

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

March 3, 2014

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 14-06

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.


I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kathy H. Kliebert".

Kathy H. Kliebert
Secretary

Attachments (5)

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-06	2. STATE Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE February 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.60, Subpart A		7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> \$9,570.44 b. FFY <u>2015</u> \$14,717.27	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 4b, Pages 20, 21 and 22 Attachment 4.19-B Item 4b, Page 10		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None (New Pages) None (New Page)	
10. SUBJECT OF AMENDMENT: The SPA proposes to establish coverage and reimbursement under the Medicaid State Plan for applied behavioral analysis-based (ABA) therapy services for recipients up to 21 years of age who have a diagnosis of Pervasive Developmental Disorder or Autism Spectrum Disorder.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review state plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: J. Ruth Kennedy, Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Kathy H. Kliebert			
14. TITLE: Secretary			
15. DATE SUBMITTED: March 3, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #: 14-06

TITLE: Applied Behavioral Analysis-Based Therapy Services

EFFECTIVE DATE: February 1, 2014

FISCAL IMPACT:

Increase

	Year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2014		62.11%	5	February 1, 2014 - June 2014	\$9,523,396
2nd SFY	2015		62.05%	12	July 2014 - June 2015	\$23,541,835
3rd SFY	2016		62.05%	12	July 2015 - June 2016	\$24,248,090

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2014

SFY 2014 \$9,523,396 for 5 months February 1, 2014 - June 2014 \$9,523,396

SFY 2015 \$23,541,835 for 12 X 3 months July 2014 - June 2015
 July 2014 - September 2014 = \$5,885,459
\$15,408,855

FFP (FFY 2014) = \$15,408,855 X 62.11% = \$9,570,440

Total Increase in Cost FFY 2014

SFY 2015 \$23,541,835 for 12 X 9 months July 2014 - June 2015
 October 2014 - June 2015 = \$17,656,376

SFY 2016 \$24,248,090 for 12 X 3 months July 2015 - June 2016
 July 2015 - September 2015 = \$6,062,023
\$23,718,399

FFP (FFY 2014) = \$23,718,399 X 62.05% = \$14,717,267

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND
REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Medical and Remedial Care and Services
Item 4.b, (Cont'd)

Applied Behavioral Analysis-Based Therapy Services:
42 CFR 440.60 - Other Licensed Practitioners

Applied Behavioral Analysis-Based (ABA) therapy is the design, implementation, and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA-based therapies teach skills through the use of behavioral observation and reinforcement or prompting to teach each step of targeted behavior. ABA-based therapies are based on reliable evidence and are not experimental.

Recipient Criteria:

In order to qualify for ABA-based therapy services, a Medicaid recipient must meet all of the following criteria. The recipient must:

1. be from birth up to 21 years of age;
2. exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (examples include, but are not limited to aggression, self-injury, elopement, etc.);
3. be medically stable and not require 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities (ICF/ID);
4. be diagnosed by a qualified health care professional with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including autism spectrum disorder;
5. have a comprehensive diagnostic evaluation by a qualified health care professional; and
6. have a prescription for ABA-based therapy services ordered by a qualified health care professional.

Covered Services:

Medicaid covered ABA-based therapy services must be:

1. medically necessary;
2. prior authorized by the Medicaid Program or its designee; and
3. delivered in accordance with the recipient's treatment plan.

Services must be provided directly or billed by behavior analysts licensed by the Louisiana Behavior Analyst Board.

Medical necessity for ABA-based therapy services shall be determined according to the provisions of the *Louisiana Administrative Code (LAC)*, Title 50, Part I, Chapter 11 (*Louisiana Register*, Volume 37, Number 1), which is the Department's promulgated criteria that defines medical necessity.

ABA-based therapy services may be prior authorized for a time period not to exceed 180 days. Services provided without prior authorization shall not be considered for reimbursement, except in the case of retroactive Medicaid eligibility.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND
REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Service Delivery:

1. Services shall be based upon the individual needs of the child, and must give consideration to the child's age, school attendance requirements, and other daily activities as documented in the treatment plan.
2. Services must be delivered in a natural setting (e.g., home and community-based settings, including clinics).
3. Any services delivered by direct line staff must be under the supervision of a lead behavior therapist who is a Louisiana licensed behavior analyst.

Service Exclusions:

The following services do not meet medical necessity criteria, nor qualify as Medicaid covered ABA-based therapy services:

1. therapy services rendered when measureable functional improvement is not expected or progress has plateaued;
2. services that are primarily educational in nature;
3. services that are duplicative services under an Individualized Family Service Plan (IFSP) or an Individualized Educational Program (IEP), as required under the Federal Individuals with Disabilities Education Act (IDEA);
4. treatment whose purpose is vocationally or recreationally based;
5. custodial care;
 - a. for purposes of these provisions, custodial care:
 - i. shall be defined as care that is provided primarily to assist in the activities of daily living (ADLs), such as bathing, dressing, eating, and maintaining personal hygiene and safety;
 - ii. is provided primarily for maintaining the recipient's or anyone else's safety; and
 - iii. could be provided by persons without professional skills or training; and
6. services, supplies, or procedures performed in a non-conventional setting including, but not limited:
 - a. resorts;
 - b. spas;
 - c. therapeutic programs; and
 - d. camps.

Treatment Plan:

ABA-based therapy services shall be rendered in accordance with the individual's treatment plan. The treatment plan shall:

1. be person-centered and based upon individualized goals;
2. be developed by a licensed behavior analyst;
3. delineate both the frequency of baseline behaviors and the treatment development plan to address the behaviors;
4. identify long, intermediate, and short-term goals and objectives that are behaviorally defined;
5. identify the criteria that will be used to measure achievement of behavior objectives;
6. clearly identify the schedule of services planned and the individual providers responsible for delivering the services;
7. include care coordination involving the parents or caregiver(s), school, state disability programs, and others as applicable;

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND
REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

8. include parent/caregiver training, support, and participation;
9. have objectives that are specific, measureable, based upon clinical observations, include outcome measurement assessment, and tailored to the individual; and
10. ensure that interventions are consistent with ABA techniques.

Provider Participation:

Licensed behavior analysts that render ABA-based therapy services shall meet the following provider qualifications:

1. be licensed by the Louisiana Behavior Analyst Board;
2. be covered by professional liability insurance in the amounts designated by the department;
3. have no sanctions or disciplinary actions on their Board Certified Behavior Analyst (BCBA®) or Board Certified Behavior Analyst-Doctoral (BCBA-D) certification and/or state licensure;
4. not have Medicare/Medicaid sanctions, or be excluded from participation in federally funded programs; and
5. have a completed criminal background check to include federal criminal, state criminal, parish criminal and sex offender reports for the state and parish in which the behavior analyst is currently working and residing.

Certified assistant behavior analysts that render ABA-based therapy services shall meet the following provider qualifications:

1. must be certified by the Louisiana Behavior Analyst Board;
2. must work under the supervision of a licensed behavior analyst;
3. must have no sanctions or disciplinary actions, if state-certified or board-certified by the BACB®;
4. may not have Medicaid or Medicare sanctions or be excluded from participation in federally funded programs; and
5. have a completed criminal background check to include federal criminal, state criminal, parish criminal and sex offender reports for the state and parish in which the certified assistant behavior analyst is currently working and residing.

Registered line technicians that render ABA-based therapy services shall meet the following provider qualifications:

1. must be registered by the Louisiana Behavior Analyst Board;
2. must work under the supervision of a licensed behavior analyst;
3. may not have Medicaid or Medicare sanctions or be excluded from participation in federally funded programs; and
4. have a completed criminal background check to include federal criminal, state criminal, parish criminal and sex offender reports for the state and parish in which the registered line technician is currently working and residing.

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Applied Behavioral Analysis-Based Therapy Services

Reimbursement Methodology:

The Medicaid Program shall provide reimbursement for applied behavioral analysis-based (ABA) therapy services to enrolled behavior analysts who are currently licensed and in good standing with the Louisiana Behavior Analyst Board.

Reimbursement for ABA services shall not be made to, or on behalf of services rendered by a parent, a legal guardian or legally responsible person.

Reimbursement for ABA-based therapy services shall be based upon a percentage of the commercial rates for ABA-based therapy services in the state of Louisiana. The rates are based upon 15 minute units of service, with the exception of mental health services plan which shall be reimbursed at an hourly fee rate.

Reimbursement shall only be made for services authorized by the Medicaid Program or its designee.

TN#: _____
Supersedes: _____

Approval Date: _____

Effective Date: _____