

NEW OR EXPANDED REQUESTS	TOTAL
<p><u>MEDICAID REFORM COORDINATED CARE INITIATIVES—ePCCM AND PREPAID</u> - This request is for funding to perform the federally mandated administrative activities required for two major new Medicaid managed care models that will result in savings and better coordination and quality of care: enhanced Primary Care Case Management (CommunityCARE Plus) for 100,000 enrollees beginning July 2010 and Comprehensive Prepaid Managed Care for 275,000 enrollees beginning in April 2011. This activity is mandated by federal Medicaid regulations (§ Code of Federal Regulations (CFR) Section 438) which stipulate the many administrative requirements that states operating Medicaid managed care programs must meet. The request assumes contracting for services to the maximum extent, with the minimal number of T.O. requested for management, oversight and monitoring by state staff. Other states were contacted to determine the ratio of state staff to ePCCM network or managed care entity and we have requested the minimum recommended. The request includes funding for the required External Quality Review Organization (EQRO), and contracts with community organizations for Choice Counseling assistance. Savings associated with this activity are reflected in the companion request in Medical Vendor Payments. (Medicaid Reform - Managed Care)</p>	3,106,913
<p><u>PRIMARY CARE FOR UNINSURED DSH WAIVER</u> - This request is for the administrative costs for implementation of the statewide Primary Care for Uninsured DSH Waiver effective 10/1/10. The purpose of this Section 1115 Medicaid Demonstration Waiver is to increase access to primary care for the 221,000 uninsured adults with income below 100% FPL and reduce reliance on more costly institutional care. The waiver—which will fill the gap in primary care when the Primary Care Access and Stabilization Grant (PCASG) ends on 9/30/10, will redirect up to \$140 M in federal DSH dollars to primary care. The benefit package for the coverage model will consist of primary care including limited behavioral health, lab and X-ray, and pharmacy. Two T.O. are requested for management and oversight of the waiver as agreed in the Terms and Conditions Ten T.O are requested for Eligibility to process the additional Medicaid applications and ongoing eligibility. In addition the request includes funding for necessary contracts, printing, postage, etc. (Primary and Preventive Care)</p>	1,097,625
<p><u>ELECTRONIC CASE RECORD ENHANCEMENTS FOR INTEGRATION W/ DSS ELIGIBILITY</u> - This request is for a contract to design and develop a new front end for the Electronic Case Record (ECR). The agency intends to continue using the existing system through implementation. The Vendor will develop the front end then hand it off to the agency where it will be maintained through the existing contract with the University of New Orleans software development. This significantly reduces annual maintenance costs. (Eligibility)</p>	202,000
<p><u>CUSTOMER SERVICE COORDINATION W/ DSS SUPPORT CONTRACT</u> - This contract will provide a streamlined process for citizens seeking information related to Medicaid and LaCHIP by partnering with the Department of Social Services to enable customers to apply for multiple programs in one stop. This collaboration will provide efficiency to customers seeking assistance for benefits provided by different agencies. This contract meets to enroll eligible children in LaCHIP and reduce the number of uninsured children in Louisiana. (Eligibility)</p>	550,833

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<p><u>PRE-ADMISSION SCREENING AND REVIEW (PASSAR) CONTRACTOR</u> - This budget request is for funding to hire a contractor through an RFP process to conduct PASSAR on all individuals entering a nursing facility. These screenings are required by federal regulations and are currently being reviewed by CMS. Louisiana, along with most other states, has been found not compliant with the federal regulations. The contractor would perform all functions related to the PASSAR process and would bring Louisiana into compliance with the regulations. (Monitoring)</p>	245,800
<p><u>HEALTH STANDARDS SECTION-ACT 357 (SB 348)</u> - This request is for funding for the establishment of a state registration of Certified Nurse Aides (CNA) that work in nursing homes or skilled nursing facilities or units as authorized by ACT 357 (SB 348) of the 2009 Regular Legislative Session provides. The Act requires that beginning August 15, 2010, any Certified Nurse Aide employed by a nursing facility or contracted by a nursing facility or unit shall be registered with the department. The Certified Nurse Aide shall register with the department and the registration shall be listed on the Louisiana Certified Nurse Aide Registry. (Health Standards)</p>	446,516
<p><u>HEALTH STANDARDS SECTION-CIVIL PENALTIES CONTRACT</u> - This request is for a Civil Penalties Contract needed to provide assistance in the function of assessment and imposition of Civil Monetary Penalties to Nursing Homes and other Healthcare providers licensed and certified by the Department of Health & Hospitals. The contractor will assure that the determination of sanction fines are in compliance with LA. R.S. 40:2009.11 and LA. R.S. 40:2199 (D), which set forth the classifications of sanctions, as well as the final regulatory rules implementing those statutes. (Health Standards)</p>	49,500
<p><u>NEMT INSPECTIONS</u> - This budget request is for transferring the inspection of vehicles participating in the Medicaid's Non Emergency Medical Transportation (NEMT) Program from Health Standards to our current contractor who now handles the scheduling and prior authorization of these services. This contractor is experienced at doing these duties and staff shortages at DHH, specifically Health Standards make this an efficient use of current resources. (Health Standards)</p>	82,000
TOTAL	5,781,187