



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

March 12, 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. 14-07

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", with the word "Approved" written in blue ink below it.

Kathy H. Kliebert
Secretary

Attachments (1)

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #: 14-07

TITLE: Rehab Clinics-Occupational and Physical Therapies- Reimbursement Rate Increase

EFFECTIVE DATE: February 13, 2014

FISCAL IMPACT:

Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2014		62.11%	4.5	February 13, 2014 - June 2014	\$280,056
2nd SFY	2015	3.0%	62.05%	12	July 2014 - June 2015	\$769,220
3rd SFY	2016	3.0%	62.05%	12	July 2015 - June 2016	\$792,297

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2014

SFY 2014 \$280,056 for 4.5 months February 13, 2014 - June 2014 \$280,056

SFY 2015 \$769,220 for 12 months July 2014 - June 2015
 \$769,220 / 12 X 3 = July 2014 - September 2014 = \$192,305
\$472,361

FFP (FFY 2014) = \$472,361 X 62.11% = \$293,383

Total Increase in Cost FFY 2015

SFY 2015 \$769,220 for 12 months July 2014 - June 2015
 \$769,220 / 12 X 9 = October 2014 - June 2015 = \$576,915

SFY 2016 \$792,297 for 12 months July 2015 - June 2016
 \$792,297 / 12 X 3 = July 2015 - September 2015 = \$198,074
\$774,989

FFP (FFY 2015) = \$774,989 X 62.05% = \$480,881

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 **Medical and Remedial**
42 CFR **Care and Services**
440.130 **Item 13.d**

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. 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 for speech/language therapy services provided to recipients under the age of 21 in rehabilitation clinics.

[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# _____ Approval Date _____ Effective Date _____
Supersedes _____