

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

May 2, 2014

Our Reference: SPA LA 14-07

Ms. Ruth Kennedy, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attn: Darlene Adams
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 14-07. The SPA proposes to revise the reimbursement methodology for rehab clinics in order to increase the rates for physical and occupational therapy services rendered to recipients under the age of 21.

Transmittal Number 14-07 is approved with an effective date of February 13, 2014 as requested. A copy of the HCFA-179, Transmittal No. 14-08 dated March 12, 2014 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at ford.blunt@cms.hhs.gov or by phone at (214) 767-6381.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks".

Bill Brooks
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

14-07

2. STATE

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

February 13, 2014

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

**42 CFR Part 447 Subpart F
42 CFR Part 440.130**

7. FEDERAL BUDGET IMPACT:

FFY 2014 **\$293.38**
FFY 2015 **\$480.88**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B, Item 13d, Page 1a

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
Same (TN 13-08)

10. SUBJECT OF AMENDMENT: **The SPA proposes to revise the reimbursement for rehabilitation clinics in order to increase the rates for physical and occupational therapy services rendered to recipients under the age of 21.**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **The Governor does not review state plan material.**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

 **Approved for**

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 12, 2014

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12 March, 2014

18. DATE APPROVED:

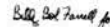
2 May, 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

13 February, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Bill Brooks

22. TITLE: **Associate Regional Administrator
Division of Medicaid & Children's Health**

23. REMARKS:

STATE OF LOUISIANA
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

CITATION
42 CFR
440.130

Medical and Remedial
Care and Services
Item 13.d

State: Louisiana
Date Received: 3/12/14
Date Approved: 5/2/14
Date Effective: 2/13/14
Transmittal Number: 14-07

B. Standards for Payment

- 1) The rehabilitation services center must be certified by the Health Standards Section of the Bureau of Health Services Financing.
- 2) The rehabilitation center must be Title XVIII certified.
- 3) Referral for such services has been made by a licensed physician, and the Prior Authorization Unit, Bureau of Health Services Financing (BHSF) has a copy of his recommendations to the rehabilitation services provider.
- 4) The rehabilitation services provider has evaluated the client and submitted a copy of its proposed plan of services to the Prior Authorization Unit for approval.
- 5) The rehabilitation services provider has agreed to provide evaluation reports as requested by the Prior Authorization Unit when the plan is approved.
- 6) The BHSF Prior Authorization Unit has approved the plan of treatment.

Effective for dates of service on or after February 13, 2014, reimbursement for physical and occupational therapy services shall be 85 percent of the 2013 Medicare published rate. The Medicare published rate shall be the rate in effect on February 13, 2014. There shall be no automatic enhanced adjustment for physical and occupational therapy services.

Speech/language therapy services shall continue to be reimbursed at the flat fee in place as of February 13, 2014 and in accordance with the Medicaid published fee schedule found on the Louisiana Medicaid provider website using the following link: http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm.

[Exclusions]:

Effective for dates of service on or after February 1, 2013, reimbursement shall not be made for rehabilitation clinic (center) services rendered to recipients 21 years of age and older.

TN# 14-07 Approval Date 5/2/14 Effective Date 2/13/14
Supersedes 13-08