



JOINT LEGISLATIVE COMMITTEE ON THE BUDGET
STATE CAPITOL
P.O. BOX 44294, CAPITOL STATION
BATON ROUGE, LOUISIANA 70804
(225) 342-2062

SENATOR BODI WHITE
CHAIRMAN

REPRESENTATIVE ZERINGUE
VICE-CHAIRMAN

NOTICE OF MEETING

December 16, 2021

2:00 P.M.

House Committee Room 5

A G E N D A

ADDED ITEM #12

I. CALL TO ORDER

II. ROLL CALL

III. BUSINESS

1. Fiscal Status Statement and Five-year Baseline Budget
2. BA-7 Agenda
3. Facility Planning and Control
4. Review and approval of the amendment to extend by two years the contract between the Louisiana Department of Health, Medical Vendor Administration and CAMBRIA Solutions, Inc., for Project and Portfolio Management Services, in accordance with the provisions of R.S. 39:1615(J).
5. Review and approval of Lease Agreement Adjustment for the Department of Children and Family Services and Admiral Investments, LLC, in accordance with R.S. 39:1644(D).
6. Review and approval of the 2021-2022 operating budget for the Tobacco Settlement Financing Corporation in accordance with R.S. 39:99.6(C).
7. Review and approval of the Cooperative Endeavor Agreement between Department of Economic Development and the New Orleans 2022 Local Organizing Committee, Inc., authorizing an incentive payment from the Major Events Incentive Program Subfund for the 2022 Final Four Tournament, in accordance with the provisions of R.S. 51:2365.1(C)(1)
8. Update on the Louisiana Emergency Rental Assistance Program implemented by the Division of Administration and the Louisiana Housing Corporation.

9. Update from the Louisiana Workforce Commission on unemployment and layoff notifications.
10. Update by the Louisiana Department of Health on the development of the Medicaid hospital directed payment methodology, including an overview of the reports submitted to the committee pursuant to Senate Concurrent Resolution No. 27 of the 2020 First Extraordinary Legislative Session and House Concurrent Resolution No. 2 of the 2021 Regular Legislative Session.
11. Discussion on the Infrastructure, Investment and Jobs Act and related matters by the Department of Transportation.
12. Review of the contract amendments between the Louisiana Board of Regents/LOSFA Program and ThoughtSpan Technology LLC, for software license and support services, in accordance with the provisions of R.S. 39:1615(J).

IV. CONSIDERATION OF ANY OTHER BUSINESS THAT MAY COME BEFORE THE COMMITTEE

V. ADJOURNMENT

Persons who do not feel comfortable giving testimony in person may submit a prepared statement in accordance with Senate Rule 13.79, in lieu of appearing before the committee. Statements may be emailed to gasconr@legis.la.gov and must be received by the committee secretary at least three hours prior to the meeting to be included in the record for this committee meeting.

Audio/visual presentations, such as PowerPoint, must be received by the committee secretary at gasconr@legis.la.gov at least twenty-four hours PRIOR to the scheduled start of the committee meeting for review and prior approval. Thumb drives will NOT be accepted.

Persons desiring to participate in the meeting should utilize appropriate protective health measures and observe the recommended and appropriate social distancing.

THIS NOTICE CONTAINS A TENTATIVE AGENDA AND MAY BE REVISED PRIOR TO THE MEETING.

BODI WHITE, CHAIRMAN

**JOINT LEGISLATIVE COMMITTEE ON THE BUDGET
GENERAL FUND FISCAL STATUS STATEMENT
FISCAL YEAR 2021-2022
(\$ in millions)**

December 16, 2021

	<u>NOVEMBER 2021</u>	<u>DECEMBER 2021</u>	<u>DECEMBER 2021 Over/(Under) NOVEMBER 2021</u>
<u>GENERAL FUND REVENUE</u>			
Revenue Estimating Conference, May 18, 2021	\$9,887.500	\$9,887.500	\$0.000
FY 21-21 Revenue Carried Forward into FY 21-22	\$183.621	\$183.621	\$0.000
Total Available General Fund Revenue	<u>\$10,071.121</u>	<u>\$10,071.121</u>	<u>\$0.000</u>
<u>APPROPRIATIONS AND REQUIREMENTS</u>			
Non-Appropriated Constitutional Requirements			
Debt Service	\$434.030	\$434.030	\$0.000
Interim Emergency Board	\$1.323	\$1.323	\$0.000
Revenue Sharing	\$90.000	\$90.000	\$0.000
Total Non-Appropriated Constitutional Requirements	<u>\$525.353</u>	<u>\$525.353</u>	<u>\$0.000</u>
Appropriations			
General (Act 119 of 2021 RS)	\$9,260.639	\$9,260.639	\$0.000
Ancillary (Act 113 of 2021 RS)	\$0.000	\$0.000	\$0.000
Judicial (Act 116 of 21 RS)	\$164.008	\$164.008	\$0.000
Legislative (Act 117 of 21 RS)	\$73.610	\$73.610	\$0.000
Capital Outlay (Act 485 of 2021 RS)	\$43.332	\$43.332	\$0.000
Total Appropriations	<u>\$9,541.590</u>	<u>\$9,541.590</u>	<u>\$0.000</u>
Total Appropriations & Non-Appropriated Constitutional Requirements	<u>\$10,066.942</u>	<u>\$10,066.942</u>	<u>\$0.000</u>
General Fund Revenue Less Appropriations and Requirements	<u>\$4.179</u>	<u>\$4.179</u>	<u>\$0.000</u>

II. FY 2020-2021 Fiscal Status Summary:

In accordance with Act 1092 of the 2001 Regular Session and Act 107 of the 2002 First Extraordinary Session (R.S. 39:75), the first budget status report presented after October 15th shall reflect the fund balance for the previous fiscal year. "At the first meeting of the Joint Legislative Committee on the Budget after publication of the Comprehensive Annual Financial Report for the state of Louisiana, the commissioner of administration shall certify to the committee the actual expenditures paid by warrant or transfer and the actual monies received and any monies or balances carried forward for any fund at the close of the previous fiscal year which shall be reflected in the budget status report."

FY21 GENERAL FUND DIRECT SURPLUS/DEFICIT - ESTIMATED (millions)

FY20 Surplus/(Deficit)		270.434
Other Obligations Against Cash Carried Over from FY20 to FY21		
General Fund - Direct Carryforward	67.251	
Unappropriated FY17 & FY18 Surpluses	1.234	
FY19 Surplus Transferred Out in FY21	105.938	
Transfer from Budget Stabilization Fund per HCR 1 of 2020 1ES	90.063	
Total Other Obligations Against Cash Carried Over from FY20 to FY21		264.486
FY21 General Fund - Adjusted Direct Revenues:		10,695.872

Total General Funds Available for Expenditure in FY21	11,230.792
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FY21 General Fund - Direct Appropriations & Requirements:

Draws of General Fund - Direct Appropriations	(9,090.377)
General Obligation Debt Service	(429.052)
Transfer to the Revenue Sharing Fund (Z06) - Constitution 7:26	(90.000)
Transfer to Coastal Protection & Restoration Fund (Z12) - R.S. 49:214.5.4	(7.230)
Transfer to Revenue Stabilization Fund (Z25) - Constitution 7:10.15	(205.422)
Transfers - Legislative Actions	(152.212)
Transfers - Other	(3.016)
Use of Prior Year(s) Surplus - Appropriated or Transferred	(377.606)

Total FY21 General Fund - Direct Appropriations & Requirements	(10,354.914)
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General Fund Direct Cash Balance	875.878
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Obligations Against the General Fund Direct Cash Balance

General Fund - Direct Carryforwards from FY21 to FY22	(183.621)
FY20 adjustments completed in FY21	(24.824)
Capital Outlay/Fund corrections made in FY22	2.860
Tobacco Tax allocation corrections made in FY22	28.925

Total Obligated General Fund Direct	(176.659)
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Net General Fund Direct Surplus/(Deficit)	699.220
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III. Current Year Items Requiring Action

IV. Horizon Issues Not Contained in 5-Year Plan

Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP)

State share owed to FEMA upon the final closeout of various disasters, including Hurricane Katrina, for public assistance (state, local and private non-profits) and hazard mitigation projects. Final closeouts of the various disasters are not expected until FY22 at the earliest and Katrina FY23, but could extend beyond the 5-year baseline projection window.

FIVE YEAR BASE LINE PROJECTION STATE GENERAL FUND SUMMARY APPROPRIATED					
	Prior Fiscal Year 2020-2021	Official Current Fiscal Year 2021-2022	Projected Fiscal Year 2022-2023	Projected Fiscal Year 2023-2024	Projected Fiscal Year 2024-2025
REVENUES:					
Taxes, Licenses & Fees	\$12,264,200,000	\$12,296,300,000	\$12,610,100,000	\$12,831,900,000	\$13,024,900,000
Less Dedications	(\$2,454,300,000)	(\$2,408,800,000)	(\$2,445,700,000)	(\$2,473,800,000)	(\$2,595,900,000)
TOTAL REC REVENUES	\$9,809,900,000	\$9,887,500,000	\$10,164,400,000	\$10,358,100,000	\$10,429,000,000
ANNUAL REC GROWTH RATE		0.79%	2.80%	1.91%	0.68%
Other Revenues:					
Carry Forward Balances	\$67,251,068	\$183,620,801	\$0	\$0	\$0
Use of Budget Stabilization Fund	\$90,062,911	\$0	\$0	\$0	\$0
Total Other Revenue	\$157,313,979	\$183,620,801	\$0	\$0	\$0
TOTAL REVENUES	\$9,967,213,979	\$10,071,120,801	\$10,164,400,000	\$10,358,100,000	\$10,429,000,000
EXPENDITURES:					
General Appropriation Bill (Act 119 of 2021 RS)	\$8,509,867,982	\$9,077,018,132	\$10,356,916,583	\$10,512,861,124	\$10,292,204,750
Ancillary Appropriation Bill (Act 113 of 2021 RS)	\$0	\$0	\$17,098,864	\$21,681,710	\$26,424,956
Non-Appropriated Requirements	\$519,801,757	\$525,352,685	\$533,894,467	\$543,798,375	\$561,667,758
Judicial Appropriation Bill (Act 116 of 2021 RS)	\$154,508,439	\$164,008,439	\$167,681,713	\$169,671,836	\$169,671,825
Legislative Appropriation Bill (Act 117 of 2021 RS)	\$61,242,871	\$73,610,173	\$73,622,833	\$73,619,416	\$73,615,904
Special Acts	\$0	\$0	\$25,162,436	\$25,162,436	\$25,162,436
Capital Outlay Bill (Act 485 of 2021 RS)	\$0	\$43,331,996	\$0	\$0	\$0
TOTAL ADJUSTED EXPENDITURES (less carryforwards)	\$9,245,421,049	\$9,883,321,425	\$11,174,376,896	\$11,346,794,897	\$11,148,747,629
ANNUAL ADJUSTED GROWTH RATE		6.90%	13.06%	1.54%	-1.75%
Other Expenditures:					
Carryforward BA-7s Expenditures	\$67,251,068	\$183,620,801	\$0	\$0	\$0
Supplemental Bill (Act 120 of 21RS)	\$558,537,575	\$0	\$0	\$0	\$0
Funds Bills (Act 10 of 20 1ES and Acts 114 and 448 of 21 RS)	\$95,937,064	\$0	\$0	\$0	\$0
27th Pay Period occurring in FY22-23	\$0	\$0	\$62,508,941	\$0	\$0
Total Other Expenditures	\$721,725,707	\$183,620,801	\$62,508,941	\$0	\$0
TOTAL EXPENDITURES	\$9,967,146,756	\$10,066,942,226	\$11,236,885,837	\$11,346,794,897	\$11,148,747,629
PROJECTED BALANCE	\$67,223	\$4,178,575	(\$1,072,485,837)	(\$988,694,897)	(\$719,747,629)
Oil Prices included in the REC forecast.	\$51.00	\$58.93	\$59.41	\$61.36	\$62.54

JOINT LEGISLATIVE COMMITTEE ON THE BUDGET

BA-7 AGENDA

December 2021 – RE-REVISED

Re-Revised
R3 HIED Withdrawn

A. Fiscal Status Statement

B. 5-Year Base Line Projection

C. Regular BA-7s

- | | | | |
|--------------|-----------------|--|------------------|
| 1 | EXEC | Executive Department
(01-124) Louisiana Stadium and Exposition District | |
| 2a | LDH | Louisiana Department of Health
(09-301) Florida Parishes Human Services Authority | |
| 2b | LDH | Louisiana Department of Health
(09-302) Capital Area Human Services District | |
| 2c | LDH | Louisiana Department of Health
(09-330) Office of Behavioral Health | |
| 3 | HIED | Higher Education
(19A-671) Board of Regents | <u>Withdrawn</u> |
| 4 | EXEC | Executive Department
(01-111) Governor’s Office of Homeland Security & Emergency Preparedness | |



STATE OF LOUISIANA
Legislative Fiscal Office
BATON ROUGE

Post Office Box 44097
Capitol Station
Baton Rouge, Louisiana 70804
Phone: 225.342.7233
Fax: 225.342.7243

To: The Honorable Mack "Bodi" White, Chairman
Joint Legislative Committee on the Budget
The Honorable Members of the Joint Legislative Committee on the Budget

From: Alan Boxberger, Deputy Fiscal Officer *AMB*

Date: December 15, 2021

Subject: Joint Legislative Committee on the Budget
Meeting December 16, 2021

Attached are the Legislative Fiscal Office BA-7 (Budget Adjustment) write-ups for the December 16th meeting of the Joint Legislative Committee on the Budget.

- The LFO confirms that the proposed expenditures detailed in BA-7 #1 are an allowable use of funds pursuant to JLCB appropriation out of the Louisiana Rescue Plan Fund.
- The LFO recommends approval of BA-7s #2a through 2c and #4.
- BA-7 #3 was withdrawn by the Board of Regents.

Please contact me if you have questions or need additional information.

**LEGISLATIVE FISCAL OFFICE
ANALYSIS OF BA-7 REQUEST**

DEPARTMENT: Executive

AGENDA NO.: 1

AGENCY: LA Stadium & Exposition District

ANALYST: Monique Appeaning

<u>Means of Financing</u>		<u>Expenditures by Program</u>		<u>T.O.</u>
State General Fund:	\$0	Administrative	\$26,800,000	0
Interagency Transfers:	\$0			
Self-Generated Revenue:	\$0			
Statutory Dedications:	\$26,800,000			
Federal Funds:	\$0			
Total	<u>\$26,800,000</u>	Total	<u>\$26,800,000</u>	0

I. SUMMARY/COMMENTS

The purpose of this BA-7 request is to increase the Louisiana Stadium and Exposition District's (LSED) budget by \$26.8 M in Statutory Dedications out of the Louisiana Rescue Plan Fund for Superdome renovation projects.

Background

The LSED provided the following information to the Legislative Fiscal Office (LFO). The Superdome is approximately 45 years old. Louisiana provided \$85 M in 2009 and \$6 M in 2015 for renovations targeted for revenue-generating assets, various infrastructure repair and replacement projects.

A master plan was commissioned in 2017 to study renovation potential versus a new stadium option. It was determined that a new stadium was not economically feasible for the LSED, Saints, or State as the estimated cost is between \$1.6 B to \$1.7 B.

A project proceeded after August 2019 with State Bond Commission approval of an LSED financing plan where the Bond Commission approved the following:

"Not exceeding \$560,000,000 Revenue Bonds, not exceeding 7%, not exceeding 31 years, (a) refunding all or a portion of Senior Revenue Refunding Bonds, Tax Exempt Series 2013A and Subordinate Revenue Refunding Bonds, Taxable Series 2013C; (b) constructing, improving, equipping and furnishing facilities of the District and (c) funding reserves, if required and (2) not exceeding \$350,000,000 Bond Anticipation Notes, not exceeding 5%, not exceeding 5 years, interim financing for constructing, improving, equipping and furnishing." (Source: State Bond Commission Agenda – August 2019).

The current estimated cost to renovate the Superdome is \$450 M over five years between 2020-2025. The plan to renovate the Superdome is divided into four (4) phases. Phase 1 began in January 2020 and the final phase is projected to be completed before Super Bowl 58 in 2024. LSED reports the current plan will split renovation funding sources whereby the LSED will fund \$246.2 M through short-term Bond Anticipation Notes (BANS) and a planned FY 23 refunding of both BANS and existing debt; the Saints will fund \$150 M; and the State will fund \$53.8 M.

The Breakdown of the State's Share

The \$53.8 M portion for the State was identified in the following manner:

\$ 2.0 M – P1 funding per Act 485 of the 2021 Regular Session of the Legislature
 \$25.0 M – P5 funding per Act 485 of the 2021 Regular Session of the Legislature
 \$27.0 M – Sub-Total

\$26.8 M – BA-7 Request (LA Rescue Plan Fund)

\$53.8 M – Total

(This represents the total portion for the State, and it assumes the P5 will move up to P1 in a future appropriation during the planned renovation schedule.)

LEGISLATIVE FISCAL OFFICE ANALYSIS OF BA-7 REQUEST

Status of Renovation of the Superdome

Phase 1 – \$72.5 M (Completed) – New emergency stair system, new freight elevator program, and partial east and west side ramp system removal.

Phase 2 - \$61.2 M (Completed) – New field suite program, corner viewing decks, and enhanced ADA seating program.

Phase 3a - \$31.3 M (Underway and is projected to be completed prior to the NCAA Final Four in April 2022) – New commissary, central kitchen for food service program.

Phase 3b - \$285 M – New atrium primary entries, enhanced vertical transportation program (additional elevators and escalators), remaining east and west side ramp system removal, expanded concourses, enhanced general admission amenities (concession stands, restrooms, etc.), club level enhancements and improved amenities, and 300 level suite enhancements.

New Orleans Saints and the Renovation to the Superdome

LSED reports that the Saints existing lease is set to expire in 2025. However, a benefit of the renovations to the Superdome is a commitment from the Saints to a long-term lease agreement at the Superdome through 2035, plus additional options.

NOTE: LSED reports that postponement of this request will delay the execution of construction contracts and, ultimately, the delivery of the completed project prior to the 2025 NFL Super Bowl.

II. IMPACT ON FUTURE FISCAL YEARS

Although not explicitly required with approval of this BA-7 request, the financing scheme detailed by LSED of which these funds are a part assumes the state will authorize \$25 M of capital outlay funding currently contained in P5 status per Act 485 of the 2021 Regular Session of the Legislature in order to fully fund the state's \$53.8 M portion of the total project cost. The source of monies deposited into the Louisiana Rescue Plan Fund is the state allocation from the American Rescue Plan Act (ARPA). The ARPA allocation of funding to Louisiana state government totals \$3,011,136,887 in direct aid. To date, the legislature appropriated \$1.6 B of the state's allocation. Approval of this BA-7 request will reduce the balance of unallocated monies from the ARP state allocation from \$1,411,136,887 to \$1,384,336,887 for future appropriation.

III. LEGISLATIVE FISCAL OFFICE RECOMMENDATION

The Legislative Fiscal Office confirms the use of Statutory Dedications out of the Louisiana Rescue Plan Fund can be used for the proposed purpose pursuant to LA R.S. 39:100.51(E), *"if the legislature is not in session, the Joint Legislative Committee on the Budget is authorized to appropriate monies from the Louisiana Rescue Plan Fund or any of the funds created pursuant to this Subpart by approving a budget adjustment by BA-7."* In accordance with this provision, the LFO is not making a formal recommendation but verifying this BA-7 request is an allowable use of the Louisiana Rescue Plan Fund.

**LEGISLATIVE FISCAL OFFICE
ANALYSIS OF BA-7 REQUEST**

DEPARTMENT: Health

AGENDA NO.: 2a

AGENCY: Florida Parishes Human Services Authority

ANALYST: Shane Francis

<u>Means of Financing</u>		<u>Expenditures by Program</u>		<u>T.O.</u>
State General Fund:	\$0	Florida Parishes Human Services Authority	\$71,283	0
Interagency Transfers:	\$71,283			
Self-Generated Revenue:	\$0			
Statutory Dedications:	\$0			
Federal Funds:	\$0			
Total	<u>\$71,283</u>	Total	<u>\$71,283</u>	<u>0</u>

I. SUMMARY/COMMENTS

This is a companion BA-7 to OBH BA-7 #2c for behavioral health assistance associated with the aftermath of Hurricane Ida. The purpose of this companion BA-7 is to increase \$71,283 IAT from the Office of Behavioral Health in response to available Federal Funds granted in the wake of Hurricane Ida and the corresponding Major Disaster Declaration. There is no state match required for this grant.

On August 29th, 2021, the State of Louisiana requested and received a Major Disaster Declaration based on the Hurricane Ida incident, which began on August 26, 2021 and is continuing. This declaration allowed the State to apply for the Crisis Counseling Assistance and Training grant to help meet the behavioral health needs of disaster survivors. Twenty-five of the state's 64 parishes are designated under the Major Disaster Declaration LA-4611-DR. Approximately 2.7 million, or 58%, of Louisianans reside within the declared parishes.

Florida Parishes Human Services Authority will receive \$71,283 from the Office of Behavioral Health for this grant. The agency provided the following expenditure delineation for IAT funds received.

Travel Reimbursement	\$7,485
Supplies/Operating Costs	\$5,107
Personnel Costs	\$30,685
<i>Administrative/Fiscal Position</i>	
<i>Program Manager</i>	
<i>Crisis Counselors (3-4)</i>	
Related Benefits	\$5,291
Employee Background Checks	\$315
Media/Public Communications	\$6,200
Printed Materials (20,000 copies)	\$5,000
Isolation Site Equipment	<u>\$11,200</u>
TOTAL	<u>\$71,283</u>

II. IMPACT ON FUTURE FISCAL YEARS

Approval of this BA-7 request will have no impact on future fiscal years.

III. LEGISLATIVE FISCAL OFFICE RECOMMENDATION

The Legislative Fiscal Office recommends approval of this BA-7 request.

**LEGISLATIVE FISCAL OFFICE
ANALYSIS OF BA-7 REQUEST**

DEPARTMENT: Health

AGENDA NO.: 2b

AGENCY: Capital Area Human Services District

ANALYST: Shane Francis

<u>Means of Financing</u>		<u>Expenditures by Program</u>		<u>T.O.</u>
State General Fund:	\$0	Capital Area Human Services District	\$468,065	0
Interagency Transfers:	\$468,065			
Self-Generated Revenue:	\$0			
Statutory Dedications:	\$0			
Federal Funds:	\$0			
Total	\$468,065	Total	\$468,065	0

I. SUMMARY/COMMENTS

This is a companion BA-7 to OBH BA-7 #2c for behavioral health assistance associated with the aftermath of Hurricane Ida. The purpose of this companion BA-7 is to increase \$468,065 IAT from the Office of Behavioral Health in response to available federal funds granted in the wake of Hurricane Ida and the corresponding Major Disaster Declaration. There is no state match required for this grant.

On August 29th, 2021, the State of Louisiana requested and received a Major Disaster Declaration based on the Hurricane Ida incident, which began on August 26, 2021 and is continuing. This declaration allowed the State to apply for the Crisis Counseling Assistance and Training grant to help meet the behavioral health needs of disaster survivors. Twenty-five of the state's 64 parishes are designated under the Major Disaster Declaration LA-4611-DR. Approximately 2.7 million, or 58%, of Louisianans reside within the declared parishes.

Capital Area HSD will receive \$468,065 from the Office of Behavioral Health for this grant. The agency provided the following delineation for IAT funds received.

Mileage Reimbursement (\$0.56 per mile)	\$42,412
Supplies/Operating Costs	\$49,560
Cell phones	
Office supplies	
Laptops	
Software licenses, etc.	
Personnel Costs	\$334,086
Administrative Coordinator	
Fiscal Manager	
Program Manager	
Team Leaders (2)	
Crisis Counselors (10)	
Resource Linkage Counselors (4)	
Background Checks	\$2,993
Media/Isolation Site Equipment	\$39,015
TOTAL	\$468,065

Note: Total doesn't balance to sum due to rounding.

II. IMPACT ON FUTURE FISCAL YEARS

Approval of this BA-7 request will have no impact on future fiscal years.

III. LEGISLATIVE FISCAL OFFICE RECOMMENDATION

The Legislative Fiscal Office recommends approval of this BA-7 request.

**LEGISLATIVE FISCAL OFFICE
ANALYSIS OF BA-7 REQUEST**

DEPARTMENT: Health

AGENDA NO.: 2c

AGENCY: Behavioral Health

ANALYST: Shane Francis

<u>Means of Financing</u>		<u>Expenditures by Program</u>		<u>T.O.</u>
State General Fund:	\$0	Administration & Support	\$1,682,567	0
Interagency Transfers:	\$0	Behavioral Health Community	\$0	0
Self-Generated Revenue:	\$0	Hospital Based Treatment	\$0	0
Statutory Dedications:	\$0	Auxiliary Account	\$0	0
Federal Funds:	\$1,682,567			
Total	<u>\$1,682,567</u>	Total	<u>\$1,682,567</u>	0

I. SUMMARY/COMMENTS

The purpose of this BA-7 request is to increase \$1.68 M Federal Funds budget authority available in the wake of Hurricane Ida and the corresponding Major Disaster Declaration. There is no state match required for this grant.

On August 29th, 2021, the State of Louisiana requested and received a Major Disaster Declaration based on the Hurricane Ida incident, which began on August 26, 2021, and is continuing. This declaration allowed the state to apply for a Crisis Counseling Assistance and Training grant to help meet the behavioral health needs of disaster survivors. Twenty-five of the state's 64 parishes are designated under the Major Disaster Declaration LA-4611-DR. Approximately 2.7 million, or 58%, of Louisianans reside within the declared parishes.

Federal grant money received by the Office of Behavioral Health (OBH) can be divided into two categories; monies to be transferred to human service authorities and districts affected by Hurricane Ida (72%) by Interagency Transfer (IAT) and funds to stand-up crisis assistance within OBH (28%). These costs are broken out below.

There are two companion BA-7s to grant additional budget authority to the Capital Area Human Services District and Florida Parishes Human Services Authority. Other listed districts/authorities do not require additional budget authority to make use of transferred funds. Monies received for these parishes will be used to hire WAE employees for a period of 4 months to provide crisis management and related services and to purchase necessary equipment to complete scope-of-work. Additional detail for these funds are listed in the respective companion BA-7s.

The Other Charges Expenditure Category (OBH) pertain to funds staying within OBH to assist in crisis assistance.

IAT Expenditure Category	Budget
Metropolitan Human Services District (MHSD)	\$313,948
Capital Area Human Services District (CAHSD)	\$468,065
South Central Louisiana Human Services Authority (SCLHSA)	\$307,115
Florida Parishes Human Services Authority (FPHSA)	\$71,283
Jefferson Parish Human Services Authority (JPHSA)	<u>\$95,944</u>
<i>Subtotal IAT</i>	<i>\$1,256,355</i>

Other Charges Expenditure Category (OBH)	Budget
Wages	\$251,578
Related Benefits	\$29,203
Travel - Mileage Reimbursement	\$25,839
Equipment and Supplies	\$44,235
Staff Training	\$3,000
Marketing Materials	\$11,750
Media Campaign	\$50,000
Crisis Line	\$8,000

**LEGISLATIVE FISCAL OFFICE
ANALYSIS OF BA-7 REQUEST**

LSP Background Checks	<u>\$2,607</u>
<i>Subtotal Other Charges</i>	<u>\$426,212</u>
TOTAL	\$1,682,567

Below is additional delineation for labor-related costs and equipment. Personnel are hired as temporary employees for a period of 4 months.

Salaries and Related Benefits	Budget
Personnel Costs	\$222,375
<i>Project Coordinator</i>	
<i>Deputy Project Coordinator</i>	
<i>Fiscal Manager</i>	
<i>Fiscal Analyst</i>	
<i>Administrative Assistant</i>	
<i>Stress Manager Team Lead</i>	
<i>Stress Managers (4)</i>	
<i>Training Manager</i>	
<i>Crisis Counselors (11)</i>	
Related Benefits	<u>\$29,203</u>
TOTAL	\$251,578

Equipment and Supplies	Budget
Wireless Equipment	\$1,540
General Office Supplies	\$8,290
Computer Equipment and Software	\$33,355
Uniforms for Field Staff	<u>\$1,050</u>
TOTAL	\$44,235

II. IMPACT ON FUTURE FISCAL YEARS

Approval of this BA-7 request will have no impact on future fiscal years.

III. LEGISLATIVE FISCAL OFFICE RECOMMENDATION

The Legislative Fiscal Office recommends approval of this BA-7 request.

**LEGISLATIVE FISCAL OFFICE
ANALYSIS OF BA-7 REQUEST**

DEPARTMENT: Executive

AGENDA NO.: 4

AGENCY: Homeland Security & Emergency Prep

ANALYST: Monique Appeaning

<u>Means of Financing</u>		<u>Expenditures by Program</u>		<u>T.O.</u>
State General Fund:	\$0	Administrative	\$500,000,000	0
Interagency Transfers:	\$0			
Self-Generated Revenue:	\$0			
Statutory Dedications:	\$0			
Federal Funds:	\$500,000,000			
Total	<u>\$500,000,000</u>	Total	<u>\$500,000,000</u>	0

I. SUMMARY/COMMENTS

The purpose of the BA-7 request is to increase the federal budget authority by \$500 M within the Governor's Office of Homeland Security & Emergency Preparedness (GOHSEP), primarily for Hurricanes Laura and Ida cost shares as well as COVID related expenditures. The increase in federal budget authority would allow GOHSEP to continue to pay invoices to its vendors and process reimbursement requests from local, state, and nonprofit agencies for disasters and non-disaster grants. The source of the Federal funds is FEMA.

GOHSEP experienced an average monthly burn rate of \$193.2 M in FY 22 (July – November). Assuming the average monthly burn rate continues for the remainder of the fiscal year, the agency is projected to process an additional \$1.35 B in FEMA-related payments to impacted entities. Below is the breakdown of the cumulative payment information by month. NOTE: This represents all FEMA-related activities through the end of November 2021. GOHSEP realized an additional \$101.1 M in federal expenditures through December 14, 2021.

Month	Expended
July 2021	\$115,382,833
August 2021	\$198,071,852
September 2021	\$196,079,753
October 2021	\$223,176,023
November 2021	<u>\$233,154,281</u>
Total	\$965,864,742
Average	\$193,172,948

Federal Budget Authority

The agency's total federal authority is \$1,683,775,826. As of December 13th, the total expenditure is \$1,068,294,850. This leaves a remaining federal budget authority of \$615,480,976. However, the agency has encumbrances that total \$417,724,937. This leaves an unrestricted federal budget authority of \$197,756,039.

GOHSEP has \$417.7 M in encumbrances that impact its available budget. They have reported to the Legislative Fiscal Office (LFO) that approximately \$405.2 M (or 97%) is projected for expenditure in the current fiscal year.

Assuming the average monthly burn rate of \$193.2 M continues, the LFO estimates the agency will deplete its existing federal budget authority in mid-January, 2022.

II. IMPACT ON FUTURE FISCAL YEARS

Approval of this BA-7 request will have no impact on future fiscal years.

III. LEGISLATIVE FISCAL OFFICE RECOMMENDATION

The Legislative Fiscal Office recommends approval of this BA-7 request.

BA-7 #4 - GOHSEP
Budget and Expenditure Review

Budget Authority	\$1,683,775,826
Expenditures	(\$1,068,294,850)
Encumbrances	(\$417,724,937)
Remaining Budget Authority	\$197,756,039

Average Monthly Expenditures	\$193,172,948
Projected Burn Rate	\$1,352,210,636
Projected Expenditures/Encumbrances	\$2,838,230,423
Projected Budget Authority Needed	\$1,154,454,597

Financial Year 2021-2022	Expenditures	Remaining Budget Authority
EOB - Federal Funds	\$ 1,683,775,826	\$ 1,683,775,826
Federal Expenditures by Fiscal Month		
Jul-21	(115,382,833)	1,568,392,993
Aug-21	(198,071,852)	1,370,321,141
Sep-21	(196,079,753)	1,174,241,388
Oct-21	(223,176,023)	951,065,365
Nov-21	(233,154,281)	717,911,084
Dec-21	<u>(102,430,108)</u>	615,480,976
Total Federal Expenditures	(1,068,294,850)	
Total Federal Encumbrances	(417,724,937)	197,756,039
Average Federal Burn Rate	193,172,948	
Projected Expenditures/Encumbrances	1,352,210,636	
Projected Budget Authority Needed	2,838,230,423	
Current Budget Authority	1,683,775,826	
Difference Current vs Projected	(1,154,454,597)	
BA-7 Request	500,000,000	
Projected Additional Need Remaining	(654,454,597)	

NOTES:

December 2021 Expenditures are as of December 14, 2021.

Average Federal Burn Rate is based on expenditures from July 2021 thru November 2021.

Projected expenditures and encumbrances are as of November 30, 2021.

Daily Expenditures
BA-7 for \$500 M Approved on November 19, 2021 by JLCB
November 19, 2021 - December 10, 2021

11/19/21	\$	4,550,347.48
11/22/21	\$	73,082,786.24
11/23/21	\$	22,872,454.60
11/24/21	\$	7,303,311.90
04/25/53	\$	5,906,877.57
11/30/21	\$	989,519.04
12/01/21	\$	9,217,007.76
12/02/21	\$	41,437,546.87
12/03/21	\$	12,061,252.04
12/04/21	\$	895,093.50
12/05/21	\$	308,800.00
12/06/21	\$	401,045.69
12/07/21	\$	7,806,219.09
12/08/21	\$	2,630,379.26
12/09/21	\$	19,786,609.72
12/10/21	\$	6,578,162.92
	\$	215,827,413.68

Federal Expenditures On the Horizon

Event	A - Debris Removal	B - Emergency Protective Measures	Other	Grand Total
COVID		\$213,651,165		\$213,651,165
Laura	\$50,369,726	\$20,002,355		\$70,372,081
Delta	\$13,978	\$4,604,821		\$4,618,799
Zeta	\$2,159,808	\$582,324		\$2,742,132
2021 Winter Weather	\$43,170	\$2,711,434		\$2,754,604
May 2021 Flooding		\$596,732		\$596,732
Ida	\$5,348,508	\$39,700,198		\$45,048,706
Disaster Case Management (Ida)			\$226,890,972	\$226,890,972
	\$ 57,935,190	\$ 281,849,029	\$ 226,890,972	\$ 566,675,191

Source: GOHSEP

GOHSEP Federal Program Financial Summary
Table 1: FY22 through 12/13/2021

Federal Grant Program	Expended Total	Encumbered Total	Total
Public Assistance Program	758,729,547	198,565,952	957,295,499
Hazard Mitigation Grant Program	34,525,536	3,463,241	37,988,777
Flood Mitigation Assistance	12,108,800	396,776	12,505,576
Pre-Disaster Mitigation	1,016,923	161,977	1,178,900
Preparedness Grants	2,943,696	55,018	2,998,714
Disaster Case Management	3,655,684	13,765,417	17,421,101
FEMA Direct Housing Grant	417,664	2,135,535	2,553,199
Crisis Counseling Grant	221,938		221,938
COVID Emergency Rental Programs	93,322,139	179,125,839	272,447,978
COVID Homeowner Assistance Program	887,510	12,530,984	13,418,494
American Rescue Plan Act	154,983,320		154,983,320
Other	4,174,102		4,174,102
Total	1,066,986,859	410,200,739	1,477,187,598

GOHSEP Federal Program Financial Summary
Table 2: Since November JLCB

Federal Grant Program	Expended Total	Encumbered Total	Total
Public Assistance Program	195,771,884	59,226,779	254,998,663
Hazard Mitigation Grant Program	4,655,935		4,655,935
Flood Mitigation Assistance	1,363,706		1,363,706
Pre-Disaster Mitigation	0		0
Preparedness Grants	485,883	10,646	496,529
Disaster Case Management	379,328	1,800,000	2,179,328
FEMA Direct Housing Grant	244,101		244,101
Crisis Counseling Grant	221,938		221,938
COVID Emergency Rental Programs	11,726,524	853,500	12,580,024
COVID Homeowner Assistance Program	547,914		547,914
Other	430,202		430,202
Total	215,827,414	61,890,925	277,718,339

GOHSEP Federal Program Financial Summary
Table 3: FY22 Projection for the \$500M

Federal Grant Program	Total as of 12/13/2021	% Projection	Total Projection
Public Assistance Program	957,295,499	65%	324,026,379
Hazard Mitigation Grant Program	37,988,777	3%	12,858,481
Flood Mitigation Assistance	12,505,576	1%	4,232,900
Pre-Disaster Mitigation	1,178,900	0%	399,035
Preparedness Grants	2,998,714	0%	1,015,008
Disaster Case Management	17,421,101	1%	5,896,712
FEMA Direct Housing Grant	2,533,199	0%	864,209
Crisis Counseling Grant	221,938	0%	75,122
COVID Emergency Rental Programs	272,447,978	18%	92,218,476
COVID Homeowner Assistance Program	13,418,494	1%	4,541,906
American Rescue Plan Act	154,983,320	10%	52,458,916
Other	4,174,102	0%	1,412,855
Total	1,477,187,598	100%	500,000,000

GOHSEP Federal Program Financial Summary
Table 4: Pending FEMA Approval

Event	A - Debris Removal	B - Emergency Protective Measures	Other	Grand Total
COVID		213,651,165.00		213,651,165.00
Laura	50,369,726.00	20,007,355.00		70,377,081.00
Delta	13,978.00	4,604,821.00		4,618,799.00
Zeta	2,159,808.00	582,324.00		2,742,132.00
2021 Winter Weather	43,170.00	2,711,434.00		2,754,604.00
May 2021 Flooding		596,732.00		596,732.00
Iga	5,348,508.00	39,700,198.00		45,048,706.00
Disaster Case Management (Iga)			226,890,972.00	226,890,972.00
Total	57,935,190.00	281,849,029.00	226,890,972.00	566,675,191.00

GOHSEP Federal Program Expenditure Detail
FY22 - Since November JICB

Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	Other	FEMA Direct Housing Grant	Grand Total
COURT OF APPEAL THIRD CIRCUIT	29,425											29,425
ACADIA PARISH POLICE JURY			265,463									265,463
ACADIAN AMBULANCE SERVICE INC	105,235											105,235
AGGREGO HOLDINGS INC	150,993											150,993
AGGREGO, LLC	(2,000)											(2,000)
AMERICAN POLLUTION CONTROL	278,500											278,500
APOSTOLIC CHRISTIAN SCHOOL	672,668											672,668
APTIM ENVIRONMENTAL &	1,515,640											1,515,640
ARCCO COMPANY SERVICES INC	925,965											925,965
ASCENSION PARISH SCHOOL BOARD	1,314,765											1,314,765
BCMYM LLC	15,879											15,879
BEAUREGARD PARISH POLICE JURY	7,020											7,020
BENT'S RV RENDEZVOUS LLC	1,725,000											1,725,000
BETTER PUMPS & SOLUTIONS LLC	24,424											24,424
BOSSIER PARISH EMERGENCY	22,911											22,911
BOSSIER PARISH POLICE JURY	18,774											18,774
BRIGGS EQUIPMENT INC.	29,029							6,000,000				6,000,000
CAJDO PARISH COMMISSION												26,190
CAJDO PARISH SCHOOL BOARD	26,190											26,190
CALCASIEU PARISH POLICE JURY			87,725									87,725
CALCASIEU PARISH SCHOOL BOARD	13,225											13,225
CALCASIEU PARISH WARD 6 FIRE	10,942											10,942
CALLAIS ICE SERVICE INC	16,800											16,800
CAMERON PARISH SCHOOL BOARD	92,404											92,404
CASEY TINGLE	114											114
CENTRAL COMMUNITY SCHOOL	4,362											4,362
CENTRAL PRIVATE SCHOOL	153,372											153,372
CITY OF BATON ROUGE		1,340,830	166,475									1,507,305
CITY OF BATON ROUGE & PARISH	3,750											3,750
CITY OF BROUSSARD	122,983											122,983
CITY OF DENHAM SPRINGS			2,161									2,161
CITY OF DERIDDER	151,779											151,779
CITY OF FRANKLIN	12,156											12,156
CITY OF LAKE CHARLES	145,746											145,746
CITY OF MONROE	95,936											95,936
CITY OF N O-HOMELAND SECURITY					92,762							92,762
CITY OF NEW ORLEANS	71,833,550	956,814	346,363									73,116,727
CITY OF OAKDALE	1,091,645											1,091,645
CITY OF SLIDELL	1,099,947		181,857									1,281,804
CLAIBORNE ELECTRIC COOPERATIVE INC	20,934											20,934
CORPORATE HOSPITALITY SVCS	1,112,139											1,112,139

GOHSEP Federal Program Expenditure Detail
FY22 - Since November JICB

Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	Other	FEMA Direct Housing Grant	Grand Total
DAVIS WATER SERVICE INC	66,000											66,000
DELOITTE & TOUCHE LLP	4,476,754											4,476,754
DEPLOYED RESOURCES LLC	520,800											520,800
DEPT OF EDUCATION	1,696,123											1,696,123
DEPT OF HEALTH & HOSPITALS	30,024,011											30,024,011
DEPT OF MILITARY AFFAIRS	14,308											14,308
DEPT OF TRANS & DEVELOPMENT	13,318,702											13,318,702
DEPT OF WILDLIFE & FISHERIES	32,660											32,660
DESOTO PARISH POLICE JURY	3,194											3,194
DIAMOND SCAFFOLD SERVICES LLC	757,746											757,746
DIOCESE OF HOUMA THIBODAUX	13,297											13,297
DIVISION OF ADMINISTRATION	551,769	24										551,769
DLS LLC	1,628,090							176,102	547,914			1,628,090
DOA-OFFICE OF COMMUNITY DEV												
DPS&C PUBLIC SAFETY SERVICES												
DYNAMIC GROUP LLC	1,488,729				14,738							1,488,729
EAST BATON ROUGE PARISH	213,301											213,301
EVANGELINE PARISH POLICE JURY	6,025				4,698							6,025
EVENT SOLUTIONS OF LOUISIANA LLC	10,543											10,543
EXCEL CONTRACTORS LLC	82,500											82,500
GRANT PARISH	10,666											10,666
GREATER LAFOURCHE PORT COMM	12,409											12,409
HORNE LLP						391,110					244,101	635,211
HOUSING AUTHORITY FOR THE CITY OF	17,388											17,388
IBERIA PARISH SHERIFF'S SALARY	119											119
INNER PARISH SECURITY CORP	17,649											17,649
JACKSON PARISH POLICE JRY	60,899				27,119							88,018
JAMES BALLOW												388
JEFFERSON DAVIS ELECTRIC COOP INC	1,643,051											1,643,051
JEFFERSON DAVIS PARISH POLICE JURY	719,767											719,767
JEFFERSON PARISH	47,353		54,385		141,851							243,589
JEFFERSON PARISH SCHOOL BD	184,506											184,506
JOE'S SEPTIC CONTRACTORS INC	12,250									143		12,250
JP MORGAN CHASE BANK NA												
LA CHILDRENS MEDICAL CTR	2,877,433											2,877,433
LA SHERIFFS ASSOCIATION												
LAFAYETTE PARISH SCHOOL BOARD	10,424				18,654							18,654
LAFAYETTE REGIONAL AIRPORT	640											640
LAFOURCHE PAR HCSP SVC DIST #1	30,411											30,411
LAMAR CONTRACTORS LLC	24,982,802											24,982,802
LANDSTAR EXPRESS AMERICA INC	674,750											674,750

GOHSEP Federal Program Expenditure Detail
 FY22 - Since November JLCB

Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	Other	FEMA Direct Housing Grant	Grand Total
LEGISLATIVE AUDITOR	872,929	109,463										982,391
LEMOINE DISASTER RECOVERY LLC	4,326,327											4,326,327
LEMOINE INDUSTRIAL GROUP	595,525											595,525
LIFESHARE BLOOD CENTERS	6,705											6,705
LIPEY LOGISTICS WORLDWIDE LLC	19,200											19,200
LIVINGSTON PARISH COUNCIL		36,956	216,197									253,153
LIVINGSTON PARISH PUBLIC SCHOOLS	203,958											203,958
LOUISIANA DEPT OF CHILDREN & FAMILY	7,784											7,784
LOUISIANA HOUSING CORPORATION	111,732							557,980				669,711
LOUISIANA LIFT EQUIPMENT INC	1,026											1,026
LOUISIANA STATE UNIVERSITY	76,871											76,871
LOUISIANA STATE UNIVERSITY &	52,554											52,554
LOUISIANA WING CIVIL AIR PATROL	3,917											3,917
MACRO INC	46,800											46,800
MADISON PARISH POLICE JURY		43,213										43,213
MOFFITT HOLDINGS LLC	250											250
MONTIMBER INTERNATIONAL LLC	41,875											41,875
MS EMERGENCY MANAGEMENT AGENCY	10,148											10,148
N & A LLC	295,310											295,310
NATCHITOCHEES LEVEE & DRAINAGE	33,945											33,945
NATCHITOCHEES PARISH PLC JURY	988,797											988,797
NEW ORLEANS PUB FAC MGMT INC	203,854											203,854
NINTH WARD HOUSING DEVELOPMENT CORP	12,606											12,606
Not assigned	211,761	(155,795)	6,363	0	142,102	(11,782)	221,938			430,060		844,646
OK'S CASCADE COMPANY	308,800											308,800
ORLEANS PARISH COMMUNICATION	256,991											256,991
ORLEANS PARISH SCHOOL BOARD	1,622,374											1,622,374
QUACHITA PARISH POLICE JURY	59,814				9,496							69,310
PLAQUEMINES PARISH SHERIFFS	51,760											51,760
PLAQUEMINES PARISH GOVERNMENT		6,098										6,098
PLAQUEMINES PARISH SCHOOL BD	16,824											16,824
PORT OF NEW ORLEANS	296							4,992,442				4,992,442
POSTLETHWAITE & NETTERVILLE APAC												296
POT-O-GOLD RENTALS LLC	15,345											15,345
PRODUCED WATER SOLUTIONS LLC	292,334											292,334
QUATERNARY RESOURCE INVESTIGATIONS	24,796											24,796
RAPIDES PARISH POLICE JURY	82,723											82,723
RAPIDES PARISH SCHOOL BOARD	28,566											28,566
RAY LAND INC	22,125											22,125
RICHLAND PARISH SHERIFF	1,082											1,082
SABINE PARISH POLICE JURY	1,138											1,138

GOHSEP Federal Program Expenditure Detail
FY22 - Since November 11CB

Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	Other	FEMA Direct Housing Grant	Grand Total
SCOTT VOLUNTEER FIRE DEPARTMENT	3,980											3,980
SEWERAGE AND WATER BOARD		2,076,396										2,076,396
SLSOCO LTD	5,000											5,000
SOUTH LOUISIANA ELECTRIC COOPERATIV	28,666											28,666
SOUTHEAST LOUISIANA FLOOD	8,906											8,906
SOUTHERN COAST SUPPLY	1,749,052											1,749,052
SOUTHWEST LA ELEC MEMBERSHIP CORP	2,496,424											2,496,424
ST BERNARD PARISH GOV					11,832							11,832
ST BERNARD PARISH GOVERNMENT		6,847										6,847
ST MARGARET'S DAUGHTERS	10,625											10,625
ST MARTIN PARISH GOVERNMENT	347,957											347,957
ST MARY LEEVE DISTRICT	616,239											616,239
STAPLES CONTRACT & COMMERCIAL LLC	56											56
STORM SERVICES LLC	46,550											46,550
SULPHUR UNITED PENTECOSTAL CHURCH	7,355											7,355
TANGIPARHOA PARISH GOVERNMENT		252,270										252,270
TAYLORS INTERNATIONAL SVS	9,941,236											9,941,236
TENSAS PARISH POLICE JURY					6,179							6,179
TERREBONNE LEEVE & CVSN DIST	22,457											22,457
TERREBONNE PARISH CONSOLIDATED GOVT	7,215											7,215
TERREBONNE PARISH FIRE DISTRICT #7	162											162
TERREBONNE PARISH SHERIFF &	46,501											46,501
TETRA TECH INC	1,039,461											1,039,461
THE BLOOD CENTER	10,601											10,601
THE PRESCHOOL LEARNING CTR INC	2,344											2,344
THE SULZER GROUP LLC	292,311											292,311
THREE O'CLOCK PROJECT	660,000											660,000
TOTAL QUALITY LOGISTICS LLC	288,561											288,561
TOWN OF DELCAMBRE	5,470											5,470
TOWN OF ERAH	5,400											5,400
TOWN OF GRAND ISLE	14,100											14,100
TOWN OF INDEPENDENCE	11,137											11,137
TOWN OF KENTWOOD	102,722											102,722
TOWN OF ROSEPINE	5,671											5,671
TOWN OF VINTON	24,804											24,804
TRADUCCIONOLA	425											425
TULANE UNIVERSITY	95,393											95,393
UNION PARISH POLICE JURY					3,057							3,057
UNITED RENTALS (NORTH AMERICA) INC	1,153											1,153
UNIVERSITY OF LA AT LAFAYETTE					13,006							13,006
VANTAGE CONTRACTORS LLC	895,141											895,141

GOHSEP Federal Program Expenditure Detail
 FY22 - Since November JICB

Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	Other	FEMA Direct Housing Grant	Grand Total
VERMILION PARISH POLICE JURY			36,717									36,717
VICTORY ACADEMY	9,903	2,025										2,025
VILLAGE OF MAURICE	599											9,903
VILLAGE OF SIKES	(33,821)											599
VOLUNTEERS OF AMERICA SOUTHEAST	107,223											(33,821)
WATER DISTRICT #2	8,223											107,223
WATERWORKS DISTRICT 1	43,106											8,223
WEST FELICIAN PARISH SCHOOL BOARD	43,406											43,106
WEST FELICIANA PARISH POLICE JURY	370	795										43,406
WILLIAMS SCOTSMAN INC	25,802											1,164
WINDSTORM MITIGATION INC	53,198											25,802
WINN PARISH	9,241											53,198
WINN PARISH POLICE JURY	175,329											9,241
WIT CONTRACTING OF FRANKLINTON LLC	2,584,138											175,329
Grand Total	195,771,884	4,655,935	1,363,706	0	485,883	379,328	221,938	11,726,524	547,914	430,202	244,101	2,584,138

GOHSEP Federal Program Expenditure Detail
FY22

Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	CARES Act	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	American Rescue Plan Act	Other	FEHA Direct Housing Grant	Grand Total
COURT OF APPEAL THIRD CIRCUIT	40,945													40,945
AA ON SITE STORAGE LLC	16,740													16,740
AB FFB LOYOLA OPCO HOLDINGS LLC	25,050													25,050
ABBEVILLE GENERAL HOSPITAL	50,272	64,800												115,072
ABBEVILLE HARBOR & TERMINAL DIST	68,400													68,400
ACADIA GENERAL HOSPITAL INC	98,721													98,721
ACADIA PARISH POLICE JURY	42,440		377,427		25,128									442,995
ACADIAN AMBULANCE SERVICE INC	499,957													499,957
ADVANCED WATER CONTROL LLC	16,800					716,789								733,589
AECOM TECHNICAL SERVICES INC	150,999													150,999
AGGREGO HOLDINGS INC														
AGGREGO, LLC														
AGRICULTURE & FORESTRY	402,561													402,561
AIRPORT AUTH DIST 1 CALCASIEU PR	26,437													26,437
AIRWARE TRANSPORTATION AND LOGISTIC	15,000													15,000
ALLEN PARISH POLICE JURY	7,516,097	21,532												7,537,629
ALLEN PARISH SCHOOL BOARD	164,627													164,627
ALLEN PARISH SHERIFF & TAX	54,409													54,409
AMERICAN NATIONAL RED CROSS	27,715													27,715
AMERICAN POLLUTION CONTROL	1,868,759													1,868,759
APOSTOLIC CHRISTIAN SCHOOL	3,135,088													3,135,088
APTIM ENVIRONMENTAL &	1,515,640													1,515,640
ARCCO COMPANY SERVICES INC	1,318,044													1,318,044
ARCHDIOCESE OF NEW ORLEANS	5,216													5,216
ASCENSION PARISH SCHOOL BOARD	1,515,813													1,515,813
ASCENSION PARISH SHERIFF &	70,314													70,314
AT&T														
AT&T MOBILITY LLC	7,440	1,510			1,731									10,681
B & WA LLC	28,755				4,682									33,437
BALLARD HOSPITALITY LLC	221,596													221,596
BAYOU RENTAL TOWERS LLC												11,907		11,907
BEAUMVIL LLC	81,111													81,111
BEARD LOGISTICS LLC	3,680													3,680
BEAUREGARD PARISH LIBRARY	93,027													93,027
BEAUREGARD PARISH POLICE JURY	1,414,563													1,414,563
BEAUREGARD PARISH SCHOOL BD	15,238													15,238
BEAUREGARD PARISH SHERIFF'S	51,494				12,531									64,025
BENT'S RV RENDEZVOUS LLC	2,705,736													2,705,736
BETTER PUMPS & SOLUTIONS LLC	76,896													76,896
BIENVILLE PARISH POLICE JURY	79,023				11,704									90,727
BOSSIER PARISH EMERGENCY	22,911													22,911
BOSSIER PARISH POLICE JURY	371,501	12,099												383,600
BOWLING MOTORS & RV SALES INC	1,049,640													1,049,640
BOYS AND GIRLS VILLAGES	198,235													198,235
BRIGGS EQUIPMENT INC	36,979													36,979
BRYCELAND VILLAGE OF														
CADDO PARISH	1,425													1,425
CADDO PARISH COMMISSION														
									21,694,610					21,694,610

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CADDO PARISH SCHOOL BOARD	26,190													26,190
CADDO PARISH SHERIFFS OFFICE					29,869									29,869
CALCASIEU PARISH	25,765													25,765
CALCASIEU PARISH FIRE	29,206													29,206
CALCASIEU PARISH POLICE JURY	37,238,481	321,022	625,711		42,546									38,227,760
CALCASIEU PARISH SCHOOL BOARD	101,473,138													101,473,138
CALCASIEU PARISH SHERIFFS	692,824													692,824
CALCASIEU PARISH WARD 6 FIRE	152,422													152,422
CALCASIEU WATERWORKS DIST #8	158,239													158,239
CALCASIEU WATERWORKS DISTRICT 9	56,162													56,162
CALDWELL PARISH POLICE JURY	26,476													26,476
CALLAIS ICE SERVICE INC	1,754,194													1,754,194
CAMERON PARISH POLICE JURY	23,813,083													23,813,083
CAMERON PARISH SCHOOL BOARD	339,714													339,714
CAMERON PARISH WATERWORKS DIST 7					1,712									1,712
CARL GAINES WRECKER SERVICE	5,000													5,000
CASEY TINGLE	114				206									320
CATAHOULIA PARISH DEP					14,981									14,981
CATAHOULIA PARISH POLICE JURY	135,277													135,277
CELLCO PARTNERSHIP	27,468													27,468
CENTRAL COMMUNITY SCHOOL	4,362													4,362
CENTRAL FIRE PROTECTION DISTRICT 4	3,545													3,545
CENTRAL LOUISIANA REGIONAL PORT	60,532													60,532
CENTRAL PRIVATE SCHOOL	2,017,797													2,017,797
CF BREEZE CONSTRUCTION LLC	324,325													324,325
CHRIST THE KING LUTHERAN CHURCH	25,516													25,516
CHURCH OF KING OF LAKE CHARLES	133,325													133,325
CINTAS CORPORATION #2	31,500													31,500
CITY OF ABBEVILLE	282,064										2,229,768			2,521,832
CITY OF ALEXANDRIA	3,478													3,478
CITY OF BAKER	35,694										2,443,891			2,480,585
CITY OF BASTROP	10,485										1,856,535			1,867,020
CITY OF BATON ROUGE														
CITY OF BATON ROUGE & PARISH	2,492,320	13,305,247	4,265,442						11,629,993					17,570,689
CITY OF BOGALUSA											2,130,857			2,130,857
CITY OF BOSSIER CITY	116,306													116,306
CITY OF BREAUX BRIDGE											1,509,293			1,509,293
CITY OF BROUSSARD	122,983										2,352,389			2,475,372
CITY OF BUNKIE											714,607			714,607
CITY OF CACEREO	115,791										1,750,214			1,866,005
CITY OF CENTRAL	18,554													18,554
CITY OF CENTRAL - LGAP											3,804,133			3,804,133
CITY OF COVINGTON											1,956,743			1,956,743
CITY OF CROWLEY	944,401										2,331,643			3,276,044
CITY OF DENHAM SPRINGS	178,659										1,806,523			2,005,222
CITY OF DEQUINCI	778,648		20,029								571,612			1,350,260
CITY OF DERIDDER	907,945										1,961,188			2,869,134
CITY OF DONALDSONVILLE											1,563,505			1,563,505

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CITY OF EUNICE	92,034										1,817,822			1,909,856
CITY OF FRANKLIN	16,134										1,242,691			1,258,825
CITY OF GONZALES	22,628										2,029,537			2,052,165
CITY OF GRAMBLING	34,872										953,921			988,793
CITY OF GREINA				129,787							3,268,709			3,398,496
CITY OF HARAHAN	63,671										1,713,354			1,777,025
CITY OF JEANERETTE											966,517			1,030,188
CITY OF JENNINGS	8,756										1,815,229			1,823,985
CITY OF KAPLAN	3,081										819,076			822,157
CITY OF LAKE CHARLES	37,974,330										1,036,903			37,975,233
CITY OF LEESVILLE	72,525		1,484								2,310,712			2,383,237
CITY OF MANDERLILLE											856,492			856,492
CITY OF MANSFIELD											988,744			988,744
CITY OF MARKSVILLE											2,193,093			2,193,093
CITY OF MINDEN	3,658										1,989,713			1,993,371
CITY OF MONROE	388,239										2,011,536			2,400,775
CITY OF MORGAN CITY	21,822				114,568						1,145,668			1,261,453
CITY OF N O-HOMELAND SECURITY											3,238,702			3,238,702
CITY OF NATCHITOCHES	20,788										5,270,462			5,291,250
CITY OF NEW IBERIA	142,678										899,229			1,041,907
CITY OF NEW ORLEANS	86,528,016	2,056,477	1,665,061	207,905					8,959,467					90,156,936
CITY OF NEW ROADS	69,410										1,400,505			1,469,915
CITY OF OAKDALE	1,193,064										2,947,154			4,140,218
CITY OF OPELOUSAS											1,072,837			1,072,837
CITY OF PATTERSON	22,839										2,615,782			2,638,621
CITY OF PINEVILLE	311,463										1,211,202			1,522,665
CITY OF PLAQUEMINE											1,364,941			1,364,941
CITY OF PONCHATOULA											878,534			878,534
CITY OF PORT ALLEN											1,480,338			1,480,338
CITY OF RAYNE	38,133										4,047,961			4,086,094
CITY OF RUSTON	22,011										1,606,848			1,628,859
CITY OF SCOTT		838,060												838,060
CITY OF SHREVEPORT	4,112,905		1,002,747											5,115,652
CITY OF SUDELL											883,905			883,905
CITY OF SPRINGHILL											1,381,797			1,381,797
CITY OF ST GABRIEL											1,078,024			1,078,024
CITY OF ST MARTINVILLE											3,716,589			3,716,589
CITY OF SULPHUR											1,234,726			1,234,726
CITY OF TALLULAH	718,056										706,643			1,424,699
CITY OF VIDALIA											1,302,705			1,302,705
CITY OF VILLE PLATTE														20,325
CITY OF WALKER	20,325										2,264,776			2,285,101
CITY OF WEST MONROE	347,357										1,766,845			2,114,202
CITY OF WESTLAKE	849,784										1,542,204			2,391,988
CITY OF WESTWEGO											789,069			789,069
CITY OF WINNFIELD											2,773,584			2,773,584
CITY OF YOUNGSHIRE	60,169	77,302												137,471
CITY OF YOUNGSHIRE														2,861,055

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CITY OF ZACHARY											3,324,647			3,324,647
CLABORNE ELECTRIC COOPERATIVE INC	104,946													104,946
CLAIBORNE PARISH POLICE JURY		44,715												44,715
CLEAN HARBORS ENVIRONMENTAL	140,000													140,000
CLERK OF COURT	11,668													11,668
COASTAL PRODUCTION SYSTEMS LLC	1,196,742													1,196,742
COMM/CARE CORPORATION	31,899													31,899
COMPOSITE ANALYSIS GROUP INC	668,564													668,564
CONCORDIA PARISH POLICE JURY	1,892													1,892
CONCORDIA WATERWORKS DISTRICT NO. 1	10,556													10,556
CONGREGATION GATES OF PRAYER					15,505									15,505
CONGREGATION GEMILUTH CHASSODIM					56,315									56,315
CONSTRUCTION SOLUTIONS LLC	895,500													895,500
CORPORATE HOSPITALITY SVCS	1,112,139													1,112,139
CP JANITORIAL SERVICES	21,673													21,673
CRESCENT CITY CHRISTIAN SCHOOL					78,884									78,884
CRISIS TEXT LINE INC	3,333													3,333
CRISTO REY BATON ROUGE INC	57,422													57,422
CRITICAL POWER SOLUTIONS INC					12,702									12,702
CROSSBY ENERGY SERVICES INC	29,975													29,975
CS&M ASSOCIATES	851,558													851,558
DAVIS WATER SERVICE INC	192,000													192,000
DCRT OFFICE OF STATE PARKS	216,200													216,200
DELGADO COMMUNITY COLLEGE	61,650													61,650
DELOITTE & TOUCHE LLP	11,621,150													11,621,150
DEPLOYED RESOURCES LLC	738,744													738,744
DEPT OF EDUCATION	8,959,657													8,959,657
DEPT OF ENVIRONMENTAL QUALITY	55,857													55,857
DEPT OF HEALTH & HOSPITALS	47,513,405													47,513,405
DEPT OF MILITARY AFFAIRS	2,718,701													2,718,701
DEPT OF TRANS & DEVELOPMENT	20,638,242													20,638,242
DEPT OF WILDLIFE & FISHERIES	32,660													32,660
DESOTO PARISH POLICE JURY	62,590													62,590
DIAMOND SCAFFOLD SERVICES LLC	2,276,135													2,276,135
DIOCESE OF HOUMA THIBODAUX	13,297													13,297
DISASTER MANAGEMENT GROUP LLC	1,393,052													1,393,052
DIVISION OF ADMINISTRATION	23,650,783	45,986			35,936	1,275								23,699,080
DLS LLC	3,856,110													3,856,110
DMR BUILDERS LLC	544		186		842									2,271,806
DOA OFFICE OF COMMUNITY DEV						267,282				887,510				2,072,980
DOMALDSONVILLE HOUSING AUTHORITY OF	3,069													3,069
DP&C CORRECTIONS SERVICES		137,194												137,194
DP&C PUBLIC SAFETY SERVICES	8,063,861	51,146			29,233									8,144,241
DYNAMIC GROUP LLC	2,040,479													2,040,479
EAST BATON ROUGE PARISH	590,578													590,578
EAST CARROLL PARISH POLICE					5,942									5,942
EAST FELICIANA PARISH	313,390													313,390

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Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	CARES Act	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	American Rescue Plan Act	Other	FEMA Direct Housing Grant	Grand Total
EAST SIDE FIRE PROTECTION DIST NO.5	8,941													8,941
ECONOMICAL JANITORIAL &	2,458													2,458
ENGLAND ECONOMIC & INDUSTRIAL	258,920													258,920
ENHANCED ENVIRONMENTAL & EMERGENCY	15,472													15,472
ENTERGY LOUISIANA INC					6,177									6,177
EPPENDORE NORTH AMERICA INC	27,534													27,534
EVANGELINE PARISH POLICE JURY	6,025				12,996									19,020
EVENT SOLUTIONS OF LOUISIANA LLC	129,493													129,493
EXCEL CONTRACTORS LLC	1,718,574													1,718,574
FEDERAL EXPRESS CORP	3,141													3,141
FENCESCREEN INC	5,285,451													5,285,451
FIRST BAPTIST CHURCH DENHAM SPRINGS	264,518													264,518
FIRST UNITED METHODIST CHURCH OF	106,521													106,521
FOX PEST CONTROL LLC	520													520
FRANKLIN PARISH SHERIFFS DEPT					56,857									56,857
GALILEE HOUSING INITIATIVE	594													594
GARNER ENVIRONMENTAL SERVICES INC	9,117,852													9,117,852
GECKEALUX SERVICES LLC	3,682													3,682
GENERAL HEALTH SYSTEMS	4,159,590													4,159,590
GENKO MANAGEMENT LLC	212,307													212,307
GOTHAMS LLC	4,080,992													4,080,992
GRANTY'S ALLIANCE HOLDINGS INC	17,109,640													17,109,640
GRANT PARISH	10,666													10,666
GRANT PARISH HOUSING AUTHORITY	4,500													4,500
GREATER LAFOURCHE PORT COMM	37,533													37,533
GREATER ST STEPHEN FULL GOSPEL	349,028													349,028
GREATER ST STEPHEN HOUSING	18,394													18,394
GRTR FREEMAN CHR OF GOD IN CHRIST	24,345													24,345
HANDSON NEW ORLEANS INC	220,000													220,000
HAZ MAT SPECIAL SERVICES LLC	4,545,279													4,545,279
HORNE LP						2,121,580							417,664	2,539,244
HOUSING AUTHORITY CITY OF DEQUINCY	26,530													26,530
HOUSING AUTHORITY FOR THE CITY OF	17,388													17,388
HOUSING AUTHORITY OF	313,106													313,106
HOUSING AUTHORITY OF THE CITY	46,336													46,336
HOUSING AUTHORITY OF THE TOWN OF	12,555													12,555
HOUSING AUTHORITY OF THE TOWN OF	20,003													20,003
HUGG AND HALL EQUIPMENT COMPANY	1,980													1,980
I-49 TRAILER AND RV5 INC	552,454													552,454
IBERIA GENERAL HOSPITAL	54,846													54,846
IBERIA PARISH GOVERNMENT	94,822	579	696											149,867
IBERIA PARISH SHERIFF'S SALARY	23,594													23,594
IBERVILLE PARISH COUNCIL		26,583												26,583
INDUSTRIAL FABRICS, INC.	4,700													4,700
INNER PARISH SECURITY CORP	68,783													68,783
INNOVATIVE EMERGENCY MGT		173,275	8,221	13,356										194,851
INSTITUTE OF CHRIST THE KING	22,725													22,725
J-2-C-3 LLC	8,040													8,040

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JACKSON PARISH POLICE JURY	83,106				28,139									111,244
JAMES BALLOW					388									388
JAMES WASKOM					218									218
JEFFERSON DAVIS ELECTRIC CO	209,668													209,668
JEFFERSON DAVIS ELECTRIC COOP INC	7,441,893													7,441,893
JEFFERSON DAVIS POLICE JURY	1,557,592													1,557,592
JEFFERSON DAVIS PARISH SCH BD	62,525													62,525
JEFFERSON PARISH	1,540,937	1,248,125	1,371,178	181,554	341,851									4,483,646
JEFFERSON PARISH SCHOOL BD	1,735,809													1,735,809
JOE'S SEPTIC CONTRACTORS INC	14,450													14,450
JOYFUL CLEANERS LLC	11,500													11,500
JP MORGAN CHASE BANK NA												419		419
JPS EQUIPMENT RENTAL LLC	6,576													6,576
KENT TRUCK TRAILER SERVICE INC	725													725
LA CHILDRENS MEDICAL CTR	13,554,549													13,554,549
LA SHERIFFS ASSOCIATION					49,745									49,745
LAFAYETTE CITY PAR CONS GOVT					33,787									33,787
LAFAYETTE CITY PARISH		559,319	303,577											862,896
LAFAYETTE CITY-PARISH	673,701													673,701
LAFAYETTE PARISH COMMUNICATION DIST	14,063													14,063
LAFAYETTE PARISH SCHOOL BOARD	16,399													16,399
LAFAYETTE PARISH SHERIFF &	11,679													11,679
LAFAYETTE REGIONAL AIRPORT	27,064													27,064
LAFOURCHE PAR HOSP SVC DIST #1	34,971													34,971
LAFOURCHE PARISH COUNCIL	158,242	155,799												314,040
LAFOURCHE PARISH SCHOOL BOARD	34,197													34,197
LAFOURCHE PARISH WATER DIST 1	84,819													84,819
LAKE ARTHUR HOUSING AUTHORITY	35,933													35,933
LAKE BORGNE BASIN LEVEE DISTRICT	101,028													101,028
LAKE CHARLES HARBOR & TERM DIST	1,296,797													1,296,797
LAMAR CONTRACTORS LLC	33,668,304													33,668,304
LANDSTAR EXPRESS AMERICA INC	708,350													708,350
LASALLE PARISH SHERIFF & TAX					4,485									4,485
LEGISLATIVE AUDITOR	872,829	109,463												982,291
LEMOINE DISASTER RECOVERY LLC	4,802,822													4,802,822
LEMOINE INDUSTRIAL GROUP	7,342,512													7,342,512
LEWTECH PRODUCTS & SERVICES	86,497													86,497
LIFESHARE BLOOD CENTERS	140,557													140,557
LIGHT CITY CHURCH	80,270													80,270
LINCOLN PARISH POLICE JURY	171,867				13,215									185,082
LINCOLN PARISH SHERIFF OFFICE	20,125													20,125
LINK INTEGRATION GROUP					70									70
LIPSEY LOGISTICS WORLDWIDE LLC	31,700													31,700
LIVINGSTON PARISH COUNCIL	65,554	285,717	216,197											567,468
LIVINGSTON PARISH PUBLIC SCHOOLS	20,622,829													20,622,829
LIVINGSTON PARISH SEWER	63,288													63,288
LIVINGSTON PARISH SHERIFFS OFFICE	146,238													146,238
LMB SERVICES LLC	1,466,025													1,466,025

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LOUISIANA BOARD OF REGENTS	62,984													62,984
LOUISIANA COLLEGE	66,825													66,825
LOUISIANA DEPT OF CHILDREN & FAMILY	88,986					468,720								88,986
LOUISIANA HOUSING CORPORATION	2,450,829								5,428,574					8,348,123
LOUISIANA LIFT EQUIPMENT INC	19,521													19,521
LOUISIANA RADIO COMMUNICATIONS INC	16,000													16,000
LOUISIANA STATE UNIVERSITY	76,871			475,000										551,871
LOUISIANA STATE UNIVERSITY &	53,512													53,512
LOUISIANA TECHNICAL COLLEGE	115,819													115,819
LOUISIANA WING CIVIL AIR PATROL	3,917													3,917
LOUISIANA WORKFORCE COMMISSION	411,174													411,174
LSU HEALTH SCIENCES CENTER	50,235													50,235
LSU HEALTHCARE NETWORK	59,240													59,240
LYNSEY M. HEBERT	3,475													3,475
MACRO COMPANIES INC	6,973													6,973
MACRO INC	409,500													409,500
MADISON PARISH POLICE JURY		1,648,156												1,648,156
MANIFEST RHINEHART WATER SYSTEM	8,185											202		8,185
MANSFIELD OIL CO OF GAINESVILLE INC														202
MARK'S ELECTRIC INC	196,897													196,897
MARSH BURGUES INC	21,000													21,000
MARSHLAND EQUIPMENT RENTALS LLC	33,000													33,000
MCGRATH RENTCORP AND SUBSIDIARIES	492													492
MOFFITT HOLDINGS LLC	250													250
MONTEREY RURAL WATER SYSTEM INC	41,264													41,264
MONTIMBER INTERNATIONAL LLC	41,875													41,875
MOREHOUSE PARISH SHERIFFS OFFICE					8,014									8,014
MS EMERGENCY MANAGEMENT AGENCY	10,148													10,148
N & A LLC	522,600													522,600
NJ MALIN & ASSOCIATES INC	9,250													9,250
NATCHITOCHEES LEVEE & DRAINAGE	50,526													50,526
NATCHITOCHEES PARISH	6,813													6,813
NATCHITOCHEES PARISH CORONER'S	67,450													67,450
NATCHITOCHEES PARISH P/LC JURY	1,027,778													1,027,778
NATCHITOCHEES PARISH SCHOOL BOARD	92,644													92,644
NATCHITOCHEES PARISH SHERIFF &					2,521									2,521
NATCHITOCHEES PARISH SHERIFF'S	14,264													14,264
NERO WATER SYS INC	5,618													5,618
NEW LIFE CHURCH OF WESTLAKE	67,825													67,825
NEW ORLEANS PUB FAC MGMT INC	464,648													464,648
NEW ORLEANS PUBLIC BELT	16,058													16,058
NI GOVERNMENT SERVICES INC					4,604									4,604
NICHOLLS STATE UNIVERSITY	500,914													500,914
NINTH WARD HOUSING DEVELOPMENT CORP	12,606													12,606
NORTH SHORE ACE	224													224
NORTHSIDE ASSEMBLY OF GOD														224
Not assigned	1,306,989	1,717,842	84,455	9,321	1,406,543	80,088	221,988					4,161,575		8,988,695
JOCHSNER CLINICAL FOUNDATION	4,123,709													4,123,709

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Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	CARES Act	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	American Rescue Plan Act	Other	FEMA Direct Housing Grant	Grand Total
OCHSNER LSU HLTH SYS NORTH	11,579,182													11,579,182
ODIN INC	111,750													111,750
OKLAHOMA DEPT OF EMERGENCY	1,298,582													1,298,582
OK'S CASCADE COMPANY	856,434													856,434
OMEGA BIO-TEK INC	72,572													72,572
ONEAL GAS INC	1,135													1,135
ONE-TIME VENDOR NON REPORTABLE					358									358
OPELOUSAS CATHOLIC SCHOOL	152,431													152,431
ORLEANS PARISH COMMUNICATION	275,142													275,142
ORLEANS PARISH SCHOOL BOARD	2,469,837													2,469,837
OUACHITA PARISH POLICE JURY	372,976				30,864									403,840
OUACHITA PARISH SCHOOL BOARD	47,454													47,454
OZARK TRAFFIC MANAGEMENT LLC	9,462													9,462
PARBISH OF ASCENSION	442,053		179,639		69,565									691,258
PARK US LESSEE HOLDINGS INC	175,534													175,534
PASADENA MISSIONARY BAPTIST CHURCH	8,100													8,100
PASADENA MISSIONARY BAPTIST CHURCH	363,264													363,264
PAUL S MORTON SCHOLARSHIP	9,462													9,462
PELICAN ICE & COLD STORAGE INC	1,081,572													1,081,572
PLAQUEMINES MEDICAL CENTER	47,335													47,335
PLAQUEMINES PARISH SHERIFFS	196,832													196,832
PLAQUEMINES PARISH GOVERNMENT	556,467	177,088												733,554
PLAQUEMINES PARISH SCHOOL BD	3,548,497													3,548,497
POINTE COUPEE ELEC MEMBERSHIP CORP	8,811													8,811
POINTE COUPEE PARISH SHERIFF	7,758													7,758
POINT CHARTRAIN MATERIALS CORP LLC	109,548													109,548
PORT OF NEW ORLEANS	114,728								44,691,907					114,728
POSTLETHWAITE & NETTERVILLE APAC														
POT-O-GOLD RENTALS LLC	258,178													258,178
PRAIRIE GREGG DRAINAGE DISTRICT	10,688													10,688
PRISON ENTERPRISES	9,215													9,215
PRODUCED WATER SOLUTIONS LLC	1,867,284													1,867,284
PRODUCTION MGMT INDUSTRIES LLC	6,400													6,400
QUADIANT INC	482	173			150									805
QUATERNARY RESOURCE INVESTIGATIONS	54,746													54,746
RAPIDES ISLAND WATER	8,325													8,325
RAPIDES PARISH OFC OF HOMELAND					21,453									21,453
RAPIDES PARISH POLICE JURY	1,123,997	6,688												1,130,685
RAPIDES PARISH SCHOOL BOARD	56,788													56,788
RAPIDES PARISH SHERIFFS	67,743													67,743
RAY LAND INC	22,125													22,125
RECREATION DIST 4 OF ST MARY PARISH	40,500													40,500
REEVES TEMPLE C M E CHURCH	37,666													37,666
REGIONAL ENTERPRISES LLC	4,131,819													4,131,819
REPUBLIC SERVICES INC	416													416
REPUBLIC SERVICES LLC	2,385													2,385
RICE GROUP LLC	59,600													59,600
RICHARD'S JANITORIAL SVC INC	1,575													1,575
RICHARD'S JANITORIAL SVC INC	67,198													67,198

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Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	CARES Act	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	American Rescue Plan Act	Other	FEMA Direct Housing Grant	Grand Total
RICHLAND PARISH SHERIFF	22,298				10,972									33,270
S & K TRANSPORT LLC	37,170													37,170
SABINE PARISH POLICE JURY	138,517				7,183									145,700
SABINE PARISH SCHOOL BOARD	11,060													11,060
SCOTT VOLUNTEER FIRE DEPARTMENT	3,980													3,980
SEWERAGE AND WATER BOARD		8,122,203												8,122,203
SEWERAGE AND WATER BOARD OF MO	21,508,491													21,508,491
SUDELL VILLAGE NORTH DEV INC	90,413													90,413
SLSCO LTD	5,000													5,000
SOCIETY ROMAN CATHOLIC CHURCH	1,522,763													1,522,763
SOUTH CENTRAL PLANNING AND					19,346									19,346
SOUTH LA COMMUNITY COLLEGE	10,012													10,012
SOUTH LAFOURCHE LEVEE DISTRICT	999,394													999,394
SOUTH LOUISIANA ELECTRIC COOPERATIV	155,609													155,609
SOUTHEAST LOUISIANA FLOOD	346,799													346,799
SOUTHERN COAST SUPPLY	12,521,913													12,521,913
SOUTHERN LOGISTICAL SHOWERS &	1,075,000													1,075,000
SOUTHWEST LA ELEC MEMBERSHIP CORP	3,642,215													3,642,215
ST BERNARD PARISH GOV					92,447									92,447
ST BERNARD PARISH GOVERNMENT	1,147,126	488,711												1,635,837
ST BERNARD PARISH SCHOOL BOARD	36,283													36,283
ST BERNARD PARISH SHERIFF	18,100													18,100
ST CHARLES PARISH DEPARTMENT	150,073		16,414											166,486
ST CHARLES PARISH SHERIFF &	38,358													38,358
ST HELENA PARISH POLICE JURY					33,233									33,233
ST JAMES PARISH GOVERNMENT	15,984	17,655												33,639
ST JOHN THE BAPTIST PARISH	5,061													5,061
ST JOSEPH SEMINARY COLLEGE	78,967													78,967
ST LANDRY PARISH SCHOOL BOARD	10,625													10,625
ST MARGARET'S DAUGHTERS	458,839													458,839
ST MARTIN PARISH GOVERNMENT	54,280													54,280
ST MARTIN PARISH SHERIFF	616,239													616,239
ST MARY LEVEE DISTRICT	9,710	697,664			31,000									738,375
ST MARY PARISH COUNCIL	10,946				9,484									20,430
ST MARY PARISH SHERIFF & TAX	48,295													48,295
ST WARY RECREATION DISTRICT #1	211,663													211,663
ST TAMMANY FIRE DISTRICT 4	2,139													2,139
ST TAMMANY PARISH FIRE DISTRICT 6	57,161	28,669	502,255		34,844									622,930
ST TAMMANY PARISH GOVERNMENT	57,161				58,866									116,027
ST TAMMANY PARISH SHERIFF'S														
St. Tammany Parish Hospital	6,691,219													6,691,219
STAFFORD ACT & DISASTER RECOVERY	15,000													15,000
STAPLES CONTRACT & COMMERCIAL INC	2,510													2,510
STAPLES CONTRACT & COMMERCIAL LLC	361													361
STORM SERVICES LLC	390,266													390,266
SULPHUR HOUSING AUTHORITY	75,739													75,739
SULPHUR HOUSING PENTECOSTAL CHURCH	110,102													110,102

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Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	CARES Act	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	American Rescue Plan Act	Other	FEMA Direct Housing Grant	Grand Total
SUN COAST RESOURCES, INC.	148,750													148,750
SUN INDUSTRIES LLC	88,444													88,444
SWLA CENTER FOR HEALTH SVCS	8,159													8,159
TADLOCK PIPE & EQUIPMENT INC	21,600													21,600
TANGIPAHOA COMMUNICATION DISTRICT 1	5,829													5,829
TANGIPAHOA PARISH GOVERNMENT	153,032	605,134	556,473		29,877									1,344,516
TANGIPAHOA PARISH SCHOOL SYSTEM	8,103													8,103
TAYLORS INTERNATIONAL SVS	6,016,161													6,016,161
TELATEMP CORPORATION	2,455													2,455
TENASAS BASIN LEVEE DIST	800,809													800,809
TENASAS PARISH POLICE JURY					6,179									6,179
TERREBONNE LAFOURCHE PARISH	9,188													9,188
TERREBONNE LEVEE & CVSN DIST	1,172,856													1,172,856
TERREBONNE PAR HOSP SVC DIST 1	2,194,313													2,194,313
TERREBONNE PARISH CONS GOVT		1,137,871	106,235											1,244,106
TERREBONNE PARISH CONSOLIDATED GOVT	713,943													713,943
TERREBONNE PARISH FIRE DISTRICT #7	162													162
TERREBONNE PARISH SHERIFF &	46,501													46,501
TETRA TECH INC	1,039,461													1,039,461
THE BLOOD CENTER	988,424													988,424
THE CALINDOME COMMISSION	5,175													5,175
THE POTTERS HOUSE INC	5,000													5,000
THE PRESCHOOL LEARNING CTR INC	2,844													2,844
THE SUIZER GROUP LLC	292,311													292,311
THREE O'CLOCK PROJECT	660,000													660,000
TIGER INDUSTRIAL RENTALS LLC	9,150													9,150
TIGER SAFETY LLC	44,600													44,600
TKTMI INC	3,307,964													3,307,964
TOTAL QUALITY LOGISTICS LLC	320,061				57,300									377,361
TOURO SYMAGOGUE											484,185			484,185
TOWN OF ARITA SPRINGS											1,192,300			1,192,300
TOWN OF ADDIS	3,005													3,005
TOWN OF AMITE - LGAP														
TOWN OF ARCADIA											821,669			821,669
TOWN OF BALDWIN											500,114			500,114
TOWN OF BALL	36,750													36,750
TOWN OF BASILE											441,020			441,020
TOWN OF BENTON											728,870			728,870
TOWN OF BERNICE											330,261			330,261
TOWN OF BERWICK											385,088			385,088
TOWN OF BLANCHARD											295,253			295,253
TOWN OF BOYCE	13,641										818,520			832,161
TOWN OF BREAUX BRIDGE	23,803										581,614			605,417
TOWN OF BRUSLY											181,523			181,523
TOWN OF CAMPTI											484,740			484,740
TOWN OF CHATHAM											193,933			193,933
TOWN OF CHENEYVILLE											101,875			101,875
											108,173			108,173

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Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	CARES Act	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	American Rescue Plan Act	Other	FEMA Direct Housing Grant	Grand Total
TOWN OF CHURCH POINT											807,777			807,777
TOWN OF CLARKS											156,680			156,680
TOWN OF CLAYTON											77,555			77,555
TOWN OF CLINTON											278,212			278,212
TOWN OF COLFAX	141,657										271,173			412,830
TOWN OF COLUMBIA											67,793			67,793
TOWN OF COTTON VALLEY											173,373			173,373
TOWN OF COTTONPORT											351,992			351,992
TOWN OF COUSHATTA											331,001			331,001
TOWN OF CULLEN											197,452			197,452
TOWN OF DELCAMBRE	27,702										342,466			370,168
TOWN OF DELHI	6,942										517,711			524,652
TOWN OF DUBACH - LGAP	74,767										530,457			605,224
TOWN OF DUSON											327,482			327,482
TOWN OF ELTON											211,345			211,345
TOWN OF EATH											377,673			377,673
TOWN OF EROS											27,969			27,969
TOWN OF EVERGREEN											53,346			53,346
TOWN OF FARMVILLE											688,490			688,490
TOWN OF FERRIDAY											593,469			593,469
TOWN OF FORT DOUGLASS											154,400			154,400
TOWN OF FORT DOUGLASS											693,677			693,677
TOWN OF FRANKLINTON											162,630			162,630
TOWN OF GIBSLAND											243,018			243,018
TOWN OF GLENMORA											363,046			363,046
TOWN OF GOLDEN MEADOW											607,731			607,731
TOWN OF GRAMERCY											167,631			167,631
TOWN OF GRAND COTEAU											266,357			266,357
TOWN OF GRAND ISLE	255,557										120,768			376,325
TOWN OF GREENSBURG											521,914			521,914
TOWN OF GREENWOOD											579,391			579,391
TOWN OF GULEYDAN	24,288										249,687			273,974
TOWN OF HAUGHTON	10,957										610,510			621,466
TOWN OF HAYNESVILLE											373,974			373,974
TOWN OF HENDERSON											332,483			332,483
Town of Homer											524,935			524,935
TOWN OF HORNBECK											80,944			80,944
TOWN OF INDEPENDENCE	11,137										350,696			361,833
TOWN OF IOTA											265,431			265,431
TOWN OF IOWA	354,380										586,060			940,440
TOWN OF JACOBSON											690,528			690,528
TOWN OF JEAN LAFITTE											370,455			370,455
TOWN OF JENA											629,218			629,218
TOWN OF JONESBORO											828,522			828,522
TOWN OF JONESVILLE	55,972										370,455			426,427
TOWN OF JUNCTION CITY - LGAP											102,616			102,616
TOWN OF KEACH											11,681			11,681
TOWN OF KENTWOOD	102,722										451,214			553,936
TOWN OF KILLIAN											145,300			145,300

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Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pri-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	CARES Act	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	American Rescue Plan Act	Other	FEMA Direct Housing Grant	Grand Total
TOWN OF KINDER	76,856										438,619			515,575
TOWN OF KROTZ SPRINGS											217,827			217,827
TOWN OF LAKE ARTHUR	7,065										509,005			516,070
TOWN OF LAKE PROVIDENCE											635,145			635,145
TOWN OF LECOMPTIE											214,864			214,864
TOWN OF LEONVILLE											204,121			204,121
TOWN OF LIVINGSTON											365,639			365,639
TOWN OF LIVONIA											259,318			259,318
TOWN OF LOCKPORT											445,287			445,287
Town of Logansport											284,695			284,695
TOWN OF LUTCHER											589,579			589,579
TOWN OF MADISONVILLE											157,073			157,073
TOWN OF MAMOU											577,539			577,539
TOWN OF MANGHAM											116,879			116,879
TOWN OF MANSURA											250,428			250,428
TOWN OF MANY											498,262			498,262
TOWN OF MARINGOUIN											184,116			184,116
TOWN OF MARION											136,698			136,698
TOWN OF MELVILLE											190,599			190,599
TOWN OF MERRYVILLE											205,232			205,232
TOWN OF MERRYVILLE - DRU	126,158													126,158
TOWN OF MONTGOMERY											135,957			135,957
TOWN OF NEW CLANO											409,723			409,723
TOWN OF NEWELLTON											178,374			178,374
TOWN OF OAK GROVE											287,658			287,658
TOWN OF OBERLIN											320,443			320,443
TOWN OF OIL CITY											179,671			179,671
TOWN OF OULA											254,688			254,688
TOWN OF PEARL RIVER											483,444			483,444
TOWN OF PLAIN DEALING											174,855			174,855
TOWN OF POLLOCK											88,724			88,724
TOWN OF PORT BARRE											991,015			991,015
TOWN OF RAYVILLE											643,480			643,480
TOWN OF RICHWOOD											554,840			554,840
TOWN OF RIDGECREST	3,687										111,692			115,379
TOWN OF RINGGOLD											263,762			263,762
TOWN OF ROSELAND	41,000										293,757			274,757
TOWN OF ROSEFINE	5,671										285,065			290,736
TOWN OF SAREPTA											152,998			152,998
TOWN OF SIBLEY											214,864			214,864
TOWN OF SIMMESPORT											381,569			381,569
TOWN OF SLAUGHTER											167,816			167,816
TOWN OF SORRENTO	141										315,628			315,769
TOWN OF SPRINGFIELD											97,430			97,430
TOWN OF ST FRANCISVILLE											300,995			300,995
TOWN OF ST JOSEPH											150,634			150,634
TOWN OF STERLINGTON											542,902			542,902
TOWN OF STONEWALL											383,419			383,419

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Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	CARES Act	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	American Rescue Plan Act	Other	FEMA Direct Housing Grant	Grand Total
TOWN OF SUNSET											529,956			529,956
TOWN OF TULLOS	22,553										72,424			94,977
TOWN OF ORAMA	17,719										240,981			258,700
TOWN OF VIDALIA	27,544													27,544
TOWN OF VINTON	24,804													24,804
TOWN OF VIVIAN														
TOWN OF WALKER														
TOWN OF WASHINGTON														
TOWN OF WATERPROOF - DRU														
TOWN OF WELSH	175,092													175,092
TOWN OF WHITE CASTLE														
TOWN OF WINNEBAGO														
TOWN OF WISNER														
TOWN OF WOODWORTH	25,752													25,752
TOWN OF ZWOLE														
TRADUCCIONOLA	5,042													5,042
TROX'S TRUCKING & HOTSHOT SVCS	1,800													1,800
TULANE UNIVERSITY	963,518													963,518
ULINE INC	57,014													57,014
UNION PARISH POLICE JURY														
UNITED RENTALS (NORTH AMERICA) INC	11,726													11,726
UNITED RENTALS NORTH	300													300
UNITED RENTALS NORTH AMERICA INC	3,399													3,399
UNIVERSAL CONSTRUCTIONS LLC	143,504													143,504
UNIVERSITY OF LA LAFAYETTE														
UNIVERSITY OF LA LAFAYETTE	160,474													160,474
UNIVERSITY OF NEW ORLEANS	71,833													71,833
UPS GROUND FREIGHT INC	13,024													13,024
URSULINE ACADEMY	16,787													16,787
US FIRE PUMP COMPANY LLC	3,046,500													3,046,500
VANTAGE CONTRACTORS LLC	2,141,642													2,141,642
VERMILION FIRE PROTECTION DIST #7	24,901													24,901
VERMILION PARISH COMMCTN DIST	8,654													8,654
Vermilion Parish Police Jury	1,430,829	9,301												1,440,130
VERMILION PARISH SHERIFF'S OFF	6,925													6,925
VERMILION PARISH POLICE JURY	88,413		855,558											943,971
VERNON PARISH POLICE JURY		17,772												17,772
VERNON PARISH SCHOOL BOARD	164,947													164,947
VERNON PARISH SHERIFF & TAX														
VICTORY ACADEMY	60,480													60,480
VILLAGE OF ALBANY	7,101													7,101
VILLAGE OF ANACOCO														
VILLAGE OF ANGE														
VILLAGE OF ASHLAND														
VILLAGE OF ATHENS														
VILLAGE OF ATLANTA														
VILLAGE OF BASKIN														
VILLAGE OF BELCHER														

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Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	CARES Act	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	American Rescue Plan Act	Other	FEMA Direct Housing Grant	Grand Total
VILLAGE OF BIENVILLE											13,230			13,230
VILLAGE OF BONITA											45,566			45,566
VILLAGE OF CALVIN											19,988			19,988
VILLAGE OF CANKTON											93,540			93,540
VILLAGE OF CASTOR											44,825			44,825
VILLAGE OF CHATAIGNIER											58,395			58,395
VILLAGE OF CHOUDRANT											181,708			181,708
VILLAGE OF CLARENCE											89,650			89,650
VILLAGE OF COLLINSTON											46,492			46,492
VILLAGE OF CONVERSE											80,203			80,203
VILLAGE OF CREOLA											42,047			42,047
VILLAGE OF DELTA											46,677			46,677
VILLAGE OF DIXIE INN											48,715			48,715
VILLAGE OF DODSON											55,568			55,568
VILLAGE OF DOWNSVILLE											24,080			24,080
VILLAGE OF DOYLE											85,650			85,650
VILLAGE OF DRY PRONG											63,108			63,108
VILLAGE OF DUBBERLY											47,603			47,603
VILLAGE OF EAST HODGE											42,926			42,926
VILLAGE OF EDGEFIELD - LGAP											35,564			35,564
VILLAGE OF ELIZABETH	190,432										99,467			289,899
VILLAGE OF EPPS											107,156			107,156
VILLAGE OF ESTHERWOOD											198,934			198,934
VILLAGE OF FENTON											66,497			66,497
VILLAGE OF FISHER											40,565			40,565
VILLAGE OF FLORIEN											110,951			110,951
VILLAGE OF FOLSOM - LGAP											199,666			199,666
VILLAGE OF FOREST											7,801			7,801
VILLAGE OF FOREST HILL											156,147			156,147
VILLAGE OF FRENCH SETTLEMENT											111,555			111,555
VILLAGE OF GEORGETOWN											59,273			59,273
VILLAGE OF GILBERT											102,431			102,431
VILLAGE OF GOLDONNA											59,462			59,462
VILLAGE OF GRAND CANE											42,626			42,626
VILLAGE OF GRAYSON											95,022			95,022
VILLAGE OF GROSSE TETE - LGAP											116,508			116,508
VILLAGE OF HALL SUMMIT											53,160			53,160
VILLAGE OF HARRISONBURG											58,717			58,717
VILLAGE OF HEFLIN											40,935			40,935
VILLAGE OF HESSMER											138,921			138,921
VILLAGE OF HODGE											80,759			80,759
VILLAGE OF HOSSTON											55,383			55,383
VILLAGE OF IDA											30,488			30,488
VILLAGE OF KILBOURNE											26,363			26,363
VILLAGE OF LONGSTREET											29,372			29,372
VILLAGE OF LOREAUVILLE											155,591			155,591
VILLAGE OF LUCKY											1,525			1,525
VILLAGE OF MAURICE	599										298,031			298,630

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Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	CARES Act	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	American Rescue Plan Act	Other	FEMA Direct Housing Grant	Grand Total
VILLAGE OF MICHARY	36,009										38,898			74,907
VILLAGE OF MER ROUGE											101,690			101,690
VILLAGE OF MERMONTAU											116,508			116,508
VILLAGE OF MONTPELLIER											44,640			44,640
VILLAGE OF MOORINGSPORT											55,669			55,669
VILLAGE OF MOREAUVILLE											158,740			158,740
VILLAGE OF MORGANZA											106,506			106,506
VILLAGE OF MORSE											148,552			148,552
VILLAGE OF MOUNT LEBANON											9,830			9,830
VILLAGE OF NAPOLEONVILLE											109,284			109,284
VILLAGE OF NATCHEZ											71,176			71,176
VILLAGE OF NOBLE											10,838			10,838
VILLAGE OF NORTH HODGE											69,646			69,646
VILLAGE OF NORWOOD											53,901			53,901
VILLAGE OF PALMETO											29,636			29,636
VILLAGE OF PARKS											129,474			129,474
VILLAGE OF PINE PRAIRIE											269,321			269,321
VILLAGE OF PIONEER											27,228			27,228
VILLAGE OF PLAUCHEVILLE											42,417			42,417
VILLAGE OF PLEASANT HILL											127,436			127,436
VILLAGE OF PORT VINCENT											199,847			199,847
VILLAGE OF PROVENCAL											15,488			15,488
VILLAGE OF OUTWMAN											32,230			32,230
VILLAGE OF REEVES	37,574										45,196			82,769
VILLAGE OF RICHMOND - LGAP											100,764			100,764
VILLAGE OF ROBELINE											90,748			90,748
VILLAGE OF RODESSA											48,344			48,344
VILLAGE OF ROSEDALE											137,624			137,624
VILLAGE OF S MANSFIELD WATER & SEW											66,126			66,126
VILLAGE OF SALINE											51,308			51,308
VILLAGE OF SICILY ISLAND											86,131			86,131
VILLAGE OF SIKES											22,413			22,413
VILLAGE OF SIMPSON											78,506			78,506
VILLAGE OF SIMSBORO											150,753			150,753
VILLAGE OF SPEARSVILLE											7,883			7,883
VILLAGE OF STANLEY											1,432			1,432
VILLAGE OF SUN											90,576			90,576
VILLAGE OF TANGIPALHOA											157,999			157,999
VILLAGE OF TICKFAW											70,991			70,991
VILLAGE OF TURKEY CREEK											85,946			85,946
VILLAGE OF VARNADO											29,593			29,593
VILLAGE OF VIENNA											11,819			11,819
VILLAGE OF WILSON											105,024			105,024
VILLAGE OF WOODWORTH											211,530			211,530
VINTON HOUSING AUTHORITY	56,865													56,865
VILLAGE OF POWHATAN											23,709			23,709
VOLT PRO ELECTRICAL LLC	128,138													128,138
VOLUNTEERS OF AMERICA SOUTHEAST	107,223													107,223

GOHSEP Federal Program Expenditure Detail
FY22

Federal Grant Program	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	Crisis Counseling Grant	CARES Act	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	American Rescue Plan Act	Other	FEMA Direct Housing Grant	Grand Total
VWR INTERNATIONAL INC	13,134													13,134
W W GRAINGER INC	2,866,639													2,866,639
WASHINGTON PARISH GOVERNMENT	43,349													43,349
WASTE PRO OF LOUISIANA INC					14,317									14,317
WATER DISTRICT #2	6,579													6,579
WATER WORKS DIST 11 WARD 4 & 7	97,119													97,119
WATERWORKS DISTRICT 1	13,469													13,469
WATERWORKS DISTRICT 4 OF CALCASIEU	48,948													48,948
WEBSTER PARISH POLICE JURY	135,118													135,118
WELSH HOUSING AUTHORITY	18,548				688									19,236
WEST CALCASIEU AIRPORT	58,145													58,145
WEST CALCASIEU PORT	83,939													83,939
WEST CARROLL PARISH POLICE	86,907													86,907
WEST CARROLL PARISH POLICE JRY	18,018	1,150			7,836									8,986
WEST FELICIANA PARISH SCHOOL BOARD	43,406													43,406
WEST FELICIANA PARISH POLICE JURY	22,351													22,351
WEST PUBLISHING CORP	1,316	306,174												307,490
WEST ST MARY PARISH PORT HARBOR	3,125	455												3,580
WILLIAMS SCOTSMAN INC	25,802													25,802
WILLOW MANOR INC	26,138													26,138
WINDSTORM MITIGATION INC	53,198													53,198
WINN PARISH	81,894													81,894
WINN PARISH POLICE JURY	2,312,695													2,312,695
WINN PARISH SCHOOL BOARD	112,407													112,407
WIT CONTRACTING OF FRANKLINTON LLC	5,388,245													5,388,245
XEROX CORP	3,096	1,070												4,166
Grand Total	758,729,547	34,525,536	12,108,890	1,016,973	2,943,696	3,655,684	221,938	-	93,322,139	887,510	154,983,320	4,174,102	417,664	1,066,986,859

GOHSEP Federal Program Encumbrance Detail
 FY22 Since November JLCB

Vendor	Public Assistance Program	Preparedness Grants	Disaster Case Management	COVID Emergency Rental Programs	Encumbered Total
AECOM TECHNICAL SERVICES INC			1,800,000		1,800,000
ARCCO COMPANY SERVICES INC	98,340				98,340
BENT'S RV RENDEZVOUS LLC	3,078,328				3,078,328
BLUE BAYOU WATER PARK LLC	22,700				22,700
BOWLING MOTORS & RV SALES INC	2,144,833				2,144,833
BRIGGS EQUIPMENT INC.	1,225				1,225
CITY OF BATON ROUGE & PARISH				853,500	853,500
CORPORATE HOSPITALITY SVCS	3,159,315				3,159,315
DELOITTE & TOUCHE LLP	1,095,205				1,095,205
DIAMOND SCAFFOLD SERVICES LLC	1,797,405				1,797,405
DMR BUILDERS LLC	1,933,008				1,933,008
EXCEL CONTRACTORS LLC	4,280,939				4,280,939
FULLSTACK ACADEMY LLC		10,646			10,646
I-49 TRAILER AND RVS INC	75,802				75,802
LAMAR CONTRACTORS LLC	15,006,010				15,006,010
LEMOINE DISASTER RECOVERY LLC	2,304,776				2,304,776
LOUISIANA LIFT EQUIPMENT INC	6,825				6,825
MACRO COMPANIES INC	9,477				9,477
MARSHLAND EQUIPMENT RENTALS LLC	6,000				6,000
REGIONAL ENTERPRISES LLC	527,260				527,260
ISING HILL LLC	79,177				79,177
SOUTHERN COAST SUPPLY	6,543,893				6,543,893
THE SUIZER GROUP LLC	177,927				177,927
TKTMJ INC	13,766,506				13,766,506
ULINE INC	603				603
UNIVERSITY OF LA AT LAFAYETTE	130,000				130,000
VANTAGE CONTRACTORS LLC	903,508				903,508
WIT CONTRACTING OF FRANKLINTON LLC	2,077,719				2,077,719
Encumbered Total	59,226,779	10,646	1,800,000	853,500	61,890,925

GOHSEP Federal Program Encumbrance Detail
FY22

Vendor	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	State Housing Grant	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	Encumbered Total
AA ON SITE STORAGE LLC	990									990
ACADIAN AMBULANCE SERVICE INC	899,282									899,282
AECOM TECHNICAL SERVICES INC						6,483,211				6,483,211
AGGREGO, LLC	255,960									255,960
AIRWARE TRANSPORTATION AND LOGISTIC	125,019									125,019
AMERICAN NATIVE VETERANS OF LA LLC	7,290									7,290
AMERICAN POLLUTION CONTROL	10,076,722									10,076,722
APTIM ENVIRONMENTAL &	7,484,360									7,484,360
ARCCO COMPANY SERVICES INC	252,364									252,364
ASCENSION EQUIPMENT SALES &	10,714									10,714
ASCENSION GOLF CARTS LLC	4,825									4,825
BALLARD HOSPITALITY LLC	369,466									369,466
BATON ROUGE WATER CO	10,000									10,000
BCMVM LLC	124,000									124,000
BEN NELSON GOLF & UTILITY	1,500									1,500
BENT'S RV RENDEZVOUS LLC	4,803,328									4,803,328
BETTER PUMPS & SOLUTIONS LLC	54,348									54,348
BLUE BAYOU WATER PARK LLC	22,700									22,700
BOWLING MOTORS & RV SALES INC	2,144,833									2,144,833
BRIGGS EQUIPMENT INC.	8,699									8,699
CADDO PARISH COMMISSION								35,155		35,155
CALCASIEU PARISH POLICE JURY								7,339,997		7,339,997
CALLAIS ICE SERVICE INC	1,417,010									1,417,010
CITY OF BATON ROUGE & PARISH								18,574,052		18,574,052
CITY OF NEW ORLEANS								28,386,163		28,386,163
COASTAL PRODUCTION SYSTEMS LLC	1,669,150									1,669,150
COMPOSITE ANALYSIS GROUP INC	269,337									269,337
CONSOLIDATED ELECTRICAL DISTRIBUTOR	6,327									6,327
CONSTRUCTION SOLUTIONS LLC	908,350									908,350
CORPORATE HOSPITALITY SVCS	3,820,562									3,820,562
CP JANITORIAL SERVICES	1,125									1,125
CROSBY ENERGY SERVICES INC	65,025									65,025

GOHSEP Federal Program Encumbrance Detail
FY22

Vendor	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	State Housing Grant	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	Encumbered Total
DAVIS WATER SERVICE INC	1									1
DCRT OFFICE OF STATE PARKS	235,000									235,000
DELOITTE & TOUCHE LLP	11,632,396									11,632,396
DEPLOYED RESOURCES LLC	886,178									886,178
DIAMOND SCAFFOLD SERVICES LLC	3,054,701									3,054,701
DIRKS COMPANIES LLC	2,335									2,335
DISASTER MANAGEMENT GROUP LLC	1,683,280									1,683,280
DLS LLC	59,500									59,500
DMR BUILDERS LLC	2,162,008									2,162,008
DOA-OFFICE OF COMMUNITY DEV	2,298,533					7,082,702		1,298,009	5,682,958	16,362,203
DRC EMERGENCY SERVICES LLC	324,000									324,000
DSW HOMES LLC	6,075									6,075
DYNAMIC GROUP LLC	275,277									275,277
ENERGY LOUISIANA INC					8,652					8,652
EPPENDORF NORTH AMERICA INC	8,066									8,066
ES&H of Lake Charles, LLC	7,200									7,200
EVENT SOLUTIONS OF LOUISIANA LLC	597,481									597,481
EXCEL CONTRACTORS LLC	5,388,473									5,388,473
FOX PEST CONTROL LLC	1,040									1,040
FUEL LOGIC	22,500									22,500
FULLSTACK ACADEMY LLC	-				10,646					10,646
GARBOLOGIST LLC	9,961									9,961
GARNER ENVIRONMENTAL SERVICES INC	1,627,789									1,627,789
GAUBERT OIL COMPANY INC	495									495
GAUTHIER'S RV CENTER INC	2,451									2,451
GECKEAUX SERVICES LLC	7,244									7,244
GOLF CARS OF LOUISIANA LLC	4,030									4,030
GOTHAMS LLC	734,610									734,610
GRANNY'S ALLIANCE HOLDINGS INC	1,820,300									1,820,300
HANDSON NEW ORLEANS INC	28,503									28,503
HANDSON NEW ORLEANS, INC.	125,000						2,135,535		6,848,026	8,983,561
HORNE LLP										

GOHSEP Federal Program Encumbrance Detail
FY22

Vendor	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	State Housing Grant	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	Encumbered Total
HUGG AND HALL EQUIPMENT COMPANY	14,775									14,775
I-49 TRAILER AND RVS INC	75,802									75,802
INDUSTRIAL COMMERCIAL	196,500									196,500
INNER PARISH SECURITY CORP	104,945									104,945
INNOVATIVE EMERGENCY MGT		3,458,212		161,977				15,604,402		4,016,965
JEFFERSON PARISH COUNCIL										15,604,402
JOE'S SEPTIC CONTRACTORS INC	450									450
KAM INC OF COBRIN	6,870									6,870
KINGFISH COMMUNICATIONS LLC					16,200					16,200
LAFAYETTE CITY-PARISH								8,817,622		8,817,622
LAMAR CONTRACTORS LLC	15,889,874									15,889,874
LANDSTAR EXPRESS AMERICA INC	5,528,100									5,528,100
LEMOINE DISASTER RECOVERY LLC	14,487,290									14,487,290
LEMOINE INDUSTRIAL GROUP	1,428,950									1,428,950
LIPSEY LOGISTICS WORLDWIDE LLC	4,525,962									4,525,962
LMB SERVICES LLC	2,252,343							1,769,927		2,252,343
LOUISIANA HOUSING CORPORATION						199,504				199,504
LOUISIANA LIFT EQUIPMENT INC.	8,261									8,261
LOUISIANA RADIO COMMUNICATIONS INC	8,000									8,000
Louisiana Radio Communications, Inc	48,000									48,000
LYNSEY M. HEBERT	1,675									1,675
MACRO COMPANIES INC	9,477									9,477
MARK'S ELECTRIC, INC.	26,973									26,973
MARSHLAND EQUIPMENT RENTALS LLC	22,000									22,000
MCGRATH RENTCORP AND SUBSIDIARIES	771									771
MCKESSON MEDICAL SURGICAL	882,336									882,336
MEGAWATTAGE LLC	688,818									688,818
MOBILE MINI INC	5,742									5,742
MOFFITT HOLDINGS LLC	60,535									60,535
MONTIMBER INTERNATIONAL LLC	148,783									148,783
MOTOROLA SOLUTIONS INC	577,320									577,320
N J MALIN & ASSOCIATES INC	330									330

GOHSEP Federal Program Encumbrance Detail
FY22

Vendor	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	State Housing Grant	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	Encumbered Total
NI GOVERNMENT SERVICES INC					20					20
NORTH SHORE ACE	864									864
OK'S CASCADE COMPANY	4,050,958									4,050,958
PELICAN ICE & COLD STORAGE INC	1,229,442									1,229,442
PONCHARTRAIN MATERIALS CORP LLC	22									22
POSTLETHWAITE & NETTERVILLE APAC								87,904,562		87,904,562
POT-O-GOLD RENTALS INC	255,800									255,800
POT-O-GOLD RENTALS LLC	1,934,556									1,934,556
PRIMEAUX RV LLC	356									356
PRODUCED WATER SOLUTIONS LLC	591,000									591,000
QUADIANT INC	1,015	345			301					1,660
QUATERNARY RESOURCE INVESTIGATIONS	31,229									31,229
REGIONAL ENTERPRISES LLC	569,259									569,259
REPUBLIC SERVICES INC	2,138									2,138
RISING HILL LLC	281,661									281,661
SCOTT BAILY ENTERPRISES INC	320									320
SECOND HARVEST FOOD BANK OF	11,270,730									11,270,730
SEWERAGE AND WATER BOARD OF NO.	75,000									75,000
SOUTHERN COAST SUPPLY	7,573,898									7,573,898
SOUTHERN LOGISTICAL SHOWERS &	8,912,500									8,912,500
SOUTHERN TEMP LLC	170									170
ST TAMMANY PARISH GOVERNMENT								9,395,950		9,395,950
STAFFORD ACT & DISASTER RECOVERY	33,480									33,480
STORM SERVICES LLC	6,586,010									6,586,010
SUDS LAUNDRY SVCS LLC	37,800									37,800
Sun Coast Resources, Inc.	5,250									5,250
SUNBELT RENTALS INC	61,203									61,203
TAYLORS INTERNATIONAL SVS	7,243,156									7,243,156
TETRA TECH INC	8,165,534									8,165,534
THE SUJZER GROUP LLC	1,642,692									1,642,692
THREE O'CLOCK PROJECT	4,556,004									4,556,004
TIGER INDUSTRIAL RENTALS LLC	87,600									87,600

GOHSEP Federal Program Encumbrance Detail
FY22

Vendor	Public Assistance Program	Hazard Mitigation Grant Program	Flood Mitigation Assistance	Pre-Disaster Mitigation	Preparedness Grants	Disaster Case Management	State Housing Grant	COVID Emergency Rental Programs	COVID Homeowner Assistance Program	Encumbered Total
TIGER SAFETY LLC	19,300									19,300
TKTMI INC	13,766,508									13,766,508
TOWN OF BERWICK	48,000									48,000
TOWN OF ROSELAND	51,022									51,022
TRADUCCIONOLA	2,247									2,247
UJINE INC	603									603
UNITED RENTALS (NORTH AMERICA) INC	39,334									39,334
UNITED RENTALS NORTH	4,896									4,896
UNITED SITE SERVICES OF LOUISIANA	45,285									45,285
UNIVERSITY OF LA AT LAFAYETTE	130,000									130,000
US FIRE PUMP COMPANY LLC	520,000									520,000
VANTAGE CONTRACTORS LLC	1,180,008									1,180,008
W B MCCARTNEY OIL CO INC	14,295									14,295
W W GRAINGER INC.	7,300									7,300
WASTE PRO OF LOUISIANA INC	12,040									12,040
WEST PUBLISHING CORP	3,886	1,344								5,230
WILLIAMS SCOTSMAN INC	158,182									158,182
WILLIS ENGINEERING &	100,000									100,000
WINDSTORM MITIGATION INC	169,694									169,694
WIT CONTRACTING OF FRANKLINTON LLC	2,263,325									2,263,325
XEROX CORP	9,663	3,339			19,199					32,201
YUR EVENT LLC	2,125									2,125
Encumbered Total	198,565,952	3,463,241	396,776	161,977	55,018	13,765,417	2,135,535	179,125,839	12,530,984	410,200,738

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

DEPARTMENT: Executive		FOR OPB USE ONLY				
AGENCY: Louisiana stadium and exposition District		OPB LOG NUMBER		AGENDA NUMBER		
SCHEDULE NUMBER: 01-0124		#117R		1		
SUBMISSION DATE: November 23, 2021		Approval and Authority:				
AGENCY BA-7 NUMBER:						
HEAD OF BUDGET UNIT: David weidler						
TITLE: Sr director Finance and admin=mistration						
SIGNATURE (Certifies that the information provided is correct and true to the best of your knowledge):						
MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)		REVISED FY 2021-2022		
GENERAL FUND BY:						
DIRECT	\$0	\$0		\$0		
INTERAGENCY TRANSFERS	\$0	\$0		\$0		
FEES & SELF-GENERATED	\$66,938,955	\$0		\$66,938,955		
Regular Fees & Self-generated	\$66,938,955	\$0		\$66,938,955		
Subtotal of Fund Accounts from Page 2	\$0	\$0		\$0		
STATUTORY DEDICATIONS	\$16,405,858	\$26,800,000		\$43,205,858		
[Select Statutory Dedication]	\$0	\$0		\$0		
[Select Statutory Dedication]	\$0	\$0		\$0		
Subtotal of Dedications from Page 2	\$16,405,858	\$26,800,000		\$43,205,858		
FEDERAL	\$0	\$0		\$0		
TOTAL	\$83,344,813	\$26,800,000		\$110,144,813		
AUTHORIZED POSITIONS	0	0		0		
AUTHORIZED OTHER CHARGES	0	0		0		
NON-TO FTE POSITIONS	0	0		0		
TOTAL POSITIONS	0	0		0		
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
Program 1	\$83,344,813	0	\$26,800,000	0	\$110,144,813	0
Program 2	\$0	0	\$0	0	\$0	0
Program 3	\$0	0	\$0	0	\$0	0
Program 4	\$0	0	\$0	0	\$0	0
Program 5	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
Subtotal of programs from Page 2:	\$0	0	\$0	0	\$0	0
TOTAL	\$83,344,813	0	\$26,800,000	0	\$110,144,813	0

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

DEPARTMENT: Executive	FOR OPB USE ONLY	
AGENCY: Louisiana stadium and exposition District	OPB LOG NUMBER	AGENDA NUMBER
SCHEDULE NUMBER: 01-0124		
SUBMISSION DATE: November 23, 2021	ADDENDUM TO PAGE 1	
AGENCY BA-7 NUMBER:		

**Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.
The subtotal will automatically be transferred to Page 1.**

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
GENERAL FUND BY:			
FEES & SELF-GENERATED			
[Select Fund Account]	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0
SUBTOTAL (to Page 1)	\$0	\$0	\$0
STATUTORY DEDICATIONS			
New Orleans Sports Franchise Fund (TC8)	\$9,812,000	\$0	\$9,812,000
New Orleans Sports Franchise Assistance Fund (G19)	\$790,000	\$0	\$790,000
Sports Facility Assistance Fund (RVA)	\$5,203,858	\$0	\$5,203,858
Louisiana Stadium and Exposition District License Plate Fund (V33)	\$600,000	\$0	\$600,000
Louisiana Rescue Plan Fund (V43)		\$26,800,000	\$26,800,000
[Select Statutory Dedication]	\$0	\$0	\$0
SUBTOTAL (to Page 1)	\$16,405,858	\$26,800,000	\$43,205,858

**Use this section for additional Program Names, if needed.
The subtotal will automatically be transferred to Page 1.**

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
SUBTOTAL (to Page 1)	\$0	0	\$0	0	\$0	0

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?
The source of funding is the Louisiana Rescue Plan Fund.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
GENERAL FUND BY:					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$26,800,000	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
TOTAL	\$26,800,000	\$0	\$0	\$0	\$0

3. If this action requires additional personnel, provide a detailed explanation below:
No additional personnel will be required as a result of this action.

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.
The approval of this request will provide the Superdome renovation project with adequate funding to continue future phases. A postponement of this request will delay the execution of construction contracts and, ultimately, the delivery of the completed project prior to the 2025 NFL Super Bowl.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.
No.

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

Approval of this BA-7 will provide the LSED with funding to complete the ongoing renovation of the Superdome. Additionally, the completion would provide for the long-term extension of the New Orleans Saints lease agreement at the facility.

2. Complete the following information for each objective and related performance indicators that will be affected by this request. (Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)

There are no performance indicators or requirements related to this request.

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)

This BA-7 will have a positive impact on the completion of the Superdome renovation project and the long-term extension of the New Orleans Saints lease.

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

n/a.

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

Failure to approve this BA-7 will result in a funding gap in the renovation of the Superdome. If no alternative funding source is identified, then the project is unlikely to continue. This is expected to result in an unwillingness of the New Orleans Saints to enter into a long-term lease extension.

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: Louisiana stadium and exposition district

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT OUTYEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
GENERAL FUND BY:							
Direct	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$66,938,955	\$0	\$66,938,955	\$0	\$0	\$0	\$0
Statutory Dedications **	\$16,405,858	\$26,800,000	\$43,205,858	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL MOF	\$83,344,813	\$26,800,000	\$110,144,813	\$0	\$0	\$0	\$0
EXPENDITURES:							
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$14,926,925	\$0	\$14,926,925	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$38,597,630	\$26,800,000	\$65,397,630	\$0	\$0	\$0	\$0
Debt Services	\$23,974,324	\$0	\$23,974,324	\$0	\$0	\$0	\$0
Interagency Transfers	\$5,845,934	\$0	\$5,845,934	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs			\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$83,344,813	\$26,800,000	\$110,144,813	\$0	\$0	\$0	\$0
POSITIONS							
Classified	0	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0	0
TOTAL T.O. POSITIONS	0	0	0	0	0	0	0
Other Charges Positions	0	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0	0	0
*Dedicated Fund Accounts:							
Reg. Fees & Self-generated	\$66,938,955	\$0	\$66,938,955	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
**Statutory Dedications:							
New Orleans Sports Franchise Assistance Fund (G19)	\$790,000	\$0	\$790,000	\$0	\$0	\$0	\$0
New Orleans Sports Franchise Fund (TC8)	\$9,812,000	\$0	\$9,812,000	\$0	\$0	\$0	\$0
Sports Facility Assistance Fund (RVA)	\$5,203,858	\$0	\$5,203,858	\$0	\$0	\$0	\$0
Louisiana Rescue Plan Fund (V43)		\$26,800,000	\$26,800,000	\$0	\$0	\$0	\$0
Louisiana Stadium and Exposition District License Plate Fund (V33)	\$600,000	\$0	\$600,000	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: Louisiana stadium and exposition district

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$0	\$0	\$0	\$26,800,000	\$0	\$26,800,000
EXPENDITURES:						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$26,800,000	\$0	\$26,800,000
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$0	\$0	\$0	\$26,800,000	\$0	\$26,800,000
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0
POSITIONS						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
TOTAL T.O. POSITIONS	0	0	0	0	0	0
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0	0

QUESTIONNAIRE ANALYSIS

(Please reference question numbers, provide detailed information and use continuation sheets as needed.)

GENERAL PURPOSE

This BA-7 is to budget a funding of a portion (along with previously approved Capital Outlay) of the State's total contribution to the ongoing \$450.0M renovation of the Caesar's Superdome. The appropriation's funding source is the Louisiana Rescue Plan Fund as a result of significant lost revenues experienced by the LSED due to the COVID-19 pandemic. As a normal course of action, the LSED requests additional funding from the State when there is a loss of self-generated revenues. The significant revenue decline is due to the unprecedented impact of the COVID-19 global pandemic had on the \$0.04 hotel occupancy tax.

REVENUES

The funding is requested from the Louisiana Rescue Plan Fund.

EXPENDITURES

Upon receipt, the LSED will place all funds into a dedicated capital project account for the sole purpose of funding ongoing capital expenditures related to the renovation. Only expenditures directly related to the renovation (and not operational expenses) will be eligible uses for the requested funds. Therefore, 100% of the requested funds will be expended on the renovation.

OTHER

Points of contact:

Evan Holmes
Director of Business Operations, ASM Global
e-mail: evan.holmes@asmglobal.com
Office: 504-587-3913

David Weidler
Sr. Director of Finance and Administration, ASM Global
e-mail: david.weidler@asmneworleans.com
Office: 504-587-3850

BA-7 SUPPORT INFORMATION

Page _____

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: LA Dept. of Health		FOR OPB USE ONLY				
AGENCY: FL Parishes Human Services Authority		OPB LOG NUMBER 108		AGENDA NUMBER 2a		
SCHEDULE NUMBER: 09-301		Approval and Authority:				
SUBMISSION DATE: 11/08/21						
AGENCY BA-7 NUMBER: 22-02						
HEAD OF BUDGET UNIT: Richard Kramer						
TITLE: Executive Director						
SIGNATURE <small>(Certifies that the information provided is correct and true to the best of your knowledge):</small> <i>Rachelle Seisley, Co. for R Kramer</i>						
MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)		REVISED FY 2021-2022		
GENERAL FUND BY:						
DIRECT	\$14,741,674	\$0		\$14,741,674		
INTERAGENCY TRANSFERS	\$7,363,904	\$71,283		\$7,435,187		
FEES & SELF-GENERATED	\$2,754,288	\$0		\$2,754,288		
Regular Fees & Self-generated	\$2,754,288	\$0		\$2,754,288		
Subtotal of Fund Accounts from Page 2	\$0	\$0		\$0		
STATUTORY DEDICATIONS	\$0	\$0		\$0		
[Select Statutory Dedication]	\$0	\$0		\$0		
[Select Statutory Dedication]	\$0	\$0		\$0		
Subtotal of Dedications from Page 2	\$0	\$0		\$0		
FEDERAL	\$0	\$0		\$0		
TOTAL	\$24,859,866	\$71,283		\$24,931,149		
AUTHORIZED POSITIONS	0	0		0		
AUTHORIZED OTHER CHARGES	181	0		181		
NON-TO FTE POSITIONS	0	0		0		
TOTAL POSITIONS	181	0		181		
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
FL Parishes Human Svs Auth	\$24,859,866	181	\$71,283	0	\$24,931,149	181
Program 2	\$0	0	\$0	0	\$0	0
Program 3	\$0	0	\$0	0	\$0	0
Program 4	\$0	0	\$0	0	\$0	0
Program 5	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
Subtotal of programs from Page 2:	\$0	0	\$0	0	\$0	0
TOTAL	\$24,859,866	181	\$71,283	0	\$24,931,149	181

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: LA Dept. of Health		FOR OPB USE ONLY				
AGENCY: FL Parishes Human Services Authority		OPB LOG NUMBER		AGENDA NUMBER		
SCHEDULE NUMBER: 09-301		Approval and Authority:				
SUBMISSION DATE: 11/08/21						
AGENCY BA-7 NUMBER: 22-02						
HEAD OF BUDGET UNIT: Richard Kramer						
TITLE: Executive Director						
SIGNATURE <i>(Certifies that the information provided is correct and true to the best of your knowledge):</i>						
MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)		REVISED FY 2021-2022		
GENERAL FUND BY:						
DIRECT	\$14,741,674	\$0		\$14,741,674		
INTERAGENCY TRANSFERS	\$7,363,904	\$71,283		\$7,435,187		
FEES & SELF-GENERATED	\$2,754,288	\$0		\$2,754,288		
Regular Fees & Self-generated	\$2,754,288	\$0		\$2,754,288		
Subtotal of Fund Accounts from Page 2	\$0	\$0		\$0		
STATUTORY DEDICATIONS	\$0	\$0		\$0		
[Select Statutory Dedication]	\$0	\$0		\$0		
[Select Statutory Dedication]	\$0	\$0		\$0		
Subtotal of Dedications from Page 2	\$0	\$0		\$0		
FEDERAL	\$0	\$0		\$0		
TOTAL	\$24,859,866	\$71,283		\$24,931,149		
AUTHORIZED POSITIONS	0	0		0		
AUTHORIZED OTHER CHARGES	181	0		181		
NON-TO FTE POSITIONS	0	0		0		
TOTAL POSITIONS	181	0		181		
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
FL Parishes Human Svs Auth	\$24,859,866	181	\$71,283	0	\$24,931,149	181
Program 2	\$0	0	\$0	0	\$0	0
Program 3	\$0	0	\$0	0	\$0	0
Program 4	\$0	0	\$0	0	\$0	0
Program 5	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
Subtotal of programs from Page 2:	\$0	0	\$0	0	\$0	0
TOTAL	\$24,859,866	181	\$71,283	0	\$24,931,149	181

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: LA Dept. of Health	FOR OPB USE ONLY	
AGENCY: FL Parishes Human Services Authority	OPB LOG NUMBER	AGENDA NUMBER
SCHEDULE NUMBER: 09-301		
SUBMISSION DATE: 11/08/21	ADDENDUM TO PAGE 1	
AGENCY BA-7 NUMBER: 22-02		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.
 The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
GENERAL FUND BY:			
FEES & SELF-GENERATED			
[Select Fund Account]	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0
SUBTOTAL (to Page 1)	\$0	\$0	\$0
STATUTORY DEDICATIONS			
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
SUBTOTAL (to Page 1)	\$0	\$0	\$0

Use this section for additional Program Names, if needed.
 The subtotal will automatically be transferred to Page 1.

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
SUBTOTAL (to Page 1)	\$0	0	\$0	0	\$0	0

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?
The funding source for the requested increase is Interagency Transfer (IAT) means of finance from LDH/Office of Behavioral Health (OBH) to Florida Parishes Human Services Authority (FPHSA). The increase is necessary to provide sufficient IAT budget authority for FPHSA to receive IAT funding allocated from OBH for the Crisis Counseling Assistance and Training Program--Immediate Services Program (CCP ISP) grant in order to provide services to citizens in FPHSA's catchment area who were impacted by Hurricane Ida.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
GENERAL FUND BY:					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$71,283	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
TOTAL	\$71,283	\$0	\$0	\$0	\$0

3. If this action requires additional personnel, provide a detailed explanation below:
No additional personnel is being requested. Any new positions related to these grant will be temporary job appointments.

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.
This request cannot be postponed for consideration in the agency's budget request for next fiscal year because the grants are effective in Fiscal Year 2021-2022 and FPHSA currently has insufficient IAT budget authority for receipt of funds from OBH.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.
This is not an after the fact BA-7.

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

Approval of this BA-7 will have a positive impact to individuals in the Behavioral Health area of services provided within the Florida Parishes Human Services Authority (FPHSA) catchment area.

2. Complete the following information for each objective and related performance indicators that will be affected by this request. *(Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)*

OBJECTIVE:				
LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. *(For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)*

No new objectives or performance indicators will be created in the LaPAS database

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

There are no performance impacts associated with any existing performance objectives or indicators.

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

There are no performance impacts if this BA-7 is not approved.

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: FLORIDA PARISHES HUMAN SERVICES AUTHORITY

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT OUTYEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
GENERAL FUND BY:							
Direct	\$14,741,674	\$0	\$14,741,674	\$0	\$0	\$0	\$0
Interagency Transfers	\$7,363,904	\$71,283	\$7,435,187	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$2,754,288	\$0	\$2,754,288	\$0	\$0	\$0	\$0
Statutory Dedications **	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL MOF	\$24,859,866	\$71,283	\$24,931,149	\$0	\$0	\$0	\$0
EXPENDITURES:							
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$38,015	\$0	\$38,015	\$0	\$0	\$0	\$0
Operating Services	\$802,250	\$0	\$802,250	\$0	\$0	\$0	\$0
Supplies	\$110,455	\$0	\$110,455	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$23,212,287	\$71,283	\$23,283,570	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$696,859	\$0	\$696,859	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$24,859,866	\$71,283	\$24,931,149	\$0	\$0	\$0	\$0
POSITIONS							
Classified	0	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0	0
TOTAL T.O. POSITIONS	0	0	0	0	0	0	0
Other Charges Positions	181	0	181	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0	0
TOTAL POSITIONS	181	0	181	0	0	0	0
*Dedicated Fund Accounts:							
Reg. Fees & Self-generated	\$2,754,288	\$0	\$2,754,288	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
**Statutory Dedications:							
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: FLORIDA PARISHES HUMAN SERVICES AUTHORITY

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$0	\$71,283	\$0	\$0	\$0	\$71,283
EXPENDITURES:						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$71,283	\$0	\$0	\$0	\$71,283
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$0	\$71,283	\$0	\$0	\$0	\$71,283
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0
POSITIONS						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
TOTAL T.O. POSITIONS	0	0	0	0	0	0
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0	0

QUESTIONNAIRE ANALYSIS

(Please reference question numbers, provide detailed information and use continuation sheets as needed.)

GENERAL PURPOSE

The funding source for the requested increase is Interagency Transfer (IAT) means of finance from LDH/Office of Behavioral Health (OBH) to Florida Parishes Human Services Authority (FPHSA). The increase is necessary to provide sufficient IAT budget authority for FPHSA to receive IAT funding allocated from OBH for the Crisis Counseling Assistance and Training Program--Immediate Services Program (CCP ISP) grant in order to provide services to citizens in FPHSA's catchment area who were impacted by Hurricane Ida.

REVENUES

Interagency Transfer from LDH/OBH to FPHSA

EXPENDITURES

Other charges expenditure categories for Salaries/RB, operating, supplies, etc. \$71,283

OTHER

Richard Kramer, Executive Director 985/543-4333 extension 1403

richard.kramer@fphsa.org

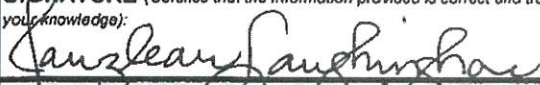
Rachelle Sibley, Chief Operating Officer 985/543-4333 extension 1422

rachelle.sibley@fphsa.org

BA-7 SUPPORT INFORMATION

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STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: Louisiana Department of Health		FOR OPB USE ONLY					
AGENCY: Capital Area Human Services District		OPB LOG NUMBER		AGENDA NUMBER			
SCHEDULE NUMBER: 09-302		109		26			
SUBMISSION DATE: 11/05/21		Approval and Authority:					
AGENCY BA-7 NUMBER: 02							
HEAD OF BUDGET UNIT: Janzlean Laughinghouse, PhD							
TITLE: Executive Director							
SIGNATURE <small>(Certifies that the information provided is correct and true to the best of your knowledge):</small>							
							
MEANS OF FINANCING		CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022			
GENERAL FUND BY:							
DIRECT		\$18,672,805	\$0	\$18,672,805			
INTERAGENCY TRANSFERS		\$11,298,897	\$468,065	\$11,766,962			
FEES & SELF-GENERATED		\$3,553,108	\$0	\$3,553,108			
Regular Fees & Self-generated		\$3,553,108	\$0	\$3,553,108			
Subtotal of Fund Accounts from Page 2		\$0	\$0	\$0			
STATUTORY DEDICATIONS		\$0	\$0	\$0			
[Select Statutory Dedication]		\$0	\$0	\$0			
[Select Statutory Dedication]		\$0	\$0	\$0			
Subtotal of Dedications from Page 2		\$0	\$0	\$0			
FEDERAL		\$0	\$0	\$0			
TOTAL		\$33,524,810	\$468,065	\$33,992,875			
AUTHORIZED POSITIONS		0	0	0			
AUTHORIZED OTHER CHARGES		218	0	218			
NON-TO FTE POSITIONS		0	0	0			
TOTAL POSITIONS		218	0	218			
PROGRAM EXPENDITURES		DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:							
CAHSD		\$33,524,810	218	\$468,065	0	\$33,992,875	218
		\$0	0	\$0	0	\$0	0
		\$0	0	\$0	0	\$0	0
		\$0	0	\$0	0	\$0	0
		\$0	0	\$0	0	\$0	0
		\$0	0	\$0	0	\$0	0
		\$0	0	\$0	0	\$0	0
		\$0	0	\$0	0	\$0	0
		\$0	0	\$0	0	\$0	0
Subtotal of programs from Page 2:		\$0	0	\$0	0	\$0	0
TOTAL		\$33,524,810	218	\$468,065	0	\$33,992,875	218

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: Louisiana Department of Health	FOR OPB USE ONLY	
AGENCY: Capital Area Human Services District	OPB LOG NUMBER	AGENDA NUMBER
SCHEDULE NUMBER: 09-302		
SUBMISSION DATE: 11/05/21	ADDENDUM TO PAGE 1	
AGENCY BA-7 NUMBER: 02		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.
 The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
GENERAL FUND BY:			
FEES & SELF-GENERATED			
[Select Fund Account]	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0
SUBTOTAL (to Page 1)	\$0	\$0	\$0
STATUTORY DEDICATIONS			
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
SUBTOTAL (to Page 1)	\$0	\$0	\$0

Use this section for additional Program Names, if needed.
 The subtotal will automatically be transferred to Page 1.

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
SUBTOTAL (to Page 1)	\$0	0	\$0	0	\$0	0

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?
Interagency Transfers

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
GENERAL FUND BY:					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$468,065	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
TOTAL	\$468,065	\$0	\$0	\$0	\$0

3. If this action requires additional personnel, provide a detailed explanation below:
No additional personnel is required

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.
This BA-7 is to provide sufficient budget authority to receive Hurricane Ida CCP/ISP funding allocated to Capital Area Human Services District for projected expenditures in FY22.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.
This is not an after the fact BA-7

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7. Approval of this BA-7 will provide crisis counseling and resource linkage to Hurricane Ida survivors throughout Region 2 which consists of seven (7) parishes for the remainder of FY22

2. Complete the following information for each objective and related performance indicators that will be affected by this request. (Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)

OBJECTIVE: N/A

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)

No new objectives or performance indicators will be created in the LAPAS database.

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.
Approval of this BA-7 will provide crisis counseling and resource linkage to Hurricane Ida survivors throughout Region 2 which consists of seven (7) parishes for the remainder of FY22

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

The CAHSD would not have sufficient budget authority to conduct crisis counseling for Hurricane Ida survivors.

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: CAHSD

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT OUT YEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
GENERAL FUND BY:							
Direct	\$18,672,805	\$0	\$18,672,805	\$0	\$0	\$0	\$0
Interagency Transfers	\$11,298,897	\$468,065	\$11,766,962	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$3,553,108	\$0	\$3,553,108	\$0	\$0	\$0	\$0
Statutory Dedications **	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL MOF	\$33,524,810	\$468,065	\$33,992,875	\$0	\$0	\$0	\$0
EXPENDITURES:							
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$32,697,795	\$468,065	\$33,165,860	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$827,015	\$0	\$827,015	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$33,524,810	\$468,065	\$33,992,875	\$0	\$0	\$0	\$0
POSITIONS							
Classified	0	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0	0
TOTAL T.O. POSITIONS	0	0	0	0	0	0	0
Other Charges Positions	214	0	214	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0	0
TOTAL POSITIONS	214	0	214	0	0	0	0
*Dedicated Fund Accounts:							
Reg. Fees & Self-generated	\$3,553,108	\$0	\$3,553,108	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
**Statutory Dedications:							
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0

STATE OF LOUISIANA
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: CAHSD

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$0	\$468,065	\$0	\$0	\$0	\$468,065
EXPENDITURES:						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$468,065	\$0	\$0	\$0	\$468,065
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$0	\$468,065	\$0	\$0	\$0	\$468,065
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0
POSITIONS						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
TOTAL T.O. POSITIONS	0	0	0	0	0	0
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0	0

BA-7 QUESTIONNAIRE

(Provide answers on the Questionnaire Analysis Form; answer all questions applicable to the requested budget adjustment.)

GENERAL PURPOSE

This BA-7 will balance the IAT budget authority with OBH allocated funding for Hurricane Ida survivors

REVENUES

\$468,065 – IAT from the LDH/OBH Hurricane Ida CCP ISP funding

EXPENDITURES

This BA7 will increase expenditures in the Other Charges Budget Category for contract services and purchase of supplies.

OTHER

Janzlean Laughinghouse, Ph.D., LCSW-BACS, LAC
Executive Director
Janzlean.Laughinghouse@la.gov
(225) 922-2700


Shaketha Carter
Deputy Director
Shaketha.Carter@la.gov
225-922-2700

Karen Thomas
Accountant Administrator
Karen.Thomas@la.gov
225-922-0004

BA-7 SUPPORT INFORMATION

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STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: Louisiana Department of Health		FOR OPB USE ONLY							
AGENCY: Office of Behavioral Health		OPB LOG NUMBER		AGENDA NUMBER					
SCHEDULE NUMBER: 09-330		110		2c					
SUBMISSION DATE: 11/01/2021		Approval and Authority:							
AGENCY BA-7 NUMBER: BA-7 #2 CCP ISP Hurricane Ida									
HEAD OF BUDGET UNIT: Karen Stubbs									
TITLE: Assistant Secretary									
SIGNATURE <small>(Certifies that the information provided is correct and true to the best of your knowledge):</small>									
									
MEANS OF FINANCING		CURRENT FY 2021-2022		ADJUSTMENT (+) or (-)		REVISED FY 2021-2022			
GENERAL FUND BY:									
DIRECT		\$111,565,158		\$0		\$111,565,158			
INTERAGENCY TRANSFERS		\$96,606,562		\$0		\$96,606,562			
FEES & SELF-GENERATED		\$952,760		\$0		\$952,760			
Regular Fees & Self-generated		\$952,760		\$0		\$952,760			
Subtotal of Fund Accounts from Page 2		\$0		\$0		\$0			
STATUTORY DEDICATIONS		\$5,106,502		\$0		\$5,106,502			
Compulsive & Problem Gaming Fund (H10)		\$2,583,873		\$0		\$2,583,873			
Tobacco Tax Health Care Fund (E32)		\$2,220,417		\$0		\$2,220,417			
Health Care Facility Fund (H12)		\$302,212		\$0		\$302,212			
State Coronavirus Relief Fund (STK)		\$0		\$0		\$0			
Subtotal of Dedications from Page 2		\$0		\$0		\$0			
FEDERAL		\$90,401,512		\$1,682,567		\$92,084,079			
TOTAL		\$304,632,494		\$1,682,567		\$306,315,061			
AUTHORIZED POSITIONS		1,674		0		1,674			
AUTHORIZED OTHER CHARGES		6		0		6			
NON-TO FTE POSITIONS		115		0		115			
TOTAL POSITIONS		1,795		0		1,795			
PROGRAM EXPENDITURES		DOLLARS		POS		DOLLARS		POS	
PROGRAM NAME:									
Program 1		\$116,338,640	141	\$1,682,567	0	\$118,021,207	141		
Program 2		\$188,273,854	1,654	\$0	0	\$188,273,854	1,654		
Program 3		\$20,000	0	\$0	0	\$20,000	0		
Program 4		\$0	0	\$0	0	\$0	0		
Program 5		\$0	0	\$0	0	\$0	0		
		\$0	0	\$0	0	\$0	0		
		\$0	0	\$0	0	\$0	0		
		\$0	0	\$0	0	\$0	0		
		\$0	0	\$0	0	\$0	0		
		\$0	0	\$0	0	\$0	0		
Subtotal of programs from Page 2:		\$0	0	\$0	0	\$0	0		
TOTAL		\$304,632,494	1,795	\$1,682,567	0	\$306,315,061	1,795		

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: Louisiana Department of Health	FOR OPB USE ONLY	
AGENCY: Office of Behavioral Health	OPB LOG NUMBER	AGENDA NUMBER
SCHEDULE NUMBER: 09-330		
SUBMISSION DATE: 11/01/2021	ADDENDUM TO PAGE 1	
AGENCY BA-7 NUMBER: BA-7 #2 CCP ISP Hurricane Ida		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.
 The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
GENERAL FUND BY:			
FEES & SELF-GENERATED			
[Select Fund Account]	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0
SUBTOTAL (to Page 1)	\$0	\$0	\$0
STATUTORY DEDICATIONS			
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
SUBTOTAL (to Page 1)	\$0	\$0	\$0

Use this section for additional Program Names, if needed.
 The subtotal will automatically be transferred to Page 1.

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
SUBTOTAL (to Page 1)	\$0	0	\$0	0	\$0	0

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?
The purpose of this BA-7 is to request federal budget authority for the Crisis Counseling Assistance and Training Program – Immediate Services Program (CCP ISP) grant, which was awarded on October 26, 2021 by the Federal Emergency Management Agency (FEMA) in order to provide crisis counseling assistance and training under Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, for Louisianans impacted by Hurricane Ida.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
GENERAL FUND BY:					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$1,682,567	\$0	\$0	\$0	\$0
TOTAL	\$1,682,567	\$0	\$0	\$0	\$0

3. If this action requires additional personnel, provide a detailed explanation below:
No additional personnel are requested.

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.

On August 29, 2021, Governor John Bel Edwards requested and received a Major Disaster Declaration for the State of Louisiana based on the Hurricane Ida incident, which began on August 26, 2021 and is continuing. This declaration allowed the State to apply for the Crisis Counseling Assistance and Training grant to help meet the behavioral health needs of disaster survivors. Twenty-five of the state's 64 parishes are designated under the Major Disaster Declaration LA-4611-DR. Approximately 2.7 million or 58% of Louisianans reside within the declared parishes.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.

This is not an after the fact BA-7.

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

There are no programmatic impacts that result from the approval of this BA-7.

2. Complete the following information for each objective and related performance indicators that will be affected by this request. (Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)

OBJECTIVE:

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)

No new objectives or performance indicators will be created in the LaPAS database.

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

There are no performance impacts associated with any existing performance objectives or indicators.

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

There are no performance impacts if this BA-7 is not approved.

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: Behavioral Health Administration and Community Oversight Program

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT OUT YEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
GENERAL FUND BY:							
Direct	\$16,067,659	\$0	\$16,067,659	\$0	\$0	\$0	\$0
Interagency Transfers	\$6,220,951	\$0	\$6,220,951	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$273,845	\$0	\$273,845	\$0	\$0	\$0	\$0
Statutory Dedications **	\$4,804,290	\$0	\$4,804,290	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$88,971,895	\$1,682,567	\$90,654,462	\$0	\$0	\$0	\$0
TOTAL MOF	\$116,338,640	\$1,682,567	\$118,021,207	\$0	\$0	\$0	\$0
EXPENDITURES:							
Salaries	\$8,185,048	\$0	\$8,185,048	\$0	\$0	\$0	\$0
Other Compensation	\$822,051	\$0	\$822,051	\$0	\$0	\$0	\$0
Related Benefits	\$6,182,248	\$0	\$6,182,248	\$0	\$0	\$0	\$0
Travel	\$96,252	\$0	\$96,252	\$0	\$0	\$0	\$0
Operating Services	\$129,421	\$0	\$129,421	\$0	\$0	\$0	\$0
Supplies	\$99,566	\$0	\$99,566	\$0	\$0	\$0	\$0
Professional Services	\$50,494	\$0	\$50,494	\$0	\$0	\$0	\$0
Other Charges	\$41,406,661	\$426,212	\$41,832,873	\$0	\$0	\$0	\$0
Debt Services		\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$59,366,899	\$1,256,355	\$60,623,254	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$116,338,640	\$1,682,567	\$118,021,207	\$0	\$0	\$0	\$0
POSITIONS							
Classified	101	0	101	0	0	0	0
Unclassified	2	0	2	0	0	0	0
TOTAL T.O. POSITIONS	103	0	103	0	0	0	0
Other Charges Positions	6	0	6	0	0	0	0
Non-TO FTE Positions	32	0	32	0	0	0	0
TOTAL POSITIONS	141	0	141	0	0	0	0
*Dedicated Fund Accounts:							
Reg. Fees & Self-generated	\$17,057	\$0	\$17,057	\$0	\$0	\$0	\$0
[Select Fund Account]	\$99,588	\$0	\$99,588	\$0	\$0	\$0	\$0
[Select Fund Account]	\$157,200	\$0	\$157,200	\$0	\$0	\$0	\$0
**Statutory Dedications:							
Compulsive & Problem Gaming Fund (H10)	\$2,583,873	\$0	\$2,583,873	\$0	\$0	\$0	\$0
Tobacco Tax Health Care Fund (E32)	\$2,220,417	\$0	\$2,220,417	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: Behavioral Health Administration and Community Oversight Program

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$0	\$0	\$0	\$0	\$1,682,567	\$1,682,567
EXPENDITURES:						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0	\$0	\$426,212	\$426,212
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$1,256,355	\$1,256,355
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$0	\$0	\$0	\$0	\$1,682,567	\$1,682,567
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0
POSITIONS						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
TOTAL T.O. POSITIONS	0	0	0	0	0	0
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0	0

STATE OF LOUISIANA
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 2 NAME: HOSPITAL BASED TREATMENT

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT/OUTYEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
GENERAL FUND BY:							
Direct	\$95,497,499	\$0	\$95,497,499	\$0	\$0	\$0	\$0
Interagency Transfers	\$90,385,611	\$0	\$90,385,611	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$658,915	\$0	\$658,915	\$0	\$0	\$0	\$0
Statutory Dedications **	\$302,212	\$0	\$302,212	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$1,429,617	\$0	\$1,429,617	\$0	\$0	\$0	\$0
TOTAL MOF	\$188,273,854	\$0	\$188,273,854	\$0	\$0	\$0	\$0
EXPENDITURES:							
Salaries	\$83,229,945	\$0	\$83,229,945	\$0	\$0	\$0	\$0
Other Compensation	\$2,927,642	\$0	\$2,927,642	\$0	\$0	\$0	\$0
Related Benefits	\$49,377,699	\$0	\$49,377,699	\$0	\$0	\$0	\$0
Travel	\$109,168	\$0	\$109,168	\$0	\$0	\$0	\$0
Operating Services	\$11,474,789	\$0	\$11,474,789	\$0	\$0	\$0	\$0
Supplies	\$8,219,429	\$0	\$8,219,429	\$0	\$0	\$0	\$0
Professional Services	\$8,376,035	\$0	\$8,376,035	\$0	\$0	\$0	\$0
Other Charges	\$9,492,275	\$0	\$9,492,275	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$15,066,872	\$0	\$15,066,872	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$188,273,854	\$0	\$188,273,854	\$0	\$0	\$0	\$0
POSITIONS							
Classified	1,560	0	1,560	0	0	0	0
Unclassified	11	0	11	0	0	0	0
TOTAL T.O. POSITIONS	1,571	0	1,571	0	0	0	0
Other Charges Positions	0	0	0	0	0	0	0
Non-TO FTE Positions	83	0	83	0	0	0	0
TOTAL POSITIONS	1,654	0	1,654	0	0	0	0
*Dedicated Fund Accounts:							
Reg. Fees & Self-generated	\$658,915	\$0	\$658,915	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
**Statutory Dedications:							
Health Care Facility Fund (H12)	\$302,212	\$0	\$302,212	\$0	\$0	\$0	\$0
State Coronavirus Relief Fund (STK)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 2 NAME: HOSPITAL BASED TREATMENT

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$0	\$0	\$0	\$0	\$0	\$0
EXPENDITURES:						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$0	\$0	\$0	\$0	\$0	\$0
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0
POSITIONS						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
TOTAL T.O. POSITIONS	0	0	0	0	0	0
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0	0

STATE OF LOUISIANA
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 3 NAME: AUXILIARY

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT OUT YEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
GENERAL FUND BY:							
Direct	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$20,000	\$0	\$20,000	\$0	\$0	\$0	\$0
Statutory Dedications **	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL MOF	\$20,000	\$0	\$20,000	\$0	\$0	\$0	\$0
EXPENDITURES:							
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$20,000	\$0	\$20,000	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$20,000	\$0	\$20,000	\$0	\$0	\$0	\$0
POSITIONS							
Classified	0	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0	0
TOTAL T.O. POSITIONS	0	0	0	0	0	0	0
Other Charges Positions	0	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0	0	0
*Dedicated Fund Accounts:							
Reg. Fees & Self-generated	\$20,000	\$0	\$20,000	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
**Statutory Dedications:							
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 3 NAME: AUXILIARY

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$0	\$0	\$0	\$0	\$0	\$0
EXPENDITURES:						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$0	\$0	\$0	\$0	\$0	\$0
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0
POSITIONS						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
TOTAL T.O. POSITIONS	0	0	0	0	0	0
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0	0

STATE OF LOUISIANA
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 4 NAME: UNALLOTTED

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT OUTYEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
GENERAL FUND BY:							
Direct	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Statutory Dedications **	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL MOF	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EXPENDITURES:							
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
POSITIONS							
Classified	0	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0	0
TOTAL T.O. POSITIONS	0	0	0	0	0	0	0
Other Charges Positions	0	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0	0	0
*Dedicated Fund Accounts:							
Reg. Fees & Self-generated	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
**Statutory Dedications:							
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 4 NAME: UNALLOTTED

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$0	\$0	\$0	\$0	\$0	\$0
EXPENDITURES:						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$0	\$0	\$0	\$0	\$0	\$0
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0
POSITIONS						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
TOTAL T.O. POSITIONS	0	0	0	0	0	0
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0	0

OBH BA-7 #2 – QUESTIONNAIRE

OTHER

On August 29, 2021, Governor John Bel Edwards requested and received a Major Disaster Declaration for the State of Louisiana based on the Hurricane Ida incident, which began on August 26, 2021 and is continuing. This declaration allowed the State to apply for the Crisis Counseling Assistance and Training grant to help meet the behavioral health needs of disaster survivors. Twenty-five of the state's 64 parishes are designated under the Major Disaster Declaration LA-4611-DR. Approximately 2.7 million or 58% of Louisianans reside within the declared parishes.

The Louisiana Department of Health, Office of Behavioral Health (OBH) is responsible for the oversight, management and administration of the LA-4611-DR Crisis Counseling Program also referred to as the Hurricane Ida Louisiana Spirit Crisis Counseling Program (CCP). In-kind staffing will be utilized from COVID-19 CCP RSP (LA-4484-DR) and Hurricane Laura CCP RSP (LA-4559-DR) at both the state and provider levels to augment the immediate disaster response needs. Additionally, new staff will be hired under Hurricane Ida CCP to further support administrative and local behavioral health disaster response activities.

OBH partners with Local Governing Entities (LGEs) for the delivery of the Louisiana Spirit CCP services. The impacted six regional behavioral health providers' capacity and resources are exhausted due the recent devastation and destructions following the impact of Hurricane Ida. Additionally, many of these areas were also affected by other declared disasters including Hurricane Zeta (October 2020), the winter storms (February 2021), most recently the severe weather event (May 2021), along with the COVID-19 pandemic disaster response since March 2020.

OBH will continue to utilize the CCP model for community outreach-engagement-intervention-referral, service delivery and will hire program staff with experience and expertise in providing services to the identified target populations. ISP services will target approximately 20 thousand individuals affected by the storm. There are special circumstances and high-risk groups and populations that will be particularly in need of crisis counseling services due to their unique disaster experiences: children and adolescents, older adults, ethnic and cultural groups, lower income populations, first responders, farmers and fishermen, restaurant and hospitality workers, and small businesses. Hybrid services will continue to be offered through virtual outreach via conference calls and zoom presentations and small scale traditional outreach activities will be coordinated to deliver face-to-face public interactions while adhering to the COVID-19 precautionary measures.

The State will continue to operate the "Keep Calm" emotional support helpline that is available 24/7 for those needing to talk with a crisis intervention specialist or an emotional support specialist in coping with the events of this past week or year and a half. Under the ISP, this service is provided in-kind by the State. Additionally, the State included funding to contract with the Crisis Text Line services. Crisis Text Line is a global not-for-profit organization providing mental health texting services through confidential crisis intervention via SMS message. The organization's services are available 24 hours a day, every day, throughout the United States. For Louisiana residents the Crisis Text Line services can be reached by texting REACHOUT to 741741 in the U.S. Crisis Counselors help texters move from a "hot moment to a cool calm" through an approach that is centered on empathetic listening, collaborative problem-solving, and referral suggestion. Funding of these services will allow the State to access and monitor the types of

OBH BA-7 #2 – QUESTIONNAIRE

GENERAL PURPOSE

The purpose of this BA-7 is to request federal budget authority for the Crisis Counseling Assistance and Training Program – Immediate Services Program (CCP ISP) grant, which was awarded on October 26, 2021 by the Federal Emergency Management Agency (FEMA) in order to provide crisis counseling assistance and training under Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, for Louisianans impacted by Hurricane Ida.

The period of performance for this award is August 29, 2021 through December 27, 2021. FEMA typically approves no cost extensions (NCE) for ISP awards until the Regular Services Program (RSP) portion of this grant has been received, since it can take several months to obtain Congressional approval for larger grants. NCEs have been granted in the past (2016 CCP Flood; 2020 CCP COVID; 2020 CCP Laura) so as not to experience a break in services between the ISP and RSP portions of the grants.

REVENUES

Federal Funds \$1,682,567

EXPENDITURES

Cost Center 3301010103

Other Charges Expenditure Category	Budget
Wages	\$251,578
Related Benefits	\$29,203
Travel - Mileage Reimbursement	\$25,839
Equipment and Supplies	\$44,235
Staff Training	\$3,000
Marketing Materials	\$11,750
Media Campaign	\$50,000
Crisis Line	\$8,000
LSP Background Checks	\$2,607
Subtotal Other Charges	\$426,212

IAT Expenditure Category	Budget
Metropolitan Human Services District (MHSD)	\$313,948
Capital Area Human Services District (CAHSD)	\$468,065
South Central Louisiana Human Services Authority (SCLHSA)	\$307,115
Florida Parishes Human Services Authority (FPHSA)	\$71,283
Jefferson Parish Human Services Authority (JPHSA)	\$95,944
Subtotal IAT	\$1,256,355

TOTAL	\$1,682,567
--------------	--------------------

OBH BA-7 #2 – QUESTIONNAIRE


disaster related text messaging needs and to further coordinate services to address needs as concerns are identified.

Six LGEs serve the parishes impacted by Hurricane Ida: Metropolitan Human Services District (MHSD) in Region 1, Capital Area Human Services District (CAHSD) in Region 2, South Central Louisiana Human Services Authority (SCLHSA) in Region 3, Acadiana Area Human Services District (AAHSD) in Region 4, Florida Parishes Human Services Authority (FPHSA) in Region 9, and Jefferson Parish Human Services Authority (JPHSA) in Region 10. All six LGEs were offered funding under the CCP grant, but only five accepted, and AAHSD declined to respond to the offer. Within the AAHSD service area, only Iberia and St Martin parishes were included in the disaster declaration, but the area only sustained minimal damage. A staff member of the CCP Hurricane Laura grant has been providing outreach to survivors in this area.

Contact:

Lauri Hatlelid
OBH Budget Administration
(225) 342-8561 (office)
(225) 293-5656 (cell)
Lauri.hatlelid@la.gov

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: Executive Department		FOR OPB USE ONLY				
AGENCY: GOHSEP		OPB LOG NUMBER 120R		AGENDA NUMBER R4		
SCHEDULE NUMBER: 01-111		Approval and Authority:				
SUBMISSION DATE:						
AGENCY BA-7 NUMBER: 14-111-04						
HEAD OF BUDGET UNIT: Casey Tingle						
TITLE: Director						
SIGNATURE <small>(Certifies that the information provided is correct and true to the best of your knowledge):</small> 						
MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)		REVISED FY 2021-2022		
GENERAL FUND BY:						
DIRECT	\$43,731,764			\$43,731,764		
INTERAGENCY TRANSFERS	\$1,186,347			\$1,186,347		
FEES & SELF-GENERATED	\$265,396			\$265,396		
Regular Fees & Self-generated	\$265,396			\$265,396		
Subtotal of Fund Accounts from Page 2						
STATUTORY DEDICATIONS	\$921,000,000			\$921,000,000		
[Select Statutory Dedication]						
[Select Statutory Dedication]						
Subtotal of Dedications from Page 2	\$921,000,000			\$921,000,000		
FEDERAL	\$1,683,775,826	\$500,000,000		\$2,183,775,826		
TOTAL	\$2,649,959,333	\$500,000,000		\$3,149,959,333		
AUTHORIZED POSITIONS	62			62		
AUTHORIZED OTHER CHARGES	227			227		
NON-TO FTE POSITIONS						
TOTAL POSITIONS	289			289		
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
100 - Administration	\$2,649,959,333	289	\$500,000,000		\$3,149,959,333	289
Subtotal of programs from Page 2:						
TOTAL	\$2,649,959,333	289	\$500,000,000		\$3,149,959,333	289

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

DEPARTMENT: Executive Department	FOR OPB USE ONLY	
AGENCY: GOHSEP	OPB LOG NUMBER	AGENDA NUMBER
SCHEDULE NUMBER: 01-111		
SUBMISSION DATE:	ADDENDUM TO PAGE 1	
AGENCY BA-7 NUMBER: 14-111-04		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.
The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
GENERAL FUND BY:			
FEES & SELF-GENERATED			
[Select Fund Account]			
[Select Fund Account]			
SUBTOTAL (to Page 1)			
STATUTORY DEDICATIONS			
Louisiana Port Relief Fund (V47)	\$50,000,000		\$50,000,000
Louisiana Rescue Plan Fund (V43)	\$490,000,000		\$490,000,000
Louisiana Tourism Revival Fund (V48)	\$60,000,000		\$60,000,000
Louisiana Water Sector Fund (V44)	\$300,000,000		\$300,000,000
State Emergency Response Fund (V29)	\$21,000,000		\$21,000,000
[Select Statutory Dedication]			
SUBTOTAL (to Page 1)	\$921,000,000		\$921,000,000

Use this section for additional Program Names, if needed.
The subtotal will automatically be transferred to Page 1.

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
SUBTOTAL (to Page 1)						

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?
The source of funding for this request is Federal Funds, via the Stafford Act for Declared Disasters and includes FEMA Public Assistance (PA) Grants. Eligible expenditures include Categories A-Debris, B-Emergency Protective Measures, C-Roads and Bridges, D-Water Control Facilities, E-Building, Contents, Equipment, F-Utilities, G-Parks, Recreation, Other, Z-State Administrative Cost.

Emergency Work is that which must be performed to reduce or eliminate an immediate threat to life, protect public health and safety, and to protect improved property that is threatened in a significant way as a result of a disaster.

Permanent Work is that which is required to restore a damaged facility to its pre-disaster design and function and capacity – in accordance with, applicable codes or standards.

Temporary Facilities may also be eligible for PA when services provided at public, Tribal and PNP are disrupted due to a major emergency or disaster event.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
GENERAL FUND BY:					
DIRECT					
INTERAGENCY TRANSFERS					
FEES & SELF-GENERATED					
STATUTORY DEDICATIONS					
FEDERAL	\$500,000,000	(\$500,000,000)			
TOTAL	\$500,000,000	(\$500,000,000)			

3. If this action requires additional personnel, provide a detailed explanation below:
This action will not require additional personnel.

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.
This request is necessary for the agency to have sufficient budget authority to complete the fiscal year. Postponement of this request will cause the non-payment of reimbursement requests for State, local, and non-profit subrecipients of the PA grant program.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.
This BA-7 is not after the fact.

STATE OF LOUISIANA
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

GOHSEP requires additional Federal budget authority to complete FY 2021-2022 obligations. GOHSEP has already expended \$1,016,519,297.15 in Federal authority across all programs as of 12/3/2021.

Disasters not included in the FY22 GOHSEP Federal Authority: COVID, Laura, Delta, and Ida and expenses for these disasters currently total \$529,500,506.13.

GOHSEP encumbrances (Purchase Orders/Contracts) for Ida alone total over \$373 million.

2. Complete the following information for each objective and related performance indicators that will be affected by this request. *(Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)*

OBJECTIVE:

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. *(For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)*

Not applicable

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

This request is necessary in order for the agency to have necessary budget authority to complete the fiscal year.

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

Not applicable

STATE OF LOUISIANA
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: ADMINISTRATIVE

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT OUTYEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
GENERAL FUND BY:							
Direct	\$43,731,764		\$43,731,764				
Interagency Transfers	\$1,186,347		\$1,186,347				
Fees & Self-Generated *	\$265,396		\$265,396				
Statutory Dedications **	\$921,000,000		\$921,000,000				
FEDERAL FUNDS	\$1,683,775,826	\$500,000,000	\$2,183,775,826	(\$500,000,000)			
TOTAL MOF	\$2,649,959,333	\$500,000,000	\$3,149,959,333	(\$500,000,000)			
EXPENDITURES:							
Salaries	\$4,938,830		\$4,938,830				
Other Compensation							
Related Benefits	\$2,358,753		\$2,358,753				
Travel	\$5,417		\$5,417				
Operating Services	\$980		\$980				
Supplies	\$201,705		\$201,705				
Professional Services							
Other Charges	\$2,625,647,851	\$500,000,000	\$3,125,647,851	(\$500,000,000)			
Debt Services							
Interagency Transfers	\$16,805,797		\$16,805,797				
Acquisitions							
Major Repairs							
UNALLOTTED							
TOTAL EXPENDITURES	\$2,649,959,333	\$500,000,000	\$3,149,959,333	(\$500,000,000)			
POSITIONS							
Classified							
Unclassified	62		62				
TOTAL T.O. POSITIONS	62		62				
Other Charges Positions	227		227				
Non-TO FTE Positions							
TOTAL POSITIONS	289		289				
*Dedicated Fund Accounts:							
Reg. Fees & Self-generated	\$265,396		\$265,396				
[Select Fund Account]							
[Select Fund Account]							
**Statutory Dedications:							
Louisiana Port Relief Fund (V47)	\$50,000,000		\$50,000,000				
Louisiana Rescue Plan Fund (V43)	\$490,000,000		\$490,000,000				
Louisiana Tourism Revival Fund (V48)	\$60,000,000		\$60,000,000				
Louisiana Water Sector Fund (V44)	\$300,000,000		\$300,000,000				
State Emergency Response Fund (V29)	\$21,000,000		\$21,000,000				

STATE OF LOUISIANA
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: ADMINISTRATIVE

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT					\$500,000,000	\$500,000,000
EXPENDITURES:						
Salaries						
Other Compensation						
Related Benefits						
Travel						
Operating Services						
Supplies						
Professional Services						
Other Charges					\$500,000,000	\$500,000,000
Debt Services						
Interagency Transfers						
Acquisitions						
Major Repairs						
UNALLOTTED						
TOTAL EXPENDITURES					\$500,000,000	\$500,000,000
OVER / (UNDER)						
POSITIONS						
Classified						
Unclassified						
TOTAL T.O. POSITIONS						
Other Charges Positions						
Non-TO FTE Positions						
TOTAL POSITIONS						

BA-7 QUESTIONNAIRE

GENERAL PURPOSE

1. The general purpose of BA-7 #14-111-04 is to increase Federal budget authority for GOHSEP Disasters not included in the FY22 GOHSEP Federal Authority: COVID, Laura, Delta, and Ida.

REVENUES

7. The revenue associated with this request is Federal funding. GOHSEP is currently appropriated \$1,683,775,826 in Federal Funds. Approval of this BA-7 will increase that amount to \$2,183,775,826.

EXPENDITURES

9. The Other Charges expenditure category will be adjusted as a result of this BA-7.

Objec	Description	Amount	MOF
5610003	Other Public Assistance & Grants - General	\$500,000,000	Federal
TOTAL		\$500,000,000	

OTHER

12. Christina Dayries
Asst. Deputy Director, Grants and Administration
225.358.5899
Christina.Dayries@la.gov

Vyki Thompson
Budget Administrator
225.925.4507
Vyki.Thompson@la.gov

Federal Grant Program Overview

Federal Grant Program	Funding Awarded	Reimbursed	Remaining
Public Assistance Program	18,509,190,360	15,442,210,137	3,066,980,223
Hazard Mitigation Grant Program	2,112,808,749	1,715,752,114	397,056,635
Flood Mitigation Assistance	255,253,740	135,525,446	119,728,294
Pre-Disaster Mitigation	4,240,958	858,738	3,382,220
Preparedness Grants	80,851,225	35,969,930	44,881,295
Disaster Case Management	37,058,695	1,017,345	36,041,350
State Housing Grant	9,336,964	3,958,317	5,378,647
CARES Act	857,140,639	849,788,945	7,351,694
COVID Emergency Rental Programs	440,234,739	84,421,999	355,812,740
COVID Homeowner Assistance Program	146,668,557	1,071,193	145,597,364
American Rescue Plan Act	157,746,659	154,620,865	3,125,794
Total	22,610,531,284	18,425,195,029	4,185,336,255

GOHSEP functions as the pass-through entity for the majority of this funding. The pace of reimbursements is largely dependent on the pace of project completion and the timing of reimbursement requests from sub-grantees (state agencies, parish/local governmental entities, etc.)

The Public Assistance program alone accounts for over 40,000 projects across 19 separate open disasters.

FY22 Federal Monthly Burn Rate

Disaster	Monthly Burn Rate
1603-Katrina	30,164,706
1607-Rita	139,415
1786-Gustav	483,761
1792-Ike	446,595
3392-Nate	1,500
3527-Cristobal	1,555
3543-Sally	209,372
3556-Feb 2021 Winter Storms	277,377
3574-Nicholas	910
4080-Isaac	395,048
4102-Feb 2013 Severe Storms & Flooding	180,342
4228-Jul 2015 Severe Storms & Flooding	20,823
4263-May 2016 Severe Storms & Flooding	465,105
4277-Aug 2016 Severe Storms & Flooding	8,573,895
4300-Feb 2017 Tornadoes	12,330
4345-Harvey	137,860
4439-Jun 2019 Severe Storms & Tornadoes	28,445
4458-Barry	540,157
4462-Sep 2019 Flooding	152,128
4484-COVID-19	21,874,045
4559-Laura	54,848,981
4570-Delta	2,093,644
4577-Zeta	687,346
4606-Severe Storms & Flooding	1,551
Tropical Weather	29,348
4611-Ida (Expended/Contracts-Purchase Orders)	74,599,378
Non-disasters expenses (CARES, ERAP, HAF, PA and HM grants)	52,360,546
Grand Total	248,726,162

DIVISION OF ADMINISTRATION
Facility Planning & Control

JOINT LEGISLATIVE COMMITTEE
ON THE
BUDGET

Briefing Book

FOR

December 2021

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Office of the Commissioner
State of Louisiana
Division of Administration

JOHN BEL EDWARDS
GOVERNOR



JAY DARDENNE
COMMISSIONER OF ADMINISTRATION

November 23, 2021

The Honorable Bodi White, Chairman
Joint Legislative Committee on the Budget
Post Office Box 44294 Capitol Station
Baton Rouge, Louisiana 70804

**RE: Request for an Act 959 Project
Renovations to Jeanes Hall
Grambling State University
Grambling, Louisiana
Project No.: GRAM Jeanes 22**

Dear Chairman White:

Pursuant to R.S. 39:128 B. (4) Grambling State University has requested approval to undertake the planning, design and the renovations to the Jeanes Hall building for reuse as a new campus Welcome Center. The renovations will include a Technology Center, Student Success Center, Career Services Center, Financial Aid, Counseling and Tutoring Services, Classrooms adaptable for Distant Learning, Administrative Offices, and associated support spaces. The total project cost is estimated to be \$3,000,000 and will be funded by US Federal Government Title III Grant Strengthening Historically Black Colleges and Universities program. This request has been approved by the Board of Regents for Higher Education and the University of Louisiana System Board of Supervisors.

Facility Planning and Control approves this request and recommends it to the Joint Legislative Committee on the Budget.

Please place this item on the agenda for the next meeting of the Committee.

Sincerely,

Handwritten signature of Jason D. Sooter in blue ink.

Jason D. Sooter
Director

Recommended for Approval: _____

Handwritten signature of Mark A. Moses in blue ink.

Mark A. Moses
Assistant Commissioner

Approved: _____

Handwritten signature of Jay Dardenne in blue ink, circled in blue.

Jay Dardenne
Commissioner of Administration

CC: Mr. Stephen Losavio, FPC
Ms. Lisa Smeltzer, FPC
Ms. Sue Gerald, FPC
Ms. Ternisa Hutchinson, OPB
Mr. Samuel Roubique, OPB
Mr. Paul Fernandez, OPB
Ms. Linda Hopkins, House Fiscal Division
Mr. Mark Mahaffey, House Fiscal Division
Mr. Daniel Waguespack, House Fiscal Division
Ms. Dazia Briscoe, House Fiscal Division
Ms. Martha Hess, Senate Counsel
Ms. Bobbie Hunter, Senate Fiscal Division
Ms. Debra Vivien, Senate Fiscal Division
Ms. Raynel Gascon, Senate Fiscal Division
Mr. Bruce Janet, ULS
Mr. Bobby Boudreaux, FPC

Office of the Commissioner
State of Louisiana
Division of Administration

JOHN BEL EDWARDS
GOVERNOR



JAY DARDENNE
COMMISSIONER OF ADMINISTRATION

November 23, 2021

The Honorable Bodi White, Chairman
Joint Legislative Committee on the Budget
P. O. Box 44294 Capitol Station
Baton Rouge, Louisiana 70804

RE: **Combination of Appropriations Request**
Acadiana Center for Youth
Louisiana Office of Juvenile Justice
Bunkie, Louisiana
Project Nos: 08-403-20-03 and 08-403-21-01

Dear Chairman White:

Act 2 of 2020 established a new project titled Addition of Two Warehouse/Storage Buildings and Act 485 of 2021 created a new project titled Renovation to Create Behavioral Intervention Rooms. These projects are to be completed at the Acadiana Center for Youth campus in Bunkie, Louisiana.

Combining these projects will result in reduced design and contract administration costs by having a single designer manage the two projects under a single construction contract, and economy of scale by having one contractor constructing the proposed additions and modifications to the existing campus.

Therefore, Facility Planning and Control is requesting to combine the individual appropriations for design and construction of a single project for the additions and modifications, for accounting and auditing purposes.

Please place this item on the agenda for the next meeting of the committee.

Sincerely,

Jason D. Sooter
Director

Recommended for Approval: _____

Mark A. Moses
Assistant Commissioner

Approved: _____

Jay Dardenne
Commissioner of Administration

CC: Mr. Stephen Losavio, FPC
Ms. Lisa Smeltzer, FPC
Ms. Sue Gerald, FPC
Ms. Ternisa Hutchinson, OPB
Mr. Samuel Roubique, OPB
Mr. Paul Fernandez, OPB
Ms. Linda Hopkins, House Fiscal Division
Mr. Mark Mahaffey, House Fiscal Division
Mr. Daniel Waguespack, House Fiscal Division
Ms. Dazia Briscoe, House Fiscal Division
Ms. Martha Hess, Senate Counsel
Ms. Bobbie Hunter, Senate Fiscal Division
Ms. Debra Vivien, Senate Fiscal Division
Ms. Raynel Gascon, Senate Fiscal Division

Office of the Commissioner
State of Louisiana
Division of Administration

JOHN BEL EDWARDS
GOVERNOR



JAY DARDENNE
COMMISSIONER OF ADMINISTRATION

November 23, 2021

The Honorable Bodi White, Chairman
Joint Legislative Committee on the Budget
P. O. Box 44294 Capitol Station
Baton Rouge, Louisiana 70804

**RE: Request for Approval of Change Order over \$100,000
Drainage Outfall Project Phase II and Infrastructure Improvements
Louisiana State University - Alexandria
Alexandria, Louisiana
Project Nos. 19-602-13-01, Part 1; WBS F.19001113
19-602-07B-01, Part 2; WBS F.19000976 (Supplement)**

Dear Chairman White:

On June 10, 2021, a contract was awarded to Womack and Sons Construction Group, LLC in the amount of \$4,337,100 for drainage and street improvements for the Louisiana State University Alexandria campus.

Facility Planning and Control is requesting approval of a change order in the amount of \$562,554 to the current contract for erosion control matting, relocation of an electrical line in conflict with a drain pipe, additional stone base material and additional select backfill material due to unstable soils. Community Development Block Grant (CDBG) funds are available to cover the cost of this additional work.

Please place this item on the agenda for the next meeting of the Committee.

Sincerely,

Jason D. Sooter
Director

Recommended for Approval:

Mark A. Moses
Assistant Commissioner

Approved:

Jay Dardenne
Commissioner of Administration

CC: Mr. Stephen Losavio, FPC
Ms. Lisa Smeltzer, FPC
Ms. Sue Gerald, FPC
Ms. Ternisa Hutchinson, OPB
Mr. Samuel Roubique, OPB
Mr. Paul Fernandez, OPB
Ms. Linda Hopkins, House Fiscal Division
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Ms. Bobbie Hunter, Senate Fiscal Division
Ms. Debra Vivien, Senate Fiscal Division
Ms. Raynel Gascon, Senate Fiscal Division

Office of the Commissioner
State of Louisiana
Division of Administration

JOHN BEL EDWARDS
GOVERNOR



JAY DARDENNE
COMMISSIONER OF ADMINISTRATION

November 23, 2021

The Honorable Bodi White, Chairman
Joint Legislative Committee on the Budget
Post Office Box 44294, Capitol Station
Baton Rouge, Louisiana 70804

**RE: Reporting of Change Orders over \$50,000 and under \$100,000
Facility Planning and Control**

Dear Chairman White:

In accordance with R.S. 39:126 any change order in excess of fifty thousand dollars but less than one hundred thousand dollars shall be submitted to the Joint Legislative Committee on the Budget for review but shall not require committee approval. Pursuant to this authority Facility Planning and Control has issued change orders that are itemized on the attached list.

Please place this item on the agenda of the next meeting of the Committee.

Sincerely,

A handwritten signature in blue ink that reads "Jason D. Sooter".

Jason D. Sooter
Director

Recommended for Approval: _____

A handwritten signature in blue ink that reads "Mark A. Moses".
Mark A. Moses
Assistant Commissioner

Approved: _____

A handwritten signature in blue ink that reads "Jay Dardenne".
Jay Dardenne
Commissioner of Administration

CC: Mr. Stephen Losavio, FPC
Ms. Lisa Smeltzer, FPC
Ms. Sue Gerald, FPC
Ms. Ternisa Hutchinson, OPB
Mr. Samuel Roubique, OPB
Mr. Paul Fernandez, OPB
Ms. Linda Hopkins, House Fiscal Division
Mr. Mark Mahaffey, House Fiscal Division
Mr. Daniel Waguespack, House Fiscal Division
Ms. Dazia Briscoe, House Fiscal Division
Ms. Martha Hess, Senate Counsel
Ms. Bobbie Hunter, Senate Fiscal Division
Ms. Debra Vivien, Senate Fiscal Division
Ms. Raynel Gascon, Senate Fiscal Division

1) Drainage Outfall Project Phase II and Infrastructure Improvements

Louisiana State University Alexandria

Alexandria, Louisiana

Project Nos: 19-602-13-01, Part 1; WBS F.19001113

19-602-07B-01, Part 2; WBS F.19000976

Date of Contract: June 10, 2021

Original Contract Amount:	\$ 4,337,100.00
Contract amount increased by Change Order 1:	\$ 0.00
Contract amount increased by Change Order 2:	\$ 98,241.00
New Contract Sum:	\$ 4,435,341.00

- **Change Order 2** was executed in the amount of \$98,241 to mitigate unsuitable soils under the new turning circle and entry roadway to the campus. It was determined that the 8" of structural fill called for in the plans needed to be replaced with 12" of limestone over a geo-tech fabric/grid was required to stabilize the concrete roadway due to the existing soil conditions of the site.

CAMBRIA SOLUTIONS, INC. - CONTRACT EXTENSION

➤ Contract Summary

Start Date	June 1, 2019
End Date	May 31, 2022
Requested Extension	June 1, 2022 - May 31, 2024

➤ Extension Request

- **LDH is requesting permission to exercise the contractual option for a one-year extension with** Cambria Solutions, Inc. to continued Project, Program & Portfolio Management for Medicaid Systems Modernization modules which the Centers for Medicare and Medicaid Services (CMS) require states to have in order to receive enhanced federal funding.
- **Extension of the Contract will allow the State to** continue to receive enhanced funds at the 85% Federal /15% State Financial Participation rate without interruption of the PPMO/Cambria staff assisting Louisiana Department of Health with the development and implementation of various Medicaid Modularity Projects.
- **Failure to extend the contract** could put enhanced Federal funding at risk. This could also cause interruption the current development of the TPL HMS Modularity Project that the PPMO staff services which recover Medicaid funds from liable third parties while the RFP is developed. By Law, Medicaid is the payer of last resort and HMS performs their functions as required by 42 CFR 433 Subpart D.

➤ Services Provided

- Supplying staff and skills necessary for the Project, Program & Portfolio Management (PPMO) office to support the Bureau of Health Services Financing (BHSF) with Medicaid Modernization and enterprise business transforming goals.
- The PPMO shall oversee and provide project management staff for the existing and newly initiated Medicaid Enterprise System (MES) modernization and business-related projects as requested, approved and prioritized by the BHSF.
- The PPMO shall supply the staff and skills necessary for Project, Program & Portfolio Management, including: Intake and Demand Management; Scope, Risk, and Change Management; Requirements Management; Budget/Financial Management; Schedule Management; and Reporting.

- The PPMO will serve as a liaison between the BHSF, the MES Modernization Vendors, and other vendors and stakeholders as needed.

DRAFT

John Bel Edwards
GOVERNOR



Dr. Courtney N. Phillips
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of Management and Finance

October 25, 2021

The Honorable Bodi White
Louisiana State House of Representatives
Chairman, Joint Legislative Committee on the Budget
P. O. Box 44294
Baton Rouge, LA 70804

RE: LDH Request for August JLCB Agenda Item Pursuant to R.S.39:1615(J) for
PO 2000398750 for Cambria Solutions Inc

Dear Representative White:

The Louisiana Department of Health (LDH) requests that the following contract amendment be placed on the agenda for the Joint Legislative Committee on the Budget (JLCB) during its November meeting. LDH currently has a contract with CAMBRIA Solutions, Inc. and requests approval to extend this contract, in accordance with R.S. 39:1615(J).

PROJECT AND PORTFOLIO MANAGEMENT SERVICES

This is a three year, statewide contract with the Bureau of Health Services Financing (BHSF) for assisting in supplying staff and skills necessary for Project, Program & Portfolio Management, including but not limited to Intake and Demand Management; Scope, Risk, and Change Management; Project Requirements and Implementation Management; Budget/Financial Management; Schedule Management, Oversight and Reporting; and Enterprise Agile Transformation/Enablement. This contract with Cambria Solutions, Inc. is being used to assist the department in managing the various Medicaid Systems Modernization modules, which the Centers for Medicare and Medicaid Services (CMS) require in order to receive enhanced federal funding.

The current contract, which was executed on June 1, 2019, expires on May 31, 2022. LDH is exercising the contractual option for a two-year extension with CAMBRIA Solutions, Inc. to continue the Project and Portfolio Management Services required by the Centers for Medicaid and Medicaid (CMS) without the need for additional funds. Therefore, LDH seeks your committee's approval to amend the current Cambria Solutions contract to extend contract period to May 31, 2024, to avoid the interruption of services and allow for the completion of the RFP.

Honorable Bodi White

October 25, 2021

Page 2

Thank you for considering our request to have this contract extension included on your November agenda. I am enclosing a copy of the contract amendment, the revised Statement of Work, and Budget Form (BA-22) for your convenience. Should you have any questions, or need additional information, please do not hesitate to contact Shannon Duplessis at (225) 342-6917 or Shannon.Duplessis@la.gov.

Sincerely,

DocuSigned by:

E89731C74D9442A
Ruth Johnson
Undersecretary

Enclosures

RJ/tm

AMENDMENT TO
AGREEMENT BETWEEN STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH

Amendment #: 2

LAGOV#: 2000398750

LDH #: N/A

MVA

(Regional/ Program/
Facility

Medical Vendor Administration

Bureau of Health Financing

AND

CAMBRIA Solutions, Inc.

Contractor Name

Original Contract Amount \$54,000,000.00

Original Contract Begin Date 06-01-2019

Original Contract End Date 05-31-2022

RFP Number: 30000010963

AMENDMENT PROVISIONS

Change Contract From: From Maximum Amount: Current Contract Term: 6-1-2019 to 5-31-2022

As Approved.

Change Contract To: To Maximum Amount: Changed Contract Term: 6-1-2019 to 5-31-2024

See Redline version of the Statement of Work (SOW).

Additional terms and conditions attachment .

Justifications for amendment:

LDH is extending the CAMBRIA Solutions, Inc.'s contract for two-years changing the term to 6-1-2019 through 5-31-2024 in order to provide services for a Project & Portfolio Management Office (PPMO) including Project Management Staff Augmentation services required by the Bureau of Health Services financing (BHSF) in support of the Medicaid Modernization and enterprise business transforming goals.

This Amendment Becomes Effective: 06-01-2022

This amendment contains or has attached hereto all revised terms and conditions agreed upon by contracting parties.

IN WITNESS THEREOF, this amendment is signed and entered into on the date indicated below.

CONTRACTOR

CAMBRIA Solutions, Inc.

STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH

Secretary, Louisiana Department of Health or Designee

CONTRACTOR SIGNATURE DATE

PRINT NAME Susanne Vitale

CONTRACTOR TITLE President, Cambria Solutions, Inc.

SIGNATURE DATE

NAME Patrick Gillies

TITLE Medicaid Executive Director

OFFICE Louisiana Department of Health

PROGRAM SIGNATURE DATE

NAME Mitzi Hochheiser

STATE OF LOUISIANA

PARISH OF EAST BATON ROUGE

R.S. 9:2742

EXTRACT OF LEASE/OPTION/AMENDMENT

LESSOR'S COMPANY NAME: ADMIRAL INVESTMENTS, LLC

LESSOR'S REPRESENTATIVE: MICHAEL S. DIVINCENTI, JR.

LESSEES NAME: DEPARTMENT OF CHILDREN AND FAMILY SERVICES

LEASE NUMBER: 10-9880

LEASE TERM: 08/01/2015 THROUGH 07/31/2020

OPTION TERM: FIVE (5) YEARS

BRIEF DESCRIPTION OF PROPERTY:

"24,358 square feet of usable space located at 160 South Ardenwood, Baton Rouge, Louisiana, to be used by the Child Welfare Division, as an office, with ninety-two (92) parking spaces provided."

WITNESS:


 Printed Name: Stephanie P. Couel


LESSOR: ADMIRAL INVESTMENTS, LLC

BY: 
Michael S. DiVincenzi, Jr.


Date: 12/18/14



 Printed Name: Taylor L. Shaper

LESSEE: DEPARTMENT OF CHILDREN AND FAMILY SERVICES

BY: 
Etta J. Harris, Undersecretary

Date: 12/20/14


 Printed Name: Jeanine LeBlanc


 Printed Name: David B. Casie

APPROVED:

This 5th day of January, 2015.

Office of the Governor
Division of Administration

BY: 
Mark A. Moses, Director
 Facility Planning and Control

RECEIVED

DEC 17 2014

DCFS GENERAL COUNSEL

LEASE

STATE OF LOUISIANA

PARISH OF EAST BATON ROUGE

The following contract of lease is made and entered into this 3rd day of December, 2014, by and between Admiral Investments, LLC, herein represented by, Mr. Michael S. DiVincenti, Jr., hereinafter referred to as "Lessor", and the State of Louisiana, Department of Children and Family Services, herein represented by the undersigned, hereinafter referred to as "Lessee".

1.

For the consideration and upon the terms and conditions hereinafter expressed, the Lessor has this day rented, let and leased unto Lessee, here present and accepting the same, for a period of Five (5) Years, commencing August 1, 2015, and ending July 31, 2020, the following described property:

"24,358 square feet of usable space located at 160 South Ardenwood, Baton Rouge, Louisiana, to be used by the Child Welfare Division, as an office, at the rate of \$14.756630 per square foot per annum with ninety-two (92) parking spaces provided."

2.

The consideration of this lease is the payment by Lessee to Lessor in the sum of **ONE MILLION, SEVEN HUNDRED NINETY-SEVEN THOUSAND, TWO HUNDRED TEN AND NO/100 (\$1,797,210.00) DOLLARS** in **SIXTY (60)** equal installments of **TWENTY-NINE THOUSAND, NINE HUNDRED FIFTY-THREE AND 50/100 (\$29,953.50) DOLLARS** each, the first installment being due and payable on the 1st day of August, 2015, and the remaining installments being due and payable, respectively on 1st day of each month thereafter; however, in the event occupancy by Lessee occurs subsequent to the due date of the first rental payment, Lessor waives any right to receipt of rental payments for a period of thirty (30) days after Lessee actually occupies the leased premises. In any event rent is earned from the date of occupancy.

3.

Lessor grants to the Lessee the option to extend this lease from the end of its term for an additional period of Five (5) years, on the same terms and conditions as specified in the primary lease upon giving sixty (60) days written notice prior to the expiration date of this lease. The rental rate per square foot shall also be the same as specified in the primary lease, unless the United State Government Consumer Price Index reflects an increase in excess of 15% during the term of the primary lease, and Lessor requests in writing within sixty (60) days of notification of the Lessee's intent to exercise the option term, a rental increase during the option term to reflect said increase. In that event, the rental payments shall increase the same percentage as the Consumer Price Index, but in no event shall the rental payments increase in excess of 20% of the primary rental payment.

Any increase in rental due to increases in the United States Government Consumer Price Index is contingent upon approval by the Division of Administration and legislative funding. In the event said increase is not approved by the Division of Administration and/or the Louisiana Legislature does not provide funds for the increase in rental, said increase will not go into effect, in which event Lessor shall have the right to terminate said lease upon six (6) months written notice to the Lessee.

4.

The parties hereto agree that Lessor is to provide Lessee with THIRTY (30) days prior written notice that the leased premises are in compliance with all Parts of Solicitation RL-886 and are ready for occupancy. Upon receipt of said written notice, Lessee has the right to verify compliance by site visit and to provide Lessor with written notice of all deficient items. However, in no event shall Lessee accept occupancy prior to the Commencement date established in paragraph one (1) herein, except by express consent of Lessor and approval of Division of Administration. Furthermore, under no circumstances shall Lessee occupy the leased premises until the documentation provided for, relative to asbestos and State Fire Marshal's Office requirements, elsewhere herein is furnished as required.

5.

Should the Lessor fail, for whatever reason, acts of God and military expedience excepted, to deliver possession and occupancy in accordance with all Parts of Solicitation RL-886 within two hundred ten (210) days after approval of this lease by the Division of Administration, the Lessee shall be entitled to liquidated damages in the amount of the daily rental rate for every day thereafter that the Lessor fails to deliver possession and occupancy in accordance with said solicitation. If the date on which occupancy is required to be delivered, as determined in accordance with this paragraph, differs from the commencing date specified in Paragraph 1, then the date on which occupancy is required to be delivered shall be the date as determined in accordance with this paragraph. The commencing and ending dates of the lease may be adjusted by amendment to coincide with the date of actual occupancy. However, the issuance of an amendment adjusting the commencing and ending dates of the lease to coincide with the date of actual occupancy does not waive the rights of the Lessee to assess liquidated damages as specified in these bid specifications.

6.

Should the Lessor fail, for whatever reason, acts of God and military expedience excepted, to deliver possession and occupancy in accordance with all Parts of Solicitation RL-886 within two hundred forty (240) days after approval of this lease by the Division of Administration, the Lessee may, at its option, and with the approval of the Division of Administration, cancel this lease at any time after expiration of such time. If the Lessee elects not to cancel the lease, the Lessee is entitled to liquidated damages in the amount of the daily rental rate for every day thereafter that the Lessor fails to deliver occupancy in accordance with all Parts of Solicitation RL-886 until such time as occupancy is delivered or the lessee cancels the lease and advertises for rebidding.

7.

Should the Lessee be unable, for whatever reason, to maintain possession of the leased premises in accordance with the terms set forth herein, the Lessee shall be entitled to the remission of rent for such term during which the Lessee is deprived of possession.

8.

All monthly payments of rent as herein fixed shall be paid by Lessee to: **Admiral Investments, LLC, Post Office Box 80063, Baton Rouge, LA 70898**, until notified in writing differently by Lessor.

9.

LESSOR agrees that the building, grounds, and facilities herein leased shall comply with the requirements of La. R.S. 40:Part V. EQUAL ACCESS TO GOVERNMENTAL AND PUBLIC FACILITIES FOR DISABLED COMMUNITY, specifically Articles La. R.S. 40:1731 through 40:1744.

10.

Lessor further agrees to make, at Lessor's own expense, all changes and additions to the leased premises required by reason of any laws, ordinances, orders or regulations of any municipality, parish, state, federal, or other public authority including the furnishing of required sanitary facilities and fire protection facilities, and Lessor shall furnish and maintain all fire extinguishers and equipment necessary to comply with the order of the Louisiana State Fire Marshal. Lessor shall be responsible for costs associated with any required periodic inspections and servicing of fire extinguishers and equipment.

11.

Lessor must provide written evidence of compliance with all requirements of the State Fire Marshal's Office. Lessor further agrees to comply with any order issued during the lease term by the State Fire Marshal's Office within the time frame mandated by that office. Failure to do so will constitute a breach of the terms of said lease.

12.

All parts of Solicitation RL-886, as bid by Lessor on August 28, 2014, are hereby incorporated into this lease and made a part thereof. The building, grounds, and facilities herein leased shall conform in all respects to the requirements set forth in that solicitation. To the extent that any inconsistency may be found between the language of this lease and of the Solicitation, the language of the Solicitation shall govern.

13.

Lessor shall deliver the leased premises to the Lessee at the beginning of this lease in a thoroughly sanitary and tenantable condition, and, by assuming possession, Lessee admits that it has examined the leased premises and found them to be in good, safe, and acceptable condition. Provided, however, that Lessee shall provide to Lessor, no later than fifteen (15) days after occupancy, a list of all deficiencies in need of correction in order to bring the leased premises into compliance with the terms of the lease and all Parts of Solicitation RL-886. Where Lessee already occupies these premises under a prior lease, possession and occupancy under this lease shall not be deemed to occur until Lessee inspects the premises and certifies in writing to the Division of Administration that all requirements set out in all Parts of Solicitation RL-886 have been satisfied.

14.

Lessor further agrees to do painting and wall covering of the interior of the leased premises and all hallways and corridors associated with such premises at not less than three (3) year intervals. All costs associated with this work will be the Lessor's responsibility, including, but not limited to, moving of all furniture and equipment.

15.

Should Lessor fail to keep the leased premises in good and tenantable condition, to make any such repairs, replacements or changes, or to do painting or wall covering within thirty (30) days after written notice from Lessee of the necessity therefore, or should Lessor commit any other breach of the lease terms and conditions, the Lessee may at its option, with approval of the Division of Administration, correct the same and deduct the cost thereof from the rental payments, or Lessee may, with approval of the Division of Administration, quit and surrender possession of the premises without further liability to Lessor hereunder, upon sixty (60) days written notice. Provided, however, that in the event of conditions requiring immediate maintenance and/or repair, including but not limited to flooding, roof leaks, failure of electrical system, etc., Lessee may at its option, and with notice to the Division of Administration, correct the same and deduct the cost thereof from the rental payments after reasonable attempts to contact the Lessor.

16.

Lessor agrees to do at Lessor's expense such painting and other maintenance to the exterior of the building as is necessary to maintain the building in good condition and appearance. Exterior clean-up shall be maintained constantly to insure that areas outside of leased premises, including parking facilities, are trash-free. All grass and weeds shall be cut weekly during growing season and otherwise as needed. Shrubberies shall be maintained in a neat condition, with pruning as necessary. Lessor shall have sole responsibility for all maintenance and repair to the heating and air conditioning systems, plumbing systems (including plumbing fixtures), sewerage disposal systems (including septic tanks), electrical systems, light fixtures (including replacement of light bulbs and fluorescent tubes), and all other equipment furnished by the Lessor.

The Lessor shall be responsible for maintaining the entire building and site in good condition throughout the term of the lease. Lessor shall make all such repairs to the premises as may become necessary because of breakage or other damages not attributable to the negligence of the Lessee, its agents, or its employees. Lessor shall be responsible for any damages to Lessee's employees, agents, invitees, visitors, and property and/or equipment that are a result of Lessor's negligence to properly maintain the premises.

17.

Any water intrusion in the building will require the following action by the Lessor:

Carpet: The following work shall be performed by a restoration contractor that is knowledgeable and experienced in remediation of wet carpet. Excess water shall be immediately vacuumed out of the carpet. The wet carpet shall be sanitized with a chemical approved for indoor use. Area fans shall be installed until the carpet is completely dry. If carpet is not professionally dried and sanitized within 24 hours of notification of the occurrence by Lessee, all areas of wet carpet and padding must be removed and replaced with new carpet and padding to match the existing.

Walls & Ceilings: The following work shall be performed by a restoration contractor that is knowledgeable and experienced in remediation of water damaged sheetrock. All sections of walls, baseboards, insulation and ceilings subjected to water intrusion shall be removed and replaced, within 24 hours of notification of the occurrence from Lessee and finished to match existing wall within 7 calendar days. The restoration contractor

shall certify that the interior wall or ceiling cavities were completely dry prior to installing the replacement sheetrock.

Ceiling Tiles: All ceiling tiles subjected to water intrusion shall be removed and replaced within 24 hours of notification of the occurrence from the Lessee. Replacement ceiling tiles shall match existing.

18.

All communications desktop devices (intercom/paging instruments, line status indicators, computer terminals, radio/paging consoles, telephone answer-machines/consoles/sets, etc.) will be installed, maintained, and paid for by the Lessee.

Communications cable/wire shall be provided in the lease space by the Lessor. The cable/wire shall conform to a wire plan as specified in Solicitation RL-886 and made a part hereof.

All communications equipment (computer controllers, modems, multiplexers, telephone system controllers, etc.) will be installed, maintained, and paid for by the Lessee.

The Lessor shall provide space and environment for this equipment according to Solicitation RL-886 and made a part hereof. The Lessor's cable/wire shall terminate in the same space as the Lessee's equipment and will be placed according to said Solicitation RL-886.

The Lessor shall have the local telephone company provide a service entrance cable into the leased space. The telephone company's service cable shall terminate in the same room/space as the Lessor's inside cable/wire and have a minimum capacity of one pair of twisted copper wires per 100 square feet of lease-space to be occupied. The Lessor shall provide the pathway(s) (conduit, trench, etc.) for the service cable according to the telephone company's requirements and Solicitation RL-886.

The Lessee will order and pay for, through the Office of Telecommunications Management, dial tone and data services from the telephone company. The Lessor shall provide interconnection between the telephone company's RJ21X demarc and the Lessor's wiring connection demarc.

If the lease space has elevators, the Lessor shall provide each elevator that will be used by Lessee personnel with an emergency telephone as required by building codes. All associated cable/wire shall be as specified in the Solicitation RL-886. Charges for this line(s) (elevator dial tone service) shall be borne by the Lessor.

19.

LESSOR shall pay for all utilities such as electricity, gas, water, sewer, septic tank service, trash/garbage pickup and disposal.

20.

Complete janitorial services, including rest room and custodial supplies shall be provided by the LESSOR. LESSOR shall provide pest control services in accordance with the bid specifications.

21.

The parties hereto agree that no expense incurred as a result of Lessor originated changes, renovations or improvements made during the term of the lease shall be borne by the Lessee.

22.

Lessor herewith grants Lessee the right to add to or to install in the leased premises at its own expense any fixtures, appurtenances, appliances, coverings, or other such objects as Lessee may desire, provided that the installations and alterations made by Lessee do not diminish the value of the leased premises, and the right to remove at Lessee's expense upon the termination of this lease, all such fixtures, appurtenances, appliances, covering or other improvements placed in or on the leased premises by Lessee, provided that the Lessee restores the leased premises to substantially the same condition as existed at the time of occupancy by Lessee.

23.

If, prior to the termination of this lease, through no fault, neglect or design of Lessee, the leased premises and/or said building be destroyed by fire or other casualty, or be unfit for occupancy, then this lease shall be canceled ipso facto, unless the leased premises can be rendered fit for occupancy within one hundred twenty (120) days from the happening of such fire or other casualty, and the Lessor commences the repairs to the damages within thirty (30) days of the occurrence. The Lessee shall be entitled to such reduction or remission of rent as shall be just and proportionate. If this lease be cancelled for such cause, Lessee shall be entitled to a credit corresponding to the unexpired term of this lease, the unearned proportion of rent shall be annulled and returned to Lessee, and Lessor shall have the right to take possession of the leased premises, discharged of this lease.

If the leased premises and/or said building be only so slightly injured by fire or other casualty as not to render the leased premises unfit for occupancy, Lessor agrees that same shall be repaired with reasonable diligence, in which event Lessee shall not be entitled to any reduction or remission of rent whatever.

24.

Lessor agrees to carry Property Insurance to the replacement cost value of the building structure. Lessee agrees to carry commercial general liability insurance of \$1,000,000 per occurrence for Bodily Injury/Property Damage claims for those incidents in which the occurrence is the result of the negligence of the lessee.

For other than intentional and/or negligent acts of the Lessee, Lessor agrees to waive rights or claims against the Lessee, its agents, or employees for any loss to the premises that arises due to force majeure, Acts of God, and other conditions outside the control of Lessee.

25.

It is agreed that any assignment of this lease or the proceeds thereof must be approved in advance of such assignment, in writing, by the appropriate party. If the request to assign is by the Lessee, such assignment must be approved by the Lessor. If the request to assign is by the Lessor, such assignment must be approved by the Commissioner of Administration. Approval of requested assignment shall not be unreasonably or arbitrarily withheld by either party. Provided, however, that the Commissioner may condition approval of an assignment of this lease or the proceeds of this lease upon receipt of reasonable assurances from assignee of his ability and willingness to assume responsibility for performance of the terms of the lease in the event of failure of performance by the assignor.

26.

It is agreed by both Lessee and Lessor that in the event the Lessee requires adjacent additional space which could not reasonably have been foreseen at the time of execution of the lease or of the exercise of Lessee's option to extend, it shall promptly notify Lessor in writing of such requirement. Lessor shall respond in writing within fifteen (15) days of receipt of such notification whether such additional space is available.

In the event such additional space is available, the Lessor shall provide such additional space on the same basis and at the same rate as for such comparable space under the then current lease.

27.

In the event the State of Louisiana provides the Lessee with adequate space in a building owned by the state or owned or leased by the Office Facilities Corporation established by LA R.S. 39:1798 et seq, the Lessor agrees to terminate said lease after sixty (60) days notice, PROVIDED, HOWEVER, THAT THIS RIGHT OF LESSEE SHALL NOT BE EFFECTIVE UNTIL THREE (3) YEARS FROM THE DATE OF OCCUPANCY.

28.

In the event that public funding for Lessee becomes inadequate to meet the obligations of this lease, Lessee may, with the approval of the Division of Administration, terminate the lease or reduce the space provided and the rental due by giving sixty (60) days written notice to Lessor. The rental payment due when such a reduction is space is exercised shall be on the same terms and at the same rate per square foot as for the original space under the then current lease.

29.

All notices required under this lease shall be in writing and shall be sent by United States Mail and in the case of notices to the Lessor shall be addressed as follows or in such manner as the Lessor shall from time to time make notification to the Lessee:

Mr. Michael S. DiVincenti, Jr.
Admiral Investments, LLC
Post Office Box 80063
Baton Rouge, LA 70898
(225) 505-0042

Division of Administration
Facility Planning and Control
Real Estate Leasing Section
P. O. Box 94095, Capital Station
Baton Rouge, Louisiana 70804-9095

30.

Upon execution and approval of the lease, it will be the responsibility of the Lessor to have the lease or extract of lease recorded in the office of the parish recorder of the parish where the property herein leased is located. Before any payments can be made on the lease, the Lessor must provide a certified copy of the recorded lease or extract of lease to the Real Estate Leasing Section of Facility Planning and Control.

31

All requirements of this section shall be in accordance with the Louisiana Administrative Code, Title 33, Part III, Chapter 27, and regulations promulgated pursuant thereto.

The Lessor must provide appropriate documentation from the Architect, Engineer, or Contractor of Record of the proposed leased space that no asbestos containing building material was specified in any construction documents for the building, or, to the best of his or her knowledge, no asbestos containing building material was used in the building. This documentation must be approved by the Department of Environmental Quality, Air Quality Division, prior to submission to the Office of Facility Planning and Control, Real Estate Leasing Section. If the documentation as mentioned above cannot be obtained, the Lessor shall conduct an asbestos inspection in accordance with LAC 33:III.2707.A of the building indicating therein locations of all materials containing more than one percent (1%) asbestos, as determined by Polarized Light Microscopy. This inspection shall be performed by a Louisiana Department of Environmental Quality accredited Inspector with current accreditation. If any asbestos is detected (friable or non-friable) and allowed to remain while the building is occupied, the Lessor shall also provide an ASBESTOS MANAGEMENT PLAN WHICH HAS BEEN APPROVED BY THE DEPARTMENT OF ENVIRONMENTAL QUALITY.

All Management Plans must be developed by a Louisiana Department of Environmental Quality accredited Management Planner and must be submitted in the format as outlined in the Department of Environmental Quality's document "Required Elements for LEA and LSPBA Management Plans". The Lessor must maintain, update, and comply with the Management Plan to keep it current with ongoing operations and maintenance, periodic surveillance, inspections, re-inspections, response action activities, and training of maintenance and custodial personnel. Any updates to the Management Plan shall be submitted to the Division of Administration for record purposes as well as updating the Management Plan located at the facility that is being leased. Failure by the Lessor to maintain, update, and comply with any required Management Plans will cause automatic termination of the lease effective three (3) months after the anniversary date of the lease.

All documentation required under this section shall be forwarded to the Division of Administration, Facility Planning and Control, Real Estate Leasing Section by the Lessor AT LEAST SIXTY (60) DAYS PRIOR TO OCCUPANCY OF THE LEASED SPACE BY THE STATE OF LOUISIANA.

32.

The State is not liable for any costs incurred by any Lessor prior to the statutory approval of a lease by the Commissioner of Administration in accordance with La. R.S. 39:1641(A).

33.

When requested by the State, Lessor shall execute a Subordination of Lessor's Lien with respect to equipment in favor of a third party, whenever the third party is financing the acquisition of the equipment. The State will supply the document to be executed.

IN WITNESS WHEREOF, the parties hereto have signed their names on the dates listed below, in the presence of the undersigned competent witnesses:

WITNESSES:

LESSOR: ADMIRAL INVESTMENTS, LLC

[Signature]
Print Name: Stephanie Powell
[Signature]
Print Name: Taylor Wagner

BY: [Signature]
Michael S. DiVincenti, Jr.
Date: 12/10/14

LESSEE: DEPARTMENT OF CHILDREN AND FAMILY SERVICES

[Signature]
Print Name: Jeanine LeBlanc
[Signature]
Print Name: [Signature]

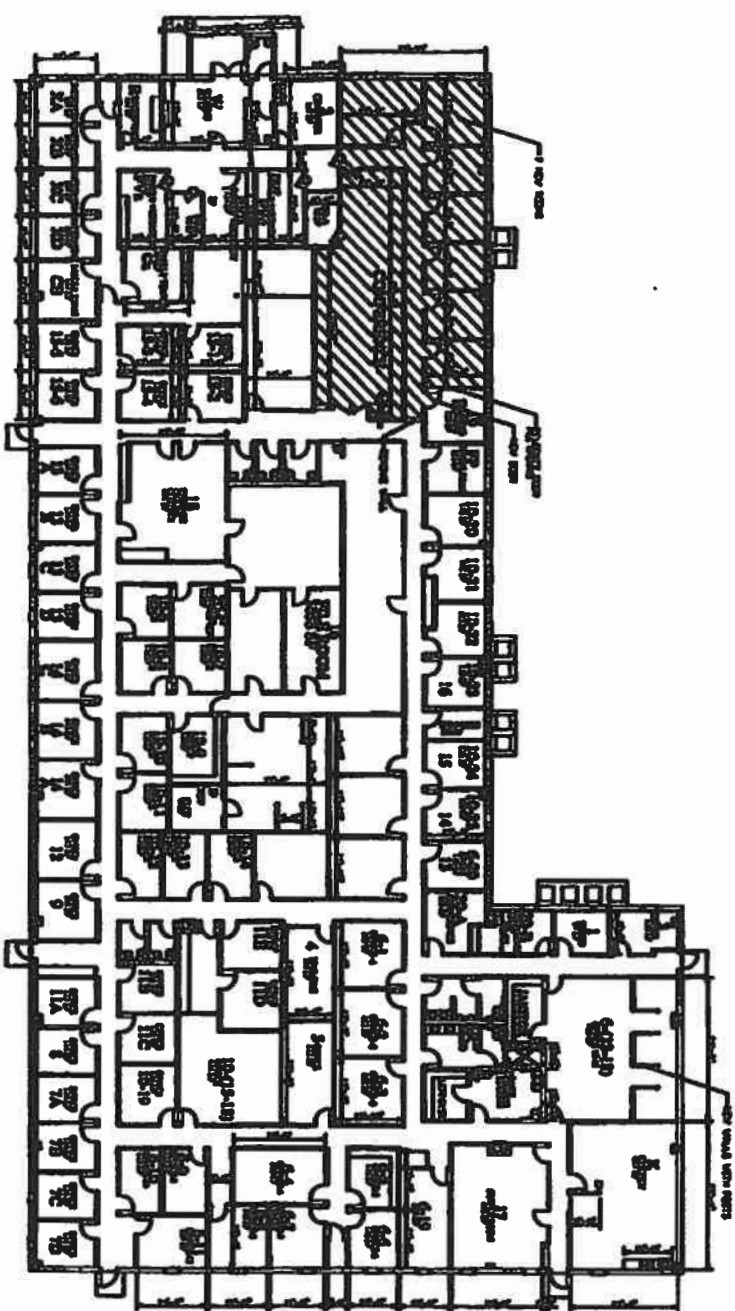
BY: [Signature]
Etta J. Harris, Undersecretary
Date: 12/23/14

APPROVED:

This 5th day of January, 2015.

Office of the Governor
DIVISION OF ADMINISTRATION

BY: [Signature]
Mark A. Moses, Director
Facility Planning and Control



FLOOR PLAN
0 5 10 25 50

REVISED 10-20-20 C14-933

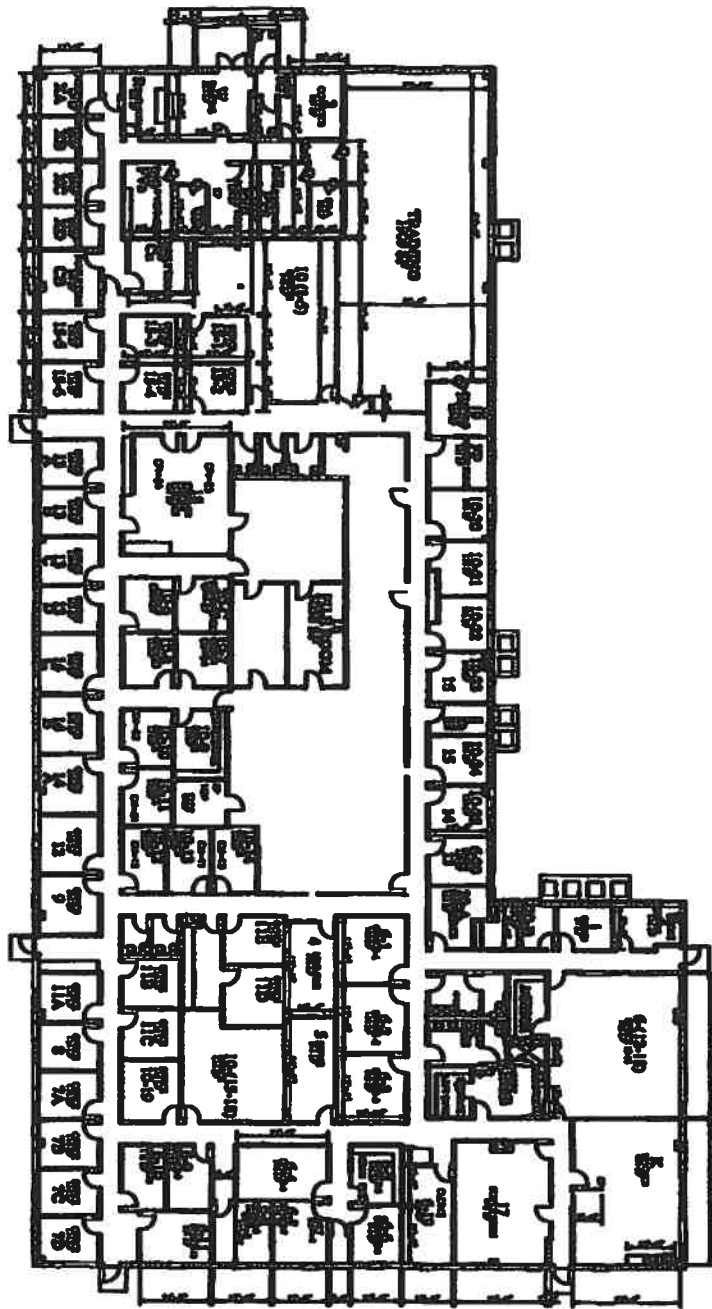
A1



Alan Holard
ARCHITECTS

ARDENWOOD

FLOOR PLAN



FLOOR PLAN
 0 5 10 25 50

REVISED 5-28-19 (14-933)


Clean Notepad
 ARCHITECTURAL
 1000 S. GARDEN ST. SUITE 100
 GARDEN CITY, NY 11530
 TEL: 516-466-1111
 FAX: 516-466-1112
 WWW.CLEANNOTEPAD.COM

ARDENWOOD

FLOOR PLAN

Tobacco Settlement Financing Corporation

Post Office Box 94095
Baton Rouge, Louisiana 70802-9095
Telephone: 225-342-7000
Fax: 225-342-1057

Board Approved
2021-2022 Budget

Legal Representation (DOJ)	\$15,000
Investment Management Services (STO)	\$15,000
Financial Statement Compilation (P&N)	\$19,000
Legislative Auditor	\$34,000
Omnicap	\$7,500
Rating Services Fee- S&P	\$25,000
Bank Charges	
Bank of New York Melon (Trust Accounts)	\$ 2,000
Other Expenses*	\$ 7,500
TOTAL	\$125,000

***Other is to pay any unexpected bills or expenses.**

John Bel Edwards
Governor



Don Pierson
Secretary, Louisiana Economic Development

MEMORANDUM

November 23, 2021

TO: Members of the Joint Legislative Committee on the Budget

FROM: Christopher Stelly, Executive Group Director Entertainment & Digital Media 

RE: Agenda & Approval Request: Major Events Incentive Program (MEIP). 2022 NCAA Men's Final Four

LA R.S. 51:2365.1 (attached) establishes the MEIP and the Major Events Incentive Program Subfund. Accordingly, under LA R.S. 51:2365.1 (5) the 2022 NCAA Men's Final Four is a "qualified event" or "qualified major event" and is eligible to seek funding under the MEIP. Therefore, Louisiana Economic Development, the Division of Administration and the New Orleans 2022 Local Organizing Committee, Inc. requests that the 2022 NCAA Men's Final Four be placed on the December 2022 agenda for approval of the JLCB for the attached Cooperative Endeavor Agreement.

Qualified Event: 2022 NCAA Men's Final Four

Event Date(s): April 2, 2022 – April 4, 2022

Event Location: New Orleans, Louisiana

Est. Econ. Impact: \$93 million in new direct spending

Est. State Taxes: \$5.5 million

Reimbursement: Up to \$5.5 million¹

\$5.5 million has already been appropriated into the fund and your favorable approval is appreciated.

Should there be any questions in this regard, please feel free to contact me at 342-5555.

Louisiana Economic Development

617 North Third Street • Baton Rouge, LA 70802 • 225.342.3000 • OpportunityLouisiana.com

An Equal Opportunity Employer

¹ State law only allows up to the amount of estimated taxes generated by the event which is verified by an economic impact analysis done at the completion of the event.

STATE OF LOUISIANA

Department of Economic Development

COOPERATIVE ENDEAVOR AGREEMENT

with

New Orleans 2022 Local Organizing Committee, Inc.

This Cooperative Endeavor Agreement (Agreement), effective as of **July 1, 2021**, is by and between the **Louisiana Department of Economic Development**, also known as **Louisiana Economic Development (LED)**, an Agency of the State of Louisiana, LaSalle Building, 11th Floor, 617 North 3rd Street, P. O. Box 94185, Baton Rouge, LA 70804-9185 (hereinafter sometimes referred to as “**Department**”, “**LED**” or “**State**”), and **New Orleans 2022 Local Organizing Committee, Inc.**, c/o John J. Cicero, Director, 320 Metairie Hammond Highway, Suite 300, Metairie, LA 70005, (hereinafter sometimes referred to as “**NOLOC**”) or “**Contractor**”), who have entered into this Agreement (sometimes herein called “agreement” or “contract”) under the following terms and conditions.

I. Introduction:

LED and NOLOC enter into this Agreement as a service to the public and in support of their common goals for Economic Development for the State of Louisiana. NOLOC and LED, with the concurrence of the Governor of Louisiana, have cooperated and worked together in the successful recruitment of having the 2022 NCAA Men’s Final Four hosted in the Caesar’s Superdome in the City of New Orleans, Louisiana, from Saturday, April 2, 2022 through Monday, April 4, 2022, which will be the final four games of the 2021-22 NCAA men’s basketball season, and which qualifies as a “qualified major event” under the Major Events Incentive Program established by LA. R.S. 51:2365.1. It is anticipated that this major event and related activities will have a significant and positive impact on the Louisiana economy, including an estimated \$5,500,000.00 incremental increase in state tax revenues generated within the Greater New Orleans Area during this major event and related activities. LED shall provide and fund a reimbursement cap of up to \$5,500,000.00 to NOLOC, which funds may be disbursed to NOLOC under the terms and conditions of this Agreement, after the funds are available and funded to LED for distribution and have been timely and appropriately requested in writing by NOLOC.

This project and this Agreement each have a public purpose, and they are in the public interest of the State of Louisiana and its citizens.

II. Recitals:

- A. The Louisiana Constitution of 1974 in Article VII, Section 14(C) provides that for a public purpose the State and its political subdivisions may engage in cooperative endeavors with each other and with any public or private association, corporation or individual;

- B. LA. R.S. 51:2365.1, *et seq.*, provides for the Major Events Incentive Program and the Major Events Incentive Program Subfund, and authorizes LED to enter into a contract with a local organizing committee to recruit, solicit, or acquire for Louisiana any qualified event that will have a significant positive impact on economic development in the State, to provide for a financial commitment to the local organizing committee;
- C. LED has agreed to enter into a contract with the local organizing committee, NOLOC, for the recruitment, solicitation, or acquisition for Louisiana of a major event that will have a significant positive impact on economic development in this State, providing for a financial commitment;
- D. NOLOC is a Louisiana non-profit corporation organized exclusively as the host committee for the 2022 NCAA Men's Final Four, that has recruited for and will participate in the hosting of the 2022 NCAA Men's Final Four in New Orleans, Louisiana, on the dates April 2, 2022 and April 4, 2022;
- E. LED and NOLOC, together with the concurrence of the Governor of Louisiana, successfully recruited the National Collegiate Athletic Association (NCAA) to host the 2022 NCAA Men's Final Four in New Orleans, Louisiana, on the dates from April 2, 2022 through April 4, 2022, pursuant to an event support contract executed by NOLOC and the NCAA;
- F. In connection with securing the occurrence of the 2022 NCAA Men's Final Four in the City of New Orleans, NOLOC will spend its own funds which will result in a positive economic impact on the State;
- G. The 2022 NCAA Men's Final Four, including the recruitment of the event, as well as any activities related to or associated with that event encompassing several days around the date of the event, all constitute a part of this major event in this State;
- H. This major event is eligible for funding by the State because the NCAA, the "site selection organization," working with NOLOC, have selected New Orleans, Louisiana, as the sole site for its 2022 NCAA Men's Final Four after a highly competitive selection process that included the consideration of other sites not located in the State of Louisiana;
- I. A study will be conducted to determine the economic impact of this major event on the Louisiana Economy (Economic Impact Analysis or EIA);
- J. The Economic Impact Study will report on the following results, which should be impressive:
 - a. This major event may inject an estimated \$93 million of new, direct spending into the Louisiana economy (based upon the last time a similar event (Men's Final Four) was held in the City of New Orleans in 2012);
 - b. This major event may lead to an estimated \$5.5 million of additional estimated increase in Louisiana tax revenues, and substantial additional

earnings for Louisiana workers through indirect spending during and around the event; and

- K. Accounting for both direct and indirect impacts, in excess of \$5.5 million of certain new Louisiana sales and excise taxes may be attributable to this major event.

III. **Terms and Conditions:**

FOR AND IN CONSIDERATION OF THE FOREGOING RECITALS, the parties hereto mutually agree as follows:

1. **Goals and Objectives:**

The goals of this Agreement are for NOLOC and LED to acknowledge and recognize that the parties hereto cooperated and worked with each other in recruiting this major event, the 2022 NCAA Men's Final Four in New Orleans, Louisiana, on the dates from April 2, 2022 through April 4, 2022; and the objective of this Agreement is for LED to provide reimbursement funds to NOLOC for economic development purposes, including expenses incurred in recruiting the NCAA and for the hosting of this major event mentioned above in the City of New Orleans.

Because this major event will have a significant positive impact on economic development in Louisiana, the objective of this Agreement is for LED to fund a reimbursement cap of up to \$5,500,000.00 to the NOLOC; and, after LED's review of NOLOC's Affidavit of Final Costs, to reimburse NOLOC the reasonable expenses it incurred in obtaining and hosting this major event up to the amount of \$5,500,000.00, all in accordance with the approval by the commissioner of administration and the Joint Legislative Committee on the Budget, and the availability and funding of the funds to LED for distribution.

2. **LED Representations:**

The State has granted LED the authority to enter into this Agreement pursuant to the previously cited constitutional and statutory provisions, provided that the statutory guidelines have been met, the economic benefit has been demonstrated to be commensurate with or greater than the cost to the State, and the terms and conditions of this Agreement have been satisfied. This Agreement is entered into pursuant to such authority and with the belief that the economic benefit to the State will exceed the State expense. The major event will result in positive returns on the investment to be made by the State with the funds provided through this contract. LED's obligations under this Agreement are made for the public purpose of generating an economic benefit to the State and its citizens. In executing this Agreement, the Secretary of LED binds LED to the terms of this Agreement.

3. NOLOC Representations:

NOLOC represents that it will be organizing and will serve as the host for the 2022 NCAA Men's Final Four in New Orleans, Louisiana. NOLOC has all the requisite power and authority to enter into this Agreement and to carry out the terms hereof; and the person signing this Agreement has the authority to execute this Agreement as the authorized representative of the NOLOC, and to bind NOLOC to the terms of this Agreement. NOLOC has taken or will take all necessary and proper action to authorize the execution, issuance, and delivery of this Agreement and any other documents required by this Agreement, as well as the performance of its obligations under this Agreement. The execution of this Agreement and any other documents required by this Agreement as well as the performance by NOLOC of its obligations are within the powers of NOLOC and will not violate any provisions of any law, regulation, decree, or governmental authorization applicable to NOLOC or any agreements of NOLOC with any of its creditors.

4. Obligations of the Parties:

A. Budget

The Budget for this project is incorporated herein as "Attachment A", which is attached hereto and is made a part hereof by this reference. The total cost to LED of the project contemplated by this contract shall not exceed the total amount of the reimbursement cap of **\$5,500,000.00**, which total amount shall be inclusive of all costs and expenses to be paid by LED in connection with this contract. This is the total amount that has been allocated for this project by the State Legislature and the Department of Economic Development. This is the total amount that will be provided by LED whenever the funds are available and funded to LED for distribution and have been timely and appropriately requested in writing by NOLOC.

B. Affidavit of Final Costs

NOLOC shall submit its Affidavit of Final Costs to LED requesting payment and itemizing and totaling the reasonable expenses incurred for the specific purpose of recruiting the NCAA to host the major event in the City of New Orleans, with supporting documentation, for the expenses for the hosting of the April 2, 2022 through April 4, 2022 events. In its sole discretion, LED may determine not to fund any portion of the amount of funding requested as provided for herein to the extent LED determines that any of the expenses listed on the Affidavit are not expenditures reasonably related to the described major event or were used for any purpose not authorized by law.

5. Deliverables:

NOLOC has provided to LED an executed copy of the event support contract entered into by NOLOC and the NCAA, and shall provide LED with its Affidavit of Final Costs and supporting documentation as well as any other information deemed reasonably necessary by LED in determining the allowable amount of the award hereunder, up to but not exceeding the reimbursement cap of \$5,500,000.00, including but not limited

to invoices and other documentation showing reasonable expenses incurred by NOLOC in recruiting and hosting the major event.

6. Progress Reports:

NOLOC (the Contractor) shall provide written periodic Progress Reports to LED on a semi-annual basis, on June 30 and December 31 of each year during the term of this Agreement, and a Final Progress Report at the end of this Agreement. Such reports shall provide, as a minimum, a brief description of the Contractor's activities, services and achievement of goals and objectives consistent with the provisions, goals and objectives of this Agreement.

7. LED's Contract Monitor:

The Secretary of LED, or his designee, will designate and may change from time to time one or more persons on his staff to act as LED's project monitor or "Contract Monitor" to perform various duties necessary to implement the terms and conditions of this Agreement. Any changes in the Contract Monitor shall not require any amendment to this contract. The initial Contract Monitor for this contract is identified on the signature page.

8. Monitoring Plan:

During the Contract Term, LED's Contract Monitor shall maintain contact with NOLOC, and NOLOC shall submit to LED through the Contract Monitor its Progress Reports mentioned above and its Affidavit of Final Costs and supporting documentation demonstrating NOLOC's reasonable expenses related to the occurrence of the major event.

9. Contract Term:

This Agreement shall begin as of July 1, 2021; this project and all of the Contractor's activities under this Agreement shall be completed by, and this Agreement shall terminate on August 31, 2022.

10. Tax Liability:

Contractor hereby agrees that the responsibility for the payment of any taxes due as a result of the funds received under this contract shall be the Contractor's obligation, identified under Contractor's Federal Tax Identification Number, which has been provided to LED.

In accordance with R.S. 39:1624(A)(10), the Louisiana Department of Revenue (LDR) must determine that the prospective contractor is current in the filing of all applicable tax returns and reports and in payment of all taxes, interest, penalties, and fees owed to the state and collected by the Department of Revenue prior to the approval of this contract by the Office of State Procurement. The prospective Contractor hereby attests to its current and/or prospective compliance, and agrees to provide its seven-digit LDR

Account Number to the contracting agency so that the prospective contractor's tax payment compliance status may be verified. The prospective contractor further acknowledges understanding that issuance of a tax clearance certificate by the Louisiana Department of Revenue is a necessary precondition to the approval and effectiveness of this contract by the Office of State Procurement. The contracting agency reserves the right to withdraw its consent to this contract without penalty and proceed with alternate arrangements should the vendor fail to resolve any identified apparent outstanding tax compliance discrepancies with the Louisiana Department of Revenue within seven (7) days of such notification.

11. **Remaining Funds:**

To the extent, if any, that NOLOC does not use all of the funds appropriated under this Agreement during the Contract Term, then those unused funds shall remain with LED for future use associated with the Major Events Incentive Program.

12. **Remedies for Default:**

Any claim or controversy arising out of this Agreement that cannot be first resolved between the parties shall be resolved under the provisions of LA. R.S. 39:1673.

13. **Ownership of Materials:**

All records, reports, documents, and other materials delivered or transmitted to NOLOC by LED or vice versa, shall be and shall remain the property of LED and NOLOC respectively.

14. **Assignment of Interest:**

Neither party shall assign nor transfer any interest in this Agreement without the prior written consent of the other party.

15. **Audits and Auditors:**

It is hereby agreed that the Legislative Auditor of the State of Louisiana, the Office of the Governor, Division of Administration auditors, and the LED auditor shall have the option of auditing all records and accounts of NOLOC that relate to this Agreement, as well as all records and accounts of any persons or entities receiving funds provided under this Agreement, and any service providers relative to the performance of services under this Agreement.

16. **Fiscal Funding:**

The continuation of this contract is contingent upon the appropriation of funds to fulfill the requirements of this contract by the Louisiana legislature. If the legislature fails to appropriate sufficient monies to provide for the continuation of this contract, or if such appropriation is reduced by the veto of the Governor or by any means provided in the appropriations act to prevent the total appropriation for the year from exceeding

revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of this contract, this contract shall terminate on the date of the beginning of the first fiscal year for which funds are not appropriated.

17. **Non-Discrimination Clause:**

NOLOC agrees to abide by the requirements of the following, as amended and as applicable: Title VI and Title VII of the Civil Rights Act of 1964; Equal Employment Opportunity Act of 1972; Federal Executive Order 11246; Vietnam Era Veteran's Readjustment Assistance Act of 1974; Title IX of the Education Amendments of 1972; Age Discrimination Act of 1975; Fair Housing Act of 1968; Uniformed Services Employment and Reemployment Rights Act of 1994; and Americans with Disabilities Act of 1990. NOLOC agrees not to discriminate in its employment practices, and will render services under this Agreement without discrimination on the basis of race, color, religion, sex, sexual orientation, national origin, veteran status, political affiliation, disability, or age in any matter relating to employment. Any act of discrimination committed by NOLOC, or failure to comply with these obligations when applicable, shall be grounds for the termination of this Agreement.

18. **Public Liability/Indemnification:**

NOLOC hereby agrees to protect, defend, indemnify, save and hold harmless the State, LED and all State departments, agencies, boards and commissions as well as their officers, employees, contractors and agents, including volunteers, (collectively called "Indemnified Parties") from and against any and all claims (even if such claims are groundless, frivolous, false or fraudulent), liabilities and expenses arising out of injury or death to any person or the damage, loss or destruction of any property, which has or may occur or in any way arise out of any act or omission relating to this Agreement by NOLOC or its officers, directors, members, employees, contractors or agents, and from any and all resulting costs, expenses, and attorney fees incurred by NOLOC, except for those claims, demands, liabilities, and expenses arising out of the gross negligence of the Indemnified Parties.

19. **State Liability:**

The State's liability or performance under this Agreement shall be limited to the dollar amount of the financial commitment made in this Agreement; and the State shall not be responsible for any additional monetary sums or for any actual, special, compensatory, consequential, punitive, pecuniary or plenary damages, any interest, attorney's fees, or for any other or additional claims which may be made with regard to this Agreement.

20. **Choice of Law; Jurisdiction; and Venue:**

This Agreement is a Louisiana contract and all of its terms, provisions, and conditions shall be interpreted and construed in accordance with and all disputes shall be governed

by the laws of the State of Louisiana. The parties hereby consent and submit themselves to the exclusive jurisdiction and venue of the 19th Judicial District Court located in the Parish of East Baton Rouge, Louisiana, in the event of any legal proceedings in connection with this contract; and hereby waive any and all objections based on lack of personal jurisdiction, improper venue or inconvenient forum.

21. **Contract/Amendment Approval:**

This Agreement, as well as any amendment or modification hereto, shall not be effective until it has been put in writing, approved, and signed by all parties, and approved by the State's Office of State Procurement.

22. **Continuing Obligation:**

Contractor has a continuing obligation to disclose any suspensions or debarment by any government entity, including but not limited to General Services Administration (GSA). Failure to disclose may constitute grounds for suspension and/or termination of this contract and debarment from future contracts.

23. **Eligibility Status:**

Contractor, and each tier of Subcontractors, shall certify that it is not on the List of Parties Excluded from Federal Procurement or Non-Procurement Programs promulgated in accordance with E.O.s 12549 and 12689, "Debarment and Suspension," as set forth at 24 CFR part 24.

24. **Verification of Employees:**

Contractor acknowledges and agrees to comply with the provisions of LA. R.S. 38:2212.10 and federal law pertaining to E-Verify in the performance of services under this contract.

25. **Prohibition of Discriminatory Boycotts of Israel:**

In accordance with Executive Order Number JBE 2018-15, effective May 22, 2018, for any contract for \$100,000 or more and for any contractor with five or more employees, Contractor hereby certifies, and any Subcontractor shall certify, it is not engaging in a boycott of Israel, and shall, for the duration of this contract, refrain from a boycott of Israel. The State reserves the right to terminate this contract if the Contractor, or any Subcontractor, engages in a boycott of Israel during the term of the contract.

26. **Headings:**

The section "headings", captions, and paragraphs as well as their numerical and alphabetical notations, for the purposes of this Agreement, are solely for convenience and ease of reference and do not define, limit, or describe the scope or extent of any of the provisions of this Agreement.

27. Ambiguous Terms:

Any rule of construction of contracts that provides that ambiguous terms are construed against the drafter of the Agreement are not applicable to this Agreement or any amendment to this Agreement.

28. Separate Counterparts:

The parties agree that this Agreement may be executed in two or more counterparts, each of which shall constitute an original and binding copy of this Agreement.

29. Entire Agreement:

This Agreement, together with any exhibits and/or attachments specifically incorporated herein by reference, constitute the entire understanding and agreement between the parties with respect to the subject matter of this Agreement and there are no representations, warranties, covenants, or undertakings other than those expressly set forth herein. Any prior offers or agreements between the parties hereto relating to the matters of this Agreement are superseded by this Agreement, and shall cease to be in effect as of the effective date of this Agreement. The wording contained in this document shall control any variance in the wording of this Agreement with any proposal, exhibit, attachment or other document.

IN WITNESS WHEREOF, this Cooperative Endeavor Agreement has been signed by the undersigned duly authorized representative of NOLOC for the uses, purposes, benefits, and considerations herein expressed, in the presence of the undersigned competent witnesses, at New Orleans, Louisiana, on the date shown below, to be effective as of the effective date first stated above, after a due reading of the whole document.

**New Orleans 2020 Local Organizing
Committee, Inc. (NOLOC)**

By:  10/18/2021
Signature (Date)

Printed Name: Jay Cicero
Title: Executive Committee Member

IN WITNESS WHEREOF, this Cooperative Endeavor Agreement has been signed by the undersigned duly authorized representative of LED, for the uses, purposes, benefits, and considerations herein expressed, in the presence of the undersigned competent witnesses, at Baton Rouge, Louisiana, on the date shown below, to be effective as of the effective date first stated above, after a due reading of the whole document.

**LOUISIANA DEPARTMENT OF
ECONOMIC DEVELOPMENT (LED)**

By: _____
Signature (Date)

Printed Name: Donald M. Pierson Jr.
Title: Secretary of LED

LED Contract Monitor:


Christopher Stelly (Oct 18, 2021 11:08 CET)

Signature
Chris Stelly, Executive Director, Louisiana Entertainment
Printed Name & Title

WITNESSES:

STATE OF LOUISIANA

(1) Sue Israel
Signature

Sue Israel
Printed Name

(2) Shirley Johnson
Signature

Shirley Johnson
Printed Name

By: Jay Dardenne
Jay Dardenne,
Commissioner of Administration

Date: 10/19/21

“Attachment A”

Project Budget

New Orleans 2022 Local Organizing Committee, Inc.

Anticipated Funding

<u>Sources:</u>	<u>Amounts</u>
LED	<u>\$5,500,000.00</u>
Total Anticipated Funding	<u>\$5,500,000.00</u>

Anticipated Expenses

<u>Expense Categories:</u>	<u>Amounts</u>
Expenses incurred by NOLOC with Recruiting & Hosting The 2022 NCAA Men’s Final Four in New Orleans, Louisiana, on the dates from April 2, 2002 through April 4, 2022, to be Reimbursed by LED.....	<u>\$5,500,000.00</u>
Total Project Expenses	<u>\$5,500,000.00</u>









MAJOR EVENTS-2022NCAAMensFinalFour-Final CEA-18Oct2021

Final Audit Report

2021-10-18

Created:	2021-10-18
By:	Christina Ocmand (Christina.Ocmand@la.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAuawiNAZ88h_CbLYHFywVByIM-oiAjILZ

"MAJOR EVENTS-2022NCAAMensFinalFour-Final CEA-18Oct2021" History

-  Document created by Christina Ocmand (Christina.Ocmand@la.gov)
2021-10-18 - 7:24:26 PM GMT - IP address: 159.39.101.2
-  Document emailed to John J. Cicero (jcicero@gnosf.org) for signature
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-  Document e-signed by John J. Cicero (jcicero@gnosf.org)
Signature Date: 2021-10-18 - 9:50:49 PM GMT - Time Source: server- IP address: 75.131.226.229
-  Document emailed to Christopher Stelly (chris.stelly@la.gov) for signature
2021-10-18 - 9:50:51 PM GMT
-  Email viewed by Christopher Stelly (chris.stelly@la.gov)
2021-10-18 - 10:05:55 PM GMT - IP address: 174.203.71.90
-  Document e-signed by Christopher Stelly (chris.stelly@la.gov)
Signature Date: 2021-10-18 - 10:06:15 PM GMT - Time Source: server- IP address: 174.203.71.90
-  Agreement completed.
2021-10-18 - 10:06:15 PM GMT

RS 51:2365.1

§2365.1. Major Events Incentive Program and the Major Events Incentive Program Subfund

A. As used in this Section:

(1) "Endorsing municipality" means either of the following:

(a) A municipality that contains a site selected by a site selection organization for a qualified event and is a party to an event support contract.

(b) A municipality that does not contain a site selected by a site selection organization for a qualified event, but is included in the market area for the event as designated by the secretary and is a party to an event support contract.

(2) "Endorsing parish" means either of the following:

(a) A parish that contains a site selected by a site selection organization for a qualified event and is a party to an event support contract.

(b) A parish that does not contain a site selected by a site selection organization for a qualified event, but is included in the market area for the event as designated by the secretary and is a party to an event support contract.

(3) "Event support contract" or "event contract" means a joint undertaking, a joint agreement, or a similar contract executed by a local organizing committee, an endorsing municipality, or an endorsing parish, or any combination thereof, and a site selection organization.

(4) "Local organizing committee" means an organization created or recognized as the official host entity sanctioned by an endorsing municipality or parish for a specified qualified major event.

(5) "Qualified event" or "qualified major event" means a National Football League Super Bowl, a National Collegiate Athletic Association Final Four tournament game, the National Basketball Association All-Star Game, the X Games, a National Collegiate Athletic Association Division I Football Bowl Subdivision postseason game, a college tournament or championship, the World Games, a national collegiate championship of an amateur sport sanctioned by the national governing body of the sport that is recognized by the United States Olympic Committee, an Olympic activity including a Junior or Senior activity, training program, or feeder program sanctioned by the United States Olympic Committee's Community Olympic Development Program, a mixed martial arts championship, the Breeders' Cup World Championships, a Bassmasters Classic, a National Motorsports race, the Red Bull Signature Series, a National Collegiate Athletic Association football kickoff game, a national championship or Olympic trials of an amateur or professional sport sanctioned by the national governing body of the sport, the United States Bowling Congress Tournament, the WWE WrestleMania, the Bayou Classic, the Essence Festival, the Zurich Classic, a national military event, a national political convention of the Republican National Committee or of the Democratic National Committee, or any National Collegiate Athletic Association conference, convention, or conference media event, including conference media days. The term includes any activities related to or associated with a qualified event.

(6) "Secretary" means the secretary of the Department of Economic Development.

(7) "Site selection organization" means any of the following:

(a) The National Football League, the National Collegiate Athletic Association or any affiliated conference, the National Basketball Association, the International World Games Association, or the United States Olympic Committee.

(b) The national governing body of a sport that is recognized by the United States Olympic Committee.

(c) The National Thoroughbred Racing Association.

(d) The Republican National Committee or Democratic National Committee.

(e) The United States Bowling Congress.

(f) The national governing body of an organization, not listed in Subparagraphs (a) through (e) of this Paragraph, that schedules a qualifying event as defined in Subparagraph (5) of this Paragraph.

(8) "Treasurer" means the treasurer of the state of Louisiana.

B.(1) There is hereby established in the state treasury a special subfund in the Mega-Project Development Fund to be known as the "Major Events Incentive Program Subfund", hereafter in this Section, the "subfund".

(2) Beginning with the 2015-2016 Fiscal Year and for each fiscal year thereafter, and after allocation of money to the Bond Security and Redemption Fund as provided in Article VII, Section 9(B) of the Constitution of Louisiana, the treasurer shall transfer in and credit to the subfund the amount appropriated to the fund by the legislature. In determining the amount of the annual appropriation to the fund, the legislature shall consider the contracts which have been entered into pursuant to Subsection C of this Section as well as any recruitment efforts being made by the local organizing committee for qualified events.

(3) Monies in the subfund shall be invested in the same manner as monies in the Louisiana Mega-Project Development Fund and any interest earned on the investment of monies in the subfund shall be credited to the subfund. All unexpended and unencumbered monies in the subfund at the end of the fiscal year shall remain in the subfund.

(4) Monies in the fund shall be appropriated and used to provide funding for entities within the state for the costs associated with attracting, hosting, and staging major events of areawide, statewide, regional, national, or international prominence. Such funding shall require prior approval of the Joint Legislative Committee on the Budget.

C.(1) The secretary of the Department of Economic Development is hereby authorized to enter into a contract with a local organizing committee, endorsing parish, or endorsing municipality to recruit, solicit, or acquire for Louisiana any qualified event that will have a significant positive impact on economic development in the state. The contract shall provide for a financial commitment to the local organizing committee, endorsing parish, or endorsing municipality which shall be subject to legislative appropriation. Prior to executing the contract, the secretary shall obtain the approval of the commissioner of administration and the Joint Legislative Committee on the Budget.

(2) The Joint Legislative Committee on the Budget may meet in executive session pursuant to the procedures and requirements of R.S. 42:18 when the members have reason to believe that the discussion at such meeting may otherwise result in the public disclosure of information which may negatively impact the ability of the local organizing committee, endorsing parish, or endorsing municipality to recruit, solicit, or acquire for Louisiana any qualified event.

(3) The treasurer shall disburse monies to an eligible entity only in accordance with a legislative appropriation.

D.(1) An event not included in the definition of qualified event is ineligible for funding as provided for in this Section. A qualified major event may receive funding as provided by this Section only if such event meets either of the following conditions described in this Paragraph and the provisions of Paragraph (2) of this Subsection:

(a) After considering through a highly competitive selection process one or more sites that are not located in this state, a site selection organization selects a site located in this state for an event to be held once, or for an event scheduled to be held annually for a period of years under an event contract.

(b) A site selection organization selects a site in this state as the sole site for the event.

(2) The event is held not more frequently than annually.

Acts 2015, No. 12, §1, eff. July 1, 2015; Acts 2016, 1st Ex. Sess., No. 2, §1, eff. March 3, 2016; Acts 2018, No. 689, §1; Acts 2019, No. 233, §1; Acts 2021, No. 216, §1.



Louisiana Homeowner Assistance Fund

The Louisiana Homeowner Assistance Fund program is a free, federally funded financial relief program for homeowners financially impacted by COVID-19 who are behind on their mortgages and at risk of foreclosure.

ELIGIBLE HOMEOWNERS

- Must own and occupy a home in Louisiana as their primary residence
- Must meet income qualifications
- Must have experienced a financial hardship associated with the COVID-19 pandemic

WHAT DOES THE PROGRAM COVER?

- This program focuses on helping Louisiana homeowners who are behind on their mortgages due to the impacts of COVID-19 get current and reinstated
- Up to \$25,000 in assistance can be used to cover loan balances and escrowed/associated fees (e.g. property taxes, property or flood insurance, HOA fees)

The program can provide up to \$25,000 (not to exceed amount) to bring an eligible homeowner current on their mortgage.

Homeowners who are more than \$25,000 behind on their mortgage will be referred to a HUD-certified Housing Counseling Agency for assistance.

ELIGIBLE PROPERTIES



Single-family (attached or detached)



Condominium units



1 to 4-unit properties where the homeowner is living in one of the units as their primary residence



Manufactured homes permanently affixed to real property and taxed as real estate



Mobile homes not permanently affixed to real property

VISIT [HAF.LACOVIDHOUSING.COM](https://haf.lacovidhousing.com) TO APPLY TODAY.



Louisiana Emergency Rental Assistance Program

Program Status

As of December 13, 2021 | 8:00 A.M.

Parish	Parish Population	Rental Assistance Allocation	Total Applications	Amount Approved for Payment
Acadia	62,045	\$2,702,017.67	1308	\$1,166,854.16
Allen	25,627	\$1,116,038.47	363	\$204,221.63
Ascension	126,604	\$5,513,518.33	2006	\$3,160,145.04
Assumption	21,891	\$953,338.20	280	\$231,020.85
Avoyelles	40,144	\$1,748,243.97	802	\$534,277.48
Beauregard	37,497	\$1,632,968.92	319	\$279,040.61
Bienville	13,241	\$576,636.57	293	\$243,874.56
Bossier	127,039	\$5,532,462.29	2596	\$3,811,975.67
Caldwell	9918	\$431,922.17	150	\$127,976.72
Cameron	6973	\$303,669.42	18	\$0.00
Catahoula	9494	\$413,457.26	100	\$67,678.70
Claiborne	15,670	\$682,417.87	169	\$113,736.22
Concordia	19,259	\$838,716.39	339	\$216,865.55
De Soto	27,463	\$1,195,995.02	419	\$603,023.70
East Carroll	6861	\$298,791.90	77	\$3,237.26
East Feliciana	19,135	\$833,316.27	181	\$196,987.80
Evangeline	33,395	\$1,454,329.60	648	\$407,728.24
Franklin	20,015	\$871,639.67	464	\$359,545.73
Grant	22,389	\$975,025.76	318	\$361,049.79
Iberia	69,830	\$3,041,049.14	2168	\$2,414,113.30
Iberville	32,511	\$1,415,832.00	726	\$1,106,611.49
Jackson	15,744	\$685,640.52	229	\$116,077.84
Jefferson Davis	31,594	\$1,375,897.27	407	\$311,535.12
Lafourche	97,614	\$4,251,023.49	1512	\$1,838,924.87
La Salle	14,892	\$648,536.50	113	\$65,123.89
Lincoln	46,742	\$2,035,582.40	1081	\$1,054,570.10
Livingston	140,789	\$6,131,265.46	2209	\$3,382,189.07
Madison	10,951	\$476,908.62	307	\$251,816.27
Morehouse	24,874	\$1,083,245.83	660	\$384,698.94
Natchitoches	38,158	\$1,661,755.02	1015	\$954,648.67
Ouachita	153,279	\$6,675,196.49	6716	\$7,972,588.94
Plaquemines	23,197	\$1,010,213.62	188	\$210,444.85
Pointe Coupee	21,730	\$946,326.76	369	\$539,501.00
Rapides	129,648	\$5,646,082.47	4222	\$4,762,510.33

Parish	Parish Population	Rental Assistance Allocation	Total Applications	Amount Approved for Payment
Red River	8442	\$367,643.37	130	\$94,420.26
Richland	20,122	\$876,299.45	470	\$406,353.68
Sabine	23,884	\$1,040,132.00	261	\$144,611.37
St. Bernard	47,244	\$2,057,444.16	1304	\$2,726,668.21
St. Charles	53,100	\$2,312,468.99	625	\$895,390.67
St. Helena	10,132	\$441,241.73	216	\$312,129.46
St. James	21,096	\$918,716.49	323	\$426,273.69
St. John the Baptist	42,837	\$1,865,522.30	1091	\$1,683,622.24
St. Landry	82,124	\$3,576,444.50	1804	\$1,457,416.85
St. Martin	53,431	\$2,326,883.81	793	\$1,010,519.86
St. Mary	49,348	\$2,149,071.93	1241	\$1,222,207.91
Tangipahoa	134,758	\$5,868,619.50	4243	\$4,764,884.49
Tensas	4334	\$188,742.76	34	\$13,839.00
Terrebonne	110,461	\$4,810,501.63	2403	\$2,628,167.11
Union	22,108	\$962,788.41	234	\$193,717.23
Vermilion	59,511	\$2,591,663.69	795	\$716,922.73
Vernon	47,429	\$2,065,500.78	538	\$413,559.68
Washington	10,830	\$471,639.15	989	\$842,959.42
Webster	15,568	\$677,975.84	762	\$683,146.06
West Baton Rouge	46,194	\$2,011,717.37	553	\$794,494.38
West Carroll	38,340	\$1,669,681.00	122	\$145,661.18
West Feliciana	26,465	\$1,152,532.80	94	\$168,336.80
Winn	13,904	\$605,509.77	139	\$68,177.25
TOT	2,437,875	\$106,167,802.77	51,936	\$59,268,073.92

LGU-Administered Program Summary

Data reported below last updated on 12/13/21.

Parish	Total # Applications Received	Total # Applications Approved	Total Dollar Amount Approved	Total Dollar Amount Disbursed
Caddo	11,027	ERAP1: 7,411	ERAP1: \$20,008,386	ERAP1: \$20,008,386
		ERAP2: 3,136	ERAP2: \$7,008,769	ERAP2: \$7,008,769
Calcasieu	1,980	398	\$2,517,577	\$2,371,868
East Baton Rouge	13,172	5,514	\$29,820,299	\$26,500,661
Jefferson	4,876	1,409	\$10,221,475	\$9,480,277
Lafayette	ERAP1: 6,093	3,274	\$11,005,650	\$11,005,650
	ERAP2: 68			
Orleans	19,595	9,603	ERAP1: \$30,618,381	ERAP1: \$20,730,731
			ERAP2: \$15,838,032	ERAP2: \$15,838,032
St. Tammany	1,173	703	\$4,712,181	\$4,712,181
TOTAL	57,984	31,448	\$131,750,750	\$117,656,555

Payments Made from State Allocation

Parish	State Allocations to LGU's	Directly Disbursed by State to LGUs
Caddo	\$21,729,765	\$20,941,892
Calcasieu	\$7,414,137	
East Baton Rouge*	\$29,349,945	\$11,629,393
Jefferson	\$22,325,478	
Lafayette	\$8,906,688	
Orleans	\$37,483,468	\$9,097,306
St. Tammany	\$9,490,858	
TOTAL	\$130,700,342.00	\$41,668,591

*Includes City of Baton Rouge

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^^ Money comes from 3rd quarter tax collections.

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Weekly Trust Fund Update

Week ending	Benefits Paid	Other Activity ^	UI Trust Fund Balance	UI Borrowing Account Balance	Initial Claims*	Continued Claims*
3/14/2020	\$2,234,949.96	(\$588,970.88)	\$1,051,551,910.29		2,255	13,987
3/21/2020	\$2,222,543.37	(\$1,966,460.99)	\$1,047,362,905.93		72,438	14,143
3/28/2020	\$4,802,281.94	\$2,337,155.64	\$1,044,897,779.63		97,400	58,027
4/4/2020	\$21,200,360.13	\$6,871,152.23	\$1,030,568,571.73		102,172	120,744
4/11/2020	\$28,152,999.29	\$950,000.00	\$1,003,365,572.44		79,653	217,532
4/18/2020	\$40,964,287.87	\$2,685,835.11	\$965,087,119.68		91,923	246,296
4/25/2020	\$47,029,129.98	\$3,473,708.74	\$921,531,698.44		66,141	300,657
5/2/2020	\$52,714,647.38	\$8,509,209.07	\$877,326,260.13		50,941	310,013
5/9/2020	\$54,699,717.54	\$66,126,538.73	\$888,753,081.32		40,125	325,136
5/16/2020	\$55,105,823.09	\$628,109.02	\$834,275,367.25		28,545	326,504
5/23/2020	\$54,330,661.04	\$6,048,304.91	\$785,993,011.12		23,961	328,409

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Weekly Trust Fund Update

Week ending	Benefits Paid	Other Activity ^	UI Trust Fund Balance	UI Borrowing Account Balance	Initial Claims*	Continued Claims*
5/30/2020	\$47,326,472.92	\$1,297,802.05	\$739,964,340.25		19,334	301,598
6/6/2020	\$53,622,579.90	\$1,082,999.47	\$687,424,759.82		21,879	305,083
6/13/2020	\$50,556,547.36	\$6,198,431.73	\$643,066,644.19		23,122	306,358
6/20/2020	\$50,904,761.46	\$4,935,063.20	\$597,096,945.93		19,524	300,389
6/27/2020	\$51,313,091.38	\$856,365.76	\$546,640,220.31		21,976	306,089
7/4/2020	\$50,344,019.97	\$7,367,796.25	\$503,663,996.59		31,417	313,157
7/11/2020	\$52,907,778.17	\$3,656,652.06	\$454,412,870.48		26,351	312,893
7/18/2020	\$52,078,441.92	\$359,828.12	\$402,694,256.68		32,079	313,117
7/25/2020	\$52,764,310.61	\$1,532,868.29	\$351,462,814.36		18,511	324,357
8/1/2020	\$52,396,259.80	\$2,629,391.93	\$301,695,946.49		13,402	327,467
8/8/2020	\$50,567,494.04	\$14,779,923.53	\$265,908,375.98		11,131	299,974

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Weekly Trust Fund Update

Week ending	Benefits Paid	Other Activity ^	UI Trust Fund Balance	UI Borrowing Account Balance	Initial Claims*	Continued Claims*
8/15/2020	\$42,060,807.30	\$513,150.35	\$224,360,719.03		14,365	255,068
8/22/2020	\$42,331,816.97	\$59,059,943.40	\$241,088,845.46		12,529	250,720
8/29/2020	\$41,081,472.92	\$392,981.84	\$200,400,354.38		16,191	249,610
9/5/2020	\$40,624,632.25	\$615,697.13	\$160,391,419.26		24,566	256,184
9/12/2020	\$38,743,318.69	\$2,029,191.66	\$123,677,292.23		16,182	250,244
9/19/2020	\$40,475,397.85	\$1,710,263.15	\$84,912,157.53		14,842	238,724
9/26/2020	\$35,835,929.16	(\$981,193.23)	\$48,095,035.14		16,296	214,860
10/3/2020	\$31,275,433.91	\$1,749,863.67	\$18,569,464.90		13,461	195,223
10/10/2020	\$27,451,459.76	(\$1,354,987.81)	\$0.00	(\$10,236,982.67)	13,577	165,320
10/17/2020	\$23,760,103.10	(\$27,087,095.89)	\$0.00	(\$61,084,181.66)	13,039	146,622
10/24/2020	\$20,467,122.14	\$1,183,413.91	\$0.00	(\$80,367,889.89)	9,943	128,378

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Weekly Trust Fund Update

Week ending	Benefits Paid	Other Activity ^	UI Trust Fund Balance	UI Borrowing Account Balance	Initial Claims*	Continued Claims*
10/31/2020	\$22,269,521.25	\$1,386,154.81	\$0.00	(\$101,251,256.33)	8,419	115,350
11/7/2020	\$16,266,367.57	\$14,338,700.70	\$5,577,170.53 ^^	(\$108,756,093.73)	10,045	98,935
11/14/2020	\$14,515,589.51	\$4,333,702.53	\$0.00	(\$118,937,980.71)	43,618	91,023
11/21/2020	\$13,281,553.17	(\$2,023,455.75)	\$0.00	(\$133,460,334.29)	10,045	83,338
11/28/2020	\$11,615,879.75	\$85,470,618.48	\$73,854,738.73	(\$133,460,334.29)	11,780	74,863
12/5/2020	\$11,223,499.06	\$772,884.83	\$63,404,124.50	(\$133,460,334.29)	9,114	75,004
12/12/2020	\$9,983,869.95	(\$751,260.32)	\$52,668,994.23	(\$133,460,334.29)	9,289	66,810
12/19/2020	\$8,823,006.24	\$1,705,279.11	\$45,551,267.10	(\$133,460,334.29)	7,926	64,448
12/26/2020	\$7,886,671.18	\$553,623.11	\$38,218,219.03	(\$133,460,334.29)	8,246	60,641
1/2/2021	\$8,485,145.85	\$9,283,522.91	\$39,016,596.09	(\$133,460,334.29)	25,365	64,404
1/9/2021	\$7,790,034.19	\$1,125,556.17	\$32,352,118.07	(\$133,460,334.29)	20,497	85,773

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Weekly Trust Fund Update

Week ending	Benefits Paid	Other Activity ^	UI Trust Fund Balance	UI Borrowing Account Balance	Initial Claims*	Continued Claims*
1/16/2021	\$6,359,294.23	\$46,941.92	\$26,039,765.76	(\$133,460,334.29)	16,340	63,888
1/23/2021	\$5,917,679.70	\$1,229,133.73	\$21,351,219.79	(\$133,460,334.29)	12,004	64,916
1/30/2021	\$6,898,259.38	\$517,770.58	\$14,970,730.99	(\$133,460,334.29)	10,376	65,649
2/6/2021	\$6,809,829.02	\$15,604,543.37	\$23,765,445.34	(\$133,460,334.29)	9,010	60,711
2/13/2021	\$7,608,542.68	\$1,044,383.09	\$17,201,285.75	(\$133,460,334.29)	6,458	54,587
2/20/2021	\$6,233,982.22	\$252,961.79	\$11,220,265.32	(\$133,460,334.29)	6,447	52,721
2/27/2021	\$6,301,861.15	\$574,702.04	\$5,493,106.21	(\$133,460,334.29)	6,981	53,212
3/6/2021	\$6,581,466.60	\$801,833.98	\$0.00	(\$133,746,860.70)	7,100	48,016
3/13/2021	\$6,702,335.24	\$1,109,951.62	\$0.00	(\$139,339,244.32)	7,195	46,170
3/20/2021	\$6,574,691.83	\$841,342.70	\$0.00	(\$145,072,593.45)	6,468	40,840
3/27/2021	\$6,329,352.50	(\$3,482,645.82)	\$0.00	(\$154,884,591.77)	12,845	42,546

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Weekly Trust Fund Update

Week ending	Benefits Paid	Other Activity ^	UI Trust Fund Balance	UI Borrowing Account Balance	Initial Claims*	Continued Claims*
4/3/2021	\$5,919,942.38	\$1,303,348.28	\$0.00	(\$159,501,185.87)	12,263	46,530
4/10/2021	\$6,216,392.63	(\$11,048,544.49)	\$0.00	(\$176,766,122.99)	9,809	50,796
4/17/2021	\$4,955,541.08	\$2,270,541.99	\$313,222.59	(\$179,764,344.67)	8,829	52,698
4/24/2021	\$8,554,828.69	\$5,128,784.19	\$1,240,774.95	(\$184,117,941.53)	7,114	51,308
5/1/2021	\$6,644,824.39	\$11,081,192.17	\$5,705,142.74	(\$184,145,941.54)	6,783	52,018
5/8/2021	\$6,355,949.63	\$73,289,934.33	\$72,639,127.44	(\$184,145,941.54)	7,129	50,556
5/15/2021	\$7,480,528.43	(\$853,764.90)	\$64,304,834.11	(\$184,145,941.54)	6,327	51,726
5/22/2021	\$6,491,901.58	\$778,012.87	\$58,590,945.40	(\$184,145,941.54)	5,976	51,031
5/29/2021	\$8,077,285.81	\$1,134,207.87	\$51,647,867.46	(\$184,145,941.54)	5,573	47,680
6/5/2021	\$7,025,025.35	\$354,220.48	\$44,977,062.59	(\$184,145,941.54)	5,569	50,040
6/12/2021	\$7,198,740.33	\$308,424.98	\$38,086,747.24	(\$184,145,941.54)	5,242	49,355

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Weekly Trust Fund Update

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6/19/2021	\$7,708,108.29	\$14,690,198.42	\$45,068,837.37	(\$184,145,941.54)	4,278	49,503
6/26/2021	\$7,820,986.24	\$1,752,554.64	\$39,000,405.77	(\$184,145,941.54)	4,129	49,163
7/3/2021	\$7,510,618.27	\$4,017,556.17	\$35,507,343.67	(\$184,145,941.54)	4,222	49,973
7/10/2021	\$7,306,020.42	(\$441,762.50)	\$27,759,560.75	(\$184,145,941.54)	4,558	49,230
7/17/2021	\$7,022,454.40	\$483,431,374.50	\$504,168,480.85	(\$184,145,941.54)	5,492	48,045
7/24/2021	\$6,973,128.58	\$1,737,384.14	\$314,786,794.87	\$0.00	3,122	44,996
7/31/2021	\$6,905,932.85	\$3,941,939.36	\$311,822,801.38	\$0.00	3,228	47,230
8/7/2021	\$6,473,692.10	\$22,330,742.83	\$327,679,852.11	\$0.00	2,411	43,992
8/14/2021	\$6,154,325.88	\$357,644.69	\$321,883,170.92	\$0.00	2,332	40,433
8/21/2021	\$5,741,463.08	\$300,707.46	\$316,442,415.30	\$0.00	2,217	37,315
8/28/2021	\$5,784,067.63	\$454,816.95	\$311,113,164.62	\$0.00	2,060	35,659

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Weekly Trust Fund Update

Week ending	Benefits Paid	Other Activity ^	UI Trust Fund Balance	UI Borrowing Account Balance	Initial Claims*	Continued Claims*
9/4/2021	\$4,757,627.86	\$9,195.47	\$306,364,732.23	\$0.00	9,724	33,598
9/11/2021	\$7,059,479.80	\$120,095.61	\$299,425,348.04	\$0.00	14,042	37,364
9/18/2021	\$6,485,208.32	\$249,649.26	\$293,189,788.98	\$0.00	7,107	43,034
9/25/2021	\$6,642,210.51	(\$1,028,096.42)	\$285,519,482.05	\$0.00	3,947	43,003
10/2/2021	\$6,098,460.83	\$2,379,834.54	\$281,800,855.76	\$0.00	3,130	40,302
10/9/2021	\$5,486,896.19	(\$27,778,996.93)	\$248,534,962.64	\$0.00	3,141	36,425
10/16/2021	\$4,881,554.03	\$447,335.17	\$244,100,743.78	\$0.00	2,804	31,305
10/23/2021	\$487,283.30	\$462,241.95	\$239,715,702.43	\$0.00	2,102	26,314
10/30/2021	\$4,358,114.04	\$2,414,487.84	\$237,771,776.23	\$0.00	3,009	24,791
11/6/2021	\$4,099,105.59	\$17,421,788.28	\$251,094,458.92	\$0.00	1,981	24,227
11/13/2021	\$3,320,693.70	(\$506,076.66)	\$247,267,688.56	\$0.00	1,682	21,926

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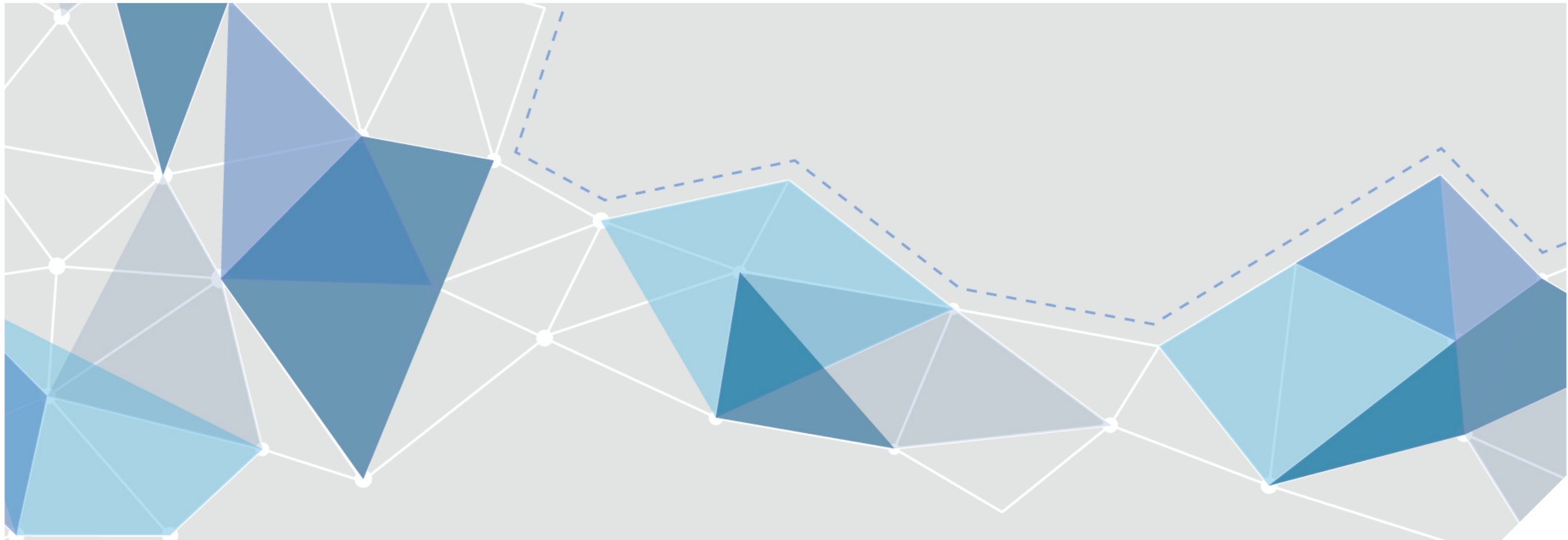
Weekly Trust Fund Update

Week ending	Benefits Paid	Other Activity ^	UI Trust Fund Balance	UI Borrowing Account Balance	Initial Claims*	Continued Claims*
11/20/2021	\$3,446,550.55	\$1,644,320.29	\$245,465,458.30	\$0.00	2,001	20,293
11/27/2021	\$3,632,078.58	\$4,467.83	\$241,837,847.55	\$0.00	1,568	18,760
12/4/2021	\$3,004,731.73	\$538,779.94	\$239,371,895.76	\$0.00	2,183	20,169
12/11/2021	\$3,253,172.98	\$7,370,747.65	\$243,489,470.43	\$0.00	TBD	TBD

Louisiana Department of Health

Hospital Directed Payment Update

December 16, 2021



Meeting Agenda

1

SCR 27 Report Overview

2

Modeling Updates

3

CMS Approval Process

This presentation is intended to facilitate live discussion and should not be relied upon as a stand-alone document. All values are from working models and subject to change.

SCR 27 Report Overview

Hospital Directed Payment Update

SCR 27 Report Overview

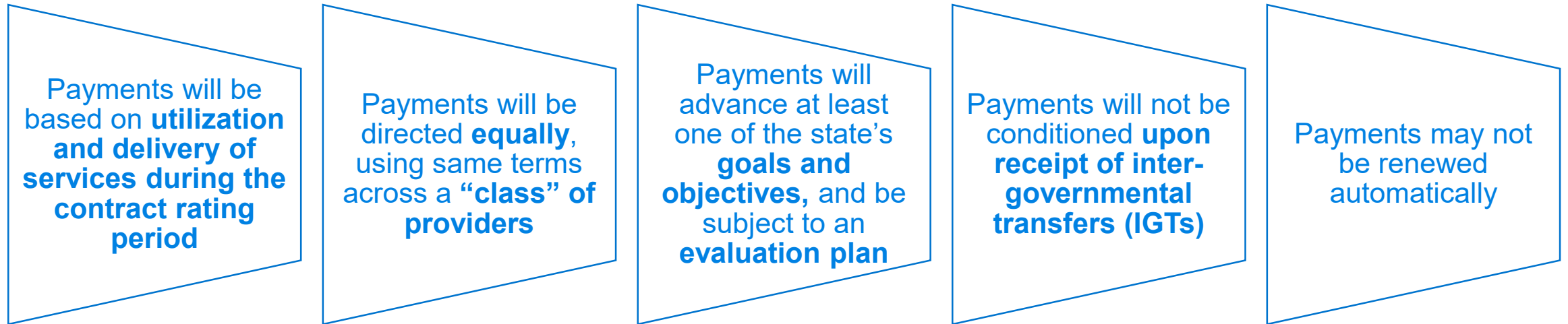
- In response to State legislation, the LDH engaged Milliman to develop alternative state directed payment methodologies under 42 CFR 438.6(c) (“directed payments”) for Medicaid managed care inpatient and outpatient hospital services.
- Directed payment options under consideration were developed and modeled to adhere to both LDH guidelines and CMS directed payment approval criteria (see Appendix 1 for additional information).
- Based on LDH requirements, the modeled directed payment options repurpose current managed care hospital “Full Medicaid Pricing” (FMP) supplemental payments.
- Based on qualitative and quantitative consideration of options, LDH proposes a **directed fee schedule** (DFS) “uniform percentage increase” methodology based on a **hospital tier approach**.
- **Please review the Appendices and exhibits in the report for more detailed information.**





CMS' directed payment approval criteria

42 CFR § 438.6 specifies that to obtain federal approval of directed “minimum fee schedule” payment increases, states must demonstrate the following in their “Preprint” applications to CMS:



- **Standardized measure benchmark:** CMS informed LDH that directed payments **must be below 100% of a standardized measure** (benchmarking to estimated cost, Medicare payments, or average commercial rate), **separately for inpatient and outpatient, by hospital class**
- CMS' Preprint approval process, along with the Federal Consolidated Appropriations Act of 2021, are emphasizing the need for states to demonstrate how their Medicaid supplemental payments are consistent with efficiency, economy, and quality of care



Directed Payment Methodology

Overview of Directed Payment Modeling Methodologies

Methodology Summary

- **Methodology 1 (Tiered).** Creates 5 different hospital tiers, each with its own increase percentages
- **Methodology 2 (Class).** Establishes separate payment pools for up to 4 different hospital classes

Methodology Evaluation

- Analyses suggested that Methodology 1 effectively mitigates impacts relative to existing funding levels under FMP, and allows for more payment granularity by hospitals within a base class
- Methodology 1 would enable a more streamlined process to integrate quality metrics in subsequent years as required by CMS

Funding Evaluation

- LDH evaluated several directed payment scenarios and estimated payment impacts, ranging from no funding increase relative to existing levels up to a \$1.0B funding increase

Proposed Approach

- LDH proposes the use of Methodology 1 (tiered approach) under a \$900M funding increase for policy reasons and based on preliminary estimated payment impacts

Please refer to Appendix 1 for a more detailed description of the modeling methodologies.



Methodology 1 – Hospital Tiered Approach

- DFS **Methodology 1** establishes separate payment pools for **5 different hospital tiers**, each with its own DFS increase percentages (separate for inpatient and outpatient)
- Hospital tiers are based on ranges of hospital points, where points are assigned to each hospital based on **8 categories** with different point weightings
 - 4 “**base**” categories based on hospital types (mutually exclusive)
 - 4 “**add-on**” categories based on hospital characteristics (non-mutually exclusive)
- **Base categories** include *Urban Public Hospital, Rural Hospital, Teaching Hospital, and Other Urban*
- **Add-on categories** focus on hospital units related to **key Medicaid service lines** where opportunities to cost shift are limited, and maintaining access to care is critical for the Medicaid population and for network adequacy:
 - *Neonatal Intensive Care Unit*: Louisiana has nation’s largest % of births (**62.8%**) covered by Medicaid (2020 MACPAC)
 - *Pediatric Intensive Care Unit*: Children’s Hospital New Orleans reported **72.9%** Medicaid utilization for FYE 2018
 - *Psychiatric Unit*: Louisiana's highest Medicaid volume psychiatric units (2,000+ days) have **47%** Medicaid utilization for FYE 2019
 - *Trauma Unit*: Limited number of trauma centers for high intensity services with high “standby” costs

Funding Scenarios

Aggregate modeled funding changes relative to current hospital supplemental payments of \$1.7 billion based on FMP, UPL, and DSH payments

Scenario 1 +\$400 Million	Scenario 2 +\$650 Million	Scenario 3 +\$900 Million	Scenario 4 +\$1.0 Billion
<ul style="list-style-type: none">Assumes aggregate Medicaid supplemental payment levels \$400M higher than the \$1.7 billion in supplemental payment funding currently provided under the FMP, UPL, and DSH programs combined.Enables most hospital systems to breakeven compared to current supplemental payments.	<ul style="list-style-type: none">Adds approximately \$650M in supplemental payment funding.Provides increased funding to several hospital systems with relatively smaller increases under Scenario 1.	<ul style="list-style-type: none"><i>Selected by LDH</i>Adds approximately \$900M in supplemental payment funding.Provides further funding to several hospital systems, with hospital tiers 2-5 up to 95% of average commercial reimbursement for outpatient services (at the hospital tier level).	<ul style="list-style-type: none">Adds approximately \$1.0B in supplemental payment funding.Brings tier 1 hospitals up to 95% of average commercial reimbursement for inpatient and outpatient (at the hospital tier level).Hospital tiers 2-5 remain at 95% of average commercial reimbursement.

Notes:

1. FMP = Full Medicaid Pricing, UPL = Upper Payment Limit, DSH = Disproportionate Share Hospital payments
2. Funding scenarios lower than \$400M were considered, but ultimately not illustrated due to observed payment reductions relative to funding under FMP for some hospital systems.

Funding Evaluation

Evaluation of payment impacts were conducted a various levels

Statewide

- Consistent with the metrics on the prior slide.
- Assists with understanding total program funding relative to the existing funding levels.

Hospital Class

- Enables review of hospital payments based on the payment stratifications underlying the directed payment modeling.
- Assists with understanding ACR metrics subject to CMS review.

Hospital System

- Payment impacts at the hospital system level was one of LDH's key considerations.
- The model maximizes provider's ability to manage impacts between the hospitals in their systems.

Hospital

- Stakeholder feedback may consider impacts on individual hospitals.
- With over 100 hospitals in Louisiana, negative impacts cannot be entirely mitigated at the hospital-specific level.

The remainder of our discussion will focus on impacts at the hospital system level

Hospital System Overview

Summary of Existing Funding by Hospital System (Values in \$ Millions)

HOSPITAL SYSTEM	CALENDAR YEAR (CY) 2019 BASE PAYMENTS	CURRENT SUPPLEMENTAL PAYMENTS			TOTAL
		DSH/UCC	FMP	UPL	
Rural (Public and Private)	\$ 226.3	\$ 0.0	\$ 109.3	\$ 4.5	\$ 340.1
Other Urban Private	78.3	51.9	3.5	0.0	133.7
Hospital Service Districts	193.0	28.5	200.9	0.0	422.4
Baton Rouge General / Baton Rouge Mid City	47.1	39.3	0.0	0.0	86.4
Louisiana Children's Medical Center	327.0	261.7	124.1	14.1	726.9
Christus	62.2	57.5	1.6	0.0	121.3
Allegiance Health	15.7	0.0	0.0	0.0	15.7
Ochsner / Lafayette General	326.9	199.4	52.9	10.8	589.9
Ochsner LSU Shreveport	154.1	134.1	160.1	0.0	448.3
Rapides Regional / Tulane University	108.4	74.6	0.0	0.0	183.0
Franciscan Missionaries of Our Lady	316.2	57.1	61.2	34.1	468.6
Willis-Knighton	76.6	40.8	0.0	0.0	117.4
Woman's Hospital	68.7	0.0	20.0	1.1	89.7
Total	\$ 2,000.6	\$ 944.8	\$ 733.5	\$ 64.6	\$ 3,743.6

\$1.7 Billion Current Supplemental Payments

Hospital System Impact Analysis

Preliminary Hospital Supplemental Payment Change by Funding Scenario, pre-assessment (values in \$ millions) ⁽¹⁾

*Brings
hospital tiers
2-5 to 95% of
commercial*

*Brings
hospital tier 1
to 95% of
commercial*

HOSPITAL SYSTEM	SCENARIO 1 +\$400M	SCENARIO 2 +\$650M	SCENARIO 3 +\$900M ⁽²⁾	SCENARIO 4 +1.0B
Rural (Public and Private)	\$ 20.4	\$ 64.9	\$ 79.0	\$ 79.0
Other Urban Private	3.1	3.2	8.0	10.5
Glenwood Regional Medical Center	0.0	0.0	3.7	9.6
Lake Charles Memorial Hospital	0.0	0.0	5.7	5.7
Hospital Service Districts	115.0	135.4	137.2	137.2
Baton Rouge General / Baton Rouge General Mid City	7.8	8.7	23.3	31.1
Louisiana Children's Medical Center	17.5	60.3	106.0	133.5
Christus	0.0	0.0	12.9	34.3
Allegiance Health	10.4	10.9	28.8	38.4
Ochsner / Lafayette General	70.4	105.9	155.1	181.1
Ochsner LSU Shreveport	(42.5)	(32.3)	(27.3)	(27.3)
Rapides Regional / Tulane University	115.4	128.4	128.4	128.4
Franciscan Missionaries of Our Lady	27.1	85.2	113.3	114.8
Willis-Knighton	53.3	75.8	75.8	75.8
Woman's Hospital	2.1	3.5	50.0	75.0
Total	\$ 400.0	\$ 650.0	\$ 900.0	\$ 1,027.1

Notes:

1. Estimated hospital supplemental payment change is defined as the difference in total supplemental payments (DSH/UCC, FMP, and UPL) under FMP relative to the respective alternative funding scenario. Projected supplemental payments are based on historical utilization; actual directed payments amounts may vary due to true utilization for the actual year.
2. Does not reflect additional adjustments for rural hospital supplemental payments made since the SCR 27 report.

Funding Evaluation

Illustration of Preliminary Supplemental Payments Sources (Values in \$ Millions)

PAYMENTS	CURRENT	SCENARIO 1 +\$400M	SCENARIO 2 +\$650M	SCENARIO 3 +\$900M ⁽¹⁾	SCENARIO 4 +\$1.0B
DSH/UPL	\$ 1,009.4	\$ 352.2	\$ 326.8	\$ 143.6	\$ 80.4
Directed Payment	\$ 733.5	\$ 1,790.7	\$ 2,066.1	\$ 2,499.3	\$ 2,689.6
Total Gross Supplemental Payments	\$ 1,742.9	\$ 2,142.9	\$ 2,392.9	\$ 2,642.9	\$ 2,770.0
Gross Supplemental Payment Change ⁽²⁾	N/A	\$ 400.0	\$ 650.0	\$ 900.0	\$ 1,027.1
Additional Funding Requirement ⁽³⁾	N/A	\$ 57.9	\$ 102.2	\$ 126.3	\$ 142.4
Net Payment Change	N/A	\$ 342.1	\$ 547.8	\$ 773.7	\$ 884.7

Notes:

- Does not reflect additional adjustments for rural hospital supplemental payments made since the SCR 27 report.
- Gross Supplemental Payment change calculated as the difference between the Total Gross Supplemental Payments calculated under a given scenario and the Total Gross Supplemental Payments under current payment arrangements (sum of FMP, UPL, and DSH payments).
- Funding requirement amounts provided by LDH and consider non-federal share of provider payments along with changes in premium tax collections and CPEs.
 - DSH/UPL Federal Match = 68.02%
 - Estimated Directed Payment Blended Federal Match = 77.91%
 - Managed Care Premium Tax = 5.5%
 Current funding is primarily financed through intergovernmental transfers (IGTs).

Anticipated Payment Process

Summary of Anticipated Directed Payment Process

Payment process is anticipated to follow this structure:

- **Initial Payments.** Estimated prior to the contract year using historical data (e.g., CY 2019 encounters)
- **Final Payments.** Calculated later using actual utilization during the contract year with sufficient time to allow for claims runout
- **Payment Reconciliation.** The difference between the final and initial payments will result in a reconciliation amount applied to future payments

Notes:

- All values included in this presentation were calculated using CY 2019 encounter data to illustrate preliminary impacts by hospital system.
- Final payments are certain to vary from initial payment estimates due to actual utilization differences during the contract year.

Modeling Updates

Payments and Assessments

Hospital Directed Payment Financing

Overview

- LDH proposes new hospital assessments effective July 1, 2022 based on **hospital net patient revenues** from fiscal year data ending during **SFY 2019**
 - LDH proposes to **update current hospital stabilization fees** from FY 2015 data to FY 2019, based on CMS feedback
 - LDH proposes to increase total assessments to fund new hospital supplemental payments
- **Total modeled hospital assessments of \$242.5M include the following:**
 - **Base portion: \$114.3M** in current hospital stabilization fees
 - **Directed payment portion: \$128.3M** in new assessments fund the non-federal share of new hospital directed payments
 - **\$126.0M** for **acute** hospital directed payments
 - **\$2.3M** for **Long-term Acute Care (LTAC), Psychiatric, and Rehabilitation** hospital directed payments

Hospital Directed Payment Financing

Assessment Rate Differentials

- **Base portion:** LDH proposes a uniform base portion assessment rate, applied to assessed hospital net patient revenues
 - Rural hospitals and small urban private acute hospitals (32 beds or less): **exempted**
- **Directed payment portion:** LDH proposes tiered assessment rates
 - Acute hospital net patient revenues **below** a \$200M threshold: **full** assessment rate
 - Acute hospital net patient revenues **above** a \$200M threshold: **reduced** assessment rate
 - LTAC, Psychiatric, and Rehabilitation hospitals: **reduced** assessment rate
 - Small urban private acute hospitals (32 beds or less): **exempted**
- Preliminary assessment rates have been modeled to pass CMS' B1/B2 test for the base and directed payment assessment portions combined

CMS Requirements

Tests demonstrating permissible non-uniform hospital assessments

- **Assessments must be generally redistributive** – 42 CFR § 433.68(e):
 - Hospital assessments with tiered rates must pass the “B1/B2” test to gain a waiver from CMS’ broad-based and uniform requirement, separately for inpatient and outpatient (if applicable)
 - B1/B2 compares the relationship between each provider’s Medicaid assessable units and the provider’s share of total assessments assuming a) the assessment is broad based and uniform (B1), versus b) the proposed assessment structure (B2)
 - B1/B2 ratio must be greater than **1.0** to pass
- **Assessments must not violate hold harmless provisions** - 42 CFR § 433.68(f):
 - In the “Hold Harmless” test, assessments must be less than or equal to **6%** of the net patient revenue attributable to the assessed permissible class of health care services, separately for inpatient and outpatient (if applicable)

Estimated Net Payment Change by Hospital System

Estimated net hospital supplemental payment change, less new assessments (values in \$ millions)

HOSPITAL SYSTEM / GROUPING	UPDATED ESTIMATED NET HOSPITAL SUPPLEMENTAL PAYMENT CHANGE ⁽¹⁾	ESTIMATED NEW HOSPITAL ASSESSMENTS ⁽²⁾	ESTIMATED NET IMPACT
Allegiance Health	\$ 28.8	\$ 1.3	\$ 27.5
Baton Rouge General / Baton Rouge General Mid City	23.3	4.4	18.9
Christus	12.9	8.3	4.6
Franciscan Missionaries of Our Lady	113.3	12.2	101.2
Glenwood Regional Medical Center	3.7	1.6	2.1
Hospital Service Districts	137.2	16.9	120.3
Lake Charles Memorial Hospital	5.7	3.7	2.1
Louisiana Children's Medical Center	106.0	21.4	84.7
Ochsner / LGH	155.1	24.5	130.7
Ochsner LSU Health Shreveport	(27.3)	8.3	(35.6)
Other Urban Private	8.0	(2.5)	10.5
Rapides Regional / Tulane University	128.4	7.7	120.8
Rural hospitals (Public and Private)	71.9	10.7	61.2
Willis-Knighton	75.8	5.6	70.2
Womans Hospital	50.0	3.0	47.0
Other hospitals not included in directed payment model	0.0	(0.1)	0.1
Estimated Statewide Total	\$ 892.9	\$ 126.8	\$ 766.1

Notes:

- Hospital supplemental Payment change calculated as projected future hospital directed payments and retained DSH and UPL, less current hospital supplemental payments (current FMP, UPL, and DSH payments). Reflects adjustments for rural hospital supplemental payments made since the SCR 27 report, including additional retained UPL payments, and reductions for the loss of GME payments.
- Preliminary estimated new assessments using hospital fiscal year end cost report data ending during SFY 2019. Includes \$0.8M increase from rebasing the current assessment from 2015 to 2019 data, and \$126.0M in new assessments to fund hospital directed payments.

CMS Approval Process

Hospital Directed Payment Update

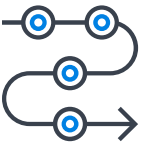
CMS Approval Process

The Louisiana Department of Health (LDH) and Milliman have been meeting with the Centers for Medicare & Medicaid Services (CMS) on a monthly basis.

- SCR 27 report has been shared and discussed with CMS.
- CMS indicated that they do not have concerns with the summary provided, and that the proposed methodology is similar to approved models in other states.

To implement a hospital directed payment, LDH will need to submit a “preprint” form to CMS for federal approval.

- At CMS’ request, LDH developed a draft preprint focused on the payment methodology mechanics for CMS’ informal review.
- CMS has reviewed the draft preprint and submitted questions, to which LDH has responded.
- The final preprint will be developed in early 2022 for submission by April 1, 2022.



Next Steps

- Continue to work with the industry to verify data and respond to feedback.
- Continue to work to refine the models based upon any feedback received.
- Provide IGT certifications to provider community and receive executed documents.
- Continue provide information and confer with the Legislature on the assessment and payment models.
- Submit Hospital Preprint on or before March 31, 2022.
- Continue the ongoing CMS dialogue.



Ben Mori
Senior Healthcare Consultant
+1 206 613 8204
Ben.Mori@Milliman.com

2021 Regular Session

HOUSE CONCURRENT RESOLUTION NO. 2

BY REPRESENTATIVE SCHEXNAYDER

A CONCURRENT RESOLUTION

To provide for a hospital stabilization formula pursuant to Article VII, Section 10.13 of the Constitution of Louisiana; to establish the level and basis of hospital assessments; to establish certain reimbursement enhancements for inpatient and outpatient hospital services; to establish certain criteria for the implementation of the formula; and to provide for related matters.

WHEREAS, through the adoption of this Resolution, the Legislature of Louisiana hereby seeks to:

- (1) Preserve and enhance the availability of inpatient and outpatient hospital services for the citizens of Louisiana.
- (2) Preserve and protect rural hospitals as provided in the Rural Hospital Preservation Act, pursuant to R.S. 40:1189.1 et seq.
- (3) Enhance the stability of hospital funding by utilizing a fiscally prudent healthcare driven solution that does not rely on the use of state general funds and provides a reliable and recurring source of funding for healthcare services.
- (4) Minimize the effects of shifting the cost of caring for those Louisiana residents who are uninsured to those who are able to obtain health insurance.
- (5) Create flexibility to design a plan to provide for more efficient and effective ways to maximize the state's use of monies currently expended for the provision of healthcare services to the state's low income and uninsured residents.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby enact the annual hospital stabilization formula pursuant to Article VII, Section 10.13 of the Constitution of Louisiana:

I. Hospital Stabilization Assessment.

A.(1) The Louisiana Department of Health shall calculate, levy, and collect an assessment for each assessed hospital in accordance with Subsection B of this Section.

(2) Prior to the levy of any assessment pursuant to the provisions of this Resolution, the Louisiana Department of Health shall submit a Medicaid assessment report to the Joint Legislative Committee on the Budget. The Medicaid assessment report shall include a description of the proposed assessment, the basis for the calculation of the assessment, and a listing of each hospital included in the proposed assessment.

B.(1) The total assessment for the state Fiscal Year 2021-2022 shall not exceed the lesser of the following:

(a) The state portion of the cost of the reimbursement enhancements provided for in Subsection A of Section II of this Resolution which are directly attributable to payments to hospitals, excluding any federal financial participation and any costs associated with Full Medicaid Pricing, supplemental payments and quality programs.

(b) One percent of the total inpatient and outpatient hospital net patient revenue of all hospitals included in the assessment, as reported in the Medicare cost report ending in state Fiscal Year 2015.

(2) The Louisiana Department of Health shall allocate, levy, and collect the assessment in accordance with the provisions of the Louisiana Administrative Code 48:I.4001(F)(2) as published in Volume 42, Number 11, of the Louisiana Register and with this Subsection. Any hospital meeting the definition of a rural hospital as defined in R.S. 40:1189.3 or otherwise excluded by the Centers for Medicare and Medicaid Services shall be excluded from the assessment. Subject to the approval of the Centers for Medicare and Medicaid Services, any hospital with thirty-two or fewer beds shall be exempt from the hospital assessment.

(3) The Louisiana Department of Health shall publish on a quarterly basis, no later than thirty days after the end of each quarter, a report containing data directly related to the revenue enhancement provided for in Subsection A of Section II of this Resolution. The report shall include the following:

(a) Total Medicaid enrollment on a monthly basis.

(b) The average monthly premium paid to managed care organizations providing benefits and services to eligible Medicaid enrollees and the portion of premium related to hospital payments included in this assessment.

(c) The aggregate Medicaid claims payment by provider type.

(d) The total amount of inpatient and outpatient Medicaid claims paid to hospitals delineated by each individual hospital Medicaid provider number.

II. Reimbursement Enhancements.

The Louisiana Department of Health shall provide for reimbursement enhancements as follows:

(A) Payment for healthcare services through the implementation of a health coverage expansion of the Louisiana medical assistance program that meets all the requirements necessary for the state to maximize federal matching funds as set forth in 42 U.S.C. 1396d(y) of Title XIX of the Social Security Act.

(B) For any hospital subject to the assessment levied pursuant to this Resolution, the payment of hospital reimbursement rates in an amount no less than the reimbursement rates in effect for dates of service on or after January 1, 2021.

III. Administration

(A) The Louisiana Department of Health shall submit any necessary state plan amendment that may be required in order to implement the provisions of this Resolution to the Centers for Medicare and Medicaid Services no later than one hundred and twenty days from the date this Resolution is adopted. Provided, however, the Louisiana Department of Health shall model various Medicaid financing options utilizing hospital provider fees, intergovernmental transfers, certified public expenditures, and other means necessary to finance the Louisiana Medicaid hospital reimbursement system. The hospital reimbursement options shall be formulated publicly with proper input from individual hospitals. Additionally, all

options shall be accountable to patients and taxpayers. Additionally, all options shall follow evidence-based and best practices. Additionally, all options shall contain reimbursement rates that are fair, equitable, and based on diagnoses. Additionally, all options shall protect the Rural Hospital Preservation Act and maximize reimbursement to qualifying hospitals. Additionally, all options shall demonstrate financial sustainability over the long-term. Additionally, all options shall acknowledge and attempt to consider any recommendations from the COVID-19 Health Equity Task Force to address health care disparities. The Louisiana Department of Health shall provide reports providing details of these proposed options to the Joint Legislative Committee on the Budget in the months of October, December, and February Fiscal Year 2021-2022. Additionally, the Louisiana Department of Health shall work with the Joint Medicaid Oversight Committee as requested by the chairman in the development of these options and reports.

(B) The legislative auditor is hereby authorized and directed to collect all information necessary from the Louisiana Department of Health; hospitals; consultants retained by the Louisiana Department of Health, a hospital, a group of hospitals, or corporate owner or operator of a hospital; or any other entity to complete a detailed analysis of the Medicaid hospital reimbursement methodology and supplemental payment programs. Further, the legislative auditor shall provide all information collected and the subsequent analysis to the legislature for review.

SPEAKER OF THE HOUSE OF REPRESENTATIVES

PRESIDENT OF THE SENATE



State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

December 1, 2021

The Honorable Mack "Bodi" White, Chairman
Joint Legislative Committee on the Budget
P.O. Box 44294
Baton Rouge, LA 70804

The Honorable Jerome Zeringue, Vice Chairman
Joint Legislative Committee on the Budget
423 Goode Street
Houma, LA 70360

Re: HCR 2 Requirement – October 2021 Report on Hospital Directed Payment Options

In response to House Continuing Resolution (HCR) 2 of the 2021 Legislative Session, the Louisiana Department of Health (LDH) submits this letter as the required October Report detailing our continued work in developing a hospital directed payment program.

As you are aware, Senate Continuing Resolution (SCR) 27 urged LDH to seek independent consultant opinions and alternative options for the submission of the Managed Care Section 438.6(c) Preprint to the Centers for Medicare and Medicaid Services for Fiscal Year 2022 and submit a report containing the alternative options to the Joint Legislative Committee on the Budget (JLCB). To that end, the Department contracted with Milliman and developed a written report outlining options for hospital directed payment models at various funding levels. As required, that report was submitted to the JLCB on July 31, 2021; a copy of that report can be found here: <https://ldh.la.gov/news/6261>

Since submission of the report, LDH has actively continued the development of the hospital directed payment model. One of the immediate challenges being faced by the Department was the initial deadline imposed by CMS which required Louisiana to transition its current Full Medicaid Pricing (FMP) programs to approved directed payment programs by January 1, 2022; LDH requested a one-year extension from CMS to the imposed deadline and received approval of that request on September 17, 2021. Therefore, the new deadline for transitioning away from the current FMP programs is January 1, 2023. While that may seem like sufficient time to transition, there is still significant work required and the Department has maintained its sense of urgency to best assure that we are able to implement replacement directed payment programs by the extended deadline.

To help assure that the hospital directed payment model is in the best position to succeed, LDH has continued its extensive stakeholder engagement processes, presenting the models at regular intervals to pivotal stakeholder groups, including legislative committees/workgroups, industry associations and CMS representatives.

As it relates to legislative stakeholders, outside of frequent presentations on the topic to the Joint Medicaid Oversight Committee (JMOC), as of September 22, 2021, the Department began hosting bi-weekly legislative update calls to keep legislators of oversight committees apprised of any material changes to the model, provide opportunity for feedback and present any concerns/challenges being encountered. For

industry engagement, LDH worked with the Louisiana Hospital Association (LHA) to establish a subcommittee workgroup comprised of LHA leadership and membership. As of October 31, 2021, LDH has held the following meetings with the LHA subcommittee:

Date	Primary Topic
May 21, 2021	Overview of Directed Payment Methodologies being Considered
June 23, 2021	Modeled Scenarios at Various Funding Levels - Hospital System Level
July 21/22, 2021	Individual Hospital/Systems Meeting - Review Hospital Specific Modeling
August 26, 2021	Additional Hospital Assessment Modeling

Our CMS engagement has largely centered on the establishment of a standing, monthly call with key CMS team members based in the CMS central office; the first call was held on August 17, 2021. These calls allow us to share details of the model with CMS and get their feedback on any changes needed to ensure a smooth review as we work toward finalization of the payment program. We will continue to work collaboratively with CMS to resolve any issues/challenges identified.

Over the coming weeks, the Department will focus its efforts on solidifying the additional hospital assessment that will be required in order to finance the non-federal share of the payment program. The Department anticipates that the December report as required per HCR 2 will provide the framework for the assessment model and the related impacts at the hospital system level. While the focus of this report is related to hospital directed payments, the Department will be following a very similar development and engagement tract in order to design replacement programs for the remaining FMP programs (Physician, Ambulance, and Dental) that are subject to the January 1, 2023 extended deadline.

The Department is committed to determining the most suitable hospital payment option for the State of Louisiana and to keeping the legislature updated throughout the process. As always, please do not hesitate to contact me with any questions or concerns.

Sincerely,



Ruth Johnson
Undersecretary

Enclosure

C: Dr. Courtney Phillips, Secretary



State of Louisiana
Louisiana Department of Health
Office of Management and Finance

December 14, 2021

The Honorable Mack "Bodi" White, Chairman
Joint Legislative Committee on the Budget
P.O. Box 44294
Baton Rouge, LA 70804

The Honorable Jerome Zeringue, Vice Chairman
Joint Legislative Committee on the Budget
423 Goode Street
Houma, LA 70360

Re: HCR 2 Requirement – December 2021 Report on Hospital Directed Payment Options

In response to House Continuing Resolution (HCR) 2 of the 2021 Legislative Session, the Louisiana Department of Health (LDH) submits this letter as the required December Report detailing our continued work in developing a hospital directed payment program.

LDH has continued its extensive stakeholder engagement processes, presenting the Hospital Models and Hospital Assessment Models at regular intervals to pivotal stakeholder groups, including legislative committees/workgroups, industry associations and CMS representatives.

As it relates to legislative stakeholders, the Department continues hosting bi-weekly legislative update calls to keep representative legislators apprised of any material changes to the model, provide opportunity for feedback and present any concerns/challenges. For industry engagement, LDH worked with the Louisiana Hospital Association (LHA) to establish a subcommittee workgroup comprised of LHA leadership and representatives of member hospitals. We also have regular meetings with LHA leadership and leadership of the Rural Hospital Coalition to discuss progress of both the assessment model and directed payment program. Since our previous update and as of November 30, 2021, LDH has held the following meetings with the LHA subcommittee:

Date	Primary Topic
November 1, 2021	Discussion with Hospital Service Districts on their unique questions
November 9, 2021	LHA sub-committee meeting to discuss timeline, alternative assessment options and next steps
November 23, 2021	LHA Executive Team meeting to discuss updated Assessment model
November 29, 2021	LHA Sub-committee meeting to discuss assessment and hospital model

In addition to the meetings relative to the acute hospital program, LDH had meetings with the LHA Sub-Committee to discuss the Physician Services Directed Payment Program as well as a Directed Payment Program for non-acute care hospitals on December 9, 2021. The department will continue to be transparent with these stakeholders and work collaboratively for a successful transition of all of the current Full Medicaid Pricing (FMP) programs.

LDH is proposing a new hospital assessment effective July 1, 2022 based on hospital net patient revenues from cost reports submitted during SFY 2019. This will be an update of the current hospital assessment, which is based on net patient revenues from cost reports submitted during SFY 2015. LDH worked collaboratively with the LHA sub-committee to discuss multiple cost report data as the basis of the assessment including, hospital discharges, inpatient days, gross revenue and net patient revenue. Stakeholder feedback supported net patient revenue as it is the basis of the current model and used in many other states as a basis for an assessment. Therefore, LDH is proposing to increase the hospital assessment to fund the new hospital supplemental payments on the basis of net patient revenue.

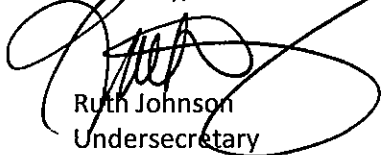
The proposed assessment model has tiered assessment rates based on a hospital's net patient revenue (NPR). Hospitals with NPR below an established threshold will be assessed the full rate while those with revenue above the threshold will be assessed at a reduced rate. Non-acute care hospitals, which include, Long Term Acute Care (LTAC) hospitals, Psychiatric and Rehab hospitals will be assessed at a reduced amount. Our preliminary discussions with CMS indicate a strong desire to combine the existing and new assessment for demonstration purposes. The department is developing models to combine the existing and the new assessments to comply with CMS requirements.

In our monthly calls with CMS, they have focused the majority of the discussion on the means of financing for the program. We have communicated to CMS that we will be using a combination of IGTs, assessments and State General Fund to finance the program. While the proposed levels of State General Fund and IGTs will not exceed what is currently in the department's budget, the increased hospital assessment will be an increase in overall budget authority. We will continue to work collaboratively with CMS to ensure a successful implementation of the final approved model.

Over the coming weeks, the Department will focus its efforts on finalizing the additional hospital assessment that will be required in order to finance the non-federal share of the payment and complete a draft version of the pre-print document for leadership review prior to submission to CMS.

The Department is committed to implementing a financially sustainable hospital supplemental payment option for the state of Louisiana to ensure continued funding to our healthcare providers and to maintain healthcare access for all Louisiana Medicaid recipients. We are committed to a transparent process in the payment methodology development with all providers, the administration and the legislature.

Sincerely,



Ruth Johnson
Undersecretary

RJ:ap:td

SENATE CONCURRENT RESOLUTION NO. 27

BY SENATORS BOUDREAUX, ABRAHAM, ALLAIN, BARROW, BERNARD, BOUIE, CARTER, CATHEY, CLOUD, CORTEZ, FESI, FIELDS, FOIL, HARRIS, HENRY, HEWITT, JACKSON, JOHNS, LUNEAU, MCMATH, MIZELL, MORRIS, PEACOCK, POPE, PRICE, REESE, SMITH, TARVER, WARD, WHITE AND WOMACK

A CONCURRENT RESOLUTION

To authorize and direct the Louisiana Department of Health to seek independent consultant opinions and alternative options for the submission of the Managed Care Section 438.6(c) Preprint to the Centers for Medicare and Medicaid Services for Fiscal Year 2022 prior to finalization.

WHEREAS, to address concerns regarding state-directed payments used in state Medicaid programs, the Centers for Medicare and Medicaid Services (CMS) promulgated 42 CFR 438.6(c) to provide for permissible alternative approaches for payment delivery systems and provider payment initiatives; and

WHEREAS, Section 438.6(c) provides states with the flexibility to implement delivery systems and provider payment initiatives under Medicaid managed care contracts; and

WHEREAS, the Louisiana Department of Health is required to submit the Managed Care Section 438.6(c) Preprint for approval by CMS each fiscal year; and

WHEREAS, Medicaid remains the largest single item in Louisiana's operating budget; and

WHEREAS, to be a good steward and manage the resources available to the Louisiana Medicaid program prudently and responsibly, the department should obtain input from all qualified persons who can provide a constructive analysis of and recommend beneficial changes to the Medicaid payment delivery systems and provider payment initiatives.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby authorize and direct the Louisiana Department of Health to seek independent consultant

opinions and alternative options for the submission of the Managed Care Section 438.6(c) Preprint to the Centers for Medicare and Medicaid Services for Fiscal Year 2022 prior to finalization.

BE IT FURTHER RESOLVED that the department shall submit a report containing the alternative options developed by the department pursuant to this Resolution to the Joint Legislative Committee on the Budget on or before February 1, 2021.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the secretary of the Louisiana Department of Health.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES



State of Louisiana

Louisiana Department of Health

Bureau of Health Services Financing

July 30, 2021

The Honorable Mack "Bodi" White, Chairman
Joint Legislative Committee on the Budget
P.O. Box 44294
Baton Rouge, LA 70804

The Honorable Jerome Zeringue, Vice Chairman
Joint Legislative Committee on the Budget
423 Goode Street
Houma, LA 70360

Re: SCR 27 Report – Louisiana Department of Health Directed Payment Options Analysis

In response to Senate Concurrent Resolution (SCR) 27 of the 2020 First Extraordinary Legislative Session, the Louisiana Department of Health (LDH) submits the enclosed report. This report can be viewed on LDH's website at <https://ldh.la.gov/index.cfm/newsroom/category/55?pn=1>.

SCR 27 urged LDH to seek independent consultant opinions and alternative options for the submission of the Managed Care Section 438.6(c) Preprint to the Centers for Medicare and Medicaid Services (CMS) for Fiscal Year 2022 and submit a report containing the alternative options to the Joint Legislative Committee on the Budget (JLCB). To comply with this legislation, the Department issued public notice for a Request for Information (RFI) on July 17, 2020. After internal review and an entrance conference with RFI respondents, Milliman was selected as the contractor to develop recommendations directed by the resolution. Milliman has extensive experience in creating alternative payment models in Medicaid. Given the complexity of developing directed payment options that address the guardrails surrounding the current payment, LDH worked extensively with Milliman and our hospital stakeholders to develop recommendations as directed by the resolution and present the options finalized in the enclosed report for your consideration.

LDH recommends the following based on the Milliman report:

- Consensus on the Tiered Approach in Methodology 1.
- Rebalance funding mechanisms through legislative statutory action in the 2022 Regular Session that allows LDH authority to institute an assessment to fund the directed payment program via the rulemaking process.
- Appropriate total funding at \$2.64 billion (\$900 million additional dollars).
- Submit the plan to CMS by April 2022 (preprint application would need to be submitted no later than April 1, 2022, to achieve an effective date of July 1, 2022).
- Provide recommended value based payment direction to industry for year 2 implementation.

Next steps to implement these recommendations are detailed below and contain actions needed from the Legislature, Administration and LDH:

- Review of the options with LDH, the Louisiana State Legislature, and the Administration.
- Begin discussions with federal partners on model and extension request.

July 29, 2021

The Honorable Mack "Bodi" White, Chairman
The Honorable Jerome Zeringue, Vice Chairman

- Evaluate options provided including continued and increasing investment in value-based purchasing methodologies.
- Establish final funding amount for the state directed payment program and financing options to fund the program.
- Continue stakeholder engagement with the hospital community on directed payment arrangement parameters and quality metrics.
- Schedule informal discussion with CMS to review proposed directed payment arrangement parameters prior to preprint submission.
- Develop final directed payment model, approach, quality metrics, and evaluation plan, and summarize in the preprint application and supporting documentation for submission to CMS.
- Review and evaluate actuarial rate-setting implications related to documenting and incorporating state directed payments into the managed care capitation rates, consistent with CMS requirements outlined in the 2020-2021 Medicaid Managed Care Rate Development Guide.
- Monitor ongoing issues related to financing the non-federal share of Medicaid costs. As we begin a new Administration and a new Congress, with new leaders in the Department of Health and Human Services and CMS, it is vitally important to evaluate the interpretations of the new Administration and Congress and its impact on states, particularly with financing mechanisms.

The Department is committed to determining the most suitable hospital payment option for the state of Louisiana and to keeping the legislature updated throughout the process. As always, please do not hesitate to contact me with any questions or concerns.

Sincerely,



Ruth Johnson
Undersecretary

Enclosure

Louisiana Department of Health Directed Payment Options Analysis

July 28, 2021

Jason Clarkson, FSA, MAAA
Principal and Consulting Actuary

Carmen Laudenschlager, ASA, MAAA
Consulting Actuary

Colin Gray, FSA, MAAA
Consulting Actuary

Ben Mori
Senior Healthcare Consultant

Katherine Wentworth, JD
Senior Healthcare Management Consultant





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Section 1: Executive Summary

In response to Senate Concurrent Resolution Number 27, the Louisiana Department of Health (LDH) requested that Milliman, Inc. (Milliman) develop alternative state directed payment methodologies under 42 CFR 438.6(c) (referred to hereafter as “directed payments”) for Medicaid managed care inpatient and outpatient hospital services. In developing alternative options, LDH requested that Milliman evaluate the impact on access to hospital services in both rural and urban areas, as well as assess the impact on improving the quality of services provided by Louisiana’s hospitals. Potential next steps in the directed payment consideration process and important limitations to this analysis are included in Sections 5 and 6 of this report.

LDH outlined the following seven assumptions to guide our analyses of directed payment options:

1. Directed payment methodologies **must not require any additional State General Fund dollars**, as defined by LDH, over the amount utilized in the prior state fiscal year for hospital reimbursement.
2. Directed payment methodologies should take into account LDH’s **priority of maintaining reimbursement levels for Rural Hospitals**, as defined in the Rural Hospital Preservation Act (minimum reimbursement levels), and Louisiana State University’s (LSU’s) **Public-Private Partners** that are parties to Cooperative Endeavor Agreements.
3. Milliman should examine the current reimbursement level for hospitals, inclusive of base rates and any supplemental payments, and any alternative methodology should **minimize any reductions to those reimbursement levels**.
4. Directed payment methodologies should utilize, at a minimum, the principle of reimbursement “**following**” the patient thereby “**rewarding**” hospitals for treating Medicaid patients and/or increasing access to services for Medicaid recipients.
5. To the extent allowable by federal regulations, Milliman may suggest **alternative sources of funds** that can be used as state match.
6. Milliman may analyze **value-based purchasing (VBP) principles** where advisable.
7. Directed payment methodologies must meet CMS standardized **measure benchmarking requirements**.

This report provides background on applicable statutory and regulatory considerations, potential alternative directed payment methodologies, estimated fiscal impacts under various funding levels for LDH’s consideration, and a review of strategies pursued by other states which may be useful for LDH in developing its preferred directed payment program.

DIRECTED PAYMENT OVERVIEW

Supplemental payment programs, of which directed payments are a subset, constitute a major source of Medicaid revenue for hospitals in many states, including Louisiana.¹ Per a 2018 Medicaid and CHIP Payment and Access Commission (MACPAC) issue brief on Medicaid hospital supplemental payments, \$47.2 billion, or 27% of total national Medicaid hospital expenditures, was attributable to supplemental payments.² Nationally, the political support needed to implement supplemental payment programs involving local funding sources is highly dependent on a state’s ability to financially support the providers that help fund the state share of payments.

To address the issues facing states, CMS introduced permissible alternative approaches for Medicaid supplemental payments under Medicaid managed care, as documented in **42 CFR §438.6(c)**, “Delivery system and provider payment initiatives under MCO, PIHP, or PAHP contracts.” This section of the federal regulation provides specific mechanisms that can be used by states to support innovative efforts to transform care delivery and payment and allows states to contractually require Managed Care Organizations (MCOs) to adopt minimum fee schedules for provider payments, use VBP approaches for provider reimbursement, and participate in delivery system reform

¹ Supplemental payments are payments made to providers above what they are paid for individual services, while directed payments are a type of supplemental payments that are required by a state to occur under MCO contract requirements

² MACPAC, “Medicaid Base and Supplemental Payments to Hospitals” (June 2018)

initiatives. Directed payment arrangements must be based on delivery and utilization of services, direct expenditures equally for a class of providers using a common set of performance measures and advance at least one goal and objective in the state's quality strategy. States must submit a "preprint" application to CMS on an annual basis for federal approval of a directed payment arrangement.

Today, directed payment arrangements are a commonly used approach for states to direct specified payments to providers in Medicaid managed care programs, with the majority of states having at least one approved preprint.³ In this report we describe approaches utilized by other states under CMS-approved preprints, which helped inform our development of potential directed payment options for LDH's consideration. However, it is important to note that CMS' requirements and approval criteria for directed payment arrangements have evolved over time, including the new November 2020 Medicaid managed care final rule⁴ and new January 2021 CMS preprint guidance and requirements.⁵ These new requirements, paired with CMS leadership changes, create some uncertainty for how CMS will operationalize and administer its preprint evaluation process going forward. In addition, we expect CMS may consider elements of the arrangement beyond the proposed payment mechanism, potentially also considering state goals and objectives for quality and access to care, duration, managed care plan requirements, and other factors.

The approaches described in this report should be considered as examples of historically permissible frameworks, but not as templates that, if replicated using Louisiana's specific parameters and funding and impact objectives, would ensure CMS approval. Additionally, it is important to note that all directed payment arrangements are currently subject to annual evaluation and approval by CMS, regardless of the expected duration submitted in the preprint. CMS approval of the first year of an expected multi-year arrangement may not imply approval in subsequent years.

MODELED DIRECTED PAYMENT OPTIONS

Our directed payment modeling has focused on directed fee schedule (DFS, CMS' technical term for a permissible type of §438.6(c) directed payment arrangement) "uniform percentage increase" options. Under DFS, MCOs would be directed to pay specified percent increases to claim-based payments (under negotiated rates). These payment increases would be determined by establishing payment pools, where payments would be distributed to the hospitals within each pool based on contract year utilization to be calculated using managed care encounter data.

We developed two different methodologies for establishing fixed payment pools in terms of the number of pools, the hospitals assigned to each pool, and the size of the pools:

- **Methodology 1 (tiered approach):** establishes separate payment pools based on five **hospital tiers** determined based on ranges of numeric point values associated with eight hospital categories. Hospital categories each have their own point weighting and consist of four mutually exclusive "base" provider type categories and four "add-on" key Medicaid service line categories which are **not** mutually exclusive. The selected add-on categories focus on hospital units related to key Medicaid service lines where opportunities to cost shift are limited and maintaining access to care is critical for the Medicaid population and for network adequacy.
- **Methodology 2 (class approach):** establishes separate payment pools based on four mutually exclusive **hospital classes**, each with its own directed payment increase percentage. Hospital class directed payment increase percentages are based on the funding needed to achieve each class's target percentage of payments under Medicare or Commercial reimbursement.

Under both model methodologies, a portion of existing Medicaid disproportionate share hospital (DSH) and fee-for-service (FFS) Upper Payment Limit (UPL) supplemental payments would be retained in order to help mitigate payment impacts. Note LDH proposed to transition all of the current Medicaid managed care hospital "Full Medicaid Pricing" (FMP) payments to a directed payment arrangement.

³ MACPAC's September 219 presentation <https://www.macpac.gov/publication/use-and-oversight-of-directed-payments-in-medicaid-managed-care/>

⁴ <https://www.federalregister.gov/documents/2020/11/13/2020-24758/medicaid-program-medicaid-and-childrens-health-insurance-program-chip-managed-care>

⁵ <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf>

Following a review of each methodology and preliminary impact estimates, **LDH proposes methodology 1 (tiered approach)** for implementation purposes. The considerations involved in this selection process are discussed in Section 2 of this report.

Hospital supplemental payments in Louisiana currently total approximately **\$1.7 billion** in aggregate from a combination of hospital FMP, UPL, and DSH payments. Funding scenarios from \$0 increase up to 95% of commercial reimbursement (\$1 billion payment increase) were considered in our review of DFS options. Following the identification of the tiered approach and preliminary funding discussions with LDH, we modeled DFS options under four separate funding level assumptions ranging from a \$400 million to approximately \$1 billion payment increase relative to existing funding levels. Based on a review of the impact of the DFS by hospital class, **LDH proposes an approximately \$900 million increase** relative to existing hospital supplemental payment levels. This is illustrated under scenario 3 in this report and was selected to balance hospital system impacts with the need to finance the non-federal share of DFS payment increases.

It is our understanding that LDH explored different approaches to fund the non-federal share of DFS payment increases, which LDH estimates to be approximately **\$126 million** (under its proposed \$900 total computable payment increase scenario). Traditionally, the non-federal share of a DFS increase may be sourced from a combination of existing intergovernmental transfers (IGTs)⁶, new provider assessments, and state general funds. We understand LDH is proposing hospital assessment increases for the non-federal share of DFS increases, given the lack of available state general funds and its decision to not increase IGTs above current levels (to support a better balance of funding sources).

LDH currently assesses non-rural hospitals at a rate of approximately 1.0% of net patient revenues (based upon net patient revenue base data from calendar year 2015). Federal requirements for permissible health care-related assessments include the "hold harmless" test under 42 CFR § 433.68(f), which limits the size of Louisiana's aggregate hospital assessments to 6.0% of net patient revenues. Historically, Congress has attempted to reduce the percentage of allowable assessments in its budgets.⁷ Note that CMS' evaluation of hospital assessment changes may involve factors beyond the 6% hold harmless test and P1/P2 test (which demonstrates whether the assessment is generally redistributive and which LDH currently passes), including evaluation of net hospital impacts and other considerations.

For the purposes of this report, net payment impacts (payment increases net of provider contributions) associated with each modeled funding scenario are illustrated at the statewide composite level. Hospital system net payment impacts may vary due to the final funding approach utilized by LDH.

The CMS preprint approval process and new preprint guidance requires states to submit a Medicaid managed care payment benchmarking analysis that estimates the base claim payments and other supplemental payments (including the proposed directed payment) "as a percent of Medicare, or some other standardized measure".^{8,9} To inform directed payment options and parameters and provide insight on CMS evaluation considerations, we calculated payment benchmarks to compare Medicaid payments (under the current methodology and under each modeled DFS payment increase scenario) to estimated costs (incurred by the hospitals for performing Medicaid managed care services), estimated payments under Medicare FFS rates, and estimated payments under commercial insurance rates. Aggregate state benchmarking results are summarized in Figure 1 below.

⁶ IGTs are transfer of funds from another government entity to the state Medicaid agency

⁷ Provider Tax Limits Should Be On the Table for Medicaid Reform, Committee for a Responsible Federal Budget, March 29, 2016, <https://www.crfb.org/blogs/provider-tax-limits-should-be-table-medicare-reform>, retrieved February 5, 2021

⁸ CMS Appendix C38 Preprint, <https://www.medicare.gov/sites/default/files/2020-02/438-preprint.pdf>, retrieved January 7, 2021

⁹ CMS SMD Letter # 21-001, January 8, 2021 <https://www.medicare.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf>

Figure 1. Statewide Payment Benchmarking Comparison – Methodology 1

Funding Scenario	Total Hospital Payments (Claim, DSH, UPL, and Supplemental Payments) ¹⁰	Total Medicaid Managed Care Payments (Claim and Supplemental Payments) ^{11, 12}	Medicaid Managed Care Payments as Percent of Estimated Costs	Medicaid Managed Care Payments as Percent of Estimated Payments Under Medicare	Medicaid Managed Care Payments as Percent of Estimated Payments Under Commercial
Current Methodology	\$3.74 billion	\$2.73 billion	93.7%	86.7%	55.4%
Scenario 1: +\$400M	\$4.14 billion	\$3.79 billion	130.0%	120.2%	76.8%
Scenario 2: +\$650M	\$4.39 billion	\$4.07 billion	139.4%	129.0%	82.4%
<i>Proposed by LDH:</i> Scenario 3: +\$900M	\$4.64 billion	\$4.50 billion	154.3%	142.7%	91.1%
Scenario 4: +\$1.0B	\$4.77 billion	\$4.69 billion	160.8%	148.7%	95.0%

Note: Consistent with CMS preprint reporting requirements, the payment amounts in Figure 1 represent gross payments and have not been offset by provider contributions used to partially finance the non-federal share of Medicaid payments.

As shown in Figure 1, statewide aggregate Medicaid hospital reimbursement levels under each scenario are above estimated costs and Medicare payments, yet below commercial payments. From our analysis, we found these benchmarks ranged significantly across hospital classes, with modeled DFS payments resulting in payments no less than 100% of Medicare FFS at the aggregate hospital class level in Scenarios 3 and 4.

SUPPLEMENTAL INFORMATION

In developing the directed payment options presented in this report, we conducted research and analyses for the purposes of understanding the background of the Louisiana Medicaid program, directed payment arrangements used in other state Medicaid programs, and potential policy items for consideration. This information is included in the following report appendices:

- **Appendix A.** Includes background information on CMS directed payment requirements. Users of this report that are not familiar with the history of Medicaid supplemental payments and CMS directed payment requirements may find value in reviewing this appendix prior to the remainder of this report.
- **Appendix B.** Provides a summary of hospital payment information in the state of Louisiana. Users of this report unfamiliar with current and historical Louisiana hospital payment information may benefit from reviewing the information in this appendix.
- **Appendix C.** Information related to our analysis of CMS directed payment options in consort with LDH directed payment policy options can be found in this appendix. This information was used to inform the development of the DFS options included in this report.

¹⁰ Claim payments include calendar CY 2019 Medicaid managed care claim payments as reported in LDH encounter data (excluding out-of-state hospitals, freestanding psychiatric hospitals, and Medicare dual eligibles), estimated Medicaid DSH/UCC payments, estimated UPL payments, and modeled DFS payments. Payments have not been offset by provider contributions.

¹¹ Claim payments include calendar CY 2019 Medicaid managed care claim payments as reported in LDH encounter data, excluding out-of-state hospitals, freestanding psychiatric hospitals and Medicare dual eligibles. Supplemental payments include managed care "Full Medicaid Pricing" payments under the current methodology and modeled DFS payments for Scenarios 1 through 4. Payments have not been offset by provider contributions.

¹² Total Medicaid managed care payments and benchmarks exclude hospital outlier payments of approximately \$21 million as described in the State Plan. These payments will be considered and reflected consistent with CMS preprint reporting requirements for any proposed preprint submission.

Section 2: Directed Payment Options for Consideration

Our state directed payment modeling has focused on DFS "uniform percentage increase" options. Under DFS, MCOs would be directed to pay specified percent increases to claim-based payments (under negotiated rates). These payment increases would be determined by establishing fixed payment pools, where payments would be distributed to the hospitals within each pool based on contract year utilization, to be calculated using managed care encounter data.

The modeled DFS options have two different primary methodologies for establishing the payment pools, distinguished by the number of pools, the hospitals assigned to each pool, and the size of the pools, as described below.

- **Methodology 1 (tiered approach):** establishes separate payment pools based on five **hospital tiers**, each with its own directed payment increase percentage (ascending from low to high). Hospital tiers were determined based on ranges of point values using eight hospital categories, each with assigned weightings. The hospital categories include four mutually-exclusive "base" categories based on provider types, and four "add-on" categories based on non-mutually-exclusive key Medicaid service lines.
- **Methodology 2 (class approach):** establishes separate payment pools based on four **hospital classes**, each with its own directed payment increase percentage. Hospital classes were determined based on mutually exclusive provider types. Modeled DFS payment increase percentages by class were determined based on the funding need to achieve each class' target percentage of payments under Medicare or Commercial reimbursement.

Under both methodologies, hospital FMP expenditures are transitioned to the DFS funding pool, and DSH and UPL payments are offset by modeled DFS payment increases exceeding current hospital FMP. This modeling approach is based on LDH's plans to maintain DSH and UPL payment methodologies under the current SPA, where payments are allocated based on uncompensated care costs.

A detailed description of each methodology is described in further detail as follows.

MODELING METHODOLOGY 1 – HOSPITAL TIERED APPROACH

DFS Methodology 1 establishes separate payment pools based on distinct hospital tiers. The hospital tiers are developed as ranges of hospital points, which are assigned based on hospital categories with specific assigned weightings. The steps for modeling DFS payments under the Hospital Tiered Methodology are described as follows.

Step 1: Determine Hospital Categories: For modeling purposes, we developed eight hospital categories, including a "base" set of four mutually exclusive provider types (where each hospital qualifies for one category), and an "add-on" set of four non-mutually exclusive key Medicaid service lines (where a hospital may qualify for several, one, or none of the categories). The base provider type categories represent general hospital categorizations, whereas the add-on provider characteristic categories focus on key Medicaid service lines where opportunities to cost shift are limited, and maintaining access to care and network adequacy is critical for the Medicaid population.

The modeled hospital categories are shown in Figure 2 below.

Figure 2. Modeled Hospital Categories

Hospital Categories	Description/Comments
<i>Base Hospital Categories (Mutually Exclusive Provider Types)</i>	
Urban Public Hospital	Urban public hospitals (non-rural), as defined in rule in Louisiana's State plan.
Rural Hospital	Rural hospitals as defined in rule in Louisiana's State plan and by Louisiana's Legislature, through the Rural Hospital Preservation Act, as a unique reimbursement class critical to the State's healthcare safety net and to the well-being of rural communities.
Teaching Hospital	Based on hospital per diem payment Peer Group 1 for "Major Teaching Hospitals" and Peer Group 2 for "Minor Teaching Hospitals" as defined in rule in Louisiana's State plan.
Other Urban	All other hospitals.
<i>Add-on Hospital Categories (Non-Mutually Exclusive Provider Characteristics)</i>	
Neonatal Intensive Care Unit (NICU)	Hospitals with level 2 and 3 NICUs eligible for enhanced neonatal per diem rates as defined in the SPA. Selected as a high Medicaid utilization service; Louisiana has the nation's largest percentage of births (62.8%) covered by Medicaid (per MACPAC's 2020 Fact Sheet). ¹³
Pediatric Intensive Care Unit (PICU)	Hospitals with level 1 and 2 PICUs eligible for enhanced pediatric per diem rates as defined in the SPA. Selected as a high Medicaid utilization service; for example, Children's Hospital New Orleans reported 72.9% Medicaid utilization for FYE 2018. ¹⁴
Psychiatric Unit	Hospitals with psychiatric district part units as defined in the SPA. Selected as a high Medicaid utilization service; for example, Louisiana's highest Medicaid volume psychiatric units (with over 2,000 Medicaid days) have an aggregate 47% Medicaid utilization for FYE 2019. ¹⁵
Trauma Unit	Hospitals with state-designated trauma centers as established by LDH under LA RS 40:2173. Selected due to the limited number of trauma centers for high intensity services with high "standby" costs.

Step 2: Determine Weighted Points by Category: The point weightings for each hospital category were developed by conducting a regression analysis to target the optimal category-specific point values to achieve the goals established by LDH. Figure 3 illustrates the point weightings by hospital category. **Please note that final points for actual implementation may vary from the values in this illustration.**

¹³ MACPAC, "Advising Congress on Medicaid and CHIP Policy Medicaid's Role in Financing Maternity Care", January 2020. <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>

¹⁴ Children's Hospital of New Orleans, "Fact Sheet" <https://www.chnola.org/documents/newChnolaFactSheet.pdf>

¹⁵ Based on review of Louisiana hospital FYE 2019 Medicare cost report data extracted from CMS' HCRIS electronic cost report database

Figure 3. Modeled Point Weighting by Hospital Category

Hospital Categories	Tiered Model Point Weighting
<i>Base Hospital Categories (Mutually Exclusive Provider Types)</i>	
Urban Public Hospital	7.0
Rural Hospital	5.5
Teaching Hospital	2.0
Other Urban Hospital	1.0
<i>Add-on Hospital Categories (Non-Mutually Exclusive Provider Characteristics)</i>	
Neonatal Intensive Care Unit	3.0
Pediatric Intensive Care Unit	2.5
Psychiatric Unit	1.0
Trauma Unit	1.0

In this example, an urban public hospital (7.0) with a neonatal intensive care unit (3.0) and pediatric intensive care unit (2.5) would be assigned a point value of 12.5.

Step 3: Determine payment increase percentages by hospital tier: Using the sum of points assigned to each hospital in Step 2, we developed five different hospital tiers based on point ranges. We grouped the hospital point values into percentiles, weighted by base hospital claim payments, and assigned tiers to each hospital such that there was a similar percentage of hospital base payments within each tier.

The payment increase percentages for each tier were modeled using a regression analysis to develop the estimated funding pool for each modeled hospital category to be allocated to all hospitals within that category. The rate increase percentage for each tier were calculated by averaging the composite rate increase across all hospitals within each tier, and to result in ascending percentage increases across tiers from the lowest tier 1 to the highest tier 5 (limited to a maximum of 95% of average commercial rates, per LDH guidance). The payment increase percentages were modeled to target LDH's anticipated funding level for the state-directed payment. The modeled payment increase percentages for each tier considered net hospital system impacts from directed payments and retained UPL and DSH amounts as described in the following Steps 4 and 5. Note the modeled hospital system groupings consisted of larger hospital systems as well as groupings of smaller hospitals with similar attributes (for example, rural hospitals, which are not in the same system but have been grouped together for summary purposes).

Step 4: Estimate DFS Payment Impact: DFS payments for each hospital were estimated by applying the modeled payment increase percentages by service category to the inpatient and outpatient hospital Medicaid managed care encounter payments, as follows:

$$(Inpatient\ hospital\ Medicaid\ managed\ care\ encounter\ payments) \times (Inpatient\ hospital\ tier\ payment\ increase\ percentage)$$

Inpatient and outpatient hospital DFS payments were aggregated by hospital, with hospital-specific impacts calculated as follows:

$$(Modeled\ DFS\ payments + retained\ UPL + retained\ DSH) - (Current\ FMP + Current\ DSH + Current\ UPL)$$

Per CMS guidance, DFS payments cannot be conditioned upon entering into IGT arrangements.

Note actual DFS payment impacts will be based on each hospitals' actual contracted managed care utilization during the contract year, which is certain to vary from values analyzed and modeled using historical data (models utilized inpatient and outpatient managed care claims payments from calendar year 2019).

Step 5: Determine retained DSH and UPL: Calculated based on current DSH and UPL payments, less modeled directed payments (not to be less than \$0).

MODELING METHODOLOGY 2 – HOSPITAL CLASS APPROACH

DFS Methodology 2 establishes separate payment pools based on **hospital classes**, each with directed payment increase percentages based on the funding need to achieve each class's target percentage of payments under Commercial (or Medicare). The steps for modeling DFS payments under the Hospital Class Methodology are described as follows.

Step 1: Determine Hospital Classes: For modeling purposes, we developed four mutually exclusive hospital classes based on key provider characteristics, as described in Figure 4 below.

Figure 4. Hospital Class Descriptions

Hospital Classes	Description
Hospital Service Districts	Hospital service districts established under the provisions of Louisiana Revised Statute 46:1051.
Public-Private Partnership (PPP) hospitals	PPP hospitals as defined in rule in Louisiana's State plan, or with Cooperative Endeavor Agreements.
Other Teaching	Other teaching hospitals not included in prior classes, as defined in rule in Louisiana's State plan.
Other Non-Teaching	Other urban hospitals not included in prior classes, as defined in rule in Louisiana's State plan. This class includes rural hospitals, as defined in Louisiana's State plan

Based on guidance from LDH, the hospital classes in Figure 4 are listed in hierarchical order. For example, a teaching hospital defined as a PPP is categorized in the PPP class.

Step 2: Determine Target Percent of Commercial (or Medicare) by Class: For each hospital class, a percent of estimated payments under Commercial or Medicare was modeled as the target basis for DFS payment increases.

The target percent of Commercial (or Medicare) for each hospital class was modeled via an iterative process to achieve target funding levels established by LDH, with the following considerations.

- Provide enhanced funding for each hospital class while ensuring no class is less than 100% of payments under Medicare
- Minimize the range in effective percent of Commercial (or Medicare) payments across hospital classes compared to the current system
- Consider net payment impacts (compared to current supplemental payments) at the hospital system level and provider contributions at the hospital class level.

Step 3: Determine payment increase percentages by class: For each hospital class, we modeled the directed payment increase percentages based on the additional funding needed to achieve each class' target percentage of Commercial (or Medicare) payments (per Step 2). The modeled payment increase percentages by class varied between inpatient and outpatient hospital services and generally follow a descending pattern based on the hierarchy.

Step 4: Estimate DFS Payment Impact: DFS payments for each hospital were estimated by applying the modeled payment increase percentages by service category to the inpatient and outpatient hospital Medicaid managed care encounter payments, as follows:

$$(Inpatient\ hospital\ Medicaid\ managed\ care\ encounter\ payments) \times (Inpatient\ hospital\ class\ payment\ increase\ percentage)$$

Inpatient and outpatient hospital DFS payments were aggregated by hospital, with hospital-specific impacts to be calculated as follows:

$$(Modeled\ DFS\ payments + retained\ UPL + retained\ DSH) - (Current\ FMP + Current\ DSH + Current\ UPL)$$

Note actual DFS payment impacts will be based on each hospitals' actual contracted managed care utilization during the contract year, which is certain to vary from the values analyzed and modeled using historical data (models utilized inpatient and outpatient managed care claims payments from calendar year 2019)..

Step 5: Determine transitional retained DSH and UPL: Calculated based on current DSH and UPL payments, less modeled directed payments (not to be less than \$0).

MODELING METHODOLOGY SELECTION

Following a review of each modeling methodology and preliminary impact estimates, **LDH proposes the use of methodology 1 (tiered approach)**. Figure 5 provides a comparison of the two payment methodologies considered by LDH and includes key characteristics which informed LDH's decision making process.

Figure 5. Comparison of Modeling Methodologies

	Methodology 1 (Tiered)	Methodology 2 (Class)
Mechanics	<ul style="list-style-type: none"> Creates 5 different hospital tiers, each with its own increase percentages Tiers based on point system, with 4 “base” categories by hospital type and 4 “add-on” categories by hospital characteristics 	<ul style="list-style-type: none"> Establishes separate payment pools for up to 4 different hospital classes Hospital classes based on mutually exclusive peer groups
Granularity	<ul style="list-style-type: none"> Recognizes key Medicaid service lines across hospital types Granularity in reimbursement increases for hospitals within the same base category 	<ul style="list-style-type: none"> No granularity within a hospital class (all providers have the same uniform payment increase percentage)
Simplicity	<ul style="list-style-type: none"> More complex and difficult to explain (although more transparent than the FMP approach) May require a more complex CMS submission process 	<ul style="list-style-type: none"> Simple and easy to understand More likely to have a streamlined CMS submission process

LDH indicated that the following considerations influenced the decision to suggest the tiered modeling approach. While LDH recognized the potential benefits associated with the class modeling approach, the considerations outlined below were determined to outweigh the benefits associated with the simplicity of Methodology 2.

Hospital System Impacts. Our analyses suggested that Methodology 1 (tiered approach) can more effectively mitigate payment impacts by hospital system relative to funding levels based on a combination of the existing DSH, FMP, and UPL payments. As mentioned, the modeled hospital system groupings consisted of larger hospital systems as well as groupings of smaller hospitals with similar attributes.

Payment Granularity. The tiered approach allows for more granularity in directed payment funding by hospitals within a base class relative to payments by hospital under the class approach.

Value Based Purchasing. The tiered methodology would enable a more streamlined process to integrate quality metrics in subsequent years, which is likely to be required by CMS. For example, LDH could modify the add-on categories in subsequent years to include VBP metrics that would influence point assignments and ultimately payment amounts by hospital.

Section 3: Summary of Results and Methodology

At LDH's direction we modeled payments under DFS **Methodology 1** described previously, using four separate funding level assumptions ranging from a \$400 million to approximately \$1 billion payment increase relative to existing hospital supplemental payment levels. A summary of each funding scenario is described as follows.

- **Scenario 1 (+\$400 Million).** Assumes aggregate Medicaid supplemental payment levels **\$400 million** higher than the \$1.7 billion currently provided under the hospital FMP, UPL, and DSH programs combined. This funding level was established to enable key hospital systems to remain breakeven with supplemental payments under hospital FMP.
- **Scenario 2 (+\$650 Million).** Adds approximately **\$650 million** in supplemental payment funding. The methodology underlying scenario 2 builds on the framework established under scenario 1 and increases supplemental payments to several hospital systems that received lower increases under scenario 1.
- **Scenario 3 (+\$900 Million) – proposed by LDH.** Adds approximately **\$900 million** in supplemental payment funding. The methodology underlying scenario 3 builds on the framework established under scenario 1 and provides additional supplemental payments to several hospital systems. Hospital tiers 2 through 5 are funded at 95% of ACR for inpatient and outpatient services under scenario 3.
- **Scenario 4 (+\$1.0 Billion).** Adds approximately **\$1.0 billion** in supplemental payment funding. This scenario brings all hospital payments up to 95% of average commercial reimbursement (at the provider class level). This scenario reflects the maximum supplemental payments that LDH is considering implementing based on prior discussions with CMS related to the existing preprint approval process.

Based on a review of the DFS impacts by hospital system and the evaluation described in this section, **LDH proposes the Scenario 3 with approximately \$900 million increase** relative to existing hospital supplemental payment levels. This was selected to balance hospital system impacts with the need to finance the non-federal share of DFS payment increases.

Note that all modeled aggregate payment changes are relative to \$1.7B in current aggregate hospital FMP, UPL, and DSH payments. ***While funding scenarios lower than scenario 1 were considered, they were ultimately not pursued due to observed payment reductions for some hospital systems.*** Our evaluation of each scenario considered supplemental payment changes at four different levels of granularity, as illustrated in Figure 6.

Figure 6. Scenario Evaluation

Statewide	<ul style="list-style-type: none">• Consistent with the metrics outlined in the description of each scenario above.• Assists with understanding total program funding relative to the existing funding levels.
Hospital Class	<ul style="list-style-type: none">• Enables review of hospital payments based on the payment stratifications underlying the directed payment modeling.• Assists with understanding ACR metrics subject to CMS review.
Hospital System	<ul style="list-style-type: none">• Payment impacts at the hospital system level was one of LDH's key considerations.• The model maximizes provider's ability to manage impacts between the hospitals in their systems.
Hospital	<ul style="list-style-type: none">• Some stakeholder feedback may be based on impacts at the individual hospital level.• With over 100 hospitals in the state of Louisiana, negative impacts cannot be entirely mitigated at this level of granularity.

A key focus in our work with LDH was comprised of reviewing funding impacts at the hospital system level. Figure 7 provides a summary of existing funding sources for the 15 hospital system groupings included in our analysis.

Figure 7. Summary of Existing Funding by Hospital System (Values in \$ Millions)

HOSPITAL SYSTEM	CY 2019 PAYMENTS	CURRENT SUPPLEMENTAL PAYMENTS			TOTAL
		DSH/UCC	FMP	UPL	
Rural (Public and Private)	\$ 226.3	\$ 0.0	\$ 109.3	\$ 4.5	\$ 340.1
Other Urban Private	6.3	0.0	0.0	0.0	6.3
Glenwood Regional Medical Center	16.0	13.8	0.0	0.0	29.8
Lake Charles Memorial Hospital	46.8	38.1	3.5	0.0	88.4
Hospital Service Districts	176.3	28.5	171.3	0.0	376.1
Baton Rouge General / Baton Rouge Mid City	47.1	39.3	0.0	0.0	86.4
Louisiana Children's Medical Center	343.7	261.7	153.7	14.1	773.3
Christus	62.2	57.5	1.6	0.0	121.3
Allegiance Health	24.9	0.0	0.0	0.0	24.9
Ochsner / Lafayette General	326.9	199.4	52.9	10.8	589.9
Ochsner LSU Shreveport	154.1	134.1	160.1	0.0	448.3
Rapides Regional / Tulane University	108.4	74.6	0.0	0.0	183.0
Franciscan Missionaries of Our Lady	316.2	57.1	61.2	34.1	468.6
Willis-Knighton	76.6	40.8	0.0	0.0	117.4
Woman's Hospital	68.7	0.0	20.0	1.1	89.7
Total	\$ 2,000.6	\$ 944.8	\$ 733.5	\$ 64.6	\$ 3,743.6

Note: Values have been rounded. The sum of DSH/UCC, hospital FMP, and UPL payments represents the \$1.7 billion in current supplemental payments.

MODELING RESULTS BY HOSPITAL SYSTEM

Our modeled payment impacts for each scenario are summarized in Figure 8 below. This summary provides the net payment change by hospital system, considering the impact of the existing DSH, hospital FMP, and UPL payments relative to total modeled DFS payments (including modeled remaining DSH). **Please note that the values in figure 8 represent preliminary estimates and should not be taken as a guaranty of payment amount.**

Figure 8. Preliminary Supplemental Payment Change by Funding Scenario (Values in \$ Millions)

HOSPITAL SYSTEM	SCENARIO 1	SCENARIO 2	SCENARIO 3	SCENARIO 4
	+\$400M	+\$650M	+\$900M (PROPOSED BY LDH)	+1.0B
Rural (Public and Private)	\$ 20.4	\$ 64.9	\$ 79.0	\$ 79.0
Other Urban Private	3.1	3.2	8.0	10.5
Glenwood Regional Medical Center	0.0	0.0	3.7	9.6
Lake Charles Memorial Hospital	0.0	0.0	5.7	5.7
Hospital Service Districts	115.0	135.4	137.2	137.2
Baton Rouge General / Baton Rouge Mid City	7.8	8.7	23.3	31.1
Louisiana Children's Medical Center	17.5	60.3	106.0	133.5
Christus	0.0	0.0	12.9	34.3
Allegiance Health	10.4	10.9	28.8	38.4
Ochsner / Lafayette General	70.4	105.9	155.1	181.1
Ochsner LSU Shreveport	(42.5)	(32.3)	(27.3)	(27.3)
Rapides Regional / Tulane University	115.4	128.4	128.4	128.4
Franciscan Missionaries of Our Lady	27.1	85.2	113.3	114.8
Willis-Knighton	53.3	75.8	75.8	75.8
Woman's Hospital	2.1	3.5	50.0	75.0
Total	\$ 400.0	\$ 650.0	\$ 900.0	\$ 1,027.1

Note: Values have been rounded. Payment change is defined as the difference in total supplemental payments (DSH/UCC, hospital FMP, and UPL) under FMP relative to the respective alternative funding scenario.

Note that total payments in Figure 8 represent changes in gross supplemental payments, and do not consider any provider contributions used to partially finance the non-federal share of Medicaid payments. This topic is discussed in more detail under the Financing section below.

Further details on the modeled payment impacts are provided in the appendices. Appendix F provides a summary by hospital class and Appendix G provides a summary by hospital system.

FINANCING

It is our understanding that LDH is exploring different approaches to fund the non-federal share of DFS payments increases, which may include a combination of intergovernmental transfers (IGTs)¹⁶ and provider assessments. Figure 9 provides a summary of the additional funding requirement under each of the modeled scenarios.

Figure 9. Preliminary Supplemental Payments Sources (Values in \$ Millions)

PAYMENTS	CURRENT	SCENARIO 1 +\$400M	SCENARIO 2 +\$650M	SCENARIO 3 +\$900M (PROPOSED BY LDH)	SCENARIO 4 +1.0B
DSH/UPL	\$ 1,009.4	\$ 352.2	\$ 326.8	\$ 143.6	\$ 80.4
Directed Payment	\$ 733.5	\$ 1,790.7	\$ 2,066.1	\$ 2,499.3	\$ 2,689.6
Total Gross Supplemental Payments	\$ 1,742.9	\$ 2,142.9	\$ 2,392.9	\$ 2,642.9	\$ 2,770.0
Gross Supplemental Payment Change	N/A	\$ 400.0	\$ 650.0	\$ 900.0	\$ 1,027.1
Additional Funding Requirement	N/A	\$ 57.9	\$ 102.2	\$ 126.3	\$ 142.4
Net Payment Change	N/A	\$ 342.1	\$ 547.8	\$ 773.7	\$ 884.7

Notes:

- Gross Supplemental Payment change calculated as the difference between the Total Gross Supplemental Payments calculated under a given scenario and the Total Gross Supplemental Payments under current payment arrangements (sum of FMP, UPL, and DSH payments).
- Funding requirement amounts provided by LDH and consider non-federal share of provider payments along with identified downstream implications.
 - DSH/UPL Federal Match = 68.02%
 - Estimated Directed Payment Blended Federal Match = 77.91%
 - Managed Care Premium Tax = 5.5%
- Current funding is primarily financed through IGTs.

Based on our discussions with LDH, it is our assumption that generally the same IGT financing framework currently in place could be utilized under the alternative options, depending on the extent of aggregate payment increases over current supplemental payment levels. However, given the more widespread distribution of payments across hospitals under directed payments compared to the current FMP payments, we anticipate that many hospitals' Medicaid uncompensated care costs may be reduced or eliminated by new directed payments.

Based on our review of hospital assessment models provided by LDH, we understand LDH currently assesses non-rural hospitals at a rate of approximately 1% of net patient revenues (assessment is based upon 2015 base data period). This assessment rate is materially below the federal maximum for permissible health care-related assessments under the "hold harmless" test specified in 42 CFR § 433.68(f), which limits the size of Louisiana's aggregate hospital assessments to 6.0% of net patient revenues. As discussed earlier in this report, LDH hospital financing currently has a high reliance on IGTs corresponding to a relatively low usage of provider assessments. To better balance the funding sources, LDH proposes to finance the non-federal share via a new provider assessment.

Based on the hospital assessment model provided by LDH, we estimate there is approximately \$567 million in gap between a 6.0% assessment rate (applied to non-rural hospitals) and the current assessment rate. Note that CMS' evaluation of hospital assessment changes may involve factors beyond the 6% hold harmless test and P1/P2 test, including evaluation of net hospital impacts and other considerations. Also note that due to the uniform application of an assessment, the resulting net payment impacts would vary relative to impacts under IGT funding.

PAYMENT BENCHMARKING

The CMS preprint approval process and new preprint guidance require states to submit a payment benchmarking analysis that estimates the base claim payments and other supplemental payments (including the proposed directed payment) "as a percent of Medicare, or some other standardized measure."¹⁷ To inform directed payment options and parameters and provide insight on CMS evaluation considerations, we calculated payment benchmarks to compare Medicaid payments (under the current system and under each modeled scenario) to estimated costs (incurred by the

¹⁶ IGTs are transfer of funds from another government entity to the state Medicaid agency

¹⁷ <https://www.medicaid.gov/medicaid/managed-care/downloads/sdp-4386c-preprint-template.pdf>, retrieved January 10, 2021

hospitals for performing Medicaid managed care services), estimated payments under Medicare, and estimated payments under commercial insurance.

Aggregate benchmarking results under each scenario are summarized in Figure 10. Current payments include CY 2019 Medicaid managed care claim payments and hospital FMP payments.¹⁸ Benchmarking percentages in Figure 10 represent gross payments and have not been adjusted by provider contributions used to partially finance the non-federal share of Medicaid payments.

Figure 10. Hospital Payment Benchmarking – Inpatient and Outpatient Hospital Services

BENCHMARKING	AS % OF ESTIMATED COST		AS % OF MEDICARE PAYMENTS		AS % OF COMMERCIAL PAYMENTS	
	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT
Scenario 1: +\$400M	115.1%	146.3%	89.4%	170.8%	77.3%	76.3%
Scenario 2: +\$650M	123.1%	157.2%	95.7%	183.5%	82.7%	82.1%
Scenario 3: +\$900M – proposed by LDH	135.8%	174.5%	105.5%	203.7%	91.2%	91.1%
Scenario 4: +\$1.0B	141.4%	182.0%	109.9%	212.5%	95.0%	95.0%

As shown in Figure 10, Scenarios 3 and 4 produce statewide aggregate inpatient and outpatient Medicaid hospital reimbursement levels above estimated costs and Medicare payments and below commercial payments. Please note that values provided in Figure 10 represent a weighted average of all hospital classes; however, each class is established to be at or below 95% of commercial payments separately for inpatient and outpatient services. Also as shown above, these benchmarks range significantly by scenario. We calculated payment benchmarks as follows:

- **Estimated costs:** based on hospital-specific aggregate cost-to-charge ratios (CCRs) from hospital fiscal year ending (FYE) Medicare cost report data extracted from the Healthcare Cost Report Information System (HCRIS) dataset, CMS’s electronic cost report database. We calculated separate aggregate CCRs for inpatient and outpatient and applied them to CY 2019 Medicaid managed care encounter charges. Note estimated Medicaid costs do not include an allocation of potential increases in hospital assessments.
- **Estimated payments under Medicare:** based on hospital-specific aggregate Medicare pay-to-charge ratios from hospital FYE Medicare cost report data extracted from the HCRIS dataset. We calculated separate aggregate Medicare pay-to-charge ratios for inpatient and outpatient and applied them to CY 2019 Medicaid managed care encounter charges.
- **Estimated payments under Commercial:** based on aggregate hospital commercial pay-to-charge ratios for each metropolitan statistical area (MSA) within Louisiana, including a separate rural area pay-to-charge ratio, applied to CY 2019 Medicaid managed care encounter charges. We calculated commercial pay-to-charge ratios by MSA (and rural areas outside of an MSA) and by inpatient and outpatient service lines based on commercial payer billed and allowed charges from Milliman’s Consolidated Health Cost Guidelines Sources Database (CHSD).

We compared these benchmarks to the sum of historical (e.g., CY 2019) Medicaid managed care claim payments and modeled DFS payments. Note that estimated hospital outlier payments may also be considered, consistent with CMS preprint requirements, upon final preprint submission.

VALUE-BASED PURCHASING

As discussed previously, a VBP approach can be layered on top of the DFS to more closely link the payment to quality and value. Specific VBP options for LDH consideration are discussed below.

LDH currently includes provisions in its MCO contracts where 1% of capitation is tied to meeting quality metrics and an additional 1% of capitation is tied to meeting annual APM targets for contracted providers.

¹⁸ The Medicaid managed care benchmarking analysis does not include UPL payments, as these are made on a fee-for-service basis.

towards this approach over time (for example, in years 2 or 3), with further potential transitions or evolution over the duration of the program.

LDH will also want to consider what happens to unearned quality pool dollars if one or more hospitals within a class fail to meet its quality goals. Potential options could include:

- Allowing the dollars to roll forward and be earned in the future, if the hospital meets its goal at a later date
- Reapportioning the dollars to those hospitals in the class that were successful in meeting the goal
- Allowing the successful hospitals to earn the additional dollars in some other way (e.g. submit proposals for one-time funding to support projects like quality infrastructure development or recipient outreach projects)

Section 4: Data Sources

The data sources utilized in our analysis are described in further detail as follows.

MEDICAID CLAIMS DATA

Medicaid managed care hospital claim-based payments used to model DFS payments were based on CY 2019 Medicaid managed care inpatient and outpatient encounter data provided by LDH on December 18, 2020. The encounter data was validated by comparing total payments and charges to summary control totals provided by LDH on December 17, 2020. Additionally, LA encounter reconciliation reports provided by LDH on December 7, 2020 were reviewed for each of the participating managed care organizations. The base CY 2019 Medicaid managed care payment and charges relied upon for our directed payment modeling includes in-state general acute hospitals and psychiatric distinct part units, and excludes at LDH's direction FFS claims, Medicare dual eligibles, out-of-state hospitals, freestanding psychiatric, rehabilitation, long-term acute care hospitals, and the state-owned hospital Lallie Kemp.

MEDICAID SUPPLEMENTAL PAYMENT DATA

Medicaid hospital supplemental payments included in our analysis were from the following sources:

- **Hospital FMP payments:** based on estimated FMP payments by hospital, provided by LDH on May 20, 2021.
- **DSH/UCC payments:** based on estimated SFY 2020 DSH payments by hospital, consistent with the Money Follows the Patient (MFP) model provided by LDH on November 24, 2020.
- **UPL payments:** based on estimated UPL payments, provided by LDH on May 20, 2021.
- **Hospital outlier payments:** based on SFY 2021 estimated provider-specific hospital outlier payments, provided by LDH on January 22, 2021.

MEDICAID HOSPITAL CONTRIBUTIONS DATA

Medicaid hospital contributions (used to help fund the non-federal share of supplemental payments) included in our analysis were from the following sources:

- **IGT contributions:** based on the current and proposed IGT and Certified Public Expenditures (CPE) amounts, by hospital, provided by LDH on May 20, 2021.
- **Hospital assessments:** based on SFY 2021 hospital assessments, by hospital, provided by LDH on January 27, 2021.
- **Provider funding requirements:** based on estimated funding requirements considering non-federal share of provider payments along with premium tax collections and CPEs, provided by LDH on June 22, 2021.

MEDICAID INPATIENT PER DIEM RATES

LDH's current inpatient per diem rates and hospital unit and peer group assignments are based on the inpatient hospital per diem listing downloaded from the LDH website on December 17, 2020.²⁰

MFP MODEL

MFP model amounts were obtained from the Excel workbook "Louisiana Money Follows the Patient Model (May 23 2020 Final).xlsx" received from LDH on November 24, 2020. Our understanding of the MFP model methodology is based on review of the LDH presentation "LDH Budget – FY21 Hospital Money Follows the Patient (MFP) Payment Model" dated June 10, 2020, and provided by LDH on November 24, 2020, as well as on discussions with LDH.

²⁰ https://www.lamedicaid.com/Proweb1/fee_schedules/InPat_Fee.htm

This information was used to understand the background of directed payment options discussed in Louisiana, yet in no way informed the development of the options presented in this report.

MEDICARE COST REPORT DATA

For benchmarking Medicaid payments compared to estimated costs and payments under Medicare, we relied upon Medicare cost report data extracted from CMS' HCRIS dataset. We used the most recently available Medicare cost report data for each hospital, which for most hospitals was the fiscal year ending (FYE) 2019, and some hospitals with FYE 2018 data.

Aggregate cost-to-charge ratios (CCRs) were calculated separately for inpatient and outpatient for each hospital to reflect differences in routine costs and charges for inpatient services versus ancillary-only outpatient services. CCRs for each hospital were calculated using cost report worksheet B part I and C part I data. Total costs with medical education were allocated to inpatient and outpatient at the cost center level based on the proportion of reported inpatient and outpatient charges. Allocated inpatient and outpatient costs, as well as inpatient and outpatient charges, were then summed across cost centers for each hospital. Aggregate CCRs were calculated for each hospital by dividing total inpatient and outpatient costs by inpatient and outpatient charges, respectively. For a limited set of hospitals missing Medicare cost report data (approximately 3% of total charges), we relied upon statewide averages.

Aggregate Medicare pay-to-charge ratios were calculated separately for inpatient and outpatient for each hospital using data from Medicare cost report worksheets D-3, D Part IV, E Part A, E Part B, and E-3 Parts I-3 and 5. Aggregate Medicare pay-to-charge ratios were calculated for each hospital by dividing total inpatient and outpatient Medicare payments by total inpatient and outpatient Medicare charges, respectively. Inpatient Medicare payments relied upon include Medicare inpatient prospective payment system (IPPS) payment components, uncompensated care adjustments, and other settlement amounts. For a limited set of hospitals missing Medicare cost report data, we relied upon statewide averages.

MILLIMAN'S CONSOLIDATED HEALTH COST GUIDELINES SOURCES DATABASE (CHSD)

Milliman CHSD data used to calculate commercial pay-to-charge ratios consists of CY 2019 national commercial payer claims received from health plan contributors, including approximately 11-15 payers in Louisiana (depending on the MSA). CHSD data contains aggregated billed and allowed charges data across by Louisiana MSA, including separate data for rural Louisiana (outside of an MSA). Aggregate commercial pay-to-charge ratios were calculated for each MSA and inpatient and outpatient service line by dividing total commercial allowed by total commercial billed. For three MSAs with more limited sample sizes, we relied upon statewide averages.

Section 5: Conclusions and Next Steps

Milliman appreciates the opportunity to present this report to LDH, in response to Senate Concurrent Resolution Number 27, and appreciates the assistance provided by LDH staff and the Medicaid Agency specifically.

We provide the following potential next steps to this report for LDH's consideration, should it wish to pursue an alternative state directed payment methodology:

1. Review of the options with LDH, the Louisiana State Legislature, and the administration.
2. Evaluate options provided including continued and increasing investment in value-based purchasing methodologies.
3. Establish final funding amount for the state-directed payment program and financing options to fund the program.
4. Continue stakeholder engagement with the hospital community on directed payment arrangement parameters and quality metrics.
5. Schedule informal discussion with CMS to review proposed directed payment arrangement parameters prior to preprint submission.
6. Develop final directed payment model, approach, quality metrics, and evaluation plan, and summarize in the preprint application and supporting documentation for submission to CMS. Preprint application would need to be submitted no later than April 1, 2022 to achieve an effective date of July 1, 2022.
7. Review and evaluate actuarial rate-setting implications related to documenting and incorporating state directed payments into the managed care capitation rates, consistent with CMS requirements outlined in the 2020-2021 Medicaid Managed Care Rate Development Guide.
8. Monitor ongoing issues related to financing the non-federal share of Medicaid costs. As we begin a new Administration and a new Congress, with new leaders in HHS and CMS, it is vitally important to evaluate the interpretations of the new Administration and Congress and its impact on states, particularly with financing mechanisms.

Section 6: Limitations

The services provided for this project were performed under the signed Consulting Services Agreement between Milliman and the Louisiana Department of Health dated December 8, 2020.

The information contained in this report has been prepared for the Louisiana Department of Health (LDH). We understand that this report may be shared with the Louisiana Legislature, specifically the Joint Legislative Committee on the Budget. To the extent that the information contained in this correspondence is provided to any approved third parties, the correspondence should be distributed in its entirety. Any user of the data must possess a certain level of expertise in healthcare modeling that will allow appropriate use of the data presented.

Milliman makes no representations or warranties regarding the contents of this correspondence to third parties. Likewise, third parties are instructed that they are to place no reliance upon this correspondence prepared for LDH by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

The recommendations or analysis in this report do not constitute legal advice. We recommend that users of this material consult with their own legal counsel regarding interpretation of applicable laws, regulations, and requirements.

Milliman has developed certain models to estimate the values included in this report. The intent of the models was to analyze and evaluate state-directed payment options. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP).

The models rely on data and information as input to the models. We have relied upon certain data and information provided by LDH for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this report may likewise be inaccurate or incomplete.

Milliman's data and information reliance includes CY 2019 Medicaid encounter data, Medicaid supplemental payment data, MFP model results, and Medicaid hospital contributions provided by LDH. The models, including all input, calculations, and output may not be appropriate for any other purpose.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent the actual experience deviates from LDH's projected experience Medicaid coverage payments. This could be driven by a number of factors including changes in enrollment, hospital utilization and service mix, COVID-19-related impacts, and other factors.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Jason Clarkson, Carmen Laudenschlager, and Colin Gray are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

Appendix A

Appendix A: Background

As Medicaid becomes one of, if not the largest part of a state's budget, many states are struggling to find ways to finance their Medicaid program while balancing all other state needs. Nationally, the Medicaid program has grown from 12.1% of the state's budgets in 1992 to 20.0% in 2018.²¹

As a result, Medicaid programs throughout the country utilize various funding sources to finance their Medicaid program. Programs like Provider-Specific Taxes (PSTs), Intergovernmental Transfers (IGTs), and Certified Public Expenditures (CPEs)²² are utilized for Medicaid funding by every state except for Alaska.²³ The use of public funds for IGTs and CPEs is permitted in 42 CFR Appendix C33.51²⁴ as long as they are not federal funds. Health care-related assessments are a growing funding source for Medicaid programs nationally and federal financial participation (FFP) is permissible according to the parameters specified in 42 CFR 433.68.²⁵ These funding sources are used to provide the non-federal share of Medicaid payments.

SUPPLEMENTAL PAYMENTS

Supplemental payments are Medicaid payments made to providers above the payments the provider receives for individual Medicaid services.²⁶ Directed payments are a subset of supplemental payments. These supplemental payments have evolved as a way for states to increase reimbursement to healthcare providers through the revenue generated by these various funding sources. Hospitals are often a focus of supplemental payments. In FY 2019, over \$87.7 billion in supplemental payments was paid nationally to hospitals.²⁷ Based on our analysis of Louisiana Medicaid hospital supplemental payments provided by LDH, there is currently a total of \$1.7 billion in supplemental payments, with approximately \$945 million in DSH payments made to hospitals and \$798 million in non-DSH supplemental payments (amounts do not consider any physician FMP payments that may be made directly to hospitals).

As managed care programs began to grow in Medicaid, states often "passed through" or "directed" the MCOs to pay the supplemental payments on a specific time schedule and/or for a specific amount. Over time, both Congress and CMS have limited the use of these pass-through and/or directed payments.²⁸ Given the widespread use of these payments, CMS created a "preprint" that allows each state to submit their proposed directed payment methodology for review in a consistent and compliant manner.²⁹ CMS has approved more than 450 state-directed payment arrangements that start on or after July 1, 2017.³⁰ CMS has continued to offer guidance on this topic, and on January 8, 2021, CMS issued enhanced requirements for supplemental payments and additional reporting requirements (discussed further below).³¹

FEDERAL REQUIREMENTS FOR DIRECTED PAYMENTS

State directed payments are defined as "arrangements [that] allow states to require MCOs to make specified payments to healthcare providers when the payments support overall Medicaid program goals and objectives."³² On

²¹ MACStats Medicaid and CHIP Data Book, December 2020. <https://www.macpac.gov/wp-content/uploads/2020/12/MACStats-Medicaid-and-CHIP-Data-Book-December-2020.pdf>, Exhibit 13, retrieved January 8, 2021.

²² Medicaid and CHIP Payment and Access Commission (MACPAC), Non-federal financing, <https://www.macpac.gov/subtopic/non-federal-financing/>, retrieved January 8, 2021.

²³ "States and Medicaid Provider Taxes or Fees," KFF Fact Sheet, June 2017. <http://files.kff.org/attachment/fact-sheet-medicaid-provider-taxes-fees-an-update>, retrieved January 8, 2021.

²⁴ 42 CFR § 433.51 – Public Funds as the State share of financial participation. https://www.govregs.com/regulations/expand/title42_chapterIV_part433_subpartB_section433.51#title42_chapterIV_part433_subpartB_section433.51, retrieved January 8, 2021/or

²⁵ <https://www.govinfo.gov/app/details/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec433-68> (introduction section), retrieved January 6, 2021.

²⁶ https://www.everycrsreport.com/files/20181217_R45432_e7264e139470177b402b2ddf06220f50a36322fa.pdf, retrieved January 9, 2021.

²⁷ MACStats Medicaid and CHIP Data Book, December 2020. <https://www.macpac.gov/wp-content/uploads/2020/12/MACStats-Medicaid-and-CHIP-Data-Book-December-2020.pdf>, retrieved January 8, 2021.

²⁸ https://www.everycrsreport.com/files/20181217_R45432_e7264e139470177b402b2ddf06220f50a36322fa.pdf (p. 16), retrieved January 9, 2021.

²⁹ CMS Pre-Print for § 433.6(c). <https://www.medicaid.gov/Medicaid/downloads/438-preprint.pdf>, retrieved January 8, 2021.

³⁰ 20210108 CMS SMD#21-001, Additional Guidance on State Directed Payments in Medicaid Managed Care and Health and Human Services, Centers for Medicare & Medicaid Services § 438.6(c) Preprint, January 2021.

³¹ 20210108 CMS SMD#21-001, Additional Guidance on State Directed Payments in Medicaid Managed Care and Health and Human Services, Centers for Medicare & Medicaid Services § 438.6(c) Preprint, January 2021.

³² Approved Medicaid State Directed Payments: How States are Using §438.6(c) "Preprints" to Respond to the Managed Care Final Rule, <https://us.milliman.com/en/insight/approved-medicaid-state-directed-payments-how-states-are-using-4386c-preprints-to-res>, retrieved January 12, 2021.

November 2, 2017, CMS issued the “§438.6(c) Preprint” to be utilized by states when seeking approval for state-directed payments.

According to 42 CFR 438.6(c)(1), the state may not unilaterally direct specific payments to providers through their Medicaid managed care contracts without meeting certain requirements, which are discussed below. The state may, however, require MCOs to:³³

- Adopt a minimum fee schedule for network providers using State plan approved FFS rates (where payments must be at least FFS rate levels).
- Adopt a minimum fee schedule for network providers using rates other than the State plan approved rates (based on either payments under Medicare or an alternative fee schedule established by the State).
- Provide a uniform dollar or percentage increase for network providers
- Adopt a maximum fee schedule for network providers as long as the MCO has the ability to manage risk and manage the requirement under the contract

Directed payment policies must: ³⁴

- Be based on utilization and delivery of services
- Direct expenditures equally and use the same terms of performance for a *class of providers*
- Advance at least one of the goals and objectives in the state's quality strategy
- Not require participation in an IGT program
- Be renewed annually

In 2019, CMS issued a proposed rule entitled the Medicaid Fiscal Accountability Regulation (MFAR). The goal of this rule was to increase transparency and accountability for Medicaid financing.^{35,36} The provisions of this regulation included increasing the reporting requirements for supplemental payments, clarifying the financing definitions, and reducing questionable financing mechanisms. While CMS withdrew their proposed MFAR rule³⁷ accountability and transparency regarding the financing of Medicaid on a state level is expected to continue to be a critical, bipartisan issue.

Building on its earlier 2017 guidance³⁸, on January 8, 2021, CMS provided clarifying guidance on permissible types of state directed payment initiatives. The 2017 Informational Bulletin had defined three types of state-directed payment arrangements through which states may direct MCOs to:

- **Implement VBP models.** Examples include bundled payments, episode-based payments, accountable care organizations, and other models that reward providers for delivering greater value and achieving better outcomes
- **Implement multi-payer or Medicaid-specific delivery system reform or performance improvement initiatives.** Examples include pay-for-performance arrangements, quality-based payments, and population-based payment models.
- **Adopt specific types of parameters for provider payments.** Examples include minimum fee schedules, uniform dollar or percentage increases, and maximum fee schedules.³⁹

³³ 42 CFR §438.6(c)(1)(iii)

³⁴ 42 CFR §438.6(c)(2)(i)

³⁵ “What You Need to Know About the Medicaid Fiscal Accountability Rule (MFAR), KFF Issue Brief, January 2020, <http://files.kff.org/attachment/Issue-Brief-What-You-Need-to-Know-About-the-Medicaid-Fiscal-Accountability-Rule> retrieved January 8, 2021

³⁶ Fact Sheet: 2019 Medicaid Fiscal Accountability Regulation (MFAR), CMS, November 12, 2019, <https://www.cms.gov/newsroom/fact-sheets/fact-sheet-2019-medicaid-fiscal-accountability-regulation-mfar>, retrieved January 8, 2021

³⁷ September 14, 2020, via Twitter, Administrator Seema, Verma <https://twitter.com/SeemaCMS/status/1305608634165010443?s=20>

³⁸ Delivery System and Provider Payment Initiatives under Medicaid Managed Care Contracts, Centers for Medicare and Medicaid Services (CMS) CMCS Informational Bulletin, November 2, 2017, page 1 - 2 <https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/cib11022017.pdf>, retrieved January 7, 2021

³⁹ <https://www.medicaid.gov/federal-policy-guidance/downloads/cib11022017.pdf>, retrieved January 10, 2021

As part of the January 2021 guidance, CMS released a revised "Section 438.6(c) Preprint" form for states to use in applying for approval of state-directed payments.

The preprint now groups the above three permissible state directed payments into two categories:

1. **State Directed Value-Based Payments/Delivery System Reform** (*combines the first two permitted arrangements described in the 2017 bulletin above*)
2. **State Directed Fee Schedules**⁴⁰

Furthermore, the recently enacted Consolidated Appropriations Act of 2021 (Public Law 116-270),⁴¹ which funded the government for the Fiscal Year ending September 30, 2021 addressed some of the COVID-19 emergency funding issues and imposed additional requirements on states for reporting supplemental payments to CMS. This legislation added a new section to 42 USC 1396b. The January 8, 2021 State Medicaid Director Letter and preprint also further clarified the rules and increased the reporting requirements for approval of supplemental payments. New clarifications and CMS reporting mandates for contract rating periods that begin on or after July 1, 2021 include:⁴²

- Clarified that all supplemental payments must be made for a "specific service or benefit provided to a specific enrollee." State directed payment would be considered out-of-compliance if they do not provide this level of accountability.
- Requires prior written approval of all state directed payment programs before implementation – specifically CMS recommends that states submit preprints at least 90 days prior to the start of the rating period.
- States must justify that provider payment rates are "reasonable, appropriate and attainable." CMS' evaluation of proposed directed payments will include a required benchmarking of managed care payments streams against payments under Medicare or another standardized measure.
- Requires the state to justify their payments by provider class, average base rate paid by plans, and the effect on total reimbursement of the state-directed payment or pass-through payments.
- Revises the 438.6 preprint to require more transparency regarding state-directed payments.
- Clarifies that provider classes cannot be defined to only include providers that provide IGTs.
- Requires significant transparency for the IGT contributions, including information such as the name of each entity transferring funds and the total amounts to be transferred by entity. This means that LDH will need to determine the hospital-specific allocation of IGTs before submitting the new preprint form.

In addition, CMS is currently working to formalize its benchmarking requirements. Due to these new and evolving CMS requirements, LDH should carefully consider any new developments and engage early with CMS during the development of new state-directed payment arrangements.

FEDERAL REQUIREMENTS FOR ALTERNATIVE PAYMENT MODELS AND DELIVERY MODELS AND VALUE-BASED PURCHASING ARRANGEMENTS

CMS has encouraged states to increase the number of alternative payment models (APMs) and value-based purchasing (VBP) programs in their managed care programs and to consider VBP concepts in directed payment methodologies. In a State Medicaid Director letter issued on September 15, 2020,⁴³ CMS further outlined strategies a state could take to implement VBP through Alternative Payment and Delivery Models (APMs).

⁴⁰ <https://www.medicaid.gov/medicaid/managed-care/downloads/sdp-4386c-preprint-template.pdf>, retrieved January 10, 2021

⁴¹ <https://www.congress.gov/116/bills/hr/133/BILLS-116hr133enr.pdf>, retrieved January 6, 2021

⁴² CMS SMD #21-001, Re Additional Guidance on State Directed Payments in Medicaid Managed Care, January 8, 2021 <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf>, retrieved January 8, 2021

⁴³ CMS, Value-Based Care State Medicaid Directors Letter, September 15, 2020, [Value-based Care State Medicaid Directors Letter | CMS](#), retrieved January 7, 2021

Some of those strategies include:

- "Payment Models built on Fee-for-Service Architecture" such as targeting a certain population or service and shared savings. CMS identified four concepts under shared savings
 - *"a total cost of care benchmark,*
 - *provider payment incentives to improve care quality and lower total cost of care,*
 - *a performance period that tests the changes, and*
 - *an evaluation to determine the program cost savings during the performance period."*
- "Payments for Episodes of Care" such as bundled payments for a specific healthcare event, may include "upside" and "downside" risk
- "Payment Models Involving Total Cost of Care Accountability" where providers are responsible for meeting certain benchmarks and performance metrics and are at financial risk for all services.

Another focus area states can promote in their value-based purchasing programs are those items that address Social Determinants of Health (SDOH). The Centers for Disease Control and Prevention (CDC) defines SDOH as "conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes."⁴⁴ CMS recently issued a State Health Officer (SHO) letter outlining options states could utilize to address SDOH under current law.⁴⁵ In this SHO letter, CMS outline three components: (1) principles that CMS expects states to comply with; (2) currently covered services and supports that address SDOHs; and (3) federal authorities that permit Medicaid payment for programs that address SDOHs.⁴⁶ Three overarching principles identified by CMS are:

1. "Services must be provided to Medicaid beneficiaries based on individual assessments of need, rather than take a one-size-fits-all approach"
2. Medicaid is the payer of last resort
3. Programs and payments for services and benefits must be consistent with "efficiency, economy, and quality of care" requirements for the Medicaid program.

CMS also identifies several types of SDOH-related services that can be supported under current law and regulations including:

- Housing-related services and supports such as "home modification, one-time community transition costs and housing and tenancy supports"
- Non-medical transportation for waiver (HCBS) service recipients
- Home-delivered meals for waiver (HCBS) service recipients
- Educational services for children in coordination with the Individuals with Disabilities Education Act (IDEA)
- Employment including incentives to gain Medicaid eligibility for participating in work related activities and employment services for individuals in the HCBS waivers.
- Community integration and social supports for waiver (HCBS) service recipients.
- Case management

Separately, the Office of the Inspector General (OIG) of HHS has encouraged states to identify strategies to protect the Medicaid program from fraud, waste, and abuse as they implement VBP programs.⁴⁷ Issues identified by the OIG include misalignment of incentives, 'cherry picking' healthier beneficiaries, and lack of quality due to reduction of care/services. Recommendations made to CMS include:

- Clearly define actionable and meaningful quality measures and ensure their reliability, accuracy, and utility
- Utilize evidence-based measures

⁴³ <https://www.cdc.gov/socialdeterminants/about.html>, retrieved January 10, 2021

⁴⁴ "Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH)", SHO#21-001. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf>, retrieved January 8, 2021

⁴⁵ *Ibid.*

⁴⁷ U.S. Department of Health and Human Services, Office of Inspector General, 2019 Top Management and Performance Challenges Facing HHS, <https://oig.hhs.gov/reports-and-publications/top-challenges/2019/2019-tmc.pdf#page=13>, retrieved January 7, 2021

NATIONAL LANDSCAPE FOR MEDICAID HOSPITAL PAYMENTS

There is a growing trend to tie Medicaid hospital reimbursement to APMs (tying payments to meeting quality-related requirements, rather than volume of services), particularly in managed care programs. Many of these arrangements are pursued as a private negotiation between the MCO and individual hospital systems. States are also beginning to include APM requirements in their MCO contracts, either as a contractual requirement with flexibility for how to adopt APM or layered on top of existing or new directed payment methodologies. These VBP and directed payment requirements can apply to various provider types, but we will primarily focus here on the landscape of hospital-focused options.

Alternative Payment Methodologies

Using provider reimbursement as a way to reward providers for delivering higher-value care has become a theme in healthcare coverage programs across all market segments. The Health Care Payment Learning & Action Network (HCP-LAN)⁴⁸ was launched by the U.S. Department of Health and Human Services in 2015 as a public-private effort to support and promote this move toward VBP. With a goal to align efforts and identify best practices, the HCP-LAN has adopted the following APM framework as a national model for how government and private payers may work with healthcare providers toward this goal.

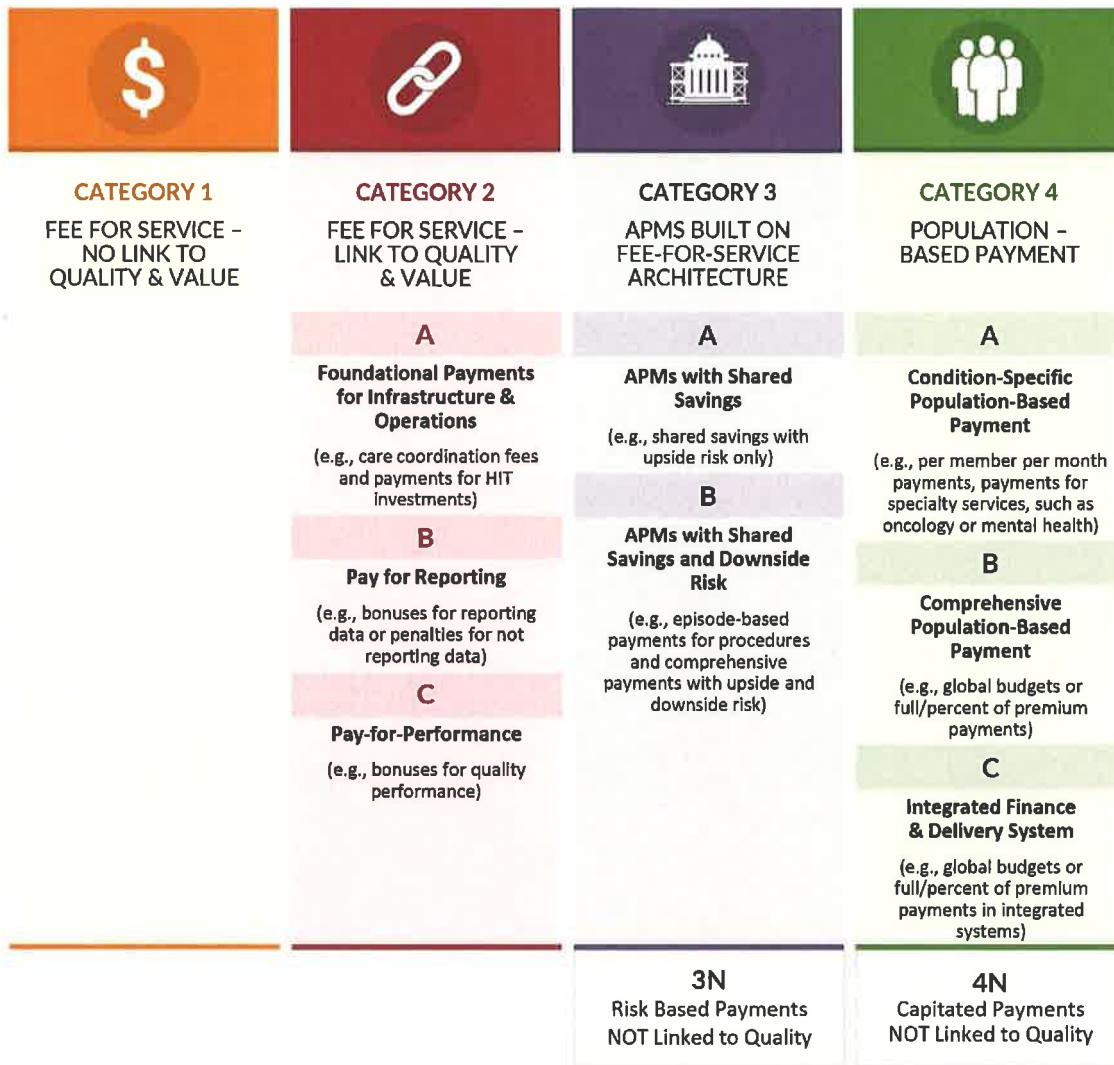
Figure A-1 below outlines the HCP-LAN framework, which has become a widely accepted way to describe the glidepath from volume-based, fee-for-service payment structures to increasing levels of provider payments based on value.

Important to this structure is the vision that payments should be significant enough to motivate providers to invest in new approaches to care delivery that support access and quality while not jeopardizing the provision of healthcare services. The goal should be to pursue a "glidepath", moving intentionally from left to right on the spectrum of APM categories (with most spending ultimately focused in Categories 3 and 4), while providing ample support to providers in this advancement. The lower-level categories are useful to support this investment and build provider capabilities to advance their ability for taking risk and driving outcomes. Payments that are not tied to quality do not qualify as an APM and do not contribute to payment reform as defined by the HCP-LAN.⁴⁹

⁴⁸ Health Care Payment Learning & Action Network (HCP-LAN), <https://hcp-lan.org/>, retrieved January 10, 2021

⁴⁹ <http://hcp-lan.org/workproducts/apm-factsheet.pdf>, retrieved January 9, 2021

Figure A-1: HCP-LAN APM Framework (as refreshed in 2017)⁵⁰



The HCP-LAN Survey – Extent of APM Adoption

HCP-LAN works with several other national groups to annually assess progress toward these payment reform goals, including the Blue Cross Blue Shield Association (BCBSA), America’s Health Insurance Plans (AHIP), and CMS. Each year, these groups work together to conduct surveys with common questions and aggregate responses about APM payments from health plans, fee-for-service states, and traditional Medicare. In 2019, these combined surveys captured data from approximately 77% of the national all-payer market and 51% of the national Medicaid market (based on calendar year 2018 provider payments). The chart below indicates the distribution of total dollars (including medical, behavioral health, and to the extent available, pharmacy) that were paid to providers under each payment type category. Long-Term Services & Support (LTSS), dental, and vision payments were excluded from this survey.⁵¹

⁵⁰ <https://hcp-lan.org/apm-refresh-white-paper/>, retrieved January 9, 2021

⁵¹ <http://hcp-lan.org/workproducts/apm-methodology-2019.pdf>, retrieved January 7, 2021

Figure A-2. HCP-LAN Survey Summary: Distribution of Provider Payments by APM Category

APM Framework Category	All Payers	Medicaid Only
Category 1 (FFS only)	39.1%	66.1%
Category 2 (FFS with a link to quality and value)	25.1%	10.6%
Category 3 (APMs built on FFS Architecture)	30.7%	17.4%
Category 4 (Population-Based Payment)	5.1%	5.9%

This data suggests that those states that want to link Medicaid reimbursement to value and quality have the opportunity to promote and benefit from VBP, relative to other types of payers given that 66.1% of all Medicaid payments are still based on FFS without a link to quality and value. However, the same survey found that payers believed “the impact of government” to be one of the top three drivers for APM adoption. As one of the major government payer types, state Medicaid programs are in a unique position to promote APMs and use their purchasing power to achieve quality and outcome goals through payment reform.

State-Led APM Requirements

While Medicaid may be behind other payer types in adoption of APMs, notable progress is being made in a number of states. In part spurred by CMS pressure to link supplemental payments to value, as well as concerns for growing Medicaid budgets and a need to tie payments to value rather than volume, VBP is becoming more common in Medicaid managed care programs. For instance:

- 8 states (CA, FL, GA, IA, MN, OH, RI, TN) had MCO contracts that included a state-VBP initiative in 2019 and 7 states (IL, KS, LA, MO, MS, PA, VA) were set to start one in 2020; and
- 12 states (AZ, DE, GA, HI, IA, KS, LA, MI, MN, NM, NY, RI) required MCOs to develop a VBP strategy within state-specific guidelines in 2019 and another 5 states (MO, NH, OR, PA, UT) were set to do the same in 2020.⁵²

Detailed information about a subset of these state Medicaid MCO contract requirements can be found in Appendix D. In some cases, these contract requirements place the obligation to earn quality withhold dollars solely on the MCO, (which may or may not pass those requirements down to providers) and in other cases, the state mandates the way the MCO must include providers in the quality incentive.

While these programs can apply to various types of providers, it is notable that several states have instituted VBP requirements related to hospitals, including the following examples.

- **California** requires MCOs to have VBP programs for designated public hospitals on quality measures including prenatal/postpartum care, early childhood preventive care, chronic disease management, and behavioral healthcare
- **Hawaii** requires MCOs to develop a VBP program that must include hospitals, including critical access hospitals; while the MCO has flexibility to design its own plan, the state may require MCOs to include standard metrics and reporting across payers
- **Oregon** sets annual VBP targets for its plans (starting at 20% and increasing year over year), which must cover focus areas including hospital care, maternity care, children’s healthcare, behavioral healthcare, and oral healthcare.

Medicaid APMs for Hospitals

APMs for hospitals often focus on healthcare services that may be more within the hospital’s control – reducing readmissions, and coordinating post-acute services, for example. However, for hospital systems that own physician practice groups or clinics, options may also include physician-led APMs, such as preventive care, immunization rates, reducing admissions, or referring patients to lower-cost care alternatives. MCOs and hospitals will often negotiate the terms of APMs that may be best suited to the hospital’s particular services or patient caseload. Because these factors can vary greatly across facilities, allowing flexibility for these negotiations may be preferred. Themes from other state

⁵² <https://www.kff.org/report-section/a-view-from-the-states-key-medicare-policy-changes-delivery-systems/>, retrieved December 30, 2020

Medicaid programs in how they design APM requirements for MCOs, while allowing such flexibility, have included the following: characteristics summarized in Figure A-3⁵³

Figure A-3. Common Characteristics of Medicaid APM Requirements

Setting Targets	<ul style="list-style-type: none"> ▪ Many states have set targets for the percentage of providers or percentage of covered lives whose care must be covered by VBP contracts (often with increasing targets year over year) ▪ Some set additional targets for VBP contracts involving shared risk (APM category 3 or 4)
Focus Areas	<ul style="list-style-type: none"> ▪ Some states require focus on particular healthcare issues (like social determinants of health, behavioral health, chronic conditions, or primary care access and outcomes) ▪ Other states focus on total cost of care, sometimes by allowing MCOs to create a plan to drive results or by requiring each MCO that fails to meet state-determined targets to develop a roadmap for how they will increase performance
Prescriptive Design Versus Innovation by MCOs	<ul style="list-style-type: none"> ▪ Some states permit discretion about how to implement value-based purchasing but require MCOs to use the same quality measures and meet outcome targets (often based on HEDIS) ▪ Some states require particular provider types that must be included in an MCO's VBP efforts ▪ Other states require particular types of APMs like bundled payments for certain episodes of care (e.g., maternity care, cardiac care, or total joint replacement) ▪ Some align efforts as part of a multi-payer collaboration
Form of Payments	<ul style="list-style-type: none"> ▪ Payments to the MCOs may be designed, by states, as a bonus, withhold, or even a disincentive (payback or assessment) and sometimes require evidence that a portion of the total reimbursement is paid out to participating providers

State Medicaid agencies launching VBP programs may wish to engage MCOs with an active role in the shift to VBP by using contract terms to require the MCOs to support providers through quality reporting, data analytics, and other technical support to providers. Depending on the level of local support for VBP across payer types, Medicaid agencies may also consider alignment with similar efforts by private payers so that this shift is not be a totally new ask to the provider community. Also, large provider types, such as hospitals, may represent a good starting point because they often have greater resources available to begin addressing access and quality at a population health level, as well as capabilities to track and report on quality measures.

States that wish to take a more active design approach for their VBP programs for Medicaid managed care may wish to pair MCO VBP requirements with a directed payment requirement, as described below.

Common Types of Hospital Directed Payments

As discussed earlier, there are many forms of directed payments based on CMS guidance and language in the Consolidated Budget Act of 2021. Given the January 2021 State Medicaid Directors' Letter regarding directed payments, it may be important for LDH to review current directed payment programs and ensure compliance with the revised guidance while preparing for the additional reporting requirements. One of the permissible payment methodologies specifically identified by CMS is VBP, further supporting CMS guidance that directed payments must be tied to a state's Medicaid quality strategy.⁵⁴

Several states use directed payments to pursue VBP objectives to impact quality and access for hospital services, particularly focusing on appropriate utilization of these services. Themes in these directed payment arrangements include the following:

⁵³ https://www.pccpc.org/sites/default/files/resources/%7Ba7b8bcb8-0b4c-4c46-b453-2fc58cefb9ba%7D_Change_Healthcare_Value-Based_Care_in_America_State-by-State_Report.pdf, retrieved January 7, 2021

⁵⁴ CMS SMD#21-001, Additional Guidance on State Directed Payments in Medicaid Managed Care and Health and Human Services, Centers for Medicare & Medicaid Services § 438 6(c) Preprint, January 8, 2021

- Payments typically based on achievement of targets on national Medicaid quality performance measures (such as National Quality Forum or HEDIS); targets often increase year-over-year
- Focus on measures related to specific health issues that hospitals may be able to impact such as inpatient or outpatient utilization, chronic illness care, post-acute care, or reductions in readmissions or inappropriate emergency department visits. Some payments include requirements to support care management (such as appointment scheduling or coordination with primary care providers or community behavioral health providers)
- Different weighting might occur based on facility type (such as hospitals with psychiatric beds)
- One state (Hawaii) created a separate directed payment to be applied for its critical access hospitals, as distinct from other hospital types.

Hospital systems that include primary or specialty care clinics may be well suited for incentives on additional healthcare topics, such as screening rate, well care, or prenatal measures, as well. Please see Appendix E for details on these state directed payments.

Appendix B

Appendix B: Louisiana's Current Hospital Reimbursement Methodologies

OVERVIEW OF CURRENT LANDSCAPE

Louisiana currently employs a mix of hospital reimbursement strategies, including minimum hospital rates, supplemental payments to hospital providers, and MCO payments to hospitals. Details for each of these elements are provided below.

Current Hospital Reimbursement Methodologies

Louisiana's current State plan⁵⁵ provides a per diem payment, supplemental payments, and DSH payments for hospitals. The per diem is the minimum payment an MCO can make to a hospital. There are five hospital peer groups established in the State plan:

- Major teaching hospitals
- Minor teaching hospitals
- Non-teaching hospitals with less than 58 beds
- Non-teaching hospitals with 58 – 138 beds
- Non-teaching hospitals with more than 138 beds

In addition, there are separate payments for the following peer groups and services:⁵⁶

- Long-term ventilator hospitals (not psychiatric treatment)
- Children's Hospitals
- Free-Standing Rehabilitation Hospitals as defined by Medicare
- Neonatal Intensive Care Units
- Pediatric Intensive Care Units
- Burn Care Units

Louisiana determines a base rate for hospitals based on 1991 allowable costs and adjusted for inflation. In addition, there are supplemental payments for Low Income and Needy Care Collaboration (Small Rural Hospitals), non-rural, non-state government Hospitals, private hospitals, and teaching hospitals. Hospitals also receive a DSH payment. However, a 2019 CMS rule (84 FR 50308)⁵⁷ and the Consolidated Appropriations Act of 2021 will reduce DSH payments by \$8 billion per year from 2024 to 2027 which could materially decrease the allotment available to states like Louisiana.⁵⁸ DSH reductions were originally imposed in the Patient Protection and Affordable Care Act of 2010.⁵⁹ After the ACA imposed the DSH reductions, Congress used several pieces of legislation to delay these reductions.⁶⁰

Supplemental Payments for Hospitals

A material portion of Louisiana Medicaid payments to hospitals are in the form of supplemental payments, made separately from claim-based payments, as shown in Figure B-1:

⁵⁵ Louisiana Department of Health, Medicaid State Plan, Appendix C 19a Item 1, <https://dh.la.gov/index.cfm/page/1718>, https://dh.la.gov/assets/medicaid/StatePlan/Sec4/Attachment4_19-AltItem1.pdf retrieved January 12, 2021

⁵⁶ *Id.*

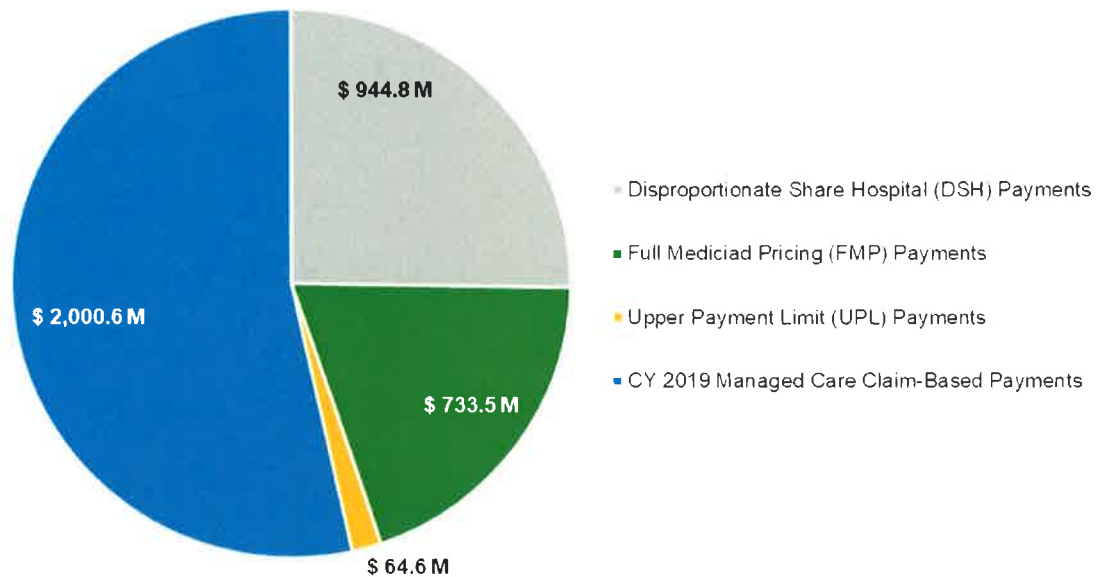
⁵⁷ CMS Final Rule 84 FR 50308 <https://www.govinfo.gov/content/pkg/FR-2019-09-25/pdf/2019-20731.pdf>, retrieved December 9, 2020

⁵⁸ H R 133 Consolidated Appropriations Act of 2021 <https://docs.house.gov/billsthisweek/20201221/BILLS-116HR133SA-RCP-116-68.pdf>, retrieved January 11, 2021

⁵⁹ Patient Protection and Affordable Care Act of 2010, ACA, Public Law 111-148, as amended

⁶⁰ Disproportionate Share Hospital Payments, Medicaid and CHIP Payment Access Commission, [https://www.macpac.gov/subtopic/disproportionate-share-hospital-payments/#:~:text=As%20a%20result,%20the%20current%20schedule%20and%20amounts,2024,%20and%205%20\\$8%20billion%20in%20FY%202025](https://www.macpac.gov/subtopic/disproportionate-share-hospital-payments/#:~:text=As%20a%20result,%20the%20current%20schedule%20and%20amounts,2024,%20and%205%20$8%20billion%20in%20FY%202025) Retrieved January 20, 2021

Figure B-1. Louisiana Hospital Medicaid Supplemental Payments and Managed Care Claim-Based Payments



The figure above illustrates a total of \$2,001 million in claim-based payments along with \$1,743 million in supplemental payments from a combination of DSH, FMP and UPL payments. Each of the Louisiana Medicaid hospital supplemental payments types shown above are described below.

- **Disproportionate share hospital (DSH) payments:** Medicaid supplemental payments based on uncompensated costs related to hospital services to Medicaid and uninsured patients, as defined in rule in the Louisiana State plan. Uncompensated care costs are based on the difference between the estimated costs of hospital services to these populations and the payments received (including both Medicaid fee-for-service and managed care). Total current DSH payments made to hospitals are approximately \$944.8 million (not including CPE DSH) and consist of the following DSH payment pools:
 - Low Income and Needy Care Collaboration Agreement (LINCCA) hospitals
 - High Medicaid (federally mandated) hospitals
 - Major Medical Center hospitals
 - Non-State Large Public (hospital service district CPEs only – not payments to hospitals)
 - Public Small Rural hospitals (CPEs only – not payments to hospitals)
- **Full Medicaid Pricing (FMP) payments:** Medicaid managed care supplemental payments, distributed from an aggregate funding pool determined based on the estimated gap between payments under Medicare and Medicaid claim-based payments. We understand FMP payments consist of series of funding pools included in the managed care capitation payments to MCOs to enable reimbursement levels up to Medicare and then distribute from MCOs to hospitals based on negotiations. Total current FMP payments are approximately \$733.5 million, and consist of the following FMP payment pools:
 - Rural hospitals
 - Public-Private Partnership (PPP) hospitals
 - LINCCA hospitals

- Hospital Service Districts
- Other select hospital systems and hospitals
- **Upper Payment Limit (UPL) payments:** Medicaid fee-for-service supplemental payments, distributed from an aggregate funding pool determined based on the estimated gap between payments under Medicare and Medicaid claim-based payments. Total current UPL payments are approximately \$64.6 million, and consist of the following UPL payment pools (which are made directed from LDH to hospitals as a fee-for-service payment):
 - Rural hospitals
 - LINCCA hospitals
 - Hospital Service Districts

In addition to the payments illustrated in Figure B-1, as part of the State Plan, hospital outlier payments are made for catastrophic costs associated with inpatient services provided to children under age six.⁶¹ Total current hospital outlier payments are approximately \$21 million, and are primarily paid by the MCOs within the managed care program. These payments will be considered in accordance with CMS preprint reporting requirements for directed fee schedule preprint submissions.

The scale of Medicaid managed care hospital FMP supplemental payments relative to claim-based payments ranges significantly across Louisiana hospitals. Hospital FMP payments are currently allocated to approximately one third of hospitals, and of those receiving hospital FMP, there is a material range in hospital FMP payments relative to managed care claim-based payments. Whereas LDH has the opportunity to maintain current hospital payment levels to hospitals receiving DSH (because LDH can reimburse up to their DSH limit), repurposing hospital FMP payments to directed payments will more widely distribute hospital FMP payments across all hospitals.

Hospital Contributions

We understand LDH utilizes hospital contributions to help fund the non-federal share of multiple different types of Medicaid hospital expenditures, including the supplemental payments described previously. These hospital contributions include the following:

- **Intergovernmental transfers (IGTs).** IGTs are a transfer of funds from another government entity to the state Medicaid agency. In Louisiana, hospital service districts and several public hospitals have entered into IGTs arrangements with LDH totaling approximately \$255 million. These IGTs currently contribute toward the non-federal share of DSH payments, FMP payments, and UPL payments.

As mentioned, under new CMS preprint requirements, LDH will need to determine the IGTs to be transferred by each entity. We note that allocating all of the new IGTs to hospital service districts may result in adverse impacts at the hospital level depending on the final selected IGT distribution and payment methodologies. As such, LDH may wish to consider the inclusion of other provider types for its new IGT allocations.

- **Hospital assessments.** We understand LDH currently assesses non-rural hospitals at a rate of approximately 1.0% of net patient revenues, which generates an estimated \$114 million for SFY 2021. Assessment proceeds fund the non-federal share of inpatient per diem rate increases and managed care capitation payments for the Medicaid expansion population.

MFP Model

LDH considered implementing a proposed hospital MFP payment model; however, after discussions with CMS and identifications of several issues in the model, LDH management made the decision to rescind the preprint from CMS consideration. The former MFP model was originally submitted as a hospital-directed payment “minimum fee schedule” (under a methodology not included in the FFS State plan) that transitions a significant amount of the \$1.7 billion in funding from current Medicaid hospital supplemental payment amounts, replacing the existing hospital FMP

⁶¹ <https://ldh.la.gov/assets/medicaid/StatePlan/Sec4/Section4.19.pdf>

payments and significantly reducing the existing DSH and UPL payments. The former MFP program was projected to result in a net increase of \$787 million in total supplemental payments (total computable, non-federal and federal share).

Managed Care Contract Requirements

Under the Model Contract⁶² included in the Request for Proposal (RFP) for managed care organizations and in the individual contracts⁶³ with MCOs, LDH requires MCOs to pay hospitals at the FFS rate.

Rural Hospital Payments as Defined in Rural Hospital Preservation Act

Louisiana state law (La. Stat. tit. 40 § 1189.3) defines rural hospital as a licensed hospital that met one of 13 designated criteria by the July 1, 2003 deadline for a rural hospital designation. There are 49 such hospitals, 27 of which are also designated as critical access hospitals (CAH). Additionally, rural hospitals are required to receive the maximum reimbursement levels under CMS regulations.⁶⁴

Louisiana utilizes a unique hospital payment structure based on services performed. Inpatient care receives a per diem rate defined by the Louisiana Medicaid State plan.⁶⁵ These per diem rates are based on hospital type and services offered. The per diem rates are separated into eight categories including children's, rural, state hospital, and peer group designations.⁶⁶ Additionally, hospitals are reimbursed for outpatient services using a fee schedule which is updated annually.

LSU's Public-Private Partners who are Parties to Cooperative Endeavor Agreements

Nine of the ten LSU public hospitals entered a public-private partnership starting in 2012. This partnership was designed to improve care, reduce state costs, create a more efficient hospital network, and maintain access.⁶⁷ In addition to the LSU hospitals, there is the LSU Health Care Services Division (HCSD), a university-based healthcare delivery organization, which supports the LSU healthcare system.⁶⁸ Hospitals are located throughout the state, with facilities in Baton Rouge, Bogalusa, Houma, Lafayette, Lake Charles, Monroe, New Orleans, Pineville, and Shreveport.⁶⁹

CURRENT LDH MEDICAID QUALITY STRATEGY AND VALUE-BASED PURCHASING

Federal regulations require each state with a Medicaid managed care program to develop a quality strategy in order to support and promote quality, compliance, and access to and appropriateness of care and services for managed care enrollees.⁷⁰ Federal managed care rules further require state-directed payments to advance at least one goal in the state's quality strategy.⁷¹ Louisiana's current Medicaid Managed Care Quality Strategy establishes a strong framework upon which it could structure MCO state-directed payments to hospitals.⁷²

LDH's Quality Strategy currently outlines three aims (described in Figure B-2 below), each with corresponding goals and specific objectives driving the areas of quality focus. In alignment with the quality strategy goals listed below,

⁶² Appendix E: Model Contract, Louisiana Managed Care Organization, Model Contract, Louisiana Department of Health, Bureau of Health Services Financing, https://ldh.la.gov/assets/medicaid/RFP_Documents/RFP3/AppendixB.pdf, retrieved January 12, 2021

⁶³ Office of State Procurement, PROACT Contract Certification of Approval, Aetna Belter Health, Inc., December 12, 2019, <https://ldh.la.gov/index.cfm/page/3989>, retrieved January 12, 2021

⁶⁴ La. Stat. tit. 40 § 1189.4

⁶⁵ Louisiana Department of Health, Medicaid State Plan, Appendix C.19a Item 1, <https://ldh.la.gov/index.cfm/page/1718>, https://ldh.la.gov/assets/medicaid/StatePlan/Sec4/Attachment4_19-Alt1.pdf, retrieved January 12, 2021

⁶⁶ Louisiana Medicaid Hospital Provider Inpatient Per Diem Rates, Effective 7/1/2020, https://www.lamedicaid.com/provweb1/fee_schedules/Inpatient_Hospital_Per_Diem_Listing_Current.pdf, retrieved 1/11/21

⁶⁷ "State Health Officials Announce Landmark Public-Private Partnership Agreements for LSU Hospitals" Louisiana Department of Health, December 10, 2012, <https://ldh.la.gov/index.cfm/newsroom/detail/2722>, retrieved January 14, 2021

⁶⁸ LSU Health website, About HCSD page, https://www.lsuhealth.org/about_us.aspx, retrieved January 14, 2021

⁶⁹ LSU website, "Hospital Cooperative Endeavor Agreements", <https://www.lsu.edu/bos/hospital-ceas.php>

⁷⁰ <https://www.medicare.gov/medicaid/quality-of-care/medicaid-managed-care-quality/state-quality-strategies/index.html>, retrieved February 9, 2021

⁷¹ 42 CFR 438.6(c)(2)(ii)(C) https://www.ecfr.gov/cgi-bin/text-idx?node=pt42.4.438&rgn=div5#se42.4.438_16, retrieved January 7, 2021

⁷² Louisiana's Medicaid Managed Care Quality Strategy (March 2019), <https://ldh.la.gov/assets/docs/MQI/MQIStrategy.pdf>, retrieved January 7, 2021

LDH sets annual performance measures that MCOs are required to measure and report. Sixteen of these measures are incentivized through a 1% capitation withhold that MCOs can earn back by meeting the target for that measure or improving their performance by at least two points from the prior measurement year.⁷³

LDH recognizes and requires usage of the HCP-LAN APM framework in the current MCO VBP program requirements. Within this model, MCOs are subject to an additional 1% capitation withhold to incentivize the use of VBP in their provider contracts. Plans earn back the VBP withhold amount for maintaining or increasing their reported use of VBP models across categories 2A, 2C, 3, and 4 as defined in the HCP-LAN APM Framework. These VBPs must align to the Incentive Based Quality Measures defined by LDH, which comprise the other 1% withhold described above. In addition to the contract withholds, LDH also incentivizes performance and quality outcomes through the Managed Care Incentive Program which allows MCOs to earn up to 5% over the approved capitation payment. The approved arrangements will include specific activities, targets, quality measures, and desired outcomes so that each arrangement can be properly evaluated at the end of the designated term.

While the MCOs may be using hospital incentives to help meet their quality goals, the MCO quality withhold is not specifically tied to the state's directed payment program. LDH could consider connecting elements of its current quality strategy and VBP requirements to align with its directed payment requirements, in order to demonstrate a quality-based approach to CMS.

Figure B-2. Louisiana Medicaid Quality Strategy Aims, Goals, and Objectives⁷⁴

Aim	Goal	Objective
Better Care: Make healthcare more person-centered, coordinated, and accessible so it occurs at the "Right care, right time, right place."	Ensure access to care to meet enrollee needs	Ensure timely and approximate access to primary and specialty care
	Improve coordination and transitions of care	Ensure appropriate follow-up after emergency department visits and hospitalizations through effective care coordination and case management
	Facilitate patient-centered, whole-person care	Engage and partner with enrollees to improve enrollee experience and outcomes Integrate behavioral and physical health
Healthier People, Healthier Communities: Improve the health of Louisianans through better prevention and treatment and proven interventions that address physical, behavioral, and social needs.	Promote wellness and prevention	Ensure maternal safety and appropriate care during childbirth and postpartum
		Prevent maturity and reduce infant mortality
		Promote healthy development and wellness in children and adolescents
		Promote oral health in children Improve immunization rates
		Prevent obesity and address physical activity and nutrition in children and adults
		Prevent prematurity and reduce infant mortality
		Improve cancer screening
		Improve HIV and Hepatitis C virus infection screening
		Promote healthy development and wellness in children and adolescents

⁷³ Ibid

⁷⁴ Ibid

Aim	Goal	Objective
		Promote use of evidence-based tobacco cessation treatments
	Improve chronic disease management and control	Improve hypertension, diabetes, and cardiovascular disease management and control
		Improve respiratory disease management and control
		Improve HIV control
		Improve quality of mental health and substance use disorder care
	Partner with communities to improve population health and address disparities	Stratify key quality measures by race/ethnicity and rural/urban status and narrow health disparities
Advance specific interventions to address social determinants of health		
Smarter Spending: Demonstrate good stewardship of public resources by ensuring high-value, efficient care	Pay for value and incentivize innovation	Advance value-based purchasing arrangements and innovation
	Minimize wasteful spending	Reduce low value care

The state's independent external quality review organization (EQRO)⁷⁵ evaluated the managed care program against the Quality Strategy in 2019 and found that the managed care program was overall successful in meeting the targets for the sixteen Incentive Based Quality Measures, improvement objectives, or both. MCO performance was mixed across the measures, with their individual improvement areas not always matching the state's as a whole, presenting different sets of improvement opportunities for each MCO.

Due to the COVID-19 pandemic and the challenges it posed in meeting the requirements to earn back the withholds, LDH suspended the 2% withholds for calendar year 2020 but have reinstated the withhold requirements for calendar year 2021.

⁷⁵ State of Louisiana Department of Health, Medicaid Managed Care Quality Strategy Evaluation, Review Period: March 20, 2019 – March 19, 2020 FINAL, September 2020, IPRO. https://www.ldh.la.gov/assets/docs/MQI/Task1_10-MMCQuality-Strategy-Evaluation-FY20.pdf, retrieved December 29, 2020

Appendix C

Appendix C: Evaluation of Directed Payment Options Consistent with Policy Goals

CMS permits two categories of options for state-directed payments, as outlined in the January 8, 2021 preprint form:⁷⁶

1. **State Directed Value-Based Payments/Delivery System Reform**
2. **State Directed Fee Schedules**

Applying these options against the six assumptions LDH provided to Milliman to guide our analyses of directed payment options suggests that a mix of strategies may be most effective to accomplish these policy goals. Figure C-1 summarizes our assessment of how each option may meet LDH goals.

Figure C-1. Assessment of How Various CMS-Approved Options May Accomplish LDH Policy Goals⁷⁷

LDH Criteria/Assumption	Value-Based Purchasing	Delivery System Reform	State Directed Fee Schedules
Preserves access in both urban and rural areas	Yes	Yes	Yes
Advances goals and objectives of LDH quality strategy	Yes	Yes	Yes
Does not require any additional State General Fund dollars	Yes	Potentially	Potentially
Maintains reimbursement levels for Rural Hospitals and LSU's Public-Private Partners	Yes	Yes	Yes
Minimizes reductions to current hospital reimbursement levels inclusive of base rates and supplemental payments	Yes	Yes	Yes
Utilizes "follow the patient" principle in reimbursement methodology	Yes	Yes	Yes
Includes alternative sources of state matching funds	Potentially	Potentially	Potentially
Utilizes value-based purchasing principles	Yes	Yes	No

Please note the options are not intended to be mutually exclusive and the adopted state-directed payment methodology may include more than one payment arrangement. More detailed assessments for each of the three options are provided below.

CMS Option #1: VBP and Delivery System Reform Models

State-directed VBP and delivery system reform (DSR) models recognize value or outcomes over volume of services. The CMS preprint lists the following types of VBP/DSR arrangements that are permissible as state-directed payments:

- **Quality Payment/Pay-for-Performance** (Category 2 APM, or similar): foundational payments for infrastructure and operations, pay-for-reporting, and pay-for-performance
- **Bundled Payment/Episode-Based Payment** (Category 3 APM, or similar): shared savings arrangements, bundled payments, and episode-based payments

⁷⁶ <https://www.medicicaid.gov/medicaid/managed-care/downloads/sdp-4386c-preprint-template.pdf>, retrieved January 10, 2021

⁷⁷ 'Yes' indicates the option is likely to meet the criteria/assumption. 'Potentially' means the option could be structured in such a way that would meet the criteria/assumption, and 'No' means challenges or barriers may exist to the option meeting the criteria/assumption

- **Population-Based Payment/Accountable Care Organization** (Category 4 APM, or similar): condition-specific, population-based payments (capitated payments for specialty services), comprehensive population-based-payments (e.g., global budgets), and integrated, comprehensive payment and delivery systems (e.g., accountable care organizations).
- **Multi-Payer Delivery System Reform:** initiatives to align payers across the state, including payment policies, quality measurement, administrative practices, and data-sharing.
- **Medicaid-Specific Delivery System Reform:** Medicaid delivery system and payment transformation efforts as alternatives to traditional fee-for-service arrangements.
- **Performance Improvement Initiative:** incentive programs to report and demonstrate improvements in access and quality.
- **Other Value-Based Purchasing Models**^{78, 79}

Rural and safety-net hospitals often lack the technology infrastructure and financial resources to participate in VBP arrangements.⁸⁰ Delivery system reform initiatives seek to build the capacity of these providers by providing initial incentive funds for infrastructure investment and project implementation. Over time, they receive additional funds for reporting quality and other metrics and eventually are rewarded and held at financial risk for their performance.⁸¹ Outside of simple performance improvement initiatives, DSR efforts can be resource intensive and may require a section 1115 demonstration waiver or State plan amendments in addition to the state-directed payment preprint application to implement.

LDH already has a VBP contracting requirement in the current MCO contract tied to a capitation withhold. LDH could choose to be more prescriptive in the types of VBP arrangements, quality and financial outcomes, and rate of VBP adoption it desires to achieve.

Figure C-2. Evaluation of VBP Models

LDH Criteria/Assumptions	VBP Model Evaluation
Preserves access in both urban and rural areas	Yes. Options in this category can be structured to limit negative financial risk to hospitals, minimizing any disruption to access. Additionally, these models reward value and outcomes and can provide hospitals with added revenue.
Advances goals and objectives of LDH quality strategy	Yes. Utilizing VBP directly advances the LDH goal "pay for value and incentivize innovation." Additionally, the achievement of LDH quality goals can be incentivized through VBP arrangements and other performance improvement initiatives.
Does not require any additional State General Fund dollars	Yes. LDH can direct MCOs to enter into VBP arrangements that are cost-neutral to the state as long as the MCO rates remain actuarially sound.
Maintains reimbursement levels for Rural Hospitals and LSU's Public-Private Partners	Yes. LDH has flexibility to set the VBP arrangements between MCOs and hospitals to not include any downside risk, maintaining reimbursement levels for rural hospitals and LSU's public private partners.
Minimizes reductions to current hospital reimbursement levels inclusive of base rates and supplemental payments	Yes. LDH has flexibility to set the VBP arrangements between MCOs and hospitals to either not include any downside risk or to limit the risk exposure within defined ranges based on performance. LDH can increase hospitals' financial risk exposure overtime, following the LAN-APM glide path model.
Utilizes "follow the patient" principle in reimbursement methodology	Yes. VBP arrangements can be developed to be tied to Medicaid utilization so that hospitals who treat more Medicaid patients receive more reimbursement.

⁷⁵ <https://www.milliman.com/-/media/Milliman/importedfiles/uploadedFiles/insight/2018/approved-medicaid-state-directed-payments-full.ashx> retrieved January 10, 2021

⁷⁹ <https://www.medicaid.gov/medicaid/managed-care/downloads/sdp-4386c-preprint-template.pdf> retrieved January 10, 2021

⁸⁰ <https://www.medicaid.gov/medicaid/downloads/accel-adoption-vp-pay.pdf>, retrieved January 10, 2021

⁸¹ <https://www.medicaid.gov/medicaid/downloads/accel-adoption-vp-pay.pdf>, retrieved January 10, 2021

LDH Criteria/Assumptions	VBP Model Evaluation
Includes alternative sources of state matching funds	Potentially. Funding sources for VBP beyond the State General Fund include intergovernmental transfers or health-care related taxes (e.g., provider taxes).
Utilizes value-based purchasing principles	Yes.

Figure C-3. Evaluation of Delivery System Reform Models

LDH Criteria/Assumptions	Delivery System Reform Model Evaluation
Preserves access in both urban and rural areas	Yes. DSR initiatives can be structured to provide only positive financial support to providers, limiting their negative risk exposure.
Advances goals and objectives of LDH quality strategy	Yes. Utilizing DSR directly advances the LDH goal "pay for value and incentivize innovation." Additionally, other the achievement of LDH quality goals can be incentivized through DSR and other performance improvement initiatives.
Does not require any additional State General Fund dollars	Potentially. Many DSR initiatives require funds to support providers' transition to VBP.
Maintains reimbursement levels for Rural Hospitals and LSU's Public-Private Partners	Yes. DSR initiatives can be developed to maintain (or increase) reimbursement levels.
Minimizes reductions to current hospital reimbursement levels inclusive of base rates and supplemental payments	Yes. DSR initiatives can be developed to minimize reduction in reimbursement levels and to limit financial exposure.
Utilizes "follow the patient" principle in reimbursement methodology	Yes. DSR initiatives can be specific to hospital classes that treat more Medicaid patients per CMS approval.
Includes alternative sources of state matching funds	Potentially. Funding sources for DSR beyond the State General Fund include intergovernmental transfers or health-care related taxes (e.g., provider taxes).
Utilizes value-based purchasing principles	Yes.

CMS Option #2: State Directed Fee Schedules

The CMS preprint lists the following types of fee schedule requirements that are permissible as state-directed payments.

- Minimum Fee Schedule for providers that provide a particular service under the contract using rates other than State plan approved rates
- Maximum Fee Schedule
- Uniform Dollar or Percentage Increase⁸²

States seeking approval of minimum or maximum fee schedules must describe the basis for the fee schedule as 1) State plan approved rates; 2) Medicare or Medicare-equivalent rate; or 3) alternative fee schedule established by the state.⁸³ A 2018 Milliman review found that, nationally, state-directed fee schedules comprised the majority of the approved state-directed payment preprints between the two categories (fee schedules and VBP/DSR models).⁸⁴

⁸² <https://www.medicaid.gov/medicaid/managed-care/downloads/sdp-4386c-preprint-template.pdf>, retrieved January 10, 2021

⁸³ <https://www.medicaid.gov/medicaid/managed-care/downloads/sdp-4386c-preprint-template.pdf>, retrieved January 10, 2021

⁸⁴ <https://www.milliman.com/-/media/Milliman/importedfiles/uploadedFiles/insight/2018/approved-medicaid-state-directed-payments-full.ashx>, retrieved January 10, 2021

CMS requires that state directed payments be based on the delivery and utilization of services covered "under the contract for the applicable rating period."⁸⁵ While historical utilization data is used in capitation rate development, state-directed payments must be based on the applicable rating period utilization and service delivery. For many fee schedule arrangements, states determine prospective per member per month (PMPM rates) to pay MCOs based on projected utilization. States can require MCOs to pay providers based on more recent utilization (prior month or quarter) or may reconcile projected to actual utilization and adjust final payments via a settlement process.⁸⁶

Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A) and the State Medicaid Director Letter #21-001 issued on January 8, 2021, states no longer need to submit a preprint for prior approval to adopt minimum fee schedules using State plan approved rates as defined in 42 C.F.R. § 438.6(a).⁸⁷

As outlined in Figure C-4 below, directed fee schedules on their own will meet the majority of LDH's policy assumptions that we were asked to consider. By linking the directed payment to a VBP requirement, the final criteria could also be met. This linkage to VBP may also increase the connection to LDH's quality strategy and align incentives toward value, as required by CMS as well.

Figure C-4. Evaluation of State Directed Fee Schedules

LDH Criteria/Assumptions	State Directed Fee Schedules Evaluation
Preserves access in both urban and rural areas	Yes. Directing fee schedules can provide financial support to specific classes of hospitals and ensure continued access.
Advances goals and objectives of LDH quality strategy	Yes. State directed fee schedules meet the LDH goal to "ensure access to care to meet enrollee needs."
Does not require any additional State General Fund dollars	Potentially. The size of the uniform dollar/percentage increase or minimum fee schedule may require additional State General Fund dollars.
Maintains reimbursement levels for Rural Hospitals and LSU's Public-Private Partners	Yes. State directed fee schedules can be developed to maintain (or increase) reimbursement levels.
Minimizes reductions to current hospital reimbursement levels inclusive of base rates and supplemental payments	Yes. State directed fee schedules can be developed to minimize reduction in reimbursement levels and to limit financial exposure.
Utilizes "follow the patient" principle in reimbursement methodology	Yes. State directed fee schedules can be developed to be tied to Medicaid utilization so that hospitals who treat more Medicaid patients receive more reimbursement.
Includes alternative sources of state matching funds	Potentially. Funding sources beyond the State General Fund include intergovernmental transfers or health-care related taxes (e.g. provider taxes).
Utilizes value-based purchasing principles	No, unless combined with payment pool carveout for VBP.

⁸⁵ <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf>, retrieved January 10, 2021

⁸⁶ <https://www.milliman.com/-/media/Milliman/importedfiles/uploadedFiles/insight/2018/approved-medicaid-state-directed-payments-full.ashx>, retrieved January 10, 2021

⁸⁷ <https://www.medicaid.gov/medicaid/managed-care/downloads/sdp-4386c-preprint-template.pdf>, retrieved January 10, 2021

Appendix D

Appendix D: APM Examples from Other State Medicaid Programs

Below are examples from state managed care organization (MCO) contracts that include alternative payment methodologies for participating MCOs. Throughout this appendix, the definitions for various types of APMs (such as shared savings, bundled payments, or pay for performance) often vary slightly by state. Where possible, we have used each state's own definition, indicated by quotation marks.

- **Arizona**

- Requires MCOs to develop strategies within the Health Care Payment Learning & Action Networks (HCP-LAN) - Alternative Payment Models (APM) categories 2B and above.⁶⁸ HCP-LAN is a national organization of healthcare CEOs that promote the dialogue regarding APMs.
- Models that Arizona Health Care Costs Containment System (AHCCCS) MCOs have implemented⁶⁹:
 - **Payment for Performance**: "Pay-for-performance is a term that describes health-care payment systems that offer financial rewards to providers who achieve, improve, or exceed their performance on specified quality and cost measures, as well as other benchmarks."
 - **Patient-Centered Medical Home (PCMH)**: "The patient-centered medical home is a way of organizing primary care that emphasizes care coordination and communication to transform primary care into 'what patients want it to be.'"
 - **Shared Savings**: "Shared savings models have a baseline budget or target that is used to determine whether savings were achieved. Savings which result are shared between the payer and the provider. Quality measures are usually part of the shared savings methodology."
 - **Bundled Payments**: "A single, 'bundled' payment covers services delivered by two or more providers during a single episode of care or over a specific period of time, and usually includes accompanying quality requirements."
- Section 72 of the AHCCCS Managed Care Contract "Value-Based Purchasing" (pg. 248-250) outlines the VBP strategies and requirements for MCOs.⁹⁰ Managed care organizations are required to participate in value-based purchasing initiatives. Items listed in the contract are:
 - Alternative Payment Model initiatives: Incentivizing quality improvement utilizing the HCP-LAN APM Framework
 - E-Prescribing: Increasing rate of E-Prescribing for original prescriptions.
 - Value-Based Providers: Directing members to providers that are participating in the VBP efforts
 - Centers of Excellence: Encouraging contracting with facilities and/or programs that are recognized as providing the highest level of quality, leadership and service.

- **California**

- Requires MCOs to make payments to Designated Public Hospitals on performance measures in four strategic categories as part of Proposition 56 (Directed Payments).^{91,92} Enhanced payments must be made to eligible network providers in the following areas:
 - Prenatal/postpartum care
 - Early childhood preventive care
 - Chronic disease management
 - Behavioral healthcare
- In addition to these areas, MCOs are required to make enhanced payments for beneficiaries with a substance use disorder or serious mental illness or who are homeless.

- **District of Columbia⁹³**

- Section C.5.39 (pg196)
 - "Contractor shall utilize payment arrangements with its contracted Provider network to reward performance excellence and performance improvement in targeted priority areas conducive to improved health outcomes and cost savings for DHCF beneficiaries. Contractor's VBP arrangements with Providers shall include both fee for service (FFS)-based bonus arrangements and Alternative Payment Models (APMs) designed to align financial incentives its Network Providers to increase the value of care provided and not focus exclusively on the volume of care provided. APMs are defined as shared savings, shared risk, or capitated

⁶⁸ <https://www.kff.org/report-section/a-view-from-the-states-key-medicare-policy-changes-delivery-systems/>, retrieved December 30, 2020

⁶⁹ <https://www.azahcccs.gov/AHCCCS/Initiatives/PaymentModernization/valuebasedpurchasing.html>, retrieved December 30, 2020

⁹⁰ https://www.azahcccs.gov/Resources/Downloads/ContractAmendments/ACC/YH190001_ACC_AMD9.pdf, retrieved December 30, 2020

⁹¹ <https://www.kff.org/report-section/a-view-from-the-states-key-medicare-policy-changes-delivery-systems/>, retrieved December 30, 2020

⁹² <https://www.dhcs.ca.gov/dpp56-vbp> retrieved December 31, 2020

⁹³ http://app.ocp.dc.gov/Award_attachments/CW69127-Base%20Period-Contract%20Award-Executed%20Contract.pdf, retrieved January 14, 2021

- financial arrangements with Network Providers that specifically include quality performance as a factor in the amount of payment a Provider receives.”
- There are other sections that would provide VBP strategies and requirements, but further information is “reserved” and remains undefined in the contract.
 - Section C.5.32.3.4 (pg153) connects the performance measures with APMs.
 - “Contractor shall monitor Provider/Practitioner performance using performance measures that reflect currently accepted standards of evidence-based care and clinical practice guidelines, as described in section C.5.28.27⁹⁴, and provide feedback, and/or offer pay for performance programs or other Alternative Payment Models (APM) to Providers based on performance.”
 - **Delaware⁹⁵**
 - Appendix 2: Value-Based Purchasing Care Initiative (pgs. 391-402) outlines the VBP process and strategy.
 - Section 9 (pg. 395) outlines the strategies, including 4 potential models:
 - Shared Savings (pgs. 395-396): “A purchasing strategy that provides a basis for providers or provider entities to reduce unnecessary health spending and concurrently improve quality/outcomes of care for a defined population of patients/members by offering providers a percentage of any realized net savings (i.e., upside risk only). “Savings” could be measured as the difference between expected and actual costs in the given measurement year that also involves obtaining specified quality/outcome goals.”
 - Bundled/Episodic Payments (pg. 396): “A purchasing strategy in which the provider is reimbursed on the basis of expected costs for clinically-defined episodes that may involve several provider types, several settings of care or several procedures/services over a defined period of time. The provider receives a lump sum, prospectively or retrospectively, for all health services delivered for a single episode of care.”
 - Risk/Capitation/Total Cost of Care (pgs. 396-397): “A purchasing strategy in which the provider is reimbursed on the basis of expected costs for clinically-defined episodes that may involve several provider types, several settings of care or several procedures/services over a defined period of time. The provider receives a lump sum, prospectively or retrospectively, for all health services delivered for a single episode of care.”
 - Other Innovative Payment Arrangements (pg. 397): allows for MCOs to propose a VBP system of their own that would need to be approved by the Medicaid agency.
 - Delaware also establishes a Value-Based Purchasing Strategies (VBPS) Threshold Level represented by the portion of total medical/service expenditure to all providers for all members that are affiliated with one or more of the acceptable VBPS arrangements/models. For CY 2020 the threshold was 40%, CY 2021 it is 50%, and CY 2022 60%
 - Section 9 f-g (pg. 399) describes that for each calendar year, there is a financial penalty for those MCOs that do not achieve these thresholds. This penalty must be issued within 90-days of receiving the Year End Accomplishments Report.
 - The department can suspend the financial penalty if:
 - The MCO can demonstrate that through no material fault of their own and in good faith tried to achieve the thresholds,
 - Attained 50% of the threshold, and
 - Submits a performance improvement plan to achieve next calendar year’s performance measurements to be approved by the department.
 - CY 2018 financial penalty:
 - A maximum penalty of up to 1.0% of the MCO’s total net revenue received by the state department for all populations covered under the contractual agreement.
 - The penalty can be assessed/collected by means of deduction of future payments to the MCO or through remittance paid by the MCO to the state department.

⁹⁴ Contract outlines the utilization of Practice Guidelines

⁹⁵ https://dhss.delaware.gov/dhss/dmma/files/mco_msa2018.pdf, retrieved January 14, 2021

- **Hawaii**

- The Health Plan shall describe its approach to ensure payments to providers are increasingly focused on population health, appropriateness of care and other measures related to value. The Health Plan's response should address the following⁹⁶:
 - The Health Plan's strategy for developing APMs that mature along the HCP-LAN continuum over the course of the Contract
 - The Health Plan's utilization of VBP strategies for two of the following provider types. The Health Plan shall choose two different provider types than for their response to the above §15.3.C.5.a:
 - Primary care providers;
 - Community health centers
 - Hospitals (including Critical Access Hospitals (CAHs));
 - Behavioral health providers (mental health and substance use disorder (SUD));
 - LTSS providers, or
 - Other specialists.
 - The Health Plan's specific approach to increase investment in, incentivization of, and medical spend on primary care providers in support of advancing primary care
- Looks for VBP to encompass providers such as PCPs, hospitals, LTSS, behavioral health, SUD providers, rural health providers, and other specialty providers (pg. 303).
- DHS can require MCOs to align standard metrics and reporting for providers participating in a VBP agreement with other payer, federal, or community metrics and reporting to reduce administrative burden for the provider community (pg. 303-304).
- DHS intends to adopt the HCP-LAN APM framework to assess VBP engagement and levels of provider readiness within Quality Initiative along the VBP continuum.
- DHS defines major provider types (pg.306) to be included in VBP plans, which are but not limited to:
 - Primary care providers;
 - Hospitals, including CAHs;
 - Behavioral health providers;
 - Specialists; and
 - LTSS providers

- **Kansas**

- Requires MCOs to implement VBP models that expand service coordination, increase employment, and provide better outcomes for foster children.
- Section 2.2 under "Specifications" (pg. 10) provides guidelines for the VBP models that MCOs would need to follow.⁹⁷ These measures include:
 - Strategies that increase integration of services, especially between physical and behavioral health
 - Increase employment and independent living supports
 - Use of telehealth
 - Expand use of IMDs
 - Cooperation with the Department of Children and Families (DCF) related to foster children

- **New Hampshire**

- Sections 5.4 and 5.5 (pgs. 316-325) detail MCOs' roles responsibilities and the process of the state withhold and incentive program in cases that an MCO does not meet APM targets.⁹⁸
 - Withhold is equal to 2% of the capitation rate, net of directed payments
- Measures are identified in the NH Medicaid Care Management (MCM) Quality Strategy.⁹⁹
 - Incentive payments may be up to 5% of the approved Capitation Payments attributable to the Members or services covered by the incentive program
- In the SFY 2020 Withhold and Incentive Guidance (pgs. 3-5),¹⁰⁰ Medicaid identified the following areas for focus (quality improvement, care management, and behavioral health) and performance measures for each.
 - Minimum Performance Standards for earned withhold eligibility. Withhold performance measure points are weighted by performance category as well:

⁹⁶ <https://hands.ehawaii.gov/hands/opportunities/opportunity-details/19793>, retrieved January 8, 2021

⁹⁷ <https://admin.ks.gov/offices/procurement-and-contracts/kancare-award>, retrieved on January 7, 2021

⁹⁸ <https://www.dhhs.nh.gov/business/rfp/documents/rfp-2019-oms-02-manag-exhibits.pdf>, retrieved January 6, 2021

⁹⁹ <https://www.dhhs.nh.gov/business/rfp/documents/year1-withhold-incentive-guidance.pdf>, retrieved December 31, 2020

¹⁰⁰ <https://www.dhhs.nh.gov/business/rfp/documents/year1-withhold-incentive-guidance.pdf>, retrieved December 31, 2020

Figure D-1: New Hampshire Contract Performance Measures

Performance Category	Performance Measure
Quality Improvement (50% of Withhold Points)	Frequent (4+/year) Emergency Department Users Age 6 and Older.
	Timeliness of prenatal care (HEDIS PPC).
	Percent of members with polypharmacy who completed a Comprehensive Medicaid Review and Counseling.
	Adolescent Well-Care Visits (HEDIS AWC)
	Follow-Up after Emergency Department visit for alcohol and other drug abuse or dependence – 7 Day (HEDIS FUA)
Care Management (25% of Withhold Points)	Follow-Up after hospitalization for mental illness – 7 Day (Includes members discharged from NH Hospital) (HEDIS FUH modified to include unreimbursed NH Hospital stays)
	The percent of MCM Members that received a Health Risk Assessment within 90 days of enrollment
	The percent of newborns diagnosed with Neonatal Abstinence Syndrome (and parents) who receive Care Management from the MCO directly, or via a Designated Local Care Management Entity
Behavioral Health (25% of Withhold Points)	The Percent of MCM Members that Received Care Management from the MCO Directly, or via a Designated Local Care Management Entity
	The Percent of Community Mental Health Program Eligible MCM members (as defined in He-M 4261 and described in Section 4.11.5.3 of the MCM Agreement) that Receive Assertive Community Treatment (ACT) services Consistent with a Fidelity Score of 85 or more
	The Percent of MCM Members in an Emergency Department or a hospital setting that are Awaiting Psychiatric Placement for 24 hours or more

Figure D-2: Earned Withhold Performance Point Scale

Range	Points
Minimum Performance Standard to less than 1/3 Filled Gap to Performance Standard.	0
1/3 to Less Than 2/3 of Gap to Performance Standard	1
2/3 to Less Than Performance Standard	2
Performance Standard or Greater	3

- **Ohio¹⁰¹**
 - Requires MCOs to participate in its State Innovation Model (SIM) payment efforts, episode-based payment model, and Comprehensive Primary Care (CPC) program.
 - Section 7e "Quality Improvement Strategy" (pg.186-187) discusses VBP strategies and process.
 - State sponsored Value-Based initiatives (page 256) to improve access to patient-centered medical homes and episode-based payments for an acute medical event.
 - Care Innovation and Community Improvement Program (CICIP) establishes a provider withhold and incentive payment program
- **Oregon¹⁰²**
 - Requires MCOs to develop new or expanded VBP efforts in specified care delivery focus areas.
 - VBP minimum threshold
 - Expanding VBP beyond primary care to other care delivery areas
 - Patient-Centered Primary Care Home (PCPCH) VBP requirements
 - VBP targets by year starting at 20% and utilizing the HCP-LAN's "Alternative Payment Model Framework White Paper Refreshed 2017"¹⁰³
 - Increases the number care delivery VBP programs each year until 2024 where the MCO is required to implement new or expanded VBP programs in all five care delivery areas.
 - Care delivery areas are (1) hospital care, (2) maternity care, (3) children's healthcare, (4) behavioral healthcare, and (5) oral healthcare.

¹⁰¹ <https://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/Provider%20Agreements/Medicaid-Managed-Care-Generic-PA.pdf>, retrieved January 14, 2021

¹⁰² <https://www.oregon.gov/oha/OHPB/CCODocuments/03-CCO-RFA-4690-0-Appendix-B-Sample-Contract-Final.pdf>, retrieved January 14, 2021

¹⁰³ <https://hcp-lan.org/apm-refresh-white-paper/>, retrieved December 31, 2020

- Exhibit H (pg. 148-150) discusses these areas in more detail.
- **Tennessee**
 - Mandates that MCOs participate in the state's episodes of care, patient-centered medical home and behavioral health home initiatives.
 - The TennCare 2019 Update to the Quality Assessment and Performance Improvement Strategy outlines the VBP initiatives that are being undertaken (pgs. 117-122).¹⁰⁴
 - LTSS: Quality Improvement in Long-Term Services and Supports (QuILTSS) rewards providers that improve member experience of care and promote a person-centered care delivery model. Rolled out in 2 phases:
 - Phase 1: the "bridge" payment process, with quarterly retroactive adjustments to facilities' per diem rates based largely on facilities' quality improvement activities (i.e. process measures).
 - Phase 2: (effective 7/1/18) the full VBP model with a transition to quality as a component of the prospective per diem rate based on nursing facility performance on specified quality measures compared against state and national benchmarks.
 - Funding for nursing facility services will be set aside during each fiscal year to calculate a quality-based component of each nursing facility provider's per diem payment (i.e., a quality incentive component).
 - The amount of funding for the quality-based component will be no less than forty million dollars (\$40 million) or four percent (4%) of the total projected fiscal year expenditures for nursing facility services, whichever is greater.
 - Each subsequent year, the amount of funding set aside for the quality-based component will increase at two (2) times the rate of inflation and will increase or decrease as necessary to ensure that the quality-based component of the reimbursement methodology remains at ten percent (10%).
 - The quality-based component of each nursing provider's per diem payment will be calculated based on the facility's volume of Medicaid resident days and the percentage of total quality points earned for each measurement period.
 - Enhanced Respiratory Care (ERC):
 - Behavioral Health Crisis Prevention, Intervention, and Stabilization Services: "Systems of Support" (SOS) (pgs. 138-140): reimbursement approach that aligns the monthly case rate to support improvement and increased independence over time as the provider is successful in helping paid or unpaid caregivers increase their capacity to provide needed support in order to prevent and/or manage crises
 - Claims-based performance measures:
 - ED visits for behavioral health crises,
 - Inpatient psychiatric hospitalization,
 - behavioral respite utilization,
 - total service expenditures, and
 - Intensity/cost of HCBS.
- **Virginia**¹⁰⁵
 - Section 8.8 (pg.229) begins outlining the VBP information linking financial incentives to performance with an emphasis on the development, adoption, and provider readiness for models under categories 3 and 4 of the HCP-LAN.
 - MCO VBP plan should consider at least the following state department goals (pg. 231):
 - Improved birth outcomes
 - Appropriate, efficient utilization of high-cost, high-intensity clinical settings
 - Reduce all-cause hospital readmissions
 - Reduce hospital readmissions for chronic disease complications
 - The state department can request revisions to MCO VBP plans in reference, but not limited to:
 - Alignment across patient populations
 - Payer types to align with multi-payer in which Medicaid is a participant
 - MCOs are also responsible for developing programs or establishing partnerships to address social factors that affect health outcomes, or social determinants of health (SDOH) (pg. 233). MCOs must work to address at least the following state department identified SDOH:

¹⁰⁴ <https://www.tn.gov/content/dam/tn/tenncare/documents/qualitystrategy.pdf>, retrieved January 4, 2021

¹⁰⁵ <https://www.dmas.virginia.gov/files/links/4144/Medallion%204.0%202019%20Contract.pdf>, retrieved January 12, 2021

- Economic Stability – poverty, employment, food security, housing stability
- Education – high school graduation, enrollment in higher education language and literacy, early childhood education and development
- Social and Community – context, social cohesion, civic participation, perceptions of discrimination and equity, incarceration/institutionalization
- Health and Healthcare – access to healthcare, access to primary care, health literacy neighborhood and built environmental conditions
- Section 8.10 (pg. 233) outlines a Medallion System and Innovation Partnership (MSIP) with the goal to improve health outcomes for Medicaid members through a system designed to integrate primary, acute, and complex health services provided by MCOs in the Health Care Homes program and allows MCOs to test different VBP payment systems.
 - As part of the program, MCOs must enter 2 contractual agreements: a program innovation initiative and a performance-based incentive initiative that includes: 1) gain and/or risk sharing and/or 2) other incentive reforms tied to Commonwealth-approved quality metrics and financial performance.
 - Payment types:
 - Incentives and Performance Results: subcontracts must establish incentives and performance results must be reported annually with the MCO providing data to verify reported results
 - Requirements: Care coordination, quality metrics, financial performance measures, state department review and acceptance, and reporting requirements are required for each payment.
 - Medallion System and Innovation Partnership (MSIPs) Payment Types (MCOs must at least 2):
 - Model 1.1.A: MCO contracts with Primary Care Providers – Performance rewards: performance pool or pay for performance
 - Model 1.2.B: MCO contracts with Primary Care Providers or Care Systems to include payment for Care Coordination, as an alternative to Health Care Home care coordination fees – Primary care coordination of care payment; or partial sub-capitation for primary care and care coordination by Primary Care Coordinator within Medallion Care System Partnership (MCSP)
 - Model 2.C: MCO contracts with provider Care System or a collaborative (primary care providers) with delegated management of care to the provider Care System or collaborative, using risk/gain/performance payment models across services – Sub-capitation or virtual capitation for total cost of care across multiple defined services including primary, acute, and long-term care.
 - Model 3.A: MCO contracts with providers under payment arrangements that can provide financial and/or performance incentives for integration/coordination of Chemical/Pharmaceutical and/or mental health services with acute/primary care services. May include designated HCH or Health Homes - Performance rewards: performance pool or pay for performance
 - Model 3. B: MCO contracts with providers under payment arrangements that can provide financial and/or performance incentives for integration/coordination of Chemical/Pharmaceutical and/or mental health services with acute/primary care services. May include designated HCH or Health Homes - Primary care coordination of care payment; or partial sub-capitation for primary care and care coordination by Primary Care Coordinator within MCSP
 - Model 3.C: MCO contracts with providers under payment arrangements that can provide financial and/or performance incentives for integration/coordination of Chemical/Pharmaceutical and/or mental health services with acute/primary care services. May include designated HCH or Health Homes - Sub-capitation or virtual capitation for total cost of care across multiple defined services including primary, acute, and long-term care.
 - Model 4.D: Alternative defined by proposal – alternative proposals

- Section 9.9 (pg. 244) outlines the Performance Incentive Awards (PIA) process.
 - PIAs will be made according to criteria established by the state department.
 - Criteria will include measures designed to evaluate managed care quality.
 - PIA awards/penalties will be proportionate to the extent by which the MCO's performance compares with benchmarks and thresholds for each measure established by the state department, and relative performance as compared against other MCOs.
 - The max amount at risk for each MCO will be a percentage of the PMPM capitation rate system payments.
 - Total awards for all MCOs will be equal to total penalties for all MCOs.

Quality Measures

In 2019, 36 of the 40 states with MCOs reported having quality initiatives in place with an additional 2 states planning to implement quality initiatives in FY 2020, bringing the total to 38 of 40 states. Of the states that reported implementing performance measures as a factor for their quality initiative projects, 31 states reported chronic disease management as a performance measurement of interest. More than half of the states reported performance areas of interest in perinatal/birth outcomes, mental health/substance use disorder, and potentially preventable events. Additionally, 17 of the states reported that they link incentives to value-based purchasing metrics. The following table shows the performance areas of interest that states with MCOs used to guide quality initiatives.¹⁰⁶

Figure D-3: State MCO Performance

Performance Measures Focus Areas for MCO Incentives		
Performance Area	# of States	States (39 of 40 MCO States Responding) *
Chronic Disease Management	31	AZ, CA, CO, DC, DE, FL, GA, HI, IA, IL, IN, KS, LA, MA, MI, MN, MO, MS, NE, NJ, NM, NV, NY, OH, OR, PA, RI, SC, TX, WA, WI
Perinatal/Birth Outcome	26	CA, CO, DC, DE, FL, HI, IL, IN, KS, LA, MI, MO, MS, NE, NH, NJ, NM, NV, OH, OR, PA, RI, SC, TX, VA, WI
Mental Health	24	CA, CO, FL, GA, HI, IA, IL, IN, KS, LA, MA, MN, MO, NH, NM, NY, OH, OR, PA, RI, SC, TX, WA, WI
Potentially Preventable Events	22	AZ, CA, DC, DE, FL, GA, IA, LA, MA, MI, MN, MO, NE, NH, NJ, OH, PA, RI, SC, TX, VA, WI
Substance Use Disorder	19	CO, FL, HI, IL, IN, KS, LA, MA, NH, NM, OH, OR, PA, RI, SC, TX, VA, WA, WI
Value-Based Purchasing	17	AZ, CA, DE, GA, KS, LA, MI, MN, NH, NM, OH, PA, RI, SC, TN, TX, WA
Dental	13	AZ, CA, GA, IN, KS, MI, MN, MO, NY, OR, PA, TX, WI
Member Satisfaction	12	DC, GA, HI, LA, MA, MI, NH, NY, OH, OR, SC, TX
Health Info Exchange	4	CA, MI, OH, WI
Health Disparities	2	CA, MI
Telehealth	1	NY
Other	12	CA, DE, HI, IA, IL, IN, MA, MI, NE, NV, TN, WI
*MD did not report		

Below are contract examples of what quality measures are used to evaluate the progress of the state's quality initiative. Many states use the HEDIS measures and many use other measures in conjunction with HEDIS. As stated above and depicted in the table, many states guide their quality measure decisions based on certain performance areas of interest.

- **California**

¹⁰⁶ <https://www.kff.org/report-section/a-view-from-the-states-key-medicaid-policy-changes-delivery-systems/>, retrieved January 4, 2021

- Sections "Quality Improvement Annual Report" and "External Quality Review Requirements" (pgs. 19-23) outline the Quality Improvement process and oversight
 - The MCO will collect and analyze data from HEDIS measures and Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys and then audited by a third-party of the Medicaid agency's choosing.
- Quality Measures of interest¹⁰⁷
 - Dashboard Initiative to strengthen public reporting practices
 - Enrollment trends
 - Eligibility count (county level)
 - Dental Managed Care Performance Measures
 - Annual visits
 - Use of preventative services
 - Use of sealants
 - Count of fluoride varnishes
 - Use of diagnostic services
 - Treatment/Prevention of Caries
 - Use of dental services
 - Preventative services to fillings ratio
 - Utilization of dental services (within 1,2,3 years)
 - CMS Core Set Measures
 - Adult Core¹⁰⁸
 - Primary care access and preventative care
 - Maternal and Perinatal Health
 - Care of Acute and Chronic Conditions
 - Child Core¹⁰⁹
 - Primary Care Access and Preventive Care
 - Maternal and Perinatal Health
 - Care of Acute and Chronic Conditions
 - Behavioral Healthcare
 - Dental and Oral Health Services
 - Experience of Care
 - Mental Health
 - Adult crisis residential services
 - Adult residential services
 - Crisis intervention
 - Therapeutic Behavioral Services
 - Neonatal quality improvement
 - Reducing/Eliminating catheter associated blood stream infections (CABSIs) and other hospital-acquired infections in Neonatal Intensive Care Units (NICUs).
 - Foster care quality of care
 - Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder Medication includes an initiation phase and a continuation phase
 - Follow-Up After Hospitalization for Mental Illness includes a 7 day and a 30-day follow-up
 - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
 - Use of Multiple Concurrent Antipsychotics in Children and Adolescents
 - Metabolic Monitoring for Children and Adolescents on Antipsychotics
- **District of Columbia¹¹⁰**
 - Section C.5.32.1.7.2 (pg 149) lists performance measures that should be used.
 - "Contractor shall use performance measures including, but not limited to, HEDIS®, CAHPS®, Provider surveys, satisfaction surveys, CMS-specified Core Measures, EPSDT, Clinical and Non-Clinical Initiatives, Practice Guidelines, Focused Studies, Adverse Events, and all External Quality Review Organization (EQRO) activities as part of its QAPI program."

¹⁰⁷ <https://www.dhcs.ca.gov/dataandstats/Pages/QualityMeasurementAndReporting.asp>, retrieved on January 4, 2021

¹⁰⁸ <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-adult-core-set.pdf>, retrieved January 4, 2021

¹⁰⁹ <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-child-core-set.pdf>, retrieved January 4, 2021

¹¹⁰ http://app.ocp.dc.gov/Award_attachments/CW69127-Base%20Period-Contract%20Award-Executed%20Contract.pdf, retrieved January 14, 2021

- Section C.5.32.1.7.10 (pg. 150) states that performance improvement projects must follow performance measures outlined in 42 C.F.R. § 430.330(a)(2).
- Section C.5.32.6 "Performance Measures" (pg 155-157) provides more detail on the process and implementation of performance measures and using those to guide alternative payment models.
- **Delaware**¹¹¹
 - Section 3.13 "Quality" (pgs. 231- 241) outlines the process of how performance measures will be set annually, the MCOs' responsibilities to meet and report performance measures, and Federal and State oversight.
 - "The Contractor shall comply with the State's Quality Management Strategy (QMS). The QMS includes, among other things, details on the State's expectations and requirements for quality activities." (pg. 231)
 - "The QMS is reviewed annually and may be revised based on such review. If significant changes occur that impact quality activities or threaten the potential effectiveness of the QMS, as determined by the State, the QMS may be reviewed and revised more frequently. The Contractor will have an opportunity to review and comment on proposed changes to the QMS through the Contractor's regular participation in the QII Task Force. The Contractor shall comply with any revisions to the QMS." (pg. 231)
 - "The Contractor shall comply with the requirements in the QMS regarding performance measures for medical, behavioral health and LTSS. The Contractor shall use the methodology established by the State for all performance measures specified in the QMS." (pg. 235)
- **Michigan**
 - Requires MCOs to report performance measures for their performance improvement projects (PIPs) to address racial disparities in the timeliness of prenatal care.
 - Section XI. "Quality Improvement and Program Development" (pgs. 64-73) outlines the performance measure requirements and process for reporting.
 - 2019 HEDIS Aggregate Report for Michigan reported the following performance measures:¹¹²
 - Child & Adolescent Care
 - Childhood Immunization status
 - Well-Child Visits (first 15mo, 3-6yrs)
 - Women – Adult Care
 - Breast cancer screening
 - Cervical cancer screening
 - Access to Care
 - Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months, Ages 25 Months to 6 Years, Ages 7 to 11 Years, and Ages 12 to 19 Years
 - Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, Ages 65+ Years, and Total
 - Obesity
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total
 - Pregnancy Care
 - Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care
 - Living with Illness
 - Medication Management for People with Asthma—Medication Compliance 50%—Total and Medication Compliance 75%—Total
 - Controlling High Blood Pressure
 - Medical Assistance with Smoking and Tobacco Use Cessation
 - Health Plan Diversity
 - Race/Ethnicity Diversity of Membership
 - Language Diversity of Membership—Spoken Language Preferred for Healthcare, Preferred Language for Written Materials, and Other Language Needs
 - Utilization
 - Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department (ED) Visits—Total and Outpatient Visits—Total

¹¹¹ https://dhss.delaware.gov/dhss/dmma/files/mco_msa2018.pdf, retrieved January 14, 2021

¹¹² https://www.michigan.gov/documents/mdhhs/MI2019_HEDIS-Aggregate_Report_rev_669299_7.pdf retrieved January 4, 2021

- Inpatient Utilization—General Hospital/Acute Care
 - Use of Opioids from Multiple Providers—Multiple Prescribers, Multiple Pharmacies, and Multiple Prescribers and Multiple Pharmacies
 - Use of Opioids at High Dosage
 - Risk of Continued Opioid Use—At Least 15 Days Covered—Total and At Least 31 Days Covered—Total
 - Plan All-Cause Readmissions—Index Admissions—Total, Observed Readmissions Rate—Total, Expected Readmissions Rate—Total, and O/E Ratio—Total
- **Minnesota**
 - Hybrid HEDIS Performance Measures used in the Model MCO Contract in a recent RFP (pg. 151-152):¹¹³
 - Adult BMI Assessment
 - Childhood Immunization Status
 - Immunizations for Adolescents
 - Cervical Cancer Screening
 - Controlling High Blood Pressure
 - Comprehensive Diabetes Care
 - Prenatal and Postpartum Care
 - Well-Child Visits in the First 15 Months of Life 6+ Visits
 - Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
 - Adolescent Well-Child Visits
 - Risk Corridor Quality Incentive Measures (pgs. 152-155)
 - Baseline rate period: 1/1/19-12/31/19 with the performance rate beginning 1/1/21
 - Performance measures will be stratified by race and ethnicity
 - Quality Measures
 - Prevention and Screening
 - Breast Cancer Screening ages 52-74
 - Colorectal Cancer Screening ages 51-75
 - Childhood Immunization Status (Combo 10) age 2
 - Access to Care
 - Well Visits in first 15mo: 6 or more visits
 - Well Child Visits: 1 or more visits ages 3-6
 - Care for At-Risk Populations
 - Comprehensive Diabetes Care: HbA1c ages 18-75
 - Asthma Medication Ratio ages 5-64
 - Behavioral Health
 - Follow-up After Hospitalization for Mental Illness (30-day) ages 6+
 - Initiation and Engagement of Alcohol, Opioids, and Other Drug Dependence Treatment ages 13+
 - Antidepressant Medication Management: Acute Phase and Continuation Phase ages 18+
 - Utilization
 - Plan All-Cause Readmissions: 1 to 3 Index Hospital Stays ages 18-64
 - Ambulatory Care: Emergency Department
- **Ohio**¹¹⁴
 - Requires MCOs to report PIPs related to hypertension control and reducing preterm birth/infant mortality.
 - In Appendix O "Pay-for-Performance (P4P) and Quality Withhold" (pgs. 239-246) outlines the performance measures that MCOs are required to meet and the process to report and potential consequences of not meeting the requirements.
- **Tennessee**
 - In 2019, TennCare implemented a quality of life and satisfaction survey for residents of nursing homes, family members, and nursing home staff to inform QuILTSS value-based initiatives, including

¹¹³ https://mn.gov/dhs/assets/2021-rfp-004-3-19-PrepaidHC-AttachmentJ-Contract-1-4-doc_tcm1053-462237.pdf, retrieved on January 8, 2021

¹¹⁴ <https://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/Provider%20Agreements/Medicaid-Managed-Care-Generic-PA.pdf>, retrieved January 14, 2021

- prospective nursing home payments based on outcomes, satisfaction, and improved quality of life. These efforts seek to improve overall quality and experience in nursing facilities (pg. 56).¹¹⁵
- LTSS Quality Monitoring (pg. 50) TennCare's LTSS Division monitors MCO performance through:
 - assessing care between settings;
 - comparing services and supports with those in the member's plan;
 - incorporating MCOs into efforts to prevent, detect, and remediate critical incidents; and
 - assessing member quality of life, rebalancing, and community integration activities.
 - Section V (pgs. 109-117) lists the goals and objectives to reach quality measurements.
 - Timeliness of Prenatal Care;
 - Postpartum Care;
 - Medication Management for People with Asthma – 75% measure;
 - Diabetes – Nephropathy, Retinal Exam, and BP;
 - Follow-up Care for Children Prescribed ADHD medication-initiation phase;
 - Follow-up Care for Children Prescribed Attention Deficit and Hyperactive Disorder (ADHD) medication – continuation phase. Both initiation and continuation measures have to be calculated in order to receive the quality incentive payment;
 - Adolescent Well-Care Visits;
 - Immunizations for Adolescents – Combo 1;
 - Antidepressant Medication Management – acute and continuation; and,
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening ratio 80% or above.
 - Section V (pg. 123) lists the HEDIS measures of interest
 - "Annually, each MCO must submit all HEDIS measures designated by NCQA as relevant to Medicaid, excluding dental measures. The MCOs must use the hybrid methodology for any measure containing Hybrid Specifications as identified by NCQA. The results must be reported annually for each grand region in which the Contractor operates. They must contract with an NCQA-certified HEDIS auditor to validate their processes in accordance with NCQA requirements."
 - "Each D-SNP that has signed a MIPPA agreement with TennCare also submits HEDIS and CAHPS measures designated for D-SNPs to both TennCare and Qsource, who then aggregates the data and provides a written report."
 - Behavioral Health Crisis Prevention, Intervention, and Stabilization Services: "Systems of Support" (SOS) (pgs. 138-140) Nonclaims-based performance measures:
 - Use of psychotropic medications,
 - Number of crisis events requiring intervention by SOS provider,
 - In-person assistance by the SOS provider,
 - Out-of-home placement (including length of out-of-home placement),
 - Community tenure – days/periods without institutionalization or out-of-home placement,
 - Stability in living arrangements,
 - Participation in community activities,
 - Integrated competitive employment,
 - Perceived quality of life, and
 - Satisfaction with services.
- **Virginia**¹¹⁶
 - HEDIS measures that are used for Quality Initiatives:
 - Childhood Immunization Status (Combo 3)
 - Each vaccine must be reported separately
 - Comprehensive Diabetes Care
 - A1c testing and control
 - Retinal eye exam
 - Medical attention for nephropathy
 - Blood pressure control
 - Controlling high blood pressure

¹¹⁵ <https://www.tn.gov/content/dam/tn/tenncare/documents/qualitystrategy.pdf>, retrieved January 4, 2021

¹¹⁶ <https://www.dmas.virginia.gov/files/links/4144/Medallion%204.0%202019%20Contract.pdf>

- Medication Management for People with Asthma
- Postpartum visits
- Timeliness of Prenatal Care
- Breast Cancer Screening
- Antidepressant Medication Management 2 Indicators Acute Phase and Continuation Phase
- Follow-up Care for Children Prescribed ADHD Medication 2 indicators, initiations phase; continuations and maintenance phase
- Follow-up after Hospitalization for Mental Illness (7-day follow up only)
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the 3-6 Years of Life
- Adolescent Well-Care Visits
- Cervical Cancer Screening
- Medical Assistance with Smoking and Tobacco Use Cessation
 - Advising smokers to quit
 - Discussing cessation medication
 - Discussing cessation strategies
- Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Adults' Access to Preventative/Ambulatory Health Services
- Children and Adolescents Access to Primary Care Practitioners
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents
- Colorectal Cancer Screening
- Flu Vaccinations for Adults Ages 18-64
- Other Measures of interest
 - OHSU: Developmental Screening in The First 3 Years of Life
 - Early Elective Deliveries Rate
 - CDC: Percent of Live Births <2,500 Grams
 - AHRQ: PQI 14: Asthma Admission Rate (2-17)
 - AHRQ: PQI 15: Asthma in Younger Adults Admission Rate
 - AHRQ: PQI 05: COPD and Asthma in Older Adults Admission Rate
- Consumer Assessment of Healthcare Provider and Systems (CAHPS)

Appendix E

Appendix E: Examples of State Directed Payments for Hospitals

Based on our review of state directed payment preprints, we have identified selected examples of Medicaid state directed payments focused on hospitals.

Arizona¹¹⁷

- VBP Payment Type: Medicaid-specific delivery system reform
- Length: 5yr payment arrangement (1/18/17-9/30/21) - 3yrs integration/baseline, year 4 & 5 evaluated
- General Notes
 - Makes payments to managed care organizations (MCO) associated with their targeted investments (TI) program specified in their 1115 waiver for hospital projects associated with community adult discharges for enrollees with a primary diagnosis for mental health or Substance Use Disorder (SUD) or enrollees determined to have a Serious Mental Illness (SMI).
 - Per Milestone Per Discharge Per Year (PDPY) amounts are finalized once the participant discharges are known for TI Y3 and can include an urban/rural differentiator
 - Payments are made to hospitals based on \sum (discharges \times earned milestone weights \times \$PDPY per milestone
 - Emphasis on whole-person care:
 - Development of procedures for warm hand-offs to primary care providers (PCP) and Community Behavioral Health Providers (CBHP)
 - Scheduling follow-up appts
 - Effective processes for transitions of care

California¹¹⁸

- VBP Payment Type:
 - Quality Payments/Pay for Performance (Category 2 APM, or similar)
 - Performance Improvement Initiative
- Length: 4yr payment arrangement (2017-2021) – year 1 baseline years 2-4 are evaluated
- Four main strategic quality categories: primary care provider (PCP), Specialty Care, Inpatient care, Resource utilization (pg.10)
- Any revisions from year 1 (2017) must be approved by the State and meet one or more of the following (pg.11):
 - Is a National Quality Forum (NQF)-endorsed measure
 - Considered a national Medicaid performance measure
- Has been used with financial performance accountability in a CMS approved performance program and is not duplicative of a current CMS approved Medicaid program
- Performance measures (pgs. 12-13):

Figure E-1: California Performance Measures

Category	Type Service	Measures Sources
Primary Care	Comprehensive Diabetes Care: Eye exam	(CDC-E) (NQF 0055, Quality ID 117)
	Comprehensive Diabetes Care: Blood Pressure Control	CDC-BP
	Comprehensive Diabetes Care: A1C Control	CDC-H8
	Asthma Medication Ratio	AMR
	Children and Adolescent access to PCP (pediatric)	CAP
	Medication reconciliation Post Discharge	MRP
	Immunization for Adolescents (IMA) Combination 2 (pediatric)	NQF 0038, Quality ID 240
	Childhood Immunizations (CIS) Combination 3 (pediatric)	NQF 0038, Quality ID 240

¹¹⁷ AZ_438 6(c) Proposal G_Preprint_2018-2021. obtained through a Freedom of Information Act request

¹¹⁸ CA_438 6(c) Proposal F_Rvsd Preprint v3_2018-2021. obtained through a Freedom of Information Act request

Category	Type Service	Measures Sources
	7-Day Post-Discharge Follow-Up Encounter for High-Risk Beneficiaries	
Specialty Care	Coronary Artery Disease (CAD): Antiplatelet Therapy	NQF 0067, Quality ID 006
	Coronary Artery Disease (CAD): ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	NQF 0066, Quality ID 118
	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	NQF 0070, Quality ID #007, eMeasure ID CMS145v6
	Heart Failure (HF): ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction (LVSD)	(NQF: 0081, Quality ID 005) (eMeasure ID: CMS135v6, eMeasure NQF: 2907)
	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	(NQF 0083, Quality ID #008) (eMeasure ID CMS144v6, eMeasure NQF 2908)
	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	(NQF 1525, Quality ID 326)
Inpatient (part of DSRIP but not PRIME)	Surgical Site Infections (SSI)	
	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin	NQF 268, Quality ID 21
	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis	NQF 239, Quality ID 23
	Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections	Quality ID 76
	Appropriate Treatment of Methicillin-Sensitive Staphylococcus Aureus (MSSA) Bacteremia	Quality ID 407
	Stroke and Stroke Rehabilitation: Discharged on Antithrombotic	TJC STK-2, eMeasure ID: CMS104v6
Resource Utilization	Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patient 18 years and Older	Quality ID 415
	Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 years old	Quality ID 416
	Unplanned Reoperation within 30 Day Postoperative Period	Quality ID 355
	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients	Quality ID 322
	Concurrent Use of Opioids and Benzodiazepines	

- "The gap is defined as the difference between the DPH system's end of program year performance and the Medicaid 90th percentile benchmark. The target setting methodology will be as follows for PY 2-PY 4:
 - 10.0% gap closure for 1st year of QIP reporting, or subsequent PYs assuming the California Department of Public Health (DPH) failed to meet a 10.0% gap closure in the prior year,
 - 8.5% gap closure for 2nd year of QIP reporting, or subsequent PYs assuming the DPH failed to meet an 8.5% gap closure in the prior year,
 - 6.0% gap closure for 3rd year of QIP reporting, or subsequent PYs assuming the DPH failed to meet a 6.0% gap closure in the prior year." (pg. 13)

Hawaii¹⁹

- VBP Payment Type: Other Value-Based Purchasing Model
 - o Adding public hospitals under the umbrella of a CY17 pay for performance pool for private hospitals but evaluated separately.
- Length: indefinite beginning 1/1/18
- General Notes:
 - o Public and Private hospitals are evaluated on a standard set of quality measures and bonuses will be paid according to the hospitals' evaluated pay for performance pool.

¹⁹ HI_438.6(c) Proposal A_Preprint_2018, obtained through a Freedom of Information Act request

- Quality metrics to include process measures and State Department of Health (SDOH)-type measures
- Additionally, payment is based on a combination of the number of quality metrics the hospital achieves times the volume of patients it receives.
- Hospitals with psychiatric beds have a slightly different weighting for one of the quality metrics
- o Applies to all Hawaii hospitals
- o Methodology used to set performance targets
 - Used a vendor's baseline/target with intermediate targets to encourage continued progress across all quality metrics
 - Process measure example
 - Used a predetermined number of employees by hospital within a specific time period, based on a reasonable proportion of intake staff per the size of the hospital.
- o Quality Measures

Figure E-2: Hawaii Performance Measures¹²⁰

Goal	Objective	Measures	Measures' Sources
Improving preventative care for women and children	Childhood Immunizations	Childhood Immunization (combination 2) measure to meet/exceed the 2015 Medicaid 75th percentile.	HEDIS
	Frequency of Ongoing Prenatal Care	Frequency of Ongoing Prenatal Care measure to meet/exceed the 2015 Medicaid 75th percentile.	HEDIS
	Timeliness of Prenatal Care	Timeliness of Prenatal Care measure to meet/exceed the 2015 Medicaid 75th percentile.	HEDIS
	Breast Cancer Screening	Breast Cancer Screening measure to meet/exceed the 2015 Medicaid 75th percentile.	HEDIS
	Cervical Cancer Screening	Cervical Cancer Screening measure to meet/exceed the 2015 Medicaid 75th percentile.	HEDIS
		Participant Ratio to meet/exceed 80 percent for children of all ages.	EPSDT
Improve healthcare for individuals who have chronic illnesses	Comprehensive Diabetes Care Measures	Diabetes Care Measure for A1c testing to meet/exceed the 2015 HEDIS 75th percentile.	HEDIS
		Diabetes Care Measure for A1c control (>9) to meet/exceed the 2015 HEDIS 50th percentile	HEDIS
		Diabetes Care Measure for A1c control (>8) to meet/exceed the 2015 HEDIS 50th percentile	HEDIS
		Diabetes Care Measure for blood pressure control (<140/90) to meet/exceed	HEDIS

¹²⁰ QUEST Integration Quality Strategy July 7, 2016, <https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/quality-strategy/7-7-2016-HI-MQD-Quality-Strategy-Approved.pdf>, retrieved January 14, 2021

Goal	Objective	Measures	Measures' Sources
		the 2015 HEDIS 75th percentile	
		Diabetes Care Measure for eye exams to meet/exceed 2015 HEDIS 75th percentile.	HEDIS
	Blood Pressure Control in the General Population	Blood Pressure Control (BP<140/90) measure to meet/exceed the 2015 HEDIS 75 th percentile.	HEDIS
	Appropriate Medications in Asthma	Asthma (using correct medications for people with asthma) measure to meet/exceed 2015 HEDIS 75 th percentile.	HEDIS
	Reduce the percent of asthma related ED visits for Medicaid beneficiaries ages 0-20	Decrease the percent of asthma related ED visits to less than or equal to 6%	
Improve beneficiary satisfaction with health plan services	Improve beneficiary satisfaction with health plan services	'Getting Needed Care' measure to meet/exceed CAHPS 2015 Child Medicaid 75th percentile	CAHPS
		'Rating of Health Plan' measure to meet/exceed CAHPS 2015 Child Medicaid 75th percentile.	CAHPS
		'How well doctors communicate' measure to meet/exceed CAHPS 2015 Child Medicaid 75th percentile.	CAHPS
Improve cost-efficiency of health plan services		Monitor Plan All Cause Readmission annually to identify if improving from baseline that was established in CY13	MCOs will perform Performance Improvement Programs (PIPs) on Plan All Cause Readmission to improve this measure.
	Follow-Up After Hospitalization for Mental Illness	Follow-Up After Hospitalization for Mental Illness measure to meet/exceed the 2015 HEDIS 75th percentile.	HEDIS
	Medication Reconciliation Post-Discharge	Medication Reconciliation Post Discharge measure to meet/exceed the 2015 HEDIS 75th percentile.	HEDIS
		Emergency Department Visits/1000 rate to meet/fall below the HEDIS 2015 10th percentile.	HEDIS
Home and Community Based Service (HCBS)	Expand access to HCBS and assure that individuals have a choice of institutional and HCBS	Increase the proportion of beneficiaries receiving HCBS instead of institutional-based long-term care services by 5% over the waiver demonstration (to 70%).	CMS Approved Waiver

Goal	Objective	Measures	Measures' Sources
	Improve access to community living and the opportunity to receive services in the most integrated setting appropriate for individuals receiving HCBS	Assure that settings are integrated and support full access to the greater community by each setting meeting/exceeding 85% compliance with the HCBS final rules	CMS
		Optimize individuals' initiative, autonomy and independence in making life choices (including daily activities, physical environment, and with whom to interact) by beneficiaries confirming their setting meets/exceeds 85% compliance with the HCBS final rules.	CMS

Kentucky¹²¹

- VBP Payment Type: Quality Payments / Pay for Performance (Category 2 APM, or similar)
- Length: 4yr program (7/1/19 – 6/30/23)
 - o Year 1 (7/1/19-6/30/20) is the baseline for performance measures and performance improvement targets
 - o Years 2-4 (7/1/2020-6/30/2023) will be for evaluating participating providers' improvement and programmatic impacts.
- General Notes:
 - o VBP Payment arrangement applies to:
 - State public schools of medicine, dentistry, and nursing at the University of Kentucky, the University of Louisville, and state university teaching hospitals
 - o State requires MCOs to have network provider agreements with all state university providers.
 - o Quality goals are like ones used for Medicare's Quality Payment Program and commercial insurers, and focus on:
 - Reducing the burden of chronic disease and substance use disorder
 - Promote evidence-based treatment for heart disease, diabetes, and hypertension
 - Improve treatment for depression; prevent opioid abuse, provide treatment and recovery support, and decrease opioid-related deaths
 - Increase preventive services to improve population health
 - Promote evidence-based preventive services for cancer, obesity, and tobacco cessation
 - Maintaining timely access to high-quality care for Medicaid beneficiaries and reducing unnecessary and wasteful care
 - Improve access to primary and specialty care, improve care coordination, and reduce avoidable readmissions
 - Improve care and outcomes for children
 - Ensure access to preventive services (e.g., vaccinations and well-child visits).
 - o Providers would qualify for annual value-based bonus payments from MCOs if certain reporting requirements are met in Year 1 and the provider meets performance thresholds established by the state Medicaid department for each subsequent year under the KY Medicaid MCO value-based payment program
 - Bonus payments increase throughout the time of the program

¹²¹KY_438 6(c) Proposal B_Preprint_2019-2020, obtained through a Freedom of Information Act request

- Year 1 (baseline): at most 5% of the average commercial rate (ACR) for the services provided (e.g., inpatient hospital, outpatient hospital and professional services).
 - Year 2: at most 10% of ACR for services provided
 - Year 3: at most 15% of ACR for services provided
 - Year 4: at most 20% of ACR for services provided
 - Performance measure thresholds for Years 2+ will be set by the state Medicaid department using Year 1 performance data as a baseline and will not exceed the 50th percentile of national benchmarks established under the Quality Payment Program.
 - Additionally, providers must also conduct performance improvement activities in line with Medicaid's quality goals, including participating in opioid-related improvement activities in order to qualify for value-based bonus payments.
- o Performance measures

Figure E-3: Kentucky Performance Measures

Measure	Measure Steward/Developer
Breast Cancer Screening	NQF 2372
Colorectal Cancer Screening	NQF 32
Tobacco Use: Screening and Cessation Intervention	NQF 28
Body Mass Index (BMI) Screening and Follow-Up	NQF 421
Screening for Clinical Depression and Follow Up Plan, 418	NQF 418
Statin Therapy for Patients with Cardiovascular Disease	CMS PREV-13; CMS 347v1 eCQM
Diabetes Care: Hemoglobin (HbA1c) Poor Control (>9.0%), 59	NQF 59
Controlling High Blood Pressure (Hypertension)	NQF 18
Medication Reconciliation Post-Discharge	NQF 97
30 day All Cause Readmissions	NQF 1768
Childhood Immunization Status	NQF 38 (Combo)
Well Child Visits, 3-6 years and First 15 months	NQF 1516, NQF 1392
Well Child Visits, First 15 months	NQF 1392
Use of Opioids at High Dosage (proposed)	NCQA

Ohio¹²²

- VBP Payment Type: Quality Payments/Pay for Performance (Category 2 APM, or similar)
- Length: 3yr program; 7/1/19 – 6/30/22
- General Notes:
 - o VBP program goals are to improve health outcomes for patients with:
 - An opioid or other substance abuse disorder, mental illness
 - At-risk mothers, infants, and children
 - o Monthly per member per month (PMPM) payments will be made to participating providers by the MCO and will be allocated based on:
 - Historical utilization data
 - Quality improvement initiative work each participating provider is implementing and executing.
 - o Providers are also eligible to receive annual quality incentive bonus payments at 100% of the statewide ACR.
 - Bonus amounts will be calculated as the difference between the provider's actual utilization, priced at the statewide ACT, and the total monthly VBP program per-member per-month (PMPM) payments received by the agency during the rate year.

¹²² OH_438.6(c) Proposal A_Preprint_2019-2022, obtained through a Freedom of Information Act request

- The total potential bonus pool will equal the sum of each individual provider's potential bonus amounts.
- If providers do not meet requirements, bonus payments will not be made.
- o Collective Impact Standard: if the coalition of providers have met the collective impact standard if the unweighted collective rate meets or exceeds the established threshold for a given metric in that performance year.
 - In this case, bonus payments are based on the participating providers must collectively meet a specified number of metrics each performance year
 - The number of standards that need to be met to earn a higher percent payout increase with each subsequent performance year (i.e. Year 1: 4+ standards, Year 2: 5+ standards, Year 3: 6+ standards to receive 100% payout).
- o The first 6 months were focused on implementing quality initiatives, baseline evaluation, and necessary data reporting
- o Performance measures
 - State baselines for all measures are updated annually
 - Preliminary baseline years
 - o Opioid measures: SFY 18
 - o Clinical measures: CY 17
 - Reporting years for all measures: CY19 – 21

Figure E-4: Ohio Reporting Measures

Measure	Measure Steward/Developer	Notes
Opioid Solid Doses Dispensed (without Suboxone)	PQA	Rate of Opioid Solid Doses Dispensed Per Patient of Doctors Prescribing Opioids
Patients at ≥ 80mg MED	PQA	Rate of patients receiving > 80mg MED of patients with opioid prescriptions
Patients on both opioid & Benzos	PQA	Rate of patients receiving opioids also receiving Benzodiazepine
Initiation and Engagement of Alcohol and other Drug Dependence Treatment; 0004	NCQA	
Follow-Up After Hospitalization for Mental Illness; 0576	NCQA	
Timely Prenatal	NCQA	
Postpartum Care; 1517	NCQA	
Emergency Room Utilization Reduction	HEDIS	

Pennsylvania

Potentially Preventable Admissions¹²³

- VBP Payment Type: Quality Payments/Pay for Performance (Category 2 APM, or similar)
- Length: 5yr payment arrangement; 1/1/16 – 12/31/21
- General Notes:
 - o Specifically refers to the potentially preventable admissions (PPA) measures in the state's Hospital Quality Incentive Program
 - o VBP arrangement applies to private general acute care hospitals enrolled in the Pennsylvania (PA) Medical Assistance (MA) Program
 - o General incentive goals are to improve utilization and delivery of healthcare services within the community
 - o Incentive amounts are based on the previous year's inpatient hospital admission information from the state's Medicaid Management Information Systems (MMIS) as submitted by MCOs and evaluated for PPAs identified by the state health department using the 3M™ Population Focused Preventable software

¹²³ PA_438 6(c) Proposal A_Preprint_2019, obtained through a Freedom of Information Act request

- Each admission will be defined from the date of admission to the date of discharge with each admission only to be counted once.
- Admissions are based solely on individuals in the PA MA's Health Choices program
- o The payment arrangement targets all enrollees that have an inpatient stay paid for by a physical health MCO
 - Admissions for dual-eligible enrollees over 21 years old are not included
- o Children's and non-children's general acute care hospitals will have separate benchmarks and will be evaluated separately.
- o Incremental improvement calculation:
 - $$\frac{CY18\ MA\ PPA}{CY18\ Total\ MA\ Admissions} - \frac{CY19\ MA\ PPA}{CY19\ MA\ Total\ Admissions} = incremental\ improvement$$
 - A hospital must improve by at least 0.5% in order to qualify

Figure E-5: Pennsylvania Performance Incentives

Incremental Improvement	Percent Payout
≥ 3 Percentage Point Improvement	100%
≥ 2 and < 3 Percentage Point Improvement	90%
≥ 1 and < 2 Percentage Point Improvement	80%
≥ 0.5 and < 1 Percentage Point Improvement	70%

- o Benchmark Achievement calculation
 - $$\frac{CY18\ MA\ PPA - CY19\ PA\ MA\ PPA}{CY19\ PA\ MA\ Total\ Admissions} = Preventable\ Event\ Statistic$$
 - Non-children's acute care hospital can earn benchmark incentive payment based on a sliding scale as long as they perform at or below the 50th percentile of the previous year's statewide PPA benchmark.

Figure E-6: Pennsylvania Performance Incentives for Acute Care Hospitals

Percentage/Payout	At or below 25 th Percentile	At or below 50 th Percentile
CY 2018 Preventable Event Benchmark Percentage	11.53%	8.45%
Percent Payout	100%	90%

- Children's hospitals have a separate benchmark based on the previous year's median PPA statistic among children's hospitals, which excludes low-volume children's hospitals.
- Children's hospitals are eligible for payment if their PPA statistic is at or below one standard deviation above the median according to the sliding scale.

Figure E-7: Pennsylvania Performance Incentives for Children's Hospitals

Percentage/Payout	At or below the Median	At or below one standard deviation above the Median
CY 2018 Preventable Event Benchmark Percentage	17.9%	22.9%
Percent Payout	100%	90%

Opioid Use Disorder¹²⁴

- VBP Payment Type:
 - o Quality Payments/Pay for Performance (Category 2 APM, or similar)
 - o Performance Improvement Initiative
- Length: 5yr payment arrangement; 1/1/16 – 12/31/21

¹²⁴ PA_438 6(c) Proposal D_Revised Preprint_2019, obtained through a Freedom of Information Act request

- General Notes:
 - o VBP arrangement applies to private general acute care hospitals enrolled in the PA MA Program
 - o 2 phase initiative
 - Phase 1: hospitals will be provided with incentives to build at least one of four specific clinical pathways that individuals can use following treatment in an emergency department (ED) setting to increase access and quality of care.
 - The goal is to avoid the need for repeat treatment in an ED setting.
 - Hospitals will be awarded incentive funds based on the number of pathways developed and the number of recipients enrolled in MA HealthChoices being treated through the new pathways and the following tiers in Figure E-8:

Figure E-8: Hospital Tiers for Volume of Opioid Use Disorder Patients

Tier 1	Low-volume Emergency Departments (EDs) – Hospitals that had less than 20 OUD ED visits must serve a minimum of 1 MA Health Choices recipient through a newly established pathway.
Tier 2	Standard EDs – Hospitals that had between 20 and 200 OUD ED visits must serve a minimum of 10 MA Health Choices recipients through the newly established pathways.
Tier 3	High Volume EDs – Hospitals that had more than 200 OUD ED visits must serve a minimum of 20 MA Health Choices recipients through the newly established pathways

- Phase 2: is designed to maintain phase 1 progress by giving each hospital the opportunity to earn both benchmark and incremental improvement incentive payments based on benchmark or incremental achievement of the HEDIS® measure:
 - 7-day OUD follow-up treatment initiation with the following modification:
 - o Limited to just Opioid/Opioid Poisoning diagnoses, evaluation of the top nine diagnoses positions.
- o 4 specified pathways that are acceptable for clinical treatment of opioid use disorder (OUD)
 - ED initiation of buprenorphine with warm hand-off to the community
 - Direct warm hand-off to the community for medically assisted treatment (MAT) or abstinence-based treatment
 - Specialized protocol developed by the hospital to address pregnant women with OUD
 - Direct inpatient admissions for methadone or observation for buprenorphine induction
- o The more pathways a hospital chooses to undertake and meet requirements in phase 1 will result in higher payouts
 - Remaining funds will be distributed proportionally to hospitals successfully implementing the defined clinical pathway(s) based on an individual's hospital's OUD related ED visits divided by the total OUD related ED visits for all hospitals collectively
- o Incremental improvement calculation:
 - $$\frac{\text{CY18 MA MC recipients from denominator seen for OUD treatment within 7-days of ED}}{\text{CY19 MA MC recipients seen in the ED for OUD}} - \frac{\text{CY18 MA MC recipients from denominator seen for OUD treatment within 7-days of ED}}{\text{CY18 MA MC recipients seen in the ED for OUD}} = \text{incremental improvement}$$
 - A hospital must improve by at least 0.5% in order to qualify

Figure E-9: Pennsylvania Performance Measures for Opioid Use Disorder

Incremental Improvement	Percent Payout
≥ 3 Percentage Point Improvement	100%
≥ 2 and < 3 Percentage Point Improvement	90%
≥ 1 and < 2 Percentage Point Improvement	80%
≥ 0.5 and < 1 Percentage Point Improvement	70%

o Benchmark Achievement calculation

- $$\frac{\text{CY19 MA recipients from denominator seen for OUD treatment within 7-days of ED visit}}{\text{CY19 MA recipients seen in the ED for OUD}} = \text{Hospital's benchmark comparison statistic}$$

- A hospital can earn benchmark incentive payment based on a sliding scale as long as they perform at or above the 50th percentile of the previous year's statewide preventable event benchmark.

Figure E-10: Pennsylvania Incentive Benchmark for Opioid Use Disorder

Percentage/Payout	At or below 75 th Percentile	At or below 50 th Percentile
Percent Payout	100%	90%

o Performance Measures

Figure E-11: Pennsylvania Performance Measures for Opioid Use Disorder

Measure	Measure Steward/Developer	Notes
Attestation to having implemented each clinical pathway for which funding is requested	PA	
Number of MA recipients served in each pathway	PA	
OUD treatment within 7 days of discharge from the ED – modified HEDIS® as described in response #5	NCQA/PA modified	The event denominator will be any MA recipient seen in the ED for OUD. The event numerator will be anyone in the denominator seen for OUD treatment within 7 days of discharge from the ED.

Appendix F

LOUISIANA DEPARTMENT OF HEALTH STATE DIRECTED PAYMENTS CONSIDERATIONS											
DIRECTED FEE SCHEDULE OPTIONS ANALYSIS - TIERED APPROACH (SCENARIO 1: ADDITIONAL \$400 MIL)											
HOSPITAL TIER	BASE PAYMENTS		MODELED DFS INCREASE		MODELED DFS PAYMENTS		MODELED REMAINING DSH	MODELED RETAINED UPL	TOTAL MODELED PAYMENTS	CURRENT SUPPLEMENTAL PAYMENTS	MODELED PAYMENT CHANGE
	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT					
1	\$ 243,797,912	\$ 255,459,926	28.7%	51.8%	\$ 70,089,224	\$ 132,319,506	\$ 321,266,651	\$ 0	\$ 523,675,381	\$ 489,972,690	\$ 33,702,691
2	235,403,976	339,285,285	41.9%	60.3%	98,632,348	204,674,616	4,695,118	2,923,643	310,925,725	414,420,618	(103,494,893)
3	149,452,687	118,983,519	41.9%	93.1%	62,619,458	110,733,841	11,129,514	-	184,482,813	169,804,345	14,678,468
4	170,357,204	164,132,819	117.9%	128.6%	200,927,524	211,133,975	7,198,394	-	419,259,893	272,028,117	147,231,776
5	174,706,751	149,056,417	197.4%	238.0%	344,829,719	354,699,827	5,000,000	-	704,529,546	396,697,588	307,831,958
Total	\$ 973,718,529	\$ 1,026,917,966	79.8%	98.7%	\$ 777,098,274	\$ 1,013,561,764	\$ 349,289,677	\$ 2,923,643	\$ 2,142,873,358	\$ 1,742,923,358	\$ 399,950,000

DIRECTED FEE SCHEDULE OPTIONS ANALYSIS - TIERED APPROACH (SCENARIO 2: ADDITIONAL \$650 MIL)											
HOSPITAL TIER	BASE PAYMENTS		MODELED DFS INCREASE		MODELED DFS PAYMENTS		MODELED REMAINING DSH	MODELED RETAINED UPL	TOTAL MODELED PAYMENTS	CURRENT SUPPLEMENTAL PAYMENTS	MODELED PAYMENT CHANGE
	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT					
1	\$ 243,797,912	\$ 255,459,926	30.7%	54.1%	\$ 74,805,072	\$ 138,145,514	\$ 314,584,822	\$ 0	\$ 527,535,408	\$ 489,972,690	\$ 37,562,718
2	235,403,976	339,285,285	59.8%	80.5%	140,660,477	273,115,127	3,499,593	2,342,706	419,617,903	414,420,618	5,197,285
3	149,452,687	118,983,519	59.8%	117.4%	89,302,171	139,636,658	1,406,001	-	230,344,830	169,804,345	60,540,485
4	170,357,204	164,132,819	146.8%	158.9%	250,081,009	260,814,636	-	-	510,895,644	272,028,117	238,867,527
5	174,706,751	149,056,417	197.4%	238.0%	344,829,719	354,699,827	5,000,000	-	704,529,546	396,697,588	307,831,958
Total	\$ 973,718,529	\$ 1,026,917,966	92.4%	113.6%	\$ 899,678,449	\$ 1,166,411,761	\$ 324,490,416	\$ 2,342,706	\$ 2,392,923,331	\$ 1,742,923,358	\$ 649,999,973

DIRECTED FEE SCHEDULE OPTIONS ANALYSIS - TIERED APPROACH (SCENARIO 3: ADDITIONAL \$900 MIL)											
HOSPITAL TIER	BASE PAYMENTS		MODELED DFS INCREASE		MODELED DFS PAYMENTS		MODELED REMAINING DSH	MODELED RETAINED UPL	TOTAL MODELED PAYMENTS	CURRENT SUPPLEMENTAL PAYMENTS	MODELED PAYMENT CHANGE
	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT					
1	\$ 243,797,912	\$ 255,459,926	95.9%	131.0%	\$ 233,802,197	\$ 334,572,216	\$ 133,342,589	\$ 0	\$ 701,717,002	\$ 489,972,690	\$ 211,744,312
2	235,403,976	339,285,285	65.8%	87.3%	154,778,290	296,105,215	3,098,000	2,147,562	456,129,067	414,420,618	41,708,449
3	149,452,687	118,983,519	72.8%	135.1%	108,842,893	160,803,242	-	-	269,646,135	169,804,345	99,841,790
4	170,357,204	164,132,819	146.8%	158.9%	250,081,009	260,814,636	-	-	510,895,644	272,028,117	238,867,527
5	174,706,751	149,056,417	197.4%	238.0%	344,829,719	354,699,827	5,000,000	-	704,529,546	396,697,588	307,831,958
Total	\$ 973,718,529	\$ 1,026,917,966	112.2%	137.0%	\$ 1,092,334,109	\$ 1,406,995,135	\$ 141,440,589	\$ 2,147,562	\$ 2,642,917,394	\$ 1,742,923,358	\$ 899,994,036

DIRECTED FEE SCHEDULE OPTIONS ANALYSIS - TIERED APPROACH (SCENARIO 4: ADDITIONAL \$1.0 BIL)											
HOSPITAL TIER	BASE PAYMENTS		MODELED DFS INCREASE		MODELED DFS PAYMENTS		MODELED REMAINING DSH	MODELED RETAINED UPL	TOTAL MODELED PAYMENTS	CURRENT SUPPLEMENTAL PAYMENTS	MODELED PAYMENT CHANGE
	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT					
1	\$ 243,797,912	\$ 255,459,926	130.8%	172.1%	\$ 318,925,082	\$ 439,733,913	\$ 70,160,243	\$ 0	\$ 828,819,239	\$ 489,972,690	\$ 338,846,549
2	235,403,976	339,285,285	65.8%	87.3%	154,778,290	296,105,215	3,098,000	2,147,562	456,129,067	414,420,618	41,708,449
3	149,452,687	118,983,519	72.8%	135.1%	108,842,893	160,803,242	-	-	269,646,135	169,804,345	99,841,790
4	170,357,204	164,132,819	146.8%	158.9%	250,081,009	260,814,636	-	-	510,895,644	272,028,117	238,867,527
5	174,706,751	149,056,417	197.4%	238.0%	344,829,719	354,699,827	5,000,000	-	704,529,546	396,697,588	307,831,958
Total	\$ 973,718,529	\$ 1,026,917,966	120.9%	147.3%	\$ 1,177,456,994	\$ 1,512,156,832	\$ 78,258,243	\$ 2,147,562	\$ 2,770,019,631	\$ 1,742,923,358	\$ 1,027,096,273

Appendix G

LOUISIANA DEPARTMENT OF HEALTH

STATE DIRECTED PAYMENTS CONSIDERATIONS

DIRECTED FEE SCHEDULE OPTIONS ANALYSIS - TIERED APPROACH BY HOSPITAL (SCENARIO 1: ADDITIONAL \$400 MIL)

HOSPITAL SYSTEM	BASE PAYMENTS		MODELED DFS INCREASE		MODELED DFS PAYMENTS		MODELED REMAINING DSH	MODELED RETAINED UPL	TOTAL MODELED PAYMENTS	CURRENT SUPPLEMENTAL PAYMENTS	MODELED PAYMENT CHANGE
	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT					
Rural (Public and Private)	\$ 62,510,820	\$ 163,817,945	46.1%	62.5%	\$ 28,812,891	\$ 102,445,948	\$ 0	\$ 2,923,643	\$ 134,182,482	\$ 113,813,839	\$ 20,368,643
Other Urban Private	937,269	5,396,622	28.7%	51.8%	269,454	2,795,266	-	-	3,064,720	-	3,064,720
Glenwood Regional Medical Center	10,005,021	6,002,797	28.7%	51.8%	2,876,334	3,109,244	7,814,423	-	13,800,000	13,800,000	-
Lake Charles Memorial Hospital	25,657,028	21,171,259	41.9%	93.1%	10,750,086	19,703,358	11,129,514	-	41,582,958	41,582,958	-
Hospital Service Districts	69,483,624	106,776,636	166.7%	186.3%	115,847,988	198,978,092	-	-	314,826,080	199,819,684	115,006,396
Baton Rouge General / Baton Rouge Mid City	26,690,661	20,366,973	73.1%	100.1%	19,502,750	20,381,224	7,198,394	-	47,082,368	39,300,000	7,782,368
Louisiana Children's Medical Center	164,393,694	179,334,168	63.7%	79.4%	104,727,439	142,366,380	199,975,636	-	447,069,454	429,543,095	17,526,359
Christus	33,307,154	28,942,454	28.7%	51.8%	9,575,441	14,991,201	34,533,357	-	59,100,000	59,100,000	-
Alliance Health	10,766,628	14,126,789	28.7%	51.8%	3,095,287	7,317,194	-	-	10,412,481	-	10,412,481
Ochsner / Lafayette General	163,524,784	163,330,526	72.5%	91.9%	118,574,496	150,129,795	64,755,125	-	333,459,417	263,044,716	70,414,701
Ochsner LSU Shreveport	83,531,529	70,591,527	142.4%	181.0%	118,960,763	127,743,418	5,000,000	-	251,704,181	294,169,656	(42,465,475)
Rapides Regional / Tulane University	69,070,912	39,355,344	164.0%	194.9%	113,258,313	76,707,719	-	-	189,966,033	74,600,000	115,366,033
Franciscan Missionaries of Our Lady	157,776,255	158,450,214	41.7%	59.8%	65,783,449	94,792,776	18,883,228	-	179,459,452	152,370,417	27,089,035
Willis-Knighton	41,982,273	34,601,870	117.9%	128.6%	49,515,923	44,510,479	-	-	94,026,402	40,767,158	53,259,244
Womans Hospital	54,080,879	14,652,841	28.7%	51.8%	15,547,659	7,589,671	-	-	23,137,330	21,011,835	2,125,495
Total	\$ 973,718,529	\$ 1,026,917,966	79.8%	98.7%	\$ 777,098,274	\$ 1,013,561,764	\$ 349,289,677	\$ 2,923,643	\$ 2,142,873,358	\$ 1,742,923,358	\$ 399,950,000

DIRECTED FEE SCHEDULE OPTIONS ANALYSIS - TIERED APPROACH BY HOSPITAL (SCENARIO 2: ADDITIONAL \$650 MIL)

HOSPITAL SYSTEM	BASE PAYMENTS		MODELED DFS INCREASE		MODELED DFS PAYMENTS		MODELED REMAINING DSH	MODELED RETAINED UPL	TOTAL MODELED PAYMENTS	CURRENT SUPPLEMENTAL PAYMENTS	MODELED PAYMENT CHANGE
	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT					
Rural (Public and Private)	\$ 62,510,820	\$ 163,817,945	64.6%	83.0%	\$ 40,352,500	\$ 136,026,652	\$ 0	\$ 2,342,706	\$ 178,721,859	\$ 113,813,839	\$ 64,908,020
Other Urban Private	937,269	5,396,622	30.7%	54.1%	287,584	2,918,341	-	-	3,205,925	-	3,205,925
Glenwood Regional Medical Center	10,005,021	6,002,797	30.7%	54.1%	3,069,863	3,246,143	7,483,993	-	13,800,000	13,800,000	-
Lake Charles Memorial Hospital	25,657,028	21,171,259	59.8%	117.4%	15,330,794	24,846,163	1,406,001	-	41,582,958	41,582,958	-
Hospital Service Districts	69,483,624	106,776,636	175.8%	199.5%	122,139,566	213,059,221	-	-	335,198,787	199,819,684	135,379,103
Baton Rouge General / Baton Rouge Mid City	26,690,661	20,366,973	88.4%	119.9%	23,589,108	24,426,853	-	-	48,015,961	39,300,000	8,715,961
Louisiana Children's Medical Center	164,393,694	179,334,168	76.8%	93.0%	126,302,905	166,712,566	196,834,452	-	489,849,923	429,543,095	60,306,828
Christus	33,307,154	28,942,454	30.7%	54.1%	10,219,710	15,651,262	33,229,028	-	59,100,000	59,100,000	-
Alliance Health	10,766,628	14,126,789	30.7%	54.1%	3,303,549	7,639,369	-	-	10,942,918	-	10,942,918
Ochsner / Lafayette General	163,524,784	163,330,526	84.0%	104.0%	137,427,762	169,898,712	61,653,713	-	368,980,187	263,044,716	105,935,471
Ochsner LSU Shreveport	83,531,529	70,591,527	148.7%	187.8%	124,232,740	132,587,478	5,000,000	-	261,820,218	294,169,656	(32,349,438)
Rapides Regional / Tulane University	69,070,912	39,355,344	176.1%	206.8%	121,638,877	81,398,760	-	-	203,037,637	74,600,000	128,437,637
Franciscan Missionaries of Our Lady	157,776,255	158,450,214	59.3%	78.9%	93,560,582	125,092,427	18,883,228	-	237,536,237	152,370,417	85,165,820
Willis-Knighton	41,982,273	34,601,870	146.8%	158.9%	61,629,147	54,983,971	-	-	116,613,119	40,767,158	75,845,961
Womans Hospital	54,080,879	14,652,841	30.7%	54.1%	16,593,760	7,923,843	-	-	24,517,603	21,011,835	3,505,768
Total	\$ 973,718,529	\$ 1,026,917,966	92.4%	113.6%	\$ 899,678,449	\$ 1,166,411,761	\$ 324,490,416	\$ 2,342,706	\$ 2,392,923,331	\$ 1,742,923,358	\$ 649,999,973

**LOUISIANA DEPARTMENT OF HEALTH
STATE DIRECTED PAYMENTS CONSIDERATIONS**

DIRECTED FEE SCHEDULE OPTIONS ANALYSIS - TIERED APPROACH BY HOSPITAL (SCENARIO 3: ADDITIONAL \$900 MIL)

HOSPITAL SYSTEM	BASE PAYMENTS		MODELED DFS INCREASE		MODELED DFS PAYMENTS		MODELED REMAINING DSH	MODELED RETAINED UPL	TOTAL MODELED PAYMENTS	CURRENT SUPPLEMENTAL PAYMENTS	MODELED PAYMENT CHANGE
	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT					
Rural (Public and Private)	\$ 62,510,820	\$ 163,817,945	70.2%	89.6%	\$ 43,894,712	\$ 146,767,692	\$ 0	\$ 2,147,562	\$ 192,809,965	\$ 113,813,839	\$ 78,996,126
Other Urban Private	937,269	5,396,622	95.9%	131.0%	898,841	7,067,878	-	-	7,966,719	-	7,966,719
Glenwood Regional Medical Center	10,005,021	6,002,797	95.9%	131.0%	9,594,815	7,861,778	-	-	17,456,593	13,800,000	3,656,593
Lake Charles Memorial Hospital	25,657,028	21,171,259	72.8%	135.1%	18,685,413	28,612,426	-	-	47,297,839	41,582,958	5,714,881
Hospital Service Districts	69,483,624	106,776,636	176.5%	200.8%	122,628,464	214,382,423	-	-	337,010,887	199,819,684	137,191,203
Baton Rouge General / Baton Rouge Mid City	26,690,661	20,366,973	121.2%	148.5%	32,346,619	30,248,831	-	-	62,595,450	39,300,000	23,295,450
Louisiana Children's Medical Center	164,393,694	179,334,168	113.9%	138.0%	187,241,150	247,489,777	100,860,463	-	535,591,390	429,543,095	106,048,295
Christus	33,307,154	28,942,454	95.9%	131.0%	31,941,561	37,905,519	2,112,529	-	71,959,608	59,100,000	12,859,608
Allegiance Health	10,766,628	14,126,789	95.9%	131.0%	10,325,196	18,501,654	-	-	28,826,850	-	28,826,850
Ochsner / Lafayette General	163,524,784	163,330,526	102.7%	144.3%	167,882,695	235,685,850	14,584,369	-	418,152,913	263,044,716	155,108,197
Ochsner LSU Shreveport	83,531,529	70,591,527	152.4%	190.6%	127,283,319	134,552,186	5,000,000	-	266,835,504	294,169,656	(27,334,152)
Rapides Regional / Tulane University	69,070,912	39,355,344	176.1%	206.8%	121,638,877	81,398,760	-	-	203,037,637	74,600,000	128,437,637
Franciscan Missionaries of Our Lady	157,776,255	158,450,214	66.2%	89.8%	104,479,738	142,345,775	18,883,228	-	265,708,741	152,370,417	113,338,324
Willis-Knighton	41,982,273	34,601,870	146.8%	158.9%	61,629,147	54,983,971	-	-	116,613,119	40,767,158	75,845,961
Womans Hospital	54,080,879	14,652,841	95.9%	131.0%	51,863,563	19,190,617	-	-	71,054,180	21,011,835	50,042,345
Total	\$ 973,718,529	\$ 1,026,917,966	112.2%	137.0%	\$ 1,092,334,109	\$ 1,406,995,135	\$ 141,440,589	\$ 2,147,562	\$ 2,642,917,394	\$ 1,742,923,358	\$ 899,994,036

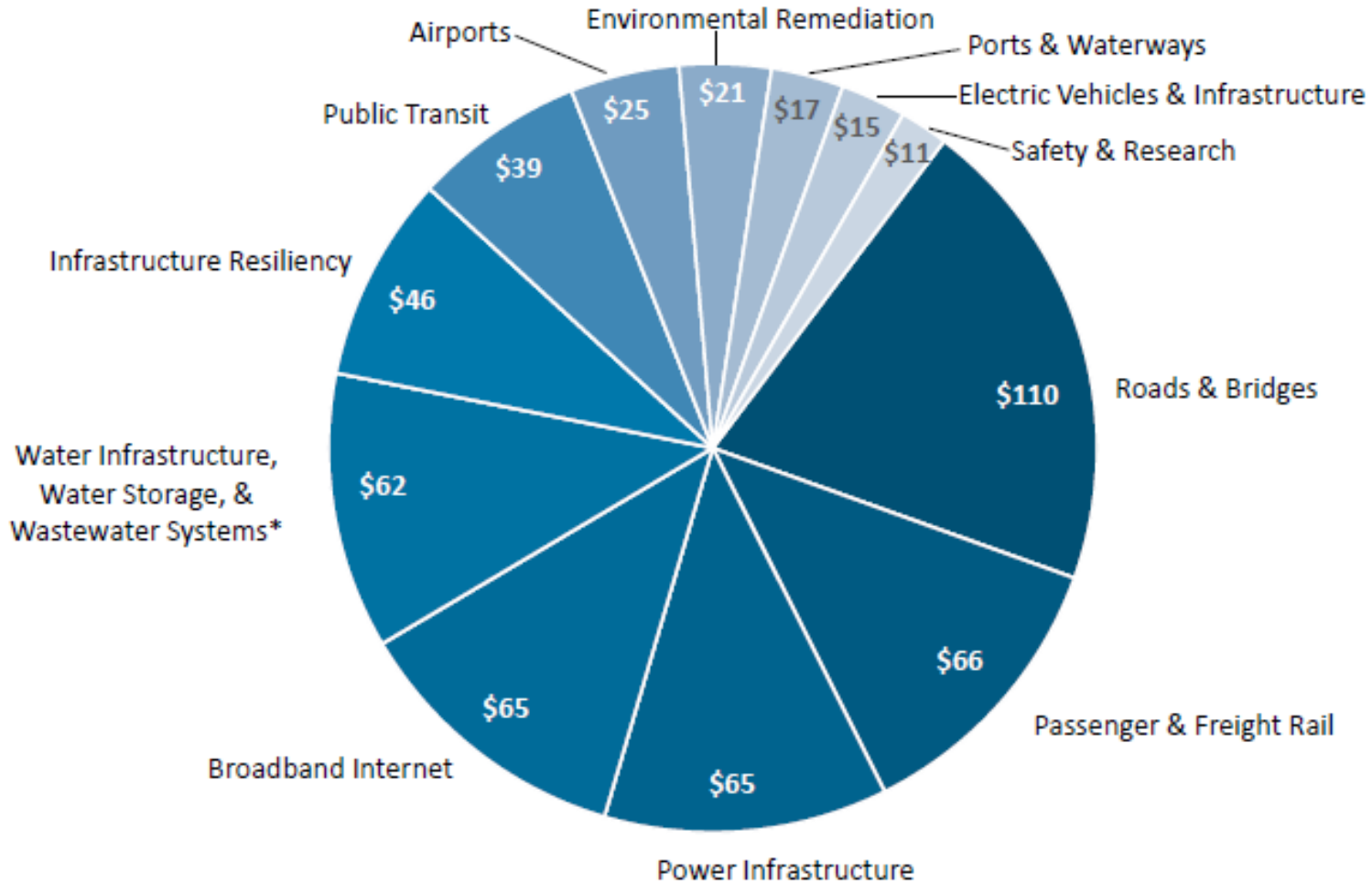
DIRECTED FEE SCHEDULE OPTIONS ANALYSIS - TIERED APPROACH BY HOSPITAL (SCENARIO 4: ADDITIONAL \$1.0 BIL)

HOSPITAL SYSTEM	BASE PAYMENTS		MODELED DFS INCREASE		MODELED DFS PAYMENTS		MODELED REMAINING DSH	MODELED RETAINED UPL	TOTAL MODELED PAYMENTS	CURRENT SUPPLEMENTAL PAYMENTS	MODELED PAYMENT CHANGE
	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT					
Rural (Public and Private)	\$ 62,510,820	\$ 163,817,945	70.2%	89.6%	\$ 43,894,712	\$ 146,767,692	\$ 0	\$ 2,147,562	\$ 192,809,965	\$ 113,813,839	\$ 78,996,126
Other Urban Private	937,269	5,396,622	130.8%	172.1%	1,226,091	9,289,432	-	-	10,515,523	-	10,515,523
Glenwood Regional Medical Center	10,005,021	6,002,797	130.8%	172.1%	13,088,102	10,332,867	-	-	23,420,970	13,800,000	9,620,970
Lake Charles Memorial Hospital	25,657,028	21,171,259	72.8%	135.1%	18,685,413	28,612,426	-	-	47,297,839	41,582,958	5,714,881
Hospital Service Districts	69,483,624	106,776,636	176.5%	200.8%	122,628,464	214,382,423	-	-	337,010,887	199,819,684	137,191,203
Baton Rouge General / Baton Rouge Mid City	26,690,661	20,366,973	138.8%	163.8%	37,035,160	33,365,765	-	-	70,400,925	39,300,000	31,100,925
Louisiana Children's Medical Center	164,393,694	179,334,168	133.5%	161.2%	219,523,023	289,006,197	54,514,397	-	563,043,617	429,543,095	133,500,522
Christus	33,307,154	28,942,454	130.8%	172.1%	43,570,869	49,819,863	-	-	93,390,732	59,100,000	34,290,732
Allegiance Health	10,766,628	14,126,789	130.8%	172.1%	14,084,401	24,317,036	-	-	38,401,438	-	38,401,438
Ochsner / Lafayette General	163,524,784	163,330,526	108.3%	161.6%	177,084,619	263,933,846	3,098,000	-	444,116,464	263,044,716	181,071,748
Ochsner LSU Shreveport	83,531,529	70,591,527	152.4%	190.6%	127,283,319	134,552,186	5,000,000	-	266,835,504	294,169,656	(27,334,152)
Rapides Regional / Tulane University	69,070,912	39,355,344	176.1%	206.8%	121,638,877	81,398,760	-	-	203,037,637	74,600,000	128,437,637
Franciscan Missionaries of Our Lady	157,776,255	158,450,214	66.8%	92.3%	105,338,708	146,171,817	15,645,846	-	267,156,371	152,370,417	114,785,954
Willis-Knighton	41,982,273	34,601,870	146.8%	158.9%	61,629,147	54,983,971	-	-	116,613,119	40,767,158	75,845,961
Womans Hospital	54,080,879	14,652,841	130.8%	172.1%	70,746,089	25,222,552	-	-	95,968,641	21,011,835	74,956,806
Total	\$ 973,718,529	\$ 1,026,917,966	120.9%	147.3%	\$ 1,177,456,994	\$ 1,512,156,832	\$ 78,258,243	\$ 2,147,562	\$ 2,770,019,631	\$ 1,742,923,358	\$ 1,027,096,273

INFRASTRUCTURE INVESTMENT & JOBS ACT



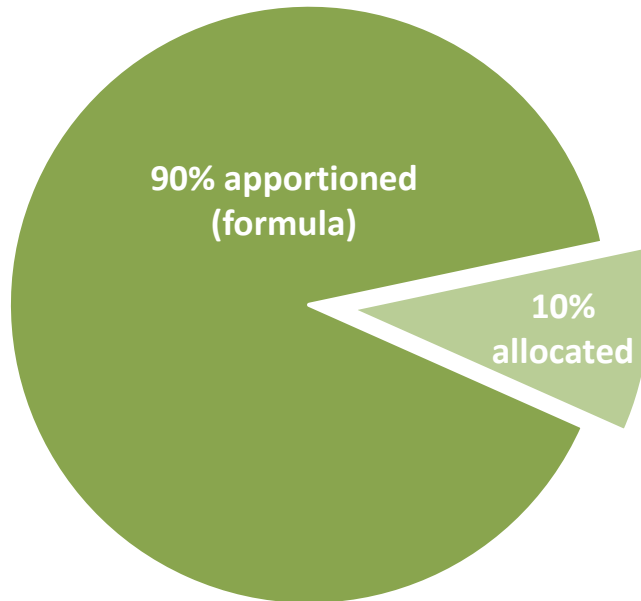
\$550B in new NATIONAL spending over 5 years



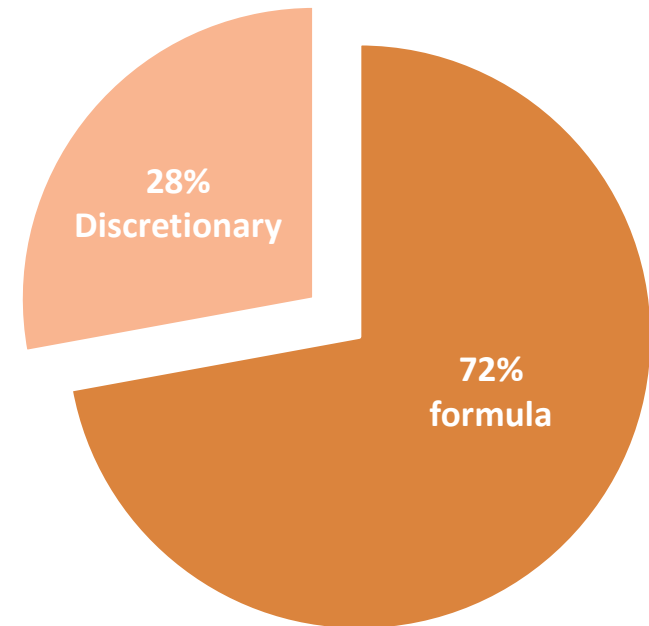
Highway Provisions

\$350.8 B (FY 22-26) for highway programs

\$303.5 B in Contract Authority (CA) from the Highway Trust Fund (HTF)



+\$47.3 B in advance appropriations from the General Fund (GF)



Formula Programs

PROGRAM	LA 2022	LA 2023	LA 2024	LA 2025	LA 2026	5 YEAR TOTAL
National Highway Performance Program	\$524M	\$535M	\$545M	\$556M	\$567M	\$2.7B
Surface Transportation Block Grant Program	\$255M	\$260M	\$265M	\$271M	\$276M	\$1.3B
Surface Transportation Alternatives	\$26M	\$26M	\$27M	\$27M	\$28M	\$134M
Highway Safety Improvement Program	\$55M	\$56M	\$57M	\$59M	\$60M	\$287M
Rail-Highway Grade Crossing Program	\$4.4M	\$4.4M	\$4.4M	\$4.4M	\$4.4M	\$22M
Congestion Mitigation & Air Quality	\$12.4M	\$13M	\$13M	\$13M	\$14M	\$65M
Metropolitan Planning	\$6M	\$6M	\$6M	\$6M	\$6M	\$30M
National Highway Freight Program	\$24M	\$25M	\$25M	\$26M	\$26M	\$127M

Formula Programs

PROGRAM	LA 2022	LA 2023	LA 2024	LA 2025	LA 2026	5 YEAR TOTAL
Carbon Reduction Program	\$23M	\$23M	\$24M	\$24M	\$25M	\$118M
Promoting Resilient Operations for Transformative, Efficient, and Cost-saving Transportation (PROTECT)	\$26M	\$26M	\$27M	\$27M	\$28M	\$135M
Bridge Replacement, Rehabilitation, Protection and Construction Program	\$195M	\$199M	\$202M	\$207M	\$211M	\$1B
National Vehicle Electric Formula Program	\$14M	\$14M	\$15M	\$15M	\$15M	\$73M
Construction of Ferry Boats and Ferry Terminal Facilities	\$2.2M	\$2.2M	\$2.2M	\$2.3M	\$2.3M	\$11M

Bridge Formula Program

Louisiana's Bridge Inventory Needs



**12,853
Bridges**

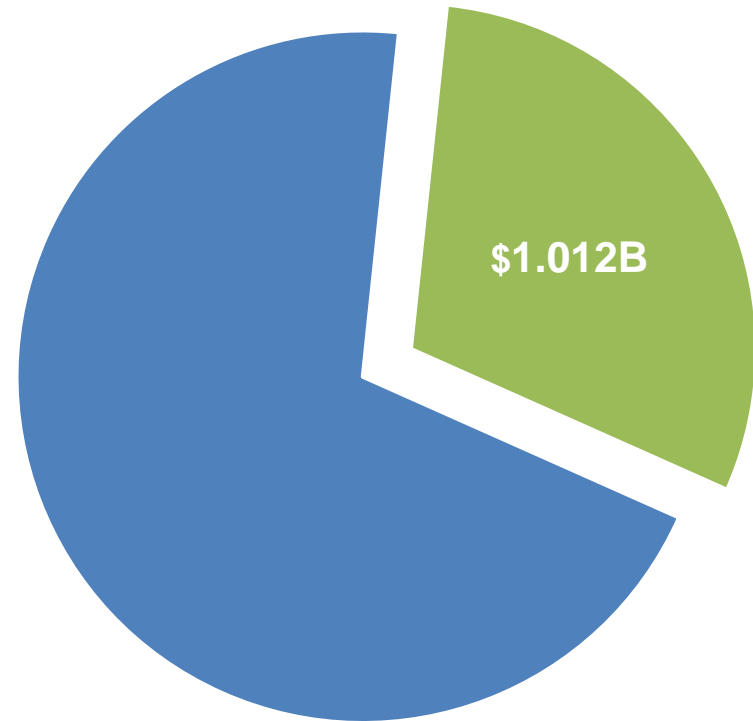


**1,634 or 13%
Poor Condition**



**\$3.3B
Needs**
(2019 estimates)

Bridge Formula Funds



Additional State Match

	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Match needed Pre IIJA	-	\$130.9M	\$128M	\$130.7M
Additional Match Needed With IIJA	\$42.5M	\$44.9M	\$47M	\$49.1M
TOTAL MATCH NEEDED	\$42.5M	\$175.8M	\$175M	\$179.8M

In accordance with the May 18, 2021 REC and current budget partition

Any discretionary funding will require match above what's shown

Competitive Funding Opportunities

\$5B

**National Infrastructure
Project Assistance**

\$8B

**Infrastructure for
Rebuilding America**

\$12.5B

**Bridge Investment
Program**

\$2.5B

**Charging & Fueling
Infrastructure**

\$250M

**Congestion Relief
Program**

\$1B

**Reconnecting
Communities**

\$7.5B

**Local and Regional
Project Assistance**

\$2B

**Rural Surface
Transportation Grant**

National Priorities

In order to be successful in competitive funding



Equity



Made in America
Blue Collar Jobs



Climate
Building Back Better



Resiliency

Innovative Financing

Transportation Infrastructure Finance and Innovation Act (TIFIA)

- Enhancement loan terms include:
 - Max loan maturity extended to (i) 75 years or (ii) 75% of asset’s useful life
 - Higher threshold for dual rating requirement (\$75m to \$150m)
 - Elimination of “upside” prepayment requirement for revenue risk transactions for government borrows under certain circumstances

- Benefits
 - Benchmarked against Treasury rate at +1bps
 - Same rate applies to all investment-grade ratings (BBB or above)
 - Rural projects benefit from 50% of the posted rate (subject to max loan size)
 - Flexible payment terms; now provides for max 75 year term for assets with longer life
 - Interest accrues as proceeds drawn (not upfront)

Innovative Financing

Transportation Infrastructure Finance and Innovation Act (TIFIA)

Act 443 of 2019 Regular Sessions
BP Settlement Funds

Bonita Bridge
September 2021

.69%

LA3241
Segment 2
September 2021

.5%

LA3241
Segment 3
December 2021

.69%

Expected upcoming in mid-2022

I-49S

Cameron Ferries

Bridge Program

Innovative Financing

Private Activity Bonds (PABs)

- Expands eligibility for PABs to qualified broadband and carbon capture projects

Benefits

- Allows private developers under a P3 to issue tax-exempt bond for qualified public purpose projects
- Tax-exempt interest rates lowers the cost of finance relative to otherwise taxable interest rates and generates savings to public agency sponsor.
- Bonds issued through public entity/conduit issuer, but debt services remain an obligation of the private development - Developer's sources of repayment is typically a project-generated revenue (tolls), or the capital portion of an availability payment from the public owner.

Questions

Blake R. David
Chair

T. Jay Seale III
Vice Chair

Sonia A. Pérez
Secretary

Kim Hunter Reed, Ph.D.
Commissioner of
Higher Education



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December 8, 2021

Senator Mack “Bodi” White
Chair
Joint Legislative Committee on the Budget

RE: Contract between Louisiana Tuition Trust Authority and ThoughtSpan Technology, LLC

Dear Senator White:

The Louisiana Office of Student Financial Assistance (LOSFA), a Program of the Board of Regents, requests to extend its contract with ThoughtSpan Technology LLC (hereinafter “Contractor”), entered as of February 4, 2019, for a period of 12 months. Section 2.1 of the contract requires approval of the Joint Legislative Committee on the Budget to extend this contract. The contract extension adds \$65,564 for licensing fees and \$100,000 for support services, bringing the total contract amount to \$651,018.

The Contractor provides proprietary software and support services to modify the software to reflect updates to Federal and state law governing the Student Tuition and Revenue Trust (START) Saving Program, the START K12 Program, and the Louisiana Achieving a Better Life Experience (LA ABLE) Program. The Contractor supports the websites that allow individuals to open accounts in each of the programs and to make deposits, request disbursements, change investment options, and close accounts. In addition, the software supports the back-end processes that allow for the efficient administration of the programs by LOSFA staff, including interfacing with The Vanguard Group and the State Treasurer.

START and START K12 are administered in accordance with Section 529 of the Internal Revenue Code (IRC 529). The START Saving Program provides a saving mechanism for the higher education expenses of the beneficiaries of the accounts. Louisiana provides two advantages to investing in the START Saving Program that are not provided in the IRC 529. One is the state match, called earnings enhancements, which is anywhere from two to fourteen percent, depending upon the income of the account owner. The other advantage to Louisiana’s program is a state tax credit of \$2,400 per year per account (\$4,800 for married account owners filing jointly). The software provided by Contractor has been modified to account for these differences between Louisiana’s IRC Section 529 plan and plans provided by other states/entities.

Senator Mack "Bodi" White
December 8, 2021
Page 2

LA ABLE is administered in accordance with Section 529a of the Internal Revenue Code, and it allows disabled individuals to save up to \$100,000 without affecting eligibility for Federal disability benefits, such as SSI and SSDI.

All three programs have essentially the same parameters for saving and allow for investment in stocks/bonds. The investments for the programs are selected by the State Treasurer, and all investments are currently provided by The Vanguard Group.

As of November 30, 2021, the software supported the investment of \$1,405,968,667.45 by account owners across all three programs. Investments in the START Saving Program comprise the vast majority of these investments with \$1,390,060,023.29 invested in 72,764 accounts. Maintaining consistency and efficiency in the investment of these accounts is essential to ensure that funds are available as needed for the education and disability expenses of those who own accounts in these programs. As a result, we request that a 12-month extension of LOSFA's contract with ThoughtSpan Technology, LLC be approved.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Hunter Reed".

Kim Hunter Reed, Ph.D.
Commissioner of Higher Education

**AMENDMENT TO CONTRACT BETWEEN STATE OF LOUISIANA
LOUISIANA BOARD OF REGENTS/LOSFA PROGRAM
AND
ThoughtSpan Technology LLC
14045 Ballantyne Corporate Place, Suite 550, Charlotte, North Carolina 28277**

Contract # (LaGov #): _____

Contract Term: February 5, 2019 to February 4, 2022

Amendment #: 1 **Revised Contract Term:** February 5, 2019-February 4, 2023

Amendment Effective Date: February 4, 2022

Previous Contract Amount: \$ 485,454

Revised Contract Amount: \$ 651,018

Justification for amendment:

This amendment is required to update contract terms to include a twelve month extension and revise payment terms.

Additional Documentation: BA22

Change From:

2.1 TERM OF CONTRACT to read:

This contract shall begin on February 5, 2019 and shall end on February 4, 2022, unless otherwise terminated in accordance with the Termination provision(s) of this Contract. At the option of the State of Louisiana and acceptance of the Contractor, this Contract may be extended for two (2) additional twelve (12) month periods at the same prices, terms, and conditions.

Prior to the extension of the Contract beyond the initial thirty-six (36) month term, prior approval by the Joint Legislative Committee on the Budget (“JLCB”) or other approval authorized by law shall be obtained. Such written evidence of JLCB approval shall be submitted, along with the contract amendment to the Office of State Procurement (“OSP”) to extend the contract term beyond the initial thirty-six (36) month term. Total contract time may not exceed sixty (60) months

Change To:

2.1 TERM OF CONTRACT

This contract shall begin on February 5, 2019 and shall end on February 4, 2023, unless otherwise terminated in accordance with the Termination provision(s) of this Contract. At the option of the State of Louisiana and acceptance of the Contractor, this Contract may be extended for an additional twelve (12) month period at the same prices, terms, and conditions.

Prior to the extension of the Contract beyond the initial thirty-six (36) month term, prior approval by the Joint Legislative Committee on the Budget (“JLCB”) or other approval authorized by law shall be obtained. Such written evidence of JLCB approval shall be submitted, along with the contract amendment to the Office of State Procurement (“OSP”) to extend the contract term beyond the initial thirty-six (36) month term. Total contract time may not exceed sixty (60) months

Change from:

5.0 COMPENSATION AND MAXIMUM AMOUNT OF CONTRACT

A. LOSFA agrees to pay to Contractor an annual license fee of \$60,000 for the use of the 529 Saving Plan Administrative System, 529a Saving Plan Administrative System, and the Web Enabling Interface Module. The annual license fee as set forth above may be increased by no more than three percent (3%) annually. The amount paid under this contract for license fees shall not exceed \$185,454 for a three (3) year period.

B. In consideration of other services required by this Contract, LOSFA hereby agrees to pay to ThoughtSpan a maximum amount of \$300,000.00 for the costs of enhancements/modifications, to be billed at the rate of \$150 per hour actually worked. Payment will be made only on approval of LOSFA's Project Director and upon approval of the Office of State Purchasing.

C. The maximum amount of this Contract (\$485,454) may not be increased except as provided in Section 2.2 Contract Modifications of this contract.

D. ThoughtSpan shall submit monthly invoices during each month that it performs billable work under this Contract. With each invoice, ThoughtSpan shall submit time sheets to LOSFA's Project Director indicating effort expended and work performed by each member of its staff participating in this Contract. Time sheets shall, at a minimum, identify the name of the individual performing the work, the number of hours worked during the period by task, and provide a brief description of the tasks performed.

E. Each invoice must be approved by LOSFA's Project Director. LOSFA shall make payment to ThoughtSpan for each approved invoice within thirty (30) days of receipt.

F. ThoughtSpan shall be responsible for all of its out-of-pocket expenses, including, but not limited to, airfare, lodging, meals, car rentals and parking and taxi expenses.

G. In the event this Contract is terminated in accordance with the Termination of this Contract for Convenience Section or Fiscal Funding Section of this Contract, LATTA shall be obligated to pay for work actually performed by ThoughtSpan through the last day before the day of termination.

H. Late payments - Interest due by the State Agency for late payments shall be in accordance with La. R.S. 39:1695 at the rates established in La. 13:4202.

Change to:

5.0 COMPENSATION AND MAXIMUM AMOUNT OF CONTRACT

A. LOSFA agrees to pay to Contractor an annual license fee of \$60,000 for the use of the 529 Saving Plan Administrative System, 529a Saving Plan Administrative System, and the Web Enabling Interface Module. The annual license fee as set forth above may be increased by no more than three percent (3%) annually. The amount paid under this contract for license fees shall not exceed \$251,018 for a four (4) year period.

B. In consideration of other services required by this Contract, LOSFA hereby agrees to pay to ThoughtSpan a maximum amount of \$400,000.00 for the costs of enhancements/modifications, to be billed at the rate of \$150 per hour actually worked. Payment will be made only on approval of LOSFA's Project Director and upon approval of the Office of State Purchasing.

C. The maximum amount of this Contract (\$651,018) may not be increased except as provided in Section 2.2 Contract Modifications of this contract.

D. ThoughtSpan shall submit monthly invoices during each month that it performs billable work under this Contract. With each invoice, ThoughtSpan shall submit time sheets to LOSFA's Project Director indicating effort expended and work performed by each member of its staff participating in this Contract. Time sheets shall, at a minimum, identify the name of the individual performing the work, the number of hours worked during the period by task, and provide a brief description of the tasks performed.

E. Each invoice must be approved by LOSFA's Project Director. LOSFA shall make payment to ThoughtSpan for each approved invoice within thirty (30) days of receipt.

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G. In the event this Contract is terminated in accordance with the Termination of this Contract for Convenience Section or Fiscal Funding Section of this Contract, LATTA shall be obligated to pay for work actually performed by ThoughtSpan through the last day before the day of termination.

H. Late payments - Interest due by the State Agency for late payments shall be in accordance with La. R.S. 39:1695 at the rates established in La. 13:4202.

SIGNATURES:

This amendment contains or has attached hereto all revised terms and conditions agreed upon by contracting parties.

IN WITNESS THEREOF, this amendment is signed and entered into on the date indicated below.

CONTRACTOR'S SIGNATURE

DATE

CONTRACTOR'S NAME PRINTED

CONTRACTOR'S TITLE PRINTED



STATE OF LA/LA BOARD OF REGENTS/LOSFA SIGNATURE

December 09, 2021
DATE

Kim Hunter Reed, Ph.D.
AGENCY'S REPRESENTATIVE PRINTED

Commissioner of Higher Education
AGENCY'S REPRESENTATIVE TITLE

STATE OF LOUISIANA

SOFTWARE LICENSE CONTRACT
PST LOG #19 04 009

Be it known, that on this 5th day of February, 2019 the Louisiana Board of Regents, (hereinafter sometimes referred to as "the Board") and ThoughtSpan Technology LLC (hereinafter sometimes referred to as "Contractor"), 14045 Ballantyne Corporate Place, Suite 550, Charlotte, North Carolina 28277, do hereby enter into a contract under the following terms and conditions:

WHEREAS, the Louisiana Office of Student Financial Assistance ("LOSFA"), a Program of the Board of Regents, administers Internal Revenue Code (IRC) Sections 529 and 529a programs on behalf of the state under the direction of the Louisiana Tuition Trust Authority ("LATTA");

WHEREAS, the IRC Section 529 and 529a programs administered include the Louisiana Student Tuition Assistance and Revenue Trust ("START") Saving Program, the START K12 Program, and the Louisiana Achieving a Better Life Experience (ABLE) Program (collectively, "the Programs").

WHEREAS, there are differences between the state's Programs and those of other states, requiring significant modification of existing software to allow for the administration of the Programs in accordance with law;

WHEREAS, a previous Contract between ThoughtSpan and LATTA, issued through a Request for Proposal, provided for the modification of ThoughtSpan software to meet the needs of the Programs;

WHEREAS, LATTA will interface with The Vanguard Group and the Louisiana Department of Revenue;

NOW, THEREFORE, the parties enter into the following contract:

1.0 SCOPE OF SERVICES

Contractor shall furnish the Board with a limited, nonexclusive and nontransferable license to use Contractor's software for LATTA's internal operations as well as support for such software. Such support shall include, but not be limited to, the repair of programming errors in the software, and updates, revisions, and system enhancements made to the software. Contractor will provide the necessary consulting services to assist in the modification of its software to meet the specific needs of the 529 Saving Plan Administrative system which includes support for the Programs. Contractor will provide appropriate training on the use of the software as modified.

1.1 STATEMENT OF WORK

The Louisiana START Saving Program was created by the Louisiana Legislature, through adoption of Act 547 of the 1995 Regular Session (the Act), to help make education affordable and

accessible to all citizens of Louisiana, to encourage savings and to enhance the ability of citizens to obtain access to institutions of postsecondary education. The START Saving Program is Louisiana's Qualified Tuition Program under Section 529 of the Internal Revenue Code of 1986.

The START Saving Program is administered by LATTA, a statutory board created specifically for the purpose of administering the program. Under the direction of LATTA, LOSFA manages the program on a day-to-day basis.

Under Section 529a of the Internal Revenue Code (IRC), LA ABLE Program, which are tax-advantaged savings accounts for individuals with disabilities and their families, was created as a result of the passage of the Stephen Beck Jr., Achieving a Better Life Experience Act of 2014 or better known as the ABLE Act.

The Louisiana Legislature passed Act 687 which implements the Tax Cuts and Jobs Act of 2017. This Act provides for a new program called START K12 which allows families to save for tuition expenses related to attendance at any Louisiana school that provides any or all of kindergarten through twelfth grade.

Contractor shall furnish LOSFA with a limited, nonexclusive and nontransferable license to use Contractor's software for LOSFA's internal operations to support the Programs and the Web Enabling Software Interface Module. Contractor shall support all other programs or major enhancements that fall within IRC Sections 529 and 529a.

LOSFA may make a reasonable number of copies of each application as needed solely for backup, testing, and production purposes. The number of defined LOSFA users is unlimited and there are no additional user charges.

Software application services will include, but will not be limited to:

- Website presence which includes static content outlining the rules of the 529 or 529a program, as applicable, along with a secure portal that allows account owners/account administrators secure access to create and/or manage their account at any time.
- Back-end support functions for personnel.
- Support of Investment Trade functions (currently with the Vanguard Group).
- Support of Interfaces with other agencies (e.g., Louisiana Department of Treasury, Louisiana Department of Revenue, Internal Revenue Service, Social Security Administration) or third parties (e.g., postsecondary education institutions, payment partners, employers).
- Reporting functions to support daily, monthly, and annual processes.
- Support of annual year-end functions for posting interest and Earning Enhancements and for submitting annual statements to account owners.
- Support for the software includes, but is not limited to, the repair of programming errors in the software, and updates, revisions, and system enhancements made to the software.

2.0 ADMINISTRATIVE REQUIREMENTS

2.1 TERM OF CONTRACT

This contract shall begin on February 5, 2019 and shall end on February 4, 2022, unless otherwise terminated in accordance with the Termination provision(s) of this Contract. At the option of the State of Louisiana and acceptance of the Contractor, this Contract may be extended for two (2) additional twelve (12) month periods at the same prices, terms, and conditions.

Prior to the extension of the Contract beyond the initial thirty-six (36) month term, prior approval by the Joint Legislative Committee on the Budget (“JLCB”) or other approval authorized by law shall be obtained. Such written evidence of JLCB approval shall be submitted, along with the contract amendment to the Office of State Procurement (“OSP”) to extend the contract term beyond the initial thirty-six (36) month term. Total contract time may not exceed sixty (60) months.

2.2 CONTRACT MODIFICATIONS

No amendment or modification of the terms of this contract shall be valid unless made in writing, signed by the parties and approved as required by law. No oral understanding or agreement not incorporated in the contract is binding on any of the parties.

2.3 WARRANTIES

Contractor warrants that all services shall be performed in a workmanlike manner, and according to its current description (including any completion criteria) contained in the scope of work. ThoughtSpan shall indemnify LATTa against any loss or expense arising out of any breach of any specified Warranty.

A. **Period of Coverage.** The Warranty period for software and system components covered under this Contract will begin on the date of acceptance or date of first productive use, whichever occurs later, and will terminate thirty-six (36) months thereafter.

B. **Free from Defects.** ThoughtSpan warrants that the system developed hereunder shall be free from defect in design and implementation and will continue to meet the specifications agreed to during system design and ThoughtSpan will, without additional charge to LOSFA correct any such defect and make such additions, modifications, or adjustments to the system as may be necessary to operate as specified in the Technical Deliverables accepted by LOSFA.

C. **Software Standards Compliance.** ThoughtSpan warrants that all software and other products delivered hereunder will comply with LOSFA standards and/or guidelines for resource names, programming languages, and documentation.

D. **Software Performance.** Specific operating performance characteristics of the software developed and/or installed hereunder are warranted by ThoughtSpan.

E. Original Development. ThoughtSpan warrants that all materials produced hereunder will be of original development by ThoughtSpan, and will be specifically developed for the fulfillment of this contract. In the event ThoughtSpan elects to use or incorporate in the materials to be produced any components of a system already existing, ThoughtSpan shall first notify LOSFA, which after whatever investigation LOSFA may elect to make, may direct ThoughtSpan not to use or incorporate any such components. If LOSFA does not object, ThoughtSpan may use or incorporate such components at ThoughtSpan's expense and shall furnish written consent of the party owning the same to LOSFA in all events. Such components shall be warranted as set forth herein (except for originality) by ThoughtSpan and ThoughtSpan will arrange to transfer title or the perpetual license for the use of such components to LOSFA for purposes of the contract.

F. No Surreptitious Code Warranty. Contractor warrants that Contractor will make all commercially reasonable efforts not to include any Unauthorized Code in the software provided hereunder. "Unauthorized Code" means any virus, Trojan horse, worm or other software routine or component designed to permit unauthorized access to disable, erase, or otherwise harm software, equipment, or data, or to perform any other such actions. Excluded from this prohibition are identified and State-authorized features designed for purposes of maintenance or technical support.

Extent of Warranty: THESE WARRANTIES REPLACE ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

2.4 INDEMNIFICATION AND LIMITATION OF LIABILITY

Neither party shall be liable for any delay or failure in performance beyond its control resulting from acts of God or force majeure. The parties shall use reasonable efforts to eliminate or minimize the effect of such events upon performance of their respective duties under Contract.

Contractor shall be fully liable for the actions of its agents, employees, partners or subcontractors and shall fully indemnify and hold harmless the State and its Authorized Users from suits, actions, damages and costs of every name and description relating to personal injury and damage to real or personal tangible property caused by Contractor, its agents, employees, partners or subcontractors, without limitation; provided, however, that the Contractor shall not indemnify for that portion of any claim, loss or damage arising hereunder due to the negligent act or failure to act of the State.

If applicable, Contractor will indemnify, defend and hold the State and its Authorized Users harmless, without limitation, from and against any and all damages, expenses (including reasonable attorneys' fees), claims, judgments, liabilities and costs which may be finally assessed against the State in any action for infringement of a United States Letter Patent with respect to the Products furnished, or of any copyright, trademark, trade secret or intellectual property right, provided that the State shall give the Contractor: (i) prompt written notice of any action, claim or threat of infringement suit, or other suit, (ii) the opportunity to take over, settle or defend such action, claim or suit at Contractor's sole expense, and (iii) assistance in the defense of any such action at the expense of Contractor. Where a dispute or claim arises relative to a real or anticipated infringement, the State or its Authorized Users may require Contractor, at its sole expense, to submit such information and documentation, including formal patent attorney opinions, as the Commissioner of Administration shall require.

The Contractor shall not be obligated to indemnify that portion of a claim or dispute based upon: i) Authorized User's unauthorized modification or alteration of a Product, Material or Service; ii) Authorized User's use of the Product in combination with other products not furnished by Contractor; iii) Authorized User's use in other than the specified operating conditions and environment.

In addition to the foregoing, if the use of any item(s) or part(s) thereof shall be enjoined for any reason or if Contractor believes that it may be enjoined, Contractor shall have the right, at its own expense and sole discretion as the Authorized User's exclusive remedy to take action in the following order of precedence: (i) to procure for the State the right to continue using such item(s) or part (s) thereof, as applicable; (ii) to modify the component so that it becomes non-infringing equipment of at least equal quality and performance; or (iii) to replace said item(s) or part(s) thereof, as applicable, with non-infringing components of at least equal quality and performance, or (iv) if none of the foregoing is commercially reasonable, then provide monetary compensation to the State up to the dollar amount of the Contract.

For all other claims against the Contractor where liability is not otherwise set forth in the Contract as being "without limitation", and regardless of the basis on which the claim is made, Contractor's liability for direct damages, shall be the greater of \$100,000, the dollar amount of the Contract, or two (2) times the charges rendered by the Contractor under the Contract. Unless otherwise specifically enumerated herein or in the work order mutually agreed between the parties, neither party shall be liable to the other for special, indirect or consequential damages, including lost data or records (unless the Contractor is required to back-up the data or records as part of the work plan), even if the party has been advised of the possibility of such damages. Neither party shall be liable for lost profits, lost revenue or lost institutional operating savings.

The State and Authorized User may, in addition to other remedies available to them at law or equity and upon notice to the Contractor, retain such monies from amounts due Contractor, or may proceed against the performance and payment bond, if any, as may be necessary to satisfy any claim for damages, penalties, costs and the like asserted by or against them.

2.5 STAFF INSURANCE

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors. The cost of such insurance shall be included in the total contract amount included in Section 5.0. For insurance requirements, refer to Attachment I.

2.6 LICENSES AND PERMITS

Contractor shall secure and maintain all licenses and permits, and pay inspection fees required to do the work required to complete this contract.

2.7 SECURITY

Contractor's personnel will comply with all security regulations in effect at the State's premises, the Information Security Policy at <http://www.doa.la.gov/Pages/ots/InformationSecurity.aspx> and

externally for materials and property belonging to the State or to the project. Contractor is responsible for reporting any breach of security to the State promptly.

2.8 TAXES

Contractor is responsible for payment of all applicable taxes from the funds to be received under this contract. Contractor's federal tax identification number is 27-0610235.

2.9 CONFIDENTIALITY

All financial, statistical, personal, technical and other data and information relating to the State's operations which are designated confidential by the State and made available to the Contractor in order to carry out this Contract, or which becomes available to the Contractor in carrying out this contract, shall be protected by the Contractor from unauthorized use and disclosure through the observance of the same or more effective procedural requirements as are applicable to the State. Contractor shall not be required to keep confidential any data or information which is or becomes publicly available, is already rightfully in the Contractor's possession, is independently developed by the Contractor outside the scope of this Contract, or is rightfully obtained from third parties.

3.0 TECHNICAL REQUIREMENTS

3.1 STATEMENT OF WORK

Contractor will perform services according to the terms of this Contract and according to the Statement of Work (SOW) in Section 1.1.

3.2 CONFIGURATION REQUIREMENTS

Contractor will continue to provide its software to run in LOSFA's existing hardware environment. LOSFA's environment includes a test and production webserver with a DB2 database connection to a System I solution. Contractor shall run the test and production software on a Windows 2012 R2 a 64 bit 2012r2 OS with 16 Gb of RAM, using IIS 8.5.9600.16384. Contractor will have access to both test and production environments via user logins and appropriate access to the System I. Contractor will access the environment via the local network via a Domain user account which expires normally. This domain account has Virtual Private Network (VPN) Users Access Control List (ACL) assigned to it so that the Contractor can access the systems needed. Any changes to the hardware environment will be initiated by LOSFA and agreed upon by Contractor.

3.4 QUALITY ASSURANCE REVIEWS

State reserves the right to conduct Quality Assurance Reviews at appropriate checkpoints throughout the contract period. Contractor will facilitate the review process by making staff and information available as requested by the reviewers at no additional cost to the State. State has the ability to request a review, at Contractor's expense, of Contractor's internal controls and processes

to determine that the vendor's operations meet LOSFA's requirements for performance and security.

3.5 CONTRACTOR RESOURCES

Contractor agrees to provide the key personnel. Contractor shall assign staff who possess the knowledge, skills, and abilities to successfully perform assigned tasks.

3.6 STATE PROJECT DIRECTOR

State shall appoint a Project Director for this Contract who will provide oversight of the activities conducted hereunder. LOSFA's Director of Information Technology, currently Alice T. Brown, or her successor, or a person appointed by LOSFA's Executive Director in writing to be LOSFA's Project Director for this contract (hereinafter "LOSFA's Project Director") shall be the principal point of contact on behalf of the State and will be the principal point of contact for Contractor concerning Contractor's performance under this Contract.

3.7 STATE FURNISHED RESOURCES

State will make available to the Contractor for use in fulfillment of this contract web development, networking, operations, and application programmer resources.

3.8 STATE STANDARDS AND GUIDELINES

Contractor shall comply with State standards and guidelines related to systems development, installation, software distribution, security, networking, and usage of State resources.

4.0 ACCEPTANCE OF DELIVERABLES

Contractor will provide consulting services to assist LOSFA in the administration of the Programs. The contractor will provide consulting services when requested between 8:00AM and 4:30PM Central Time Monday through Friday. Response time for these services will be at a maximum of 24 hours.

5.0 COMPENSATION AND MAXIMUM AMOUNT OF CONTRACT

A. LOSFA agrees to pay to Contractor an annual license fee of \$60,000 for the use of the 529 Saving Plan Administrative System, 529a Saving Plan Administrative System, and the Web Enabling Interface Module. The annual license fee as set forth above may be increased by no more than three percent (3%) annually. The amount paid under this contract for license fees shall not exceed \$185,454 for a three (3) year period.

B. In consideration of other services required by this Contract, LOSFA hereby agrees to pay to ThoughtSpan a maximum amount of \$300,000.00 for the costs of enhancements/modifications, to be billed at the rate of \$150 per hour actually worked. Payment will be made only on approval of LOSFA's Project Director and upon approval of the Office of State Purchasing.

C. The maximum amount of this Contract (\$485,454) may not be increased except as provided in Section 2.2 Contract Modifications of this contract.

D. ThoughtSpan shall submit monthly invoices during each month that it performs billable work under this Contract. With each invoice, ThoughtSpan shall submit time sheets to LOSFA's Project Director indicating effort expended and work performed by each member of its staff participating in this Contract. Time sheets shall, at a minimum, identify the name of the individual performing the work, the number of hours worked during the period by task, and provide a brief description of the tasks performed.

E. Each invoice must be approved by LOSFA's Project Director. LOSFA shall make payment to ThoughtSpan for each approved invoice within thirty (30) days of receipt.

F. ThoughtSpan shall be responsible for all of its out-of-pocket expenses, including, but not limited to, airfare, lodging, meals, car rentals and parking and taxi expenses.

G. In the event this Contract is terminated in accordance with the Termination of this Contract for Convenience Section or Fiscal Funding Section of this Contract, LATA shall be obligated to pay for work actually performed by ThoughtSpan through the last day before the day of termination.

H. Late payments - Interest due by the State Agency for late payments shall be in accordance with La. R.S. 39:1695 at the rates established in La. 13:4202.

6.0 TERMINATION

6.1 TERMINATION FOR CAUSE

State may terminate this Contract for cause based upon the failure of Contractor to comply with the terms and/or conditions of the Contract; provided that the State shall give the Contractor written notice specifying the Contractor's failure. If within thirty (30) days after receipt of such notice, the Contractor shall not have either corrected such failure or, in the case of failure which cannot be corrected in thirty (30) days, begun in good faith to correct said failure and thereafter proceeded diligently to complete such correction, then the State may, at its option, place the Contractor in default and the Contract shall terminate on the date specified in such notice. Contractor may exercise any rights available to it under Louisiana law to terminate for cause upon the failure of the State to comply with the terms and conditions of this contract; provided that the Contractor shall give the State written notice specifying the State's failure and a reasonable opportunity for the state to cure the defect.

6.2 TERMINATION FOR CONVENIENCE

The State of Louisiana may terminate this Contract for convenience at any time without penalty (1) by giving thirty (30) days written notice to the Contractor of such termination; or (2) by negotiating with the Contractor an effective date. The State shall pay the Contractor for, if applicable: (a) deliverables in progress; (b) the percentage that has been completed satisfactorily;

and, (c) for transaction-based services up to the date of termination, to the extent work has been performed satisfactorily.

7.0 CONTRACT CONTROVERSIES

Any claim or controversy arising out of this contract shall be resolved by the provisions of La. Revised Statute 39:1671-1673.

8.0 TERMINATION FOR NON-APPROPRIATION OF FUNDS

The continuation of this contract is contingent upon the appropriation of funds by the legislature to fulfill the requirements of the contract. If the legislature fails to appropriate sufficient monies to provide for the continuation of the contract, or if such appropriation is reduced by the veto of the Governor or by any means provided in the appropriations act or Title 39 of the Louisiana Revised Statutes of 1950 to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the contract, the contract shall terminate on the date of the beginning of the first fiscal year for which funds have not been appropriated. Such termination shall be without penalty or expense to the State except for payments which have been earned prior to the termination.

9.0 OWNERSHIP OF PRODUCT

Upon completion of this contract, or if terminated earlier, all software, data files, documentation, records, worksheets, or any other materials related to this contract shall become the property of State. All such software, records, worksheets, or materials shall be delivered to the State within thirty days of the completion or termination of this contract.

10.0 ASSIGNMENT

No contractor shall assign any interest in this contract by assignment, transfer, or novation, without prior written consent of the State. This provision shall not be construed to prohibit the contractor from assigning his bank, trust company, or other financial institution any money due or to become due from approved contracts without such prior written consent. Notice of any such assignment or transfer shall be furnished promptly to the State.

11.0 RIGHT TO AUDIT

Contractor grants to the Office of the Legislative Auditor, Inspector General's Office, the Federal Government, and any other duly authorized agencies of the State where appropriate the right to inspect and review all books and records pertaining to services rendered under this contract for a period of five (5) years from the date of final payment or as required by applicable State or Federal Law. Contractor shall comply with federal and/or state laws authorizing an audit of Contractor's operation as a whole, or of specific program activities.

12.0 RECORD RETENTION

Contractor agrees to retain all books, records, and other documents relevant to this contract and the funds expended hereunder for a period of at least five (5) years after final payment, or as required by applicable State or Federal law, if Federal funds are used to fund this contract.

13.0 AMENDMENTS IN WRITING

Any alteration, variation, modification, or waiver of provisions of this contract shall be valid only when they have been reduced to writing, duly signed. No amendment shall be valid until it has been executed by all parties and approved by the Director of the Office of State Procurement, Division of Administration.

14.0 FUND USE

Contractor agrees not to use funds received for services rendered under this Contract to urge any elector to vote for or against any candidate or proposition on an election ballot nor shall such funds be used to lobby for or against any proposition or matter having the effect of law being considered by the Louisiana Legislature or any local governing authority. This provision shall not prevent the normal dissemination of factual information relative to a proposition on any election ballot or a proposition or matter having the effect of law being considered by the Louisiana Legislature or any local governing authority.

15.0 COMPLIANCE WITH CIVIL RIGHTS LAWS

Contractor agrees to abide by the requirements of the following as applicable: Title VI of the Civil Rights Act of 1964 and Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Federal Executive Order 11246 as amended, the Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, the Fair Housing Act of 1968 as amended, and Contractor agrees to abide by the requirements of the Americans with Disabilities Act of 1990.

Contractor agrees not to discriminate in its employment practices, and will render services under this contract without regard to race, color, religion, sex, sexual orientation, national origin, veteran status, political affiliation, disability, or age in any matter relating to employment. Any act of discrimination committed by Contractor, or failure to comply with these statutory obligations when applicable shall be grounds for termination of this contract.

16.0 HEADINGS

Descriptive headings in this contract are for convenience only and shall not affect the construction or meaning of contractual language.

17.0 APPLICABLE LAW

This Contract shall be governed by and interpreted in accordance with the laws of the State of Louisiana. Venue of any action brought with regard to this Contract shall be in the Nineteenth Judicial District Court, parish of East Baton Rouge, State of Louisiana.

18.0 CODE OF ETHICS

The contractor acknowledges that Chapter 15 of Title 42 of the Louisiana Revised Statutes (La. R.S. 42:1101 et. seq., Code of Governmental Ethics) applies to the Contracting Party in the performance of services called for in this Contract. The Contractor agrees to immediately notify the state if potential violations of the Code of Governmental Ethics arise at any time during the term of this Contract.

19.0 WAIVER

Waiver of any breach of any term or condition of this Contract shall not be deemed a waiver of any prior or subsequent breach. No term or condition of this Contract shall be held to be waived, modified or deleted except by the written consent of both parties.

20.0 SEVERABILITY

If any term or condition of this Contract, or the application thereof, is held invalid, such invalidity shall not affect other terms, conditions or applications which can be given effect without the invalid term, condition or application; to this end the terms and conditions of this Contract are severable.

21.0 CONTRACTOR'S CERTIFICATION OF NO FEDERAL SUSPENSION OR DEBARMENT

Contractor has a continuing obligation to disclose any suspensions or debarment by any government entity, including but not limited to General Services Administration (GSA). Failure to disclose may constitute grounds for suspension and/or termination of this Contract and debarment from future contracts.

22.0 CONTRACTOR'S COOPERATION/CLOSE-OUT

The Contractor has the duty to fully cooperate with the State and provide any and all requested information, documentation, etc. to the State when requested. This applies even if this Contract is terminated and/or a lawsuit is filed. Specifically, the Contractor shall not limit or impede the State's right to audit or to withhold State owned documents.

23.0 SECRETARY OF STATE REGISTRATION REQUIREMENT

In accordance with Louisiana law, all corporations (see La. R.S. 12:262.1) and limited liability companies (see La. R.S. 12:1308.2) must be registered and in good standing with the Louisiana Secretary of State in order to hold a purchase order and/or a contract with the State.

24.0 PROHIBITION OF DISCRIMINATORY BOYCOTTS OF ISRAEL

In accordance with Executive Order Number JBE 2018-15, effective May 22, 2018, for any contracts with a value of \$100,000 or more and for any Contractor with 5 or more employees, the Contractor certifies that it is not engaging in a boycott of Israel and it will, for the duration of its contractual obligations, refrain from a boycott of Israel.

25.0 TURNOVER

Contractor shall establish a turnover plan and implement the complete turnover of this system in the event that another Contractor is awarded a Contract upon expiration or termination of this Contract.

26.0 BACKGROUND CHECKS

Contractor agrees that it will conduct a background check on all personnel prior to such personnel undertaking any action in connection with this Contract. Contractor agrees that it shall not knowingly permit any of its personnel to have access to the records or data of the State when such personnel: (i) uses drugs illegally; or (ii) has been convicted of a crime in connection with a dishonest act or a breach of trust.

27.0 COMPLETE CONTRACT

This is the complete Contract between the parties with respect to the subject matter and all prior discussions and negotiations are merged into this Contract. This Contract is entered into with neither party relying on any statement or representation made by the other party not embodied in this Contract and there are no other agreements or understanding changing or modifying the terms. This Contract shall become effective upon final statutory approval.

IN WITNESS WHEREOF, the parties have executed this Contract as of the Effective Date. Each person who signs this Contract below represents that such person is fully authorized to sign this Contract on behalf of the applicable party

Accepted By:

ThoughtSpan Technology LLC



Signature

MONROE LIMER

Name

PRESIDENT

Title

5-8-2019

Date

Accepted By:

Louisiana Board of Regents



Signature

Kim H Reed

Name

Commissioner of Higher Education

Title

5/16/2019

Date

APPROVED
DIVISION OF ADMINISTRATION
OFFICE OF STATE PROCUREMENT

LOG NO: 19 04 009

DATE: May 20 2019

BY: Michael M. Sommer

for STATE DIRECTOR OF PROCUREMENT

ATTACHMENT I INSURANCE REQUIREMENTS FOR CONTRACTORS

Insurance shall be placed with insurers with an A.M. Best's rating of no less than A-: VI. This rating requirement shall be waived for Workers' Compensation coverage only. The Contractor shall purchase and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, its agents, representatives, employees or subcontractors.

1. Minimum Scope and Limits of Insurance

a. Workers' Compensation

Before any work is commenced, the Contractor shall maintain during the life of the contract, Workers' Compensation insurance which shall comply with the Workers' Compensation laws of Louisiana and of the State of the Contractor's headquarters. Employers' Liability is included with a minimum limit of \$500,000 per accident/per disease/per employee.

b. Commercial General Liability

The Contractors shall maintain during the life of the contract, such Commercial General Liability insurance, including Personal and Advertising Injury Liability, which shall have a minimum limit per occurrence of \$1,000,000 and a minimum general aggregate of \$2,000,000. The Insurance Services Office (ISO) Commercial General Liability occurrence coverage form CG 00 01 (current form approved for use in Louisiana), or equivalent, is to be used in the policy. Claims-made form is unacceptable.

c. Automobile Liability

The Contractor shall maintain during the life of the contract, such Automobile Liability Insurance which shall have a minimum combined single limit per occurrence of \$1,000,000. ISO form number CA 00 01 (current form approved for use in Louisiana), or equivalent, is to be used in the policy. This insurance shall include third-party bodily injury and property damage liability for owned, hired and non-owned automobiles.

d. Professional Liability (Errors and Omissions)

The Contractor shall maintain during the life of the contract, such Professional Liability (Error & Omissions) insurance, which covers the professional errors, acts, or omissions of the Contractor, shall have a minimum limit of \$1,000,000. Claims-made coverage is acceptable. The date of the inception of the policy must be no later than the first date of the anticipated work under the contract. It shall provide coverage for the duration of the contract and shall have an expiration date no later than thirty (30) calendar days after the anticipated completion of the contract. The policy shall provide an extended reporting period of not less than twenty-four (24) months, with full reinstatement of limits, from the expiration date of the policy.

e. Cyber Liability

Cyber liability insurance, including first-party costs, due to an electronic breach that compromises the State's confidential data shall have a minimum limit per occurrence of \$3,000,000. Claims-made coverage is acceptable. The date of the inception of the policy must be no later than the first date of the anticipated work under this contract. It shall provide coverage for the duration of this contract and shall have an expiration date no earlier than 30 days after the anticipated completion of the contract. The policy shall provide an extended reporting period of not less than 24 months from the expiration date of the policy, if the policy is not renewed. The policy shall not be cancelled for any reason, except non-payment of premium.

2. Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to and accepted by the State. The Contractor shall be responsible for all deductibles and self-insured retentions.

3. Other Insurance Provisions

The policies are to contain, or be endorsed to contain, the following provisions:

a. **General Liability and Automobile Liability Coverage**

- i. The Department, its officers, agents, employees and volunteers shall be named as an additional insured as regards negligence by the Contractor. ISO Form CG 20 10 (current form approved for use in Louisiana), or equivalent, is to be used when applicable. The coverage shall contain no special limitations on the scope of protection afforded to the Department.
- ii. The Contractor's insurance shall be primary as respects the Department, its officers, agents, employees and volunteers. Any insurance or self-insurance maintained by the Department shall be excess and non-contributory of the Contractor's insurance.
- iii. The Contractor's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the policy limits.

b. **Workers' Compensation and Employers' Liability Coverage**

The insurer shall agree to waive all rights of subrogation against the Department, its officers, agents, employees and volunteers for losses arising from work performed by the Contractor for the Department.

c. **All Coverage**

- i. Coverage shall not be canceled, suspended, or voided by either party (the Contractor or the insurer) or reduced in coverage or in limits except after thirty (30) calendar days written notice has been given to the Department. Ten (10)-day written notice of cancellation is acceptable for non-payment of premium. Notifications shall comply with the standard cancellation provisions in the Contractor's policy.

- ii. Neither the acceptance of the completed work nor the payment thereof shall release the Contractor from the obligations of the insurance requirements or indemnification agreement.
- iii. The insurance companies issuing the policies shall have no recourse against the Department for payment of premiums or for assessments under any form of the policies.
- iv. Any failure of the Contractor to comply with reporting provisions of the policy shall not affect coverage provided to the Department, its officers, agents, employees and volunteers.

4. Acceptability of Insurers

All required insurance shall be provided by a company or companies lawfully authorized to do business in the jurisdiction in which the Project is located. Insurance shall be placed with insurers with an A.M. Best's rating of **A-: VI or higher**. This rating requirement may be waived for workers' compensation coverage only.

If at any time an insurer issuing any such policy does not meet the minimum A.M. Best rating, the Contractor shall obtain a policy with an insurer that meets the A.M. Best rating and shall submit another Certificate of Insurance as required in the contract.

5. Verification of Coverage

The Contractor shall furnish the Department with Certificates of insurance reflecting proof of required coverage. The Certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The Certificates are to be received and approved by the Department before work commences and upon any contract renewal thereafter.

In addition to the Certificates, Contractor shall submit the declarations page and the cancellation provision endorsement for each insurance policy. The Department reserves the right to request complete certified copies of all required insurance policies at any time.

Upon failure of the Contractor to furnish, deliver and maintain such insurance as above provided, the contract, at the election of the Department, may be suspended, discontinued or terminated. Failure of the Contractor to purchase and/or maintain any required insurance shall not relieve the Contractor from any liability or indemnification under the contract.

6. Subcontractors

The Contractor shall include all subcontractors as insured under its policies OR shall be responsible for verifying and maintaining the Certificates provided by each subcontractor. Subcontractors shall be subject to all of the requirements stated herein. The Department reserves the right to request copies of subcontractor's Certificates at any time.

7. Workers' Compensation Indemnity

In the event Contractor is not required to provide or elects not to provide workers' compensation coverage, the parties hereby agree that Contractor, its owners, agents and employees will have no cause of action against, and will not assert a claim against, the State of Louisiana, its departments, agencies, agents and employees as an employer, whether pursuant to the Louisiana Workers' Compensation Act or otherwise, under any circumstance. The parties also hereby agree that the State of Louisiana, its departments, agencies, agents and employees shall in no circumstance be, or considered as, the employer or statutory employer of Contractor, its owners, agents and employees. The parties further agree that Contractor is a wholly independent Contractor and is exclusively responsible for its employees, owners, and agents. Contractor hereby agrees to protect, defend, indemnify and hold the State of Louisiana, its departments, agencies, agents and employees harmless from any such assertion or claim that may arise from the performance of this contract.

Office of State Procurement
State of Louisiana
Division of Administration

JOHN BEL EDWARDS
GOVERNOR



JAY DARDENNE
COMMISSIONER OF ADMINISTRATION

May 22, 2019

Ms. Karen Whitworth
Board of Regents
Louisiana Office of Student Financial Assistance
602 North Fifth Street
Baton Rouge, LA 70802

RE: PST Log #19 04 009 – Thoughtspan Technology LLC Software License Contract for the Board of Regents, Louisiana Office of Student Financial Assistance (BOR/LOSFA)

Dear Ms. Whitworth:

The Software License Contract between Thoughtspan Technology LLC and the Board of Regents has been statutorily approved and two (2) fully executed original copies of the contract and two (2) copies of Purchase Order Number 2000417004 are enclosed. Please forward one (1) copy of the contract and the original copy of the purchase order to Thoughtspan Technology LLC and maintain one (1) copy of each for your records.

If you have any questions regarding this matter, please contact me at (225) 342-8029 or at felicia.sonnier@la.gov.

Sincerely,

A handwritten signature in blue ink that reads "Felicia M. Sonnier".

Felicia M. Sonnier, CPPB
Assistant Director

Enclosure(s)