

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

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

VIA ELECTRONIC MAIL ONLY

December 31, 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. 14-0039**

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,


Kathy H. Kliebert
Secretary

Attachments (7)

KHK/JRK/DAB

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 14-0039	2. STATE Louisiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 1, 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 440.170 42 CFR 447 Subpart B	7. FEDERAL BUDGET IMPACT: a. FFY <u>2015</u> \$0 b. FFY <u>2016</u> \$0
---	---

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 24.a., Pages 3 Attachment 3.1-A, Item 24.a., Page 4 Attachment 3.1-A, Item 24.a., Page 5 Attachment 3.1-A, Item 24.a., Page 6-7 Attachment 3.1-A, Item 24.a., Page 8 Attachment 4.19-B, Item 24.a., Page 2 Attachment 4.19-B, Item 24.a., Page 3 Attachment 4.19-B, Item 24.a., Pages 3a and 3b Attachment 4.19-B, Item 24a, Page 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same (TN 94-30) Same (TN 10-62) Same (TN 09-32) Remove page Same (TN 94-30) Remove pages Same (TN 03-43) Remove page Same (TN 04-23) Same (TN 10-62) Same (TN 10-62) Same (TN 11-41) Remove pages Same (TN 10-67) Remove page
--	--

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to revise the provisions governing the reimbursement methodology for non-emergency medical transportation services to replace the monthly payment of capitated rates with a monthly per trip payment methodology.**

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:


13. TYPED NAME:
Kathy H. Kliebert

14. TITLE:
Secretary

15. DATE SUBMITTED:
December 31, 2014

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

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:	

STATE OF LOUISIANA

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS IN THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial Care and Services
42 CFR 440.170 Item 24.a. (cont'd)

II. Medically Necessary Non-Emergency Transportation

Louisiana Medicaid provides non-emergency transportation for eligible Medicaid beneficiaries who do not otherwise have transportation to and from their Medicaid service providers.

A. Beneficiary Eligibility

Medicaid transportation is available to Medicaid beneficiaries when both of the following criteria are met:

1. The individual is enrolled in either a full-coverage Medicaid benefit program or a limited-coverage Medicaid benefit program that explicitly includes transportation services; and
2. The beneficiary or their representative has stated that they have no other means of transportation.

B. Transportation Provider Eligibility

Transportation may be provided by non-profit providers (e.g. Councils on Aging), for-profit providers (e.g. private medical transportation companies), public transit, or private individuals enrolled under the Friends and Family program. Non-emergency transportation may also be provided by ambulance if medically necessary. All transportation providers:

1. Must comply with published rules and regulations governing the Medicaid transportation program;
2. Must comply with all state laws and regulations of any other state agency, commission, or local entity with applicable jurisdiction;
3. May be subject to suspension from the Medicaid program if the Department acquires documentation of inappropriate billing or other practices that egregiously violate published program policy.

TN# _____
Supersedes
TN# _____

Approval Date _____

Effective Date _____

STATE OF LOUISIANA

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS IN THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial Care and Services
42 CFR 440.170 Item 24.a. (cont'd)

C. Authorization for Services

1. All non-emergency non-ambulance transportation requires prior authorization. The Department or its designee will authorize non-emergency non-ambulance transportation services under the following criteria:
 - a. The beneficiary is eligible for transportation as described in part A of this section;
 - b. The requested transportation is necessary to receive a Medicaid covered service;
 - c. The requested destination is a medical service provider currently enrolled in the Medicaid program;
 - d. The requested destination is a Medicaid provider within the beneficiary's local service area; or if the service is not available in the local service area the requested destination is the nearest available provider of the Medicaid covered service;
 - e. The transportation provider is actively enrolled in the Medicaid program and meets all criteria in part B of this section;
 - f. The transportation provider is the least costly available to provide the requested transportation service. If there are multiple providers available at the lowest cost, the beneficiary may choose a preferred transportation provider.

2. Non-emergency ambulance services are not prior authorized. Payment for non-emergency ambulance transportation shall be made upon receipt of the completed Certification of Ambulance Transportation form. The Certification form must be signed by a licensed medical professional and must describe the medical condition which necessitates ambulance services.

TN# _____
Supersedes
TN# _____

Approval Date _____

Effective Date _____

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 Care and Services
42 CFR 440.170 Item 24.a. (cont'd)

B. Non-Emergency Medical Transportation

General Provisions- Reimbursement for Services

Reimbursement for transportation services shall be based on the published fee schedule and made in accordance with rules and regulations issued by the Department.

1. Non-emergency non-ambulance

a. Individually scheduled trips

Reimbursement shall be based on mileage according to the published fee schedule. An additional per-mile rate may be included when the Department determines that a provider requires compensation for travelling far outside of their service area. This additional payment shall only be made when there are no providers in the beneficiary's service area.

b. Recurring Trips

Payment for non-emergency transportation to regular, predictable, recurring medical services such as hemodialysis, chemotherapy, or rehabilitation therapy, may be based on capitated monthly rates when determined appropriate by the Department.

2. Ambulance

Non-emergency ambulance services are reimbursed at base rate plus mileage as shown on the published fee schedule.

3. Aircraft and Buses

Medically necessary non-emergency transportation provided by commercial aircraft and buses are reimbursed at their usual and customary rate, subject to maximum limitations based on historical costs for such trips.

TN# _____
Supersedes
TN# _____

Approval Date _____

Effective Date _____

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 Care and Services
42 CFR 440.170 Item 24.a. (cont'd)

4. Public Transit

Reimbursement for non-emergency medical transportation services rendered by public transit providers are reimbursed according to the published fee schedule.

C. Auditing

The Department shall conduct regular audits of service authorization, reimbursement, service delivery and documentation in order to ensure compliance with published rules and regulations. Lack of compliance on the part of transportation providers shall be addressed as described in the provider policy manual. Lack of compliance on the part of Department contractors shall be met with corrective action as described in contract documents.

TN# _____
Supersedes
TN# _____

Approval Date _____

Effective Date _____

Public Notices

Home
 Manual Search
 Smart Search
 About LPA
 LPA Home



Louisiana Press Association

*Your online source
 for public notice in Louisiana*

Public Notice

NEW since Aug. 2008

Search in this notice, CTRL+F or APPLE+F

NOTE: Some notices are extracted from PDF files and may be difficult to read.

LA SPA 14-0039

County: Lafayette
Printed In: The Advertiser
Printed On: 2014/09/26

Public Notice:

1906342 DECLARATION OF EMERGENCY Department of Health and Hospitals Bureau of Health Services Financing Medical Transportation Program Non-Emergency Medical Transportation (LAC 50:XXVII:Chapter 5) The Department of Health and Hospitals, Bureau of Health Services Financing repeals and replaces the provisions of the October 20, 1994 Rule governing Non-emergency medical transportation, and amends LAC 50:XXVII.Chapter 5 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first. The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted provisions governing non-emergency medical transportation (NEMT) (Louisiana Register, Volume 20, Number 10). The department has now determined that it is necessary to repeal the October 20, 1994 Rule in order to revise the provisions governing NEMT services, and to ensure that these provisions are appropriately promulgated in a codified format for inclusion in the Louisiana Administrative Code. This Emergency Rule will also amend the provisions governing the reimbursement methodology for NEMT services to replace the monthly payment of capitated rates with a monthly per trip payment methodology. This action is being taken to promote the health and welfare of Medicaid recipients by ensuring continued access to non-emergency medical transportation services. It is estimated that implementation of this Emergency Rule will have no programmatic costs for state fiscal year 2014-15. Effective October 1, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for non-emergency medical transportation. Title 50 PUBLIC HEALTH-MEDICAL ASSISTANCE Part XXVII. Medical Transportation Program Chapter 5. Non-Emergency Medical Transportation Subchapter A. General Provisions §501. Introduction A. Non-emergency medical transportation (NEMT) is non-emergency transportation to and from the providers of routine Medicaid covered services for Medicaid recipients. NEMT is intended to provide transportation only after all reasonable means of free transportation have been explored and found to be unavailable. AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act. HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40: §503. Prior Authorization A. NEMT services require prior

authorization. The department or its designee will authorize transportation after verifying the recipient's Medicaid eligibility and validity of medical appointment(s). AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act. HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40: §505. Requirements for Coverage A. When transportation is not available through family and friends, payment shall be authorized for the least costly means of transportation available. The least costly means of transportation shall be determined by the department and shall be determined according to the following hierarchy: 1. city or parish public transportation; 2. family and friends who meet the state license and insurance requirements and who are willing to: a. enroll in the Medicaid Program; and b. be paid a published rate for providing non-emergency transportation; 3. intrastate public conveyance (such as bus, train or plane); 4. nonprofit agencies and organizations that provide a transportation service and who are enrolled in the Medicaid Program; and 5. for profit providers enrolled in the Medicaid Program. B. Recipients shall be allowed a choice of providers when the costs of two or more providers are equal. C. Recipients are encouraged to utilize medical providers of their choice in the community in which they reside when the recipient is also in need of Medicaid reimbursed transportation services. The fact that the department will still pay for the actual medical service received outside the community in which the recipient resides does not obligate the department to reimburse for transportation to accommodate such a choice. D. When the recipient chooses to utilize a medical provider outside of the community due to preference and/or history, payment may be authorized only for the cost of transportation to the nearest available provider. E. The recipient may be responsible for securing any agreements with family and friends, nonprofit or profit providers to make the longer trip for the payment authorized. If the recipient needs help with making such arrangements, the department will help but the help given will imply no obligation to provide a greater reimbursement. F. When specialty treatment required by the recipient necessitates travel over extended distances, authorization for payment for intrastate transportation shall be determined according to the following criteria. 1. Intrastate transportation reimbursement shall be authorized when medical services are not available to the recipient in his/her community. 2. Payment shall be authorized when free transportation is not available. 3. The department shall still authorize payment only for the most economical means of transportation. This may be through negotiating payment for transportation with family and or friends or through accessing the public conveyance systems such as bus, train or plane. 4. The determination as to use of public conveyance shall be based on least cost, medical condition of the recipient to be transported, and availability of public conveyance. G. When it has been verified that public conveyance is unavailable or inappropriate for intrastate transportation the recipient shall solicit transportation from family and friends. The department will authorize payment to assist the family in accessing the needed medical services. 1. Payment will be based on distance to be traveled to the nearest available similar or appropriate medical services, parking and tolls. In determining the amount of payment the cost of the least costly public conveyance shall be used as the base cost to be paid to the family. Payment shall not be available for room and board or meals. H. When no other means of transportation is available through family and friends or public conveyance, the department will solicit intrastate transportation through a nonprofit provider. 1. The nonprofit provider will be paid a fee based on the current fee schedule. 2. If the nonprofit provider cannot accept the trip then the department will reimburse for-profit providers based on the current fee schedule. I. The department will not authorize "same day" trips except in the instance of need for immediate medical care due to injury or illness. Same day trips will not be authorized for scheduled appointments for predictable or routine medical care. Recipients will be asked to reschedule the appointment and make the subsequent request for transportation timely. AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act. HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40: Subchapter B. Recipient Responsibilities §521. General Provisions A. Recipients shall participate in securing transportation at a low cost and shall agree to use public transportation or solicit transportation from family and friends as an alternative to more costly means of transport. B. When the recipient alleges that public conveyance cannot be used due to medical reasons, then verification shall be provided by giving the department a written statement from a doctor that includes the specific reason(s) that the use of public conveyance is contraindicated by the medical condition of the recipient. In no case can preference of the recipient be the sole determining factor in excluding use of public conveyance. AUTHORITY NOTE: Promulgated in

accordance with R.S. 36:254 and Title XIX of the Social Security Act. HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40: Subchapter C. Provider Responsibilities §541. Provider Enrollment A. For-profit providers must comply with all state laws and the regulations of any other governing state agency or commission or local entity to which they are subject as a condition of enrollment and continued participation in the Medicaid Program. B. Nonemergency medical transportation profit providers shall have a minimum liability insurance coverage of \$100,000 per person and \$300,000 per accident or a \$300,000 combined service limits policy. 1. The liability policy shall cover any and all: a. autos; b. hired autos; and c. non-owned autos. 2. Premiums shall be prepaid for a period of six months. Proof of prepaid insurance must be a true and correct copy of the policy issued by the home office of the insurance company. Statements from the agent writing the policy will not be acceptable. Proof must include the dates of coverage and a 30 day cancellation notification clause. Proof of renewal must be received by the department no later than 48 hours prior to the end date of coverage. The policy must provide that the 30 day cancellation notification be issued to the Bureau of Health Services Financing. 3. Upon notice of cancellation or expiration of the coverage, the department will immediately cancel the provider agreement for participation. The ending date of participation shall be the ending date of insurance coverage. Retroactive coverage statements will not be accepted. Providers who lose the right to participate due to lack of prepaid insurance may re-enroll in the transportation program and will be subject to all applicable enrollment procedures, policies, and fees for new providers. C. As a condition of reimbursement for transporting Medicaid recipients to medical services, family and friends must maintain the state minimum automobile liability insurance coverage, a current state inspection sticker, and a current valid driver's license. No special inspection by the department will be conducted. Proof of compliance with the three listed requirements for this class of provider must be submitted when enrollment in the department is sought. Proof shall be the sworn and notarized statement of the individual enrolling for payment, certifying that all three requirements are met. Family and friends shall be enrolled and shall be allowed to transport up to three specific Medicaid recipients or all members of one Medicaid assistance unit. The recipients to be transported by each such provider will be noted in the computer files of the department. Individuals transporting more than three Medicaid recipients shall be considered profit providers and shall be enrolled as such. D. As a condition of participation for out-of-state transport, providers of transportation to out-of-state medical services must be in compliance with all applicable federal intrastate commerce laws regarding such transportation, including but not limited to, the \$1,000,000 insurance requirement. Proof of compliance with all interstate commerce laws must be submitted when enrollment in the Medicaid Program is sought or prior to providing any out-of-state Medicaid transportation. E. A provider must agree to cover the entire parish or parishes for which he provides nonemergency medical transportation services. AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act. HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40: §543. Trip Coordination A. Dispatch personnel will coordinate to the extent possible, trips for family members so that all recipients in a family are transported as a unit at one time to the same or close proximity providers. B. Providers must submit a signed affidavit with claims certifying that a true and correct bill is being submitted. C. If the provider has declined to accept a trip on a particular day the dispatch personnel will not assign additional trips to that provider for that same day. AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act. HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40: §545. Provider Suspension and Termination A. Providers are subject to suspension from the NEMT Program upon department documentation of inappropriate billing practices. AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act. HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40: Subchapter D. Reimbursement §565. General Provisions A. Reimbursement for NEMT services shall be based upon the current fee schedule. B. Reimbursement for NEMT to regular, predictable and continuing medical services, such as hemodialysis, chemotherapy or rehabilitation therapy, as determined by the department, shall be based on a capitated rate paid by individual trip. C. Reimbursement will not be made for any additional person(s) who must accompany the recipient to the medical provider. D. An individual provider will be reimbursed for a trip to the nearest facility that will meet the recipient's medical needs. However, the individual provider may transport the recipient to a more distant facility if the individual provider will accept

reimbursement from the department to the nearest facility and assumes responsibility for additional expenses incurred. AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act. HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40: §573. Non-Emergency, Non-Ambulance Transportation A. - F.5.... G. Effective for dates of service on or after October 1, 2014, the monthly payment of capitated rates shall be replaced with a per trip payment methodology. 1. Payments previously made using the monthly capitated rate shall be made by dividing the monthly rate by the number of authorized trips within a given month. Each trip will then be reimbursed separately. AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act. HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:462 (March 2007), LR 34:878 (May 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2564 (November 2010), LR 37:3030 (October 2011), amended LR 38:3214 (December 2012), LR 40: Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required. Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices. Kathy H. Kliebert Secretary

Public Notice ID: 21769783.HTM

A public service by the members of

[Louisiana Press Association](#)

Copyright © 1999 - 2014 [Arizona Newspapers Association](#)

If you have any questions please send an email to the [administrator](#).

Powered by [Inetium](#). All Rights Reserved.



State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

October 9, 2014

Karen Matthews, Health Director
Chitimacha Health Clinic
3231 Chitimacha Trail
Jeanerette, LA 70544

Angela Martin
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Anita Molo
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Marshall Pierite, Chairman
Misty Hutchby, Health Director
Tunica-Biloxi Tribe of Louisiana
P. O. Box 1589
Marksville, LA 71351-1589

Lovelin Poncho, Chairman
Paula Manuel, Health Director
Coushatta Tribe of Louisiana
P. O. Box 818
Elton, LA 70532

Chief Beverly Cheryl Smith
Holly Vanhoozen, Health Director
The Jena Band of Choctaw Indians
P. O. Box 14
Jena, LA 71342

Dear Louisiana Tribal Contact:

RE: Notification of Louisiana Medicaid State Plan Amendments

In compliance with the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009, the Department of Health and Hospitals, Bureau of Health Services Financing is taking the opportunity to notify you of the State Plan amendments (SPAs) that may have an impact on your tribe.

Attached for your review and comments is a summary of the proposed State Plan amendments. Please provide any comments you may have by October 16, 2014 to Mrs. Darlene Budgewater via email to Darlene.Budgewater@la.gov or by postal mail to:

Department of Health and Hospitals
Bureau of Health Services Financing
Medicaid Policy and Compliance
P.O. Box 91030
Baton Rouge, LA 70821-9030

Should you have additional questions about Medicaid policy, Mrs. Budgewater will be glad to assist you. You may reach her by email or telephone at (225) 342-3881. Thanks for your continued support of the tribal consultation process.

Sincerely,

Starlene A. Budgewater

for J. Ruth Kennedy
Medicaid Director

Attachment (1)

JRK/DB/RJ

c: Ford J. Blunt III
Stacey Shuman

State Plan Amendment for submittal to CMS

Request for Tribal Comments

October 9, 2014

14-36 ICF-ID Public Facilities Reimbursement Rate Increase (Effective: October 1, 2014)

- Proposes to amend the provisions governing the transitional rates for public facilities in order to increase the Medicaid reimbursement rate.

14-37 Inpatient Hospital Services, NR, NS Children's Specialty Hospital Reimbursements (Effective: October 4, 2014)

- Proposes to amend the provisions governing the reimbursement methodology for inpatient hospital services rendered by children's specialty hospitals to revise the reimbursement methodology and establish outlier payment provisions.

14-38 ICF-ID Complex Care Reimbursements (Effective: October 1, 2014)

- Proposes to amend the provisions governing the reimbursement methodology for ICFs/ID to establish reimbursement for complex care services provided to Medicaid recipients residing in non-state ICFs/ID.

14-39 Medical Transportation Program Non-Emergency Medical Transportation (Effective: October 1, 2014)

- Proposes to revise the provisions governing the reimbursement methodology for non-emergency medical transportation services to replace the monthly payment of capitated rates with a monthly per trip payment methodology.

14-40 Applied Behavior Analysis-Based Therapy Services (Effective October 20, 2014)

- Proposes to revise the provisions governing Applied Behavior Analysis-Based Therapy Services to clarify the provider participation requirements.