

HEALTHCARE AND SOCIAL SERVICES DISASTER ASSISTANCE

Mental Health Services for Adults

- The Louisiana Department of Health and Hospitals (DHH) would provide \$9,625,000 in mental health services for adults in response to Hurricanes Gustav and Ike, these services would include counseling, assertive community treatment, intensive and regular case management, consumer care resources, outreach services, crisis line, crisis intervention team, crisis transportation services, crisis triage center, crisis respite, day treatment program, mobile crisis teams, 23-hour crisis intervention unit, transitional housing, intensive sheltering program, disaster assistance, and suicide prevention hotline.

Mental Health Services for Children

- In response to Hurricanes Gustav & Ike, DHH would provide \$3,250,000 in mental health services for children, which would include counseling, assertive community treatment, school-based mental health services, case management, family preservation services, in-home crisis stabilization, crisis prevention services, transportation services, after-school mentoring and summer camp programs, crisis and planned respite, suicide prevention services, crisis hot line, juvenile justice diversion programs, multi-systemic therapy, crisis housing for adolescents and wraparound services.

Addictive Disorder Treatment and Prevention

- In response to Hurricanes Gustav & Ike, DHH would provide \$5,125,000 in addictive disorder treatment and prevention services, which would include group therapy/counseling, educational group, drug screening collection, individual therapy/counseling, psychosocial evaluation/ASI, TB service, medical history, other evaluation/assessment services, STD service other than HIV, contact, physical evaluation, psychiatric evaluation, group screening, medication management, transportation, lab work, HIV services, alternate activities, family therapy/counseling, collateral contact, psychological evaluation, recreational/art therapy, couple therapy/counseling, child care, medication injection, methadone monitoring, individual screenings and case coordination.

Developmentally Disabled and Adult and Aging Population

- In response to Hurricanes Gustav and Ike, DHH would provide \$2,000,000 in programs assisting the disabled and adult aging population, which would prevent or reduce inappropriate institutionalization of these populations. Services would include residential services, therapies, dental services, community support teams, counseling services, psychiatric services and medical services.

Preventive and Primary Health Care

- In response to the hurricanes, DHH would conduct \$5,000,000 in preventive and primary health care, targeted at helping the most devastated parishes restore the infrastructure and resume the availability of basic preventive and primary care services.

Health Treatment for Children and Families

- Hurricanes Gustav and Ike caused an estimated \$4,590 in damages per foster home. It will require the Department of Social Services about \$25,000,000 to assist foster homes

in repairing damage to over 1000 foster homes, over 25 facilities, 500 relative placement homes, and 1800 families in family preservation, to replace lost or damaged property including educational supplies and medical equipment for the 3,000 foster children and 2,000 in family preservation programs who evacuated during the storm.

In addition to these prospective costs for essential recovery services, the Louisiana Department of Health and Hospitals project that it already expended about \$33.8 million (Table 1) from August 27 to September 15, 2008 as a result of Hurricane Gustav. These costs are a result of storm related activities by the department's program offices, including the Office of Public Health, Office of Mental Health, Office of Aging and Adult Services, Office of Addictive Disorders, Office of Citizens with Developmental Disabilities and the Louisiana Medicaid program.

Table 1 – DHH Gustav & Ike Expenditure Projection

<i>Agency Name:</i>	<i>Gustav & Ike Total:</i>
Jefferson Parish Human Services Authority	\$21,900
Florida Parishes Human Services Authority	\$43,999
Capital Area Human Services District	\$1,718,091
Dev Disabilities Council	\$7,000
Metropolitan Human Services District	\$160,100
Medical Vendor Payments	\$642,502
Office of the Secretary	\$2,384,340
Office of Aging and Adult Services	\$511,422
LERN Board	\$75,198
Office of Public Health	\$22,671,840
Office of Mental Health	\$179,863
Mental Health Area C	\$1,051,089
Mental Health Area B	\$1,583,500
Mental Health Area A	\$888,067
Office of Citizens with Development Disorder	\$1,669,170
Office for Addictive Disorders	\$228,141
Total	\$33,836,222

**** The above projections do not include the costs associated with DHH Food Stamp Assistance.**

DHH reports that an estimated \$7 million is needed from CMS (Table 2) to compensate the Louisiana Department of Health and Hospitals, the Louisiana Medicaid agency, for additional state matching funds expended by the Medicaid program as a result of the lifting of certain restrictions, between August 27, 2008 and September 30 2008, that were in the Louisiana Medicaid State Plan and which would have restricted access to medical care to Medicaid enrollees in the aftermath of Hurricanes Gustav and Ike had those restrictions not been lifted. Examples of restrictions lifted were prior authorization of hospital services in out of state hospitals; limitations on length of stay for hospital services; prior authorization, prescription limits, early refill limits and co-pay requirements for drugs; and limitations on licensed bed capacity for nursing homes. These actions were approved by CMS effective August 27, 2008 under a Section 1135 waiver authorized by a declaration of a Public Health Emergency by DHHS Secretary Michael Leavitt.

Table 2 – LA Medicaid Program - Medical Vendor Private Provider Payments (Gustav)

<i>Private Providers</i>	<i>Est. Per Day</i>	<i>8/27 – 9/30 (35 days)</i>
Adult Dentures	889	31,127
Case Management Services	0	0
Certified RN Anesthetists	0	0
Durable Medical Equipment	4,610	161,358
EPSDT (Screening and Early Diagnosis)	17,252	603,827
Family Planning	0	0
Federally Qualified Health Centers	4,963	173,706
Hemodialysis Services	0	0
Home Health Services	7,992	279,735
Hospice Services	10,922	382,274
Hospital – Inpatient Services	176,771	6,186,971
Hospital – Outpatient Services	0	0
ICF-MR-MR/DD Community Homes	0	0
Laboratory and X-Ray Services	0	0
LT – PCS	45,205	1,582,177
Mental Health – Inpatient Services	4,151	145,279
Mental Health – Rehabilitation	7,204	252,143
Nursing Homes	80,612	2,821,412
PACE	0	0
Pharmaceutical Products and Services	120,657	4,222,999
Physician Services	91,946	3,218,123
Rural Health Clinics	8,178	286,226
Transportation – Emergency – Ambulance	0	0
Transportation: Non-Emergency-Ambulance	0	0
Transportation: Non-Emergency-Non-Ambulance	2,650	92,753
Waiver-Adult Day Health	1,700	59,513
Waiver: Adult Residential Care	0	0
Waiver: Children’s	2,132	74,606
Waiver: Elderly & Disabled Adults	11,768	411,894
Waiver: Family Planning	1,329	46,504
Waiver: NOW (MR/DD) – Community Service	74,601	2,611,027
Waiver: Residential Options (ROW)	0	0
Waiver: Supports	3,282	114,862
Medical Home	2,625	91,867
Other Private Providers	3,282	114,862
Sub-Total Private Providers	\$681,440	\$23,850,383
State Funds	\$193,529	\$6,773,509
Federal Funds	\$487,911	\$17,076,874

Source: Division of Health Economics; Louisiana Department of Health and Hospitals

The State of Louisiana also supports efforts by hospitals, nursing homes, federally qualified health centers and ambulance providers to recover costs not recoverable by insurance or FEMA related to evacuation and recovery. Further, the state strongly supports creation of an infrastructure hardening program, which will assist our safety net hospitals, nursing homes and medical special needs shelters with power generation and other necessary improvements that would reduce the need for mass evacuations in areas not directly threatened by major hurricane force winds or flooding. The state believes by making this infrastructure investment now, it will substantially reduce federal costs in the future, as well as reduce the likelihood for infrastructure failure.