



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

**April 2021**

**Louisiana Developmental Disability Council Report**

**Update/Progress on Agency Initiatives**

**Act 421 – Children’s Implementation and Timeline**

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 disregard of 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, LDH has determined that Act 421 is best implemented as an 1115 demonstration waiver, implemented jointly by Medicaid and the Office for Citizens with Development Disabilities (OCDD) within LDH.

For FY 22, LDH requested annualizing 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 of April 2021; however, the timeline has been delayed as the application is still under review with CMS. 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.

The written presentation, initial draft application, and final application are all available for review at [www.ldh.la.gov/Act421](http://www.ldh.la.gov/Act421).

**Permanent Supportive Housing Services**

The Office of Aging and Adult Services (OAAS), Office for Citizens with Developmental Disabilities (OCDD) and Office of Behavioral Health (OBH) continue to assist participants to transition into Permanent Supportive Housing. There are currently 4,758 individuals being served and 2,817 households providing Permanent Supportive Housing. A total of 7,865 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 2021), approximately 3,349 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 33 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. States are awaiting instructions from CMS on how and when to apply.

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.

## Self-Direction

- There are currently approximately 1700 individuals participating in the self-direction option as of 3/31/21.
- 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 March 31, 2021, Morning Sun provided fiscal services to 77 Participants/Employers (OAAS/OCDD).
- A statewide stakeholder meeting was held on November 13, 2020. We are in the process of scheduling the next meeting.

### **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 a memo to providers on 3/20/19 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 clout 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 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 2,286 as of 3/26/2021.

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

Region/Parish	Participant Count
Region 1 (Jefferson/Orleans area)	344
Region 2 (Capital area)	285
Region 3 (Covington area)	269
Region 4 (Thibodeaux area)	263
Region 5 (Lafayette area)	232
Region 6 (Lake Charles area)	144
Region 7 (Alexandria area)	160
Region 8 (Shreveport area)	192
Region 9 (Monroe area)	397
<b>Total</b>	<b>2,286</b>

## Behavioral Health Network Adequacy Report 2020 Q4 (October - December)

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	106	387	0	2,567	59	68	0	3,187
Region 2 : Capital Area	125	243	0	1,318	60	60	0	1,806
Region 3 : South Central LA	41	72	0	476	39	10	0	638
Region 4 : Acadiana	70	118	0	830	75	31	0	1,124
Region 5 : Southwest LA	46	79	0	472	43	20	0	660
Region 6 : Central LA	43	109	0	603	40	29	0	824
Region 7 : Northwest LA	53	276	2	825	35	17	0	1,208
Region 8 : Northeast LA	107	230	0	864	38	61	0	1,300
Region 9 : Northshore Area	50	114	0	915	32	16	0	1,127
Out of State	0	0	0	40	0	0	0	40
<b>Grand Total</b>	<b>641</b>	<b>1,619</b>	<b>2</b>	<b>8,506</b>	<b>425</b>	<b>312</b>	<b>0</b>	<b>11,505</b>

\*\*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	15	76	0	614	15	16	0	736
Region 2 : Capital Area	24	45	0	258	16	11	0	354
Region 3 : South Central LA	8	19	0	104	9	2	0	142
Region 4 : Acadiana	14	23	0	142	24	3	0	206
Region 5 : Southwest LA	9	18	0	102	11	4	0	144
Region 6 : Central LA	12	26	0	132	10	6	0	186
Region 7 : Northwest LA	11	54	0	175	8	4	0	252
Region 8 : Northeast LA	34	55	0	144	10	15	0	258
Region 9 : Northshore Area	9	25	0	175	11	4	0	224
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>136</b>	<b>341</b>	<b>0</b>	<b>1,681</b>	<b>114</b>	<b>65</b>	<b>0</b>	<b>2,337</b>

## DD Council Quarterly Report

FY 21 Q3

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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	10	70	0	224	12	9	0	325
Region 2 : Capital Area	8	39	0	127	9	8	0	191
Region 3 : South Central LA	7	10	0	41	9	2	0	69
Region 4 : Acadiana	8	11	0	94	12	4	0	129
Region 5 : Southwest LA	6	10	0	39	8	4	0	67
Region 6 : Central LA	2	10	0	71	7	4	0	94
Region 7 : Northwest LA	4	47	0	119	8	1	0	179
Region 8 : Northeast LA	5	28	0	89	6	10	0	138
Region 9 : Northshore Area	6	15	0	92	6	2	0	121
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>56</b>	<b>240</b>	<b>0</b>	<b>906</b>	<b>77</b>	<b>44</b>	<b>0</b>	<b>1,323</b>

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	80	0	612	11	10	0	736
Region 2 : Capital Area	26	59	0	362	13	14	0	474
Region 3 : South Central LA	8	14	0	137	6	2	0	167
Region 4 : Acadiana	11	24	0	212	11	7	0	265
Region 5 : Southwest LA	7	12	0	144	9	3	0	175
Region 6 : Central LA	6	24	0	171	7	6	0	214
Region 7 : Northwest LA	9	58	0	232	6	3	0	308
Region 8 : Northeast LA	17	44	0	256	7	12	0	336
Region 9 : Northshore Area	8	21	0	244	3	2	0	278
Out of State	0	0	0	40	0	0	0	40
<b>Unduplicated Grand Total</b>	<b>115</b>	<b>337</b>	<b>0</b>	<b>2,362</b>	<b>73</b>	<b>59</b>	<b>0</b>	<b>2,946</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	30	77	0	308	7	20	0	442
Region 2 : Capital Area	30	50	0	184	11	12	0	287
Region 3 : South Central LA	8	15	0	72	7	2	0	104
Region 4 : Acadiana	19	28	0	155	13	7	0	222
Region 5 : Southwest LA	11	17	0	66	6	4	0	104
Region 6 : Central LA	13	22	0	85	8	9	0	137
Region 7 : Northwest LA	17	58	1	140	7	5	0	228
Region 8 : Northeast LA	27	46	0	167	7	17	0	264
Region 9 : Northshore Area	13	26	0	135	5	6	0	185
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>168</b>	<b>339</b>	<b>1</b>	<b>1,247</b>	<b>75</b>	<b>82</b>	<b>0</b>	<b>1,912</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	28	84	0	809	14	13	0	948
Region 2 : Capital Area	37	50	0	387	11	15	0	500
Region 3 : South Central LA	10	14	0	122	8	2	0	156
Region 4 : Acadiana	18	32	0	227	15	10	0	302
Region 5 : Southwest LA	13	22	0	121	9	5	0	170
Region 6 : Central LA	10	27	0	144	8	4	0	193
Region 7 : Northwest LA	12	59	1	159	6	4	0	241
Region 8 : Northeast LA	24	57	0	208	8	7	0	304
Region 9 : Northshore Area	14	27	0	269	7	2	0	319
Out of State	0	0	0	0	0	0	0	0
<b>Unduplicated Grand Total</b>	<b>166</b>	<b>362</b>	<b>1</b>	<b>2,310</b>	<b>86</b>	<b>62</b>	<b>0</b>	<b>2,987</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 February 2021.

**February 2021 Chisholm MCO Reporting Data**

	ACLA	AETNA	HB	LHCC	UHC	TOTALS
Number of CCMs with ASD	512	208	800	609	402	<b>2,531</b>
Number of PAs Requested for CCMs with ASD	25	6	30	45	42	<b>148</b>
Number of PAs approved for CCMS with ASD	25	6	30	45	42	<b>148</b>
Number of PAs denied	0	0	0	0	0	<b>0</b>
Claims Paid for CCMS with ASD	\$147,162.50	\$59,449.76	\$149,888.54	\$1,674,647.90	\$243,134.70	<b>\$2,274,283.40</b>
Enrolled Provider Groups	79	89	86	79	74	
Total licensed BCBAs	306	374	209	410	411	

PA = Prior Authorization

CCMs = Chisholm Class Members

ASD = Autism Spectrum Disorder

BCBA = Board Certified Behavior Analyst