

State and Local Government in Louisiana: An Overview 2012-2016 Term

CHAPTER 2 — STATE GOVERNMENT FUNCTIONS

Part D. Health and Social Services Department of Health and Hospitals

The state's health programs are administered by the Department of Health and Hospitals (DHH). This agency was created in 1988 when health programs were split from the larger Department of Health and Human Resources (DHHR, which had been established in the 1970s) and placed under the newly-formed DHH.

The organization, purpose, and functions of DHH are provided in Chapter 6 of Title 36 (Organization of Executive Branch of State Government) of the Louisiana Revised Statutes of 1950 (R.S. 36:251 through 259).

In addition to administering the services and programs described in this section, DHH is responsible for licensing of the state's health-related professionals; health facilities such as hospitals and nursing homes; institutions for persons with developmental

Boards and Commissions in DHH

- Addictive Disorder Regulatory Authority
- Child Death Review Panel
- Chiropractic Examiners, Louisiana Board of
- Deaf, Louisiana Commission for the
- Dentistry, Louisiana State Board of
- Developmental Disabilities Council, Louisiana
- Diabetes Advisory Council, Louisiana
- Dietetics and Nutrition, Louisiana State Board of Examiners in
- Embalmers and Funeral Directors, Louisiana State Board of
- Emergency Medical Services Certification Commission, Louisiana
- Emergency Medical Services for Children Advisory Council
- Fluoridation Advisory Board
- Health Education Authority of Louisiana (HEAL)
- Hearing Aid Dealers, Louisiana Board for
- Licensed Professional Counselors Board of Examiners, Louisiana
- Licensed Professional Vocational Rehabilitation Counselors Board of Examiners, Louisiana
- Massage Therapy, Louisiana Board of
- Medicaid Pharmaceutical and Therapeutics Committee
- Medical Examiners, Louisiana State Board of
- Nursing Facility Administrators, Board of Examiners for
- Nursing, Louisiana State Board of
- Obesity Prevention and Management, Louisiana Council on
- Optometry Examiners, Louisiana State Board of
- Perinatal Care and Prevention of Infant Mortality, Commission on
- Pharmacy, Louisiana Board of
- Physical Fitness and Sports, Governor's Council on
- Physical Therapy Board, Louisiana
- Practical Nurse Examiners, Louisiana State Board of
- Psychologists, Louisiana State Board of Examiners of
- Radiologic Technology Board of Examiners
- Sanitarians, Louisiana State Board of Examiners for
- Social Work Examiners, Louisiana State Board of
- Speech-Language Pathology and Audiology, Louisiana Board of Examiners for
- Traumatic Head and Spinal Cord Injury Trust Fund Advisory Board
- Veterinary Medicine, Louisiana Board of
- Water Supply and Sewerage Systems Certification Committee
- Wholesale Drug Distributors, Louisiana Board of

disabilities; systems of distribution for controlled dangerous substances; and child care institutions funded under Title XIX of the Social Security Act.

Medicaid

DHH is responsible for state-level administration of the Medical Assistance Program provided for in Title XIX of the Social Security Act, which is commonly known as "Medicaid." The Bureau of Health Services Financing is the DHH division which administers the Medicaid program.

Title XIX of the Social Security Act was enacted by Congress in 1965 to provide funding to states for medical assistance to needy individuals and families. Medicaid was established for three main purposes:

- (1) To finance health care for selected groups of persons who could not otherwise afford adequate care.
- (2) To shift the delivery of much of this care from public hospitals to health facilities and services in the private sector.
- (3) To extend publicly-funded medical assistance to include in the future all individuals who could be identified as medically indigent.

In contrast to "Medicare" (established in Title XVIII of the Social Security Act), which is a federal insurance program serving primarily those over age 65, Medicaid is a federal and state program for low-income people of every age. By federal policy, each state has a measure of discretion in determining eligibility standards; the type, amount, duration, and scope of services; and the rate of payment for services.

Eligible persons enrolled in the Medicaid program receive a card to present to participating health care providers indicating that the cost of covered services to the individual will be paid directly to the provider by DHH with Medicaid funds. There is no charge to the patient for covered services.

The overall cost of each state's Medicaid program is shared by the federal government and the respective state governments in ratios that are set for each state based on the relationship between the state's per capita income and the national per capita income. The formula (called the Federal Medical Assistance Percentage or "FMAP") moves, with a lag, to reflect the changing economic conditions of states. In Federal Fiscal Year 2011, state FMAP rates ranged from 50.00% (numerous states) to 74.73% (Mississippi). Louisiana's FMAP was 63.61% in Federal Fiscal Year 2011, ranking as the 22nd-highest rate in the nation.

As of August, 2011, there were over 1.2 million Medicaid recipients in Louisiana, with approximately 56.9% of the total enrollment figure consisting of children.

In State Fiscal Year 2012, the Medicaid program accounted for \$6.7 billion - or 25.5% - of Louisiana's overall \$26.3 billion operating budget.

Medicaid Eligibility

Federal law sets the minimum eligibility guidelines for states' Medicaid programs. Mandatory

Medicaid eligibility groups include the following:

- Limited-income families with children, as described in Section 1931 of the Social Security Act, who meet certain eligibility requirements in the state's Aid to Families with Dependent Children (AFDC) plan in effect on July 16, 1996.
- Supplemental Security Income (SSI) recipients; or in States using more restrictive criteria, aged, blind, and disabled individuals who meet criteria which are more restrictive than those of the SSI program and which were in place in the State's approved Medicaid plan as of January 1, 1972.
- Infants born to Medicaid-eligible pregnant women. Medicaid eligibility must continue throughout the first year of life so long as the infant remains in the mother's household and she remains eligible, or would be eligible if she were still pregnant.
- Children under age 6 and pregnant women whose family income is at or below 133% of the Federal poverty level. Once eligibility is established, pregnant women remain eligible for Medicaid through the end of the calendar month in which the 60th day after the end of the pregnancy falls, regardless of any change in family income.
- Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act.
- Certain people with Medicare.
- Special protected groups who may keep Medicaid for a period of time, such as people who lose SSI payments due to earnings from work or increased Social Security benefits; and families who are provided 6 to 12 months of Medicaid coverage following loss of eligibility under Section 1931 due to earnings, or 4 months of Medicaid coverage following loss of eligibility under Section 1931 due to an increase in child or spousal support.

Medicaid Covered Services

Federal law requires generally that services provided by state Medicaid programs include inpatient and outpatient physician services, laboratory and X-ray services, nursing home care, home health care, and family planning. States may also provide for numerous optional services to be covered.

Services covered by Louisiana's Medicaid program include:

- Hospital services: inpatient, outpatient, and emergency room visits.
- Physician services: visits in response to symptoms or diagnosed medical conditions indicating illness, injury, or trauma.
- Immunization services for recipients under age 21.
- Laboratory and X-ray services.
- Long-term care services: residential care in a nursing facility.

- Home and community-based services: alternative services to institutional care, provided to limited numbers of recipients through waiver programs.
- Home health services: part-time skilled nursing services, home health aide services, physical therapy, occupational therapy, and speech therapy provided in the recipient's home.
- Prescription medications: most prescribed drugs are covered. Cosmetic drugs, cough and cold preparations, diet aids, and fertility drugs are not covered.
- Emergency and non-emergency medical transportation.
- Dental services: a full range of dental services are covered for recipients under age 21 in accordance with an approved treatment plan. Services for recipients over age 21 are limited to dentures, denture relines, and denture repairs; and certain dental services for pregnant women.
- Optical services: a full range of optical services are covered for recipients under age 21. Recipients over age 21 are covered for examinations and treatment of eye conditions such as infections or cataracts, but not for routine eye examinations for vision correction or eyeglasses.
- Prenatal care: services offered to Medicaid recipients of child-bearing age, including office visits, laboratory and radiology services, prenatal and postnatal care and delivery.
- Podiatry services: services include office visits, radiology and laboratory services, and diagnostic procedures. Some physician prior authorization requirements, exclusions, and restrictions apply.
- Hospice services: services allowable under Medicare are covered for Medicaid recipients.
- Durable medical equipment: equipment and appliances such as wheelchairs, hospital beds, bathroom safety devices, leg braces, etc., and certain supplies are covered but must be prescribed by a physician and prior-authorized.

Medicaid Waiver Programs

Federal law requires each state administering a Medicaid program to follow specified guidelines regarding services offered, eligibility criteria, and access to care. However, the law also provides that certain requirements may be waived in order to improve the overall quality of care in a state.

"Waiver" programs are special initiatives within a state Medicaid program in which the state establishes a scope of services and criteria for eligibility. The services and eligibility criteria in waiver programs may be different from those of the state's main Medicaid program. Waivers are subject to federal review and approval. The number of available slots for participants in any given waiver program is limited, either by federal mandate or by state funding limitations, and waiting lists are common in these programs.

Louisiana's current waiver programs include the following:

- CommunityCARE 2.0. In effect in certain parishes since 1992 and statewide since 2002,

CommunityCARE 2.0 is a primary care case management (PCCM) program. Through CommunityCARE, primary care physicians receive a per-member per-month payment to manage the care of an enrollee through providing education, preventive care, acute care, and referrals to specialists. CommunityCARE became "CommunityCARE 2.0" in December, 2010, when DHH added pay-for-performance incentives to the program through emergency rulemaking.

- **New Opportunities Waiver.** Administered by the Office for Citizens with Developmental Disabilities, this program provides specific activity-focused services in lieu of continuous custodial care for developmentally disabled individuals.
- **Adult Day Health Care Waiver.** Administered by the Office of Aging and Adult Services, this program is a non-residential alternative to nursing home care for people who do not need care 24 hours per day seven days a week. The program provides supervised care to adults in a supportive and safe setting during part of a day, with clients' needs met through medical and nursing services, medication supervision and administration, social services, personal care, and dietary services.
- **Family Planning Waiver.** Administered by the Bureau of Health Services Financing, this program is called "Take Charge" in Louisiana. The program extends Medicaid eligibility for family planning services to uninsured women, ages 19 through 44, with family income at or below 200 percent of the federal poverty level, who are not otherwise eligible for Medicaid, Medicare, or any other creditable health insurance coverage. The program provides medically necessary services and supplies related to birth control, pregnancy prevention, and preventive services including voluntary sterilization.
- **Supports Waiver.** Administered by the Office for Citizens with Developmental Disabilities, this program provides vocational and habilitation services for developmentally disabled persons. The program also provides services to individuals on the waiting list of the Request for Services Registry who meet disability criteria but have not yet been provided services.
- **Residential Options Waiver.** Administered by the Office for Citizens with Developmental Disabilities, this program provides community living supports, prevocational, respite care out of home, shared living services, support coordination, supported employment, assistive technology, specialized medical equipment and supplies, nursing, and one-time transitional services for individuals with mental retardation, developmental disability, or autism.
- **Community Choices Waiver (known as the Elderly and Disabled Adult Waiver until September, 2011).** Administered by the Office of Aging and Adult Services, this program provides adult day health care, caregiver temporary support, support coordination, assistive devices and medical supplies, environmental accessibility adaptation, home delivered meals, non-medical transportation, nursing, personal assistance services, skilled maintenance therapy, and transition services for physically disabled persons who are aged 21 to 64, and individuals age 65 and older.
- **Children's Choice Waiver.** Administered by the Office for Citizens with Developmental Disabilities, this program provides supplemental support to children with developmental disabilities who live at home with their families, or who will leave an institution to return home.

State Medicaid Reform: Coordinated Care Networks

Under a new initiative called "Coordinated Care Networks" (CCNs), DHH plans to shift more than 800,000 Medicaid recipients - most of whom are children - into privately managed networks for the stated purpose of cost savings and promoting better health outcomes. Medicaid recipients not covered in the CCN program include nursing home residents, home and community-based waiver recipients, Medicare dual eligibles, and recipients enrolled for certain special Medicaid services. Additionally, certain Medicaid covered services such as dental care, behavioral health treatment, and pharmacy will not be managed through CCNs. This move toward managed care for the medically needy represents a shift away from the fee-for-service model under which Louisiana's Medicaid program has operated exclusively to date.

The establishment of CCNs was initially attempted through emergency rulemaking by DHH after final adjournment of the 2010 Regular Session. Subsequent to legislative oversight hearings called by the committees on health and welfare, the department re-promulgated as Notices of Intent the rules establishing CCNs, giving the program a longer implementation timeline and greater opportunities for public input.

The CCN program encompasses health care networks of physicians and hospitals which will form to provide care to patients under a prepaid or shared savings model. Under the prepaid model (CCN-P), a network will receive a monthly fee for each enrollee covered to provide core benefits and services, with prior authorizations and claims payment handled directly through the network. The entities operating prepaid model networks will be responsible for establishing a provider network of primary care physicians, specialists, hospitals and other health care services.

Under the shared savings model (CCN-S), a network manages fee-for-service care delivery and is responsible for coordinating the care of its members. The entity operating the shared savings network retains the savings generated by improved health outcomes and reduced costs. In this model, providers will continue to be paid on a fee-for-service basis by the state Medicaid program.

Pursuant to a request for proposals (RFP) process begun in April, 2011, DHH recommended five companies to contract with the department to administer CCNs in July, 2011. Each contractor will administer a CCN in at least one of three defined geographic service areas in the state. As of this writing, DHH has scheduled the first CNN to begin operating in the New Orleans / Northshore area on January 1, 2012.

Senate Bill 207 of the 2011 Regular Session proposed to add legislative oversight requirements to the CCN program. The bill was finally passed by both houses of the legislature and vetoed by the governor.

Federal Health Reform: Medicaid Implications

Federal health reform legislation enacted in March, 2010 expands Medicaid to cover people with incomes up to 133% of federal poverty guidelines.

In May of 2010, DHH released an estimate indicating that implementation of the law could cost Louisiana taxpayers in excess of \$6 billion over the ten-year period 2014 through 2023. The vast majority of costs to the state will result from an expected increase of over 500,000 newly-

eligible Louisianans joining the state's Medicaid rolls.

For more information on federal health reform, See "Implementation of the Federal Health Insurance Reform of 2010" beginning on page 2H-5.

Louisiana Children's Health Insurance Program (LaCHIP)

The federal Balanced Budget Act of 1997 amended the Social Security Act to create a program providing medical coverage for low-income, uninsured children under the age of 19 called the State Children's Health Insurance Program (SCHIP). This state's version of SCHIP is called the Louisiana Children's Health Insurance Program (LaCHIP). States are authorized to implement the program by providing expanded Medicaid coverage, private health insurance, or a combination of the two. To date, Louisiana has implemented LaCHIP through expanded Medicaid coverage.

As with states' general Medicaid programs, the federal government pays a share of the cost of SCHIP programs. This federal share is called the Enhanced Federal Medical Assistance Percentage or "eFMAP," and is based on states' FMAP percentages. In Federal Fiscal Year 2011, Louisiana's eFMAP for LaCHIP was 74.53%.

Act No. 128 of the 1998 First Extraordinary Session provided that, subject to appropriation, LaCHIP cover children in families with income at or below 133% of the federal poverty level. Act No. 1197 of the 1999 Regular Session authorized an increase in the income eligibility threshold to 200% of the federal poverty level. LaCHIP began covering children from families in this income range in State Fiscal Year 2002. Coverage again expanded in State Fiscal Year 2003 to include coverage of pregnant women with incomes at or below 200% of the federal poverty level through their date of delivery. Act 407 of the 2007 Regular Session authorized the "LaCHIP Affordable Plan," which provides coverage to children in families with incomes up to 250% of the federal poverty level at a cost of \$50 per family per month.

Since the inception of LaCHIP, 461,518 children and pregnant women have been enrolled in the program. LaCHIP's current enrollment (as of September, 2011) is 123,813. According to a 2009 study by LSU researchers entitled "Louisiana's Uninsured Population," the percentage of uninsured children in Louisiana declined from 11.1% to 5.0% from 2003 to 2009, with the decline attributable in large part to the effectiveness of LaCHIP.

Public Health

The statutory purpose of the Office of Public Health (OPH) is provided in R.S. 36:258.

Major OPH divisions and programs include the following:

Administration

- Parish Health Units
- Primary Care and Rural Health
- Emergency Medical Services
- Health Improvement Support

Center for Preventive and Community Health

- Nursing Services
- Infectious Disease Epidemiology
- Maternal and Child Health
- HIV / AIDS / STD Programs
- Immunization
- Nutrition Services

Center for Records and Statistics

- Vital Records
- State Center for Health Statistics

Center for Environmental Health

- Drinking Water Revolving Loan Program
- Engineering Services
- Environmental Epidemiology
- Environmental Health and Emergency Preparedness
- Permit Unit
- Sanitarian Services

Center for Community Preparedness

- Public Health Emergency Preparedness and Response
- Emergency Operations Center
- Medical Social Services

Behavioral Health

The Office of Behavioral Health (OBH) was created by Act No. 384 of the 2009 Regular Session. This legislation formed OBH through a merger of the Office of Mental Health and the Office for Addictive Disorders. The statutory purpose of OBH is provided as follows in R.S. 36:258.

Major OBH divisions and programs include the following:

Addictive Disorders Services

- Prevention Services
- Detox Services (Medical and Social)
- Inpatient and Outpatient Care
- Community-Based Services (e.g. halfway houses, recovery homes, therapeutic community services, three-quarter-way houses)
- Residential Treatment Services
- Services for Women with Dependent Children
- Opiate Treatment Programs
- Compulsive Gambling Treatment

Mental Health Services

- Crisis Management (e.g. telephone counseling and referrals, face-to-face screening and assessment, community housing for stabilization, and crisis respite)
- Day and Psychosocial Rehabilitation
- Family Support Services
- Mental Health Clinics
- Specialized Inpatient Facilities
- Acute Care Units

Citizens with Developmental Disabilities

The statutory purpose of the Office for Citizens with Developmental Disabilities (OCDD) is provided in R.S. 36:258.

Major OCDD divisions and programs include the following:

Home- and Community-Based Services

- Medicaid Waiver Services
 - Children's Choice Waiver
 - New Opportunities Waiver
 - Supports Waiver
 - Residential Options Waiver
- Cash Subsidy (monthly stipends to families of eligible children with severe or profound developmental disabilities from birth to age 18 to help their families meet extraordinary costs, subject to funds availability)
- Individual and Family Support
- Community Support Services
- Resource Centers

Residential Services

- Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)

Aging and Adult Services

The statutory purpose of the Office of Aging and Adult Services (OAAS) is provided in R.S. 36:258.

Major OAAS divisions and programs include the following:

Adult Protective Services (APS)

APS serves adults with disabilities ages 18 to 59 and emancipated minors who live in unlicensed and non-regulated settings, and manages the protective services programs in facilities administered by DHH. APS serves those who have a mental or physical disability that substantially limits their ability to provide for their own care or protection and who live in the community either independently in their own home or with the help of others or in any other place that is not licensed by a governmental regulatory agency. APS is responsible for

investigating and arranging for services to protect adults with disabilities at risk of abuse, neglect, exploitation or extortion. Clients may include people who have mental retardation, mental illness, or substance abuse problems, as well as those with medical problems or physical disabilities.

Home- and Community-Based Services

- Medicaid Waiver Services
 - Community Choices Waiver (known as Elderly and Disabled Adult - or (EDA - Waiver until September 2011)
 - Adult Day Health Care (ADHC) Waiver

Facility-Based Programs

OAAS operates the following nursing facilities which provide 24-hour rehabilitative, restorative, and ongoing skilled-nursing care to patients and residents in need of assistance with activities of daily living:

- John J. Hainkel, Jr. Home and Rehabilitation Center (New Orleans)
- Villa Feliciana Medical Complex (Jackson)

Other Services

- Traumatic Head and Spinal Cord Injury Trust Fund Program

Human Service Districts

Several human service districts have been created throughout the state to provide services addressing mental health, developmental disabilities, and addictive disorders in specific geographic regions. The purpose of these districts is provided for and their service areas are defined in R.S. 36:258.

The state's human services districts and their respective service areas are as follows:

- Jefferson Parish Human Services Authority serves Jefferson Parish.
- Capital Area Human Services District serves the parishes of Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, and West Feliciana.
- Florida Parishes Human Services Authority serves the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington.
- South Central Louisiana Human Services District serves the parishes of Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, and Terrebonne.
- Metropolitan Human Services District serves the parishes of Orleans, St. Bernard, and Plaquemines.
- Northeast Delta Human Services Authority serves the parishes of Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll.

State-Owned Medical Centers (Charity Hospitals)

State-owned medical centers - also known as "charity hospitals" - provide acute general medical, surgical, and psychiatric care to the medically indigent, uninsured, Medicare- or Medicaid-covered patients, and self-paying patients. The hospitals also provide training for physicians, nurses, and allied health professionals in affiliation with Louisiana State University medical schools and other health care educational institutions.

The LSU Health Sciences Center at New Orleans currently manages the following facilities:

- Medical Center of Louisiana / University Medical Center (also known as "Charity Hospital") in New Orleans (**NOTE: See "Transition of Facilities: New Orleans" below)
- Earl K. Long Medical Center in Baton Rouge (**NOTE: See "Transition of Facilities: Baton Rouge" below)
- University Medical Center in Lafayette
- Leonard J. Chabert Medical Center in Houma
- W.O. Moss Regional Medical Center in Lake Charles
- Bogalusa Medical Center in Bogalusa
- Lallie Kemp Regional Medical Center in Independence

The LSU Health Sciences Center at Shreveport currently manages the following facilities:

- LSU Medical Center (also known as "University Hospital") in Shreveport
- E.A. Conway Medical Center in Monroe
- Huey P. Long Medical Center in Pineville

Transition of Facilities: New Orleans

The University Medical Center (UMC) board of directors issued a business plan to the Joint Legislative Committee on the Budget (JLCB) in September, 2011 for a proposed 424-bed, \$1.1 billion medical complex in midtown New Orleans to replace the Charity Hospital facility which was heavily damaged during Hurricane Katrina in 2005.

The UMC business plan estimates FEMA funds available for construction of the facility to be \$630.7 million, and projects capital outlay needed from the state for construction to be \$300.6 million. The business plan includes the following assumptions regarding the remainder of construction costs:

- Construction costs of \$99.6 million for the facility's ambulatory care building would be financed by "an LSU-affiliated entity."
- Construction costs of \$32.2 million for parking garages would be financed by LSU or by developers.

- Approximately \$25 million of medical equipment would be lease-purchased.

The business plan estimates that from 2014 through 2020, the amount of State General Fund dollars needed to operate the facility will average \$52.5 million annually, which is roughly equivalent to the average annual level needed to operate the Interim LSU Hospital (Charity Hospital's immediate successor).

JLCB approved the UMC business plan in a September, 2011 meeting, and to date construction of the hospital facility is set to proceed.

Transition of Facilities: Baton Rouge

Under a cooperative endeavor agreement approved by the Joint Legislative Committee on the Budget in March, 2010, LSU will close the Earl K. Long Medical Center and shift its medical education and inpatient hospital care to Our Lady of the Lake Regional Medical Center ("OLOL"), a private hospital in Baton Rouge. The Earl K. Long facility is scheduled to close by 2013.

Current plans are for OLOL to add at least 60 new hospital beds and for LSU to build an urgent care center in north Baton Rouge near the Earl K. Long site. The move is projected to incur a cost of \$38 million to the state, and is intended to keep the state from having to replace the outdated Earl K. Long hospital at an estimated cost of \$480 million.

Part D. Health and Social Services Department of Children and Family Services

On July 1, 2010, the Department of Social Services was reorganized and renamed the Department of Children and Family Services (See Act No. 877 of the 2010 Regular Session). The Department of Children and Family Services (DCFS), through its office and officers, is responsible for the development and provision of social services and the improvement of social conditions for the citizens of Louisiana.

Administration

- **Executive Division:** The Executive Division supervises, manages, and supports the Division of Management and Finance, Division of Operations and Division of Programs within the Department of Children and Family Services. The Executive Division exercises supervision and control over all functions, staff, and services within DCFS and directly supervises Emergency Preparedness, Communications and Governmental Affairs, Bureau of Audit and Compliance Services and the Executive Counsel.
- **Division of Management and Finance:** Directed by the undersecretary, the division of management and finance is the management support system for DCFS and is responsible for the accounting and budget control, procurement and contract management, information technology services, management and program analysis, human resources services, grants management, facility construction and consulting services, and policy planning and evaluation for the department and all of its offices. (R.S. 36:475.1)

Licensing

DCFS is responsible for two types of licensing classifications: child day care center licensing and residential care and special population licensing.

All child care facilities and child-placing agencies, including facilities owned or operated by any governmental, profit, nonprofit, private, or church agency, are required to be licensed. Licenses are of two types: Class A and Class B. (R.S. 46:1404)

Class A licenses are issued upon the establishment of the fact that minimum requirements for a license as established by the department are met and that the facility or agency is in compliance with all other state and local laws and regulations. (R.S. 46:1408) The regulations are promulgated by the department pursuant to the Administrative Procedure Act (APA) after submission to the Louisiana Advisory Council on Child Care and Early Education for input and guidance. (R.S. 46:1409)

Class B licenses are issued upon receipt of an application and the establishment of the fact that minimum requirements for a license as established by the department are met and that the facility or agency is in compliance with all other state and local laws and regulations. (R.S. 46:1412) The department shall promulgate the rules and regulations in accordance with the

APA, with input and guidance from the Louisiana Advisory Council on Child Care and Early Education. Additionally, facilities that hold Class B licenses shall comply with specific rules and regulations, including fire and safety standards promulgated by the office of state fire protection and the state fire marshal, health and sanitation standards promulgated by the office of public health, local zoning ordinances and building standards, and laws against child abuse. (R.S. 46:1413)

Child Daycare Center Licensing

A child day care center is defined as any place or facility operated by any institution, society, agency, corporation, person or persons, or any other group for the purpose of providing care, supervision, and guidance of 7 or more children, not including those related to the caregiver, unaccompanied by parent or guardian, on a regular basis for at least 12 1/2 hours in a continuous 7-day week.

Residential Care and Special Population Licensing

Residential care and special population licenses include: child residential facilities, adoption agencies, child foster care agencies, maternity homes, and transitional placing programs. A child residential facility is any place, facility or home operated by any institution, society, agency, corporation, person or persons or any other group to provide full-time care (24 hour residential care) for 4 or more children under the age of 18 years who are not related to the operators, and whose parents or guardians are not residents of the same facility, with or without transfer of custody. An adoption agency is a child-placing agency that places children in a family household of one or more persons that has been approved by the agency to accept a child for adoption. A child foster care agency is a child placing agency that places children into an approved family foster home for a planned period of substitute care when their own families cannot or will not care for them. Substitute Family Care Programs are no longer licensed by the DCFS. A maternity home is any place in which any person, society, agency, corporation, or facility receives, treats or cares for within a period of six months, more than one illegitimately pregnant woman, either before, during or within two weeks after childbirth. This does not include any place or facility which receives and provides services for women who receive maternity care in the home of a relative within the sixth degree of kindred, computed according to civil law, or general or special hospitals in which maternity treatment and care is part of the medical services performed and the care of children only brief and incidental. A transitional placing program is a program that places youth, at least 16 years of age, in an independent living situation supervised by a provider with the goal of preparing the youth for living independently without supervision.

Economic Stability (Formerly the Office of Family Support)

Economic stability programs include public assistance programs to provide aid to dependent children and to adults, who, due to age, disability, or infirmity, are unable to adequately meet their basic needs and perform functions of the state related to the licensing of day care centers. Other economic stability programs include SNAP, child support, establishment of paternity, disaster relief grants program for individuals and families, and disability and certain other eligibility determinations. The Office of Children and Family Services may contract with other state agencies for eligibility determinations. (R.S. 36:477)

Temporary Assistance for Needy Families

The Temporary Assistance for Needy Families (TANF) program replaced the welfare program known as Aid to Families with Dependent Children. In 1996, as part of welfare reform, the federal government created TANF to help low-income families exit welfare and become self-sufficient. The federal government created TANF as a block grant that provides states with federal funds each year to help needy families achieve self-sufficiency. The federal office of family assistance assigned the following four goals for states receiving block grant money:

- (1) Assisting needy families so that children can be cared for in their own homes.
- (2) Reducing the dependency of needy parents by promoting job preparation, work, and marriage.
- (3) Preventing out-of-wedlock pregnancies.
- (4) Encouraging the formation and maintenance of two-parent families.

Louisiana spends the majority of its TANF money in the form of cash assistance to needy families. The remainder is directed to special programs and sources for families which meet at least one of the four TANF goals.

Family Independence Temporary Assistance Program

The Family Independence Temporary Assistance Program (FITAP) is the state's cash assistance program for families with children when the financial resources of the family are insufficient to meet subsistence needs. (R.S. 46:231.2) It succeeded the Aid to Families with Dependent Children program, with changes required under the state Welfare Reform Act of 1995 and the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). FITAP is authorized by the Social Security Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Effective January 1997, the Family Independence Temporary Assistance Program is funded by the Temporary Assistance to Needy Families Block Grant. The Department of Health and Human Services is the federal agency responsible for its administration. The program is administered at the state level by the Department of Children and Family Services, Economic Stability Office.

The overall goal of FITAP is to decrease long-term dependency on the public welfare system and encourage job preparation, work, and self-sufficiency. State law establishes a twenty-four month limit on benefits in a five-year period, while federal law provides a limitation of sixty months of benefits in a recipient's lifetime. Public assistance is no longer a lifetime benefit but an opportunity to become independent after a financial crisis. (R.S. 46:231.6)

To qualify for FITAP, an applicant must meet certain conditions related to: residence, citizenship, need, enumeration, age, relationship, home, support enforcement services, STEP, and income.

Strategies to Empower People (STEP)

The Strategies to Empower People (STEP) program was created in 2003 to provide opportunities for FITAP recipients to obtain employment and become self-sufficient by receiving job training, employment, and supportive services. The STEP program is the

successor to the FIND Work program, which in turn was preceded by Project Independence. Project Independence was part of the federal mandate of the Family Support Act of 1988 that all states implement a Jobs Opportunity and Basic Skills (JOBS) training program by October 1, 1992.

All work-eligible recipients of FITAP must participate in the STEP program. Work-eligible recipients are defined as FITAP adults under the age of 60 and FITAP teen heads-of-household, excluding those FITAP adults or teen heads-of-household who are disabled or incapacitated or caring for a member of their family who is disabled or incapacitated. (R.S. 46:231, 231.7, and 231.8)

Participants in the STEP program are provided supportive services to enable them to engage in various work activities and to progress toward self sufficiency. (R.S. 46:231.10) Services may include: child care, transportation, eyeglasses, hearing aids, medical exams and drug tests for employment or training, uniforms, safety equipment, and tools. When a FITAP recipient who is required to participate in the STEP Program fails to participate without good cause, the agency as a last resort, will sanction a family. The sanction results in a loss of FITAP benefits and could affect SNAP (food stamps) and Medicaid benefits.

Supplemental Nutrition Assistance Program (Formerly the Food Stamps Program)

The Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, provides monthly benefits that help eligible low-income households purchase the food they need for good health. The program is administered at the federal level by the United States Department of Agriculture-Food and Nutrition Service. On a state level, the Department of Children and Family Services, economic stability office is responsible for the statewide administration of certification, issuance, and employment and training provisions of the law. SNAP eligibility is based on the following requirements: residency, citizenship, enumeration, and work registration. To receive benefits through SNAP, households must meet certain tests, including resource and income tests.

The Thrifty Food Plan, a current estimate of the actual costs for providing a household with nutritious but inexpensive meals is the basis for SNAP allotments. Thrifty Food Plan amounts are established by the USDA-Food and Nutrition Service. SNAP benefits depend on both the number of persons in the household and the net monthly income amount remaining after all allowable deductions have been subtracted. Income deductions allowed in the regular SNAP budget are subtracted from both earned and unearned income.

Louisiana Combined Application Project

The Louisiana Combined Application Project (LaCAP) is a food assistance program for Louisiana residents who are at least 60 years of age and receive Supplemental Security Income (SSI). It is a simplified version of SNAP for a designated segment of Louisiana's elderly population. Any person who is eligible for LaCAP, will receive a Louisiana Purchase Card (a debit card) and SNAP benefits will be automatically deposited on a monthly basis. There are four standard allotment amounts in LaCAP. Depending on housing costs, LaCAP participants will receive \$55, \$65, \$98 or \$137. LaCAP cases are certified for 36 months. To receive benefits through LaCAP, applicants must receive Supplemental Security Income (SSI) and meet certain other conditions, such as age, citizenship, criminal record check, and home occupancy.

Kinship Care Subsidy Program

The Kinship Care Subsidy Program (KCSP) is Louisiana's public assistance program which provides cash assistance for eligible children who reside with qualified relatives other than their parents. The program is funded by Louisiana's Temporary Assistance for Needy Families Block Grant. The program furnishes cash assistance of \$280 per month per eligible child who resides with a qualified relative other than a parent, including a grandparent, aunt, uncle, brother, sister, first cousin, niece, nephew, stepbrother, or stepsister. A child may meet the eligibility requirements for both the Family Independence Temporary Assistance Program (FITAP) and Kinship Care Subsidy Program (KCSP) but may only receive assistance in one program. Additionally, the child and family must meet certain requirements, such as income, age, residency, citizenship, immunization record, criminal record check, and custody. (R.S. 46:237)

Electronic Benefits Transfer

Prior to the implementation of the electronic benefits transfer (EBT) program, monthly checks were sent to FITAP recipients, and SNAP stamp recipients received books of coupons which were redeemed to purchase eligible food items. Under the electronic benefits system, FITAP, food stamp, and Kinship Care Subsidy Program recipients are given the equivalent of debit cards (called a Louisiana Purchase card) and select personal identification numbers (PINs). As purchases or cash withdrawals are made at grocery store checkout lanes and ATMs, recipient accounts are debited electronically, and the recipient is provided a receipt of the transaction which includes the remaining balance in the account(s). After the initial six-month pilot in Natchitoches Parish, the Louisiana Legislature authorized statewide expansion of EBT to begin in July 1997. The final phase of EBT roll out was implemented in December 1997. EBT has reduced administrative workloads and costs and further provides an electronic audit trail to aid in fraud investigations. DCFS has plans to include additional benefits to EBT in the future. (R.S. 46:450.1) Note: FITAP and KCSP benefits can be converted to cash while SNAP benefits cannot.

Disability Determinations Services

The disability determination services program within the economic stability office makes disability decisions under Titles II (Disability Insurance Benefits) and XVI (Supplementary Security Income) of the Social Security Act. The Social Security Act defines disability as the inability to perform any substantial gainful activity by reason of any medically determinable physical or mental impairment which is expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. It secures information relative to work history sources, arranges for consultative examination and vocational testing, and prepares the disability determination. Consideration is also given to whether the applicant is potentially suitable for rehabilitation services. All disability benefits and administrative costs of operating the program are 100% federally funded.

Child Support

Child Support Laws

Louisiana Civil Code Article 227 provides that fathers and mothers, by the very act of marrying, contract together the obligation of supporting, maintaining, and educating their children. Louisiana jurisprudence provides that this parental duty is a fact of paternity or maternity and does not arise out of marriage. However, these provisions provided little guidance to the court

in determining the amount of the child support obligation.

In 1988, Congress enacted The Family Support Act, which required states to establish child support guidelines to operate as rebuttable presumptions that the amount of the award resulting from the application of the guidelines would be the proper amount of child support. The Louisiana Legislature responded and adopted child support guidelines based on the income shares model with adjustments because the state was considered a low income state. The schedule incorporates a self-sufficiency reserve so that low income obligors may maintain a minimum standard of living and subsistence. The use of the guidelines is mandatory in any initial award and modification of child support (R.S. 9:315.1).

The legislature has modified the guidelines since the initial enactment. Part of the schedule, from a combined adjusted monthly gross income of \$7,800 to \$10,000, was adjusted to balance the extension of the table to include adjusted gross income levels up to \$20,000 per month. The court retained authority to deviate above or below the guidelines in certain circumstances, but regardless of income, the support order shall not be less than \$100. The calculation of support also includes expenses of tuition, registration, books and supply fees required for attending a special or private school as other extraordinary expenses, but benefits received by the child from public assistance programs is not considered income of the child.

Legislation enacted in 2001, for the first time, provided definitions of the various types of custody and as a result, it updated the prior worksheet and provided a new worksheet designed to follow the statutes depending upon which type of custody is ordered. Certain key terms were also defined and concepts were explained, such as "second jobs" and "overtime income" used when an obligor takes a second job or works overtime to provide for a subsequent family, and "multiple families" used to provide for one or more families where none of the children live with the noncustodial or nondomiciliary parent.

The following is a listing of the various types of information:

- Joint custody is an arrangement created by joint custody orders which are not shared custody. In a joint custody arrangement, if visitation by the nondomiciliary parent exceeds 73 days, the court, in its discretion, may award the nondomiciliary parent a credit toward his support obligation. (Worksheet A is used in determining child support for a joint custody order.)
- Shared custody is an arrangement created by a joint custody order in which each parent has physical custody of the child for an approximately equal amount of time. In calculating child support for a shared custodial arrangement, the basic support obligation is first multiplied by one and one-half (to account for the duplication and continuation of certain costs associated with this arrangement) and then divided between the parents in proportion to their respective adjusted gross incomes. Next, each parent's share of the basic obligation is multiplied by fifty percent (or the approximately equal percentage of time spent with each parent) to determine the theoretical support obligation owed to the other parent and child care costs and extraordinary adjustments are added. However, if the court ordered direct payments for child care costs, health insurance premiums, extraordinary medical or other expenses, each party's percentage share of the expense owed to a third party will be deducted. Finally, the parent owing the greater amount of support shall owe to the other parent the difference between the two amounts. (Worksheet B is used in determining child support in shared custody orders.)
- Split custody is an arrangement in which each parent is the sole custodial or domiciliary

parent of at least one child. For split custody, each parent fills out Worksheet A for the child in the other parent's care and then the parent owing the greater amount of support pays the difference to the other parent as support.

- Sole Custody is an arrangement in which one parent is awarded custody of the child. However, sole custody may not be ordered unless it is shown by clear and convincing evidence to serve the best interest of the child. (Although this type of custody was not addressed in the 2001 revision, it is referenced because it remains one of the four types of custody orders available to the courts.)

Every four years following the 2001 revision, the child support guidelines have been reviewed by the Dept. of Social Services (predecessor to the Dept. of Children and Family Services), the District Attorneys Association, and the child support review committee. In 2004 and again in 2008, the committee made numerous recommendations to the legislature for changes to the guidelines based upon the data collected at public meetings and through surveys.

In 2004, it was recommended that the child support schedule be updated and amended to reflect recent economic evidence on child-rearing costs. However, the newly recommended schedule based on more recent economic data would have lowered many child support payments and the legislature failed to pass it due to the long standing policy that children should not be forced to live in poverty because of family disruption.

In 2008, the committee again recommended and the legislature enacted legislation to incorporate the current income tax withholding tables for the federal government, the most recent economic estimates of child-rearing expenditures, and an adjustment for the differences between the income distribution in Louisiana and the United States from \$2,250 to \$30,000 on the child support schedule. The schedule was also extended from \$20,000 to \$30,000 per month.

Additionally, in 2008 the legislature enacted laws regarding a dissolution factor, which is a built-in reduction recognizing the obligor's additional expenditures for maintaining his household when the children are in his physical custody, and provided that special expenses intended to enhance the health, athletic, or social development of the child may be added to the basic child support obligation as extraordinary expenses.

The next review and public comment period regarding the child support guidelines will be completed in the fall of 2011, and the compiled data and recommendations will be presented to the legislature in 2012.

Child Support Enforcement

Louisiana law provides for the suspension of any license, certification, or similar documentation for a profession, occupation, business, industry, the operation of a motor vehicle, or participation in any sporting activity, including hunting and fishing, for the nonpayment of child support. State law also provides that the registration of the licenses of personal water craft, motorboats, sailboats, all-purpose terrain vehicles, or trailers may be suspended due to nonpayment of child support. As of 2006, federal law mandates that an individual be ineligible to receive a U.S. passport if the individual owes child support payments in excess of \$2,500. Additionally, any person receiving FITAP, Kinship Care Subsidy Program benefits, or Medicaid automatically receives child support enforcement services and assigns support rights to the state. If a person does not receive FITAP, Kinship Care Subsidy Program benefits, or Medicaid, he

may apply for support enforcement services and pay an application fee of \$25.00.

The Child Support Enforcement staff is located in 12 Regional Offices. These offices serve all 64 parishes in the state. Child support enforcement offers 5 basic types of services: parent locator, paternity establishment, determination of child support, enforcing orders, and collection and distribution. The agency also has cooperative agreements with 40 district attorneys in the state. The scope of services provided by district attorneys varies, depending on the services that a particular district attorney is contracted to provide. Support enforcement works with all 50 states as well as some foreign countries to provide child support services.

Access and Visitation Program

The Access and Visitation Program is designed to assist non-custodial parents with access to visit their children. The overall goal of the program is to increase the involvement of fathers and mothers in the emotional development of their children and to provide healthier connections with their fathers and mothers to reduce the risk of early parenting, poor academic achievement, substance abuse, and juvenile delinquency. The objective of the Department of Children and Family Services, Child Support Enforcement, under the Access and Visitation Program, is the promotion of emotional, mental and physical well-being of children in the state and to facilitate and encourage the duty, obligation and responsibility of each parent to share and participate in the upbringing of their child. Through this program, an Access and Visitation attorney will mediate, attempt to reach a voluntary agreement, or if necessary, ask the court for reasonable visitation.

Grandparent Visitation

The legislature has been interested in the issue of grandparent visitation in recent years. In determining whether grandparent visitation can be granted, the courts have balanced the custody and visitation provisions in state law with the protected constitutional rights of the parent.

In Louisiana, we have two provisions of law which relate to grandparent visitation. The first is a broad general statement of law found in Civil Code Article 136 entitled "Award of visitation rights". This law provides that in extraordinary circumstances, certain relatives of the child may be granted reasonable visitation rights if it is in the best interest of the child.

The second provision is R.S. 9:344, which provides visitation for grandparents and siblings in very limited situations such as the death, interdiction, or incarceration of a parent. This statute also provides that any visitation will only be granted if the court finds that it is in the best interest of the child.

The United States Supreme Court, in *Troxel v. Granville*, 99-138, (530 U.S. 57), reasoned that the Fourteenth Amendment of the United States Constitution provides heightened protection against government interference with fundamental rights and liberties, including a parent's fundamental right to make decisions concerning the care, custody, and control of their children.

After the *Troxel* decision, the First Circuit Court of Appeal in *Wood v. Wood*, 2002-0860 (La.App. 1 Cir. 9/27/02), 835 So. 2d 568, decided that the burden of proof that grandparent visitation is in the best interest of the child falls upon the grandparent. The court also applied the *Troxel* presumption that the mother acted in the best interest of the child and found that special weight

must be given to the mother's determination of the best interest.

Finally, in *Babin v. Babin*, 2002-0396 (La. App. 1. Cir. 7/30/03), 854 So.2d 403, the court emphasized the *Troxel* balance between the custody and visitation provisions in state law and the protected constitutional rights of the parent. Here, the court observed that visitation which unduly burdens parental rights would be unconstitutional.

Child Relocation

Louisiana law requires the domiciliary parent who wishes to relocate (move the child more than 150 miles) to give notice to the other parent (R.S. 9:355.3). The other parent may give written consent to the relocation or the court may authorize it. If that parent objects to the relocation, he shall file an objection within 30 days of receiving the notice (R.S. 9:355.4). At the hearing, the domiciliary parent wishing to relocate bears the burden of proving that the relocation is being made in good faith and that it is in the best interest of the child (R.S. 9:355.13). The court is required to address 12 factors before granting or denying relocation (R.S. 9:355.12).

Adoption

Adoption is the method provided by law to establish the legal and social relationship of parents and children between persons who are not related by birth with the mutual rights and obligations that exist between children and their birth parents. The child welfare office provides adoption services for placement of children in DCFS custody who are available for adoption. This involves such components as the study of applicant families and approval of adoptive homes, matching children and families, locating homes, providing counseling to children and adoptive parents (before, during and after placement), and in some cases, subsidy payments to the adoptive parents.

The office also performs adoptive petition services. This includes staff investigation of independent adoptions by certain family members (stepparent, grandparent, etc.) to determine the availability of the child and suitability of the adoptive home. Reports are made to the courts on these investigations. The staff also secures necessary reports for the courts on adoptive placements by public and private licensed adoption agencies.

The Louisiana Adoption Registry is a registry established through the office to facilitate voluntary contact between adult adoptees, their birth parents, and/or siblings. It is available if a person is over the age of 18 and the adoption was legally finalized in the state of Louisiana.

Child Protection Investigations

The program provides investigation of child abuse and neglect, as well as the provision of short-term, concrete services to children and families. These services are legally mandated, specialized investigations and social services for children who are alleged to be neglected, abused, exploited or without proper custody or guardianship. In conjunction with local offices, the child welfare division determines if a report of child abuse, neglect, exploitation, or lack of proper custody or guardianship is valid. Action is taken in validated cases, such as emergency services, removal of the child or the perpetrator from the home, filing a petition for court-ordered services, or referring the family for family services. As of 2004, state law requires child abuse reports involving a felony-grade crime against a child to be promptly communicated to the appropriate law enforcement authorities.

An incident of suspected child abuse may be reported by calling 855-4LA-KIDS (855-452-5437) toll free 24 hours a day, 365 days a year.

Foster Care

The foster care program provides protective services to children in custody of DCFS who are unable to live with their parents or relatives and who require maintenance outside of their normal home environment as a result of abuse, neglect, or some other circumstances. It provides substitute, temporary care (e.g. foster family home, group home, residential care facility, etc.) for a planned period of time when a child must be separated from his own parents or relatives. Foster care is viewed as an interim process to provide care for a child until he is reunited with his family or is provided with another type of permanent living situation. The program also includes social services to the child, his biological family, and the foster care provider.

The Foster Parents' Bill of Rights, established in 2006, ensures that foster parents are treated with dignity and respect and receive pertinent information, training, and support relative to children in their care. (R.S. 46:286.13)

Safe Haven Law

Louisiana's safe haven law allows a parent to anonymously leave an infant child at a designated emergency care facility (a hospital, medical clinic, fire station, police station, pregnancy crisis center, or child advocacy center) with the intent of placing the child for adoption. The child must be left in the care of an individual at the designated emergency care facility. If the child is left unattended, the safe haven requirement is not met, and the parent could be prosecuted. (CHC 1151)

Child Care Assistance Program

The Child Care Assistance Program helps low-income families pay for child care while working or attending school or training. Under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, several federal grants to provide support for child care for welfare recipients training or becoming part of the workforce were consolidated into the Child Care Development Block Grant, which must be matched with state dollars. States must use at least 70% of the funds to provide child care assistance to welfare recipients, to those in work programs and attempting to leave welfare, and those at-risk of going on welfare. In Louisiana, this is done by providing child day care grants directly to the caregivers for eligible children, including Class A child day care centers, school-based before and after school programs, registered family child day care homes, and in-home providers. The average payment is \$216 per month. The amount paid is based upon the number of hours the adults work, engage in a job search, or attend an educational or job training program, as well as household size, household income, and the number of hours the child is in care. Parents can select any Class A child care center, school-based before and after school program, licensed child care center determined by the Department of Defense, registered Family Child Day Care Home, or In-Home provider active in the CCAP provider directory. Eligibility is based on the applicant's need for child care, household income, enrollment in school and training programs. Specifically, an applicant's household monthly gross earned income and unearned income is required to be less than the amount listed in the table below for the household size.

2 persons - \$2,450	4 persons - \$3,559	6 persons - \$4,698	8 persons - \$4,911
3 persons - \$2,989	5 persons - \$4,128	7 persons - \$4,804	9 persons - \$5,018

Quality Start Child Care Ratings System

Quality Start is a voluntary program for licensed child care centers designed to increase the quality of child care and early learning for all children throughout Louisiana. Both Class A and Class B centers have the option of participating and earning up to five stars. Quality Start rates child care centers on a scale of 1 to 5 stars based on performance standards.

1 Star	This means that the center has met the higher standards of the Louisiana Department of Children and Family Services Child Care Licensing and Regulatory Section.
2 Stars	A two-star rating is given when the center has received additional specialized training.
3 - 5 Stars	The three- to five-star rating indicates the center provides quality child care based on staff qualifications and the Environment Rating Scales (ERS).

In 2007, the Louisiana Legislature passed Act 394, which enacted R.S. 47:6101-6109 to provide a package of tax credits known as the School Readiness Tax Credits. These credits allow tax breaks to families, child care providers, child care directors and staff, and businesses that support child care in an effort to encourage child care facilities to voluntarily participate in the quality rating program administered by DCFS under the name of the Quality Start Child Care Rating System. The Quality Start web site also includes a search feature that can be used to determine the quality rating for child care centers located in parishes throughout the state.

Family Violence Prevention Program

The Family Violence Prevention and Intervention Program funds, advocates, and partners to end domestic violence in Louisiana and to ensure that survivors and their loved ones lead safe, independent, quality lives. The Family Violence and Prevention Program was created in 1979 by Act No. 746 and is funded from federal, state, and private and local resources. The program provides direct support to 20 community-based shelters in Louisiana, which provide emergency shelter, crisis intervention, advocacy, counseling, support, resources and direct services to women and children who are victims of family violence. These shelters serve approximately 18,000 family violence survivors each year.

The domestic violence statewide hotline, 1-888-411-1333, offers confidential, 24-hour assistance for individuals who want to talk or need more information.

Helping Our Homeless

Louisiana's emergency shelter system was created to assist the homeless with temporary housing. An emergency shelter is defined as any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless. Eligibility for services vary with each shelter. However, a homeless individual

is defined by federal rules as: (1) An individual who lacks a fixed, regular, and adequate nighttime residence or (2) An individual who has a primary nighttime residence that is: a publicly or privately owned temporary shelter, an institution that provides temporary shelter, or a public or private place not designed for regular sleeping accommodations.

Louisiana Emergency Shelter Grants Program (ESGP) uses federal funds to assist shelter facilities serving homeless persons. Most of the State's 104 shelters have received some measure of funding support through this program since its establishment in 1987 under the Stewart B. McKinney Homeless Assistance Act. A shelter which is assisted through the state ESGP must agree to provide assistance to homeless individuals and families in obtaining appropriate supportive services essential for achieving independent living, and help in obtaining other federal, state, local, and private assistance available for such individuals.

Coordinated System of Care

The State of Louisiana is developing a Coordinated System of Care (CSoC) for Louisiana's at-risk children and youth with significant behavioral health challenges or co-occurring disorders that pose an imminent risk of out of home placement. The current system does not allow for the coordination of multiple state agencies that may all be providing different or even similar services. Creating a coordinated approach to care will result in the delivery of the most effective and necessary behavioral health services. This too often results in Louisiana's children with the highest needs being detained in out of home settings. The CSoC is an initiative of Governor Bobby Jindal and is being directed by executives of the Department of Children & Family Services (DCFS), the Department of Education, the Office of Juvenile Justice and the Department of Health and Hospitals (DHH). Implementation workgroups, led by agency staff and inclusive of parents and other stakeholders (advocates, providers and community leaders), were formed to conduct the detailed implementation planning and CSoC start-up activities. As a result of these efforts the Louisiana Behavioral Health Partnership (LBHP), a comprehensive system for behavioral health services for individuals of all ages, was designed. The LBHP includes the CSoC as one of its targeted service populations. The CSoC will offer an array of Medicaid State Plan and Home- and Community-Based Waiver services to: (1) All eligible children and youth in need of mental health and substance abuse services and (2) At-risk children and youth with significant behavioral health challenges or co-occurring disorders in, or at imminent risk of, institutionalization.