

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 20, 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

RE: Louisiana Title XIX State Plan
Transmittal No. 18-0024

Dear Mr. Brooks:

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.
Should you have any questions or concerns regarding this matter, please contact Karen
Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Warmly,

A handwritten signature in blue ink that reads "Cindy River".

Rebekah E. Gee MD, MPH
Secretary

Attachments (2)

REG:JS:RJ

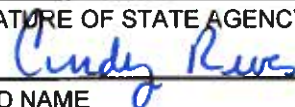
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 18 - 0024	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE November 1, 2018	
5. TYPE OF PLAN MATERIAL (Check One) <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 (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130(d)	7. FEDERAL BUDGET IMPACT a. FFY <u>2019</u> \$0.00 b. FFY <u>2020</u> \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 13d, Pages 5 – 11 Attachment 4.19-B, Item 13d, Pages 4, 4a, 4b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 15-0029) Same (TN 15-0029)
10. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing substance use disorders (SUD) services rendered to children and adults in order to: 1) reflect the coordinated system of care contractor moving from a non-risk contract to a full risk capitated contract; 2) remove the requirements for the Office of Behavioral Health certification of providers and for prior approval of SUD services; 3) clarify the exclusion criteria for institutions for mental disease; and 4) clarify the requirements for residential addiction treatment facilities.	

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 	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
13. TYPED NAME Rebekah E. Gee MD, MPH	
14. TITLE Secretary	
15. DATE SUBMITTED December 20, 2018	

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

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

Children who are in need of SUD services shall be served within the context of the family and not as an isolated unit.

Services shall be:

- a. delivered in a culturally and linguistically competent manner;
- b. respectful of the individual receiving services;
- c. appropriate to individuals of diverse racial, ethnic, religious, sexual, gender identities, and other cultural and linguistic groups; and
- d. appropriate for age, development, and education.

Evidence-based practices require prior approval and fidelity reviews on an ongoing basis as determined necessary by the Department.

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LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Rehabilitation Services
42 CFR 440.130(d)

Exclusions

The following services shall be excluded:

1. Components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual;
2. Services provided at a work site which are not directly related to treatment of the recipient's needs;
3. Any services or components of services of which the basic nature is to supplant housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry services); and
4. Services provided in an institution for mental disease (IMD), unless provided through the Code of Federal Regulations "allowed in lieu of", or a U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) approved waiver.
5. Room and board is excluded from any rates provided in a residential setting.

Unless otherwise specified, a unit of service is defined according to the Healthcare Common Procedure Coding System (HCPCS) approved code set.

Provider Qualifications

All services shall be delivered in accordance with federal and state laws and regulations, the provider manual, and other notices or directives issued by the Department. Anyone providing SUD services must be licensed in accordance with state laws and regulations, in addition to operating within their scope of practice license. Providers shall meet the provisions of the provider manual and the appropriate statutes.

Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved guidelines. Anyone who is unlicensed providing addiction services must be registered with the Addictive Disorders Regulatory Authority and demonstrate competency as defined by LDH, state law (ACT 803 of the Regular Legislative Session 2004) and regulations. State regulations require supervision of unlicensed professionals by a qualified professional supervisor (QPS).

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LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION **Rehabilitation Services**
42 CFR 440.130(d)

A QPS includes the following professionals who are currently registered with their respective Louisiana board:

1. licensed psychologists;
2. licensed clinical social workers;
3. licensed professional counselors;
4. licensed addiction counselors;
5. licensed physicians; and
6. advanced practice registered nurses.

The following professionals may obtain QPS credentials:

1. a masters-prepared individual who is registered with the appropriate state board and under the supervision of a licensed psychologist;
2. licensed professional counselor (LPC); and
3. licensed clinical social worker (LCSW).

The QPS can provide clinical/administrative oversight and supervision of staff.

Residential addiction treatment facilities shall be accredited by an approved accrediting body and maintain such accreditation. Denial, loss of or any negative change in accreditation status must be reported to the MCO , in writing, within the time limit established by the Department.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION **Rehabilitation Health Services**
42 CFR 440.130 (d)

Substance Use Disorder Services

Reimbursement Methodology

Effective for dates of service on or after March 1, 2012, reimbursements for services are based upon a Medicaid fee schedule established by the State of Louisiana. The reimbursement rates for physician services rendered under the Louisiana Behavioral Health Partnership (LBHP) shall be a flat fee for each covered service as specified on the established Medicaid fee schedule. The reimbursement rates shall be based on a percentage of the Louisiana Medicare Region 99 allowable for a specified year.

1. If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay Psychologists and APRNs at 80 percent of the LBHP physician rates. If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay LCSWs, LPCs, LMFTs, and LAC's as well as qualified unlicensed practitioners delivering substance abuse services at 70 percent of the LBHP physician rates.
2. Where Medicare fees do not exist for a covered code, the fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the Plan are available to individuals at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act 42 CFR 447.200, regarding payments and consistent with economy, efficiency and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.
3. Except as otherwise noted in the Plan, the State-developed fee schedule is the same for both governmental and private individual providers. The Agency's fee schedule rate was set as of August 1, 2011 and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com.

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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

4. The fee development methodology will primarily be composed of provider cost modeling, though Louisiana provider compensation studies, cost data and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development:
 - a. Staffing Assumptions and Staff Wages;
 - b. Employee-Related Expenses – Benefits, Employer Taxes (e.g., FICA, unemployment, and workers compensation);
 - c. Program-Related Expenses (e.g., supplies);
 - d. Provider Overhead Expenses; and
 - e. Program Billable Units;
5. The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for outpatient substance use disorders (SUD) services provided to children/adolescents shall be reduced by 1.44 percent of the rates in effect on June 30, 2012.

Effective for dates of service on or after April 20, 2013, the reimbursement for behavioral health services rendered by a physician under the LBHP shall be 75 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients.

Effective for dates of service on or after September 1, 2013, the reimbursement for procedure codes 90791, 90792, 90832, 90834, and 90837 shall be excluded from the January 2013 Medicare rate changes and shall remain at the Medicaid fee schedule on file as of December 31, 2012.

Effective for dates of service on or after December 1, 2015, substance use disorders (SUD) services shall be reimbursed as follows:

Reimbursement for services shall be based upon the established Medicaid fee schedule for SUD services rendered to recipients enrolled with the Coordinated System of Care (CSoC) contractor.

Monthly capitation payments shall be made by the Department, or its fiscal intermediary, to the managed care organizations (MCOs) for recipients enrolled in the MCOs.

The fee schedule is published on the Medicaid provider website at www.lamedicaid.com

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

The capitation rates paid to MCOs shall be actuarially sound rates and the MCOs will determine the rates paid to its contracted providers. No payment shall be less than the minimum Medicaid rate.

Effective for dates of service on or after November 1, 2018, SUD services shall be reimbursed as follows:

For recipients enrolled with the CSoC contractor:

1. The Department or its fiscal intermediary shall make monthly capitation payments to the CSoC contractor, exclusive of coverage for residential substance use treatment services.
2. The capitation rates paid to the CSoC contractor shall be actuarially sound rates.
3. The CSoC contractor will determine the rates paid to its contracted providers.
4. No payments shall be less than the minimum Medicaid rate.

For recipients enrolled in one of the MCOs:

1. The Department or its fiscal intermediary shall make monthly capitation payments to the MCOs, inclusive of coverage for the provision of residential substance use services for recipients enrolled in CSoC.
2. The capitation rates paid to the MCOs shall be actuarially sound rates.
3. The MCOs will determine the rates paid to its contracted providers.
4. No payment shall be less than the minimum Medicaid rate.

Exclusions

The following shall be excluded from Medicaid reimbursement:

1. Components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual;
2. Services provided at a work site which are not directly related to treatment of the recipient's needs;
3. Any services or components of services of which the basic nature is to supplant housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry services); and
4. Services provided in an institution for mental disease (IMD), unless provided through the Code of Federal Regulations "allowed in lieu of", or a U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) approved waiver.
5. Room and board is excluded from any rates provided in a residential setting.

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