



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

July 15, 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. 15-0019**

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 (2)

KHK:WJR:JH



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

CITATION  
42 CFR 447.201  
42 CFR 441.57

Medical  
and  
Remedial  
Care and  
Services  
Item 4b  
(Cont'd)

**School-Based Medicaid Nursing Services**

Effective on or after January 1, 2012, EPSDT school-based nursing services are provided by a registered nurse (RN) within a local education agency (LEA). The goal of these services is to prevent or mitigate disease, enhance care coordination, and reduce costs by preventing the need for tertiary care. Providing these services in the school increases access to health care for children and youth resulting in a more efficient and effective delivery of care.

**Eligibility**

School-based nursing services will be provided to those medically eligible recipients under 21, and who are enrolled in a public school:

1. Are Medicaid eligible when services are provided;
  2. The recipient's need for treatment has been ordered by a licensed physician; and
  3. The recipient receives the service(s) in the public school setting and is included as part of the student's Individualized Health Plan (IHP).
- A. RNs providing school-based nursing services are required to maintain an active RN license with the state and comply with the Louisiana Nurse Practice Act.
- B. School boards and staff shall collaborate for all services with the Medicaid recipient's BAYOU HEALTH plan and ensure compliance with established protocols. In a fee-for-service situation, for the non-Bayou Health individuals, staff will make necessary referrals.

**Covered Services**

Nursing services are those medically necessary services that are , based on a physician's written order and is part of IHP. The following school-based nursing services shall be covered:

1. **Chronic Medical Condition Management and Care Coordination**

This is care based on one of the following criteria:

- a. The child has a chronic medical condition or disability requiring implementation of a health plan/protocol (examples would be children with asthma, diabetes, or cerebral palsy). There must be a written health care plan based on a health assessment performed by the RN. The date of the completion of the plan and the name of the person completing the plan must be included in the written plan. Each

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  
SERVICES ARE DESCRIBED AS FOLLOWS:

health care service required and the schedule for its provision must be described in the plan.

b. Medication Administration

This service is scheduled as part of a health care plan developed by either the treating physician or the school district LEA. Administration of medication will be at the direction of the physician and within the license of the RN and must be approved within the district LEA policies.

c. Implementation of Physician's Orders

These services shall be provided as a result of receipt of a written plan of care from the child's physician/BAYOU HEALTH provider or included in the student's IHP.

**NOTE:** All recipients have free choice of providers (per section 4.10 of Medicaid State Plan).

**2. EPSDT Program Periodicity Schedule for Screenings**

A nurse employed by a school district may perform any of these screens within their licensure for BAYOU HEALTH members as authorized by the BAYOU HEALTH plan; or, as compliant with fee-for-service for non-BAYOU HEALTH individuals. The results of these screens must be made available to the BAYOU HEALTH provider as part of the care coordination plan of the district. The screens shall be performed according to the periodicity schedule including any inter-periodic screens. This service is available to all Medicaid-individuals eligible for EPSDT.

**3. EPSDT Nursing Assessment/Evaluation Services**

A nurse employed by a school district may perform services to protect the health status of children and correct health problems. These services may include health counseling and triage of childhood illnesses and conditions.

Consultations are to be face-to-face contact in one-on-one sessions. These are services for which a parent would otherwise seek medical attention at physician or health care provider's office. This service is covered for all recipients in the school system.

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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:

**School-Based Services**

- A. Effective on or after January 1, 2012, payment for EPSDT school-based nursing services shall be based on the most recent school year's actual cost as determined by desk review and/or audit for each local education agency (LEA) provider.
1. Each LEA shall determine cost annually by using DHH's Cost Report for Nursing Service Cost form based on the Direct Services Cost Report.
  2. Direct cost shall be limited to the amount of total compensation (salaries, vendor payments and fringe benefits) of current nursing service providers as allocated to nursing services for Medicaid special education recipients.
  3. Indirect cost shall be derived by multiplying the cognizant agency indirect cost unrestricted rate assigned by the Department of Education to each LEA. There are no additional indirect costs included.
  4. Cost data is subject to certification by each LEA. This serves as the basis for obtaining Federal Medicaid funding.
- B. For the nursing services, the participating LEA's actual cost of providing the services shall be claimed for Medicaid Federal Financial Participation (FFP) based on the following methodology.
1. The state shall gather actual expenditure information for each LEA through its Payroll/Benefits and Accounts Payable System.
  2. Develop Direct Cost - The Payroll Cost Base. Total annual salaries and benefits paid, as well as contracted (vendor) payments, shall be obtained initially from each LEA's Payroll/Benefits and Accounts Payable system. This data shall be reported on DHH's Nursing Services Cost Report form for all nursing service personnel (i.e. all personnel providing LEA nursing treatment services covered under the state plan).

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department now proposes to amend the licensing standards governing providers of case management services to exempt OAAS support coordination service providers and DCFS foster care and family support workers from these licensing standards since OAAS and DCFS will provide certification for support coordination/case management services rendered by their workers.

This action is being taken to promote the health and welfare of children by ensuring continued access to Medicaid covered services. It is estimated that implementation of this Emergency Rule will have no programmatic costs for state fiscal year 2015-2016.

Effective July 1, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the licensing standards for providers of case management services.

#### **Title 48**

### **PUBLIC HEALTH—GENERAL**

#### **Part I. General Administration**

#### **Subpart 3. Licensing and Certification**

#### **Chapter 49. Case Management**

#### **§4929. General Waiver**

A. - C. ...

D. DHH Office of Aging and Adult Services Case Management

1. Agencies that provide case management and/or support coordination services to the DHH Office of Aging and Adult Services (OAAS) waiver programs recipients shall be exempt from licensure as a case management agency for the provision of case management services. This licensure exemption shall only be to the extent that the agency uses only DHH/OAAS trained and certified case managers to provide case management services to OAAS waiver programs in lieu of DHH licensure. Such agencies serving other populations and programs, in addition to those waiver programs operated by OAAS, shall obtain and maintain DHH licensure.

2. OAAS certification requirements shall ensure:

- the quality of services and the care, well-being, and protection of the clients receiving services; and
- that the delivery of case management services does not afford less quality or protection than the licensing provisions of this Chapter.

3. OAAS shall provide an attestation of meeting these requirements on an annual basis or as required by the DHH Health Standards Section.

4. OAAS case management and support coordination services will still be subject to the Support Coordination Standards of Participation rule for OAAS waiver programs, the program integrity/SURS (fraud/abuse) rules, and other applicable Medicaid rules and regulations.

E. Department of Children and Family Services Case Management

1. The Department of Children and Family Services (DCFS) shall be exempt from licensure as a case management agency for the provision of targeted case management services rendered by foster care and family services workers. The licensure exemption shall only be to the extent that DCFS uses trained and certified employees to provide case management services in lieu of DHH licensure.

2. DCFS certification requirements shall ensure:

- the quality of services and the care, well-being, and protection of the clients receiving services; and
- that the delivery of case management services does not afford less quality or protection than the licensing provisions of this Chapter.

3. DCFS shall provide an attestation of meeting these requirements on an annual basis.

4. DCFS case management services will still be subject to the Medicaid targeted case management rules, the program integrity/SURS (fraud/abuse) rules and other applicable Medicaid rules and regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, LR 20:888 (August 1994), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Interested persons may submit written comments to Cecile Castello, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821 or by email to MedicaidPolicy@la.gov. Ms. Castello 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

1506#031

### **DECLARATION OF EMERGENCY**

#### **Department of Health and Hospitals Bureau of Health Services Financing**

Early and Periodic Screening, Diagnosis and Treatment  
School-Based Nursing Services  
(LAC 50:XV.9501)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:XV.9501 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, Bureau of Health Services Financing promulgated a Rule which adopted provisions to establish reimbursement and coverage for school-based nursing services rendered to all children enrolled in Louisiana schools (*Louisiana Register*, Volume 39, Number 10).

The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) recently issued guidance which removed the requirement that school-based nursing services be included on the individualized education plan (IEP) to be reimbursed by Medicaid. As a result of the CMS guidance, the department now proposes to

amend the provisions governing school-based nursing services covered in the EPSDT Program to remove the IEP requirement. This action is being taken to avoid CMS sanctions, promote the health and welfare of Medicaid eligible recipients, and to assure a more efficient and effective delivery of health care services. It is estimated that implementation of this Emergency Rule will be cost neutral to the department for state fiscal year 2015-2016.

Effective July 1, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing Medicaid coverage of school-based nursing services covered under the Early and Periodic Screening, Diagnosis and Treatment Program.

#### **Title 50**

### **PUBLIC HEALTH—MEDICAL ASSISTANCE**

#### **Part XV. Services for Special Populations**

#### **Subpart 5. Early and Periodic Screening, Diagnosis, and Treatment**

#### **Chapter 95. School-Based Nursing Services**

#### **§9501. General Provisions**

A. - B. ...

C. School-based nursing services shall be covered for all recipients in the school system.

D. ...

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 39:2760 (October 2013), amended LR: 41

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. She 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

1506#032

### **DECLARATION OF EMERGENCY**

#### **Department of Health and Hospitals Bureau of Health Services Financing**

Disproportionate Share Hospital Payments  
Mental Health Emergency Room Extensions  
(LAC 50:V.2711)

The Department of Health and Hospitals, Bureau of Health Services Financing repeals LAC 50:V.2711 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, Bureau of Health Services Financing amended the provisions governing disproportionate share hospital (DSH) payments for mental health emergency room extensions (MHEREs) in order to change the deadline for hospitals that established a MHERE to sign an agreement to participate for reimbursement of uncompensated care costs for psychiatric services (*Louisiana Register*, Volume 36, Number 8).

As a result of a budgetary shortfall in state fiscal year 2015, the department determined that it is necessary to amend the provisions governing DSH payments to eliminate payments for MHEREs (*Louisiana Register*, Volume 41, Number 3). This Emergency Rule is being promulgated in order to continue the provisions of the March 5, 2015 Emergency Rule. This action is being taken to avoid a budget deficit in the Medical Assistance Program.

Effective July 4, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing repeals the provisions governing disproportionate share hospital payments for mental health emergency room extensions.

#### **Title 50**

### **PUBLIC HEALTH—MEDICAL ASSISTANCE**

#### **Part V. Hospital Services**

#### **Subpart 3. Disproportionate Share Hospital Payments**

#### **Chapter 27. Qualifying Hospitals**

#### **§2711. Mental Health Emergency Room Extensions**

Repealed.

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 34:1628 (August 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1781 (August 2010), repealed LR 41:

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 Medicaid.Policy@la.gov. Ms. Kennedy is responsible for responding to all 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

1506#036

### **DECLARATION OF EMERGENCY**

#### **Department of Health and Hospitals Bureau of Health Services Financing**

Inpatient Hospital Services  
Non-Rural, Non-State Hospitals  
Termination of Additional Payments for  
Hemophilia Blood Products  
(LAC 50:V.965)

The Department of Health and Hospitals, Bureau of Health Services Financing repeals LAC 50:V.965 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This



# State of Louisiana

Department of Health and Hospitals  
Bureau of Health Services Financing

## VIA ELECTRONIC MAIL ONLY

June 12, 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  
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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 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 June 19, 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

Louisiana Tribal Notice  
June 11, 2015  
Page 2

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,

*Dee 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**

June 12, 2015

### **Targeted Case Management (TCM) - Department of Children and Family Services (DCFS)** Effective July 1, 2015

The SPA proposes to revise the provisions governing targeted case management in order to adopt provisions for reimbursing DCFS for Medicaid eligible TCM services.

### **Early and Periodic Screening, Diagnostic and Treatment (EPSDT)- School Based Nursing** Effective July 1, 2015

The SPA proposes to revise the provisions governing school-based nursing services covered in the EPSDT program to remove the Individualized Education Plan (IEP) requirement.

### **Medicaid Eligibility – Louisiana Health Insurance Premium Payment Program (LaHIPP Termination)** - Effective July 1, 2015

The SPA proposes to terminate the LaHIPP program and to enroll the program's participants into the comprehensive Managed Care for Physical and Basic Behavioral Health Program.