



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

March 28, 2018

Bill Brooks
Centers for Medicare and Medicaid Services
Division of Medicaid and Children's Health Operations
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, TX 75202

Dear Mr. Brooks:

RE: LA SPA TN 15-0028 RAI Response
Psychiatric Residential Treatment Facilities- Behavioral Health Integration

Please refer to our proposed amendment to the Medicaid State Plan submitted under transmittal number (TN) 15-0028 with a proposed effective date of December 1, 2015. The purpose of this SPA is to amend the provisions governing psychiatric residential treatment facilities (PRTFs) to: 1) revise the terminology to be consistent with current program operations; 2) revise the reimbursement methodology to remove the provisions governing interim payments; and 3) to establish capitation payments to managed care organizations for children's services. We are providing the following in response to your request for additional information (RAI) dated December 2, 2015:

FORM-179

1. Form 179 - Box 7: No financial impact was noted due to the proposed revisions. Please provide a detailed analysis of how this determination was made and provide supporting documentation of the calculation.

RESPONSE:

The State anticipates no fiscal impact to the Medicaid Program as a result of the revisions to the PRTF State Plan amendment (SPA). The purpose of the revision is to align the SPA with the change from a non-risk to a risk-based reimbursement methodology which is a result of the integration of specialized behavioral health services into the managed care organizations. The current costs for the non-risk program have been accounted for in the rates for the integrated risk program by

our actuarial firm. Specifically, in reference to the shift away from risk-sharing, the State informed the actuarial firm of those providers that have historically been subject to risk-sharing arrangements under the current program. The prior risk-sharing process resulted in additional payments to those providers as the per diem documented in the cost reports was higher than the interim rates. The actuarial firm has built in consideration of provider-specific rates for these providers based on the cost report per diems. The State provided them with the risk-sharing calculations that were based on the base paid and final targeted per diem rates for these two providers. The actuarial firm then leveraged the final calculations to determine the program change impact. This resulted in the current cost under the non-risk contract, which was inclusive of both the original interim payment as well as the subsequent supplemental payments made per the cost reporting process, being incorporated into rates for the risk-based program. Therefore, the payment mechanism is changing via this revision, but the current costs will transfer to the new contract with no anticipated financial impact.

UPPER PAYMENT LIMIT (UPL)

2. Please note CMS has not received the other inpatient and outpatient facility services (PRTF) demonstration for SFY 2015. Regulations at 42 CFR 447.325 for other inpatient and outpatient facility services upper limits of payments, state the agency may pay the customary charges of the provider but must not pay more than the prevailing charges in the locality for comparable services under comparable circumstances.

Please submit the SFY 2015 UPL demonstration and include a detailed narrative description of the methodology for calculating the upper payment limit.

RESPONSE:

The State does not believe that a demonstration needs to be done for PRTF setting payments since they are part of the managed care organizations. The payments for these services are included in line 18b2 on the CMS 64.

STATE PLAN LANGUAGE

3. The State plan methodology must be comprehensive enough to determine the required level of payment and the FFP to allow interested parties to understand the rate setting process and the items and services that are paid through these rates. Claims for federal matching funds cannot be based upon estimates or projections. The reimbursement methodology must be based upon actual historical utilization and actual trend factors. Please clarify, remove, or add the following items to the plan pages and submit revisions for CMS review.
 - a. The Institution for Mental Diseases (IMD) under the age of 21 benefit is under Section 1905(a)(16) of the Social Security Act. Additionally, inpatient psychiatric hospital services for individuals under age 21 are defined in subsection (h).

Therefore, please add the following title, "Institution for Mental Diseases (IMD) for individuals under 21 years of age", for all of the coverage and reimbursement plan pages.

RESPONSE:

Please see revisions to the plan pages, including Attachment 3.1-A, Item 16, page 1-2; Attachment 4.19-A, Item 16, Page 5. The State requests to substitute the revised pages for the original submitted pages.

- b. On Attachment 4.19-A, Item 16 page 5, and page 5a, there are a typographical errors. It states the following:

4.19-A, Item 16 page 5

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;*

4.19-A, Item 16 page 5a

- 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.*

RESPONSE:

The State has made revisions and condensed all language to Attachment 4.19-A, Item 16, page 5.

On February 16, 2007, Survey and Certification issued **S&C-07-15**. It clarified Section 4755 of the Omnibus Budget Reconciliation Act (OBRA '90) amended section 1905(h) of the Act to specify that the psych under 21-benefit can be provided in psychiatric hospitals that meet the definition of that term in section 1861(f) of the Act "or in another inpatient setting that the Secretary has specified in regulations."

This amendment affirmed and effectively ratified preexisting CMS policy, as articulated in subpart D of 42 C.F.R. part 441, which interpreted sections 1905(a)(16) and 1905(h) of the Act as not being limited solely to psychiatric hospital settings. OBRA '90 provided authority for CMS to specify inpatient settings in addition to the psychiatric hospital setting for the psych under 21-benefit. In 2001, CMS established PRTFs as a new category of Medicaid facility, and as an additional setting for which the psych under 21-benefit can be provided. (See interim final regulations, 66 FR 28111).

The Social Security Act and federal regulations, expressly identify that services under the psych under 21-benefit can be provided in distinct parts found in psychiatric hospitals; however, a PRTF is not identified as a distinct part of another facility.

A PRTF is a separate, stand-alone entity providing a range of comprehensive services to treat the psychiatric condition of residents on an inpatient basis under the direction of a physician.

The purpose of such comprehensive services is to improve the resident's condition or prevent further regression so that the services will no longer be needed. Current regulation, §483.352, states that a PRTF means "a facility other than a hospital, that provides psychiatric services, as described in subpart D of part 441 of this chapter, to individuals under age 21, in an inpatient setting."

- c. On Attachment 4.19-A, Item 16, page 5, it references publicly owned and operated PRTF. Please replace the word 'publicly' with either State and/or Non-State.

RESPONSE:

Please see revisions to Attachment 4.19-A, Item 16, Page 5.

- d. On Attachment 4.19-A, Item 16, page 5 and 5a, there are partial references to fee schedules. CMS requires specific language if the State intends to use an established fee schedule. The language requires states to include in the plan the last date on which the schedule was updated. The language identifies the published location of the fee schedule. Most States adjust rates annually or quarterly. Please use the paragraph below to describe the fee schedule.

"Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of (ex. case management for persons with chronic mental illness). The agency's fee schedule rate was set as of (insert date here) and is effective for services provided on or after that date. All rates are published (ex. on the agency's website)."

RESPONSE:

Please note the suggested paragraph has been inserted to page 5.

- e. On Attachment 4.19-A Item 16, page 5 and 5a, there are references to managed care organizations (MCOs) and the Coordinated System of Care (CSoC) contractor. Please remove these references and how the managed care organizations or contractors will reimburse the PRTFs.

Additionally, on Attachment 4.19-A, Item 16 page 5, the first 3 paragraphs should be deleted. Attachment 4.19-A section is limited to including a State's methods and standards for setting Fee-For-Service (FFS) rates paid by Medicaid to purchase

PRTFs services. The MCO discussion is misplaced and should be deleted from this attachment. Please contact Janice Arceneaux, your Dallas Regional Office managed care specialist, for the appropriate location of this language.

RESPONSE:

Please see the revision/deleted language as directed by CMS on Attachment 4.19-A, Item 16, Page 5. Also, the State has added Attachment 3.1-F, pages 12 and 12a for the inclusion of PRTF in MCOs.

According to the *CMCS Informational Bulletin dated November 2012*, it allows for **Services Provided under Arrangement** for inpatient psychiatric hospital services for individuals under age 21.

The PRTF may wish to obtain services reflected in the plan of care under the arrangement with the qualified non-facility provider. On page 2, of the Bulletin, it states that “In some cases a psychiatric facility may wish to obtain services reflected in the plan of care under arrangement with qualified non-facility providers. Such services would be components of the inpatient psychiatric facility benefit when included in the child’s inpatient psychiatric plan of care and furnished by a qualified provider that has entered into a contract with the inpatient psychiatric facility to furnish the services to its inpatients. To comply with the requirement that services be “provided by” a qualified psychiatric facility, the psychiatric facility must arrange for and oversee the provision of all services, must maintain all medical records of care furnished to the individual, and must ensure that all services are furnished under the direction of a physician.

f. The State has two options regarding payment. **Louisiana must document in the 4.19-A, reimbursement section of the State plan, which payment option the State will utilize.** According to the 2012 Bulletin, either payment option must be claim on the Mental Health Facility Services line of the CMS-64 Medicaid expenditures report. Please advise your State Financial staff of this requirement.

- The first option is that Louisiana can pay the PRTF provider, who has an arrangement with the qualified non-facility provider.
- The second option is to **directly** reimburse individual practitioners or suppliers of **arranged services using payment methodologies that are applicable when the services are otherwise available under the State plan.** However, the reimbursement for services are the **same fees to such practitioners or suppliers as would otherwise be applicable when the services are furnished to Medicaid beneficiaries outside the inpatient psychiatric facility benefit.**

RESPONSE:

The State will use the second option to directly reimburse individual practitioners or suppliers of arranged services using payment methodologies that are applicable when the services are otherwise available under the State

Plan. PRTF expenditures will be reported on the managed care lines of the CMS 64 (not the Mental Health Facility line) since Louisiana provides these benefits through managed care organizations.

STATE PLAN LANGUAGE- 3.1-A

4. In accordance with § 440.160, services must be provided under the direction of a physician. Please add language to the plan page accordingly. Additionally, please add language indicating that services are included in an individual's plan of care.

RESPONSE:

The language has been added. Please see Attachment 3.1-A, Item 16, Page 2.

5. Please specify any services that will be provided under arrangement with outside providers.

RESPONSE:

The language has been added. Please see Attachment 3.1-A, Item 16, Page 2.

6. The plan page indicates that services on the inpatient psychiatric active treatment plan that are not related to the provision of inpatient psychiatric care are excluded. Please remove this language as active treatment should be comprehensive and include medical and psychiatric services.

RESPONSE:

Please see revisions to Attachment 3.1-A, Item 16, Page 2.

FUNDING QUESTIONS

The following questions are being asked and should be answered in relation to all payments made to all providers under Attachment 4.19-A of your State plan, including payments made outside of those being amended with this SPA.

7. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)

RESPONSE:

Providers will receive and retain 100 percent of the payments. No portion of the payments is returned to the State.

8. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local government entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:
- i. a complete list of the names of entities transferring or certifying funds;
 - ii. the operational nature of the entity (state, county, city, other);
 - iii. the total amounts transferred or certified by each entity;
 - iv. clarify whether the certifying or transferring entity has general taxing authority; and,
 - v. whether the certifying or transferring entity received appropriations (identify level of appropriations).

RESPONSE:

The state share is paid from the state general fund which is directly appropriated to the Medicaid agency.

9. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

RESPONSE:

Not applicable to this State Plan amendment.

10. Please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e. applicable to the current rate year) UPL demonstration.

RESPONSE:

The annual UPL demonstration does not apply to these services as they are delivered under the managed care program.

11. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

RESPONSE:

The State does not have any public/governmental providers receiving payments that exceed their reasonable costs of services provided.

Please consider this a formal request to begin the 90-day clock. We trust that this additional information will be sufficient to result in the approval of the pending plan amendment. We look forward to negotiating with CMS to ensure approval.

As always, we appreciate the assistance of Tamara Sampson in resolving these issues. If further information is required, you may contact Karen H. Barnes at karen.barnes@la.gov or by phone (225) 342-3881.

Sincerely,



for en Steele
Medicaid Director

JS:KHB:MJ

Attachments (3)

c: Darlene Budgewater
Cheryl Rupley
Tamara Sampson

**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)

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

4. PROPOSED EFFECTIVE DATE

December 1, 2015

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:

*** Please see appendix ***

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) Remove page 5a
SAME (TN 11-12) Remove page 6
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. 4th 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.

03/28/2018 - The State requests a pen and ink change to boxes 8 and 9, above. Also, please see the referenced appendix to this form.

Appendix to Form 179

LA SPA TN 15-0028

Psychiatric Residential Treatment Facilities – Behavioral Health Integration

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-F, Page 4	Same (TN 16-0003)
Attachment 3.1-F, Page 4a	Same (TN 15-0021)
Attachment 3.1-F, Pages 12 and 12a	Same (TN 17-0029)

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 Medical and Remedial Care and Services
42 CFR Item 16
440.160
42 CFR 441
Subpart D
42 CFR 483 (Subpart G)

Institution for Mental Diseases for Individuals Under 21 Years of Age

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 services in an inpatient psychiatric residential treatment facility (PRTF).

Coverage is limited to services provided in psychiatric residential treatment facilities which are accredited by an approved accrediting body that is recognized by the State. Providers must comply with federal regulations and policies as well as standards for payment and licensure promulgated by the State.

For PRTFs providing this service:

1. Providers will be subject to the uniform admission criteria and exclusionary criteria.
2. Providers must comply with the pre-admission process, length of stay assignment, extension-of-stay and discharge criteria in order to be reimbursed by the Medicaid program.
3. All services will be certified consistent with federal requirements through a prior authorization process.
4. All services provided by a PRTF shall be included in the individual's plan of care.
5. Providers must comply with active treatment requirements, including: developing a plan of care based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the recipient's situation and reflects the need for inpatient psychiatric care, under the direction of a physician.
6. PRTFs are required to provide all activities on the active treatment plan

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:

Institution for Mental Diseases for Individuals Under 21 Years of Age
(continued)

7. The facility must arrange for, and oversee, the provision of all services and must maintain all medical records of care furnished to the individual.
8. **Services furnished under arrangement** with qualified non-facility providers do not need to be provided at the psychiatric facility itself if these conditions are met. Such services can include dental, vision and diagnostic/radiology services.
9. Recipients must continue to meet Medicaid certification requirements for continuation of stay.
10. The inpatient psychiatric service is equal in amount, duration and scope regardless of the setting. Recipients may choose among providers.
11. Psychiatric 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. Group education, including elementary and secondary education; and
2. Activities not on the inpatient psychiatric active treatment plan.

The State ensures compliance with the provisions of Section 1932a of the Social Security Act as detailed in Attachment 3.1-F of the State Plan.

TN _____ Approval Date _____ Effective Date _____
Supersedes
TN _____

State: Louisiana

Citation	Condition or Requirement
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D. Eligible groups1932(a)(1)(A)(i) 1. List all eligible groups that will be enrolled on a **mandatory basis**.

- Children (under 19 years of age) including those eligible under Section 1931 poverty-level related groups and optional groups of older children;
- Parents, including those eligible under Section 1931 and optional groups of caretaker relatives;
- CHIP (Title XXI) children enrolled in Medicaid-expansion CHIP (LaCHIP Phase I, II, III, and V);
- CHIP (Title XXI) unborn option (Phase 4);
- Pregnant Women: Individuals whose basis of eligibility is pregnancy, who are only eligible for pregnancy-related services, and whose eligibility extends 60 days after the end of the pregnancy;
- Uninsured women under the age of 65 who have been screened through the Centers for Disease Control National Breast and Cervical Cancer Early Detection Program and identified as being in need of treatment for breast and/or cervical cancer, including pre-cancerous conditions and early stage cancer, and are not otherwise eligible for Medicaid;
- Non-dually eligible Aged, Blind & Disabled Adults age 19;
- Individuals and families who have more income than is allowed for Medicaid eligibility, but who meet the standards for the Regular Medically Needy Program;
- Persons eligible through the Tuberculosis Infected Individual Program; and
- Former foster children eligible under Section 1902(a)(10)(A)(i)(IX).
- Individuals from age 19 to 65 years old at or below 133 percent of the Federal Poverty Level with a 5 percent income disregard as provided in 42 CFR 435.119, hereafter referred to as the new adult group; and
- Individuals under age 21 admitted to Psychiatric Residential Treatment Facilities.

2. Mandatory exempt groups identified in 1932(a)(1)(A)(i) and 42 CFR 438.50.

Use a check mark to affirm if there is **voluntary enrollment** of any of the following mandatory exempt groups.**Individuals exempt under Section 1932(a) are not enrolled in an MCO under this State Plan authority. Individuals exempt under Section 1932(a) State Plan authority are enrolled in an MCO under the companion Managed Care Section 1915(b) Waiver.**1932(a)(2)(B)
42 CFR 438(d)(1)i. Recipients who are also eligible for Medicare

If enrollment is voluntary, describe the circumstances of enrollment.
(Example: Recipients who become Medicare eligible during mid-enrollment, remain eligible for managed care and are not disenrolled into fee-for-service.)

1932(a)(2)(C)
42 CFR 438(d)(2)ii. An Indian Health program or urban Indian program operated by a tribe or tribal organization under a contract, grant, cooperative agreement or compact with the Indian Health Service.

 TN _____
 Supersedes
 TN _____

Approval Date: _____

Effective Date: _____

State: Louisiana

Citation	Condition or Requirement
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All enrollees are informed through required member materials that if they are a member of a federally recognized Tribe they may self-identify, provide documentation of Tribal membership, and request disenrollment through the enrollment broker.

- | | |
|---|--|
| 1932(a)(2)(A)(i)
42 CFR 438.50(d)(3)(i) | iii. <input type="checkbox"/> Children under the age of 19 years who are eligible for Supplemental Security Income (SSI) under title XVI |
| 1932(a)(2)(A)(iii)
42 CFR 438.50(d)(3)(ii) | iv. <input checked="" type="checkbox"/> <u>N/A</u> Children under the age of 19 years who are eligible under 1902(e)(3) of the Act. |
| | v. <input type="checkbox"/> Individuals who receive home and community-based waiver services, and who proactively opt in to a MCO. |
| | vi. <input type="checkbox"/> Children under the age of 19 who are: <ul style="list-style-type: none"> • eligible under §1902(e)(3) of the Act and receiving Supplemental Security Income (SSI); • in foster care or other out-of-home placement; • receiving foster care or adoption assistance under Title IV-E; • receiving services through a family-centered, community based, coordinated care system that receives grant funds under section 501(a)(1)(D) of title V, and is defined by the state in terms of either program participation or special health care needs; or • enrolled in the Family Opportunity Act Medicaid Buy-In Program. |

TN _____
Supersedes
TN _____

Approval Date: _____

Effective Date: _____

State: Louisiana

Citation	Condition or Requirement
1932(a)(1)(A)	A. <u>Section 1932(a)(1)(A) of the Social Security Act.</u>

The following is a summary listing of the benefits and services that Louisiana MCOs are required to provide:

1. Inpatient hospital services;
2. Outpatient hospital services;
3. Ancillary medical services;
4. Organ transplant-related services;
5. Family planning services as specified in 42 CFR §431.51(b)(2) (not applicable to MCO operating under a moral and religious objection as specified in the contract);
6. EPSDT/well-child visits (excluding dental);
7. Emergency medical services;
8. Communicable disease services;
9. Durable medical equipment and certain supplies;
10. Prosthetics and orthotics;
11. Emergency and non-emergency medical transportation;(ambulance and non-ambulance);
12. Home health services;
13. Basic and Specialized behavioral health services;
14. School-Based health clinic services provided by the DHH Office of Public Health certified school-based health clinics;
15. Physician services;
16. Maternity services (including nurse midwife services);
17. Chiropractic services;
18. Rehabilitation therapy services (physical, occupational, and speech therapies);
19. Pharmacy services;
20. Hospice services;
21. Personal care services (Age 0-20);
22. Pediatric day healthcare services;
23. Audiology services;
24. Ambulatory Surgical Services;
25. Lab and X-ray Services;
26. Emergency and surgical dental services;
27. Clinic services;
28. Pregnancy-related services;
29. Pediatric and Family Nurse Practitioner services;
30. Licensed mental health professional services (including Advanced Practice Registered Nurse services);

TN _____	Approval Date _____	Effective Date _____
Supersedes		
TN _____		

State: Louisiana

Citation	Condition or Requirement
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31. FQHC/RHC Services;
32. ESRD services;
33. Optometrist services;
34. Podiatry services;
35. Rehabilitative services (including Crisis Stabilization);
36. Respiratory services;
37. Applied behavior analysis (ABA)-based therapy services; and
38. Psychiatric Residential Treatment Facility services.

NOTE: This overview is not all inclusive. The contract, policy transmittals, state plan amendments, regulations, provider bulletins, provider manuals, published fee schedules, and guides issued by the department are the final authority regarding services.

1932 (a)(5)(D)
1905(t)

L. List all services that are excluded for each model (MCO & PCCM)

The following services will continue to be reimbursed by the Medicaid Program on a fee-for-service basis, with the exception of dental services which will be reimbursed through a dental benefits prepaid ambulatory health plan under the authority of a 1915(b) waiver. The MCO shall provide any appropriate referral that is medically necessary. The department shall have the right to incorporate these services at a later date if the member capitation rates have been adjusted to incorporate the cost of such service. Excluded services include:

1. Services provided through the Early-Steps Program (IDEA Part C Program services);
2. Dental Services;
3. Intermediate care facility for persons with intellectual disabilities;
4. Personal care services (Age 21 and over);
5. Nursing facility services;
6. Individualized Education Plan services provided by a school district and billed through the intermediate school district, or school-based services funded with certified public expenditures;
7. Targeted case management services; and
8. All Office of Aging and Adult Services/Office for Citizens with Developmental Disabilities home and community-based Section 1915(c) waiver services.

Exception:

The following populations are mandatory enrollees in Bayou Health for specialized behavioral health services and non-emergency ambulance services only:

- A. Individuals residing in nursing facilities; and
- B. Individuals under age 21 residing in intermediate care facility for persons with intellectual disabilities (ICF-ID).

TN _____	Approval Date _____	Effective Date _____
Supersedes		
TN _____		

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:

Institution for Mental Diseases for Individuals Under 21 Years of Age

Psychiatric Residential Treatment Facility Reimbursement

Covered services rendered in a psychiatric residential treatment facility (PRTF) for individuals under 21 years of age shall be reimbursed by Medicaid through the authority of Section 1932(a)(1)(A)(i) of the Social Security Act (see Attachment 3.1-F, page 4).

Except as otherwise noted in the plan, the state-developed per diem rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of December 1, 2015 and is effective for services provided on or after that date. All rates are published on the agency's website and can be accessed at the following link:

http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

TN _____ Approval Date _____ Effective Date _____
Supersedes
TN _____