Agency Budget Request

FISCAL YEAR 2026–2027

Louisiana Department of Health

310 — Northeast Delta Human Services Authority

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Signature Page

BUDGET REQUEST

Fiscal Year Ending June 30,2027

NAME OF DEPARTMENT / AGENCY: NE Delta Human SVC Authority

BUDGET UNIT: NE Delta Human SVC Authority

SCHEDULE NUMBER: 09-310

TELEPHONE NUMBER 318-362-5051

PHYSICAL ADDRESS: 2513 Ferrand Street
Monroe,LA

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: Drew Navarro

PRINTED NAME/TITLE: Bruce Greenstein, Secretary

DATE: 10/29/25

EMAIL ADDRESS: Bruce.Greenstein@la.gov

HEAD OF BUDGET UNIT: Dr. Monteic A Sizer
Dr. Monteic A. Sizer (Oct 13, 2025 15:04 09 CDT

PRINTED NAME/TITLE: Dr.Monteic A. Sizer/Executive Director

DATE: Oct 13, 2025

EMAIL ADDRESS: Monteic.Sizer@la.gov

PROGRAM CONTACT PERSON: Joy Price

TITLE: Corporate Compliance Manager

TELEPHONE NUMBER: 318-362-5330

EMAIL ADDRESS: Joy.Price@la.gov

FINANCIAL CONTACT PERSON: Victoria Wayne

TITLE: Chief Financial and Operations Officer

TELEPHONE NUMBER: 318-362-5332

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Operational Plan

STATE OF LOUISIANA
Operational Plan Form
Department Goals

DEPARTMENT NUMBER AND NAME: NDHSA - NDHSA

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. B. 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 HSA provides integrated mental health, substance abuse, and primary care services through the systematic coordination of general and behavioral healthcare which includes integration of behavioral health with primary care services from children/adolescents across the lifespan.

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.

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
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:	Northeast Delta Human Services Authority services for children are related to the healthy policy outlined in the Children's Budget Link which mandates that all Louisiana children will have access to comprehensive healthcare services and are linked via the Northeast Delta Human Services Authority agency's budget.
Human Resource Policies Beneficial to Women and Families Link:	The Northeast Delta Human Services Authority abides by all state Civil Service and federal guidelines and procedures regarding equal opportunity for all 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 Resource policies for the agency and the Northeast Delta Human Services Authority Handbook. All policies are reviewed annually, and changes/additions are made according to new mandates or as issues arise.
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:	Healthy People 2020, The American Association of Intellectual and Developmental Disabilities (AAID), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT).
Explanatory Notes:	PI22600: The purpose of this indicator is to show the linkage between individuals with a Mental Illness and their family to existing supports and recourses and to supplement those supports as necessary to maintain the integrity of individuals and their families and to promote or increase independence in the community. The goals are to also establish or maintain a quality of life for individuals with a Mental Illness and/or their families in a manner that respects both the individual needs and aspirations and the individual's ability to use supports in a responsible and accountable manner. PI25212: This indicator is collected through our data driven reports and surveys to ensure our Region's recipients are receiving the best and appropriate care. Data collection tools such as entry and exit surveys as well as our Quality-of-Care Survey's collected on a quarterly basis are a means of collecting this data. PI25219: There are contracted funded inpatient facilities completing work on behalf of NEDHSA. NEDHSA is responsible for the monitoring of the quality of services being provided, providing Correction Action Plan when they fall below a percentage of completion each quarter, and ensuring they remain in compliance as obligated by CARF, LDH, ORM, and other regulatory bodies. Successful completions and the continuity of care are a top monitoring priority for NEDHSA when reviewing these inpatient facilities.

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
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	96	95	95	95	0	0

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

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025
26601	G	Number of adults served through Integrated Healthcare Services	N	Not Applicable	1,358	1,524	1,482	1,477
26602	G	Number of children/adolescents served through Integrated Healthcare Services	N	Not Applicable	59	184	90	105
26603	G	Number of persons served in an evidence-based community-based program	N	Not Applicable	5,948	8,563	9,109	11,453

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:	Northeast Delta Human Services Authority services for children are related to the healthy policy outlined in the Children's Budget Link which mandates that all Louisiana children will have access to comprehensive healthcare services, and are linked via the Northeast Delta Human Services Authority agency's budget.
Human Resource Policies Beneficial to Women and Families Link:	The Northeast Delta Human Services Authority abides by all state Civil Service and federal guidelines and procedures regarding equal opportunity for all 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 Resource policies for the agency and the Northeast Delta Human Services Authority Handbook. All policies are reviewed annually and changes/additions are made according to new mandates or as issues arise.
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:	Healthy People 2020, The American Association of Intellectual and Developmental Disabilities (AAID), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT).
Explanatory Notes:	PI26604 & PI26605: Both of these indicators are related to NEDHSA's increasing prevention work being conducted throughout Region 8. The increase in grief counseling, NARCAN trainings, and accountability we have increased to our contractors to engage in community level outreach and trainings are evident with these indicators. With our expansion of community engagements, NEDHSA's coalition recruitment catchment area has increased to rural parishes.

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
26604	S	Number of prevention related presentations with community-level data	N	20	204	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	195	55	55	55	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025
26606	G	Number of schools participating in Communities that Care Youth Survey (CCYS)	N	8	11	22	9	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:	Northeast Delta Human Services Authority services for children are related to the healthy policy outlined in the Children's Budget Link which mandates that all Louisiana children will have access to comprehensive healthcare services, and are linked via the Northeast Delta Human Services Authority agency's budget.
Human Resource Policies Beneficial to Women and Families Link:	The Northeast Delta Human Services Authority abides by all state Civil Service and federal guidelines and procedures regarding equal opportunity for all 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 Resource policies for the agency and the Northeast Delta Human Services Authority Handbook. All policies are reviewed annually and changes/additions are made according to new mandates or as issues arise.
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:	Healthy People 2020, The American Association of Intellectual and Developmental Disabilities (AAID), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT).
Explanatory Notes:	PI 26608, 226126, 25221, 25223, 25965: These indicators reflect NEDHSA's Developmental Disabilities initiative to ensure all recourses and appropriate care is being provided to and afforded to our most vulnerable population. The outlined indicators are carefully and meticulously monitored by our Developmental Disabilities internal staff by way of our Waiver Department, Family Support Services, and Compliance. This ensures oversight is provided to our local Support Care Agencies who are directly providing required services and the LGE (NEDHSA) has been tasked with providing monitoring to. Additionally, referrals for additional resources are another aspect of services being provided under this umbrella by way of the Flexible Family Funds and the eligibility determined under this program is determined by guidelines that ensures proper distribution of funding to those who require it most. This funding is heavily monitored monthly and quarterly to ensure proper utilization of funding.

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
25221	K	Number of people receiving Developmental Disability services per year.	N	525	688	525	525	525	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

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:	Northeast Delta Human Services Authority services for children are related to the healthy policy outlined in the Children's Budget Link which mandates that all Louisiana children will have access to comprehensive healthcare services, and are linked via the Northeast Delta Human Services Authority agency's budget.
Human Resource Policies Beneficial to Women and Families Link:	The Northeast Delta Human Services Authority abides by all state Civil Service and federal guidelines and procedures regarding equal opportunity for all 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 Resource policies for the agency and the Northeast Delta Human Services Authority Handbook. All policies are reviewed annually and changes/additions are made according to new mandates or as issues arise.
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:	Healthy People 2020, The American Association of Intellectual and Developmental Disabilities (AAID), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT).
Explanatory Notes:	PI 26609, 26610, 26611, 26612: These indicators ensures that NEDHSA remains in compliance with the standards set by Civil Service, Legislative Auditors, and LDH in relation to our budget responsibilities. High standards in reporting, documentation and turnaround time with invoice submission by our contractors and internal requisition submissions are tailored to ensure compliance with this standard.

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
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	28	15	15	15	0	0

Budget Request Overview

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	10,767,518	12,646,617	13,389,775	743,158	5.88%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	3,572,341	4,483,420	4,483,420	—	—
FEES & SELF-GENERATED	491,752	1,080,444	773,844	(306,600)	(28.38)%
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$14,831,611**	**$18,210,481**	**$18,647,039**	**$436,558**	**2.40%**

Fees and Self-Generated

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated Revenues	491,752	1,080,444	773,844	(306,600)	(28.38)%
Total:	**$491,752**	**$1,080,444**	**$773,844**	**$(306,600)**	**(28.38)%**

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Total:	—	—	—	—	—

Agency Expenditures

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Salaries	—	—	195,166	195,166	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	112,341	112,341	—
TOTAL PERSONAL SERVICES	**—**	**—**	**$307,507**	**$307,507**	**—**
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	14,295,981	17,673,201	17,815,575	142,374	0.81%
Debt Service	—	—	—	—	—
Interagency Transfers	535,630	537,280	523,957	(13,323)	(2.48)%
TOTAL OTHER CHARGES	**$14,831,611**	**$18,210,481**	**$18,339,532**	**$129,051**	**0.71%**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$14,831,611**	**$18,210,481**	**$18,647,039**	**$436,558**	**2.40%**

Agency Positions

Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	101	97	100	3	3.09%
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—
TOTAL POSITIONS	101	97	100	3	3.09%

Cost Detail

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
State General Fund	10,767,518	12,646,617	13,389,775	743,158
Interagency Transfers	3,572,341	4,483,420	4,483,420	—
Fees & Self-generated Revenues	491,752	1,080,444	773,844	(306,600)
Total:	**$14,831,611**	**$18,210,481**	**$18,647,039**	**$436,558**

Salaries

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5110010	SAL-CLASS-TO-REG	—	—	114,816	114,816
5110025	SAL-UNCLASS-TO-REG	—	—	80,350	80,350
Total Salaries:		**—**	**—**	**$195,166**	**$195,166**

Related Benefits

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5130010	RET CONTR-STATE EMP	—	—	64,697	64,697
5130060	MEDICARE TAX	—	—	2,830	2,830
5130070	GRP INS CONTRIBUTION	—	—	44,814	44,814
Total Related Benefits:		**—**	**—**	**$112,341**	**$112,341**

Other Charges

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	14,722	(291,878)	(306,600)
5620063	MISC-OPERATNG SVCS	1,408,615	2,132,597	2,483,783	351,186
5620064	MISC-PROF SVCS	1,110,372	1,258,053	1,326,881	68,828
5620065	MISC-SUPPLIES OTHER	261,111	965,000	975,665	10,665
5620066	MISC-TRVL IN STATE	19,913	40,756	40,756	—
5620067	MISC-TR OUT OF STATE	36,092	30,000	30,773	773

Other Charges *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5620068	MISC-ACQ/MAJ REP OTH	455,330	223,950	223,950	—
5620069	MISC-INTERAGENCY OTH	609,240	650,000	664,560	14,560
5620072	MISC-OC SAL CLASS&UN	6,103,842	7,101,839	7,104,801	2,962
5620074	MISC-OC-SAL CLSS TRM	88,513	80,000	80,000	—
5620076	MISC-OC-WAGES	96,593	—	—	—
5620078	MISC-OC-RETIRE-STEM	1,941,770	2,362,802	2,362,802	—
5620079	MISC-OC-RETIRE-TEACH	54,302	45,000	45,000	—
5620081	MISC-OC-F.I.C.A. TAX	3,440	4,800	4,800	—
5620082	MISC-OC-MEDICARE TAX	84,386	80,000	80,000	—
5620083	MISC-OC-GRP INS CONT	761,989	521,014	521,014	—
5620137	MISC-OC-PS-MEDICAL	821,409	1,757,668	1,757,668	—
5620164	MISC-OC REL BENEFITS	781	5,000	5,000	—
5620165	MISC-OC-POST RET BEN	398,135	400,000	400,000	—
5620900	MISC-ACQ/MAJ REP OTH	40,149	—	—	—
Total Other Charges:		**$14,295,981**	**$17,673,201**	**$17,815,575**	**$142,374**

Interagency Transfers

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	14,722	14,722	—
5950007	IAT-PRINTING	1,961	2,000	2,000	—
5950014	IAT-TELEPHONE	134,568	137,619	107,259	(30,360)
5950038	IAT-OTHER OPER SERV	307	—	—	—
5950049	IAT-CIVIL SERVICE	40,541	38,347	36,153	(2,194)
5950050	IAT-ORM INSURANCE	217,213	206,683	196,153	(10,530)
5950051	IAT-OSUP	5,960	6,000	5,372	(628)
5950052	IAT-LEG. AUDITOR	28,412	30,000	30,000	—
5950053	IAT-STATE TREASURER	—	—	(1,202)	(1,202)

Interagency Transfers *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5950058	IAT-TECH SVCS	102,328	96,909	137,266	40,357
5950059	IAT-ST PROCUREMENT	4,340	5,000	(3,766)	(8,766)
Total Interagency Transfers:		**$535,630**	**$537,280**	**$523,957**	**$(13,323)**
Total Agency Expenditures:		**$14,831,611**	**$18,210,481**	**$18,647,039**	**$436,558**

PROGRAM SUMMARY STATEMENT

3101 - Northeast Delta Human Services Authority

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	10,767,518	12,646,617	13,389,775	743,158	5.88%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	3,572,341	4,483,420	4,483,420	—	—
FEES & SELF-GENERATED	491,752	1,080,444	773,844	(306,600)	(28.38)%
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$14,831,611**	**$18,210,481**	**$18,647,039**	**$436,558**	**2.40%**

Fees and Self-Generated

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated Revenues	491,752	1,080,444	773,844	(306,600)	(28.38)%
Total:	**$491,752**	**$1,080,444**	**$773,844**	**$(306,600)**	**(28.38)%**

Program Expenditures

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Salaries	—	—	195,166	195,166	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	112,341	112,341	—
TOTAL PERSONAL SERVICES	**—**	**—**	**$307,507**	**$307,507**	**—**
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	14,295,981	17,673,201	17,815,575	142,374	0.81%
Debt Service	—	—	—	—	—
Interagency Transfers	535,630	537,280	523,957	(13,323)	(2.48)%
TOTAL OTHER CHARGES	**$14,831,611**	**$18,210,481**	**$18,339,532**	**$129,051**	**0.71%**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$14,831,611**	**$18,210,481**	**$18,647,039**	**$436,558**	**2.40%**

Program Positions

Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	101	97	100	3	3.09%
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—
TOTAL POSITIONS	101	97	100	3	3.09%

Cost Detail

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
State General Fund	10,767,518	12,646,617	13,389,775	743,158
Interagency Transfers	3,572,341	4,483,420	4,483,420	—
Fees & Self-generated Revenues	491,752	1,080,444	773,844	(306,600)
Total:	**$14,831,611**	**$18,210,481**	**$18,647,039**	**$436,558**

Salaries

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5110010	SAL-CLASS-TO-REG	—	—	114,816	114,816
5110025	SAL-UNCLASS-TO-REG	—	—	80,350	80,350
Total Salaries:		**—**	**—**	**$195,166**	**$195,166**

Related Benefits

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5130010	RET CONTR-STATE EMP	—	—	64,697	64,697
5130060	MEDICARE TAX	—	—	2,830	2,830
5130070	GRP INS CONTRIBUTION	—	—	44,814	44,814
Total Related Benefits:		**—**	**—**	**$112,341**	**$112,341**

Other Charges

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	14,722	(291,878)	(306,600)
5620063	MISC-OPERATNG SVCS	1,408,615	2,132,597	2,483,783	351,186
5620064	MISC-PROF SVCS	1,110,372	1,258,053	1,326,881	68,828
5620065	MISC-SUPPLIES OTHER	261,111	965,000	975,665	10,665
5620066	MISC-TRVL IN STATE	19,913	40,756	40,756	—
5620067	MISC-TR OUT OF STATE	36,092	30,000	30,773	773

Other Charges *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5620068	MISC-ACQ/MAJ REP OTH	455,330	223,950	223,950	—
5620069	MISC-INTERAGENCY OTH	609,240	650,000	664,560	14,560
5620072	MISC-OC SAL CLASS&UN	6,103,842	7,101,839	7,104,801	2,962
5620074	MISC-OC-SAL CLSS TRM	88,513	80,000	80,000	—
5620076	MISC-OC-WAGES	96,593	—	—	—
5620078	MISC-OC-RETIRE-STEM	1,941,770	2,362,802	2,362,802	—
5620079	MISC-OC-RETIRE-TEACH	54,302	45,000	45,000	—
5620081	MISC-OC-F.I.C.A. TAX	3,440	4,800	4,800	—
5620082	MISC-OC-MEDICARE TAX	84,386	80,000	80,000	—
5620083	MISC-OC-GRP INS CONT	761,989	521,014	521,014	—
5620137	MISC-OC-PS-MEDICAL	821,409	1,757,668	1,757,668	—
5620164	MISC-OC REL BENEFITS	781	5,000	5,000	—
5620165	MISC-OC-POST RET BEN	398,135	400,000	400,000	—
5620900	MISC-ACQ/MAJ REP OTH	40,149	—	—	—
Total Other Charges:		**$14,295,981**	**$17,673,201**	**$17,815,575**	**$142,374**

Interagency Transfers

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	14,722	14,722	—
5950007	IAT-PRINTING	1,961	2,000	2,000	—
5950014	IAT-TELEPHONE	134,568	137,619	107,259	(30,360)
5950038	IAT-OTHER OPER SERV	307	—	—	—
5950049	IAT-CIVIL SERVICE	40,541	38,347	36,153	(2,194)
5950050	IAT-ORM INSURANCE	217,213	206,683	196,153	(10,530)
5950051	IAT-OSUP	5,960	6,000	5,372	(628)
5950052	IAT-LEG. AUDITOR	28,412	30,000	30,000	—
5950053	IAT-STATE TREASURER	—	—	(1,202)	(1,202)

Interagency Transfers *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5950058	IAT-TECH SVCS	102,328	96,909	137,266	40,357
5950059	IAT-ST PROCUREMENT	4,340	5,000	(3,766)	(8,766)
Total Interagency Transfers:		**$535,630**	**$537,280**	**$523,957**	**$(13,323)**
Total Expenditures for Program 3101		**$14,831,611**	**$18,210,481**	**$18,647,039**	**$436,558**
Total Agency Expenditures:		**$14,831,611**	**$18,210,481**	**$18,647,039**	**$436,558**

SOURCE OF FUNDING SUMMARY

Agency Overview

Interagency Transfers

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
LDH-OBH	3,542,098	4,483,420	4,483,420	—	45234
LDH-MVA	9,516	—	—	—	45840
ACT 421 TEFRA	20,726	—	—	—	45841
Total Interagency Transfers	**$3,572,341**	**$4,483,420**	**$4,483,420**	**—**	

Fees & Self-generated

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
FEES & SELF GENERATED	75,648	128,195	77,039	(51,156)	45240
FEES & SELF GENERATED	600,494	838,494	565,805	(272,689)	45252
FEES & SELF GENERATED	62,860	65,000	70,000	5,000	45254
FEES & SELF GENERATED	16,504	14,992	22,000	7,008	45255
FEES AND SELF GENERATED	31,621	33,763	39,000	5,237	45259
PY CASH CARRYOVER	125,894	—	—	—	45917
TRANSFER	(223,994)	—	—	—	45918
Total Fees & Self-generated	**$689,026**	**$1,080,444**	**$773,844**	**$(306,600)**	

State General Fund (Direct)

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
LDH-MVA	—	—	14,000	14,000	45840
ACT 421 TEFRA	—	—	20,000	20,000	45841
Total State General Fund (Direct)	**—**	**—**	**$34,000**	**$34,000**	
Total Sources of Funding:	**$4,261,367**	**$5,563,864**	**$5,291,264**	**$(272,600)**	

SOURCE OF FUNDING DETAIL

Interagency Transfers

Form 45234 — 310 - OBH IAT

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45234 — 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 45840 — 310 - MVA IAT PASSR

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45840 — 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 45841 — 310- IAT ACT 421 TEFRA

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45841 — 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

State General Fund (Direct)

Form 45840 — 310 - MVA IAT PASSR

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45840 — 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 45841 — 310- IAT ACT 421 TEFRA

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45841 — 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 45240 — 310 - Fees And Self Generated - Medicare

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	128,195	—	—	77,039	—	—	134,292	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$128,195**	**—**	**—**	**$77,039**	**—**	**—**	**$134,292**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$128,195**	**—**	**—**	**$77,039**	**—**	**—**	**$134,292**	**—**	**—**

Form 45240 — 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 45252 — 310 - Fees And Self Generated - Medicaid

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	838,494	—	—	565,805	—	—	835,249	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$838,494**	**—**	**—**	**$565,805**	**—**	**—**	**$835,249**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$838,494**	**—**	**—**	**$565,805**	**—**	**—**	**$835,249**	**—**	**—**

Form 45252 — 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 45254 — 310 - Fees And Self Generated - Insurance

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	65,000	—	—	70,000	—	—	65,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$65,000**	**—**	**—**	**$70,000**	**—**	**—**	**$65,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$65,000**	**—**	**—**	**$70,000**	**—**	**—**	**$65,000**	**—**	**—**

Form 45254 — 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 45255 — 310 - Fees And Self Generated - Co-Pays

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	14,992	—	—	22,000	—	—	20,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$14,992**	**—**	**—**	**$22,000**	**—**	**—**	**$20,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$14,992**	**—**	**—**	**$22,000**	**—**	**—**	**$20,000**	**—**	**—**

Form 45255 — 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 45259 — 310 - Fees and Self Generated - Miscellaneous

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	33,763	—	—	39,000	—	—	32,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$33,763**	**—**	**—**	**$39,000**	**—**	**—**	**$32,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$33,763**	**—**	**—**	**$39,000**	**—**	**—**	**$32,000**	**—**	**—**

Form 45259 — 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.
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.	

Form 45917 — 310 - Cash Carryover / Transfer

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45917 — 310 - Cash Carryover / Transfer

Question	Narrative Response
State the purpose, source and legal citation.	Fiscal 25 cash carryover to cover facility and planning bidding cost for RISE parking lot project.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No
Additional information or comments.	None
Provide the amount of any indirect costs.	None
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	

Form 45918 — 310 - Transfer

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45918 — 310 - Transfer

Question	Narrative Response
State the purpose, source and legal citation.	Transfer of self generated funds to Medicaid vendor payments- profit transfer posting Document Number 8400013445
Agency discretion or Federal requirement?	Agency Discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No
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.	N/A
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 45234 LDH-OBH	Fees & Self-generated Form ID 45240 FEES & SELF GENERATED	Fees & Self-generated Form ID 45252 FEES & SELF GENERATED
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	—	17,673,201	12,109,337	4,483,420	128,195	838,494
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	537,280	537,280	—	—	—
TOTAL OTHER CHARGES	**—**	**$18,210,481**	**$12,646,617**	**$4,483,420**	**$128,195**	**$838,494**
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**—**	**$18,210,481**	**$12,646,617**	**$4,483,420**	**$128,195**	**$838,494**

Expenditures	Fees & Self-generated Form ID 45254 FEES & SELF GENERATED	Fees & Self-generated Form ID 45255 FEES & SELF GENERATED	Fees & Self-generated Form ID 45259 FEES AND SELF GENERATED
Salaries	—	—	—
Other Compensation	—	—	—
Related Benefits	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**
Travel	—	—	—
Operating Services	—	—	—
Supplies	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**
Other Charges	65,000	14,992	33,763
Debt Service	—	—	—
Interagency Transfers	—	—	—
TOTAL OTHER CHARGES	**$65,000**	**$14,992**	**$33,763**
Acquisitions	—	—	—
Major Repairs	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**
TOTAL EXPENDITURES	**$65,000**	**$14,992**	**$33,763**

Total Request

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 45234 LDH-OBH	State General Fund (Direct) Form ID 45840 LDH-MVA	State General Fund (Direct) Form ID 45841 ACT 421 TEFRA
Salaries	—	195,166	195,166	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	112,341	112,341	—	—	—
TOTAL PERSONAL SERVICES	**—**	**$307,507**	**$307,507**	**—**	**—**	**—**
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	—	17,815,575	12,524,311	4,483,420	14,000	20,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	523,957	523,957	—	—	—
TOTAL OTHER CHARGES	**—**	**$18,339,532**	**$13,048,268**	**$4,483,420**	**$14,000**	**$20,000**
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**—**	**$18,647,039**	**$13,355,775**	**$4,483,420**	**$14,000**	**$20,000**

Expenditures	Fees & Self-generated Form ID 45240 FEES & SELF GENERATED	Fees & Self-generated Form ID 45252 FEES & SELF GENERATED	Fees & Self-generated Form ID 45254 FEES & SELF GENERATED	Fees & Self-generated Form ID 45255 FEES & SELF GENERATED	Fees & Self-generated Form ID 45259 FEES AND SELF GENERATED
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	77,039	565,805	70,000	22,000	39,000
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	**$77,039**	**$565,805**	**$70,000**	**$22,000**	**$39,000**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$77,039**	**$565,805**	**$70,000**	**$22,000**	**$39,000**

REVENUE COLLECTIONS/INCOME

Interagency Transfers

003 - Interagency Transfers

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
LDH-OBH	4710059	MR-FROM STATE AGENCY	3,572,341	4,483,420	4,483,420	—
Total Collections/Income			**$3,572,341**	**$4,483,420**	**$4,483,420**	**—**
TYPE						
Expenditures Source of Funding Form (BR-6)			3,572,341	4,483,420	4,483,420	—
Total Expenditures, Transfers and Carry Forwards to Next FY			**$3,572,341**	**$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	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
MEDICARE	4650010	SALE NON ST-SERVICES	75,648	128,195	77,039	(51,156)
MEDICAID	4650010	SALE NON ST-SERVICES	404,294	838,494	565,805	(272,689)
INSURANCE - MISC	4650024	SALE NS-COMM INS	62,860	65,000	70,000	5,000
CO-PAY	4650026	SALE NS-CO-PAYS	16,504	14,992	22,000	7,008
MISC COLLECTIONS	4710039	MR-FLOOR SPACE INC	14,311	15,000	15,000	—
MISC COLLECTIONS	4710095	MR-RECOUP & REBATES	17,310	18,763	24,000	5,237
Total Collections/Income			**$590,926**	**$1,080,444**	**$773,844**	**$(306,600)**
TYPE						
Expenditures Source of Funding Form (BR-6)			689,026	1,080,444	773,844	(306,600)
Carryover			125,894	—	—	—
Transfer			(223,994)	—	—	—
Total Expenditures, Transfers and Carry Forwards to Next FY			**$590,926**	**$1,080,444**	**$773,844**	**$(306,600)**
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			**$0**	**—**	**—**	**—**

Justification of Differences

Form 46284 — 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.	

Form 46287 — 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 46289 — 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 46290 — 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 46291 — 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 46292 — 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.	

Form 46676 — 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 46677 — 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 46702 — 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.	

SCHEDULE OF REQUESTED EXPENDITURES

3101 - Northeast Delta Human Services Authority

Other Charges

FY2026-2027 Request	Means of Financing	Description
611,743	Fees & Self-generated Revenues	
3,145,435	Interagency Transfers	
5,158,800	State General Fund	
$8,915,978		**Contractual and operating costs of mental health, addictive disorders and developmental disability services.**
162,101	Fees & Self-generated Revenues	
1,337,985	Interagency Transfers	
7,399,511	State General Fund	
$8,899,597		**Salaries and related benefits for Other Charges positions.**
$17,815,575	**Total Other Charges**	

Interagency Transfers

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
31,500	State General Fund		
$31,500		**LEGISLATIVE AUDITOR**	**Louisiana Legislative Auditor**
206,683	State General Fund		
$206,683		**OFFICE OF RISK MANAGEMENT**	**Office of Risk Management Premium**
104,446	State General Fund		
$104,446		**DOA-OFFICE OF TECHNOLOGY SVCS**	**Office of Technology Services**
136,140	State General Fund		
$136,140		**OFF. TELECOMMUNICATIONS MGMT**	**Office of Telecommunications**
38,347	State General Fund		
$38,347		**STATE CIVIL SERVICE**	**State Civil Service fees and CPTP**
1,509	State General Fund		
$1,509		**DOA-OFFICE OF ST PROCUREMENT**	**State Purchasing**

Interagency Transfers *(continued)*

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
5,332	State General Fund		
$5,332		**UNIFORM PAYROLL OFFICE**	**Uniform Payroll**
$523,957	**Total Interagency Transfers**		

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Continuation Budget Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
STATE GENERAL FUND (Direct)	12,646,617	(98,950)	139,087	2,962	—	(13,323)	12,676,393
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	—	—	—	—	—	4,483,420
FEES & SELF-GENERATED	1,080,444	—	—	—	—	(306,600)	773,844
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$18,210,481**	**$(98,950)**	**$139,087**	**$2,962**	**—**	**$(319,923)**	**$17,933,657**

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Fees & Self-generated Revenues	1,080,444	—	—	—	—	(306,600)	773,844
Total:	**$1,080,444**	**—**	**—**	**—**	**—**	**$(306,600)**	**$773,844**

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Total:	**—**	**—**	**—**	**—**	**—**	**—**	**—**

Expenditures and Positions

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	17,673,201	(98,950)	139,087	2,962	—	(306,600)	17,409,700
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	537,280	—	—	—	—	(13,323)	523,957
TOTAL OTHER CHARGES	**$18,210,481**	**$(98,950)**	**$139,087**	**$2,962**	**—**	**$(319,923)**	**$17,933,657**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$18,210,481**	**$(98,950)**	**$139,087**	**$2,962**	**—**	**$(319,923)**	**$17,933,657**
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**97**	**—**	**—**	**—**	**—**	**—**	**97**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**

CONTINUATION BUDGET ADJUSTMENTS - SUMMARIZED

Form 48198 — FY26-27 Non-recurring Carryforwards

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(98,950)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$(98,950)**

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	(98,950)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$(98,950)**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$(98,950)**

Form 49606 — 310 - Inflation

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	139,087
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$139,087**

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	139,087
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$139,087**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$139,087**

Form 49604 — 310 - Salary & RB Compulsory Adjustment

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	2,962
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$2,962**

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	2,962
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$2,962**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$2,962**

Form 49605 — 310 - Other/IAT Increases

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(13,323)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$(13,323)**

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	(13,323)
TOTAL OTHER CHARGES	**$(13,323)**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$(13,323)**

Form 50451 — 310- Reduction of Self Gen

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	(306,600)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$(306,600)**

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	(306,600)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$(306,600)**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$(306,600)**

PROGRAM SUMMARY STATEMENT

3101 - Northeast Delta Human Services Authority

Means of Financing

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
STATE GENERAL FUND (Direct)	12,646,617	(98,950)	139,087	2,962	—	(13,323)	12,676,393
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	—	—	—	—	—	4,483,420
FEES & SELF-GENERATED	1,080,444	—	—	—	—	(306,600)	773,844
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$18,210,481**	**$(98,950)**	**$139,087**	**$2,962**	**—**	**$(319,923)**	**$17,933,657**

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Fees & Self-generated Revenues	1,080,444	—	—	—	—	(306,600)	773,844
Total:	**$1,080,444**	**—**	**—**	**—**	**—**	**$(306,600)**	**$773,844**

Expenditures and Positions

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	17,673,201	(98,950)	139,087	2,962	—	(306,600)	17,409,700
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	537,280	—	—	—	—	(13,323)	523,957
TOTAL OTHER CHARGES	**$18,210,481**	**$(98,950)**	**$139,087**	**$2,962**	**—**	**$(319,923)**	**$17,933,657**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$18,210,481**	**$(98,950)**	**$139,087**	**$2,962**	**—**	**$(319,923)**	**$17,933,657**
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**97**	**—**	**—**	**—**	**—**	**—**	**97**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**

CONTINUATION BUDGET ADJUSTMENTS - BY PROGRAM

Form 48198 — FY26-27 Non-recurring Carryforwards

3101 - Northeast Delta Human Services Authority

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(98,950)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$(98,950)**

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	(98,950)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$(98,950)**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$(98,950)**

Positions

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

Statutory Dedications

	Amount
Total:	**—**

Supporting Detail

Means of Financing

Description	Amount
State General Fund	(98,950)
Total:	**$(98,950)**

Other Charges

Commitment item	Name	Amount
5620063	MISC-OPERATNG SVCS	(98,950)
Total:		**$(98,950)**

Form 49606 — 310 - Inflation

3101 - Northeast Delta Human Services Authority

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	139,087
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$139,087**

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	139,087
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$139,087**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$139,087**

Question	Narrative Response
Explain the need for this request.	Total Other Charges of $6,047,278 comprised of supplies, services, travel, professional services, and other charges IAT under the general inflation rate (2.3%). Inflation Adjustment $130,087.40.
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 49604 — 310 - Salary & RB Compulsory Adjustment

3101 - Northeast Delta Human Services Authority

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	2,962
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$2,962**

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	2,962
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$2,962**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$2,962**

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 $209,617 Base Salary Adj. $-274,179 Related Benefits Adjustment $-29,408 Wages Base Adjustment $ 93,351 Wages Market Adjustment and CPG $3,581 Total Adjustments $2,962 (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.	

LOUISIANA DEPARTMENT OF HEALTH
COMPULSORY ADJUSTMENT-PERSONAL SERVICES
FY 2026-2027
PROGRAM: NORTHEAST DELTA HUMAN SERVICES AUTHORITY

GL	DESCRIPTION	Non T.O.	BUDGETED 2025-2026	REQUESTED 2026-2027	INCREASE REQUESTED	
	BASE SALARIES					
5620072	Base Salaries Classified Per PEP	82		$5,227,725		Column labeled "Salary+Curr Year CPG
5620072	Base Salaries Unclass Per PEP	5		$733,096		Column labeled "Salary+Curr Year CPG
	Funding for Vacancies	10		$759,855		Column labeled " Salary"
	TOTAL BASE SALARIES	**97**		**$6,720,676**		
	PREMIUM PAY					
	Premium Pay/Shift Differential			$14,787		column labeled "Other Pay"
	TOTAL PREMIUM PAY			**$14,787**		
	SALARY INCREASES					
	Market Adjustment Increase Y2 (Classified)			$187,624		column labeled "Market Adjustment"
	Market Adjustment Increase Y2 (Unclass)			$21,993		column labeled "Market Adjustment"
	TOTAL SALARY INCREASES			**$209,617**		
	TOTAL SALARIES			**$6,945,080**		
	LESS ATTRITION (4%)			($277,803)		4% of total salaries
	SALARIES NET OF ATTRITION		$6,731,839	$6,667,277	($64,562)	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				**($64,562)**	

EXPLANATION OF INCREASE:

TOTAL SALARY INCREASES	$209,617
SALARY BASE ADJUSTMENT	($274,179)
TOTAL INCREASE/DECREASE FOR SALARIES	**($64,562)**

DEPARTMENT OF HEALTH AND HOSPITALS
COMPULSORY ADJUSTMENT-PERSONAL SERVICES
FY 2026-2027
PROGRAM: NORTHEAST DELTA HUMAN SERVICES AUTHORITY

GL	DESCRIPTION	BUDGETED 2025-2026	REQUESTED 2026-2027	INCREASE REQUESTED
	OTHER COMPENSATION	0	0	0
	STUDENT LABOR	0	0	0
5620076	WAGES	0	93,351	93,351
	TOTAL OTHER COMPENSATION	0	93,351	**93,351**

EXPLANATION OF INCREASES:

	-
	-
Market Adjustment Year 2 + CPG	3,581
Total Pay Adjustments	**3,581**
Wage Base Adjustment	93,351
TOTAL INCREASE FOR WAGES	**$ 96,932**

DEPARTMENT OF HEALTH AND HOSPITALS
COMPULSORY ADJUSTMENT-PERSONAL SERVICES
FY 2026-2027
PROGRAM: NORTHEAST DELTA HUMAN SERVICES AUTHORITY

GL	DESCRIPTION	BUDGETED 2025-2026	REQUESTED 2026-2027	INCREASE REQUESTED	
	RELATED BENEFITS				
5620078	STATE EMPLOYEE RETIRE.				
	INCUMBENTS		$1,852,803		Employer Retirement except for TRSL
	VACANCIES		$251,892		Employer Retirement for Vacancies
	TOTAL STATE RETIREMENT		$2,104,695		
5620079	TEACHERS RETIREMENT				
	INCUMBENTS		$72,613		Employer Retirement that are in TRSL
	VACANCIES		$0		
	TOTAL TEACHERS RETIRE.		$72,613		
5620081	F.I.C.A.				
	INCUMBENTS		$3,765		OSDI for 3694
	VACANCIES		$0		
	STUDENTS		$0		
	WAGES		$0		
	TOTAL F.I.C.A.		$3,765		
5620083	GROUP INSURANCE				
	INCUMBENTS		$760,372		Employer Med + Employer Life
	VACANCIES		$209,132		Employer Med + Employer Life
5620165	RETIREES		$367,138		EOB+ 2 additional retirees (Estimated OGB cost from track
	TOTAL GROUP INS		$1,336,642		
	OTHER				
5620082	MEDICARE TAX		$90,561		Employer Medi + Vacancy
	UNEMPLOYMENT TAX		$0		
	VACANCIES		$11,018		
	TOTAL OTHER		$101,579		
	TOTAL RELATED BENEFITS		$3,619,294		
	LESS ATTRITION (4.0%)*		$130,086		
	REQUESTED RELATED BEN	$3,518,616	$3,489,208	**($29,408)**	Relate Benefits from BR-8

JUSTIFICATION OF INCREASES:

SALARY INCREASE ADJUSTMENTS	$87,830	Ret %+Medi % times Salary Increases on Salaries tab
RELATED BENEFIT ADJUSTMENT	($117,238)	
TOTAL INCREASE IN RELATED BENEFITS	**($29,408)**	

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

Form 49605 — 310 - Other/IAT Increases

3101 - Northeast Delta Human Services Authority

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	(13,323)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$(13,323)**

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	(13,323)
TOTAL OTHER CHARGES	**$(13,323)**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$(13,323)**

Question	Narrative Response
Explain the need for this request.	Payment adjustments for IAT - Louisiana Legislative Auditor decrease $0, ORM decrease $10,530, Uniform State Payroll decrease $628, Office of State Procurement decrease of $8,766, LAGOV HCM & SRM & Email increase $3,320, OTM-Telephone decrease of $30,360 (reclassifying email cost from OTM to OTS).
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

August 28, 2025

Re: Billing Explanation

State Fiscal Officers:

Last fall you were advised of the amount to include in your current year budget (FY26) for the allocation of audit services rendered. The amount allocated to your agency is indicated on the attached invoice. This charge should not be allocated to any federal program. The Division of Administration will provide guidance on how you should charge your federal programs for audit costs.

For non-LAGov users, please submit a check in payment of your allocation by September 28, 2025, to the remittance address on the attached invoice.

For LAGov users, our office has prepared a Z8 for this billing. The Z8 document number is included on the invoice. The Legislative Auditor's agency and vendor numbers are 954 and 310009303, respectively. The Z8 should be appropriately coded, edited, and approved for payment by your office by September 28, 2025.

If you have any Z8 processing questions, please contact Drew LeBlanc at (225) 339-3896. For questions concerning the calculation of the allocation, you may contact Beth Davis at (225) 339-3977.

Sincerely,

Michael J. "Mike" Waguespack, CPA
Legislative Auditor

1600 NORTH 3RD STREET P.O. BOX 94397 BATON ROUGE, LA 70804-9397
PHONE 225-339-3800 | FAX 225-339-3870 | LLA.LA.GOV

INVOICE

Invoice - 15552
Account - 10839
Date - 8/25/25

STATE OF LOUISIANA
LOUISIANA LEGISLATIVE AUDITOR

1600 North Third Street/P.O. Box 94397
Baton Rouge, LA 70804-9397
Tel (225) 339-3800 Fax (225) 339-3988
Web www.lla.la.gov

RECEIVED
SEP – 2 2025
By

PLEASE MAIL REMITTANCE TO:
Legislative Auditor
Attn: Accounting Dept.
P.O. Box 94397
Baton Rouge, LA 70804-9397

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

Date	Ty	Document Reference	Due Date	Remark	Amount
08/28/25	AI	000	09/27/25	2025-2026 Allocation	31,500.00
				Balance Due	31,500.00

Z8 Document Number: 8800051152

Office of Risk Management
State of Louisiana
Division of Administration

JEFF LANDRY
GOVERNOR

TAYLOR F. BARRAS
COMMISSIONER OF

July 24, 2025

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, 2025 to June 30, 2026). 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 #** 170169 **Total Payment Amount:** $206,693

Business Area	G/L Account	Fund	Cost Center	Order	Amount
310	5950050	3100000000	3101044100	UNHAX000001	$ 206,693

Authorized by: Victoria Wayne
Signature

Victoria Wayne
Please Print Name

P. O. Box 91106 ⚜ Baton Rouge, Louisiana 70821-9106 ⚜ (225) 342-8500 ⚜ 1 800 354-9548 ⚜ Fax (225) 342-8473
An Equal Opportunity Employer

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: 17069
INVOICE DATE: 07/01/2025
DESCRIPTION: Annual Premium Invoice
POLICY YEAR: 07/01/2025 - 07/01/2026
ORM ISIS No: 721403316/00
LaGov Vendor No: 310006998

Policy Number	Policy Description	Premium Charge	Safety Penalty/Credit	Premium Balance
ALPD20252026	SELF-INSURED AUTO LIAB & PHYS DAMAGE Auto (1st Party)	$1,715	$-86	$1,629
ALPD20252026	SELF-INSURED AUTO LIAB & PHYS DAMAGE Auto Liability (3rd Party)	$10,599	$-530	$10,069
BP20252026	STATEWIDE SELF-INSURED PROPERTY Property (1st Party)	$47,798	$-2,390	$45,408
BP20252026	STATEWIDE SELF-INSURED PROPERTY Equipment Breakdown	$2,794	$-140	$2,654
CGL20252026	SELF-INSURED COMMERCIAL GENERAL LIABILITY CGL – General Liability	$12,646	$-632	$12,014
CRIM20252026	SELF INSURED BOND/CRIME Crime	$39	$0	$39
CRIM20252026	SELF INSURED BOND/CRIME Bonds	$158	$0	$158
MMP20252026	SELF-INSURED MEDICAL MALPRACTICE LIAB Medical Malpractice	$5,560	$0	$5,560
STATEWIDEXSPROP20252026	STATEWIDE EXCESS PROPERTY POLICY Property (1st Party)	$102,259	$0	$102,259
US00071907PR25A	STATEWIDE EXCESS BOILER AND MACHINERY Equipment Breakdown	$1,100	$0	$1,100
WC20252026	SELF-INSURED WORKERS COMP Workers Compensation	$27,161	$-1,358	$25,803
	Totals	**$211,829**	**$-5,136**	**$206,693** Amount Due

Make Check Payable To:
Office of Risk Management
P.O. Box 91106, Capitol Station
Baton Rouge, LA 70821-9106

Page 1 of 1

Direct Inquiries To:
Ruby Dearing
ORM Accounting
(225) 219-0412

Office of the Commissioner
State of Louisiana
Division of Administration

JEFF LANDRY
GOVERNOR

TAYLOR F. BARRAS
COMMISSIONER OF ADMINISTRATION

C310 - LDH-NE DELTA HUMAN SVC AUTH

Invoice #C3100725 - July, 2025

Code	Description	Quantity	Rate	Total
A8154400	E-Mail Loss Prevention & Encryption	50	1.00	$50.00
A8154401	SWE Mailbox / 4GB	135	5.00	$675.00
A8154402	SWE Storage - GB	1,121.89	1.00	$1,121.89
A8154504	LaGov HCM with Payroll	17,557	1.00	$17,557.00
A8154506	LaGov SRM	64,359	1.00	$64,359.00
			Total Amount Due	**$83,762.89**

These are monthly charges

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

Chris Strickland — Aug 19, 2025
Chris Strickland (Aug 19, 2025 11:06:18 CDT)

Eric Coulberson — Aug 19, 2025

REVIEWED
By Bonnie Patterson at 11:40 am, Aug 19, 2025

Victoria Wayne — Aug 19, 2025
Victoria Wayne (Aug 19, 2025 11:48:45 CDT)

Dr. Monteic A. Sizer — Aug 19, 2025
Dr. Monteic A. Sizer (Aug 19, 2025 11:59:16 CDT)

State of Louisiana Division of Administration
Office of State Procurement
PO Box 94095
Baton Rouge, LA 70804-9095
(225) 342-8010

INVOICE

DATE: August 20, 2025
INVOICE # 26-310
FOR: *FY26 IAT Procurement Services*

Bill To:
Northeast Delta Human Services Authority

For Fiscal Year 2025-2026 (FY26), the Office of State Procurement (OSP) is budgeted and authorized to receive payment in the amount(s) specified below from the Sending Agency for its estimated proportional utilization of OSP Ancillary Services (purchasing, contractual review, and RFPs).

Agency	FY26 Appropriated	Prior Year Credit	Net FY26 Amount Due
09-310 Northeast Delta Human Services Authority	$2,965.00	-$1,456.00	$1,509.00
		TOTAL AMOUNT DUE	**$ 1,509.00**

If your agency is a LaGov agency, please provide coding below.

Business Area*	Fund*	Cost Center*	GL*	WBS Element	Grant	Order	Amount*
310	3100000000	3101044100	5950059			LDHAX0000001	$1,509.00
			5950059				
			5950059				
			5950059				
			5950059				

*Required Coding

Total: $1,509.00

Authorized By:

Victoria Wayne
Sending Agency Management/Finance Officer

08/24/2025
Date

Victoria.Wayne.@la.gov
Sending Agency Email Address

318-362-5332
Phone Number

Please confirm your receipt of this billing notice by completing the information requested and returning it to this office at OSP-Reports@la.gov no later than Friday, September 19, 2025.

If you have any questions concerning this invoice, please contact OSP at OSP-Reports@la.gov

Account Unit Number	Description	Total
M310-5500	LDH/NDHSA/REG 8 COMM SERV OFF	1,597.42
M310-8800	LDH/NDHSA/OBH REG8 ADMIN	1,234.46
M310-8850	LDE - NE Delta Prevention Center	716.58
M310-9181	LDH/NDHSA/COLUMBIA BEH HLTH CL	596.57
M310-9183	LDH/NDHSA/MONROE BEH HLTH CNT	4,123.14
M310-9185	LDH/NDHSA/RUSTON BEH HLTH CTR	973.34
M310-9186	LDH/NDHSA/TALLULAH BH CENTER	596.57
M310-9187	LDH/NDHSA/WINNSBORO BH CLINIC	675.71
M310-9188	LDH/NDHSA/BASTROP BEH HLTH CLN	831.25

Total: $11,345.04 X 12months = $136,140

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 27, 2025
INVOICE # 26-1009-43
FOR: *FY 26 IAT OSUP*

Bill To:

NE Delta Human Services Authority

DESCRIPTION	AMOUNT
Payment Request for Payroll Services on behalf of the Office of State Uniform Payroll for the period of July 1, 2025 through June 30, 2026	$ 5,332.00
Z8 # 8800051355	
TOTAL	$ 5,332.00

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

STATECIVILSERVICE
Agency Billing Portal

Billing Personnel Area: LDH-NE Delta Human Svc Auth (0310)

Billing Invoice Information

Billing Personnel Area :	LDH-NE Delta Human Svc Auth
Billing Date :	7/21/2025
Invoice Number :	260040
Invoice Total Fee Due :	$38,347.00
Invoiced Items :	SCS Annual operational costs for 84 classified employee(s).
Payment Due Date :	8/20/2025

Payment Status

Current Payment Status :	UNPAID
Current Balance Due :	$38,347.00

Payment History

7/21/2025	Payment Submitted	Amount: $38,347.00

Victoria Wayne

From: Angela Toussaint <atoussaint@treasury.la.gov>
Sent: Monday, September 22, 2025 2:38 PM
To: Victoria Wayne
Subject: RE: FY26 Central Depository Banking Services

Thank you.
I checked the list and found that your agency will not be billed this year. You may disregard this message.

From: Victoria Wayne <Victoria.Wayne@LA.GOV>
Sent: Monday, September 22, 2025 2:35 PM
To: Angela Toussaint <atoussaint@treasury.la.gov>
Subject: RE: FY26 Central Depository Banking Services

Good afternoon Angela,

Who was it sent to last year? I'm sure addressing it to me will be fine.

Thanks,

Victoria Wayne
Chief Financial Officer/ Chief Operations Officer

HSA
Northeast Delta Human Services Authority

Northeast Delta Human Services Authority
2513 Ferrand Street
Monroe, LA 71201
Office: 318-362-5332
Victoria.Wayne@la.gov

1

www.nedeltahsa.org

From: Angela Toussaint [mailto:atoussaint@treasury.la.gov]
Sent: Monday, September 22, 2025 2:32 PM
To: Victoria Wayne <Victoria.Wayne@LA.GOV>; Karen Evans (NEDHSA) <Karen.Evans3@LA.GOV>
Subject: FY26 Central Depository Banking Services

EXTERNAL EMAIL: Please do not click on links or attachments unless you know the content is safe.

Good Afternoon.

I am preparing your Central Depository Banking services cost letter for FY26.
Please provide the name of your Fiscal Administrator or the staff member the letter should be addressed to.

I appreciate your help.

Thanks,

Angela Toussaint
Fiscal Control Analyst
Office of State Treasurer John Fleming, MD
Phone 225-342-0053
Email Atoussaint@treasury.la.gov

2

Form 50451 — 310- Reduction of Self Gen

3101 - Northeast Delta Human Services Authority

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	(306,600)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$(306,600)**

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	(306,600)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$(306,600)**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$(306,600)**

AUTHORIZED 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	(306,600)
Total:	**$(306,600)**

Statutory Dedications

	Amount
Total:	**—**

Question	Narrative Response
Explain the need for this request.	We are currently not meeting our self-generated revenue allocation of $773,844, but we believe this amount will be sufficient to cover Medicaid expenses and donations. Over projecting or committing to higher self-generated revenue does not strengthen our financial position nor that of the state, especially as we are still awaiting actual allocations. We will carefully monitor our revenue and make necessary adjustments in the following fiscal year to ensure accurate financial planning and stability.
Cite performance indicators for the adjustment.	N/A
What would the impact be if this is not funded?	N/A
Is revenue a fixed amount or can it be adjusted?	N/A
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Technical and Other Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in this Adjustment Package	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	12,646,617	29,776	—	12,676,393
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	—	—	4,483,420
FEES & SELF-GENERATED	1,080,444	(306,600)	—	773,844
STATUTORY DEDICATIONS	—	—	—	—
FEDERAL FUNDS	—	—	—	—
TOTAL MEANS OF FINANCING	**$18,210,481**	**$(276,824)**	**—**	**$17,933,657**
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**
Other Charges	17,673,201	(263,501)	—	17,409,700
Debt Service	—	—	—	—
Interagency Transfers	537,280	(13,323)	—	523,957
TOTAL OTHER CHARGES	**$18,210,481**	**$(276,824)**	**—**	**$17,933,657**
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$18,210,481**	**$(276,824)**	**—**	**$17,933,657**
Classified	**—**	**—**	**—**	**—**
Unclassified	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**97**	**—**	**—**	**97**
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 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in this Adjustment Package	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	12,646,617	29,776	—	12,676,393
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	—	—	4,483,420
FEES & SELF-GENERATED	1,080,444	(306,600)	—	773,844
STATUTORY DEDICATIONS	—	—	—	—
FEDERAL FUNDS	—	—	—	—
TOTAL MEANS OF FINANCING	**$18,210,481**	**$(276,824)**	**—**	**$17,933,657**
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**
Other Charges	17,673,201	(263,501)	—	17,409,700
Debt Service	—	—	—	—
Interagency Transfers	537,280	(13,323)	—	523,957
TOTAL OTHER CHARGES	**$18,210,481**	**$(276,824)**	**—**	**$17,933,657**
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$18,210,481**	**$(276,824)**	**—**	**$17,933,657**
Classified	**—**	**—**	**—**	**—**
Unclassified	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**97**	**—**	**—**	**97**
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 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	12,646,617	29,776	—	713,382	13,389,775
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	—	—	—	4,483,420
FEES & SELF-GENERATED	1,080,444	(306,600)	—	—	773,844
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$18,210,481**	**$(276,824)**	**—**	**$713,382**	**$18,647,039**
Salaries	—	—	—	195,166	195,166
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	112,341	112,341
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**$307,507**	**$307,507**
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	17,673,201	(263,501)	—	405,875	17,815,575
Debt Service	—	—	—	—	—
Interagency Transfers	537,280	(13,323)	—	—	523,957
TOTAL OTHER CHARGES	**$18,210,481**	**$(276,824)**	**—**	**$405,875**	**$18,339,532**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$18,210,481**	**$(276,824)**	**—**	**$713,382**	**$18,647,039**
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	97	—	—	3	100
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Fees & Self-generated Revenues	1,080,444	(306,600)	—	—	773,844
Total:	**$1,080,444**	**$(306,600)**	**—**	**—**	**$773,844**

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Total:	**—**	**—**	**—**	**—**	**—**

PROGRAM SUMMARY STATEMENT

3101 - Northeast Delta Human Services Authority

Means of Financing and Expenditures	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	12,646,617	29,776	—	713,382	13,389,775
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	—	—	—	4,483,420
FEES & SELF-GENERATED	1,080,444	(306,600)	—	—	773,844
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$18,210,481**	**$(276,824)**	**—**	**$713,382**	**$18,647,039**
Salaries	—	—	—	195,166	195,166
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	112,341	112,341
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**$307,507**	**$307,507**
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	17,673,201	(263,501)	—	405,875	17,815,575
Debt Service	—	—	—	—	—
Interagency Transfers	537,280	(13,323)	—	—	523,957
TOTAL OTHER CHARGES	**$18,210,481**	**$(276,824)**	**—**	**$405,875**	**$18,339,532**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$18,210,481**	**$(276,824)**	**—**	**$713,382**	**$18,647,039**
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	97	—	—	3	100
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Fees & Self-generated Revenues	1,080,444	(306,600)	—	—	773,844
Total:	**$1,080,444**	**$(306,600)**	**—**	**—**	**$773,844**

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Total:	**—**	**—**	**—**	**—**	**—**

Form 49618 — 310 - RISE

3101 - Northeast Delta Human Services Authority

Means of Financing and Expenditures

	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested	FY2027-2028 Requested	FY2028-2029 Requested	FY2029-2030 Requested
STATE GENERAL FUND (Direct)	—	713,382	307,507	307,507	307,507
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	**—**	**713,382**	**307,507**	**307,507**	**307,507**
Salaries	—	195,166	195,166	195,166	195,166
Other Compensation	—	—	—	—	—
Related Benefits	—	112,341	112,341	112,341	112,341
TOTAL SALARIES	**—**	**307,507**	**307,507**	**307,507**	**307,507**
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	—	405,875	—	—	—
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	**—**	**405,875**	**—**	**—**	**—**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**—**	**713,382**	**307,507**	**307,507**	**307,507**
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	3	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Question	Narrative Response
Explain need for the new or expanded service.	For the operation of a 15 to 60 bed impatient facility to provide inpatient addiction services to addicted pregnant women with dependent children. Per OBH, they are seeking assistance to enhance the network of residential substance use treatment programs for women, pregnant women and women with dependent children due to no current providers of these specialized services in region 8.
How will it help fulfill the program's mission?	Operation of inpatient treatment center for pregnant women with a substance use/abuse diagnosis and their dependent children. This program will allow NEDHSA to provide services to this vulnerable population in region 8. Per ASAM level 3.3 - Clinically managed population specific high intensity residential treatment-adult provider must ensure following staffing: Registered Nurse, Intake Specialist & Admin Coord 4. Northeast Delta HSA Mission: NEDHSA 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.
Who will be the principal users?	Our goal is to assist pregnant women with substance abuse disorders and their dependent children to improve their ability to live successfully in the community of their choice with the least amount of professional intervention by R eaching I ndependence through Support & Education (R.I.S.E).
Who will primarily benefit from the service?	Pregnant women receiving the inpatient services and their dependent children and extended families and the region 8 community at large. The philosophy of NEDHSA is to respect the dignity and rights of all persons. In order to maximize the potential of each individual, services will be diverse and address the uniqueness of the individual, the family and the community. NEDHSA focuses on the strengths of the individual in all aspects of service delivery.
What strategic objectives are affected?	3101-01: Northeast Delta Human Services Authority will provide access to integrated care of services for adults and adolescents with Behavioral Health diagnosis. 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. 3101-03: Northeast Delta Human Services Authority will facilitate improved outcomes for citizens with intellectual developmental disabilities and promote the delivery of quality supports to live in the setting of their choice. 3101-04: Provide administrative support to programmatic services to ensure efficient, effective, and quality services.
What operational objectives are affected?	Performance Indicators: 25212- Percentage of clients served who would recommend to family and friends NEDHSA services. 25219- Percentage of successful completions (inpatient addiction treatment programs, level 3.5) 26600- Percentage of Individual and Family Support/Consumer Care Resource funds expended 26604- Number of prevention related presentations with community-level data. 25221- Number of people receiving Developmental Disability services per year 25223- Percentage of valid Flexible Family Fund (FFF) eligibility determinations (in accordance with FFF promulgation) 25965- Percentage of Individual & Family Support (FS) plans for which fund guidelines were followed. 26126- Percentage of Individual and Family Support Plans that meet the participants' goals 26608- Percentage of Waiver participants whose Plan of Care includes natural and community resources 26609- Percentage of contract invoices for which payment is issued within 30 days of fiscal department receipt 26610- Percentage of state assets in the Asset Management System located/accounted for annually 26611- Number of findings in Legislative Auditor Report resulting from misappropriation of resources, fraud, theft, or other illegal or unethical activity. 26612- Administrative expenditures as a percentage of agency's budget

Question	Narrative Response
List a revised version of the objective(s) here.	N/A
If no objective exists, create one-strategic.	N/A

Question	Narrative Response
If no objective exists, create one-operational.	N/A

Question	Narrative Response
Explain the Strategies needed to implement.	3101-01: Northeast Delta Human Services Authority will provide access to integrated care of services for adults and adolescents with Behavioral Health diagnosis. Strategy 1.1: A ssume administrative, fiscal, and programmatic responsibilities community-based behavioral health services and Prevention programs/activities within its eight-parish area, as agreed upon through a contract with LDH Strategy 1.2: I mplement an effective fiscal and programmatic monitoring system that ensures the quality, quantity, and appropriateness of services delivered by all contract providers. Strategy 1.3: Provide standardized screening, registration, and admission procedures (along with relevant documentation). Strategy 1.4: Actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate. Input will be gathered on an ongoing basis in a variety of means, to include at least an annual ëcommunity forumí. Strategy 1.5: Maintain close working relationship with and support the work of the ëregional advisory councilí in their efforts to advocate for consumers and families. Strategy 1.6 Implement Mobile Outreach Service to rural communities within the NEDHSAD. 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. Strategy 2:1 Use Tele-health technology to maximize existing prescriber and Licensed Mental Health Provider resources. Strategic 2.2 Use data collection and analysis to support performance improvement activities and to make decisions based on outcome measurements. Strategy 2.3 Use electronic health records information to provide a standard format for assessment, diagnosis and treatment planning for persons served. Strategy 2.4 Use electronic health records technology to ensure compliance with the requirements needed to support effective treatment planning and outcomes. Strategy 2.5 Utilize information collected by technology-based systems to analyze performance and use information as a tool for Executive Team decisions or as warranted. Strategy 2.6 Use on-line technology to conduct quarterly client satisfaction surveys to identify potential needs for intervention. Strategy 2.7: Use on-line technology/web-based applications to ensure ease of access and monitoring of payroll and attendance records. Strategy 2.8: Use an electronic billing system to facilitate staff efficiency, timeliness of billing, and to promote billingís accuracy. 3101-03: Northeast Delta Human Services Authority will facilitate improved outcomes for citizens with intellectual developmental disabilities and promote the delivery of quality supports to live in the setting of their choice. Strategy 3.1 Serve as the Single Point of Entry (SPOE) into the Developmental Disabilities Services System providing support coordination services to individuals and their families through community resources. Strategy 3.2 Identify State agencies and community organization resources in order to better support people with developmental disabilities to live full community lives and support partnerships with and referrals to these agencies and/or organizations. Strategy 3.3 Monitor program utilization, effectiveness, and collect performance indicator data. Strategy 3.4 Develop and implement policies and procedures for adult waiver participants to have paths to community employment. Strategy 3.5 Meet quarterly with service providers and families to discuss goals and services and to resolve barriers to achieving goals. Strategy 3.6 Maintain communication with the Regional Advisory Committee, to include public input into the regional planning process and comment on regulations proposed by OCDD. Strategy 3.7 As per stated regulations, OCDD will provide the Advisory Committee timely information on the budget, in addition to information on implementation of all services and quality assurance reports. Strategy 3.8 Collaborate with the Regional Advisory Committee to develop outreach plans. Such outreach plans shall provide for public dissemination of information regarding developmental disabilities and the services available through NEDHSA. The state advisory committee shall coordinate with all regional advisory committees and shall use data provided by the regional advisory committees in the deliberations of the committee. Strategy 3.9 To conduct Community Education and Awareness events sponsored by NEDHSA to educate individuals, family member, community organizations, school systems and the medical community regarding service access. Strategy 3.10 To actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate. Input will be

Question	Narrative Response
Additional information or comments.	

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Total Request Summary

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	10,767,518	12,646,617	29,776	—	713,382	13,389,775	743,158
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	3,572,341	4,483,420	—	—	—	4,483,420	—
FEES & SELF-GENERATED	491,752	1,080,444	(306,600)	—	—	773,844	(306,600)
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$14,831,611**	**$18,210,481**	**$(276,824)**	**—**	**$713,382**	**$18,647,039**	**$436,558**

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Total:	—	—	—	—	—	—	—

Expenditures and Positions

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Salaries	—	—	—	—	195,166	195,166	195,166
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	112,341	112,341	112,341
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**$307,507**	**$307,507**	**$307,507**
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	14,295,981	17,673,201	(263,501)	—	405,875	17,815,575	142,374
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	535,630	537,280	(13,323)	—	—	523,957	(13,323)
TOTAL OTHER CHARGES	**$14,831,611**	**$18,210,481**	**$(276,824)**	**—**	**$405,875**	**$18,339,532**	**$129,051**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$14,831,611**	**$18,210,481**	**$(276,824)**	**—**	**$713,382**	**$18,647,039**	**$436,558**
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**101**	**97**	**—**	**—**	**3**	**100**	**3**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**

PROGRAM SUMMARY STATEMENT

3101 - Northeast Delta Human Services Authority

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	10,767,518	12,646,617	29,776	—	713,382	13,389,775	743,158
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	3,572,341	4,483,420	—	—	—	4,483,420	—
FEES & SELF-GENERATED	491,752	1,080,444	(306,600)	—	—	773,844	(306,600)
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$14,831,611**	**$18,210,481**	**$(276,824)**	**—**	**$713,382**	**$18,647,039**	**$436,558**

Expenditures and Positions

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Salaries	—	—	—	—	195,166	195,166	195,166
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	112,341	112,341	112,341
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**$307,507**	**$307,507**	**$307,507**
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	14,295,981	17,673,201	(263,501)	—	405,875	17,815,575	142,374
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	535,630	537,280	(13,323)	—	—	523,957	(13,323)
TOTAL OTHER CHARGES	**$14,831,611**	**$18,210,481**	**$(276,824)**	**—**	**$405,875**	**$18,339,532**	**$129,051**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$14,831,611**	**$18,210,481**	**$(276,824)**	**—**	**$713,382**	**$18,647,039**	**$436,558**
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**101**	**97**	**—**	**—**	**3**	**100**	**3**
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 2026 - 2027

Report Date: 10/31/25

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	$2,256,878	$553,021	$0	$0	$0	$2,809,899	11
			Total:	**$2,256,878**	**$553,021**	**$0**	**$0**	**$0**	**$2,809,899**	**11**

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

STATE OF LOUISIANA
Childrens Budget by Department

CHILD - DC
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	$1,803,437	$2,256,878	$2,256,878	$2,256,878	$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	$657,773	$553,021	$553,021	$553,021	$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	**$2,461,210**	**$2,809,899**	**$2,809,899**	**$2,809,899**	**$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	$2,461,210	$2,809,899	$2,809,899	$2,809,899	$0
Debt Service	$0	$0	$0	$0	$0
Interagency Transfers	$0	$0	$0	$0	$0
TOTAL OTHER CHARGES	**$2,461,210**	**$2,809,899**	**$2,809,899**	**$2,809,899**	**$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 2026 - 2027
Report Date: 10/31/25

TOTAL EXPENDITURES	**$2,461,210**	**$2,809,899**	**$2,809,899**	**$2,809,899**	**$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**

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

STATE OF LOUISIANA
Childrens Budget
Agency Summary

CHILD - AS
Fiscal Year 2026 - 2027
Report Date: 10/31/25

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	$2,256,878	$553,021	$0	$0	$0	$2,809,899	11
			Total:	**$2,256,878**	**$553,021**	**$0**	**$0**	**$0**	**$2,809,899**	**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)	$1,803,437	$2,256,878	$2,256,878	$2,256,878	$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	$657,773	$553,021	$553,021	$553,021	$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	**$2,461,210**	**$2,809,899**	**$2,809,899**	**$2,809,899**	**$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	$2,461,210	$2,809,899	$2,809,899	$2,809,899	$0
Debt Service	$0	$0	$0	$0	$0
Interagency Transfers	$0	$0	$0	$0	$0
TOTAL OTHER CHARGES	**$2,461,210**	**$2,809,899**	**$2,809,899**	**$2,809,899**	**$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 2026 - 2027
Report Date: 10/31/25

TOTAL ACQ. & MAJOR REPAIRS	**$0**	**$0**	**$0**	**$0**	**$0**
TOTAL EXPENDITURES	**$2,461,210**	**$2,809,899**	**$2,809,899**	**$2,809,899**	**$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- eighteen.
Who primarily benefits from the service?
Children zero-eighteen 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

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