Agency Budget Request

FISCAL YEAR 2027–2028

Louisiana Department of Health

310 — Northeast Delta Human Services Authority



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BUDGET REQUEST

Fiscal Year Ending June 30,2028

NAME OF DEPARTMENT / AGENCY: NE Delta Human SVC Autohrity

BUDGET UNIT: NE Delta Human SVC Authority

SCHEDULE NUMBER: 09-310

TELEPHONE NUMBER: 318-362-5051

PHYSICAL ADDRESS: 2513 Ferrand Street

Monroe,L

ZIP CODE: 71201

WEB ADDRESS: nedeltahsa.org

WE HEREBY CERTIFY THAT THE STATEMENTS AND FIGURES ON THE ACCOMPANYING FORMS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

HEAD OF DEPARTMENT:	**HEAD OF BUDGET UNIT:** Dr. Monteic A. Sizer (Oct 22, 2026 16:04:11 CDT)
PRINTED NAME/TITLE: Bruce Greenstein, Secretary	**PRINTED NAME/TITLE:** Dr. Monteic A. Sizer,Executive Director
DATE:	**DATE:** Oct 22, 2026
EMAIL ADDRESS: Bruce.Greenstein@la.gov	**EMAIL ADDRESS:** Monteic.Sizer@la.gov

PROGRAM CONTACT PERSON: Joy Price	**FINANCIAL CONTACT PERSON:** Victoria Wayne
TITLE: Corporate Compliance Manager	**TITLE:** Chief Financial and Operations Officer
TELEPHONE NUMBER: 318-362-5330	**TELEPHONE NUMBER:** 318-362-5332
EMAIL ADDRESS: Joy.Price@la.gov	**EMAIL ADDRESS:** Victoria.Wayne@la.gov

Operational Plan

STATE OF LOUISIANA
Operational Plan Form
Department Goals

DEPARTMENT NUMBER AND NAME: 09A - LDH

DEPARTMENT MISSION:

The mission of the Louisiana Department of Health is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana; The Louisiana Department of Health is dedicated to fulfilling its mission through direct provision of quality services, the development and stimulation of services to others, and the utilization of available resources in the most effective manner.

DEPARTMENT GOALS:

The goals of the Louisiana Department of Health are:

I. To ensure that appropriate and quality health care services are provided to the citizens of Louisiana.

II. To protect and promote the health needs of the people of Louisiana and promote effective health practices.

III. To develop and stimulate services by others.

IV. To utilize available resources in the most effective manner.

STATE OF LOUISIANA
Operational Plan Form
Agency Goals

AGENCY NUMBER AND NAME: 310 - Northeast Delta Human Services Authority

AGENCY MISSION:

NE Delta HSA serves as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to realize their full human potential by offering quality, excellent care with greater accessibility.

AGENCY GOALS:

Goal I: Improve the outcomes of citizens by expanding access to a network of appropriate, quality prevention and wellness, integrated care and developmental disability services.

Goal II: Provide integrated services that promote holistic care through best practices and strategies; ensure a person centered approach through prevention, treatment, support, education, and advocacy.

Goal III: Evaluate and analyze outcomes to strengthen internal operations to accommodate trending healthcare environments, payments, and electronic health records systems to produce data-driven decisions that best maximize efficiency and effectiveness.

Goal IV: Proactively address risks that impact the behavioral health of our citizens by using collaboration and sound communication practices both internally and with key partners and providers.

STATEMENT OF AGENCY STRATEGY FOR DEVELOPMENT OF HUMAN RESOURCE POLICIES THAT ARE HELPFUL AND BENEFICIAL TO WOMEN AND FAMILIES:

The Northeast Delta Human Services Authority abides by all state Civil Services guidelines and procedures regarding equal opportunity for staff and, in particular, women and their families. The Northeast Delta Human Services Authority also addresses specific issues in respect to female employees and their families in the Human Resources policies for the agency and in the Northeast Delta Human Services Authority Personnel handbook. All policies are reviewed annually and changes/additions are made accordingly to new mandates or as issues arise. The Northeast Delta Human Services Authority focuses its treatment approach on the person and family in the provision of services and supports. The family is paramount to the treatment model and serves as the basis for individual and family treatment, recovery and wellness adaption.

STATE OF LOUISIANA
Operational Plan Form
Program Goals

PROGRAM NUMBER AND NAME: 3101 - Northeast Delta Human Services Authority

PROGRAM AUTHORIZATION:

Louisiana Act: 384 Northeast Delta Human Services Authority; creation; jurisdiction; domicile. The Northeast Delta Human Services Authority is hereby created as a special authority which, through its board, shall direct the operation and management of community-based programs and services relative to mental health, developmental disabilities, and addictive disorders services, including Early Childhood Supports and Services, and the Regional Transition Program for the parishes of Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll. Programs and services relative to the Southern Oaks Addiction Recovery shall be provided in accordance with a twelve-month transition plan developed by the office of behavioral health and the governing board of the authority. The domicile of the authority shall be Ouachita Parish, Louisiana. Acts 2006, No. 631, §1, eff. June 23, 2006; Acts 2009, No. 384, §5, eff. July 1, 2010.

PROGRAM MISSION:

NE Delta HSA serves as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to realize their full human potential by offering quality, excellent care with greater accessibility.

PROGRAM GOALS:

Goal I: Improve the outcomes of citizens by expanding access to a network of appropriate, quality prevention and wellness, integrated care and developmental disability services.

Goal II: Provide integrated services that promote holistic care through best practices and strategies; ensure a person centered approach through prevention, treatment, support, education, and advocacy.

Goal III: Evaluate and analyze outcomes to strengthen internal operations to accommodate trending healthcare environments, payments, and electronic health records systems to produce data-driven decisions that best maximize efficiency and effectiveness.

Goal IV: Proactively address risks that impact the behavioral health of our citizens by using collaboration and sound communication practices both internally and with key partners and providers.

PROGRAM ACTIVITY:

STATE OF LOUISIANA
Operational Plan Form
Program Goals

PROGRAM NUMBER AND NAME: 3101 - Northeast Delta Human Services Authority

Integrated Care:
Northeast Delta Human Services Authority (NEDHSA) provides integrated mental health, substance use, and primary care services across the lifespan. Programs such as R.I.S.E. (Reaching Independence through Support and Education) and The Phoenix Clinic support this integrated model by connecting the most vulnerable population in an integrated network to coordinated behavioral health, substance use, medical, and supportive services. This approach promotes accessible, person-centered care and improved continuity of services throughout Louisiana Region 8.

Prevention and Wellness:
NE Delta HSA Prevention & Wellness department uses research-based curriculums, environmental strategies, coalition-building and other proactive and data-driven strategies to help prevent and reduce risk-taking behaviors among regional youth, adolescents, and the general population. NE Delta HSA manages and administers these evidence-based prevention programs through its trusted regional and local community partners. Northeast Delta HSA provides prevention & wellness services to 8 of the 12 parishes served. Through our continuous effects and great partnerships with local school districts, Northeast Delta HSA has been able to provide evidence-based prevention programs from Pre-K to 10 grades. School districts participate in Red Ribbon Week, Orange Ribbon Week, Prevention Week, and Anti-Bullying Awareness Day; these efforts are achieved with school systems implementing research-based prevention programs and policies.

Developmental Disability Services:
The Northeast Delta HSA Developmental Disability Services unit has two core specializations:

Waiver Services:
Medicaid Home and Community-Based Waiver programs allow people greater flexibility to choose where they want to live and to use services and supports that best suit their needs. Services are provided in the home or in the community.

Home and Community Based Services:
Individual and family support services provide assistance not available from any other resource that will allow people with intellectual and developmental disabilities to live in their own home or with their families in their own community. These services include respite care, personal assistance services, specialized clothing, dental and medical services, equipment and supplies, communication services, crisis intervention, utility costs, specialized nutrition, and family education. These services are also inclusive of Flexible Family Funds that provide a monthly stipend to families of eligible children with severe or profound developmental disabilities from birth through age 18 to help families meet extraordinary costs. Services are provided through contractual agreements by private provider agencies or through individualized agreements with individuals and families who obtain their own service providers.

Phoenix Clinic:
Supports NEDHSA's integrated care model by providing individuals with access to behavioral health and primary care services while coordinating with Developmental Disabilities (DD) services when additional supports are needed. This connection promotes continuity of care and helps ensure individuals with intellectual and developmental disabilities can access appropriate medical, behavioral health, and community-based supports based on their individual needs.

Administrative Functions:
Northeast Delta Human Service Authority administrative functions to support the management and operations related to integrated care, prevention and wellness, and developmental disability services. The mission of Northeast Delta HSA administrative functions is to coordinate and organize people, resources and systems to effectively and efficiently support the overall mission, vision and tenets of the agency.

STATE OF LOUISIANA
Operational Plan Form
Program Goals

PROGRAM NUMBER AND NAME: 3101 - Northeast Delta Human Services Authority

STATE OF LOUISIANA
Operational Plan Form
Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 310 - Northeast Delta Human Services Authority

PROGRAM ID: 3101 - Northeast Delta Human Services Authority

PM OBJECTIVE: 3101-01 - Northeast Delta Human Services Authority will provide and offer an integrated, comprehensive care of services for adults and adolescents with Behavioral Health diagnosis.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2025 - 2026	Actual Year End Performance 2025 - 2026	Performance Standard as Initially Appropriated 2026 - 2027	Existing Performance Standard 2026 - 2027	Performance at Continuation Budget Level 2027 - 2028	Performance at Executive Budget Level 2027 - 2028	Performance Standard as Initially Appropriated 2027 - 2028
25212	K	Percentage of clients who indicate they would recommend NEDHSA services to family and friends	P	95	98	95	95	95	0	0
25219	K	Percentage of successful completions (inpatient addiction treatment programs, level 3.5)	P	65	65	65	65	65	0	0
26600	K	Percentage of Individual and Family Support/Consumer Care Resource funds expended.	P	95	80	95	95	95	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025	Prior Year Actual FY2025 - 2026
26601	G	Number of adults served through Integrated Healthcare Services	N	1,358	1,524	1,482	1,477	1,335
26602	G	Number of children/adolescents served through Integrated Healthcare Services	N	59	184	90	105	95
26603	G	Number of persons served in an evidence-based community-based program	N	5,948	8,563	9,109	11,453	7,007

STATE OF LOUISIANA
Operational Plan Form
Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 310 - Northeast Delta Human Services Authority

PROGRAM ID: 3101 - Northeast Delta Human Services Authority

PM OBJECTIVE: 3101-02 - Northeast Delta Human Services Authority will ensure that behavioral health data is available to state, regional, and community partners and continue to mobilize communities based on culturally competent programs and interventions.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2025 - 2026	Actual Year End Performance 2025 - 2026	Performance Standard as Initially Appropriated 2026 - 2027	Existing Performance Standard 2026 - 2027	Performance at Continuation Budget Level 2027 - 2028	Performance at Executive Budget Level 2027 - 2028	Performance Standard as Initially Appropriated 2027 - 2028
26604	S	Number of prevention related presentations with community-level data	N	20	298	20	20	20	0	0
26605	K	Number of participants that attend monthly Northeast Delta HSA sponsored coalition meetings throughout the Northeast Delta HSA region	N	55	151	55	55	55	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025	Prior Year Actual FY2025 - 2026
26606	G	Number of schools participating in Communities that Care Youth Survey (CCYS)	N	11	22	9	7	7

STATE OF LOUISIANA
Operational Plan Form
Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 310 - Northeast Delta Human Services Authority

PROGRAM ID: 3101 - Northeast Delta Human Services Authority

PM OBJECTIVE: 3101-03 - Northeast Delta Human Services Authority will facilitate improved outcomes for citizens with intellectual development disabilities and promote the delivery of quality supports to live in the setting of their choice.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2025 - 2026	Actual Year End Performance 2025 - 2026	Performance Standard as Initially Appropriated 2026 - 2027	Existing Performance Standard 2026 - 2027	Performance at Continuation Budget Level 2027 - 2028	Performance at Executive Budget Level 2027 - 2028	Performance Standard as Initially Appropriated 2027 - 2028
25221	K	Number of people receiving Developmental Disability services, including those receiving services from The Phoenix Clinic.	N	525	729	525	525	625	0	0
25223	K	Percentage of valid Flexible Family Fund (FFF) eligibility determinations (in accordance with FFF promulgation)	P	98	100	98	98	98	0	0
25965	K	Percentage of Individual and Family Support (FS) plans for which fund guidelines were followed.	P	100	100	100	100	100	0	0
26126	K	Percentage of Individual and Family Support Plans that meet the participant's goals.	P	95	100	95	95	95	0	0
26608	K	Percentage of Waiver participants whose Plan of Care includes natural and community resources	P	90	100	90	90	90	0	0

Performance Indicator	Level	Footnotes
25221	K	The performance standard was increased to reflect a substantial rise in requests received. The year began with an influx of requests for assistance with household and medical expenses, including rent, utilities, travel to specialists, copays, and medications. Requests for emergency placement in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) have also increased due to behavioral incidents and DCFS involvement. These trends are projected to continue, with further increases anticipated.

STATE OF LOUISIANA
Operational Plan Form
Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 310 - Northeast Delta Human Services Authority

PROGRAM ID: 3101 - Northeast Delta Human Services Authority

PM OBJECTIVE: 3101-04 - Provide administrative support to programmatic services to ensure efficient, effective, and quality services.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2025 - 2026	Actual Year End Performance 2025 - 2026	Performance Standard as Initially Appropriated 2026 - 2027	Existing Performance Standard 2026 - 2027	Performance at Continuation Budget Level 2027 - 2028	Performance at Executive Budget Level 2027 - 2028	Performance Standard as Initially Appropriated 2027 - 2028
26609	S	Percentage of contract invoices for which payment is issued within 30 days of fiscal department receipt	P	98	100	98	98	98	0	0
26610	S	Percentage of state assets in the Asset Management system located/accounted for annually	P	98	100	98	98	98	0	0
26611	S	Number of findings in Legislative Auditor Report resulting from misappropriation of resources, fraud, theft, or other illegal or unethical activity	N	0	0	0	0	0	0	0
26612	S	Administrative expenditures as a percentage of agency budget	P	15	15	15	15	15	0	0

Budget Request Overview

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	11,764,365	13,448,252	13,010,596	(437,656)	(3.25)%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	2,966,452	4,483,420	4,483,420	—	—
FEES & SELF-GENERATED	288,805	785,220	773,844	(11,376)	(1.45)%
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	1,000,000	1,000,000	—
TOTAL MEANS OF FINANCING	**$15,019,623**	**$18,716,892**	**$19,267,860**	**$550,968**	**2.94%**

Fees and Self-Generated

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated Revenues	288,805	785,220	773,844	(11,376)	(1.45)%
Total:	**$288,805**	**$785,220**	**$773,844**	**$(11,376)**	**(1.45)%**

Statutory Dedications

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Percent Change
Total:	—	—	—	—	—

Agency Expenditures

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Percent Change
Salaries	—	—	—	—	—
Other Compensation	3,200	—	—	—	—
Related Benefits	46	—	—	—	—
TOTAL PERSONAL SERVICES	**$3,246**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—
Operating Services	129	—	—	—	—
Supplies	1,211	—	—	—	—
TOTAL OPERATING EXPENSES	**$1,340**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	14,456,781	18,157,965	18,848,247	690,282	3.80%
Debt Service	—	—	—	—	—
Interagency Transfers	558,255	558,927	419,613	(139,314)	(24.93)%
TOTAL OTHER CHARGES	**$15,015,036**	**$18,716,892**	**$19,267,860**	**$550,968**	**2.94%**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$15,019,623**	**$18,716,892**	**$19,267,860**	**$550,968**	**2.94%**

Agency Positions

Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	97	99	99	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—
TOTAL POSITIONS	97	99	99	—	—

Cost Detail

Means of Financing

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
State General Fund	11,764,365	13,448,252	13,010,596	(437,656)
Interagency Transfers	2,966,452	4,483,420	4,483,420	—
Fees & Self-generated Revenues	288,805	785,220	773,844	(11,376)
Federal Funds	—	—	1,000,000	1,000,000
Total:	**$15,019,622**	**$18,716,892**	**$19,267,860**	**$550,968**

Other Compensation

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5120010	COMPENSATION/WAGES	3,200	—	—	—
Total Other Compensation:		**$3,200**	**—**	**—**	**—**

Related Benefits

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5130060	MEDICARE TAX	46	—	—	—
Total Related Benefits:		**$46**	**—**	**—**	**—**

Operating Services

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5330018	MAINT-AUTO REPAIRS	129	—	—	—
Total Operating Services:		**$129**	**—**	**—**	**—**

Supplies

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5410036	SUP-FUELTRAC	1,211	—	—	—
Total Supplies:		**$1,211**	**—**	**—**	**—**

Other Charges

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	7,261,957	7,775,296	513,339
5620063	MISC-OPERATNG SVCS	2,123,855	—	50,580	50,580
5620064	MISC-PROF SVCS	1,149,824	—	47,967	47,967
5620065	MISC-SUPPLIES OTHER	209,389	—	4,983	4,983
5620066	MISC-TRVL IN STATE	20,686	—	—	—
5620067	MISC-TR OUT OF STATE	41,610	—	1,483	1,483
5620068	MISC-ACQ/MAJ REP OTH	936	—	—	—
5620069	MISC-INTERAGENCY OTH	628,126	—	—	—
5620072	MISC-OC SAL CLASS&UN	6,057,978	7,408,892	7,480,822	71,930
5620073	MISC-OC-SAL CLASS OT	889	—	—	—
5620074	MISC-OC-SAL CLSS TRM	62,327	60,000	60,000	—
5620076	MISC-OC-WAGES	94,861	—	—	—
5620078	MISC-OC-RETIRE-STEM	1,799,563	1,929,912	1,929,912	—
5620079	MISC-OC-RETIRE-TEACH	74,242	45,000	45,000	—
5620081	MISC-OC-F.I.C.A. TAX	3,029	4,800	4,800	—
5620082	MISC-OC-MEDICARE TAX	83,253	82,218	82,218	—
5620083	MISC-OC-GRP INS CONT	783,873	741,908	741,908	—
5620137	MISC-OC-PS-MEDICAL	865,607	—	—	—
5620164	MISC-OC REL BENEFITS	1,447	160,095	160,095	—
5620165	MISC-OC-POST RET BEN	455,288	463,183	463,183	—
Total Other Charges:		**$14,456,781**	**$18,157,965**	**$18,848,247**	**$690,282**

Interagency Transfers

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	434,685	434,685	—
5950007	IAT-PRINTING	362	—	—	—
5950008	IAT-POSTAGE	12	—	—	—

Interagency Transfers *(continued)*

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5950014	IAT-TELEPHONE	167,334	—	(139,213)	(139,213)
5950038	IAT-OTHER OPER SERV	895	—	—	—
5950049	IAT-CIVIL SERVICE	38,347	—	—	—
5950050	IAT-ORM INSURANCE	206,683	—	—	—
5950051	IAT-OSUP	5,332	—	—	—
5950052	IAT-LEG. AUDITOR	31,500	—	(101)	(101)
5950058	IAT-TECH SVCS	106,281	124,242	124,242	—
5950059	IAT-ST PROCUREMENT	1,509	—	—	—
Total Interagency Transfers:		**$558,255**	**$558,927**	**$419,613**	**$(139,314)**
Total Agency Expenditures:		**$15,019,623**	**$18,716,892**	**$19,267,860**	**$550,968**

PROGRAM SUMMARY STATEMENT

3101 - Northeast Delta Human Services Authority

Means of Financing

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	11,764,365	13,448,252	13,010,596	(437,656)	(3.25)%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	2,966,452	4,483,420	4,483,420	—	—
FEES & SELF-GENERATED	288,805	785,220	773,844	(11,376)	(1.45)%
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	1,000,000	1,000,000	—
TOTAL MEANS OF FINANCING	**$15,019,623**	**$18,716,892**	**$19,267,860**	**$550,968**	**2.94%**

Fees and Self-Generated

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated Revenues	288,805	785,220	773,844	(11,376)	(1.45)%
Total:	**$288,805**	**$785,220**	**$773,844**	**$(11,376)**	**(1.45)%**

Program Expenditures

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Percent Change
Salaries	—	—	—	—	—
Other Compensation	3,200	—	—	—	—
Related Benefits	46	—	—	—	—
TOTAL PERSONAL SERVICES	**$3,246**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—
Operating Services	129	—	—	—	—
Supplies	1,211	—	—	—	—
TOTAL OPERATING EXPENSES	**$1,340**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	14,456,781	18,157,965	18,848,247	690,282	3.80%
Debt Service	—	—	—	—	—
Interagency Transfers	558,255	558,927	419,613	(139,314)	(24.93)%
TOTAL OTHER CHARGES	**$15,015,036**	**$18,716,892**	**$19,267,860**	**$550,968**	**2.94%**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$15,019,623**	**$18,716,892**	**$19,267,860**	**$550,968**	**2.94%**

Program Positions

Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	97	99	99	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—
TOTAL POSITIONS	97	99	99	—	—

Cost Detail

Means of Financing

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
State General Fund	11,764,365	13,448,252	13,010,596	(437,656)
Interagency Transfers	2,966,452	4,483,420	4,483,420	—
Fees & Self-generated Revenues	288,805	785,220	773,844	(11,376)
Federal Funds	—	—	1,000,000	1,000,000
Total:	**$15,019,622**	**$18,716,892**	**$19,267,860**	**$550,968**

Other Compensation

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5120010	COMPENSATION/WAGES	3,200	—	—	—
Total Other Compensation:		**$3,200**	**—**	**—**	**—**

Related Benefits

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5130060	MEDICARE TAX	46	—	—	—
Total Related Benefits:		**$46**	**—**	**—**	**—**

Operating Services

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5330018	MAINT-AUTO REPAIRS	129	—	—	—
Total Operating Services:		**$129**	**—**	**—**	**—**

Supplies

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5410036	SUP-FUELTRAC	1,211	—	—	—
Total Supplies:		**$1,211**	**—**	**—**	**—**

Other Charges

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	7,261,957	7,775,296	513,339
5620063	MISC-OPERATNG SVCS	2,123,855	—	50,580	50,580
5620064	MISC-PROF SVCS	1,149,824	—	47,967	47,967
5620065	MISC-SUPPLIES OTHER	209,389	—	4,983	4,983
5620066	MISC-TRVL IN STATE	20,686	—	—	—
5620067	MISC-TR OUT OF STATE	41,610	—	1,483	1,483
5620068	MISC-ACQ/MAJ REP OTH	936	—	—	—
5620069	MISC-INTERAGENCY OTH	628,126	—	—	—
5620072	MISC-OC SAL CLASS&UN	6,057,978	7,408,892	7,480,822	71,930
5620073	MISC-OC-SAL CLASS OT	889	—	—	—
5620074	MISC-OC-SAL CLSS TRM	62,327	60,000	60,000	—
5620076	MISC-OC-WAGES	94,861	—	—	—
5620078	MISC-OC-RETIRE-STEM	1,799,563	1,929,912	1,929,912	—
5620079	MISC-OC-RETIRE-TEACH	74,242	45,000	45,000	—
5620081	MISC-OC-F.I.C.A. TAX	3,029	4,800	4,800	—
5620082	MISC-OC-MEDICARE TAX	83,253	82,218	82,218	—
5620083	MISC-OC-GRP INS CONT	783,873	741,908	741,908	—
5620137	MISC-OC-PS-MEDICAL	865,607	—	—	—
5620164	MISC-OC REL BENEFITS	1,447	160,095	160,095	—
5620165	MISC-OC-POST RET BEN	455,288	463,183	463,183	—
Total Other Charges:		**$14,456,781**	**$18,157,965**	**$18,848,247**	**$690,282**

Interagency Transfers

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	434,685	434,685	—
5950007	IAT-PRINTING	362	—	—	—
5950008	IAT-POSTAGE	12	—	—	—

Interagency Transfers *(continued)*

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5950014	IAT-TELEPHONE	167,334	—	(139,213)	(139,213)
5950038	IAT-OTHER OPER SERV	895	—	—	—
5950049	IAT-CIVIL SERVICE	38,347	—	—	—
5950050	IAT-ORM INSURANCE	206,683	—	—	—
5950051	IAT-OSUP	5,332	—	—	—
5950052	IAT-LEG. AUDITOR	31,500	—	(101)	(101)
5950058	IAT-TECH SVCS	106,281	124,242	124,242	—
5950059	IAT-ST PROCUREMENT	1,509	—	—	—
Total Interagency Transfers:		**$558,255**	**$558,927**	**$419,613**	**$(139,314)**
Total Expenditures for Program 3101		**$15,019,623**	**$18,716,892**	**$19,267,860**	**$550,968**
Total Agency Expenditures:		**$15,019,623**	**$18,716,892**	**$19,267,860**	**$550,968**

SOURCE OF FUNDING SUMMARY

Agency Overview

Interagency Transfers

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Form ID
LDH-OBH	2,969,738	4,483,420	4,483,420	—	56093
LDH-MVA	11,009	—	—	—	56660
ACT 421 TEFRA	24,568	—	—	—	56661
Total Interagency Transfers	**$3,005,315**	**$4,483,420**	**$4,483,420**	**—**	

Fees & Self-generated

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Form ID
FEES & SELF GENERATED	99,302	99,302	99,302	—	56099
FEES & SELF GENERATED	189,503	570,581	570,581	—	56111
FEES & SELF GENERATED	—	44,318	44,318	—	56113
FEES & SELF GENERATED	—	20,000	20,000	—	56114
FEES AND SELF GENERATED	—	51,019	39,643	(11,376)	56118
Total Fees & Self-generated	**$288,805**	**$785,220**	**$773,844**	**$(11,376)**	

Federal Funds

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Form ID
FEDERAL	—	—	1,000,000	1,000,000	61166
Total Federal Funds	**—**	**—**	**$1,000,000**	**$1,000,000**	

State General Fund (Direct)

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Form ID
LDH-MVA	—	—	14,000	14,000	56660
ACT 421 TEFRA	—	—	20,000	20,000	56661
Total State General Fund (Direct)	**—**	**—**	**$34,000**	**$34,000**	
Total Sources of Funding:	**$3,294,120**	**$5,268,640**	**$6,291,264**	**$1,022,624**	

SOURCE OF FUNDING DETAIL

Interagency Transfers

Form 56093 — 310 - OBH IAT

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	4,483,420	—	—	4,483,420	—	—	4,483,420	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$4,483,420**	**—**	**—**	**$4,483,420**	**—**	**—**	**$4,483,420**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$4,483,420**	**—**	**—**	**$4,483,420**	**—**	**—**	**$4,483,420**	**—**	**—**

Form 56093 — 310 - OBH IAT

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of this IAT is to support various mental health and substance abuse programs as directed by LDH-OBH.
Agency discretion or Federal requirement?	Agency discretion, as submitted on block grants intended use plans.
Describe any budgetary peculiarities.	Some funds are restricted based upon the terms of the grants.
Is the Total Request amount for multiple years?	No.
Additional information or comments.	None
Provide the amount of any indirect costs.	The amount of indirect costs associated with this activity is $448,342 (10%). Indirect costs are allocated across operating services, operating supplies expenditure categories.
Any indirect costs funded with other MOF?	There are indirect cost services not funded with this fee that are funded by State General Fund and IAT dollars.
Objectives and indicators in the Operational Plan.	Not applicable
Additional information or comments.	

Form 56660 — 310 - MVA IAT PASSR

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**

Form 56660 — 310 - MVA IAT PASSR

Question	Narrative Response
State the purpose, source and legal citation.	The funds received from the Medical Vendor Administration will be used for PASSR related activities to support and reimburse expenses incurred in preadmission screening for clients with developmental disabilities.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	Some funds are restricted based upon the terms of the grants.
Is the Total Request amount for multiple years?	No
Additional information or comments.	None.
Provide the amount of any indirect costs.	The amount of indirect costs associated with this activity is $1,400.00 (10%). Indirect costs are allocated across operating services, operating supplies expenditure categories.
Any indirect costs funded with other MOF?	The amount of indirect costs associated with this activity is $1,400 (10%). Indirect costs are allocated across operating services, operating supplies expenditure categories.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 56661 — 310- IAT ACT 421 TEFRA

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**

Form 56661 — 310- IAT ACT 421 TEFRA

Question	Narrative Response
State the purpose, source and legal citation.	Act 421 of the 2019 Regular Legislative Session provides for the TEFRA option within the Louisiana Medicaid program through which children with disabilities can access Medicaid-funded services regardless of their parents' income.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	No
Additional information or comments.	None
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Northeast Delta Human Services Authority will foster and facilitate independence for citizens with disabilities through the availability of home and community-based services.
Additional information or comments.	Not applicable

Federal Funds

Form 61166 — 310-CCBH

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	—	—	—	1,000,000	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**—**	**—**	**—**	**$1,000,000**	**—**	**—**	**—**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**—**	**—**	**—**	**$1,000,000**	**—**	**—**	**—**	**—**	**—**

Form 61166 — 310-CCBH

Question	Narrative Response
State the purpose, source and legal citation.	Northeast Delta Human Services Authority (NEDHSA) is currently engaged in Certified Community Behavioral Health (CCBH) work, which is closely aligned with the responsibilities, services, and objectives of Louisianaís Local Governing Entities (LGEs). CCBH initiatives are designed to strengthen and expand access to comprehensive, coordinated behavioral health services, including mental health and substance use services, crisis response, care coordination, and connections to other necessary community-based supports. This model emphasizes timely access to care, integrated service delivery, improved coordination among providers, and continuity of care for individuals with behavioral health needs. NEDHSA anticipates receiving formal notification regarding the CCBH award in mid to late November. Given the anticipated timing of the award notification and the close alignment between CCBH activities and the services currently provided through the LGEs, NEDHSA is requesting approval to proceed with the current request to support continuity of operations and ongoing project activities. Upon official confirmation of the CCBH award, NEDHSA will review the final award, applicable funding requirements, and approved activities and will make the appropriate funding adjustments accordingly. This will ensure that resources are properly allocated, avoid unnecessary duplication of funding, and maintain alignment between CCBH-funded activities, LGE responsibilities, and the overall objectives of the project.
Agency discretion or Federal requirement?	N/A
Describe any budgetary peculiarities.	
Is the Total Request amount for multiple years?	No, one year.
Additional information or comments.	
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	
Additional information or comments.	

State General Fund (Direct)

Form 56660 — 310 - MVA IAT PASSR

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	—	—	—	14,000	—	—	14,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**—**	**—**	**—**	**$14,000**	**—**	**—**	**$14,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**—**	**—**	**—**	**$14,000**	**—**	**—**	**$14,000**	**—**	**—**

Form 56660 — 310 - MVA IAT PASSR

Question	Narrative Response
State the purpose, source and legal citation.	The funds received from the Medical Vendor Administration will be used for PASSR related activities to support and reimburse expenses incurred in preadmission screening for clients with developmental disabilities.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	Some funds are restricted based upon the terms of the grants.
Is the Total Request amount for multiple years?	No
Additional information or comments.	None.
Provide the amount of any indirect costs.	The amount of indirect costs associated with this activity is $1,400.00 (10%). Indirect costs are allocated across operating services, operating supplies expenditure categories.
Any indirect costs funded with other MOF?	The amount of indirect costs associated with this activity is $1,400 (10%). Indirect costs are allocated across operating services, operating supplies expenditure categories.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 56661 — 310- IAT ACT 421 TEFRA

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	—	—	—	20,000	—	—	17,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**—**	**—**	**—**	**$20,000**	**—**	**—**	**$17,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**—**	**—**	**—**	**$20,000**	**—**	**—**	**$17,000**	**—**	**—**

Form 56661 — 310- IAT ACT 421 TEFRA

Question	Narrative Response
State the purpose, source and legal citation.	Act 421 of the 2019 Regular Legislative Session provides for the TEFRA option within the Louisiana Medicaid program through which children with disabilities can access Medicaid-funded services regardless of their parents' income.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	No
Additional information or comments.	None
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Northeast Delta Human Services Authority will foster and facilitate independence for citizens with disabilities through the availability of home and community-based services.
Additional information or comments.	Not applicable

Fees & Self-generated

Form 56099 — 310 - Fees And Self Generated - Medicare

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	99,302	—	—	99,302	—	—	134,292	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$99,302**	**—**	**—**	**$99,302**	**—**	**—**	**$134,292**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$99,302**	**—**	**—**	**$99,302**	**—**	**—**	**$134,292**	**—**	**—**

Form 56099 — 310 - Fees And Self Generated - Medicare

Question	Narrative Response
State the purpose, source and legal citation.	Purpose of the fees is to offset the cost of providing services to NEDHSA clients with revenues received for psychiatric and medical services at NEDHSA Integrated Health Care Clinics provided to Medicare eligible clients.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	These funds are fees established by the Center of Medicaid and Medicare Services for Medicare beneficiaries.
Is the Total Request amount for multiple years?	No.
Additional information or comments.	None.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Objective: NEDHSA Integrated Healthcare services provide access to integrated care services for adults and adolescents with behavioral health diagnoses. NEDHSA will provide a continuum of quality, competent behavioral health and integrated services that meet the needs of persons served. Performance Indicators: % of persons served who indicate they would recommend the clinic to a friend or family member, % of successful completions (inpatient addiction treatment programs, and % of successful completions (residential addiction treatment programs).
Additional information or comments.	None.

Form 56111 — 310 - Fees And Self Generated - Medicaid

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	570,581	—	—	570,581	—	—	835,249	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$570,581**	**—**	**—**	**$570,581**	**—**	**—**	**$835,249**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$570,581**	**—**	**—**	**$570,581**	**—**	**—**	**$835,249**	**—**	**—**

Form 56111 — 310 - Fees And Self Generated - Medicaid

Question	Narrative Response
State the purpose, source and legal citation.	Purpose of the fees is to offset the cost providing services to NEDHSA clients and indigent populations. Fee objective is to cover cost of service. Revenue received for services provided to Medicaid eligible clients. These funds are fees established by the Louisiana Healthy Plans for services delivered to individuals with behavioral health issues who are beneficiaries of the Louisiana Managed Care Organizations (MCOs).
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	This revenue source is realized only when eligible direct patient care services are delivered to individuals.
Is the Total Request amount for multiple years?	Not applicable
Additional information or comments.	No
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Objective: NEDHSA Integrated Healthcare services provide access to integrated care services for adults and adolescents with behavioral health diagnoses. NEDHSA will provide a continuum of quality, competent behavioral health and integrated services that meet the needs of persons served. Performance Indicators: % of persons served who indicate they would recommend the clinic to a friend or family member, % of successful completions (inpatient addiction treatment programs, and % of successful completions (residential addiction treatment programs).
Additional information or comments.	None.

Form 56113 — 310 - Fees And Self Generated - Insurance

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	44,318	—	—	44,318	—	—	65,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$44,318**	**—**	**—**	**$44,318**	**—**	**—**	**$65,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$44,318**	**—**	**—**	**$44,318**	**—**	**—**	**$65,000**	**—**	**—**

Form 56113 — 310 - Fees And Self Generated - Insurance

Question	Narrative Response
State the purpose, source and legal citation.	Purpose of the fees is to offset the cost providing services to NEDHSA clients. Fees charged for services provided in Integrated Health Care, Mental Health, and Substance Abuse Clinics by credentialed staff who can be billable providers with various Third Party Insurers; thus, revenues are collected when these Third-Party Insurers are billed for those patients who have insurance benefits.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	The number of patients with insurance benefits available to them affects this revenue source. These funds are reasonable and customary fees established by Third Party Insurers.
Is the Total Request amount for multiple years?	No,
Additional information or comments.	None.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Objective: NEDHSA Integrated Healthcare services provide access to integrated care services for adults and adolescents with behavioral health diagnoses. NEDHSA will provide a continuum of quality, competent behavioral health and integrated services that meet the needs of persons served. Performance Indicators: % of persons served who indicate they would recommend the clinic to a friend or family member, % of successful completions (inpatient addiction treatment programs, and % of successful completions (residential addiction treatment programs).
Additional information or comments.	None.

Form 56114 — 310 - Fees And Self Generated - Co-Pays

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	20,000	—	—	20,000	—	—	20,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$20,000**	**—**	**—**	**$20,000**	**—**	**—**	**$20,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$20,000**	**—**	**—**	**$20,000**	**—**	**—**	**$20,000**	**—**	**—**

Form 56114 — 310 - Fees And Self Generated - Co-Pays

Question	Narrative Response
State the purpose, source and legal citation.	The collection of Co-Pays help support clinics that provide services to NEDHSA clients. Clients with private insurance pay applicable co-pays according to their insurance plans.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	Co Pay responsibility is determined by the client's insurance provider.
Is the Total Request amount for multiple years?	No.
Additional information or comments.	None.
Provide the amount of any indirect costs.	Not Applicable.
Any indirect costs funded with other MOF?	Not Applicable.
Objectives and indicators in the Operational Plan.	Objective: NEDHSA Integrated Healthcare services provide access to integrated care services for adults and adolescents with behavioral health diagnoses. NEDHSA will provide a continuum of quality, competent behavioral health and integrated services that meet the needs of persons served. Performance Indicators: % of persons served who indicate they would recommend the clinic to a friend or family member, % of successful completions (inpatient addiction treatment programs, and % of successful completions (residential addiction treatment programs). not applicable
Additional information or comments.	None.

Form 56118 — 310 - Fees and Self Generated - Miscellaneous

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	51,019	—	—	39,643	—	—	32,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$51,019**	**—**	**—**	**$39,643**	**—**	**—**	**$32,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$51,019**	**—**	**—**	**$39,643**	**—**	**—**	**$32,000**	**—**	**—**

Form 56118 — 310 - Fees and Self Generated - Miscellaneous

Question	Narrative Response
State the purpose, source and legal citation.	Purpose of these receipts and revenues is for the furtherance of the general agency activities. Revenues from space leased, medical records copies, DWI copay, Medicaid enrollment. $63,624 was received by Elevance Health in support of Harm Reduction.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	Not Applicable.
Is the Total Request amount for multiple years?	No.
Additional information or comments.	None.
Provide the amount of any indirect costs.	Not Applicable.
Any indirect costs funded with other MOF?	Not Applicable.
Objectives and indicators in the Operational Plan.	Objective: NEDHSA Integrated Healthcare services provide access to integrated care services for adults and adolescents with behavioral health diagnoses. NEDHSA will provide a continuum of quality, competent behavioral health and integrated services that meet the needs of persons served. Performance Indicators: % of persons served who indicate they would recommend the clinic to a friend or family member, % of successful completions (inpatient addiction treatment programs, and % of successful completions (residential addiction treatment programs).
Additional information or comments.	

EXPENDITURES BY MEANS OF FINANCING

Existing Operating Budget

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 56093 LDH-OBH	Fees & Self-generated Form ID 56099 FEES & SELF GENERATED	Fees & Self-generated Form ID 56111 FEES & SELF GENERATED
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	—	18,157,965	12,889,325	4,483,420	99,302	570,581
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	558,927	558,927	—	—	—
TOTAL OTHER CHARGES	**—**	**$18,716,892**	**$13,448,252**	**$4,483,420**	**$99,302**	**$570,581**
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**—**	**$18,716,892**	**$13,448,252**	**$4,483,420**	**$99,302**	**$570,581**

Expenditures	Fees & Self-generated Form ID 56113 FEES & SELF GENERATED	Fees & Self-generated Form ID 56114 FEES & SELF GENERATED	Fees & Self-generated Form ID 56118 FEES AND SELF GENERATED
Salaries	—	—	—
Other Compensation	—	—	—
Related Benefits	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**
Travel	—	—	—
Operating Services	—	—	—
Supplies	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**
Other Charges	44,318	20,000	51,019
Debt Service	—	—	—
Interagency Transfers	—	—	—
TOTAL OTHER CHARGES	**$44,318**	**$20,000**	**$51,019**
Acquisitions	—	—	—
Major Repairs	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**
TOTAL EXPENDITURES	**$44,318**	**$20,000**	**$51,019**

Total Request

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 56093 LDH-OBH	Federal Funds Form ID 61166 FEDERAL	State General Fund (Direct) Form ID 56660 LDH-MVA
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	—	18,848,247	12,556,983	4,483,420	1,000,000	14,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	419,613	419,613	—	—	—
TOTAL OTHER CHARGES	**—**	**$19,267,860**	**$12,976,596**	**$4,483,420**	**$1,000,000**	**$14,000**
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**—**	**$19,267,860**	**$12,976,596**	**$4,483,420**	**$1,000,000**	**$14,000**

Expenditures	State General Fund (Direct) Form ID 56661 ACT 421 TEFRA	Fees & Self-generated Form ID 56099 FEES & SELF GENERATED	Fees & Self-generated Form ID 56111 FEES & SELF GENERATED	Fees & Self-generated Form ID 56113 FEES & SELF GENERATED	Fees & Self-generated Form ID 56114 FEES & SELF GENERATED	Fees & Self-generated Form ID 56118 FEES AND SELF GENERATED
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	20,000	99,302	570,581	44,318	20,000	39,643
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$20,000**	**$99,302**	**$570,581**	**$44,318**	**$20,000**	**$39,643**
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$20,000**	**$99,302**	**$570,581**	**$44,318**	**$20,000**	**$39,643**

REVENUE COLLECTIONS/INCOME

Interagency Transfers

003 - Interagency Transfers

Source	Commitment Item	Commitment Item Name	FY2025-2026 Actuals	FY-2027 Estimate	FY2027-2028 Projected	Over/Under Current Year Estimate
SOURCE						
LDH-OBH	4710059	MR-FROM STATE AGENCY	3,005,315	4,483,420	4,483,420	—
Total Collections/Income			**$3,005,315**	**$4,483,420**	**$4,483,420**	**—**
TYPE						
Expenditures Source of Funding Form (BR-6)			3,005,315	4,483,420	4,483,420	—
Total Expenditures, Transfers and Carry Forwards to Next FY			**$3,005,315**	**$4,483,420**	**$4,483,420**	**—**
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			**—**	**—**	**—**	**—**

Fees & Self-generated

002 - Fees & Self-generated Revenues

Source	Commitment Item	Commitment Item Name	FY2025-2026 Actuals	FY-2027 Estimate	FY2027-2028 Projected	Over/Under Current Year Estimate
SOURCE						
MEDICARE	4650010	SALE NON ST-SERVICES	99,302	99,302	99,302	—
MEDICAID	4650010	SALE NON ST-SERVICES	513,953	575,965	575,965	—
INSURANCE - MISC	4650024	SALE NS-COMM INS	44,318	44,318	44,318	—
CO-PAY	4650026	SALE NS-CO-PAYS	18,875	20,906	20,906	—
MISC COLLECTIONS	4710039	MR-FLOOR SPACE INC	14,114	13,353	13,353	—
MISC COLLECTIONS	4710042	MR-OTHER INCOME	1,056	—	—	—
MISC COLLECTIONS	4710090	MR-DONATIONS	75,000	—	—	—
MISC COLLECTIONS	4710095	MR-RECOUP & REBATES	14,101	20,000	20,000	—
CARRYFORWARD	4830016	PY CASH CARRYOVER	—	11,376	—	(11,376)
Total Collections/Income			**$780,719**	**$785,220**	**$773,844**	**$(11,376)**
TYPE						
Expenditures Source of Funding Form (BR-6)			288,805	785,220	773,844	(11,376)
Carryover			11,376	—	—	—
Transfer			480,538	—	—	—
Total Expenditures, Transfers and Carry Forwards to Next FY			**$780,719**	**$785,220**	**$773,844**	**$(11,376)**
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			**—**	**—**	**—**	**—**

Federal Funds

006 - Federal Funds

Source	Commitment Item	Commitment Item Name	FY2025-2026 Actuals	FY-2027 Estimate	FY2027-2028 Projected	Over/Under Current Year Estimate
SOURCE						
FEDERAL	4710042	MR-OTHER INCOME	—	—	1,000,000	1,000,000
Total Collections/Income			**—**	**—**	**$1,000,000**	**$1,000,000**
TYPE						
Expenditures Source of Funding Form (BR-6)			—	—	1,000,000	1,000,000
Total Expenditures, Transfers and Carry Forwards to Next FY			**—**	**—**	**$1,000,000**	**$1,000,000**
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			**—**	**—**	**—**	**—**

Justification of Differences

Form 57194 — 310 - OBH IAT

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	FY28 NEDHSA will be also taking on Early Steps via an LDH contract with an additional IAT allocation of $450,000

Form 57197 — 310 - Fees & SG Medicare

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 57199 — 310 - Fees & SG Medicaid

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 57200 — 310 - Fees & SG Insurance

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 57201 — 310 - Fees & SG Co-Pays

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 57202 — 310 - Fees & SG Misc

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	$75,000 received from Elevance Health for Harm Reduction Vending Machine sponsorship

Form 57579 — 310 - MVA IAT PASSR

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 57580 — 310 - IAT ACT 421 TEFRA

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 57600 — 310 - Transfer Carryforward

Question	Narrative Response
Explain any transfers to other appropriations.	Transfer of funds to complete generator install with Hendry Electrical for existing state building, RISE, to provide impatient rehabilitation services for pregnant women with dependent children.
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 61197 — 310- CCBH

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	Northeast Delta Human Services Authority (NEDHSA) is currently engaged in Certified Community Behavioral Health (CCBH) work, which is closely aligned with the responsibilities, services, and objectives of Louisianaís Local Governing Entities (LGEs). CCBH initiatives are designed to strengthen and expand access to comprehensive, coordinated behavioral health services, including mental health and substance use services, crisis response, care coordination, and connections to other necessary community-based supports. This model emphasizes timely access to care, integrated service delivery, improved coordination among providers, and continuity of care for individuals with behavioral health needs. NEDHSA anticipates receiving formal notification regarding the CCBH award in mid to late November. Given the anticipated timing of the award notification and the close alignment between CCBH activities and the services currently provided through the LGEs, NEDHSA is requesting approval to proceed with the current request to support continuity of operations and ongoing project activities. Upon official confirmation of the CCBH award, NEDHSA will review the final award, applicable funding requirements, and approved activities and will make the appropriate funding adjustments accordingly. This will ensure that resources are properly allocated, avoid unnecessary duplication of funding, and maintain alignment between CCBH-funded activities, LGE responsibilities, and the overall objectives of the project.

SCHEDULE OF REQUESTED EXPENDITURES

3101 - Northeast Delta Human Services Authority

Other Charges

FY2027-2028 Request	Means of Financing	Description
606,477	Fees & Self-generated Revenues	
3,145,435	Interagency Transfers	
5,119,542	State General Fund	
$8,871,454		**Contractual and operating costs of mental health, addictive disorders and developmental disability services.**
167,367	Fees & Self-generated Revenues	
1,337,985	Interagency Transfers	
7,471,441	State General Fund	
$8,976,793		**Salaries and related benefits for Other Charges positions.**
1,000,000	Federal Funds	
$1,000,000		
$18,848,247	**Total Other Charges**	

Interagency Transfers

FY2027-2028 Request	Means of Financing	Receiving Agency	Description
1,299	State General Fund		
$1,299		**DOA-OFFICE OF ST PROCUREMENT**	**State Purchasing**
27,012	State General Fund		
$27,012		**DOA-OFFICE OF TECHNOLOGY SVCS**	**Office of Technology Services**
31,399	State General Fund		
$31,399		**LEGISLATIVE AUDITOR**	**Louisiana Legislative Auditor**
192,683	State General Fund		
$192,683		**OFFICE OF RISK MANAGEMENT**	**Office of Risk Management Premium**
120,991	State General Fund		
$120,991		**OFF. TELECOMMUNICATIONS MGMT**	**Office of Telecommunications**

Interagency Transfers *(continued)*

FY2027-2028 Request	Means of Financing	Receiving Agency	Description
40,267	State General Fund		
$40,267		**STATE CIVIL SERVICE**	**State Civil Service fees and CPTP**
631	State General Fund		
$631		**ST TREASURER OPERATING**	**State Treasurer's Office**
5,331	State General Fund		
$5,331		**UNIFORM PAYROLL OFFICE**	**Uniform Payroll**
$419,613	**Total Interagency Transfers**		

Continuation Budget Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	Existing Operating Budget as of 10/01/2026	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2027-2028 Requested Continuation Level
STATE GENERAL FUND (Direct)	13,448,252	(475,285)	105,013	71,930	—	(139,314)	13,010,596
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	—	—	—	—	—	4,483,420
FEES & SELF-GENERATED	785,220	(11,376)	—	—	—	—	773,844
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$18,716,892**	**$(486,661)**	**$105,013**	**$71,930**	**—**	**$(139,314)**	**$18,267,860**

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2026	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2027-2028 Requested Continuation Level
Fees & Self-generated Revenues	785,220	(11,376)	—	—	—	—	773,844
Total:	**$785,220**	**$(11,376)**	**—**	**—**	**—**	**—**	**$773,844**

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2026	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2027-2028 Requested Continuation Level
Total:	**—**	**—**	**—**	**—**	**—**	**—**	**—**

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2026	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2027-2028 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	18,157,965	(486,661)	105,013	71,930	—	—	17,848,247
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	558,927	—	—	—	—	(139,314)	419,613
TOTAL OTHER CHARGES	**$18,716,892**	**$(486,661)**	**$105,013**	**$71,930**	**—**	**$(139,314)**	**$18,267,860**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$18,716,892**	**$(486,661)**	**$105,013**	**$71,930**	**—**	**$(139,314)**	**$18,267,860**
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**99**	**—**	**—**	**—**	**—**	**—**	**99**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**

CONTINUATION BUDGET ADJUSTMENTS - SUMMARIZED

Form 59304 — FY27-28 Non-Recurring Carryforwards

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(475,285)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	(11,376)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$(486,661)**

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	(486,661)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$(486,661)**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$(486,661)**

Form 59776 — 310 - Inflation

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	105,013
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$105,013**

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	105,013
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$105,013**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$105,013**

Form 59774 — 310 - Salary & RB Compulsory Adjustment

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	71,930
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$71,930**

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	71,930
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$71,930**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$71,930**

Form 59775 — 310 - Other/IAT Increases

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(139,314)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$(139,314)**

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	—
Debt Service	—
Interagency Transfers	(139,314)
TOTAL OTHER CHARGES	**$(139,314)**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$(139,314)**

PROGRAM SUMMARY STATEMENT

3101 - Northeast Delta Human Services Authority

Means of Financing

Description	Existing Operating Budget as of 10/01/2026	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2027-2028 Requested Continuation Level
STATE GENERAL FUND (Direct)	13,448,252	(475,285)	105,013	71,930	—	(139,314)	13,010,596
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	—	—	—	—	—	4,483,420
FEES & SELF-GENERATED	785,220	(11,376)	—	—	—	—	773,844
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$18,716,892**	**$(486,661)**	**$105,013**	**$71,930**	**—**	**$(139,314)**	**$18,267,860**

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2026	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2027-2028 Requested Continuation Level
Fees & Self-generated Revenues	785,220	(11,376)	—	—	—	—	773,844
Total:	**$785,220**	**$(11,376)**	**—**	**—**	**—**	**—**	**$773,844**

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2026	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2027-2028 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	18,157,965	(486,661)	105,013	71,930	—	—	17,848,247
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	558,927	—	—	—	—	(139,314)	419,613
TOTAL OTHER CHARGES	**$18,716,892**	**$(486,661)**	**$105,013**	**$71,930**	**—**	**$(139,314)**	**$18,267,860**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$18,716,892**	**$(486,661)**	**$105,013**	**$71,930**	**—**	**$(139,314)**	**$18,267,860**
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**99**	**—**	**—**	**—**	**—**	**—**	**99**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**

CONTINUATION BUDGET ADJUSTMENTS - BY PROGRAM

Form 59304 — FY27-28 Non-Recurring Carryforwards

3101 - Northeast Delta Human Services Authority

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(475,285)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	(11,376)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$(486,661)**

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	(486,661)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$(486,661)**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$(486,661)**

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Fees and Self-Generated

	Amount
Fees & Self-generated Revenues	(11,376)
Total:	**$(11,376)**

Statutory Dedications

	Amount
Total:	**—**

Supporting Detail

Means of Financing

Description	Amount
Fees & Self-generated Revenues	(11,376)
State General Fund	(475,285)
Total:	**$(486,661)**

Other Charges

Commitment item	Name	Amount
5600000	TOTAL OTHER CHARGES	(486,661)
Total:		**$(486,661)**

Form 59776 — 310 - Inflation

3101 - Northeast Delta Human Services Authority

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	105,013
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$105,013**

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	105,013
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$105,013**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$105,013**

Question	Narrative Response
Explain the need for this request.	Total Other Charges of $4,412,312 comprised of supplies, services, travel, professional services, and other charges IAT under the general inflation rate (2.38%). Inflation Adjustment $105,013.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	Due to the increasing cost of of services and supplies without an incremental increase it could negatively impact our ability to provide services efficiently and effectively at our current high standards.
Is revenue a fixed amount or can it be adjusted?	No
Is the expenditure of these revenues restricted?	No
Additional information or comments.	

Form 59774 — 310 - Salary & RB Compulsory Adjustment

3101 - Northeast Delta Human Services Authority

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	71,930
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$71,930**

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	71,930
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$71,930**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$71,930**

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Statutory Dedications

	Amount
Total:	**—**

Question	Narrative Response
Explain the need for this request.	Salary and Wage Market Adjustment $224,889 Base Salary Adj. $-489,052 Related Benefits Adjustment $121,811 Wages Base Adjustment $ 206,273 Wages Market Adjustment and CPG $8,009 Total Adjustments $71,930 (spreadsheets attached)
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	The inability to give market rate adjustments to current staff and the inability to fill job appointments and fill vacant staff positions to provide needed services.
Is revenue a fixed amount or can it be adjusted?	No
Is the expenditure of these revenues restricted?	No
Additional information or comments.	

DEPARTMENT OF HEALTH AND HOSPITALS
COMPULSORY ADJUSTMENT-PERSONAL SERVICES
FY 2027-2028
PROGRAM: NORTHEAST DELTA HUMAN SERVICES AUTHORITY

GL	DESCRIPTION	BUDGETED 2026-2027	REQUESTED 2027-2028	INCREASE REQUESTED
	OTHER COMPENSATION	0	0	0
	STUDENT LABOR	0	0	0
5620076	WAGES	0	206,273	206,273
	TOTAL OTHER COMPENSATION	0	206,273	**206,273**

EXPLANATION OF INCREASES:

	-
	-
Market Adjustment Year 2 + CPG	8,009
Total Pay Adjustments	**8,009**
Wage Base Adjustment	206,273
TOTAL INCREASE FOR WAGES	**$ 214,282**

DEPARTMENT OF HEALTH AND HOSPITALS
COMPULSORY ADJUSTMENT-PERSONAL SERVICES
FY 2027-2028
PROGRAM: NORTHEAST DELTA HUMAN SERVICES AUTHORITY

GL	DESCRIPTION	BUDGETED 2026-2027	REQUESTED 2027-2028	INCREASE REQUESTED	
	RELATED BENEFITS				
5620078	STATE EMPLOYEE RETIRE.				
	INCUMBENTS		$1,728,004		Employer Retirement except for TRSL
	VACANCIES		$277,792		Employer Retirement for Vacancies
	TOTAL STATE RETIREMENT		$2,005,796		
5620079	TEACHERS RETIREMENT				
	INCUMBENTS		$79,028		Employer Retirement that are in TRSL
	VACANCIES		$0		
	TOTAL TEACHERS RETIRE.		$79,028		
5620081	F.I.C.A.				
	INCUMBENTS		$0		OSDI for 3694
	VACANCIES		$0		
	STUDENTS		$0		
	WAGES		$10,945		
	TOTAL F.I.C.A.		$10,945		
5620083	GROUP INSURANCE				
	INCUMBENTS		$828,417		Employer Med + Employer Life
	VACANCIES		$207,540		Employer Med + Employer Life
5620165	RETIREES		$436,560		EOB+ 2 additional retirees (Estimated OGB cost from tracke
	TOTAL GROUP INS		$1,472,517		
	OTHER				
5620082	MEDICARE TAX		$96,661		Employer Medi + Vacancy
	UNEMPLOYMENT TAX		$0		
	VACANCIES		$13,662		
	TOTAL OTHER		$110,323		
	TOTAL RELATED BENEFITS		$3,678,609		
	LESS ATTRITION (4.0%)*		$129,682		
	REQUESTED RELATED BEN	$3,427,116	$3,548,927	**$121,811**	Relate Benefits from BR-8

JUSTIFICATION OF INCREASES:

SALARY INCREASE ADJUSTMENTS	$94,229	Ret %+Medi % times Salary Increases on Salaries tab
RELATED BENEFIT ADJUSTMENT	$27,582	
TOTAL INCREASE IN RELATED BENEFITS	**$121,811**	

***Note: Attrition is not taken on retiree insurance**

LOUISIANA DEPARTMENT OF HEALTH
COMPULSORY ADJUSTMENT-PERSONAL SERVICES
FY 2027-2028
PROGRAM: NORTHEAST DELTA HUMAN SERVICES AUTHORITY

GL	DESCRIPTION	Non T.O.	BUDGETED 2026-2027	REQUESTED 2027-2028	INCREASE REQUESTED	
	BASE SALARIES					
5620072	Base Salaries Classified Per PEP	82		$5,500,104		Column labeled "Salary+Curr Year CPG
5620072	Base Salaries Unclass Per PEP	5		$757,286		Column labeled "Salary+Curr Year CPG
	Funding for Vacancies	12		$949,717		Column labeled " Salary"
	TOTAL BASE SALARIES	**99**		**$7,207,107**		
	PREMIUM PAY					
	Premium Pay/Shift Differential			$10,430		column labeled "Other Pay"
	TOTAL PREMIUM PAY			**$10,430**		
	SALARY INCREASES					
	Market Adjustment Increase Y2 (Classified)			$194,598		column labeled "Market Adjustment"
	Market Adjustment Increase Y2 (Unclass)			$30,291		column labeled "Market Adjustment"
	TOTAL SALARY INCREASES			**$224,889**		
	TOTAL SALARIES			**$7,442,426**		
	LESS ATTRITION (4%)			($297,697)		4% of total salaries
	SALARIES NET OF ATTRITION		$7,408,892	$7,144,729	($264,163)	EOB Budget for salaries
5620073	**OVERTIME**		$0	$0	$0	EOB included in salaries
5620074	**TERMINATION**		$60,000	$60,000	$0	EOB included in salaries
	TOTAL SALARIES CATEGORY				**($264,163)**	

EXPLANATION OF INCREASE:

TOTAL SALARY INCREASES	$224,889
SALARY BASE ADJUSTMENT	($489,052)
TOTAL INCREASE/DECREASE FOR SALARIES	**($264,163)**

Form 59775 — 310 - Other/IAT Increases

3101 - Northeast Delta Human Services Authority

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	(139,314)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$(139,314)**

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	—
Debt Service	—
Interagency Transfers	(139,314)
TOTAL OTHER CHARGES	**$(139,314)**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$(139,314)**

Question	Narrative Response
Explain the need for this request.	Payment adjustments for IAT - Louisiana Legislative Auditor decrease $101, OTM-Telephone decrease of $31384.04 (transitioning from state phones to Cloud phones with State vendor In-Telecom).
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If not funded, the possible programmatic impact would be having to use other funds for this IAT that would prevent the agency from providing as many services as possible to our clients.
Is revenue a fixed amount or can it be adjusted?	No
Is the expenditure of these revenues restricted?	No
Additional information or comments.	

LOUISIANA LEGISLATIVE AUDITOR

MICHAEL J. "MIKE" WAGUESPACK, CPA
LOUISIANA LEGISLATIVE AUDITOR

October 6, 2026

Dr. Monteic A. Sizer, Executive Director
Northeast Delta Human Services Authority
2513 Ferrand Street
Monroe, Louisiana 71201

Sent via Email:
monteic.sizer@la.gov

Forwarded via USPS

Dear Dr. Sizer,

Act 912 of the 2026 Regular Legislative Session authorized the Legislative Auditor to allocate and collect from each auditee included in the state's Annual Comprehensive Financial Report such amounts as may be reasonably necessary to compensate the Legislative Auditor for services rendered.

I understand your agency is currently preparing its budget for the 2027-2028 fiscal year. I ask that you include $31,399.00 for the 2027-2028 regular allocation of audit costs in your budget.

Your agency's audit allocation is based on the cost of audit services provided to you. If additional audit services are requested or required, those services may result in additional audit costs charged to your agency. Those costs would be discussed with you prior to any additional allocation.

Inquiries concerning this allocation should be directed to Ms. Beth Q. Davis, CPA, First Assistant Legislative Auditor, at bdavis@lla.la.gov or (225) 339-3977. I appreciate the many courtesies extended to my staff over the years and look forward to working with you in the future.

Sincerely,

Michael J. Waguespack, CPA
Louisiana Legislative Auditor

State of Louisiana
Office of Technology Services

Jeff Landry
Governor

Taylor F. Barras
Commissioner of Administration

Division of Administration
P.O. Box 94095
Baton Rouge, Louisiana 70804-9095
Phone (225) 342-7105
Fax (225) 219-4994

C310 - LDH-NE DELTA HUMAN SVC AUTH

Invoice #C3100726 - July, 2026

Code	Description	Quantity	Rate	Total
A8154400	E-Mail Loss Prevention & Encryption	50	1.00	$50.00
A8154401	SWE Mailbox / 4GB	155	5.00	$775.00
A8154402	SWE Storage - GB	1,426.85	1.00	$1,426.85
A8154504	LaGov HCM with Payroll	14,326.47	1.00	$14,326.47
A8154506	LaGov SRM	52,831	1.00	$52,831.00
A8154507	LaGov Financials and Logistics	17,275	1.00	$17,275.00
A8154860	Enterprise Information Security	2,120.19	1.00	$2,120.19
		Total Amount Due		**$88,804.51**

All questions/concerns should be directed as follows:

Personnel Discrepancies or Travel Backup - Contact the designated Agency Relationship Manager (ARM)
Copies of backup expenditure Invoice(s) - Contact OFSS at OTS.Billing@la.gov

All non-LaGov agencies please remit payment to the address below:

Office of Technology Services
C/O Finance & Support Services
PO Box 94095
Baton Rouge, LA 70804

State of Louisiana Division of Administration

INVOICE

Office of State Uniform Payroll
PO Box 94095
Baton Rouge, LA 70804-9095
(225) 342-0700

DATE: August 24, 2026
INVOICE # 27-1009-43
FOR: *FY 27 IAT OSUP*

Bill To:

Delta Human Svcs Authority

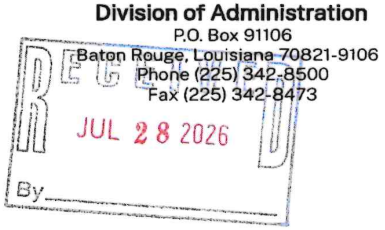
DESCRIPTION	AMOUNT
Payment Request for Payroll Services on behalf of the Office of State Uniform Payroll for the period of July 1, 2026 through June 30, 2027	$ 5,331.00
Z8 # 8800066241	
TOTAL	$ 5,331.00

If you have any questions concerning this invoice, please contact Marcia Darville at (225) 342-5993 or DOAFiscal@la.gov.

State of Louisiana
Office of Risk Management

Jeff Landry
Governor
Taylor F. Barras
Commissioner of Administration

Division of Administration
P.O. Box 91106
Baton Rouge, Louisiana 70821-9106
Phone (225) 342-8500
Fax (225) 342-8473



July 22, 2026

To Whom It May Concern:

Attached is a premium adjustment for your agency. **The total amount is due upon receipt.**

If your agency is a LaGov agency, please complete the attached Memorandum for payment and return to The Office of Risk Management, Accounting Department at ORM-Premiums@la.gov . ORM will utilize the Z8 document type in LaGov to process payments. You may email or fax your payment documents to the email address or fax number shown below.

If your agency is a non LaGov agency, please issue a check to the Office of Risk Management and mail to the address below.

Your prompt attention to this matter is appreciated. If you have any questions relating to payments, please contact the ORM Accounting Department at ORM-Premiums@la.gov . If you have questions about itemized categories or amounts on the invoice, please contact Kristy Lauff at (225) 342-8598.

Email payment documents to ORM.Premiums@la.gov
Fax Payment Documents to Attn: Accounting @ (225) 342-8473

Mail:

State of Louisiana
DOA/Office of Risk Management
P. O. Box 91106
Baton Rouge, LA 70821-9106

Office of Risk Management

State of Louisiana

JEFF LANDRY

TAYLOR F. BARRAS

July 22, 2026

MEMORANDUM

To: Fiscal Officer

From: Office of Risk Management

Re: ORM Monthly Premium Adjustments for FY26 Insurance Premiums
Attached is an invoice for insurance premiums for your agency for FY26 (July 1, 2026 to June 30, 2027). The amount due is shown on the attached invoice.
Please provide the expenditure coding below to be used to process an on-line Auto Z-8 document for the above amount. **The completed form should be signed and returned to ORM via FAX at (225) 342-8473 or by email to** ORM-Premiums@la.gov.

If you have any questions, please contact Accounting by email at ORM-Premiums@la.gov

ORM Agency #: 1370 (on the top left hand of the invoice) **Invoice #** 17519 **Total Payment Amount:** 192,683

Business Area	G/L Account	Fund	Cost Center	Order	Amount
310	5950050	3100000000	3101044100	10HHAX000001	192,683

STATE OF LOUISIANA
OFFICE OF THE GOVERNOR
DIVISION OF ADMINISTRATION
OFFICE OF RISK MANAGEMENT

AGENCY NO: 1370
Northeast Delta Human Services Authority
Victoria Wayne
2513 Ferrand Street
Monroe, LA 71201

INVOICE NO: 17519
INVOICE DATE: 07/21/2026
DESCRIPTION: Annual Premium Invoice
POLICY YEAR: 07/01/2026 - 07/01/2027
ORM EIN No: 721403316/00
LaGov Vendor No: 310006998

Policy Number	Policy Description	Premium Charge	Safety Penalty/Credit	Premium Balance
ALPD20262027	SELF-INSURED AUTO LIAB & PHYS DAMAGE Auto (1st Party)	$1,263	$-63	$1,200
ALPD20262027	SELF-INSURED AUTO LIAB & PHYS DAMAGE Auto Liability (3rd Party)	$6,250	$-313	$5,937
BP20262027	STATEWIDE SELF-INSURED PROPERTY Property (1st Party)	$39,010	$-1,951	$37,059
BP20262027	STATEWIDE SELF-INSURED PROPERTY Equipment Breakdown	$2,640	$-132	$2,508
CGL20262027	SELF-INSURED COMMERCIAL GENERAL LIABILITY CGL – General Liability	$12,725	$-636	$12,089
CRIM20262027	SELF INSURED BOND/CRIME Crime	$50	$-3	$47
CRIM20262027	SELF INSURED BOND/CRIME Bonds	$47	$-2	$45
MMP20262027	SELF-INSURED MEDICAL MALPRACTICE LIAB Medical Malpractice	$3,692	$0	$3,692
STATEWIDEXSPROP20262027	STATEWIDE EXCESS PROPERTY POLICY Property (1st Party)	$90,900	$0	$90,900
US00071907PR26A	STATEWIDE EXCESS BOILER AND MACHINERY Equipment Breakdown	$1,121	$0	$1,121
WC20262027	SELF-INSURED WORKERS COMP Workers Compensation	$40,090	$-2,005	$38,085
	Totals	**$197,788**	**$-5,105**	**$192,683** Amount Due

Skip to main content

STATECIVILSERVICE
Agency Billing Portal

Billing Invoice Information

Billing Personnel Area :	LDH-NE Delta Human Svc Auth
Billing Date :	7/9/2026
Invoice Number :	270039
Invoice Total Fee Due :	$40,267.00
Invoiced Items :	SCS Annual operational costs for 83 classified employee(s).
Payment Due Date :	8/10/2026

Payment Status

Current Payment Status :	PAID
Current Balance Due :	$0.00

Payment History

7/15/2026 **Payment Posted** **Amount: $40,267.00**

Downloadable Invoice

*Click the link below to download a pdf version of your invoice. LaGov agencies, please **do not** fill out this copy. Expenditure coding should be provided via the portal. This is made available for your records only.*

Download Invoice

STATECIVILSERVICE

SCS Fiscal Section

P.O. Box 94111, Capitol Station
Baton Rouge, LA 70804-9111
Phone: (225) 342-8081
Fax: (225) 219-0151

Accessibility Statement

Technical and Other Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in this Adjustment Package	FY2027-2028 Requested Realignment
STATE GENERAL FUND (Direct)	13,448,252	(437,656)	—	13,010,596
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	—	—	4,483,420
FEES & SELF-GENERATED	785,220	(11,376)	—	773,844
STATUTORY DEDICATIONS	—	—	—	—
FEDERAL FUNDS	—	—	—	—
TOTAL MEANS OF FINANCING	**$18,716,892**	**$(449,032)**	**—**	**$18,267,860**
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**
Other Charges	18,157,965	(309,718)	—	17,848,247
Debt Service	—	—	—	—
Interagency Transfers	558,927	(139,314)	—	419,613
TOTAL OTHER CHARGES	**$18,716,892**	**$(449,032)**	**—**	**$18,267,860**
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$18,716,892**	**$(449,032)**	**—**	**$18,267,860**
Classified	**—**	**—**	**—**	**—**
Unclassified	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**99**	**—**	**—**	**99**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**	**—**	**—**

PROGRAM BREAKOUT

Means of Financing	Requested in this Adjustment Package	3101 Northeast Delta Human Services Authority
STATE GENERAL FUND (Direct)	—	—
STATE GENERAL FUND BY:	—	—
INTERAGENCY TRANSFERS	—	—
FEES & SELF-GENERATED	—	—
STATUTORY DEDICATIONS	—	—
FEDERAL FUNDS	—	—
TOTAL MEANS OF FINANCING	**—**	**—**
Salaries	—	—
Other Compensation	—	—
Related Benefits	—	—
TOTAL SALARIES	**—**	**—**
Travel	—	—
Operating Services	—	—
Supplies	—	—
TOTAL OPERATING EXPENSES	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**
Other Charges	—	—
Debt Service	—	—
Interagency Transfers	—	—
TOTAL OTHER CHARGES	**—**	**—**
Acquisitions	—	—
Major Repairs	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**
TOTAL EXPENDITURES & REQUEST	**—**	**—**
Classified	**—**	**—**
Unclassified	**—**	**—**
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**—**	**—**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**

PROGRAM SUMMARY STATEMENT

3101 - Northeast Delta Human Services Authority

Means of Financing	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in this Adjustment Package	FY2027-2028 Requested Realignment
STATE GENERAL FUND (Direct)	13,448,252	(437,656)	—	13,010,596
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	—	—	4,483,420
FEES & SELF-GENERATED	785,220	(11,376)	—	773,844
STATUTORY DEDICATIONS	—	—	—	—
FEDERAL FUNDS	—	—	—	—
TOTAL MEANS OF FINANCING	**$18,716,892**	**$(449,032)**	**—**	**$18,267,860**
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**
Other Charges	18,157,965	(309,718)	—	17,848,247
Debt Service	—	—	—	—
Interagency Transfers	558,927	(139,314)	—	419,613
TOTAL OTHER CHARGES	**$18,716,892**	**$(449,032)**	**—**	**$18,267,860**
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$18,716,892**	**$(449,032)**	**—**	**$18,267,860**
Classified	**—**	**—**	**—**	**—**
Unclassified	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**99**	**—**	**—**	**99**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**	**—**	**—**

New or Expanded Requests

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in Technical/Other Package	FY2027-2028 Requested New/Expanded	FY2027-2028 Requested Realignment
STATE GENERAL FUND (Direct)	13,448,252	(437,656)	—	—	13,010,596
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	—	—	—	4,483,420
FEES & SELF-GENERATED	785,220	(11,376)	—	—	773,844
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	1,000,000	1,000,000
TOTAL MEANS OF FINANCING	**$18,716,892**	**$(449,032)**	**—**	**$1,000,000**	**$19,267,860**
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	18,157,965	(309,718)	—	1,000,000	18,848,247
Debt Service	—	—	—	—	—
Interagency Transfers	558,927	(139,314)	—	—	419,613
TOTAL OTHER CHARGES	**$18,716,892**	**$(449,032)**	**—**	**$1,000,000**	**$19,267,860**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$18,716,892**	**$(449,032)**	**—**	**$1,000,000**	**$19,267,860**
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	99	—	—	—	99
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in Technical/Other Package	FY2027-2028 Requested New/Expanded	FY2027-2028 Requested Realignment
Fees & Self-generated Revenues	785,220	(11,376)	—	—	773,844
Total:	**$785,220**	**$(11,376)**	**—**	**—**	**$773,844**

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in Technical/Other Package	FY2027-2028 Requested New/Expanded	FY2027-2028 Requested Realignment
Total:	**—**	**—**	**—**	**—**	**—**

PROGRAM SUMMARY STATEMENT

3101 - Northeast Delta Human Services Authority

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in Technical/Other Package	FY2027-2028 Requested New/Expanded	FY2027-2028 Requested Realignment
STATE GENERAL FUND (Direct)	13,448,252	(437,656)	—	—	13,010,596
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	—	—	—	4,483,420
FEES & SELF-GENERATED	785,220	(11,376)	—	—	773,844
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	1,000,000	1,000,000
TOTAL MEANS OF FINANCING	**$18,716,892**	**$(449,032)**	**—**	**$1,000,000**	**$19,267,860**
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	18,157,965	(309,718)	—	1,000,000	18,848,247
Debt Service	—	—	—	—	—
Interagency Transfers	558,927	(139,314)	—	—	419,613
TOTAL OTHER CHARGES	**$18,716,892**	**$(449,032)**	**—**	**$1,000,000**	**$19,267,860**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$18,716,892**	**$(449,032)**	**—**	**$1,000,000**	**$19,267,860**
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	99	—	—	—	99
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in Technical/Other Package	FY2027-2028 Requested New/Expanded	FY2027-2028 Requested Realignment
Fees & Self-generated Revenues	785,220	(11,376)	—	—	773,844
Total:	**$785,220**	**$(11,376)**	**—**	**—**	**$773,844**

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in Technical/Other Package	FY2027-2028 Requested New/Expanded	FY2027-2028 Requested Realignment
Total:	**—**	**—**	**—**	**—**	**—**

Form 60247 — 310- CCBH

3101 - Northeast Delta Human Services Authority

Means of Financing and Expenditures

	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested	FY2028-2029 Requested	FY2029-2030 Requested	FY2030-2031 Requested
STATE GENERAL FUND (Direct)	—	—	—	—	—
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	1,000,000	1,000,000	1,000,000	1,000,000
TOTAL MEANS OF FINANCING	**—**	**1,000,000**	**1,000,000**	**1,000,000**	**1,000,000**
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL SALARIES	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	—	1,000,000	1,000,000	1,000,000	1,000,000
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	**—**	**1,000,000**	**1,000,000**	**1,000,000**	**1,000,000**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**—**	**1,000,000**	**1,000,000**	**1,000,000**	**1,000,000**
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Question	Narrative Response
Explain need for the new or expanded service.	Northeast Delta Human Services Authority (NEDHSA) is currently engaged in Certified Community Behavioral Health (CCBH) work, which is closely aligned with the responsibilities, services, and objectives of Louisianaís Local Governing Entities (LGEs). CCBH initiatives are designed to strengthen and expand access to comprehensive, coordinated behavioral health services, including mental health and substance use services, crisis response, care coordination, and connections to other necessary community-based supports. This model emphasizes timely access to care, integrated service delivery, improved coordination among providers, and continuity of care for individuals with behavioral health needs. NEDHSA anticipates receiving formal notification regarding the CCBH award in mid to late November. Given the anticipated timing of the award notification and the close alignment between CCBH activities and the services currently provided through the LGEs, NEDHSA is requesting approval to proceed with the current request to support continuity of operations and ongoing project activities. Upon official confirmation of the CCBH award, NEDHSA will review the final award, applicable funding requirements, and approved activities and will make the appropriate funding adjustments accordingly. This will ensure that resources are properly allocated, avoid unnecessary duplication of funding, and maintain alignment between CCBH-funded activities, LGE responsibilities, and the overall objectives of the project.
How will it help fulfill the program's mission?	The requested funding will further support NEDHSAís commitment to developing a comprehensive and coordinated crisis continuum that provides individuals with timely access to appropriate behavioral health interventions within their communities. Region 8 Mobile Crisis represents an important expansion of NEDHSAís existing behavioral health services and will strengthen the agencyís capacity to respond to the needs of individuals and families throughout Region 8.
Who will be the principal users?	Region 8 community will be the primary beneficiary of the $1 million Certified Community Behavioral Health grant.
Who will primarily benefit from the service?	Region 8 community will be the primary beneficiary of the $1 million Certified Community Behavioral Health grant.
What strategic objectives are affected?	N/A
What operational objectives are affected?	N/A
List a revised version of the objective(s) here.	N/A
If no objective exists, create one-strategic.	
If no objective exists, create one-operational.	
Explain the Strategies needed to implement.	
Additional information or comments.	



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Total Request Summary

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustments	FY2027-2028 Requested in Technical/Other Adjustments	FY2027-2028 Requested New or Expanded Adjustments	FY2027-2028 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	11,764,365	13,448,252	(437,656)	—	—	13,010,596	(437,656)
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	2,966,452	4,483,420	—	—	—	4,483,420	—
FEES & SELF-GENERATED	288,805	785,220	(11,376)	—	—	773,844	(11,376)
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	1,000,000	1,000,000	1,000,000
TOTAL MEANS OF FINANCING	**$15,019,623**	**$18,716,892**	**$(449,032)**	**—**	**$1,000,000**	**$19,267,860**	**$550,968**

Statutory Dedications

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustments	FY2027-2028 Requested in Technical/Other Adjustments	FY2027-2028 Requested New or Expanded Adjustments	FY2027-2028 Total Request	Over/Under EOB
Total:	—	—	—	—	—	—	—

Expenditures and Positions

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustments	FY2027-2028 Requested in Technical/Other Adjustments	FY2027-2028 Requested New or Expanded Adjustments	FY2027-2028 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	3,200	—	—	—	—	—	—
Related Benefits	46	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**$3,246**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—
Operating Services	129	—	—	—	—	—	—
Supplies	1,211	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**$1,340**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	14,456,781	18,157,965	(309,718)	—	1,000,000	18,848,247	690,282
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	558,255	558,927	(139,314)	—	—	419,613	(139,314)
TOTAL OTHER CHARGES	**$15,015,036**	**$18,716,892**	**$(449,032)**	**—**	**$1,000,000**	**$19,267,860**	**$550,968**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$15,019,623**	**$18,716,892**	**$(449,032)**	**—**	**$1,000,000**	**$19,267,860**	**$550,968**
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**97**	**99**	**—**	**—**	**—**	**99**	**—**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**

PROGRAM SUMMARY STATEMENT

3101 - Northeast Delta Human Services Authority

Means of Financing

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustments	FY2027-2028 Requested in Technical/Other Adjustments	FY2027-2028 Requested New or Expanded Adjustments	FY2027-2028 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	11,764,365	13,448,252	(437,656)	—	—	13,010,596	(437,656)
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	2,966,452	4,483,420	—	—	—	4,483,420	—
FEES & SELF-GENERATED	288,805	785,220	(11,376)	—	—	773,844	(11,376)
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	1,000,000	1,000,000	1,000,000
TOTAL MEANS OF FINANCING	**$15,019,623**	**$18,716,892**	**$(449,032)**	**—**	**$1,000,000**	**$19,267,860**	**$550,968**

Expenditures and Positions

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustments	FY2027-2028 Requested in Technical/Other Adjustments	FY2027-2028 Requested New or Expanded Adjustments	FY2027-2028 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	3,200	—	—	—	—	—	—
Related Benefits	46	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**$3,246**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—
Operating Services	129	—	—	—	—	—	—
Supplies	1,211	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**$1,340**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	14,456,781	18,157,965	(309,718)	—	1,000,000	18,848,247	690,282
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	558,255	558,927	(139,314)	—	—	419,613	(139,314)
TOTAL OTHER CHARGES	**$15,015,036**	**$18,716,892**	**$(449,032)**	**—**	**$1,000,000**	**$19,267,860**	**$550,968**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$15,019,623**	**$18,716,892**	**$(449,032)**	**—**	**$1,000,000**	**$19,267,860**	**$550,968**
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**97**	**99**	**—**	**—**	**—**	**99**	**—**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**

Addenda

Department: 09A - LDH

Agency: 310 NORTHEAST DELTA HUMAN SERVICES AUTHORITY

STATE OF LOUISIANA

Childrens Budget

Department Summary

CHILD - DS

Fiscal Year 2027 - 2028

Report Date: 10/31/26

Service Number	Service Name	Agency Number	Agency Name	General Fund	IAT	Self Generated	Stat Deds	Federal Funds	Total Funds	Positions
#	Not assigned	310	Northeast Delta Human Services Authority	$2,702,080	$549,525	$0	$0	$0	$3,251,605	11
			Total:	**$2,702,080**	**$549,525**	**$0**	**$0**	**$0**	**$3,251,605**	**11**

Department: 09A - LDH
Agency: 310 NORTHEAST DELTA HUMAN SERVICES AUTHORITY

STATE OF LOUISIANA
Childrens Budget by Department

CHILD - DC
Fiscal Year 2027 - 2028
Report Date: 10/31/26

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	$2,256,878	$2,669,258	$2,702,080	$2,702,080	$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	$553,021	$549,525	$549,525	$549,525	$0
FEES & SELF-GENERATED	$0	$0	$0	$0	$0
STATUTORY DEDICATIONS	$0	$0	$0	$0	$0
FEDERAL FUNDS	$0	$0	$0	$0	$0
TOTAL MEANS OF FINANCING	**$2,809,899**	**$3,218,783**	**$3,251,605**	**$3,251,605**	**$0**
Salaries	$0	$0	$0	$0	$0
Other Compensation	$0	$0	$0	$0	$0
Related Benefits	$0	$0	$0	$0	$0
TOTAL PERSONAL SERVICES	**$0**	**$0**	**$0**	**$0**	**$0**
Travel	$0	$0	$0	$0	$0
Operating Services	$0	$0	$0	$0	$0
Supplies	$0	$0	$0	$0	$0
TOTAL OPERATING EXPENSES	**$0**	**$0**	**$0**	**$0**	**$0**
PROFESSIONAL SERVICES	**$0**	**$0**	**$0**	**$0**	**$0**
Other Charges	$2,809,899	$3,218,783	$3,251,605	$3,251,605	$0
Debt Service	$0	$0	$0	$0	$0
Interagency Transfers	$0	$0	$0	$0	$0
TOTAL OTHER CHARGES	**$2,809,899**	**$3,218,783**	**$3,251,605**	**$3,251,605**	**$0**
Acquisitions	$0	$0	$0	$0	$0
Major Repairs	$0	$0	$0	$0	$0
TOTAL ACQ. & MAJOR REPAIRS	**$0**	**$0**	**$0**	**$0**	**$0**

Department: 09A - LDH
Agency: 310 NORTHEAST DELTA HUMAN SERVICES AUTHORITY

STATE OF LOUISIANA
Childrens Budget by Department

CHILD - DC
Fiscal Year 2027 - 2028
Report Date: 10/31/26

TOTAL EXPENDITURES	**$2,809,899**	**$3,218,783**	**$3,251,605**	**$3,251,605**	**$0**
Classified	11	11	11	11	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	**11**	**11**	**11**	**11**	**0**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**0**	**0**	**0**	**0**	**0**
TOTAL NON-T.O. FTE POSITIONS	**0**	**0**	**0**	**0**	**0**
TOTAL POSITIONS	**11**	**11**	**11**	**11**	**0**

310 - Northeast Delta Human Services Authority

Service Number	Service Name	Program Number	Program Name	General Fund	IAT	Self Generated	Stat Deds	Federal Funds	Total Funds	Positions
#	Not assigned	3101	Northeast Delta Human Services Authority	$2,702,080	$549,525	$0	$0	$0	$3,251,605	11
			Total:	**$2,702,080**	**$549,525**	**$0**	**$0**	**$0**	**$3,251,605**	**11**

310 - Northeast Delta Human Services Authority

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	$2,256,878	$2,669,258	$2,702,080	$2,702,080	$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	$553,021	$549,525	$549,525	$549,525	$0
FEES & SELF-GENERATED	$0	$0	$0	$0	$0
STATUTORY DEDICATIONS	$0	$0	$0	$0	$0
FEDERAL FUNDS	$0	$0	$0	$0	$0
TOTAL MEANS OF FINANCING	**$2,809,899**	**$3,218,783**	**$3,251,605**	**$3,251,605**	**$0**
Salaries	$0	$0	$0	$0	$0
Other Compensation	$0	$0	$0	$0	$0
Related Benefits	$0	$0	$0	$0	$0
TOTAL PERSONAL SERVICES	**$0**	**$0**	**$0**	**$0**	**$0**
Travel	$0	$0	$0	$0	$0
Operating Services	$0	$0	$0	$0	$0
Supplies	$0	$0	$0	$0	$0
TOTAL OPERATING EXPENSES	**$0**	**$0**	**$0**	**$0**	**$0**
PROFESSIONAL SERVICES	**$0**	**$0**	**$0**	**$0**	**$0**
Other Charges	$2,809,899	$3,218,783	$3,251,605	$3,251,605	$0
Debt Service	$0	$0	$0	$0	$0
Interagency Transfers	$0	$0	$0	$0	$0
TOTAL OTHER CHARGES	**$2,809,899**	**$3,218,783**	**$3,251,605**	**$3,251,605**	**$0**
Acquisitions	$0	$0	$0	$0	$0
Major Repairs	$0	$0	$0	$0	$0

Department: 09A - LDH
Agency: 310 NORTHEAST DELTA HUMAN SERVICES AUTHORITY

STATE OF LOUISIANA
Childrens Budget by Agency

CHILD - AC
Fiscal Year 2027 - 2028
Report Date: 10/31/26

TOTAL ACQ. & MAJOR REPAIRS	**$0**	**$0**	**$0**	**$0**	**$0**
TOTAL EXPENDITURES	**$2,809,899**	**$3,218,783**	**$3,251,605**	**$3,251,605**	**$0**
Classified	**11**	**11**	**11**	**11**	**0**
Unclassified	**0**	**0**	**0**	**0**	**0**
TOTAL AUTHORIZED T.O. POSITIONS	**11**	**11**	**11**	**11**	**0**
TOTAL AUTHORIZED OTHER CHARGES POSITION	**0**	**0**	**0**	**0**	**0**
TOTAL NON-T.O. FTE POSITIONS	**0**	**0**	**0**	**0**	**0**
TOTAL POSITIONS	**11**	**11**	**11**	**11**	**0**

310 - Northeast Delta Human Services Authority

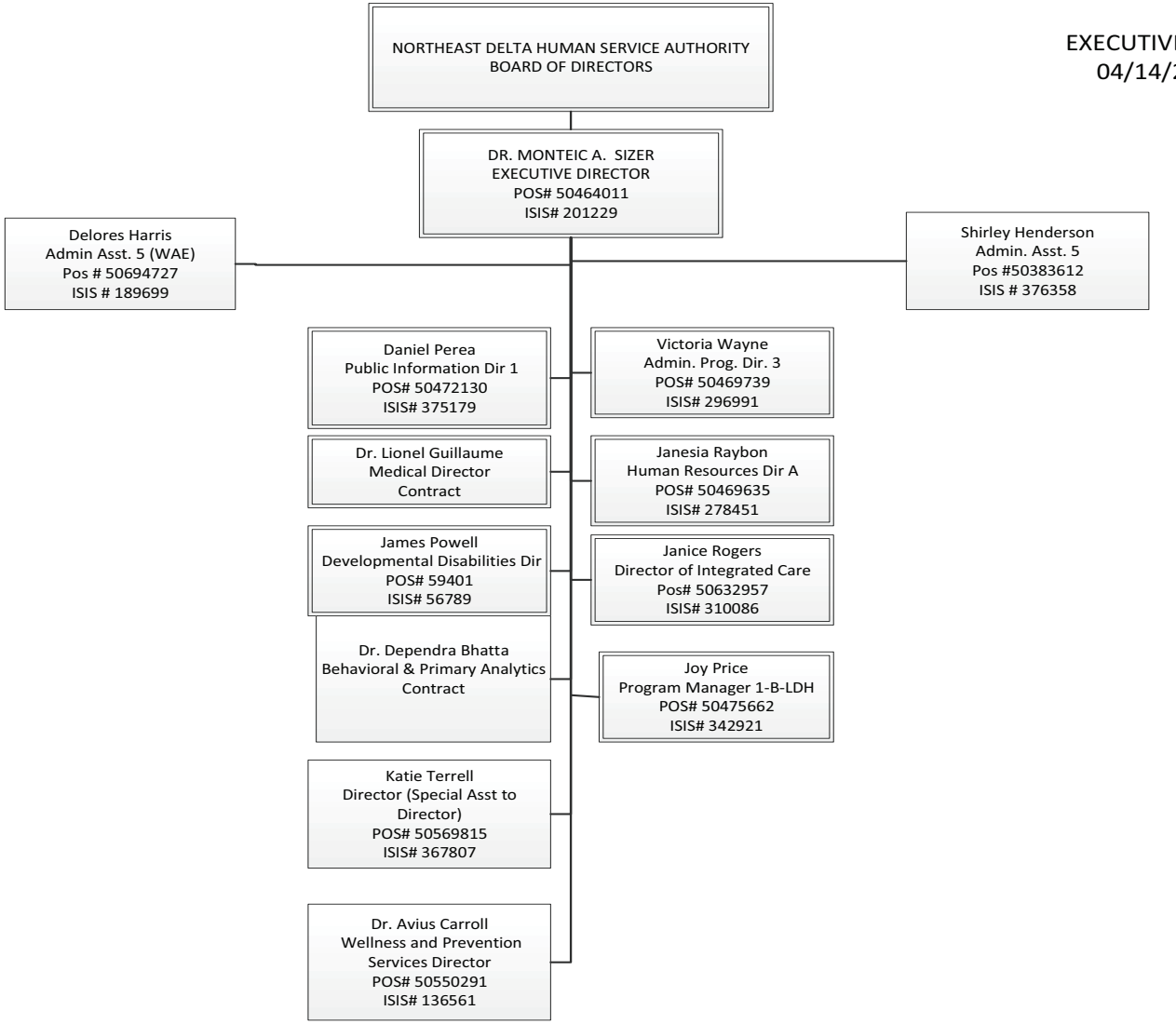
3101 - Northeast Delta Human Services Authority

Form ID:	
Form Description:	
Service:	

Question and Narrative Response
Describe the service:
NEDHSA provides individuals and their families assistance by team of behavioral health professionals including physicians, social workers, marriage and family therapist, addiction counselors and case managers.
How does this fulfill the program's mission?
Serving as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to realize their full human potential by offering quality, excellent care with greater accessibility.
Who are the principal users?
Children zero- seventeen.
Who primarily benefits from the service?
Children zero-seventeen and their immediate family.
Related objectives and performance measures:
P.I Code 25221 - Number of people receiving individual and family support services P.I Code 26126 - Percentage of individual and family support plans that meet the participate goals P.I Code 26606 - Number of schools participating in communities that care youth surveys

GENERAL ADDENDA

EXECUTIVE STAFF
04/14/2026





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