

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

September 12, 2017

Our Reference: SPA LA 17-0016

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

Attention: Karen Barnes

Dear Ms. Steele:

Enclosed is a copy of approved Louisiana State Plan Amendment (SPA) No. 17-0016, with an effective date of January 1, 2017. This amendment was submitted to implement a rate reduction for reimbursement rates paid to licensed practitioners for applied behavior analysis (ABA) services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act (the Act) and the implementing Federal regulations at 42 Code of Federal Regulations (CFR) 447 Subpart C.

Because the proposed SPA would reduce or restructure provider payment rates, Louisiana is required to provide documentation in support of its determination that the payments are consistent with efficiency, economy and quality of care and sufficient to enlist enough providers so that services under the plan are available to beneficiaries at least to the extent that these services are available to the general population, as established in Section 1902(a)(30)(A) of the Act and codified in 42 CFR 447.203(b)(6) and 42 CFR 447.204. To demonstrate compliance with these requirements, the state submitted the following to the Centers for Medicare & Medicaid Services (CMS) with the proposed SPA:

1. With respect to the public process requirements at 42 CFR 447.204(a)(2), Louisiana provided documentation to show that the state considered input from beneficiaries, providers and other affected stakeholders on beneficiary access to the affected services and the impact of the proposed rate change. Specifically, public notification was

provided through the publication of an Emergency Rule and Notice of Intent in the state's official journal, the Louisiana Register, on December 2, 2016. Notice of the change was sent to ABA providers via email on November 26, 2016, and two webinars were held in mid-December to inform providers about the proposed reduction.

2. With respect to the access review requirements at 42 CFR 447.204(b), Louisiana submitted an analysis of the effect of the change in payment rates on access, and an analysis of the information and concerns expressed through stakeholder input. The rates for ABA services have been set at 100 percent of the ABA rates paid by Blue Cross and Blue Shield of Louisiana, the largest commercial insurer in the state. The state reported it received multiple comments from providers and stakeholders, and, as a result, increased the proposed rate for one subset of providers and made modifications to the prior authorization process.
3. The state has established procedures to monitor continued access to care after implementation of these rate reductions, consistent with 42 CFR 447.203(b)(6). The state monitors claims paid, utilization, provider enrollment, provider billing, and the number of children approved to receive services. An analysis of monthly data will be made over the next three years, compared to the baselines, to ensure that access to treatment has not been compromised. The state will take action on any trends which show access deficiency or a decline in service availability or provider enrollment.
4. The state also demonstrated that it has ongoing mechanisms for beneficiary and provider input on access to care. All providers have an open line of communication via telephone and email to the program manager for the oversight of ABA services, and beneficiaries, providers, and stakeholders can contact the state agency with any Medicaid concerns through a toll-free publicized hotline.

CMS is approving this SPA as the state has reasonably substantiated its conclusion that access for these services is sufficient through a process consistent with the requirements of 42 CFR 447.203 and conducted the public process and notice described in 42 CFR 447.204 and 42 CFR 447.205. In addition, because the state's methodology provides payments at the rates used by the largest commercial insurer within the state, CMS is inferring that the rates provide access consistent with that received by the general population in the geographic region. Consistent with the aforementioned regulations, the state has committed to monitoring access and CMS will be periodically contacting the state to understand how the state's monitoring activities are progressing. If access deficiencies are identified, the state will submit a corrective action plan within 90 days of identification.

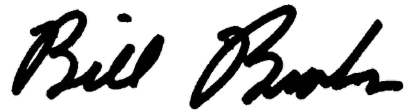
This letter affirms that the Louisiana Medicaid SPA 17-0016 is approved effective January 1, 2017 as requested by the state.

We are enclosing the HCFA-179 and the following amended plan page.

- o Attachment 4.19-B, Item 4b, Page 10



If you have any questions regarding this matter you may 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

Cc: Billy Bob Farrell, DMCH
Jeremy Silanskis, CMS Baltimore
Linda Tavener, CMS Baltimore
Mark Pahl, CMS Baltimore

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0016	2. STATE Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 January 1, 2017	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C		7. FEDERAL BUDGET IMPACT: a. FFY <u>2017</u> \$ (3,734,592) b. FFY <u>2018</u> \$(3,699,689) \$ (8,387,710)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 4b, Page 10		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same (TN 14-0040)	
10. SUBJECT OF AMENDMENT: The SPA proposes to amend the provisions governing other licensed practitioners to realign the reimbursement rates paid to licensed practitioners for applied behavior analysis services.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review state plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Rebekah E. Gee MD, MPH			
14. TITLE: Secretary			
15. DATE SUBMITTED: March 31, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 30, 2017		18. DATE APPROVED: September 12, 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: The State requests a pen and ink change to box 7.			

STATE OF LOUISIANA

PAYMENT OF 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 IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Other Licensed Practitioners - Licensed Behavior Analysts

Reimbursement Methodology

Effective for dates of service on or after February 1, 2014, the Medicaid Program shall provide reimbursement to licensed behavior analysts who are enrolled with the Medicaid program and in good standing with the Louisiana Behavior Analyst Board. Reimbursement shall only be made for services billed by a licensed behavior analyst, licensed psychologist, or medical psychologist.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of behavioral analysis. The agency's fee schedule rate was set as of February 1, 2014 and is effective for services provided on or after that date. All rates are published on the Medicaid provider website using the following link:

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

Effective for dates of service on or after January 1, 2017, new provider rates and codes went into effect.

Effective February 13, 2017, the Registered Line Technician (tech) therapy rate was increased.

Reimbursement shall only be made for services authorized by the Medicaid program or its designee.

Reimbursement shall not be made to, or on behalf of, services rendered by a parent, a legal guardian, or legally responsible person.

State: Louisiana
Date Received: 3-30-17
Date Approved: 9-12-17
Date Effective: 1-01-17
Transmittal Number: 17-0016

TN 17-0016

Approval Date: 9-12-2017

Effective Date: 1-01-2017

Supersedes:

TN 14-0040