

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

May 31, 2018

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. 18-0006

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,

A handwritten signature in blue ink, followed by the words "Approved for" written vertically in blue ink.

Rebekah E. Gee MD, MPH
Secretary

Attachments (2)

REG:JS:MJ

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

18-0006

2. STATE

Louisiana

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

4. PROPOSED EFFECTIVE DATE

July 20, 2018

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

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

7. FEDERAL BUDGET IMPACT:

a. FFY 2019 **\$ 0.00**

b. FFY 2020 **\$ 0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1-A, Item 2c, Page 1a
Attachment 4.19-B, Item 2c, Page 2
Attachment 4.19-B, Item 2c, Page 2a**

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Same (TN 11-04)

Same (TN 01-02)

None (New Page)

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing the reimbursement methodology for federally qualified health centers (FQHCs) in order to establish cost reporting requirements when there is a change in the scope of services rendered by the FQHCs.**

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:

May 31, 2018

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:

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

5. Diabetes Self-management Training Services

- A. Effective for dates of service on or after February 21, 2011, the Department shall provide coverage of diabetes self-management training (DSMT) services rendered to Medicaid recipients diagnosed with diabetes. The services shall be comprised of one hour of individual instruction and nine hours of group instruction on diabetes self-management.
- (1) Recipients of DSMT services shall receive up to 10 hours of services during the first 12-month period, beginning with the initial training date.
 - (2) After the first 12-month period has ended, recipients shall only be eligible for two hours of individual instruction on diabetes self-management per calendar year.
- B. Provider Participation Standards
- (1) In order to receive Medicaid reimbursement, a qualified FQHC must have a DSMT program that meets the quality standards of one of the following accreditation organizations:
 - a. the American Diabetes Association;
 - b. the American Association of Diabetes Educators; or
 - c. the Indian Health Service.
 - (2) All DSMT programs must adhere to the national standards for diabetes self-management education.
 - a. Each member of the instructional team must:
 - (i) be a certified diabetes educator (CDE), certified by the National Certification Board of Diabetes Educators; or
 - (ii) have recent didactic and experiential preparation in education and diabetes management.
 - b. At a minimum, the instructional team must consist of one of the following professionals who is a CDE:
 - (i) a registered dietician;
 - (ii) a registered nurse; or
 - (iii) a pharmacist.
 - c. All members of the instructional team must obtain the nationally recommended annual continuing education hours for diabetes management.

STATE OF LOUISIANA

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INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

The baseline calculation will include all Medicaid coverable services provided by the FQHC regardless of existing methods of reimbursement for services. This includes, but is not limited to the following services previously reimbursed on a fee-for-service or other non-encounter basis:

1. ambulatory;
2. transportation;
3. laboratory (where applicable); and
4. dental

The per-visit rate will be all-inclusive. FQHCs will not be eligible to bill separately for any Medicaid covered services. FQHCs are responsible for maintaining licensure/accreditation/program participation standards for all such services. In the event an FQHC does not currently participate in any such program, but wishes to begin participation, the FQHC will be responsible for meeting all enrollment criteria of the program.

For the purpose of the calculation methodology, "fiscal year" is defined as the state fiscal year (SFY) for the FQHC. FQHCs must submit a cost report when there is an increase or decrease in their scope of services.

FQHCs are responsible for apportioning patient visits and statistical data in their 2001 cost report from the first day of the SFY 2001 cost reporting period July 1, 2000 through December 31, 2000. This data will be used to calculate cost settlements due to/from providers for the final cost-based reimbursement period in calendar year 2000. **Note:** Providers with a December 31 fiscal year end, do not have to conduct this apportionment.

Upon completion and implementation of the Prospective Payment System (PPS) rate determination, the State will reconcile payments back to January 1, 2001. This will be accomplished by calculating a payment amount for eligible patient visits under the PPS and comparing it to payments made for encounters under the existing cost-based reimbursement methodology.

STATE OF LOUISIANA

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Cost Reports

FQHCs shall submit cost reports when there is an increase or decrease in their scope of services.

1. Change in Scope: An addition, removal or relocation of services sites, and the addition or deletion of specialty and non-primary care services that were not included in the base line rate calculation.
2. The final PPS rate shall be calculated using the first two years of audited Medicaid cost reports, which shall include documentation of the change in scope.
3. Cost reports shall not be accepted for rate changes without a change in the scope of service.

TN _____ Approval Date _____ Effective Date _____
Supersedes
TN _____