

**Bobby Jindal**  
GOVERNOR



**Kathy H. Kliebert**  
SECRETARY

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

September 29, 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. 15-0028**

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, followed by a blue ink stamp that reads "Approved for" with a checkmark.

Kathy H. Kliebert  
Secretary

Attachments (2)

KHK:WJR:JH

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**15-0028**

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 440.160, 441 Subpart D  
42 CFR 483 Subpart G**

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 16, Page 1  
Attachment 3.1-A Item 16, Page 2  
Attachment 4.19-A Item 16, Pages 5 and 5a  
Attachment 4.19-A Item 16, Pages 6, 7 and 8  
Attachment 4.19-A Item 16, Pages 7 and 8 (remove pages)**

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 PAGE NUMBER OF THE SUPERSEDED PLAN  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

**SAME (TN 11-12)  
NONE – New Page  
SAME (TN 13-41)  
SAME (TN 11-12)  
SAME (TN 11-12)**

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing psychiatric residential treatment facilities (PRTFs) to: 1) allow an Office of Behavioral Health appointed designee to certify providers; 2) revise the terminology to be consistent with current program operations; and 3) revise the reimbursement methodology to remove the provisions governing interim payments, and to establish capitation payments to managed care organizations for children's services other than Coordinated System of Care (CSoC). For children/youth enrolled in CSoC, the non-risk payments shall be continued and payments made to a CSoC contractor.**

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:

**September 28, 2015**

16. RETURN TO:

**J. Ruth Kennedy, Medicaid Director  
State of Louisiana  
Department of Health and Hospitals  
628 N. 4<sup>th</sup> Street  
P.O. 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: **The State requests a pen and ink change to box 8, above.**

STATE OF LOUISIANA

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

**CITATION**

42 CFR 440.160  
42 CFR 441 Subpart D  
42 CFR 483 Subpart G

**Psychiatric Residential Treatment Facilities**

Individuals under the age of 21 with an identified mental health or substance use diagnosis, who meet Medicaid eligibility and clinical criteria, shall qualify to receive inpatient psychiatric residential treatment facility (PRTF) services.

These PRTF services for individuals under 21 years of age are limited as follows:

Coverage is limited to services provided in Title XVIII certified psychiatric hospitals enrolled in Title XIX and psychiatric facilities which are accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Council on Accreditation of Services for Families and Children, the Commission on Accreditation of Rehabilitation Facilities, or by any other accrediting organization, with comparable standards, that is recognized by the State. Providers must comply with Federal regulations and policies and any Standards for Payment and licensure and certification standards promulgated by the State. Denial, loss of, or any negative change in, accreditation status must be reported to the PRTF's contracted Managed Care Organization (MCO) and the Coordinated System of Care (CSoc) contractor in writing within the time limit established by the Department.

For psychiatric hospitals providing this service:

- Effective November 1, 1994, providers of these services will be subject to the uniform admission criteria and exclusionary criteria.
- Effective for services December 2, 1994 and after providers must comply with pre-admission process, length of stay assignment, extension-of-stay, and discharge criteria in order to be reimbursed by the Medicaid program.
- Effective for services December 2, 1994 and after, there will be no Medicaid payment for reservation of a bed for a recipient who is temporarily absent from the facility.

For PRTFs providing this service:

- All services will be certified consistent with federal requirements through a prior authorization process.
- Must comply with all active treatment requirements including developing a plan of care based on a diagnostic evaluation that includes examination of the medical, psychological, social,

TN \_\_\_\_\_  
Supersedes  
TN \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

STATE OF LOUISIANA

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

behavioral and developmental aspects of the recipient's situation and reflects the need for inpatient psychiatric care.

- Must continue to meet Medicaid certification requirements for continuation of stay.
- The PRTF service is equal in amount, duration & scope regardless of setting. All facilities are required to provide all activities on the active treatment plan. Beneficiaries may choose among providers.
- Behavioral health services for children shall be provided within the context of the family and not as an isolated unit.

**Service Exclusions**

The following services shall be excluded from Medicaid reimbursement:

1. Services on the inpatient psychiatric active treatment plan that are not related to the provision of inpatient psychiatric care;
2. Group education, including elementary and secondary education; and
3. Activities not on the inpatient psychiatric active treatment plan.

---

TN \_\_\_\_\_  
Supersedes  
TN \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_



AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR  
SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER  
THE PLAN ARE DESCRIBED AS FOLLOWS:

**Psychiatric Residential Treatment Facility Reimbursement**

Each provider of psychiatric residential treatment facility (PRTF) services shall enter into a contract with one or more of the managed care organizations (MCOs) and the Coordinated System of Care (CSoC) contractor in order to receive reimbursement for Medicaid services.

For recipients enrolled with the CSoC contractor, reimbursement for services shall be based upon the established Medicaid fee schedule for behavioral health services. The fee schedule can be accessed at the following website:

[http://www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm)

For recipients enrolled in one of the MCOs, the Department or its fiscal intermediary shall make monthly capitation payments to the MCOs. The capitation rates paid to the 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.

Covered inpatient physician-directed PRTF services rendered to children and youth shall be reimbursed according to the following criteria:

1. Free-Standing PRTFs: The per diem rate shall include reimbursement for the following services when included on the active treatment plan :
  - a) Occupational therapy;
  - b) Physical therapy;
  - c) Speech therapy;
  - d) Laboratory services; and
  - e) Transportation services.

A free-standing PRTF shall arrange through contract(s) with outside providers to furnish dental, vision, and diagnostic/radiology treatment activities as listed on the treatment plan. The treating provider will be directly reimbursed by the MCO or the CSoC contractor.

2. Hospital-Based PRTFs: Hospital-based PRTFs shall be reimbursed a per diem rate for covered services. The per diem rate shall also include reimbursement for the following services when included on the active treatment plan:
  - a) Dental;
  - b) Vision;

---

TN \_\_\_\_\_  
Supersedes  
TN \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR  
SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER  
THE PLAN ARE DESCRIBED AS FOLLOWS:

- c) Diagnostics testing; and
- d) Radiology (x-ray) services.

Pharmacy and physician services shall be reimbursed when included on the recipient's active plan of care and when they are components of the Medicaid covered PRTF services. The MCO or the CSoC contractor shall make payments directly to the treating physician. The MCO shall also make payments directly to the pharmacy. These payments shall be excluded from the PRTF's contracted per diem rate for the facility.

### **In-State Psychiatric Residential Treatment Facility Reimbursement Rates**

In-State publicly and privately owned and operated PRTFs shall be reimbursed for covered PRTF services according to the following provisions. The rate paid by the MCO or the CSoC contractor shall take into consideration the following ownership and service criteria:

1. free-standing PRTFs specializing in sexually-based treatment programs;
2. free-standing PRTFs specializing in substance use treatment programs;
3. free-standing PRTFs specializing in behavioral health treatment programs;
4. hospital-based PRTFs specializing in sexually-based treatment programs;
5. hospital-based PRTFs specializing in substance use treatment programs; and
6. hospital-based PRTFs specializing in behavioral health treatment programs.

Except as otherwise noted in the Plan, the State-developed fee schedule is the same for both governmental and private individual practitioners.

- A. Risk Sharing: In-state privately owned and operated PRTF covered services provided during the time period from January 1, 2012 through June 30, 2013 will also receive risk sharing payments. These payments will be made as part of a transitional plan to include these services within the Medicaid program.
- B. Effective July 1, 2013, no risk-sharing will be paid and all covered PRTF services rendered by private facilities will be reimbursed using the established Medicaid fee schedule rates.

---

TN \_\_\_\_\_  
Supersedes  
TN \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR  
SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER  
THE PLAN ARE DESCRIBED AS FOLLOWS:

**Out-of-State Psychiatric Residential Treatment Facilities Reimbursement Rates**

Out-of-State PRTFs shall be reimbursed in accordance with the MCO or CSoC contractor's established rate.

**Psychiatric Residential Treatment Facility Cost Reports**

All in-state Medicaid participating PRTF providers are required to file an annual Medicaid cost report in accordance with Medicare/Medicaid allowable and non-allowable costs.

Cost reports must be submitted annually. The due date for filing annual cost reports is the last day of the fifth month following the facility's fiscal year end. Separate cost reports must be filed for the facility's central/home office when costs of that entity are reported on the facility's cost report. If the facility experiences unavoidable difficulties in preparing the cost report by the prescribed due date, a filing extension may be requested. A filing extension must be submitted to Medicaid prior to the cost report due date.

Facilities filing a reasonable extension request will be granted an additional 30 days to file their cost report.

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.

Effective for dates of service on or after September 1, 2013, the reimbursement for procedure codes 90791, 90792, 90832, 90834 and 90837 shall be excluded from the January 2013 Medicare rate changes and shall remain at the Medicaid fee schedule on file as of December 31, 2012.

---

TN \_\_\_\_\_ Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
Supersedes  
TN \_\_\_\_\_

The newspapers of **Louisiana** make public notices from their printed pages available electronically in a single database for the benefit of the public. This enhances the legislative intent of public notice - keeping a free and independent public informed about activities of their government and business activities that may affect them. Importantly, Public Notices now are in one place on the web ([www.PublicNoticeAds.com](http://www.PublicNoticeAds.com)), not scattered among thousands of government web pages.

**County:** Terrebonne  
**Printed In:** The Courier  
**Printed On:** 2015/05/04

**LA SPA TN 15-0028**

X000393325, Publication 05/04/2015  
PUBLIC NOTICE

Department of Health and Hospitals  
Bureau of Health Services Financing and  
Office of Behavioral Health

Louisiana Behavioral Health Partnership

The Department of Health and Hospitals provides a comprehensive system for behavioral health services to eligible children and adults through the Louisiana Behavioral Health Partnership under the authority of Sections 1915(b), 1915(c), and 1915(i) of Title XIX of the Social Security Act. Effective December 1, 2015 the implementation of behavioral health services will transition from a single statewide management organization to an integrated behavioral and physical health model which will be administered by the five Bayou Health managed care organizations.

One of our primary goals with Bayou Health is to create better coordination of care and the integration of behavioral health services with other acute care services as the best way for us to meet the health care needs of Louisiana residents. The specialized behavioral health services will be coordinated along with the physical health services managed by Bayou Health plans. The primary purpose of integration is to care for the individual as a whole person rather than compartmentalizing types of services by the provider type. Integrating responsibility for coordinating these services into one entity allows us to better manage an individual's care to promote improvements for both physical and behavioral health care. In addition, certain children with special health care needs that were voluntarily enrolled in managed care will now be mandatory enrollees under the new integrated model.

The department hereby gives public notice of its intent to submit to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), amendments to the 1915(b) Behavioral Health Services Waiver, 1915(c) Coordinated System of Care Waiver, the 1932(a) State Plan authority (which will replace the single statewide management organization with the Bayou Health MCOs), the 1915(i) Behavioral Health section of the State Plan, the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program section of the State Plan, and the associated reimbursement pages of the Medicaid State Plan to: 1) exclude coverage of the medically needy spend down population; 2) revise the payment methodology for children's services to include a per member per month actuarially sound risk-adjusted rate; 3) add crisis stabilization and therapeutic foster care services to the Medicaid State plan; 4) update the quality improvement strategy performance measures in the 1915(c) Waiver and the 1915(i) State Plan; 5) change language in the outpatient reimbursement pages of the State Plan to allow Medicaid coverage of methadone treatment for persons diagnosed with substance use disorder; and 6) update language in the associated reimbursement pages of the State Plan to clarify when annual cost reports must be submitted to the Department by psychiatric residential treatment facility (PRTF) and therapeutic group home (TGH) providers.

Implementation of these provisions 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](mailto:MedicaidPolicy@la.gov). Ms. Kennedy is responsible for responding to inquiries regarding this public notice. The draft version of the 1915(c) and corresponding State Plan amendments will be available for online viewing at <http://new.dhh.louisiana.gov/index.cfm/subhome/43>. The deadline for receipt of all written comments is June 6, 2015 by 4:30 p.m.

Kathy H. Kliebert  
Secretary

**Public Notice ID:**





# State of Louisiana

Department of Health and Hospitals  
Bureau of Health Services Financing

## VIA ELECTRONIC MAIL ONLY

May 4, 2015

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 Integrated Behavioral Health and Physical Health Managed Care Model**

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 this opportunity to notify you of our proposal to transition the delivery of behavioral health services from a single statewide management organization to an integrated behavioral and physical health managed care model which will be administered by the five Bayou Health managed care organizations. This transition may have an impact on your tribe.

One of the primary goals with Bayou Health is to create better coordination of care, and the integration of behavioral health services with other acute care services is the best way for us to meet the health care needs of Louisiana residents. The specialized behavioral health services will be coordinated along with the physical health services managed by Bayou Health plans. The primary purpose of integration is to care for the individual as a

whole person rather than compartmentalizing types of services by the provider type. Integrating responsibility for coordinating these services into one entity allows the Department to better manage an individual's care to promote improvements for both physical and behavioral health care. In addition, certain children with special health care needs that were voluntarily enrolled in managed care will now be mandatory enrollees under the new integrated model.

To secure federal approval for the proposed integration, the Department intends to submit to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), amendments to the:

- 1915(b) Behavioral Health Services Waiver;
- 1915(c) Coordinated System of Care Waiver;
- 1932(a) State Plan authority;
- 1915(i) Behavioral Health section of the Medicaid State Plan;
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program section of the Medicaid State Plan; and
- Associated reimbursement pages of the Medicaid State Plan.

Upon CMS approval of the afore-mentioned authorities, the integration will allow the Medicaid Program to:

1. Exclude coverage of the Spend-Down Medically Needy population;
2. Revise the payment methodology for children's special services to include a per member per month actuarially sound risk-adjusted rate;
3. Add crisis stabilization and therapeutic foster care services to the Medicaid State Plan;
4. Update the quality improvement strategy performance measures in the 1915(c) waiver and the 1915(i) State Plan;
5. Change language in the outpatient reimbursement pages of the Medicaid State Plan to allow Medicaid coverage of methadone treatment for persons diagnosed with substance use disorder; and
6. Update language in the associated reimbursement pages of the Medicaid State Plan to clarify when annual cost reports must be submitted to the Department by psychiatric residential treatment facility and therapeutic group home providers.


Please provide any comments you may have by June 3, 2015 to Mrs. Darlene Budgewater via email to [Darlene.Budgewater@la.gov](mailto: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

Integrated Behavioral Health Tribal Notice  
May 4, 2015  
Page 3

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

Sincerely,

*for*   
J. Ruth Kennedy  
Medicaid Director

JRK/DAB/KS

c: Ford J. Blunt, III  
Jeanne Levelle  
Stacie Shuman