LOUISIANA DEPARTMENT OF HEALTH
Medicaid

Louisiana Developmental Disabilities Council

Quarterly Report

Bureau of Health Services Financing (Medicaid)
Louisiana Department of Health

October 2026

News, Updates & Highlights

Community Engagement Requirements

Starting January 1, 2027, some Louisiana Medicaid members will have to report community engagement activities, commonly known as work requirements, to keep their health coverage. Most people on Medicaid will not need to meet these requirements.

The new rules apply only to some adults ages 19 to 64 who do not have a disability or a qualifying medical condition. To keep their coverage, these members will need to show Medicaid that they are participating in at least 80 hours of community engagement activities or earning at least $580 each month. Community engagement activities include work, job training, education, and volunteering, and a mix of approved activities can count. Medicaid will check this activity for new applicants and at member renewals.

> **Most people are exempt.** Exempt members do not have to participate. This includes pregnant or postpartum women, caregivers of young children or of an individual with a disability, people who are medically frail, disabled veterans, foster youth, and others.

Medicaid is sending notices and postcards to affected members several months before their renewal so they have time to understand the expectations and meet the required timelines. For example, members with January 2027 renewal dates were mailed a notice in May 2026, and their renewal packet will be mailed in November 2026. About half of affected members will not have to do any extra paperwork: Medicaid will check records such as job history and Social Security data to see if they already meet the requirements.

Members should keep their contact information up to date with Louisiana Medicaid so they do not miss these important updates. For more information, including frequently asked questions, a fact sheet, and a survey to help determine if you may be affected, visit www.ldh.la.gov/Medicaid/work-requirements.

Healthy Blue Transition

The Medicaid managed care contract with Healthy Blue will end on December 31, 2026. Current Healthy Blue members' coverage will continue through that date after which they will be enrolled with one of

the four remaining Healthy Louisiana health plans, with new coverage beginning January 1, 2027. The transition will not affect members' Medicaid eligibility.

Healthy Blue members will receive a letter by October 1, 2026, explaining their health plan options, important deadlines and next steps. Healthy Blue members will have the option to choose their new plan during a special enrollment period from **October 15, 2026, to November 16, 2026**. This special enrollment period will only be open to Healthy Blue members. Enrollment can be done online, via phone or through the Healthy Louisiana app.

Any Healthy Blue members who do not make a choice during the special enrollment period will be assigned to a new health plan using an automatic assignment algorithm. Every attempt will be made to:

- keep families together in the same health plan, and
- keep members in a health plan that will allow them to see their same doctor.

Beginning January 1, 2027, Medicaid managed care services will be provided through the following four health plans:

- Aetna Better Health
- AmeriHealth Caritas Louisiana
- Humana Healthy Horizons in Louisiana
- Louisiana Healthcare Connections

For more details, visit https://www.ldh.la.gov/medicaid/medicaid2027.

Louisiana's 1115 Reentry Demonstration Receives CMS Approval Authorizing Pre-release Services to Eligible Incarcerated Individuals

The Centers for Medicare & Medicaid Services (CMS) has approved Louisiana's 1115 Reentry Demonstration, authorizing the state to receive federal Medicaid funding to provide Medicaid pre-release services to eligible incarcerated individuals. Louisiana is one of three states receiving new demonstration approvals, alongside Minnesota and Nevada, as part of CMS's national initiative to strengthen continuity of care for individuals returning to their communities. The waiver positions Louisiana to join 18 other states implementing CMS-approved reentry demonstrations. Louisiana's demonstration will allow both Medicaid-required and state-defined coverage for specific services during the 60 days prior to release, removing gaps in care created by the existing inmate exclusion.

LDH is preparing to launch the demonstration at Elayn Hunt Correctional Center in April 2027, followed by remaining state prisons and participating parish jails.

Individuals eligible under the waiver will receive medically necessary, Medicaid-covered services during the 60 days prior to release, including:

- Medication-assisted treatment (MAT) and substance use disorder counseling
- A 30-day supply of prescription medications upon release
- Behavioral health assessments and treatment
- Laboratory and diagnostic services
- Durable Medical Equipment (DME)

A core goal of the demonstration is improving coordination between correctional and community providers. Case managers will support participants through pre-release services, scheduling post-release appointments, and facilitating warm handoffs to community care teams. You may learn more about the Reentry program at www.ldh.la.gov/1115Reentry.

2025 Medicaid Annual Report

Louisiana Medicaid has released its 2025 Medicaid Annual Report, featuring a new format and approach designed to make information more accessible, engaging, and relevant to the general public.

The report was overhauled in response to executive management goals to make the general public the primary audience, reduce the report's size, and incorporate more graphics and human-interest content. This effort was agency-wide, with various sections providing feedback during a collaborative review process. Members of the Public Affairs team also researched Medicaid and health-related annual reports from other states to identify effective approaches to presenting complex information to the public. Many of the changes incorporated into the 2025 report were inspired by ideas and practices found in these publications.

The result is a more concise, visually engaging, and public-focused report that provides a clearer picture of Louisiana Medicaid's work and impact. The new approach also establishes a foundation for future annual reports that prioritize clarity, relevance, graphics, and meaningful stories alongside the data.

Click here to read the newly revamped 2025 Annual Report.

Rulemaking and State Plan Amendments (SPAs)

Postpartum Home Visits

Act 190 makes Louisiana the first state in the South to require that insurers cover home visits for new mothers and their babies. Consistent with the commercial coverage requirement, Medicaid will also cover home visiting services. Beginning in January 2027, postpartum women enrolled in Medicaid will be eligible for up to four reimbursable home visits with a nurse through participating hospitals. One-on-one support during those critical first weeks at home will make a significant difference in maternal and infant health. Rulemaking has been issued and a SPA is under review with CMS to establish this new benefit.

Beneficiary Advisory Council (BAC)

The Louisiana Department of Health (LDH) recently established a Beneficiary Advisory Council (BAC), which serves as a subcommittee of the larger Medicaid Advisory Committee. BAC members advise LDH on a range of topics, including changes to covered services, coordination of care, quality of services, and the eligibility application and renewal processes. The first BAC annual report covering state fiscal year 2025-26 was published and may be accessed here: https://ldh.la.gov/assets/docs/MQI/annual-report/mac-bac-2025-2026-annual-report.pdf.

The BAC held its last quarterly meeting on October 13, 2026 and its next meeting is scheduled for January 2027. For more information on the BAC, or to view meeting materials and minutes, visit https://ldh.la.gov/medicaid/beneficiary-advisory-council.

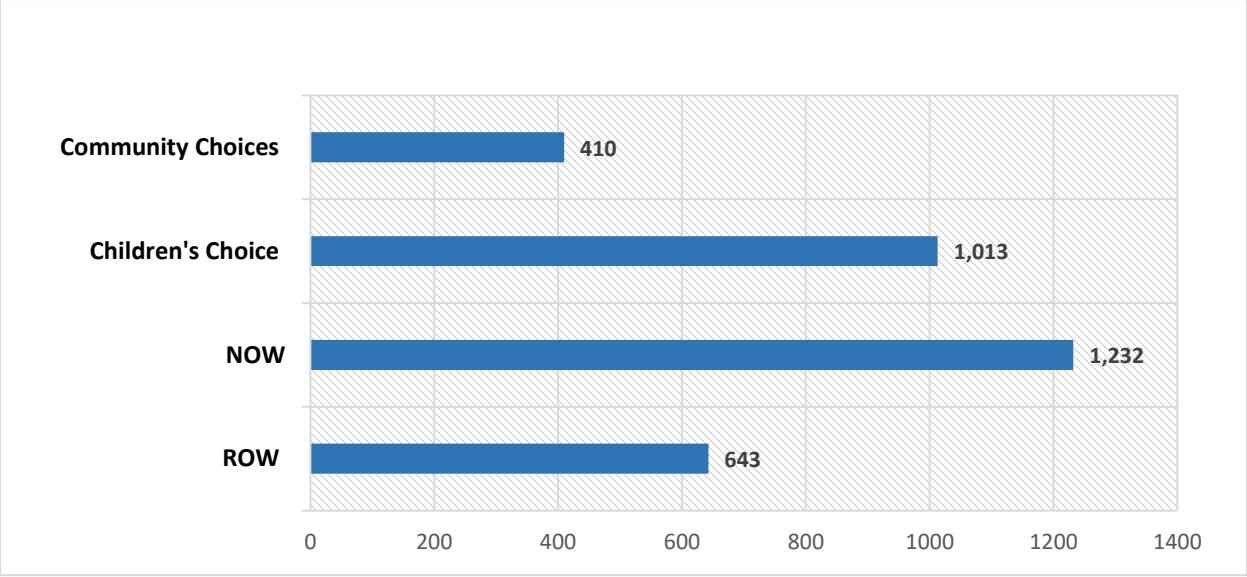
Programs and Services

Self-Direction

The Self-Direction service delivery option allows eligible waiver participants, or an authorized representative, to directly employ and manage their in-home support staff. This model promotes self-determination by giving participants full control over the recruitment, training, supervision, and management of their direct service workers, along with the responsibilities that come with it.

As of October 1, 2026, a total of 3,298 individuals are enrolled in the Self-Direction waiver service option. Enrollment by waiver is shown in Figure 1.

Figure 1. Self-Direction Enrollment by Waiver, October 2026



Participants enrolled in the Residential Options Waiver (ROW), New Opportunities Waiver (NOW), Children's Choice (CC) Waiver, or Community Choices Waiver (CCW) may choose the Self-Direction model at any time if they decide it is the best fit for their goals. They must select one of two

Fiscal/Employer Agents (F/EAs) for support: Acumen or Morning Sun. Currently, 66% of participants use Acumen and 34% use Morning Sun.

For more details, visit the Louisiana Department of Health website: Self-Direction | Louisiana Department of Health.

Act 421 Children's Medicaid Option (TEFRA)

The Act 421 Children's Medicaid Option (Act 421-CMO), also known as TEFRA, provides Medicaid eligibility to children under age 19 who have disabilities and meet institutional level-of-care requirements, regardless of parental income and resources. To qualify, children must have a disability as defined by the Social Security Administration's Supplemental Security Income (SSI) program and meet basic Medicaid and institutional level-of-care requirements. In addition, home care must cost less than institutional care. Since the program began in 2022, more than 4,700 children who would not otherwise be eligible have been approved for Medicaid coverage.

Table 1. Act 421-CMO/TEFRA Applications and Enrollment as of October 2026

Measure	Total since 2022	In 2026
Applications received	9,457	1,569
Applications approved	4,730	746
Currently enrolled	**2,939**	—

For more information on the Act 421/TEFRA program, visit https://ldh.la.gov/act-421, email 421-CMO@LA.GOV, or call 1-800-230-0690.

Money Follows the Person

The Money Follows the Person (MFP) program is a federal grant administered by OAAS, OIDD, and Medicaid that helps eligible individuals move from institutional settings to home- and community-based services in their own homes. To date, more than 4,849 individuals in Louisiana have transitioned through MFP from qualified institutions (hospitals, nursing facilities, and supports and services centers). In calendar year (CY) 2025, 303 participants transitioned, and 146 have transitioned so far in CY 2026. MFP is due for congressional reauthorization by September 30, 2027. For more information on the MFP/My Place program, visit My Place Louisiana.

Applied Behavior Analysis (ABA) Therapy Services

Behavior analysis is based on the scientific study of how people learn. Research has produced techniques that increase useful behaviors (including communication) and reduce harmful ones. Applied behavior analysis (ABA) therapy uses these techniques and is helpful in treating autism spectrum disorder.

Table 2. ABA Services for Chisholm Class Members (CCMs) with Autism Spectrum Disorder

Measure	ACLA	Aetna	Healthy Blue	Humana	LHCC	Total
August 2026						
CCMs with ASD	1,684	526	1,318	75	1,025	**4,628**
PAs requested	44	19	116	80	87	**346**
PAs approved	44	19	116	80	87	**346**
PAs denied	0	0	0	0	0	**0**
Claims paid	$484,951	$471,606	$988,031	$276,242	$936,370	**$3,157,201**

ASD = Autism Spectrum Disorder · CCM = Chisholm Class Member · PA = Prior Authorization.

For more information on ABA services, visit https://ldh.la.gov/medicaid/medicaid-services and select the "Applied Behavior Analysis (ABA)" section.

Targeted Case Management Services

EPSDT Support Coordination provides care coordination for Medicaid-eligible children and youth under age 21 who are on the Developmental Disabilities Request for Services Registry or who meet criteria for children with special needs. Services include assessing needs; coordinating access to medically necessary EPSDT benefits and other medical, social, educational, and community services; making referrals; and conducting monthly follow-up to ensure beneficiaries receive authorized services and needed supports.

Consolidated Appropriations Act Section 5121 (CAA 5121)/Youth Reentry Care Coordination provides care coordination for eligible Medicaid-enrolled youth from 30 days before release from a public institution until at least 30 days after release. Services include connecting youth to medical, behavioral health, social, educational, and other community-based services; identifying post-release needs; making referrals; developing transition plans; addressing barriers to care; and providing follow-up support for a successful return to the community.

Ventilator Care Coordination (VCC) provides specialized care coordination for Medicaid beneficiaries from birth through age 25 who require mechanical ventilation and are enrolled in eligible waiver programs or qualify for EPSDT case management. Services include intensive medical case management; coordination with families, physicians, home health agencies, pharmacies, and equipment vendors; assessment of ventilator and other durable medical equipment needs; help with prescriptions and care planning; advocacy for appropriate services and supplies; monitoring to reduce medication errors and improve continuity of care; and training and technical assistance for caregivers and providers to support the beneficiary's health and safety at home, at school, and in the community.

Table 3. Targeted Case Management Enrollment, October 2026

Targeted Case Management Program	Beneficiaries
EPSDT Support Coordination	1,093
CAA 5121/Youth Reentry	9
Ventilator Care Coordination (VCC)	89