



**State of Louisiana**  
Louisiana Department of Health  
Office of Public Health

**LOUISIANA COMMISSION ON PERINATAL CARE AND PREVENTION OF INFANT MORTALITY**

**March 21, 2024**  
**1:00 p.m. - 3:00 p.m.**

**Location:**  
Louisiana State Capitol  
900 N Third Street  
Baton Rouge, LA  
Governor's Press Room

**Meeting link for members of the public**  
<https://zoom.us/j/6789754537?pwd=QVRlMUg4UzhPdDBaZHBHc2ZMRkY5dz09&omn=95046458509>  
Phone: 1.312.626.6799 Conference code: 674551

**Minutes**

**I. Roll Call**

Meeting called to order by Dr. Scott Barrilleaux, Chair, at 1:05 p.m.

**II. Introductions**

Eight members attended. A quorum was not present. Members in attendance included Dr. Scott Barrilleaux, Dr. Steve Spedale, Ms. Amy Zapata, Senator Regina Barrow, Dr. Karli Boggs, Ms. Aundria Cannon, Ms. Erika Moss, and Dr. Rodney Wise. Guests in attendance included Matthew Wallace, Berkley Durbin, Kerri Richardson, Carrie Templeton, Frankie Robertson, Dr. Veronica Gillispie-Bell (virtual), Ms. Patti Barovechio (virtual), Kaylee Hall (virtual), and Dr. Stewart Gordon (virtual), Dr. Ayesha Umrigar and Shane Bates. Yoruba Baltrip-Coleman served as administrative staff for the meeting.

**III. Public Comment**

The chair called for public comments. There were no public comments.

**IV. Approval of Meeting Minutes**

The January 18, 2024 meeting minutes were not approved since there was not a quorum present.

**V. Participation by Free-standing Birth Centers and Birthing Hospitals in Louisiana Perinatal Quality Collaborative Discussion (LaPQC)**

Dr. Veronica Gillispie-Bell, Bureau of Family Health (BFH) Medical Director for the LaPQC and Pregnancy Associated Mortality Review (PAMR) and an Ochsner Health obstetrician-

gynecologist, gave an overview of the next steps needed in defining Free-standing Birth Centers (FSBCs) in participating LaPQC Initiatives. She reviewed the steps in determining operationalizing the defined participation of Birthing Hospitals in LaPQC Initiatives in order to approve the proposed changes. No voting action was taken on this agenda item since a quorum was not present.

**VI. Bureau of Family Health (BFH) Family Resource Center (FRC) Care Coordination Presentation**

Ms. Patti Barovechio, Statewide Nurse Program Consultant, Office of Public Health, Bureau of Family Health (OPH-BFH)

Ms. Barovechio discussed the background and evolution of Louisiana Title V Maternal and Child Health Block Grant (Title V) funding and expansion from serving a predominant population of children and youth with special needs (CYSHCN) that included services and supports for pediatric and maternal care coordination efforts. Ms. Barovechio detailed the progression of Title V to expand care coordination access to all families in Louisiana and compared state health measures with national measures to identify care coordination needs. The Family Resource Center (FRC) identified barriers such as complex health systems, discrepancies with program eligibility criteria across state programs, insurance provider issues, information gaps, and varied mental health models that directed the FRCs efforts at overcoming those barriers by sharing definitions across programs/sectors and collaborators. The FRC is working to build care coordination capacity in the state and to improve collaborative capacity with outside entities and MCOs.

Ms. Kaylee Hall, Statewide Program Manager 1, Care Coordination Consultant, OPH-BFH  
Ms. Hall described the FRC's adoption of the National Standards for CYSHCN. Input from BFH programming and Title V care coordination research were used to craft and define the BFH levels of care coordination, a three-tiered care coordination approach ranging from level-1 light touch, level-2 medium touch, to level-3 high touch. Current Title V care coordination initiatives highlighted during Ms. Hall's presentation include, the FRC, BFH Programmatic Services, Families Helping Families-BFH Project, a care coordination toolkit, and a Provider-to-Provider Consultation Line (PPCL).

The Chair asked about the biggest patient referral sources. Ms. Barovechio answered that many referrals come from the Early Hearing Detection and Intervention (EHDI) Program, a detailed information data system that tracks resource needs. Dr. Spedale asked if the program uses national definitions. Ms. Barovechio responded that the program adopted national definitions for level-standing with the goal being to have a foundation on which everyone can communicate efficiently and effectively.

**VII. AmeriHealth Caritas Specific Resources/Care Coordination Resources and Access Updates**

Dr. Rodney Wise, MD, Chief Medical Officer, AmeriHealth Caritas

Dr. Wise described case management ideally as services and adjusted provisions based on defined and known requirements. He noted that the tiers in Medicaid and Medicare are similar to the levels of light, medium and low touch presented by the FRC. While all Medicaid case management is opt-in, the numbers opting in decrease because in home assessment participation numbers decline. It is cost-effective for Managed Care Organizations (MCOs) to accurately assign general and maternal populations using tier services because higher tiers tend to include higher costs. Services offered by AmeriHealth Caritas include community baby showers, Bright Start Plus app and BabyScripts remote patient monitoring access. One of the most noted barriers to opting in and use of services besides in-home access is incorrect/unreliable contact information. Measures to overcome these barriers include cultural interview skills training, use

of community health workers, incentive-wise transitional case management, and the use of trained doulas and midwives.

Ms. Paulette Carter (virtual) asked about member's ability to self-identify for case management and whether a healthcare provider can refer a member for case management. Dr. Gordon (Chief Medical Officer for AmeriHealth Caritas, virtual) responded that members can self-identify and be referred by a healthcare provider. Dr. Wise discussed outreach and referral for substance use disorders (SUD) in pregnancy and postpartum, congenital syphilis screening and outreach, and the use of and access to the syphilis medication, Bicillin.

#### **VIII. Louisiana Healthcare Connections (LHCC) Care Coordination Presentation and Access Updates**

Ms. Kerrie Richardson, Louisiana Healthcare Connections (LHCC) Manager, Case Management Maternal Child Health & Early Periodic Screening, Diagnosis and Treatment (EPSDT); Dr. Stewart Gordon (Chief Medical Officer, Louisiana Healthcare Connections, virtual)

- a. Ms. Richardson identified the Medicaid MCO contract requirements for pregnant and postpartum members, stating that pregnant enrollees are an identified priority population. LHCC process for identifying pregnant members include provider notification, internal claims data reporting and demographic data reporting claims. Once identified these members are stratified into tiered risk levels as high, medium, or low risk based on notification of pregnancy (NOP) information, demographic data, and claims. Ms. Richardson discussed outreach, engaging members and soliciting feedback as a continuous, ongoing effort involving in-person interviews, telephone, mail, community events, councils and surveys. LHCC provider/vendor and community referral resources include durable medical equipment (DME) specialists, nurse family partnerships, in-home obstetrical (OB) care for high risk members, Women, Infant and Children's (WIC), breast pumps, cribs and Supplemental Nutrition Assistance Program (SNAP). LHCC care coordination also includes offering behavioral health management services and SUD management through medication monitoring. Finally, Ms. Richardson provided information about member access to Bicillin as a covered drug covered under their MCO plan. Dr. Spedale asked for the biggest obstacles to getting people cared for and what practitioners can do to combat those obstacles. Dr. Wise responded that the biggest challenge is patient buy-in to services/care coordination and trust. Dr. Boggs added that provider knowledge and patient engagement are also issues. Dr. Gordon (virtual) added that using health workers and case managers could foster patient engagement and trust.

#### **IX. Public Comment**

- a. Ms. Frankie Robertson, a working doula, pointed out some previous misinformation and discussion regarding doula work. Ms. Robertson clarified what constitutes a doula and provided a definition of doulas. Additionally, she clarified the importance of doulas working collaboratively with doctors and midwives and their advocating for Medicaid reimbursement increases.

#### **X. Other Business**

- a. In the interest of time, the Chair asked that Commission members receive the legislative updates via email attachment and all members present affirmed that they would like to Dr. Umrigar (virtual) to forward the updates to Ms. Baltrip-Coleman to send to members and participants.
- b. The Chair announced that members and participants involved with Perinatal Commission Workgroups should meet if they have not already done so. The Chair advised members and participants to send Workgroup updates and check-ins to Ms. Baltrip-Coleman, the Perinatal Coordinator.

c. The Chair acknowledged Senator Butler at the meeting.

**XI.** Meeting adjourned at 3:03 p.m.

Note: the order of the agenda may not be followed as listed in order to accommodate presenter schedules.

Presenters, members, and guests may submit requests for accessibility and accommodations prior to a scheduled meeting. Please submit a request to [PerinatalCommission@la.gov](mailto:PerinatalCommission@la.gov) at least 48 hours prior to the meeting with details of the required accommodations.

In lieu of verbal public comment, individuals may submit a prepared statement in accordance with Senate Rule 13.79. Statements should be emailed to [PerinatalCommission@la.gov](mailto:PerinatalCommission@la.gov) and must be received at least 24 hours prior to the meeting to be included in the record for the meeting.

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