



**State of Louisiana**

**Bureau of Health Services Financing (Medicaid)**

**Request for Information**

**Qualified Health Professionals to Conduct  
Comprehensive Diagnostic Evaluations**

**May 29, 2014**

## **PURPOSE**

The Louisiana Department of Health and Hospitals (DHH), Bureau of Health Services Financing (BHSF) is issuing this Request for Information (RFI) for the purpose of seeking information from **Qualified Health Care Professionals** (QHCP) regarding their willingness and availability to provide Comprehensive Diagnostic Evaluations (hereinafter referred to as CDE or DE), reimbursable as CPT code 90791, to persons under age 21 under Louisiana Medicaid program criteria.

DHH is defining Qualified Health Professionals *as licensed practitioners in the State of Louisiana in good standing who have one or more of the following specialties and whose scope of practice includes the differential diagnosis of Autism Spectrum Disorder (ASD), related and comorbid disorders:*

- *Pediatric Neurologist*
- *Developmental Pediatrician*
- *Psychologist, including Medical Psychologist*
- *Pediatric and/or Child Psychiatrist*

QHCPs should have sufficient qualifications and experience to conduct and document the CDE/DE, and to develop initial recommendations for a multidisciplinary treatment plan, including recommendations relative to clinical indications for Applied Behavior Analysis (ABA) and other evidence-based treatments for ASD, related and comorbid disorders.

## **GENERAL INFORMATION**

### **Background**

The mission of DHH is to promote health and ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana. The Department is dedicated to fulfilling its mission by providing quality health services through the development and stimulation of effective health management programs and the efficient utilization of available resources.

DHH is comprised of the Bureau of Health Services Financing (hereinafter BHSF or Medicaid), which is the Louisiana State Medicaid agency, Office for Citizens with Developmental Disabilities, Office of Behavioral Health, Office of Aging and Adult Services, and the Office of Public Health. Under the general supervision of the Secretary, these principal offices perform the primary functions and duties assigned to DHH.

The Bureau of Health Services Financing (BHSF) is the administrative agency responsible for the Medicaid program. Medicaid is the program which provides payment for health care services to qualified applicants including those who are age 65 or above, have a disability, are pregnant, a child, a parent of a minor child and also have low-income and meet other eligibility factors. Funded by both Federal and State governments, Louisiana Medicaid provides reimbursement for medical

benefits such as physician, hospital, laboratory, X-ray, and nursing home services; optional services for adults include services such as pharmacy and intermediate care facilities for the developmentally disabled (ICF/DD). Payments are made both directly to enrolled providers and to Managed Care Organizations (MCOs). Medicaid also provides funding for Center for Medicaid Services (CMS)-approved Home and Community-Based Services (HCBS) through a waiver or State Plan services.

Applied Behavior Analysis (ABA) services are now available to persons who are

- Medicaid eligible,
- age birth up to 21,
- exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities,
- medically stable and not in need of 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for person with intellectual disabilities, and
- diagnosed by a **Qualified Health Care Professional**.

## **RESPONSE REQUIREMENTS**

The response to this RFI is anticipated to reflect the availability of QHCPs as defined by DHH who are willing and able to provide CDEs to the described population who will be requesting State Plan ABA services. The response should include your areas of expertise and any experience you have had in conducting CDEs to the population described above in particular, and to the under 21 population in general. You are encouraged to be as detailed as possible and invited to suggest and comment on any other related issues not specifically outlined below.

Responders are requested to provide the following information:

- Please describe your approach to conducting a CDE/DE, the evaluation process, including the protocols, standards, assessment tools, instruments and/or tests that would be employed during the CDE/DE (e.g., director observation, use of standardized instruments such as ADOS, ADOS-2, CARS, Vineland II, or other similar instruments, as well as any additional cognitive and/or psychological testing, speech/language comprehension assessments, etc., as indicated).
- For the purposes of establishing an accurate diagnosis and for seeking initial approval for ABA services *at the onset of care*, how recent or current should the CDE/DE be for a given youth, and how often should the CDE/DE be repeated to assure or confirm that the original diagnosis and treatment recommendations are still current and valid?
- Please indicate the reimbursement rate that is customary in your practice for this particular service and the number of hours that is typically necessary to conduct a proper CDE/DE.

- Indicate if any add-on codes are used in conjunction with these evaluations (e.g. 96101 or 96103 for psychological testing, 96111 for extended developmental testing, 96116 for neurobehavioral status examination, etc., or such E&M codes as 99245, office consult for a new or established patient, for example), and the typical reimbursement rate customary when such add-ons are used. Please provide the CPT code or codes that would be used as add-on codes, and when such add-on codes are generally indicated.
- Are you currently providing such CDE/DE for this particular population? If not, do you provide them for other populations and if so, please describe. Please indicate for how many years you have provided these types of CDE/DE, and examples of some of the organizations you have worked with.
- Please indicate any barriers which may limit participation as a QHCP willing to provide these services to the described population on behalf of DHH and what incentives, if any, would induce your participation.
- If you are willing to provide these services, please submit an example or template or your written CDE.
- If you are willing to provide these services, how many CDE/DE referrals would you be willing to accept on a weekly basis?
- If you are willing to provide these services please include your contact information for appointment scheduling including your location address and office hours.
- If you are willing to provide these services, please indicate how soon you could begin providing these services.

## **INVITATION TO RESPOND**

If you (or an organization that you are associated with) are interested in providing information on your ability to perform the requested services as described above, please submit a printed as well as electronic (PDF) format copy of your response by 4:30pm CST on June 15, 2014 to the RFI Coordinator:

**Rene M. Huff**

Medicaid Program Manager 2

Policy and Compliance

628 North 4th Street

6th Floor

P.O. Box 3836

Baton Rouge, LA 70802-3836

rene.huff@ la.gov

225.342.3935

BlackBerry 225.200.7338

fax number 225.389-8002