**	**107**	**76**	**0**	**2,341**

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	30	73	0	153	14	9	0	**279**
Region 2 : Capital Area	30	48	0	111	8	10	0	**207**
Region 3 : South Central LA	9	14	0	53	7	4	0	**87**
Region 4 : Acadiana	15	16	0	86	15	6	0	**138**
Region 5 : Southwest LA	6	13	0	48	6	4	0	**77**
Region 6 : Central LA	11	21	0	81	6	4	0	**123**
Region 7 : Northwest LA	9	52	0	100	9	4	0	**174**
Region 8 : Northeast LA	25	34	0	110	6	12	0	**187**
Region 9 : Northshore Area	7	15	0	78	8	3	0	**111**
Out of State	0	0	0	0	0	0	0	**0**
Unduplicated Grand Total	**142**	**286**	**0**	**820**	**79**	**56**	**0**	**1,383**

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	8	62	0	758	15	14	0	**857**
Region 2 : Capital Area	14	50	0	413	17	17	0	**511**
Region 3 : South Central LA	4	13	0	150	9	2	0	**178**
Region 4 : Acadiana	4	16	0	302	17	11	0	**350**
Region 5 : Southwest LA	7	8	0	172	9	5	0	**201**
Region 6 : Central LA	2	28	0	178	9	5	0	**222**
Region 7 : Northwest LA	10	43	0	266	10	4	0	**333**
Region 8 : Northeast LA	13	38	0	286	10	14	0	**361**
Region 9 : Northshore Area	6	18	0	302	10	3	0	**339**
Out of State	0	0	0	30	0	0	0	**30**
Unduplicated Grand Total	**68**	**276**	**0**	**2,857**	**106**	**75**	**0**	**3,382**

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	33	65	0	368	15	17	0	**498**
Region 2 : Capital Area	48	52	0	264	13	11	0	**388**
Region 3 : South Central LA	10	14	0	87	7	2	0	**120**
Region 4 : Acadiana	25	25	0	190	21	7	0	**268**
Region 5 : Southwest LA	11	15	0	101	10	4	0	**141**
Region 6 : Central LA	17	20	0	114	9	5	0	**165**
Region 7 : Northwest LA	23	53	1	153	9	6	0	**245**
Region 8 : Northeast LA	39	53	0	180	8	16	0	**296**
Region 9 : Northshore Area	16	27	1	167	8	5	0	**224**
Out of State	0	0	0	0	0	0	0	**0**
Unduplicated Grand Total	**222**	**324**	**2**	**1,624**	**100**	**73**	**0**	**2,345**

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	65	0	741	12	12	0	**845**
Region 2 : Capital Area	18	52	1	402	15	5	0	**493**
Region 3 : South Central LA	5	17	0	158	9	2	0	**191**
Region 4 : Acadiana	7	37	0	258	20	6	0	**328**
Region 5 : Southwest LA	5	16	0	130	8	3	0	**162**
Region 6 : Central LA	4	23	0	179	9	3	0	**218**
Region 7 : Northwest LA	7	56	0	276	6	3	0	**348**
Region 8 : Northeast LA	13	54	0	196	11	6	0	**280**
Region 9 : Northshore Area	7	25	0	294	9	1	0	**336**
Out of State	0	0	0	0	0	0	0	**0**
Unduplicated Grand Total	**81**	**345**	**1**	**2,634**	**99**	**41**	**0**	**3,201**

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 August 2022.

August 2022 Chisholm MCO Reporting Data						
	AETNA	ACLA	Healthy Blue	LHCC	UHC	TOTALS
Number of CCMs with ASD	436	230	392	643	374	**2075**
Number of PAs Requested for CCMs with ASD	13	8	33	66	33	**153**
Number of PAs approved for CCMs with ASD	13	9	33	66	33	**153**
Number of PAs denied	0	0	0	0	0	**0**
Claims Paid for CCMs with ASD	$77,074.50	$128,958.95	$169,476.81	$858,305.23	$352,895.57	**$1,586,711.06**
Enrolled Provider Groups	90	136	85	141	83	
Total licensed BCBAs	419	556	209	738	472	

TABLE GUIDE:

PA = Prior Authorization

CCMs = Chisholm Class Members

ASD = Autism Spectrum Disorder