

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

May 31, 2016

Our Reference: SPA LA 16-0001

Ms. Jen Steele, Interim State Medicaid Director
Department of Health and Hospitals
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attention: Darlene Budgewater

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 16-0001 dated March 31, 2016. This state plan amendment amends the provisions governing managed care for physical and basic behavioral health to include non-emergency transportation services.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of January 1, 2016. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at Cheryl.Rupley@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks
Associate Regional Administrator

State: Louisiana
Date Received: 3-31-16
Date Effective 1-1-16
Date Approved: 5-31-16
Transmittal #: 16-0001

State: Louisiana

Citation Condition or Requirement

1932(a)(1)(A) A. Section 1932(a)(1)(A) of the Social Security Act.

The State of Louisiana enrolls Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organization (MCOs) and/or primary care case managers (PCCMs)) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on statewideness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230). This authority may *not* be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries who are Medicare eligible, who are Indians (unless they would be enrolled in certain plans—see D.2.ii. below), or who meet certain categories of “special needs” beneficiaries (see D.2.iii. - vii. below)

The State of Louisiana also enrolls eligible Medicaid beneficiaries (including individuals exempt from mandatory enrollment under the State Plan) on a mandatory basis into the Bayou Health Program under the companion authority of a Section 1915(b) waiver, titled the “Bayou Health Section 1915(b) Waiver.”

Individuals enrolled in Bayou Health under the Louisiana Medicaid State Plan receive comprehensive (physical and behavioral health) benefits through a Bayou Health MCO. Individuals enrolled in Bayou Health under the Bayou Health Section 1915(b) Waiver receive either comprehensive (physical and behavioral health) benefits or specialized behavioral health only benefits through a Bayou Health MCO. Specialized behavioral health services are defined as mental health and substance abuse services that are provided by a licensed mental health professional (LMHP) or community-based providers as defined in the State Plan.

B. General Description of the Program and Public Process:

For B.1 and B.2, place a check mark on any or all that apply.

1932(a)(1)(B)(i)
1932(a)(1)(B)(ii)
42 CFR 438.50(b)(1)

1. The State will contract with an

- i. MCO
 ii. PCCM (including capitated PCCMs that qualify as PAHPs)
 iii. Both

The State of Louisiana will contract with and enroll beneficiaries into risk-bearing managed care organizations (MCOs).

Program Overview

The Bayou Health Program began operating in February 2012 under contracts with Medicaid MCOs and enhanced Primary Care Case Management (PCCM) entities. MCO contracts included physical health services as well as basic behavioral health services. As noted above, effective December 1, 2015, the State of Louisiana is expanding the service array covered through the Bayou Health MCOs to include comprehensive, integrated physical and behavioral health (basic and specialized) services. Prior to December 1, 2015, specialized behavioral health services (including State Plan, Section 1915(c) services for children, and section 1915(i) services) had been provided under the Louisiana Behavioral Health Partnership “carve-out” managed care arrangement.

TN 16-0001
Supersedes
TN 15-0021

Approval Date 5-31-16

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The following is a summary listing of the core benefits and services that a MCO is required to provide:

State: Louisiana Date Received: 3-31-16 Date Effective 1-1-16 Date Approved: 5-31-16 Transmittal #: 16-0001

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 Applied Behavioral Analysis services and 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);
31. FQHC/RHC Services;
32. ESRD services;
33. Optometrist services;
34. Podiatry services;
35. Rehabilitative services (including Crisis Stabilization);
36. Respiratory services; and

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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. Applied behavior analysis therapy services;
8. Targeted case management services; and
9. 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).

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