

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

December 6, 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. 17-0031

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:MJ

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
17-0031

2. STATE
Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
April 1, 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

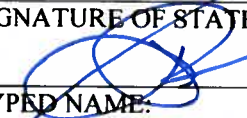
7. FEDERAL BUDGET IMPACT:
a. FFY **2018** **\$3,616**
b. FFY **2019** **\$8,858**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Item 19, Pages 1a and 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
Same (TN 14-27)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing reimbursement for Targeted Case Management services provided to participants in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, in order to adopt a payment methodology based on a flat monthly rate rather than 15-minute increments.**

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **The Governor does not review State Plan material.**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Rebekah E. Gee MD, MPH
14. TITLE:
Secretary
15. DATE SUBMITTED:
December 6, 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:

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:

LA TITLE XIX SPA

TRANSMITTAL #: 17-0031

TITLE: Targeted Case Management – Reimbursement Methodology - EPSDT

EFFECTIVE DATE: April 1, 2018*

FISCAL IMPACT:
Increase

| year | % inc. | fed. match | *# mos | range of mos. | dollars |
|--------------|--------|------------|--------|-----------------------|----------|
| 1st SFY 2018 | | | 3 | April 2018- June 2018 | \$2,271 |
| 2nd SFY 2019 | 0.00% | | 12 | July 2018- June 2019 | \$13,626 |
| 3rd SFY 2020 | 0.00% | | 12 | July 2019 - June 2020 | \$13,626 |

*#mos-Months remaining in fiscal year

Total Increase Cost FFY 2018 for 3 months April 2018- June 2018 \$2,271

SFY 2019 for 12 months July 2018- June 2019 \$13,626 / 12 X 3 = \$3,407

SFY 2020 for 12 months July 2019 - June 2020 \$13,626 / 12 X 3 = \$5,678

FFP (FFY 2018) = \$5,678 X 63.69% = \$3,616

Total Increase Cost FFY 2019 for 12 months July 2018- June 2019 \$13,626 / 12 X 9 = \$10,220

SFY 2020 for 12 months July 2019 - June 2020 \$13,626 / 12 X 3 = \$3,407

FFP (FFY 2019) = \$13,627 X 65.00% = \$8,858

*The effective date of the Rule.

STATE OF LOUISIANA

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:

| <u>CITATION</u> | <u>Medical and Remedial Care and Services</u> | <u>OPTIONAL TARGETED CASE MANAGEMENT SERVICES</u> |
|------------------------------|---|---|
| 42 CFR 447.201 447.302 | Item 19 (continued) | |

Reimbursement Methodology (continued)

Payments made to targeted case management providers do not duplicate payments for the same or similar services furnished by other providers or under other authority as an administrative function or as an integral part of a covered service.

Reimbursement is not available for case management services that are furnished to recipients without charge by any other agency or entity. With the statutory exceptions of case management services included in Individualized Educational Programs (IEPs) or Individualized Family Service Plans (IFSPs) and services furnished through Title V public health agencies, payment for case management services cannot be made when another third party payor is liable, nor may payments be made for services for which no payment liability is incurred by the recipient.

Effective for dates of service on or after September 1, 2008 the reimbursement rate for targeted case management services rendered to infants and toddlers with special needs shall be increased by 25 percent of the rate in effect on August 31, 2008.

Effective for dates of service on or after February 1, 2009, the reimbursement for case management services provided to the following targeted populations shall be reduced by 3.5 percent of the rates on file as of January 31, 2009:

1. New Opportunities Waiver (NOW) recipients;
2. HIV disabled individuals; and
3. Nurse Family Partnership participants.

Effective for dates of service on or after July 1, 2012, the reimbursement for case management services provided to the following targeted populations shall be reduced by 1.5 percent of the rates on file as of June 30, 2012:

1. participants in the Nurse Family Partnership program;
2. participants in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program;
3. individuals diagnosed with HIV; and
4. individuals with developmental disabilities who participate in the NOW.

STATE OF LOUISIANA

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:

| <u>CITATION</u> | <u>Medical and Remedial</u> | <u>OPTIONAL TARGETED CASE MANAGEMENT SERVICES</u> |
|-----------------|-----------------------------|---|
| 42 CFR | Care and Services | |
| 447.201 | Item 19 (continued) | |
| 447.302 | | |

Effective for dates of service on or after February 1, 2013, the Department shall terminate Medicaid reimbursement of targeted case management services to first-time mothers in the Nurse Family Partnership program.

Effective for dates of service on or after February 1, 2013, reimbursement shall not be made for case management services rendered to HIV disabled individuals.

Effective for dates of service on or after July 1, 2014, reimbursement for case management services provided to participants in the NOW shall be reimbursed at a flat rate for each approved unit of service. The standard unit of service is equivalent to one month and covers both service provision and overhead costs.

Effective for dates of service on or after April 1, 2018, case management services provided to participants in the EPSDT program shall be reimbursed at a flat rate for each approved unit of service. The standard unit of service is equivalent to one month.

TN _____ Approval Date _____ Effective Date _____
Supersedes
TN _____