

LDH ANNUAL SHAREHOLDER MEETING | JANUARY 21

WELCOME

Bruce D. Greenstein

LDH Secretary

WHAT ARE WE DOING HERE?

- Opening Up LDH
- Clarifying Our Values
- Reviewing Our 2025 Performance
- Announcing Our 2026 Strategies and Initiatives
- Answering Your Questions



KATIE'S STORY: PINECREST



Meet Katie, a resident of Pinecrest Supports and Services Center, located in Pineville!



KATIE'S STORY: PINECREST



- Katie lived at home with her family, surrounded by love and constant care. She always experienced aggression, but as she grew older, it became harder to manage.
- **Although Katie is 23 years old, developmentally she functions at about the level of a 3-year-old.**
- She was diagnosed with tuberous sclerosis just two days after birth and has spent her entire life fighting challenges that most of us cannot imagine.
- **She has severe intellectual and developmental disabilities and requires constant, specialized medical and personal care.**
- When she has a meltdown, her emotions combine the intensity of a toddler with the strength and size of an adult.

KATIE'S STORY: PINECREST

- In early 2018, Katie underwent heart surgery, and later that year, her aggression escalated to an unsafe level. In October 2018, her mother had a hip replacement and had to isolate for her own safety while recovering.
- **The family pursued every available option:** home care, EarlySteps, ABA therapy at home, speech studies in Birmingham, and specialists across the state. However, once home care agencies learned of Katie's aggression, services were denied, or the family was told they would need to find and manage their own staff, which was impossible.
- An autism specialist in Baton Rouge **referred Katie to a private facility, but she was denied placement** because her behaviors were considered too severe, as were all other private options.
- That is when the family learned about Pinecrest.



KATIE'S STORY: PINECREST



- Unlike the private sector, Pinecrest cannot turn individuals away due to the severity of their needs.
- Katie was admitted to Pinecrest in March 2019. In 2020, during the height of the COVID crisis, Katie underwent brain surgery, and **Pinecrest played a critical role in her recovery by providing consistent care, stability, and medical oversight that could not have been managed at home.**
- Katie's life is a powerful example of why the care we provide matters so deeply.
- **While her journey has been filled with hospitalizations, uncertainty, and fear, it has also been filled with perseverance, dignity, and love.**

KATIE'S STORY: PINECREST



- Pinecrest is not just a place of care ... for Katie, **it is her home, her safety, and the reason she's able to live with comfort and stability.**
- Katie represents thousands of vulnerable individuals whose lives depend on **compassionate, consistent, and expert care**, and her story reminds us that **what we do here is truly life-sustaining.**

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Welcome, Opening Remarks, and Patient Story | LDH Secretary Bruce D. Greenstein

Surgeon General's Remarks | Dr. Evelyn Griffin

Agency Reports

Rural Health
Economic Stability
Medicaid
Public Health

Q&A

Agency Reports

State Health Care Facilities
Behavioral Health
Developmental Disabilities
Aging and Adult Services

Q&A

Closing Remarks | Secretary Greenstein

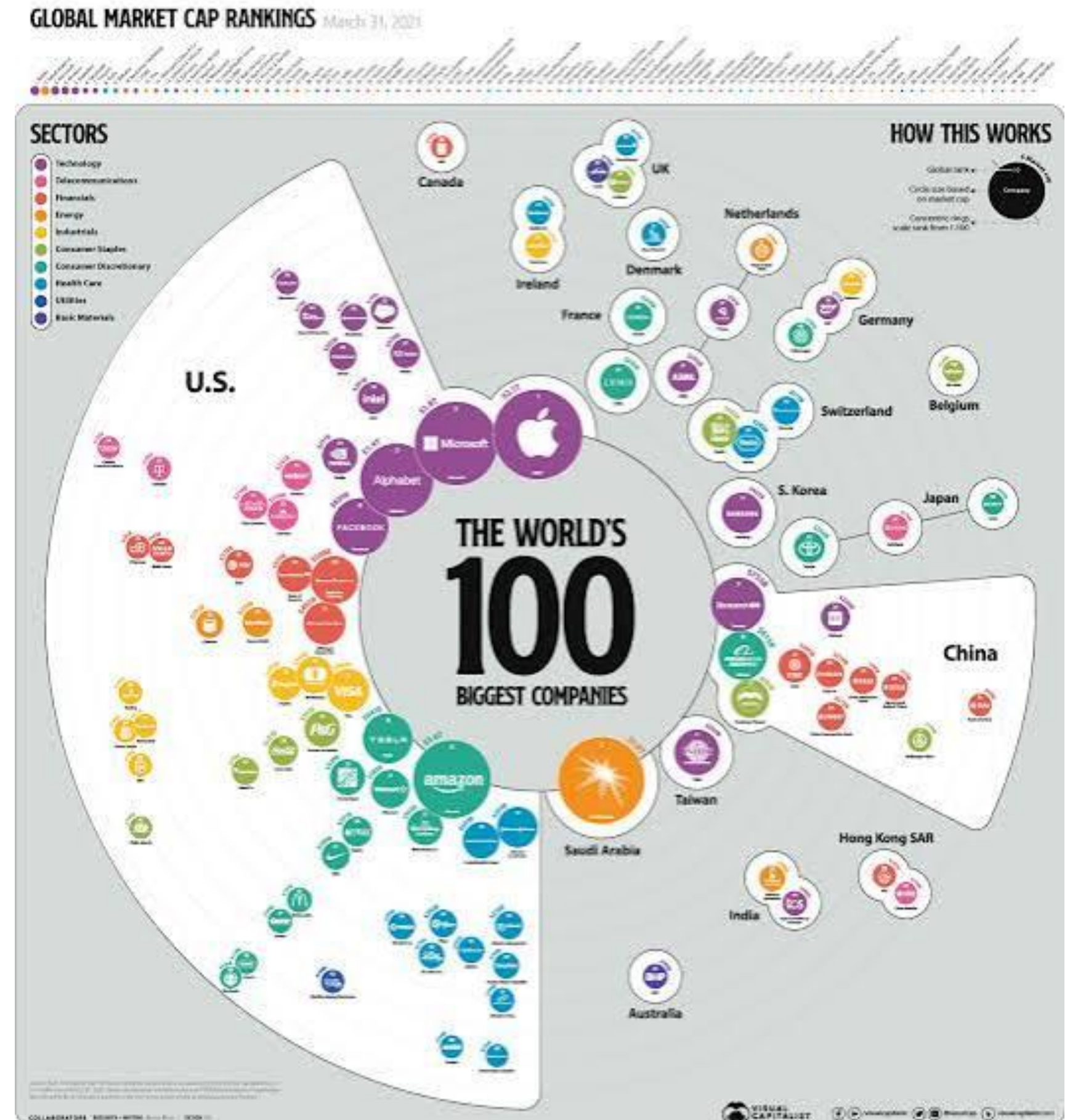


Louisiana Department of
HEALTH

Creating a Healthier Louisiana

ANNUAL SHAREHOLDER MEETING

- **How are we doing as a Department?**
 - Solid B!
 - Incredible ROI on SGF
 - Total budget:
\$26.4 billion
 - Total SGF: **\$3.3 billion**



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FY 2024-2026 Budget Appropriation

FY 26 APPROPRIATED						
NAME	SGF	IAT	FED	FSGR	STAT DED	TOTAL
MVA	\$134,431,852	\$499,672	\$454,848,442	\$4,200,000	\$6,407,500	\$600,387,466
MVP	\$2,452,374,099	\$194,842,709	\$15,508,563,105	\$686,126,414	\$1,805,292,712	\$20,647,199,039
OPH	\$72,096,342	\$85,005,926	\$365,102,806	\$58,169,027	\$18,000,320	\$598,374,421
OBH	\$239,492,625	\$166,783,072	\$79,526,151	\$1,387,150	\$8,845,801	\$496,034,799
LDH TOTAL	\$3,175,179,516	\$746,615,011	\$16,444,348,780	\$777,003,564	\$1,867,844,401	\$23,010,991,272
FY 25 APPROPRIATED						
NAME	SGF	IAT	FED	FSGR	STAT DED	TOTAL
MVA	\$135,587,277	\$499,672	\$470,047,468	\$4,200,000	\$929,940	\$611,264,357
MVP	\$2,512,520,489	\$166,436,529	\$12,871,874,017	\$554,334,489	\$1,273,135,770	\$17,378,301,294
OPH	\$60,446,578	\$87,005,926	\$552,284,082	\$56,642,869	\$18,000,320	\$774,379,775
OBH	\$163,079,151	\$168,106,887	\$104,526,151	\$1,387,150	\$8,165,264	\$445,264,603
LDH TOTAL	\$3,151,469,546	\$706,447,138	\$14,034,494,065	\$643,631,653	\$1,328,499,758	\$19,864,542,160
FY 24 APPROPRIATED						
NAME	SGF	IAT	FED	FSGR	STAT DED	TOTAL
MVA	\$170,433,482	\$499,672	\$495,310,934	\$4,200,000	\$711,345	\$671,155,433
MVP	\$2,272,358,011	\$168,237,585	\$13,983,153,381	\$636,024,003	\$1,497,342,348	\$18,557,115,328
OPH	\$60,167,535	\$87,213,926	\$640,785,539	\$56,721,419	\$18,000,320	\$862,888,739
OBH	\$142,818,901	\$153,866,272	\$104,526,151	\$1,387,150	\$5,713,461	\$408,311,935
LDH TOTAL	\$2,921,029,556	\$688,431,957	\$15,258,573,112	\$725,073,966	\$1,535,019,908	\$21,128,128,499

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Laudable Achievements

- Expanding access to care with enhanced rate
- Effective use of public funds
- Seamless SNAP transfer
- Outbreak management
- Recruitment
- Mastering the Directed Payment Model
- Road to Medicaid modernization



- Quality & Value Convention
- Health care facilities overhaul
- Strengthened Emergency Preparedness
- Launch of Project M.O.M.
- Launch of Bridge Program

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What Needs Improvement

- Lack of innovation
- Antiquated computer systems
- Actual outcomes with invested funds
- A miss on program integration



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- Our health care system is **rapidly changing** around us:
 - **Behavioral health:** Vaping, online betting, social media, morphing substance use disorder, increased pot usage.
 - **The middlemen of health care: From partner to what?** Pharmacy benefits managers, health insurers, aggregator companies.
 - **Concerns from access/coverage to cost.**

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- Louisiana continues to rank low or last in multiple health rankings. This only tells part of the story:
- **Public health funding: top half**
- **Avoided care due to cost: 44th**
- **Primary care providers: 38th**
- **Uninsured: 27th**
- **Cancer screenings: 12th**
- **Premature death: 48th**

Bottom States Rank Value



[West Virginia](#)

46-0.725



[Alabama](#)

47-0.751



[Mississippi](#)

48-0.769



[Arkansas](#)

49-0.828



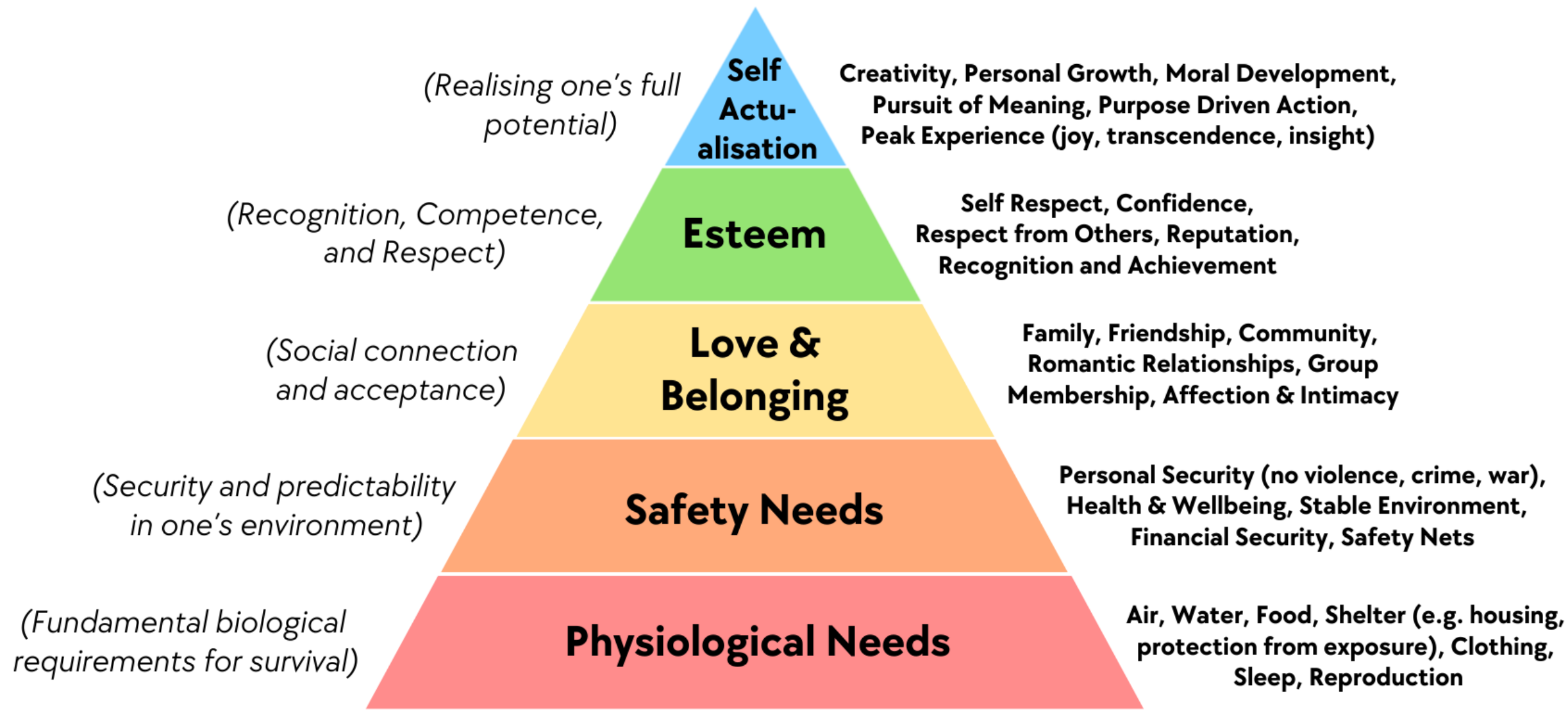
[Louisiana](#)

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So, what will LDH be doing about this in 2026?

- **Improve Health and Safety for all Louisianans**
 1. Help move from dependence to independence;
 2. Improve health outcomes; and
 3. Put patients over bureaucracy.



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We will do this
through our
**Power Ten
Strategies.**



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1

Improve health outcomes for all Louisianans.

- Three-pronged approach:
 - Robust application of MCIP and MCO quality;
 - Healthier eating and coaching; and
 - Renewed fight for improving chronic conditions.



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2

Develop a comprehensive mental health plan for the state.

- Today, the state has many powerful programs to address mental health, but we do not operate under a comprehensive plan. OBH will coordinate with Medicaid, human services districts, DCFS, and private health insurers/payers (e.g., BCBSLA), providers, and those we serve.



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Run the most efficient health department in the nation.

- Modernize the organization to operate efficiently and deliver consistent, high-quality service through:
- Integrating Medicaid and SNAP eligibility;
- Implementing EMRs at state-operated facilities;
- Medicaid payment reform;
- Implementation of shared services; and
- Enhanced focus on internal financial audit.

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4

Reform our health and nutrition programs.

- Establish the Office of Health and Nutrition to reimagine our chronic disease efforts.
- Implement the SNAP Healthy Food Waiver.
- Increase WIC participation by 25%.



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5

Transform health and healthcare in our rural communities.

- Execute on the Rural Health Transformation Grant.
- Partner with university health care education programs to produce more providers.
- Innovate new models of reimbursement.
- Establish a Rural Health Advisory Group.



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Turn our programs into launchpads for achieving prosperity and employment.

- Partner with LA Works to implement One Door.
- Launch Medicaid community engagement requirements.
- Reimagine the applicant's journey.



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7

Reimagine the role of the middlemen in our health care system through:

- PBM regulatory reform;
- Reducing Medicaid's reliance on external contracts to accomplish core business functions; and
- Assessing the necessity for administrative contracts.



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8

Fight fraud, waste, and abuse.

- Continue the DOGE efforts that saved over \$100 million.
- Establish an LDH Inspector General.
- Reevaluate program alignment with the Department's core mission.



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Fight the rising cost of health care.

- Use LDH price negotiation opportunities to offer better pricing beyond our traditional programs, such as:
 - Baby formula;
 - Very high cost therapies; and
 - Food products.
- Review LDH contracting to ensure fiscal stewardship.

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10

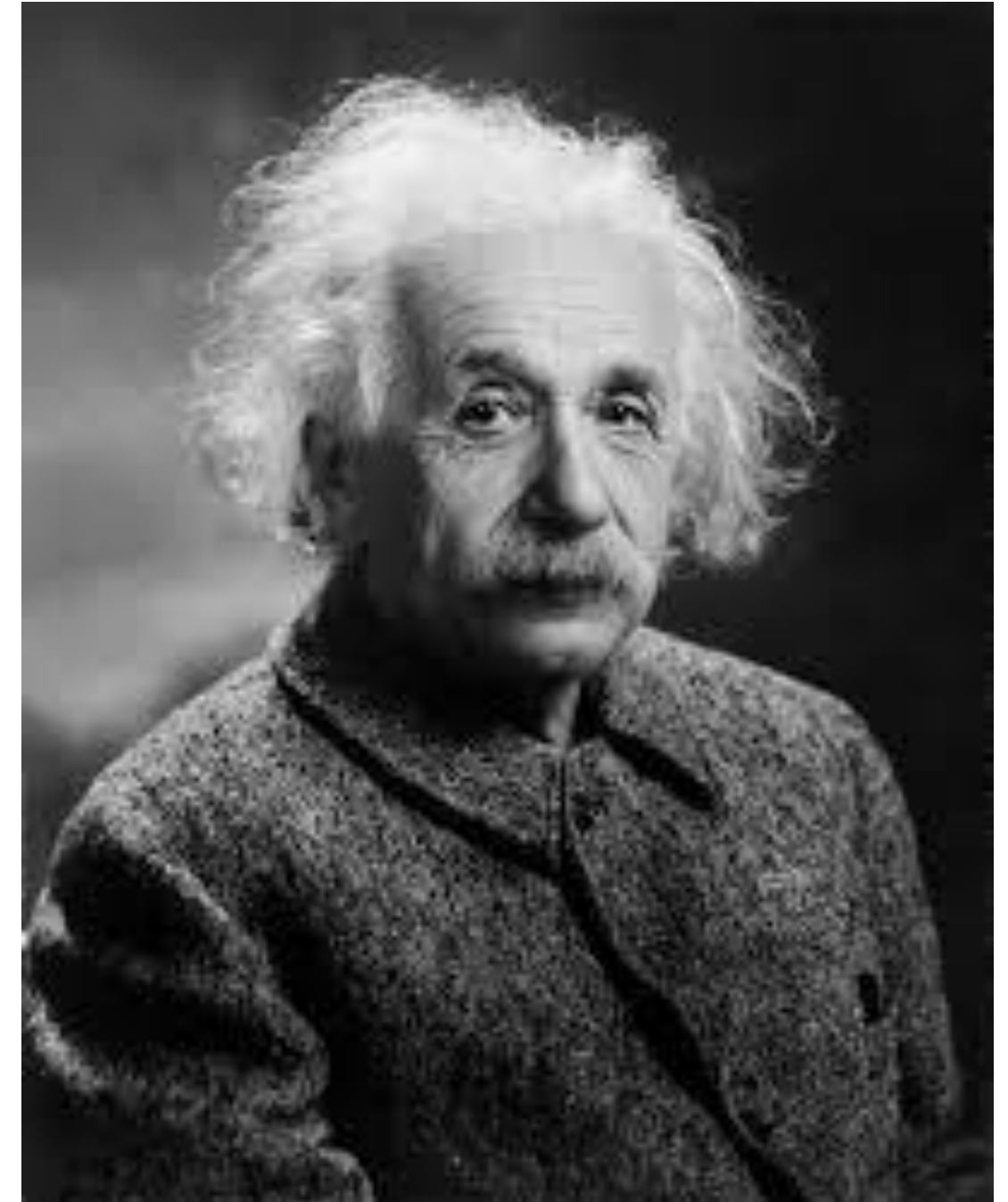
Live longer — reduce cancer deaths, overdose deaths, and infant mortality.

- Close the cancer gap between screening and saving lives.
- Implement lifesaving policies and programs to reduce overdoses.
- Renew focus on maternal and infant mortality.



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- So, what does this mean?
- **We can't do the same thing the same way and expect different results.**



LOOKING AHEAD



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THANK YOU

Bruce D. Greenstein

LDH Secretary