



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

VIA ELECTRONIC MAIL ONLY

November 10, 2015

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. 15-0026**

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 next to it.

Kathy H. Kliebert
Secretary

Attachments (3)

KHK:WJR:JH

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

15-0026

2. STATE

Louisiana

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

4. PROPOSED EFFECTIVE DATE

December 1, 2015

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 440.60
42 CFR 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 **\$0**
b. FFY 2017 **\$0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Item 4.b, Page 8a
Attachment 3.1-A, Item 4.b, Pages 9, 9a, 9b and 9c
Attachment 3.1-A, Item 4.b, Page 9d
Attachment 4.19-B, Item 4b, Page 3a
Attachment 4.19-B, Item 4b, Page 3a(1)
Attachment 4.19-B, Item 13d, Page 2
Attachment 4.19-B, Item 13d, Page 3
Attachment 4.19-B, Item 13d, Page 3a

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (*If Applicable*):

Same (TN 11-10)
Same (TN 11-10)
Reserve page
Same (TN 13-38)
Same (TN 13-19)
Same (TN 13-38)
Same (TN 10-55)
Same (TN 10-70)

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing children's behavioral health services in order to: 1) narrow the statewide management organization's scope of service administration to coordinated system of care (CSoC) services only; 2) delegate provider certification functions to managed care organizations (MCOs) if the Department so chooses; 3) establish coverage for crisis stabilization services; 4) remove the service limitations for psychosocial rehabilitation and crisis intervention services; and 5) revise the reimbursement methodology to reflect the integration of specialized behavioral health services into Bayou Health by establishing capitation payments to managed care organizations rather than a statewide management organization. For recipients enrolled with the CSoC contractor, reimbursement shall be based upon the established Medicaid fee schedule for behavioral health services.**

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Kathy H. Kliebert

14. TITLE:

Secretary

15. DATE SUBMITTED:

November 10, 2015

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:

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:

Item 4.b, EPSDT services (continued)

Licensed Mental Health Practitioner

42 CFR 440.60 - Other Licensed Practitioners

A licensed mental health practitioner (LMHP) is an individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance use disorders. A LMHP includes the following individuals licensed to practice independently:

- Medical Psychologists
- Licensed Psychologists
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Counselors (LPCs)
- Licensed Marriage and Family Therapists (LMFTs)
- Licensed Addiction Counselors (LACs)
- Advanced Practice Registered Nurses (must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health or a Certified Nurse Specialists in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health, and Child-Adolescent Mental Health and may practice to the extent that services are within the APRN's scope of practice).

General Service Provisions

All specialized behavioral health services must be medically necessary. The medical necessity for services shall be determined by a LMHP or physician who is acting within the scope of his/her professional license and applicable state law.

All services shall be authorized. Services which exceed the initial authorization must be approved for re-authorization prior to service delivery. Evidence-based practices require prior approval and fidelity reviews on an ongoing basis as determined necessary by the Department of Health and Hospitals, hereafter referred to as "the Department." In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by the Department, state law (ACT 803 of the Regular Legislative Session 2004) and regulations. Anyone providing addiction or behavioral health services must operate within their scope of practice license.

Children who are in need of specialized behavioral health services shall be served within the context of the family and not as an isolated unit. Services shall be:

1. delivered in a culturally and linguistically competent manner;
2. respectful of the individual receiving services;
3. appropriate to children and youth of diverse racial, ethnic, religious, sexual, and gender identities and other cultural and linguistic groups; and
4. appropriate for age, development and education.

TN _____

Approval Date _____

Effective Date _____

Supersedes

TN _____

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:

Services may be provided at a site-based facility, in the community or in the individual's place of residence as outlined in the plan of care.

Covered Services

The following behavioral health services shall be covered and reimbursed under the Medicaid program:

1. therapeutic services delivered by licensed mental health professionals, including diagnosis and treatment;
2. rehabilitation services, including community psychiatric support and treatment and psychosocial rehabilitation;
3. crisis intervention services; and
4. crisis stabilization services.

Service Exclusions

The following services shall be excluded from Medicaid coverage and reimbursement:

1. components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual;
2. services provided at a work site which are job tasks oriented and not directly related to the treatment of the recipient's needs;
3. any services or components in which the basic nature of which are to supplant housekeeping, homemaking, or basic services for the convenience of an individual receiving services;
4. services rendered in an institute for mental disease; and
5. the cost of room and board associated with crisis stabilization. Other funding sources reimburse for room and board, including the family or legally responsible party (e.g., OJJ and DCFS)

The following provisions apply to all rehabilitation services, which includes the following:

- Community Psychiatric Support and Treatment;
- Psychosocial Rehabilitation;
- Crisis Intervention;
- Crisis Stabilization; and
- Therapeutic Group Home services.

TN _____

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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:

Item 4.b, EPSDT services (continued)

**EPSDT Rehabilitation Services:
42 CFR 440.130(d)**

These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid eligible children with significant functional impairments resulting from an identified mental health or substance use disorder diagnosis. The medical necessity for these rehabilitative services must be determined by, and services recommended by, an LMHP or physician, or under the direction of a licensed practitioner, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level.

Provider Qualifications

Anyone providing addiction or mental health services must operate within their scope of practice license required for the facility or agency to practice in the State of Louisiana. Providers must maintain medical records that include a copy of the plan of care or treatment plan, the name of the individual, dates of services provided, nature, content and units of rehabilitation services provided, and progress made toward functional improvement and goals in the treatment plan.

Service Definitions

The covered services are defined as follows:

1. **Community Psychiatric Support and Treatment (CPST)** are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the individual's individualized treatment plan. CPST is a face-to-face intervention with the individual present; however, family or other collaterals may also be involved. CPST contacts may occur in community or residential locations where the person lives, works, attends school, and/or socializes.

Provider Qualifications

Must have a MA/MS degree in social work, counseling, psychology or a related human services field to provide all aspects of CPST, including counseling. Other aspects of CPST except for counseling may otherwise be performed by an individual with BA/BS degree in social work, counseling, psychology or a related human services field or four years of equivalent education and/or experience working in the human services field.

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AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Item 4.b, EPSDT services (continued)

Rehabilitation Services:
42 CFR 440.130(d)

The CPST provider must receive regularly scheduled clinical supervision from a person meeting the qualifications of a LMHP or PIHP-designated LMHP, as defined in 3.1A item 4.b, Page 8a, with experience regarding this specialized mental health service. All analysis of problem behaviors must be performed under the supervision of a licensed psychologist/medical psychologist.

2. **Psychosocial Rehabilitation (PSR)** services are designed to assist the individual compensate for or eliminate functional deficits and interpersonal and/or environmental barriers associated with their mental illness. Activities included must be intended to achieve the identified goals or objectives as set forth in the individual's individualized treatment plan. The intent of psychosocial rehabilitation is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community, and/or culture with the least amount of ongoing professional intervention. PSR is a face-to-face intervention with the individual present. Services may be provided individually or in a group setting. PSR contacts may occur in community or residential locations where the person lives, works, attends school, and/or socializes.

Provider Qualifications

Must be at least 18 years old and have a high school diploma or equivalent. Additionally, the provider must be at least three years older than an individual under the age of 18.

The PSR provider must receive regularly scheduled clinical supervision from a person meeting the qualifications of a LMHP or PIHP-designated LMHP, as defined in 3.1A item 4.b, Page 8a, with experience regarding this specialized mental health service.

3. **Crisis Intervention (CI)** services are provided to a person who is experiencing a psychiatric crisis, designed to interrupt and/or ameliorate a crisis experience including a preliminary assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. The goals of Crisis Interventions are symptom reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual psychiatric crisis. Crisis Intervention is a face-to-face intervention and can occur in a variety of locations, including an emergency room or clinic setting, in addition to other community locations where the person lives, works, attends school, and/or socializes.

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AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Item 4.b, EPSDT services (continued)

**Rehabilitation Services:
42 CFR 440.130(d)**

Provider Qualifications

Must be at least 20 years old and have an AA/AS degree in social work, counseling, psychology or a related human services field or two years of equivalent education and/or experience working in the human services field. Additionally, the provider must be at least three years older than an individual under the age of 18. The assessment of risk, mental status, and medical stability must be completed by a LMHP or PIHP-designated LMHP, as defined in 3.1A item 4.b, Page 8a, with experience regarding this specialized mental health service. This assessment is billed separately by the LMHP under EPSDT Other Licensed Practitioner per 3.1A item 4.b, Page 8a.

The Crisis Intervention provider must receive regularly scheduled clinical supervision from a person meeting the qualifications of a LMHP or PIHP-designated LMHP with experience regarding this specialized mental health service.

4. **Crisis Stabilization (CS)** services are short-term and intensive supportive resources for the youth and his/her family. The intent of this service is to provide an out of-home crisis stabilization option for the family in order to avoid psychiatric inpatient and institutional treatment of the youth by responding to potential crisis situations. The goal is to support the youth and family in ways that will address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time. During the time the crisis stabilization is supporting the youth, there is regular contact with the family to prepare for the youth's return and his/her ongoing needs as part of the family. It is expected that the youth, family and crisis stabilization provider are integral members of the youth's individual treatment team.

Provider Qualifications:

Services must be provided by an agency licensed by the Department of Health and Hospitals or Department of Children and Family Services. Staff providing CS services must use clinical programming and a training curriculum approved by the Department. CS providers work in partnership with the child, the child's family and other persons identified by the family. CS services also work in partnership with the child's other community-based providers and the custodial agency (for youth in state custody). CS services allow the child to benefit from a community-based setting while receiving additional intensive treatment and clinical services as needed. The child or adolescent must require a service that includes direct monitoring by professional behavioral health staff that would not be able to be provided by a less restrictive service.

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AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Item 4.b, EPSDT services (continued)

Rehabilitation Services:
42 CFR 440.130(d)

RESERVED

TN _____ Approval Date _____ Effective Date _____

Supersedes
TN _____

STATE OF LOUISIANA

PAYMENTS FOR 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 ARE INCLUDED IN THE
PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

EPSDT Rehabilitation and Other Licensed Practitioner’s Behavioral Health Services

Methods and Standards for Establishing Payment Rates

- Effective for dates of service on or after March 1, 2012, reimbursements for services are based upon a Medicaid fee schedule established by the State of Louisiana. The reimbursement rates for physician services rendered under the Louisiana Behavioral Health Partnership (LBHP) shall be a flat fee for each covered service as specified on the established Medicaid fee schedule. The reimbursement rates shall be based on a percentage of the Louisiana Medicare Region 99 allowable for a specified year. If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay Psychologists and ARNPs at 80% of the LBHP physician rates. If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay LCSWs, LPCs, LMFTs, and LAC’s as well as qualified unlicensed practitioners delivering Community Psychiatric Support and Treatment at 70% of the LBHP physician rates.
- Where Medicare fees do not exist for a covered code, the fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the Plan are available to individuals at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act 42 CFR 447.200, regarding payments and consistent with economy, efficiency and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

STATE OF LOUISIANA

PAYMENTS FOR 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 ARE INCLUDED IN THE
PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

- Except as otherwise noted in the Plan, the State-developed fee schedule is the same for both governmental and private individual providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in the *Louisiana Register*. The Agency's fee schedule rate was set as of March 1, 2012 and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com.
- The fee development methodology will primarily be composed of provider cost modeling, though Louisiana provider compensation studies, cost data and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development.
 - Staffing Assumptions and Staff Wages
 - Employee-Related Expenses – Benefits, Employer Taxes (e.g., FICA, unemployment, and workers compensation)
 - Program-Related Expenses (e.g., supplies)
 - Provider Overhead Expenses
 - Program Billable Units

The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

Effective for dates of service on or after December 1, 2015, children's mental health services shall be reimbursed as follows:

- Reimbursements for services shall be based upon the established Medicaid fee schedule for specialized behavioral health services rendered to recipients enrolled with the Coordinated System of Care (CSoC) contractor. The fee schedule is published on the Medicaid provider website at www.lamedicaid.com.
- Monthly capitation payments shall be made by the Department, or its fiscal intermediary, to the managed care organizations (MCOs) for recipients enrolled in the MCOs. The capitation rates paid to MCOs shall be actuarially sound rates and the MCOs will determine the rates paid to its contracted providers. No payment shall be less than the minimum Medicaid rate.

STATE OF LOUISIANA

PAYMENTS FOR 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 ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial
42 CFR	Care and Services
447.304	Item 13.d (cont'd.)
440.130	

II. Rehabilitation Services for Mental Illness

A. Reimbursement Methodology

Effective for dates of service on or after February 1, 2009, the reimbursement rates for MHR services shall be reduced by 3.5 percent of the fee amounts on file as of January 31, 2009.

Effective for dates of services on or after August 4, 2009, the reimbursement rates for the following MHR services shall be reduced by 1.23 percent of the fee amounts on file as of August 3, 2009:

- counseling;
- oral medication administration;
- psychosocial skills training;
- community supports; and
- injections.

Effective for dates of service on or after August 4, 2009, the reimbursement rates for parent/family intervention (intensive) services shall be reduced by 17.6 percent of the fee amounts on file as of August 3, 2009.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for Mental Health Rehabilitation services shall be reduced by 1.62 percent of the rates on file as of January 21, 2010.

Effective for dates of service on or after August, 1, 2010, Medicaid reimbursement shall be terminated for parent/family intervention (intensive) services.

Effective for dates of service on or after January 1, 2011, the reimbursement rates for Mental Health Rehabilitation services shall be reduced by 3.3 percent of the rates on file as of December 31, 2010.

TN _____ Approval Date _____ Effective Date _____
Supersedes
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STATE OF LOUISIANA

PAYMENTS FOR 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 ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Effective for dates of service on or after March 1, 2012, the reimbursement rates for physician services rendered under the Louisiana Behavioral Health Partnership (LBHP) shall be a flat fee for each covered service as specified on the established Medicaid fee schedule. The reimbursement rates shall be based on a percentage of the Louisiana Medicare Region 99 allowable for a specified year. The reimbursement methodology is based on a comparative survey of rates paid in several other states for similar behavioral health services with an adjustment made for economic factors in Louisiana.

- Effective for dates of service on or after April 20, 2013, the reimbursement for behavioral health services rendered by a physician under the LBHP shall be 75 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients.
- Each service provided to a qualified recipient will be reimbursed on a fee-for-service basis. Reimbursement shall be determined in accordance with the published Medicaid fee schedule and shall be applicable statewide to all MHR providers. Reimbursement for providers of Community Supports services are reimbursed as follows: Master's level practitioners are paid 100% of fee on file, and non-Master's level practitioners are paid 60% of the fee on file. Reimbursement for providers of Medication Management services are reimbursed as follows: Psychiatrist is paid 100% of fee on file, APRN is paid 80%, and RN is paid 67%.
- The state developed fee schedule rates are the same for both governmental and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are published on the Medicaid provider website at www.lamedicaid.com.

Effective for dates of service on or after December 1, 2015, children's mental health rehabilitative services shall be reimbursed as follows:

- Reimbursement for services shall be based upon the established Medicaid fee schedule for specialized behavioral health services rendered to recipients enrolled with the Coordinated System of Care (CSoC) contractor. The fee schedule is published on the Medicaid provider website at www.lamedicaid.com.

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PAYMENTS FOR 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 ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

- Monthly capitation payments shall be made by the Department, or its fiscal intermediary, to the managed care organizations (MCOs) for recipients enrolled in the MCOs. The capitation rates paid to MCOs shall be actuarially sound rates and the MCOs will determine the rates paid to its contracted providers. No payment shall be less than the minimum Medicaid rate.

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Supersedes
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