

John Bel Edwards
GOVERNOR



Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

March 31, 2017

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. 17-0016

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.

Warmly,


Rebekah E. Gee MD, MPH
Secretary

Attachments (3)

REG:JS:JH

LA TITLE XIX SPA
 TRANSMITTAL #: 17-0016
 TITLE: Applied Behavior Analysis Services - Reimbursement Rate Realignment
 EFFECTIVE DATE: January 1, 2017

FISCAL IMPACT:
 Decrease

Year	% Inc.	fed. match	* # mos	range of mos.	dollars
1st SFY 2017			6	January 2017 - June 2017	(\$3,609,821)
2nd SFY 2018			12	July 2017 - June 2018	(\$9,546,535)
3rd SFY 2019			12	July 2018 - June 2019	(\$24,038,744)

* #mos-Months remaining in fiscal year

Total Decrease in Cost FFY 2017 = (\$3,609,821) for 6 months January 2017- June 2017 (\$3,609,821)


SFY 2018 (\$9,546,535) for 12 X 3 months July 2017- June 2018 = (\$2,386,634)
 (\$9,546,535) / 12 X 3 months July 2017 - September 2017 = (\$5,996,455)

FFP (FFY 2017) = (\$5,996,455) X 62.28% = (\$3,734,592)

Total Decrease in Cost FFY 2018 (\$9,546,535) for 12 X 9 months July 2017- June 2018 = (\$7,159,901)
 (\$9,546,535) / 12 X 9 months October 2017 - June 2018

SFY 2019 (\$24,038,744) for 12 X 3 months July 2018- June 2019 = (\$6,009,686)
 (\$24,038,744) / 12 X 3 months July 2018 - September 2018 = (\$13,169,587)

FFP (FFY 2018) = (\$13,169,587) X 63.69% = (\$8,387,710)

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> \$ (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:		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:			

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, provider rates and codes in effect on December 31, 2016, will be realigned to be consistent with the commercial rates in the State.

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.

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TN _____

Approval Date: _____

Effective Date: _____

Supersedes:

TN _____