

Here are the details of the proposed cuts that were submitted as part of LDH's budget for 2017-18:

1 Means of Financing Substitution - swap State General Fund for Self-generated Revenues from anticipated family cost participation collections.

Action required: Additional budget authority for Self-Generated Revenues.

2 Eliminate established medical conditions from current eligibility criteria:

**Developmental Apraxia** 

Prematurity for children over 1-yr age and children over 33 wks. gestation

General categories related to substance exposure

**Brachial Plexus Injury and Torticollis** 

Cleft Lip and Palate post-surgery

Hearing or Vision loss (unilateral loss only)

Action required: Update USDOE-approved eligibility criteria policy; requires public comment.

2 Close cases for families who have exceeded 120 days of non-payment on cost participation accounts. The current process for late payment is to attempt to collect some or all of the debt. This proposal recommends that after the 1st attempt to collect, the services would cease for the child.

Action required: Law allows for suspension or termination after 3 months.

3 Reduce required number of team meetings for children in their second year of services (excluding transition year) to 1 per year.

Action required: Revision to policy manual; notification to providers and support coordinators.

4 Remove the maximum income cap of 500% FPL up to full amount of service cost based on family income (Use \$2,100 estimated cost per child here to account for certain exclusions)

Action required: Requires a data system coding change in how we apply income schedule that determines hourly service cost to the participant.

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