

The Next Quarter: Future Plays from LDH

General Session: "What's on the Horizon?"

Bruce D. Greenstein
Secretary

Agenda

- Office of Economic Independence
- Center for Health and Nutrition
- Rural Health Transformation Fund
- Project M.O.M.
- Constituent Services
- ICF/IID and HCBS Waiver Rate Study
- MCO Contracts

Office of Economic Independence

Office of Economic Independence

- **Background:**

- The natural extension of the 2025 One Door legislation
- Responds to the need for a streamlined access point for public assistance programs

- **Mission:**

- To coordinate and simplify eligibility services for:
 - Medicaid
 - SNAP (Supplemental Nutrition Assistance Program)
 - Work requirements
 - Principal liaison to all of the One Door agencies, especially Louisiana Works

Office of Economic Independence

- **Includes:**

- SNAP eligibility
- Medicaid eligibility
- Work requirements/community engagements
- One Door liaison

- **Innovation and Impact:**

- Merges technology and staff efficiency to reduce duplication
- Aims to improve the client experience through simplified access
- Lays the foundation for economic stability and self-sufficiency

Center for Health and Nutrition

- New road ahead for Louisiana, bringing together for the first time all nutrition programs with the state's premiere health bureau
- Women, Infants, Children (WIC) Program
- SNAP policy
- Moving the Bureau of Chronic Disease Prevention and Healthcare Access from the Office of Public Health to this new center

Louisiana Rural Health Transformation Program

Executive Summary

- **Section 71401 of the Reconciliation Bill** allocated transformative funding to rural health systems. Strategic readiness is critical.
- **\$50 billion** is earmarked over five years for rural health infrastructure, workforce, and access.
 - This would mean approximately \$200 million per year over five years for Louisiana.
- **It prioritizes underserved areas with high morbidity and provider shortages.**
- Transformation plans must be submitted by a **tight timeframe.**

About the Program

- **Seize the opportunity for fundamental re-thinking of how rural healthcare is delivered to improve outcomes for all Louisiana residents living in rural areas.**
 - Strengthen rural health needs
 - Build local economic resilience
 - Catalyze digital modernization
- **Gather perspectives from various industry leaders.**
- **Shared vision for transformation of rural health.**

MCO Contracts

MCO Contracts

- **LDH is requesting to extend its existing contracts with the six Healthy Louisiana managed care organizations (MCOs) for an additional 12 months (1/1/26 through 1/1/27).**
 - Aetna Better Health of Louisiana
 - AmeriHealth Caritas Louisiana
 - Healthy Blue
 - Humana Healthy Horizons in Louisiana
 - Louisiana Healthcare Connections
 - UnitedHealthcare Community Plan
- **This will utilize part of the five-year extension period built into the existing MCO contracts; the Department is currently in year three.**
- **This ensures continued coverage for approximately 1.5 million Medicaid enrollees statewide.**

MCO Contracts

- The Department continues to reach out to legislative members, providers, and stakeholders to schedule meetings and gather additional feedback and suggestions on how to improve the program and shape the next procurement.
- This ongoing collaboration reflects LDH's commitment to transparency and partnership throughout both the current extension and the upcoming procurement process.

MCO Contracts: What's Different?

- **LDH is not operating under a “business as usual” approach.**
- The Department’s goal is to deliver a more accountable managed care program that better serves Louisiana’s residents and providers.
- The extension period allows LDH to strengthen contract design, improve health outcomes, and increase transparency and oversight.
- Changes to the MCO contracts will be effective **January 1, 2026.**

MCO Contracts

- Updates from Louisiana Quality and Value Convention

Project M.O.M. (Maternal Overdose Mortality) Update

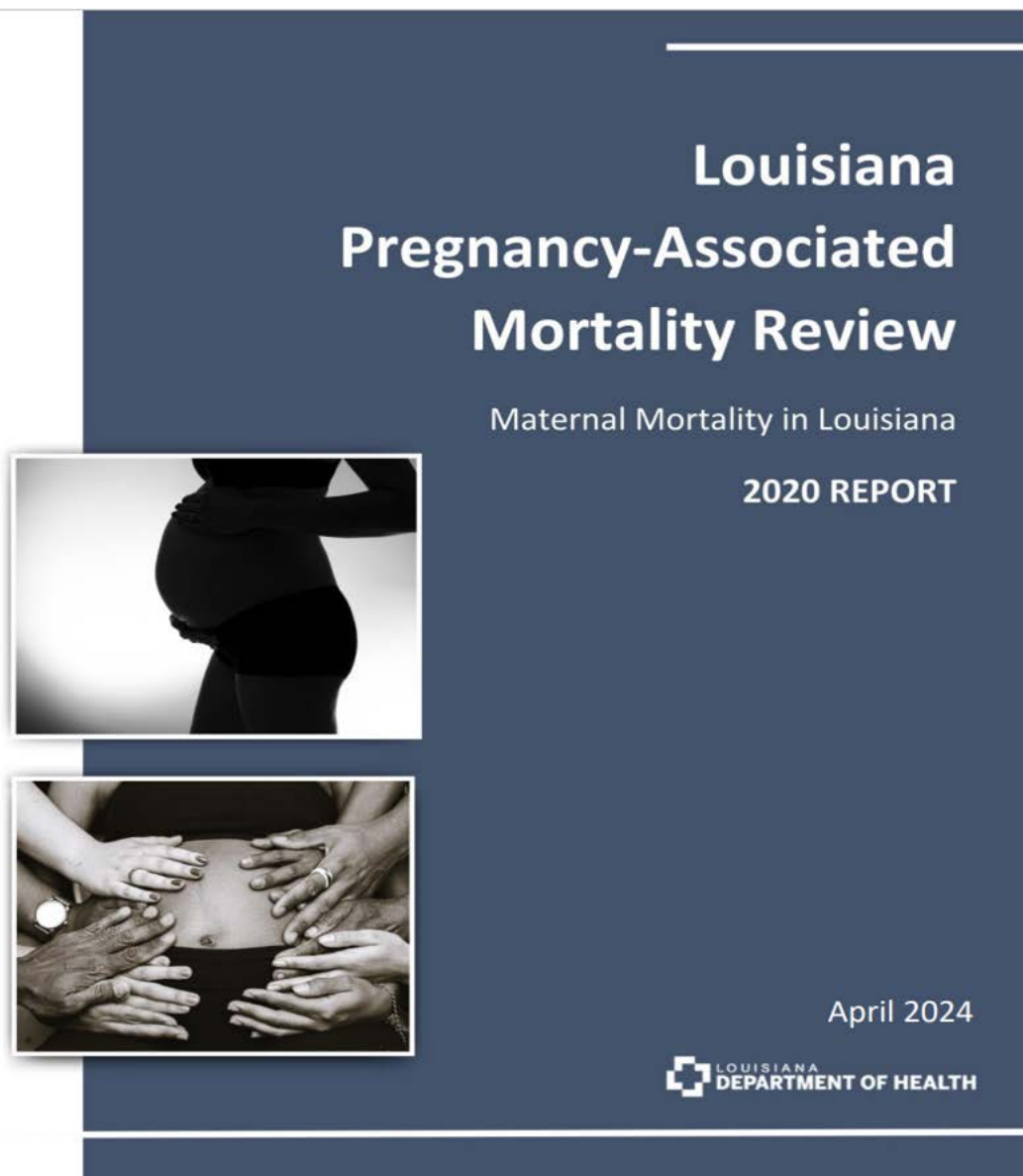
Project M.O.M.



In 2020, **34%** of all pregnancy-associated deaths were due to accidental overdose, making it the single biggest contributor to maternal mortality.

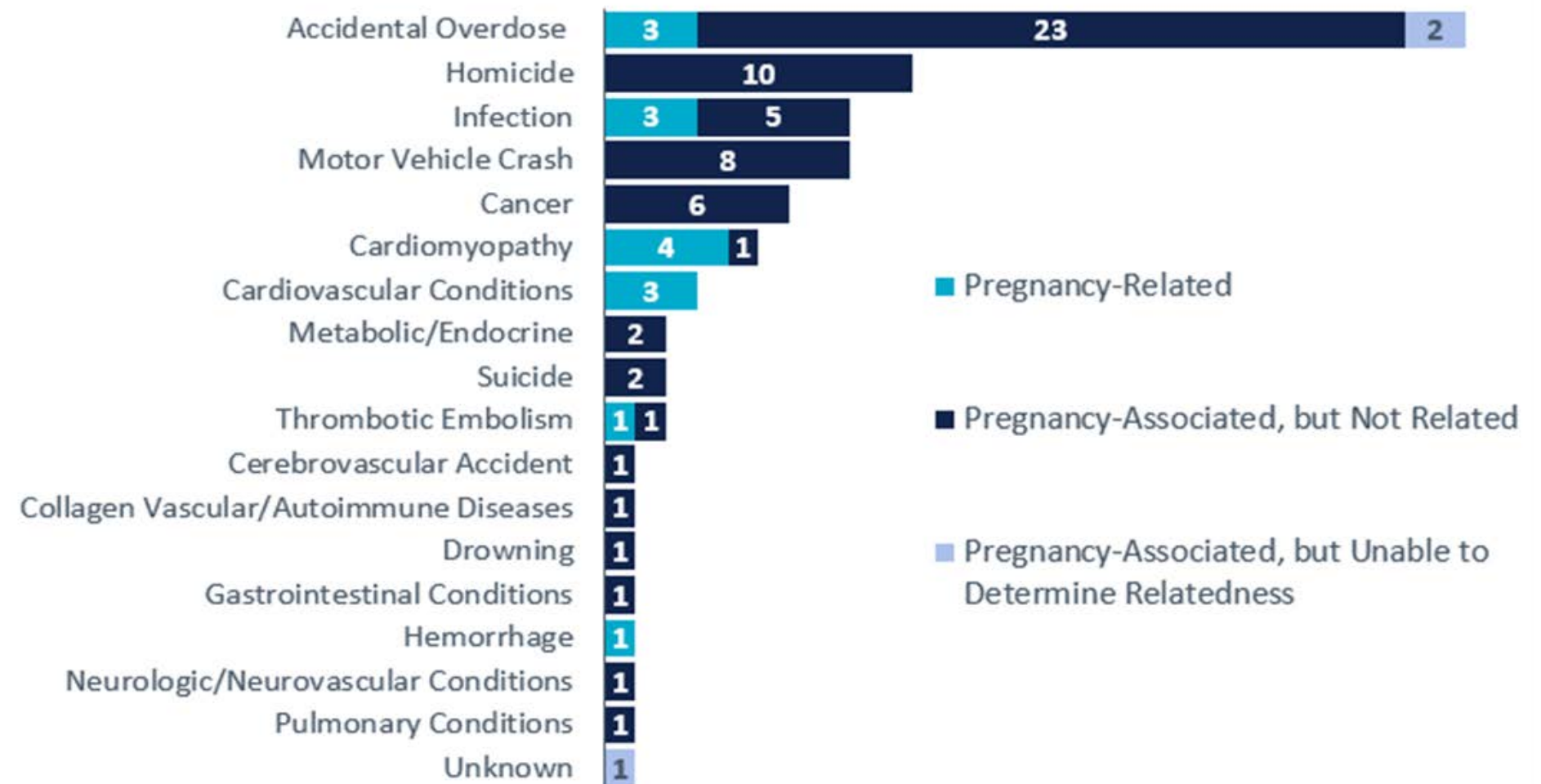
Drug Overdose in the Pregnant and Postpartum Population in Louisiana

PAMR Snapshot of Pregnancy-Associated Deaths



CAUSES OF DEATH

As determined by the committee utilizing the Pregnancy Mortality Surveillance System (PMSS) causes of death (see Appendix F):



Two Lives, One Risk:

Health Indicators Affected by Maternal Substance Use



Indicator	Comparison/Ranking
Maternal Mortality CDC 2018-2022 (Deaths/100,000 live births)	Louisiana rate of 37.3 is significantly higher than U.S. national rate of 22.3
Preterm Birth (March of Dimes 2024)	Louisiana rate of 13.4% is significantly higher than U.S. national average of 10.4% Ranking Louisiana 51st (worst among all states and D.C.)
Low Birth Weight (America's Health Rankings 2022)	Louisiana rate of 11.5% is significantly higher than U.S. national rate of 8.6% Ranking Louisiana 49th

About the Initiative

Vision

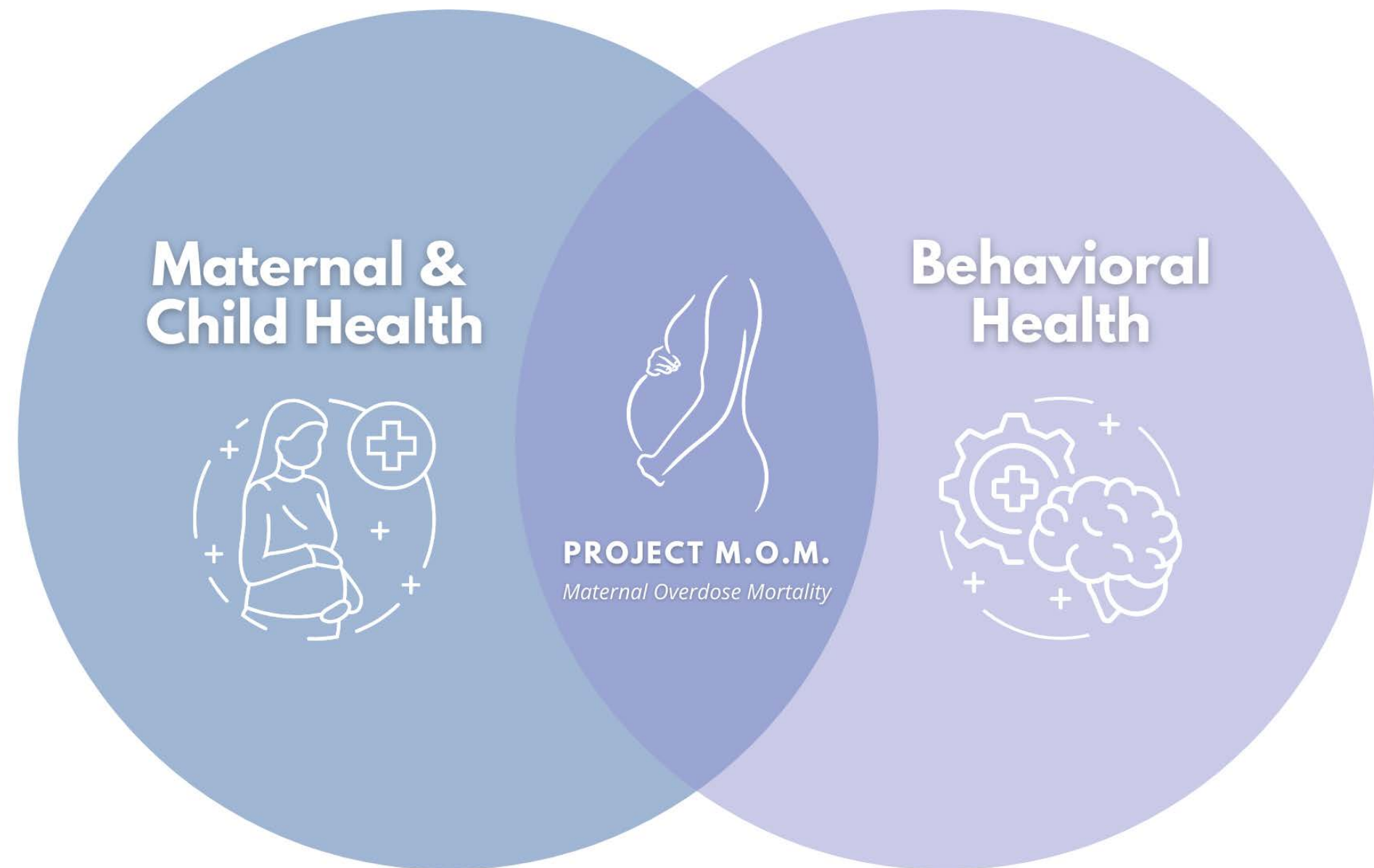
An 80% reduction in opioid overdose deaths among pregnant and postpartum women in Louisiana within three years.

Mission

To improve care and coordination for pregnant women with substance use disorder through policy, partnership, peer support, and practice transformation.

Project M.O.M. Goals

- Advance **cross-agency collaboration**.
- **Reduce stigma** and improve access to and treatment for **substance use disorder (SUD)**.
- Improve access to and coordination of **prenatal and postpartum care**.
- Increase patient **engagement and retention** in treatment programs.




Progress

- **May:** Hired a Project M.O.M. director, published Project M.O.M. landing page and journey map.
- **July:** Convened a Project M.O.M. Summit with stakeholders across the state to launch initiative.
- **August – December:**
 - Develop the model and financial incentives to align efforts to improve access and treatment.
 - Initiate Project M.O.M. at catalyst sites and begin measuring progress.

Catalyst Site Implementation Components

- Assess facility readiness and ensure alignment for culture and practice shift regarding SUD treatment during pregnancy
- Build clinical pathways and train providers in SUD treatment during pregnancy
- Distribute naloxone in the hospital
- Improve access to ongoing MOUD treatment in PPW period
- Implement Navigator Model
- Establish systems for data sharing, monitoring, and evaluation.
- Plan for long-term operations and sustain change

Integrated Efforts in Advancing Health





Louisiana Provider to Provider Consultation Line (PPCL)

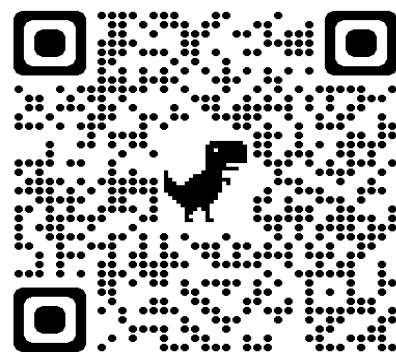
Pediatric & Perinatal Mental Health Support

The **Provider-to-Provider Consultation Line (PPCL)** is a no-cost telehealth consultation and education program that helps providers address the behavioral and mental health needs of pediatric patients (ages 0-21) and perinatal patients.

The program can help increase clinic capacity to screen, diagnose, treat, and refer patients to supportive services and connect providers to mental health consultants and psychiatrists.

Call now to speak with a mental health consultant or psychiatrist about your patients!

 (833) 721-2881  ldh.la.gov/ppcl



ldh.la.gov/page/ppcl



LOUISIANA BRIDGE

SAVE THE DATE, DECEMBER 2ND, 2025

Join the LA and National Bridge Teams as we explore laying the foundation for treating Opioid Use Disorder (OUD) in our Emergency Departments with a bridge to outpatient Medication for Opioid Use Disorder (MOUD)

WHERE?

Louisiana Immersive
Technologies Enterprise
(LITE),
537 Cajundome Blvd,
Lafayette, La 70506



LOUISIANA BRIDGE PROGRAM SYMPOSIUM

Constituent Services Unit

Constituent Services Unit

- **Purpose and Function:**

- Improve coordination of constituent and legislative requests

- Goals:**

- Streamline communication workflows

- Ensure timely and accurate responses

- Prevent issues from “slipping through the cracks”

- Commitment:** Putting Louisiana’s people first through responsive, high-quality customer service

- Impact:** Better accountability, transparency, and trust in our public health system

ICF/IID and HCBS Waiver Rate Studies

ICF/IID and HCBS Waiver Rate Studies

- **ICF/IID rate study completed**
 - Plan to change rules / state plan to reflect new methodology
 - **Fiscal impact:** \$22,358,410 (SGF: \$7,141,276 / Federal: \$15,217,134)
 - Can accomplish within current budget allocation with the transition of “one time funding” and rate add-on funding to the new rate methodology.
 - **Target implementation:** July 1, 2026
- **HCBS Waiver Rate study draft completed**
 - **Fiscal impact:** \$165,017,444 (SGF: \$52,706,571 / Federal: \$112,310,872)
 - Unable to accomplish within existing budget allocation
 - Study not yet published as additional policy considerations needed

THANK YOU

Bruce D. Greenstein
Secretary