

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

January 17, 2018

Our Reference: SPA LA 17-0029

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

Attention: Karen Barnes

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 17-0029 dated November 17, 2017. This state plan amendment proposes to include applied behavior analysis-based therapy in the specialized behavioral health services provided by Managed Care Organizations (MCOs) in the Healthy Louisiana program.

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 20, 2018. 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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
17-0029

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
January 20, 2018

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 447 Subpart F

7. FEDERAL BUDGET IMPACT:
a. FFY **2018** ~~\$ 3,192,565~~ **\$0.00**
b. FFY **2019** ~~\$10,027,800~~ **\$0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-F, Pages 12
Attachment 3.1-F, Page 12a
Attachment 4.19-B, Item 4b, Page 10

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
Same (TN 16-03)
Same (TN 16-01)
Same (TN 17-16)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to include applied behavior analysis-based therapy in the specialized behavioral health services provided by MCOs in the Healthy Louisiana program.**

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:
Rebekah E. Gee MD, MPH

14. TITLE:
Secretary

15. DATE SUBMITTED:
November 17, 2017

16. RETURN TO:

Jen Steele, Medicaid Director
State of Louisiana
Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
November 17, 2017

18. DATE APPROVED: January 17, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 20, 2018

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: Louisiana

Citation	Condition or Requirement
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1932(a)(1)(A)	A. <u>Section 1932(a)(1)(A) of the Social Security Act.</u>
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The following is a summary listing of the core benefits and services that a MCO is 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);

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

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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.

Effective for dates of service on or after January 20, 2018, applied behavior analysis-based therapy will be included with the specialized behavioral health services provided by managed care organizations (MCOs) that participate in the Healthy Louisiana program.

State: Louisiana
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TN 17-0029
Supersedes:
TN 17-16

Approval Date: 1-17-18

Effective Date: 1-20-18