

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

~~6. **State Monitoring**~~

~~If the Bureau becomes aware of potential instances of fraud, misuse or abuse of LEA services and Medicaid funds, it will perform timely audits and investigations to identify and take the necessary actions to remedy and resolve the problems.~~

H. EPSDT Services Provided by Office of Public Health

For the following EPSDT services provided by the Office of Public Health ^{are} ~~is~~ paid an enhanced fee as follows:

Consultation EPSDT, By Nurse	\$19.88
Consultation EPSDT, By Nutritionist	\$19.88
Consultation EPSDT, By Social Worker	\$19.88
Lead Poisoning Follow-up	\$45.56
Physician Diagnosis and Treatment	\$51.62
Clinic Visit for Handicapped Child	\$84.68
Diagnosis/Treatment by Physician/Nurse	\$51.62
Speech and Hearing Evaluation	\$50.27
Initial Screen by Physician	\$73.95
Initial Screen by Nurse	\$73.95
Periodic Screen by Nurse	\$73.95
Interperiodic Screen-child	\$46.40
Interperiodic Screen-adolescent	\$65.25
Vision Screen	\$5.80
Vaccines	\$13.70
Screening, Pure Tone, Air only	\$5.22

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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 AS FOLLOWS:

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Behavioral Health Services Provided by Local Education Agencies

~~A. Medicaid Behavioral Health Services provided in schools are services that are medically necessary and provided in schools to Medicaid recipients in accordance with an Individualized Education Program (IEP). Covered services include the following:~~

Medicaid shall provide coverage to eligible recipients for behavioral health services in schools, pursuant to §1905(a) of the Social Security Act which are addressed in the individualized service Plan (IEP), section 504 plan, individualized health plan (IHP), or individualized family service plan (IFSP) or otherwise medically necessary, that correct or ameliorate a child's health condition. Services are provided by or through a local education agency (LEA) to children with or suspected of having disabilities, who attend public school in Louisiana.

Services must be performed by qualified providers as set forth in this State Plan Amendment and who provide these services as part of their respective area of practice. (e.g., psychologist providing a behavioral health evaluation). Certified school psychologists must be supervised consistent with RS 17:7.1.

~~Applied behavior analysis-based (ABA) services rendered in school-based settings must be provided by, or under the supervision of, a behavior analyst who is currently licensed by the Louisiana Behavior Analyst Board, or a licensed psychologist or licensed medical psychologist, hereafter referred to as the licensed professional. Payment for services must be billed by the licensed professional.~~

Services provided in a school setting will only be reimbursed for recipients who are at least three years of age and under 21 years of age, who have been determined eligible for Title XIX and the Individuals with Disabilities Education Act (IDEA), Part B services with a written IEP, section 504 plan, IHP, or IFSP, which contains medically necessary services recommended by a physician or other licensed professional, within the scope of his or her practice under state law.

The following behavioral health services shall be covered under the Medicaid program:

~~— Rehabilitation services, including community psychiatric support and treatment (CPST);~~

~~1. Addiction services;~~

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 AS FOLLOWS:

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Service Exclusions

1. These services are not covered if they are performed for educational purposes (e.g. academic testing) or as the result of the assessment and evaluation it is determined the service is not reflected in the IEP, section 504 plan, IHP, or IFSP or is not otherwise medically necessary.
2. Medicaid does not reimburse for social or educational needs or habilitative services.

~~A. School based health services include covered behavioral health services, treatment, and other measures to correct or ameliorate an identified mental health or substance abuse diagnosis. Services are provided by or through a local education agency (LEA) to children with or suspected of having disabilities, who attend public school in Louisiana. These services are not covered if they are performed for educational purposes (e.g. academic testing) or as the result of the assessment and evaluation it is determined the service is not reflected in the IEP. Services must be performed by qualified providers as set forth in this State Plan Amendment and who provide these services as part of their respective area of practice (e.g., psychologist providing a behavioral health evaluation). Certified school psychologists must be supervised consistent with RS 17:7.1.~~

~~Children and youth who are in need of specialized behavioral health services shall be served within the [MJ1] context of the family and not as an isolated unit. Services shall be:~~

- ~~1. delivered in a culturally and linguistically competent manner;~~
- ~~2. respectful of the child or youth receiving services;~~
- ~~3. appropriate to children and youth of diverse racial, ethnic, religious, sexual, and gender identities and other cultural and linguistic groups; and~~
- ~~4. 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.~~

~~Service Limitations: Services provided in a school setting will only be reimbursed for recipients who are at least three years of age and under 21 years of age who have been determined eligible for Title XIX and the Individuals with Disabilities Education Act (IDEA), Part B services with a written service plan (an IEP) which contains medically necessary services recommended by a physician or other licensed practitioner, within the scope of his or her practice under state law. Medicaid covers §1905(a) medical services addressed in the IEP that are medically necessary that correct or ameliorate a child's health condition. Medicaid does not reimburse for social or educational needs or habilitative services.~~

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 AS FOLLOWS:

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Local Education Agency Responsibilities

1. Medicaid covered services shall be provided in accordance with the established service limitations.
2. ~~The LEA shall ensure that its~~ ~~may employ these~~ licensed and unlicensed behavioral health ~~professionals~~ ~~actitioners~~ ~~are~~ ~~if employed according to the~~ requirements ~~specified~~ under the IDEA ~~are met~~.
3. ~~An LEA shall ensure that~~ individual ~~professional~~ ~~actitioner~~ requirements ~~for the Medicaid qualifications~~ ~~and are in~~ ~~[MJ3]~~ ~~compliance with Medicaid qualifications~~, Department of Education Bulletin 746, ~~and~~ Louisiana Standards for State Certification of School Personnel ~~must be met~~ prior to an LEA billing for any services of a clinician under Medicaid.
~~—Providers of behavioral health services shall ensure that all services are authorized and any services that exceed established limitations beyond the initial authorization are approved for re-authorization prior to service delivery.~~
4. Anyone providing behavioral health services must operate within their scope of practice license ~~or certification under the supervision of a licensed professional~~. The provider shall create and maintain documents to substantiate that all requirements are met.

Others Licensed Professionals

~~Other Licensed Practitioners:~~

The following providers may provide behavioral health services in schools under IEPs, section 504 plan, IHP, or IFSP, under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT): ~~—Other Licensed Practitioners in Attachment 3.1-A, Item 4.b.~~

~~A licensed mental health practitioner (LMHP) is an individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance abuse acting within the scope of all applicable state laws and their professional license. A LMHP includes individuals licensed to practice independently:~~

1. Medical Psychologists;
2. Licensed Psychologists;
3. Licensed Clinical Social Workers (LCSWs);
4. Licensed Professional Counselors (LPCs);
5. Licensed Marriage and Family Therapists (LMFTs);
6. Licensed Addiction Counselors (LACs);
7. Advanced Practice Registered Nurses (APRNs) must be a nurse practitioner specialist in Adult Psychiatric Mental Health, and Family Psychiatric and Mental Health or a Certified Nurse Specialist in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health and Child-Adolescent Mental Health, and may practice to the extent that services are within the APRN's scope of practice;
7. Licensed Master Social Workers or Certified Master Social Workers practicing under the supervision of a Licensed Social Worker; and
9. Certified school psychologists practicing under the supervision of a Licensed Psychologist.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Attachment 3.1-A
Item 4.b, Page 9h(1)

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 AS FOLLOWS:

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Rehabilitation Services
42 CFR 440.130(d):

~~Louisiana certified school psychologists and counselors in a school setting meeting the provider qualifications and providing services consistent with Community Psychiatric Support and Treatment (CPST) as outlined in [M4] rehabilitation services in EPSDT Rehabilitation Services, in Attachment 3.1 A, Item 4.b, and Addiction Services in the rRehabilitation sSection in Attachment 3.1 A, Item 13.d.~~

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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 AS FOLLOWS:

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Applied Behavior Analysis-Based Services Provided by Local Education Agencies

Medicaid shall provide coverage to eligible recipients for applied behavior analysis-based (ABA) services in schools, pursuant to §1905(a) of the Social Security Act which are addressed in the individualized service Plan (IEP), section 504 plan, individualized health plan (IHP), or individualized family service plan (IFSP) or otherwise medically necessary, that correct or ameliorate a child's health condition. Services are provided by or through a local education agency (LEA) to children with, or suspected of having, emotional or behavioral disorders, who attend public school in Louisiana.

Applied behavior analysis-based services rendered in school-based settings must be provided by, or under the supervision of, a behavior analyst currently licensed by the Louisiana Behavior Analyst Board, a licensed psychologist or licensed medical psychologist, hereafter referred to as the licensed professional. Payment for services must be billed by the licensed professional.

Applied behavior analysis means the design, implementation, and evaluation of systematic instructional and environmental modifications by a behavior analyst, to produce socially significant improvements in behavior.

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:

EPSDT Behavioral Health Services Provided by Local Education Agencies

~~Medicaid services provided in schools are services that are medically necessary and provided in schools to Medicaid recipients in accordance with an Individualized Education Program, (IEP). Covered services include the following:~~

- ~~1. Other Licensed Practitioner Behavioral Health Services (described in Attachment 3.1 A, Item 4b)~~
- ~~2. Rehabilitation Behavioral Health Services (includes Addiction Services as described in Attachment 3.1 A, Item 13.d)~~

~~The interim payment to the local education agencies (LEAs) for services listed above are based on the behavioral health fee schedule methodology as outlined in the Louisiana Medicaid Fee Schedule.~~

Summary of Payment Reimbursement Methodology

Cost Reporting. Settlement payments for EPSDT school-based behavioral health services shall be based on the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider.

Each LEA shall determine cost annually by using LDH's cost report for behavioral health services cost form based on the direct services cost report.

Direct cost shall be limited to the amount of total compensation (salaries, vendor payments and fringe benefits) of current behavioral health services providers as allocated to behavioral health services for Medicaid special education recipients. The direct cost related to the electronic health record shall be added to the compensation costs to arrive at the total direct costs for behavioral health services. There are no additional direct costs included in the rate. The basis of allocation for direct service compensation cost is DHH's Direct Services Time Study Methodology approved by CMS November 2014. This time study incorporates the CMS approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel and is used to determine the percentage of time direct service personnel spend on direct services and General and Administrative (G&A) time.

Indirect cost is derived by multiplying the cognizant agency indirect cost unrestricted rate assigned by the Department of Education to each LEA by the allowable costs. There are no additional indirect costs included.

To determine behavioral health services cost that may be attributed to Medicaid, the ratio of Medicaid covered students in the LEA is multiplied by total direct cost. Cost data is subject to certification by each LEA. This serves as the basis for obtaining federal Medicaid funding.

For behavioral health services, the participating LEAs' actual cost of providing the services shall be claimed for Medicaid federal financial participation (FFP) based on the following methodology:

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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:

1. Develop Direct Cost-The Payroll Cost Base

Total annual salaries and benefits paid as well as contracted (vendor) payments are obtained initially from each LEA's Payroll/Benefits and Accounts Payable system. This data will be reported on LDH's direct services cost report form for all direct service personnel (i.e. all personnel providing LEA direct treatment services covered under the State Plan).

2. Adjust the Payroll Cost Base

The payroll cost base shall be reduced for amounts reimbursed by other funding sources (e.g. federal grants). The payroll cost base shall not include any amounts for staff whose compensation is 100 percent reimbursed by a funding source other than state/local funds. This results in total adjusted salary cost.

3 Determine the Percentage of Time to Provide All Behavioral Health Services

A time study which incorporates the CMS-approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel, shall be used to determine the percentage of time behavioral health services personnel spend on behavioral health services and general and administrative (G&A) time. This time study will assure there is no duplicate claiming. The G and A percentage shall be reallocated in a manner consistent with the CMS-approved Medicaid administrative claiming methodology. Total G and A time shall be allocated to all other activity codes based on the percentage of time spent on each respective activity.

To reallocate G and A time to behavioral health services, the percentage of time spent on behavioral health services shall be divided by 100 percent minus the percentage of G and A time. This shall result in a percentage that represents the behavioral health services with appropriate allocation of G and A. This percentage shall be multiplied by total adjusted salary cost as determined by the adjusted payroll cost base to allocate cost to school based services. The product represents total direct cost.

A sufficient number of behavioral health services personnel shall be sampled to ensure results that will have a confidence level of at least 95 percent with a precision of plus or minus two percent overall.

4. Determine Indirect Cost

Indirect cost shall be determined by multiplying each LEA's indirect unrestricted rate assigned by the cognizant agency (the Department of Education) by total adjusted direct cost. No additional indirect cost shall be recognized outside of the cognizant agency indirect rate. The sum of direct cost and indirect cost shall be the total direct service cost for all students receiving behavioral health services.

5. Allocate Direct Service Cost to Medicaid

To determine the amount of cost that may be attributed to Medicaid, total direct service cost shall be multiplied by the ratio of Medicaid students in the LEA to all students in the LEA. This results in total cost that may be certified as Medicaid's portion of school-based behavioral health services cost.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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:

Reconciliation of LEA Certified Costs and Medicaid Management Information System (MMIS) Paid Claims
Each LEA shall complete the applicable services cost report and submit the cost report(s) no later than five months after the fiscal year period ends (June 30), and reconciliation shall be completed within 12 months from the fiscal year end. All filed cost reports shall be subject to desk review by the Department’s audit contractor. The Department shall reconcile the total expenditures (both state and federal share) for each LEA’s services. The Medicaid certified cost expenditures from the cost report(s) will be reconciled against the MMIS paid claims data and the Department shall issue a notice of final settlement pending audit that denotes the amount due to or from the LEA. This reconciliation is inclusive of all services provided by the LEA.

Cost Settlement Process

As part of its financial oversight responsibilities, the Department shall develop audit and review procedures to audit and process final settlements for certain LEAs. The audit plan shall include a risk assessment of the LEAs using available paid claims data to determine the appropriate level of oversight.

- a. The financial oversight of all LEAs shall include reviewing the costs reported on the behavioral health services cost reports against the allowable costs, performing desk reviews and conducting limited reviews.
- b. The Department shall make every effort to audit each LEA at least every four years. These activities shall be performed to ensure that audit and final settlement occurs no later than two years from the LEA’s fiscal year end for the cost reporting period audited. LEAs may appeal audit findings in accordance with LDH appeal procedures.
- c. The Department shall adjust the affected LEA’s payments no less than annually, when any reconciliation or final settlement results in significant underpayments or overpayments to any LEA. By performing the reconciliation and final settlement process, there shall be no instances where total Medicaid payments for services exceed 100 percent of actual, certified expenditures.
- d. If the interim payments exceed the actual, certified costs of an LEA’s Medicaid services, the Department shall recoup the overpayment in one of the following methods:
 - i. offset all future claim payments from the affected LEA until the amount of the overpayment is recovered;
 - ii. recoup an agreed upon percentage from future claims payments to the LEA to ensure recovery of the overpayment within one year; or
 - iii. recoup an agreed upon dollar amount from future claims payments to the LEA to ensure recovery of the overpayment within one year.

If the actual certified costs of an LEA’s Medicaid services exceed interim Medicaid payments, the Department will pay this difference to the LEA in accordance with the final actual certification agreement.

~~Final payment to each LEA is the lesser of: 1) number of units billed multiplied by \$100 (to be adjusted by DHH periodically per the Agency’s fee schedule rate set as of March 1, 2012 and effective for services provided on or after that date. All rates are published on the Agency’s website at www.lamedicaid.com) or 2) the most recent school year’s actual cost as determined by desk review and/or audit for each LEA provider.~~

~~Each LEA shall determine its own costs and certify to those costs annually by using DHH’s Cost Report for Direct Service Cost template (the Direct Service Cost Report) form as approved by the Centers for Medicare and Medicaid Services (CMS)~~

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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:

~~in November, 2005. Direct cost is limited to the amount of total compensation (salaries and fringe benefits) of current direct service providers as allocated to direct services for Medicaid special education recipients. The basis of allocation for direct compensation cost is DHH's Direct Services Time Study Methodology approved by CMS November 2005. This time study incorporates the CMS approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel and is used to determine the percentage of time direct service personnel spend on direct IDEA/IEP services and General and Administrative (G&A) time. There are no additional direct costs included in the rate. Indirect cost is derived by multiplying the cognizant agency indirect cost unrestricted rate assigned by the Department of Education to each LEA. There are no additional indirect costs included. The Direct Service Cost Report initially provides the total cost of all school-based services provided, regardless of payer. To determine the amount of direct services cost that may be attributed to Medicaid, the ratio of Medicaid covered students with IEPs to all students with IEPs is multiplied by total direct cost. Cost data is subject to certification by each parish. This serves as the basis for obtaining Federal Medicaid funding.~~

~~For each of the IDEA related school based services other than specialized transportation services, the participating LEA's actual cost of providing the services will be claimed for Medicaid reimbursement. The State will gather actual expenditure information for each LEA through its payroll/benefits and accounts payable system. These costs are also reflected in the annual financial report (AFR) that all LEAs are required to certify and submit to the Department of Education. All costs included in the amount of cost to be certified and used subsequently to determine reconciliation and final settlement amounts as well as interim rates are identified on the CMS approved Direct Services Cost Report and are allowed in the Office of Management and Budget (OMB) Circular A-87. The State also will use other LEA specific information including the general fund budget and full time equivalent (FTE) counts.~~

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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:

~~Step 1: Develop Direct Cost The Payroll Cost Base~~

~~Total annual salaries and benefits paid as well as contracted (vendor) payments are obtained initially from each LEA's payroll/benefits and accounts payable system. This data will be reported on DHH's Direct Services Cost Report form for all direct service personnel (i.e., all personnel providing LEA direct treatment services covered under the State Plan).~~

~~Step 2: Adjust the Payroll Cost Base~~

~~The payroll cost base is reduced for amounts reimbursed by other funding sources (e.g. Federal grants). The payroll cost base does not include any amounts for staff whose compensation is 100 percent reimbursed by a funding source other than state/local funds. The application of Step 2 results in total adjusted salary cost.~~

~~Step 3: Determine the Percentage of Time to Provide All Direct Services~~

~~A time study which incorporates the CMS approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel is used to determine the percentage of time direct service personnel spend on direct IDEA/IEP services and general and administrative (G&A) time. This time study will assure that there is no duplicate claiming. The G&A percentage is reallocated in a manner consistent with the CMS approved MAC methodology. Total G&A time is allocated to all other activity codes based on the percentage of time spent on each respective activity.~~

~~To reallocate G&A time to direct IDEA/IEP services, the percentage of time spent on direct IDEA/IEP services is divided by 100 percent, minus the percentage of time spent on G&A. This will result in a percentage that represents the IDEA/IEP services with appropriate allocation of G&A. This percentage is multiplied by total adjusted salary cost as determined in Step 2 to allocate cost to school-based services. The product represents total direct cost. A sufficient number of direct service personnel will be sampled to ensure results that will have a confidence level of at least 95 percent with a precision of plus or minus five percent overall.~~

~~Step 4: Determine Indirect Cost~~

~~Indirect cost is determined by multiplying each LEA's indirect unrestricted rate assigned by the cognizant agency (the Department of Education) by total adjusted direct cost as determined under Step 3. No additional indirect cost is recognized outside of the cognizant agency indirect rate. The sum of direct cost and indirect cost is total direct service costs for all students with an IEP.~~

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:

~~Step 5: Allocate Direct Service Cost to Medicaid~~

~~To determine the amount of cost that may be attributed to Medicaid, total cost as determined under Step 4 is multiplied by the ratio of Medicaid recipients with an IEP to all students with an IEP. This results in total cost that may be certified as Medicaid's portion of school-based services cost.~~

~~Step 6: Compare the amount of behavioral health services authorized and billed through the interim process to the cost of the services~~

~~Final payment to each LEA is the lesser of: 1) number of units billed multiplied by \$100 (to be adjusted by DHH periodically per the Agency's fee schedule rate set as of March 1, 2012, and effective for services provided on or after that date. All rates are published on the Agency's website at www.lamedicaid.com) or 2) the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider.~~

~~Each LEA will complete the Direct Services and Transportation Cost Reports as applicable and submit the cost report(s) no later than five months after the June 30 fiscal year period ends and reconciliation will be completed within 12 months from the fiscal year end. If a provider's interim payments exceed the actual, certified costs for behavioral health Medicaid services provided in schools to Medicaid clients, the provider will remit the federal share of the overpayment at the time the cost report is submitted.~~

~~The Bureau of Health Services Financing (BHSF) will submit the federal share of the overpayment to CMS within 60 days of identification. If the actual, certified costs of a LEA provider exceed the interim payments, BHSF will pay the federal share of the difference of the lesser of 1) number of units billed multiplied by \$100 (to be adjusted by DHH periodically per the Agency's fee schedule rate set as of March 1, 2012, and effective for services provided on or after that date. All rates are published on the Agency's website at www.lamedicaid.com) or 2) the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider, to the provider in accordance with the final actual certification agreement and submit claims to CMS for reimbursement of that payment in the federal fiscal quarter following payment to the provider.~~

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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:

Behavioral Health Services Provided by Local Education Agencies

~~Medicaid services provided in schools are services that are medically necessary and provided in schools to Medicaid recipients in accordance with an Individualized Education Program, (IEP). Covered services include the following:~~

- ~~1. Other Licensed Practitioner Behavioral Health Services (described in Attachment 3.1 A, Item 4b)~~
- ~~2. Rehabilitation Behavioral Health Services (includes Addiction Services as described in Attachment 3.1 A, Item 13.d)~~

~~The interim payment to the local education agencies (LEAs) for services listed above are based on the behavioral health fee schedule methodology as outlined in the Louisiana Medicaid Fee Schedule.~~

Summary of Payment Methodology

~~Final payment to each LEA is the lesser of: 1) number of units billed multiplied by \$100 (to be adjusted by DHH periodically per the Agency's fee schedule rate set as of March 1, 2012 and effective for services provided on or after that date. All rates are published on the Agency's website at www.lamedicaid.com) or 2) the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider.~~

~~Each LEA shall determine cost annually by using DHH's Cost Report for Direct Service Cost (the Direct Service Cost Report) form as approved by CMS in November, 2005. Direct cost is limited to the amount of total compensation (salaries and fringe benefits) of current direct service providers as allocated to direct services for Medicaid special education recipients. The basis of allocation for direct compensation cost is DHH's Direct Services Time Study Methodology approved by the Centers for Medicare and Medicaid Services (CMS) in November, 2005. This time study incorporates the CMS approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel and is used to determine the percentage of time direct service personnel spend on direct IDEA/IEP services and general and administrative (G&A) time. There are no additional direct costs included in the rate. Indirect cost is derived by multiplying the cognizant agency indirect cost unrestricted rate assigned by the Department of Education to each LEA. There are no additional indirect costs included. The Direct Service Cost Report initially provides the total cost of all school-based services provided regardless of payer. To determine the amount of direct services cost that may be attributed to Medicaid, the ratio of Medicaid covered students with IEPs to all students with IEPs is multiplied by total direct cost. Cost data is subject to certification by each parish. This serves as the basis for obtaining Federal Medicaid funding.~~

~~For each of the IDEA related school based services other than specialized transportation services, the participating LEA's actual cost of providing the services will be claimed for Medicaid reimbursement. The State will gather actual expenditure information for each LEA through its payroll/benefits and accounts payable system. These costs are also reflected in the annual financial report (AFR) that all LEAs are required to certify and submit to the Department of Education. All costs included in the amount of cost to be certified and used subsequently to determine reconciliation and final settlement amounts as well as interim rates are identified on the CMS approved Direct Services Cost Report and are allowed in the Office of Management and Budget (OMB) Circular A-87. The State also will use other LEA specific information including the general fund budget and full time equivalent (FTE) counts.~~

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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:

~~Step 1: Develop Direct Cost The Payroll Cost Base~~

~~Total annual salaries and benefits paid as well as contracted (vendor) payments are obtained initially from each LEA's payroll/benefits and accounts payable system. This data will be reported on DHH's Direct Services Cost Report form for all direct service personnel (i.e. all personnel providing LEA direct treatment services covered under the State Plan).~~

~~Step 2: Adjust the Payroll Cost Base~~

~~The payroll cost base is reduced for amounts reimbursed by other funding sources (e.g. Federal grants). The payroll cost base does not include any amounts for staff whose compensation is 100 percent reimbursed by a funding source other than state/local funds. The application of Step 2 results in total adjusted salary cost.~~

~~Step 3: Determine the Percentage of Time to Provide All Direct Services~~

~~A time study which incorporates the CMS approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel is used to determine the percentage of time direct service personnel spend on direct IDEA/IEP services and general and administrative (G&A) time. This time study will assure that there is no duplicate claiming. The G&A percentage is reallocated in a manner consistent with the CMS approved MAC methodology. Total G&A time is allocated to all other activity codes based on the percentage of time spent on each respective activity.~~

~~To reallocate G&A time to direct IDEA/IEP services, the percentage of time spent on direct IDEA/IEP services is divided by 100 percent minus the percentage of time spent on G&A. This will result in a percentage that represents the IDEA/IEP services with appropriate allocation of G&A. This percentage is multiplied by total adjusted salary cost as determined in Step 2 to allocate cost to school based services. The product represents total direct cost. A sufficient number of direct service personnel will be sampled to ensure results that will have a confidence level of at least 95 percent with a precision of plus or minus five percent overall.~~

~~Step 4: Determine Indirect Cost~~

~~Indirect cost is determined by multiplying each LEA's indirect unrestricted rate assigned by the cognizant agency (the Department of Education) by total adjusted direct cost as determined under Step 3. No additional indirect cost is recognized outside of the cognizant agency indirect rate. The sum of direct cost and indirect cost is total direct service costs for all students with an IEP.~~

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:

~~Step 5: Allocate Direct Service Cost to Medicaid.~~

~~To determine the amount of cost that may be attributed to Medicaid, total cost as determined under Step 4 is multiplied by the ratio of Medicaid recipients with an IEP to all students with an IEP. This results in total cost that may be certified as Medicaid's portion of school-based services cost.~~

~~Step 6: Compare the amount of behavioral health services authorized and billed through the interim process to the cost of the services~~

~~Final payment to each LEA is the lesser of: 1) number of units billed multiplied by \$100 (to be adjusted by DHH periodically per the Agency's fee schedule rate set as of March 1, 2012, and effective for services provided on or after that date. All rates are published on the Agency's website at www.lamedicaid.com) or 2) the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider.~~

~~Each LEA will complete the Direct Services and Transportation Cost Reports as applicable and submit the cost report(s) no later than five months after the June 30 fiscal year period ends and reconciliation will be completed within 12 months from the fiscal year end. If a provider's interim payments exceed the actual, certified costs for behavioral health Medicaid services provided in schools to Medicaid clients, the provider will remit the federal share of the overpayment at the time the cost report is submitted.~~

~~The Bureau of Health Services Financing (BHSF) will submit the federal share of the overpayment to CMS within 60 days of identification. If the actual, certified costs of a LEA provider exceed the interim payments, BHSF will pay the federal share of the difference of the lesser of 1) number of units billed multiplied by \$100 (to be adjusted by DHH periodically per the Agency's fee schedule rate set as of March 1, 2012, and effective for services provided on or after that date. All rates are published on the Agency's website at www.lamedicaid.com) or 2) the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider, to the provider in accordance with the final actual certification agreement and submit claims to CMS for reimbursement of that payment in the federal fiscal quarter following payment to the provider.~~

Rehabilitative Services Provided by Local Education Agencies

Reimbursement Methodology

Cost Reporting

Settlement payments for EPSDT school-based rehabilitative services shall be based on the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider.

Each LEA shall determine cost annually by using LDH's cost report for rehabilitative services cost form based on the direct services cost report.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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:

Direct cost shall be limited to the amount of total compensation (salaries, vendor payments and fringe benefits) of current rehabilitative services providers as allocated to rehabilitative services for Medicaid special education recipients. The direct cost related to the electronic health record shall be added to the compensation costs to arrive at the total direct costs for rehabilitative services. There are no additional direct costs included in the rate. The basis of allocation for direct service compensation cost is DHH's Direct Services Time Study Methodology approved by CMS November 2014. This time study incorporates the CMS approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel and is used to determine the percentage of time direct service personnel spend on direct services and General and Administrative (G&A) time.

Indirect cost is derived by multiplying the cognizant agency indirect cost unrestricted rate assigned by the Department of Education to each LEA by the allowable costs. There are no additional indirect costs included.

To determine rehabilitative services cost that may be attributed to Medicaid, the ratio of Medicaid covered students in the LEA is multiplied by total direct cost. Cost data is subject to certification by each LEA. This serves as the basis for obtaining federal Medicaid funding.

For rehabilitative services, the participating LEAs' actual cost of providing the services shall be claimed for Medicaid federal financial participation (FFP) based on the following methodology:

1. Develop Direct Cost-The Payroll Cost Base

Total annual salaries and benefits paid as well as contracted (vendor) payments are obtained initially from each LEA's Payroll/Benefits and Accounts Payable system. This data will be reported on LDH's direct services cost report form for all direct service personnel (i.e. all personnel providing LEA direct treatment services covered under the State Plan).

2. Adjust the Payroll Cost Base

The payroll cost base shall be reduced for amounts reimbursed by other funding sources (e.g. federal grants). The payroll cost base shall not include any amounts for staff whose compensation is 100 percent reimbursed by a funding source other than state/local funds. This results in total adjusted salary cost.

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:

3 Determine the Percentage of Time to Provide All Rehabilitative Services

A time study which incorporates the CMS-approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel, shall be used to determine the percentage of time rehabilitative services personnel spend on rehabilitative services and general and administrative (G&A) time. This time study will assure there is no duplicate claiming. The G and A percentage shall be reallocated in a manner consistent with the CMS-approved Medicaid administrative claiming methodology. Total G and A time shall be allocated to all other activity codes based on the percentage of time spent on each respective activity.

To reallocate G and A time to rehabilitative services, the percentage of time spent on rehabilitative services shall be divided by 100 percent minus the percentage of G and A time. This shall result in a percentage that represents the rehabilitative services with appropriate allocation of G and A. This percentage shall be multiplied by total adjusted salary cost as determined by the adjusted payroll cost base to allocate cost to school based services. The product represents total direct cost.

A sufficient number of rehabilitative services personnel shall be sampled to ensure results that will have a confidence level of at least 95 percent with a precision of plus or minus two percent overall.

4. Determine Indirect Cost

Indirect cost shall be determined by multiplying each LEA's indirect unrestricted rate assigned by the cognizant agency (the Department of Education) by total adjusted direct cost. No additional indirect cost shall be recognized outside of the cognizant agency indirect rate. The sum of direct cost and indirect cost shall be the total direct service cost for all students receiving rehabilitative services.

5. Allocate Direct Service Cost to Medicaid

To determine the amount of cost that may be attributed to Medicaid, total direct service cost shall be multiplied by the ratio of Medicaid students in the LEA to all students in the LEA. This results in total cost that may be certified as Medicaid's portion of school-based rehabilitative services cost.

Reconciliation of LEA Certified Costs and Medicaid Management Information System (MMIS) Paid Claims

Each LEA shall complete the applicable services cost report and submit the cost report(s) no later than five months after the fiscal year period ends (June 30), and reconciliation shall be completed within 12 months from the fiscal year end. All filed cost reports shall be subject to desk review by the Department's audit contractor. The Department shall reconcile the total expenditures (both state and federal share) for each LEA's services. The Medicaid certified cost expenditures from the cost report(s) will be reconciled against the MMIS paid claims data and the Department shall issue a notice of final settlement pending audit that denotes the amount due to or from the LEA. This reconciliation is inclusive of all services provided by the LEA.

Cost Settlement Process

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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:

As part of its financial oversight responsibilities, the Department shall develop audit and review procedures to audit and process final settlements for certain LEAs. The audit plan shall include a risk assessment of the LEAs using available paid claims data to determine the appropriate level of oversight.

- a. The financial oversight of all LEAs shall include reviewing the costs reported on the rehabilitative services cost reports against the allowable costs, performing desk reviews and conducting limited reviews.
- b. The Department shall make every effort to audit each LEA at least every four years. These activities shall be performed to ensure that audit and final settlement occurs no later than two years from the LEA's fiscal year end for the cost reporting period audited. LEAs may appeal audit findings in accordance with LDH appeal procedures.
- c. The Department shall adjust the affected LEA's payments no less than annually, when any reconciliation or final settlement results in significant underpayments or overpayments to any LEA. By performing the reconciliation and final settlement process, there shall be no instances where total Medicaid payments for services exceed 100 percent of actual, certified expenditures.
- d. If the interim payments exceed the actual, certified costs of an LEA's Medicaid services, the Department shall recoup the overpayment in one of the following methods:
 - i. offset all future claim payments from the affected LEA until the amount of the overpayment is recovered;
 - ii. recoup an agreed upon percentage from future claims payments to the LEA to ensure recovery of the overpayment within one year; or
 - iii. recoup an agreed upon dollar amount from future claims payments to the LEA to ensure recovery of the overpayment within one year.

If the actual certified costs of an LEA's Medicaid services exceed interim Medicaid payments, the Department will pay this difference to the LEA in accordance with the final actual certification agreement.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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 SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Care and Services Item 4b (Cont'd)
42 CFR 447.201
42 CFR 441.57

School-Based Medicaid Medical Direct Services

~~Effective on or after January 1, 2012,~~

A. ~~Effective July 1, 2019,~~ EPSDT school-based ~~nursing~~ medical services are provided to medically eligible recipients under 21 who are enrolled in a public school, pursuant to an IEP, a section 504 accommodation plan, an IHCP, an IFSP, or other medical need document. Services are provided by a ~~registered nurse (RN)~~ licensed medical provider (physician, optometrist, respiratory therapist, registered nurse, licensed practical nurse, dentist, dental hygienist and chiropractor) within a local education agency (LEA). The goal of these services is to prevent or mitigate disease, enhance care coordination, and reduce costs by preventing the need for tertiary care. Providing these services in the school increases access to health care for children and youth resulting in a more efficient and effective delivery of care.

Eligibility

~~School-based nursing services will be provided to those medically eligible recipients under 21, and who are enrolled in a public school:~~

- ~~1. Are Medicaid eligible when services are provided;~~
- ~~2. The recipient's need for treatment has been ordered by a licensed physician; and~~
- ~~3.1. The recipient receives the service(s) in the public school setting and is included as part of the student's Individualized Health Plan (IHP).~~

B. ~~RNs~~ All medical service providers providing school-based ~~nursing~~ medical services are required to maintain an active ~~RN~~ Louisiana state license that is necessary for the applicable service ~~with the state and comply with the Louisiana Nurse Practice Act.~~

~~C. School boards and staff shall collaborate for all services with the Medicaid recipient's BAYOU HEALTH plan and ensure compliance with established protocols. In a fee for service situation, for the non-Bayou Health individuals, staff will make necessary referrals.~~

Covered Services

~~Nursing services are those medically necessary services that are , based on a physician's written order and is part of IHP.~~ The following school-based ~~nursing~~ medical services shall be covered:

1. Chronic Medical Condition Management and Care Coordination

Chronic medical condition management and care coordination ~~This is care~~ based on one of the following criteria:

- a. The child has a chronic medical condition or disability requiring implementation of a health plan/protocol (examples would be children with asthma, diabetes, or cerebral palsy). There must be a written health care plan

TN _____ Approval Date _____ Effective Date _____
 Supersedes _____
 TN _____

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 SERVICES ARE DESCRIBED AS FOLLOWS:

based on a health assessment performed by the medical services provider~~RN~~. The date of the completion of the plan and the name of the person completing the plan must be included in the written plan. Each health care service required and the schedule for its provision must be described in the plan.

b. Medication Administration

This service is scheduled as part of a health care plan developed by either the treating physician or the school ~~district~~ LEA. Administration of medication will be at the direction of the physician and within the license of the ~~RN~~individual provider and must be approved within the ~~district~~ LEA policies.

c. Implementation of Physician's Orders

These services shall be provided as a result of receipt of a written plan of care from the child's physician or included in the student's IEP, IHP, 504 plan, IFSP or are otherwise necessary~~/BAYOU HEALTH provider or included in the student's IHP.~~

2. Immunization Assessments

These services are nursing assessments of health status (immunizations) required by the Office of Public Health. This service requires a medical provider to assess the vaccination status of children in these cohorts once each year. This assessment is limited to the following children:

- a. Children enrolling in school for the first time;
- b. Pre-kindergarten children;
- c. Kindergarten children;
- d. Children entering sixth grade; or
- e. Any student 11 years of age, regardless of grade.

3. EPSDT Program Periodicity Schedule for Screenings

Qualified individuals employed by the LEA may perform any of these screens within their licensure. The results of these screens must be made available as part of the care coordination plan of the LEA. The screens shall be performed according to the periodicity schedule including any inter-periodic screens.

~~NOTE: All recipients have free choice of providers (per section 4.10 of Medicaid State Plan).~~

~~**2.3. EPSDT Program Periodicity Schedule for Screenings**~~

~~A nurse employed by a school district may perform any of these screens within their licensure for BAYOU HEALTH members as authorized by the BAYOU HEALTH plan; or, as compliant with fee for service for non-BAYOU HEALTH individuals. The results of these screens must be made~~

TN _____

Approval Date _____

Effective Date _____

Supersedes

TN _____

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED MEDICAL
SERVICES ARE DESCRIBED AS FOLLOWS:

~~available to the BAYOU HEALTH provider as part of the care
coordination plan of the district. The screens shall be performed according
to the periodicity schedule including any inter periodic screens. This
service is available to all Medicaid individuals eligible for EPSDT.~~

3.4. EPSDT ~~Nursing~~ Assessment/Evaluation Services

A ~~nurse~~ licensed provider employed by ~~the LEA a school district~~ may perform services to protect the health status of children and correct health problems. These services may include health counseling and triage of childhood illnesses and conditions.

Consultations are to be face-to-face contact in one-on-one sessions. These are services for which a parent would otherwise seek medical attention at physician or health care provider's office. This service is available to all Medicaid individuals eligible for EPSDT.

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED
MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

School-Based Medicaid Personal Care Services

- A. EPSDT school-based personal care services (PCS) are provided within an LEA by a personal care assistant pursuant to an IEP, a section 504 accommodation plan, an individualized health care plan, an individualized family service plan, or are otherwise medically necessary. The goal of these services is to enable the recipient to be treated on an outpatient basis rather than an inpatient basis to the extent that services on an outpatient basis are projected to be more cost effective.
- B. Personal care assistants providing school-based PCS shall not be a member of the recipient's immediate family. Immediate family includes father, mother, sister, brother, spouse, child, grandparent, in-law, or any individual acting as parent or guardian of the recipient. Personal care services may be provided by a person of a degree of relationship to the recipient other than immediate family, if the relative is not living in the recipient's home, or, if she/he is living in the recipient's home solely because her/his presence in the home is necessitated by the amount of care required by the recipient. Personal care assistants must meet all training requirements applicable under state law and regulations and successfully complete the applicable examination for certification for PCS.
- C. School-based PCS shall be covered for all Medicaid recipients in the school system. Personal care services must meet medical necessity criteria as established by the Bureau of Health Services Financing (BHSF) which shall be based on criteria equivalent to at least an intermediate care facility I (ICF-1) level of care; and the recipient must be impaired in at least two of daily living tasks, as determined by BHSF.
- D. EPSDT PCS must be prescribed by the recipient's attending physician initially and every 180 days thereafter (or rolling six months), and when changes in the plan of care occur. The plan of care shall be acceptable for submission to BHSF only after it has been signed and dated by the physician.

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED
MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

Covered Services

The following school-based PCS shall be covered:

1. basic personal care, toileting and grooming activities, including bathing, care of the hair and assistance with clothing;
2. assistance with bladder and/or bowel requirements or problems, including helping the client to and from the bathroom or assisting the client with bedpan routines, but excluding catheterization;
3. assistance with eating and food, nutrition, and diet activities, including preparation of meals for the recipient only;
4. performance of incidental household services essential to the client's health and comfort in her/his environment; and
5. accompanying, but not transporting, the recipient to and from his/her physician and/or medical facility for necessary medical services.

EPSDT PCS are not:

1. to be provided to meet childcare needs nor as a substitute for the parent in the absence of the parent;
2. allowable for the purpose of providing respite care to the primary caregiver; and
- ~~1.~~3. reimbursable when provided in an educational setting if the services duplicate services that are or must be provided by the Department of Education.

Documentation for EPSDT PCS provided shall include at a minimum, the following:

1. documentation of approval of services by BHSF or its designee;
2. daily notes by PCS provider denoting date of service, services provided (checklist is adequate);
3. total number of hours worked;
4. time period worked;
5. condition of recipient;
6. service provision difficulties;
7. justification for not providing scheduled services; and
8. any other pertinent information.

TN _____

Approval Date _____

Effective Date _____

Supersedes

TN _____

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED
MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

There must be a clear audit trail between:

1. the prescribing physician;
2. the local education agency;
3. the individual providing the PCS to the recipient; and
4. the services provided and reimbursed by Medicaid.

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 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

EPSDT School-Based Personal Care Services

Reimbursement Methodology

Services provided by Local Education Agencies to recipients age 3 to 21 that are medically necessary and included on the recipient's individualized service plan (IEP), a section 504 accommodation plan, an individualized health care plan, an individualized family service plan, or medical need documentation, are reimbursed according to the following methodology:

Effective for dates of service on or after July 1, 2019, reimbursement for services provided by school based service providers (Provider Type 70) shall be 85 percent of the Medicare published rate. The Medicare published rate shall be the rate in effect on July 1, 2019.

School-based Medicaid services shall continue to be reimbursed at the flat fee in place as of July 1, 2019, and in accordance with the Medicaid published fee schedule found on the Louisiana Medicaid website at www.lamedicaid.com.

Cost Reporting

Settlement payments for EPSDT school-based PCS shall be based on the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider.

Each LEA shall determine cost annually by using LDH's cost report for personal care services cost form based on the direct services cost report.

Direct cost shall be limited to the amount of total compensation (salaries, vendor payments and fringe benefits) of current PCS providers as allocated to PCS for Medicaid special education recipients.

The direct cost related to the electronic health record shall be added to the compensation costs to arrive at the total direct costs for PCS. There are no additional direct costs included in the rate. The basis of allocation for direct service compensation cost is DHH's Direct Services Time Study Methodology approved by CMS November 2014. This time study incorporates the CMS approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel and is used to determine the percentage of time direct service personnel spend on direct IDEA services and General and Administrative (G&A) time.

TN _____

Approval Date _____

Effective Date _____

Supersedes

TN _____

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 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Indirect cost is derived by multiplying the cognizant agency indirect cost unrestricted rate assigned by the Department of Education to each LEA by the allowable costs. There are no additional indirect costs included.

To determine PCS cost that may be attributed to Medicaid, the ratio of Medicaid covered students in the LEA is multiplied by total direct cost. Cost data is subject to certification by each LEA. This serves as the basis for obtaining federal Medicaid funding.

For PCS, the participating LEAs' actual cost of providing the services shall be claimed for Medicaid federal financial participation (FFP) based on the following methodology:

1. Develop Direct Cost-The Payroll Cost Base

Total annual salaries and benefits paid as well as contracted (vendor) payments are obtained initially from each LEA's Payroll/Benefits and Accounts Payable system. This data will be reported on LDH's direct services cost report form for all direct service personnel (i.e. all personnel providing LEA direct treatment services covered under the State Plan).

2. Adjust the Payroll Cost Base

The payroll cost base shall be reduced for amounts reimbursed by other funding sources (e.g. federal grants). The payroll cost base shall not include any amounts for staff whose compensation is 100 percent reimbursed by a funding source other than state/local funds. This results in total adjusted salary cost.

3 Determine the Percentage of Time to Provide All Personal Care Services

A time study which incorporates the CMS-approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel, shall be used to determine the percentage of time PCS personnel spend on PCS and general and administrative (G&A) time. This time study will assure there is no duplicate claiming. The G and A percentage shall be reallocated in a manner consistent with the CMS-approved Medicaid administrative claiming methodology.

Total G and A time shall be allocated to all other activity codes based on the percentage of time spent on each respective activity. To reallocate G and A time to PCS, the percentage of time spent on PCS shall be divided by 100 percent minus the percentage of G and A time. This shall result in a percentage that represents the PCS with appropriate allocation of G and A. This percentage shall be multiplied by total adjusted salary cost as determined by the adjusted payroll cost base to allocate cost to school based services. The product represents total direct cost.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

A sufficient number of PCS personnel shall be sampled to ensure results that will have a confidence level of at least 95 percent with a precision of plus or minus two percent overall.

4. Determine Indirect Cost

Indirect cost shall be determined by multiplying each LEA's indirect unrestricted rate assigned by the cognizant agency (the Department of Education) by total adjusted direct cost. No additional indirect cost shall be recognized outside of the cognizant agency indirect rate. The sum of direct cost and indirect cost shall be the total direct service cost for all students receiving PCS.

5. Allocate Direct Service Cost to Medicaid

To determine the amount of cost that may be attributed to Medicaid, total direct service cost shall be multiplied by the ratio of Medicaid students in the LEA to all students in the LEA. This results in total cost that may be certified as Medicaid's portion of school-based PCS cost.

Reconciliation of LEA Certified Costs and Medicaid Management Information System (MMIS) Paid Claims
Each LEA shall complete the applicable services cost report and submit the cost report(s) no later than five months after the fiscal year period ends (June 30), and reconciliation shall be completed within 12 months from the fiscal year end. All filed cost reports shall be subject to desk review by the Department's audit contractor. The Department shall reconcile the total expenditures (both state and federal share) for each LEA's services. The Medicaid certified cost expenditures from the cost report(s) will be reconciled against the MMIS paid claims data and the Department shall issue a notice of final settlement pending audit that denotes the amount due to or from the LEA. This reconciliation is inclusive of all services provided by the LEA.

Cost Settlement Process

As part of its financial oversight responsibilities, the Department shall develop audit and review procedures to audit and process final settlements for certain LEAs. The audit plan shall include a risk assessment of the LEAs using available paid claims data to determine the appropriate level of oversight.

- a. The financial oversight of all LEAs shall include reviewing the costs reported on the PCS cost reports against the allowable costs, performing desk reviews and conducting limited reviews.
- b. The Department shall make every effort to audit each LEA at least every four years. These activities shall be performed to ensure that audit and final settlement occurs no later than two years from the LEA's fiscal year end for the cost reporting period audited. LEAs may appeal audit findings in accordance with LDH appeal procedures.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

- c. The Department shall adjust the affected LEA's payments no less than annually, when any reconciliation or final settlement results in significant underpayments or overpayments to any LEA. By performing the reconciliation and final settlement process, there shall be no instances where total Medicaid payments for services exceed 100 percent of actual, certified expenditures.
- d. If the interim payments exceed the actual, certified costs of an LEA's Medicaid services, the Department shall recoup the overpayment in one of the following methods:
 - i. offset all future claim payments from the affected LEA until the amount of the overpayment is recovered;
 - ii. recoup an agreed upon percentage from future claims payments to the LEA to ensure recovery of the overpayment within one year; or
 - iii. recoup an agreed upon dollar amount from future claims payments to the LEA to ensure recovery of the overpayment within one year.

If the actual certified costs of an LEA's Medicaid services exceed interim Medicaid payments, the Department will pay this difference to the LEA in accordance with the final actual certification agreement.

TN _____

Approval Date _____

Effective Date _____

Supersedes

TN _____

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED
MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

- b. Demonstrate the necessary skills and competency to meet the direct care needs of the child(ren) to which they are assigned;
- c. Be currently registered with the Certified Nurse Aide Registry (CNA) in good standing and without restrictions; or
- d. A direct service worker shall not have a finding or be listed on the Direct Service Worker Registry (DSW);
- e. Hold a current certification in Cardio Pulmonary Resuscitation (CPR); and
- f. Be eighteen (18) years of age or older.

School-Based Therapy Services

- A. EPSDT school-based therapy services are provided within an LEA pursuant to an IEP, a section 504 accommodation plan, an individualized health care plan, an individualized family service plan, or are otherwise medically necessary. School-based therapy services include physical therapy, occupational therapy and other services, including services provided by audiologists and services for individuals with speech, hearing and language disorders, performed by, or under the direction of, providers who meet the qualifications set forth in the therapist licensing requirement.
- B. Therapists providing school-based therapy services are required to maintain an active therapist license with the state of Louisiana.
- C. School-based therapy services shall be covered for all recipients in the school system who are eligible for the service.

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED
MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

Covered Services

The following school-based therapy services shall be covered:

1. Audiology Services. The identification and treatment of children with auditory impairment, using at risk criteria and appropriate audiology screening techniques. Therapists and/or audiologists must meet qualifications established in 42 CFR 440.110(c).
2. Speech Pathology Services. The identification and treatment of children with communicative or oropharyngeal disorders and delays in development of communication skills including diagnosis. Therapists and/or audiologists must meet qualifications established in 42 CFR 440.110(c).
3. Occupational Therapy Services. Addresses the functional needs of a child related to the performance of self-help skills, adaptive behavior, play and sensory, motor and postural development. Therapists must meet qualifications established in 42 CFR 440.110(b).
4. Physical Therapy Services. Designed to improve the child's movement dysfunction. Therapists must meet qualifications established in 42 CFR 440.110(a).

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

CITATION Medical and Remedial Care and Services Item 4.b.
42 CFR
447.201 and Early and Periodic Screening, Diagnosis, and Treatment of Individuals under 21 Years of
447.304 Age are Reimbursed as follows:

I. Basic EPSDT Services

Governmental and non-governmental providers are reimbursed the same rate except as otherwise noted in the State Plan and/or approved federal waivers. Fee schedules are published on the Louisiana Medicaid website at www.lamedicaid.com ~~the following link:~~
~~http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm~~ unless stated in the State Plan.

- A. **Screening (Vision, Hearing, Dental, Medical) - Full and Interperiodic Screening** (including immunizations) is reimbursed ~~according to a~~ at the published fee schedule rate, ~~of fees available in the EPSDT KidMed Provider Manual~~ minus any third party coverage.
- B. ~~Reserved. Consultation With Nurse, Dietitian, or Social Worker is reimbursed according to a schedule of fees available in the EPSDT KidMed Provider Manual minus any third party coverage.~~
- C. **Reserved.**
- D. **Eyeglass Services** are reimbursed at the fee schedule for eyeglasses (including cataract eyeglasses and contact lenses) in effect for services provided on or after March 1, 2004.
- E. **Hearing Aid Services** are reimbursed at the lower of:
 - 1. the provider's actual charge for the services, or
 - 2. the allowable fee for similar services covered under the State Plan.
- F. **Rehabilitative Services** provided to recipients up to the age of three are reimbursed at the maximum allowable fee for occupational, physical, and speech therapy services according to the State's ~~estab~~ published fee schedule rate ~~of fees available in the EPSDT Health Services Manual~~, minus any third party coverage.

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 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

G. ~~Rehabilitative School-~~Based ~~Health~~Therapy Services

Local Education Agencies will only be reimbursed for the following ~~IDEA~~ services:

1. Audiology;
2. speech pathology;
3. physical therapy; and
4. occupational therapy.
- ~~5. psychological.~~

Reimbursement Methodology

Services provided by Local Education Agencies to recipients age 3 to 21 that are medically necessary and included on the recipient's ~~I~~individualized ~~E~~ducation ~~s~~ervice ~~P~~lan (IEP), a section 504 accommodation plan, an individualized health care plan, an individualized family service plan, or medical need documentation, are reimbursed according to the following methodology:-

Effective for dates of service on or after ~~February 13, 2014~~ July 1, 2019, reimbursement for ~~physical and occupational therapy~~ services provided by school based ~~health centers~~ service providers (Provider Type ~~3870~~) shall be 85 percent of the ~~2013~~ Medicare published rate. The Medicare published rate shall be the rate in effect on ~~February 13, 2014~~ July 1, 2019.

~~Speech/language therapy~~ School-based Medicaid services shall continue to be reimbursed at the flat fee in place as of ~~February 13, 2014~~ July 1, 2019, and in accordance with the Medicaid published fee schedule found on the Louisiana Medicaid website at www.lamedicaid.com ~~the following link:~~

~~1. _____~~ Special Rehabilitation Services Provided by Local Education Agencies

Summary of Payment Methodology

Cost Reporting. Payments for EPSDT school-based therapy services shall be based on the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider. Payment is based on the most recent school year's actual cost as determined by desk review and/or audit for each Local Education Agency (LEA) provider, which is the parish or city. Each LEA shall determine cost annually by using DHH's Cost Report for Direct Service Cost (the Direct Service Cost Report) form as approved by CMS November 2005.

TN _____

Approval Date _____

Effective Date _____

Supersedes

TN _____

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 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Each LEA shall determine cost annually by using LDH's cost report form for applicable services.

Direct cost ~~is~~ shall be limited to the amount of total compensation (salaries, vendor payments and fringe benefits) of current ~~direct service~~therapy service providers as allocated to ~~direct services~~therapy services for Medicaid ~~special education~~-recipients. The direct cost related to the electronic health record shall be added to the compensation costs to arrive at the total direct costs for therapy services. There are no additional direct costs included in the rate. The basis of allocation for direct service compensation cost is ~~DHH's~~LDH's Direct Services Time Study Methodology approved by CMS November 201405. This time study incorporates the CMS approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel and is used to determine the percentage of time direct service personnel spend on direct ~~IDEA/IEP~~ services and General and Administrative (G&A) time. ~~There are no additional direct costs included in the rate.~~

Indirect cost is derived by multiplying the cognizant agency indirect cost unrestricted rate assigned by the Department of Education to each LEA by the allowable costs. There are no additional indirect costs included. ~~The Direct Service Cost Report initially provides the total cost of all school based services provided, regardless of payer.~~

To determine ~~the amount of direct~~therapy services cost that may be attributed to Medicaid, the ratio of Medicaid covered students ~~with IEPs in the LEA is multiplied by total direct cost. to all students with IEPs is multiplied by total direct cost.~~ Cost data is subject to certification by each LEA~~parish~~. This serves as the basis for obtaining ~~F~~federal Medicaid funding.

For therapy services, ~~each of the IDEA related school based services other than specialized transportation services,~~ the participating LEAs' actual cost of providing the services ~~will~~shall be claimed for Medicaid federal financial participation (FFP) based on the following methodology: ~~described in the steps below.~~

Step 1:-1. Develop Direct Cost-The Payroll Cost Base

~~-~~Total annual salaries and benefits paid as well as contracted (vendor) payments are obtained initially from each LEA's Payroll/Benefits and Accounts Payable system. This data will be reported on ~~DH~~LDH's ~~D~~direct ~~S~~services ~~C~~cost ~~R~~report form for all direct service personnel (i.e. all personnel providing LEA direct treatment services covered under the ~~s~~State ~~p~~Plan).

Step 2:-2. Adjust the Payroll Cost Base-

~~-~~The payroll cost base ~~is~~shall be reduced for amounts reimbursed by other funding sources (e.g. ~~F~~federal grants). The payroll cost base ~~does~~shall not include any amounts for staff whose

TN _____

Approval Date _____

Effective Date _____

Supersedes

TN _____

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 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

compensation is 100 percent reimbursed by a funding source other than state/local funds. ~~This application of Step 2~~ results in total adjusted salary cost.

Step 3: 3. Determine the Percentage of Time to Provide All ~~Direct~~ Therapy Services

A time study which incorporates the CMS-approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel, ~~is shall be~~ used to determine the percentage of time ~~direct therapy~~ service personnel spend on ~~direct IDEA/IEP therapy~~ services, ~~direct non-IDEA/IEP services~~ and ~~G~~ general and ~~A~~ administrative (G&A) time. This ~~time study will assure there is no duplicate claiming. The G and A percentage shall be reallocated in a manner consistent with the CMS-approved Medicaid administrative claiming methodology. Total G and A time shall be allocated to all other activity codes based on the percentage of time spent on each respective activity. To reallocate G and A time to therapy services, the percentage of time spent on therapy services shall be divided by 100 percent minus the percentage of G and A time. This shall result in a percentage that represents the therapy services with appropriate allocation of G and A. This percentage shall be multiplied by total adjusted salary cost as determined by the adjusted payroll cost base to allocate cost to school based services. The product represents total direct cost.~~

~~A sufficient number of therapy service personnel shall be sampled to ensure results that will have a confidence level of at least 95 percent with a precision of plus or minus two percent overall. percentage is multiplied by total adjusted salary cost as determined in Step 2 to allocate cost to school based services. The product represents total direct cost. A sufficient number of direct service personnel will be sampled to ensure results that will have a confidence level of at least 95 percent with a precision of plus or minus five percent overall.~~

Step 4: 4. Determine Indirect Cost

~~Indirect cost is determined by multiplying each LEA's indirect unrestricted rate assigned by the cognizant agency (the Department of Education) by total adjusted direct cost as determined under Step 3. No additional indirect cost is recognized outside of the cognizant agency indirect rate. The sum of direct cost and indirect cost is total direct service cost for all students with an IEP.~~
Indirect cost shall be determined by multiplying each LEA's indirect unrestricted rate assigned by the cognizant agency (the Department of Education) by total adjusted direct cost. No additional indirect cost shall be recognized outside of the cognizant agency indirect rate. The sum of direct cost and indirect cost shall be the total direct service cost for all students receiving therapy services.

5. Allocate Direct Service Cost to Medicaid

To determine the amount of cost that may be attributed to Medicaid, total direct service cost shall be multiplied by the ratio of Medicaid students in the LEA to all students in the LEA. This results in total cost that may be certified as Medicaid's portion of school-based therapy services cost.

TN _____

Approval Date _____

Effective Date _____

Supersedes

TN _____

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 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Reconciliation of LEA Certified Costs and Medicaid Management Information System (MMIS) Paid Claims

Each LEA shall complete the applicable services cost report and submit the cost report(s) no later than five months after the fiscal year period ends (June 30), and reconciliation shall be completed within 12 months from the fiscal year end. All filed cost reports shall be subject to desk review by the Department's audit contractor. The Department shall reconcile the total expenditures (both state and federal share) for each LEA's services. The Medicaid certified cost expenditures from the cost report(s) will be reconciled against the MMIS paid claims data and the Department shall issue a notice of final settlement pending audit that denotes the amount due to or from the LEA. This reconciliation is inclusive of all services provided by the LEA.

Cost Settlement Process.

As part of its financial oversight responsibilities, the Department shall develop audit and review procedures to audit and process final settlements for certain LEAs. The audit plan shall include a risk assessment of the LEAs using available paid claims data to determine the appropriate level of oversight.

- a. The financial oversight of all LEAs shall include reviewing the costs reported on the therapy services cost reports against the allowable costs, performing desk reviews and conducting limited reviews.
- a.b. The Department shall make every effort to audit each LEA at least every four years. These activities shall be performed to ensure that audit and final settlement occurs no later than two years from the LEA's fiscal year end for the cost reporting period audited. LEAs may appeal audit findings in accordance with LDH appeal procedures.
- c. The Department shall adjust the affected LEA's payments no less than annually, when any reconciliation or final settlement results in significant underpayments or overpayments to any LEA. By performing the reconciliation and final settlement process, there shall be no instances where total Medicaid payments for services exceed 100 percent of actual, certified expenditures.
- d. If the interim payments exceed the actual, certified costs of an LEA's Medicaid services, the Department shall recoup the overpayment in one of the following methods:
 - i. offset all future claim payments from the affected LEA until the amount of the overpayment is recovered;
 - ii. recoup an agreed upon percentage from future claims payments to the LEA to ensure recovery of the overpayment within one year; or
 - iii. recoup an agreed upon dollar amount from future claims payments to the LEA to ensure recovery of the overpayment within one year.

TN _____

Approval Date _____

Effective Date _____

Supersedes

TN _____

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 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

If the actual certified costs of an LEA's Medicaid services exceed interim Medicaid payments, the Department will pay this difference to the LEA in accordance with the final actual certification agreement.

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED
MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

School-Based EPSDT Transportation Services

School-based EPSDT transportation services shall be covered for all recipients in the school system who are eligible for the service.

A special transportation trip is only billable to Medicaid on the same day that a Medicaid-eligible child is receiving services included in the child's individualized service plan (IEP), a section 504 accommodation plan, an individualized health care plan (IHP), an individualized family service plan (IFSP), or other medical need documentation. Transportation must be provided in a vehicle that is part of special transportation in the LEA's annual financial report, certified and submitted to the Department of Education. The need for transportation must be documented in the child's IEP, IHP, 504 plan, IFSP or other medical need documentation.

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 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

~~Step 5: Allocate Direct Service Cost to Medicaid~~

~~To determine the amount of cost that may be attributed to Medicaid, total cost as determined under Step 4 is multiplied by the ratio of Medicaid recipients with an IEP to all students with an IEP. This results in total cost that may be certified as Medicaid’s portion of school based services cost.~~

2. School-Based EPSDT Transportation Services~~Special Transportation Services Provided by Local Education Agencies~~
General Provisions

A special transportation trip is only billable to Medicaid on the same day that a Medicaid-eligible child is receiving services included in the child's individualized service plan (IEP), a section 504 accommodation plan, an individualized health care plan (IHP), an individualized family service plan (IFSP), or are otherwise medically necessary and the transportation is provided in a vehicle that is part of special transportation in the LEA's annual financial report certified and submitted to the Department of Education. The need for transportation must be documented in the child's IEP, IHP, 504 plan, IFSP or medical need documentation.

School-based EPSDT transportation services shall be covered for all recipients in the school system who are eligible for the service.

~~A special transportation trip is only billable to Medicaid on the same day that a Medicaid-eligible child is receiving IDEA services included in the child’s IEP and the transportation is provided in a vehicle that is part of special transportation in the LEA’s Annual Financial Report certified and submitted to the Department of Education. The need for transportation must be documented in the child’s IEP.~~

Reimbursement Methodology

Services provided by Local Education Agencies to recipients age 3 to 21 that are medically necessary and included on the recipient’s individualized service plan (IEP), a section 504 accommodation plan, an individualized health care plan, an individualized family service plan, or medical need documentation, are reimbursed according to the following methodology:

Effective for dates of service on or after July 1, 2019, reimbursement for services provided by school based service providers (Provider Type 70) shall be 85 percent of the Medicare published rate. The Medicare published rate shall be the rate in effect on July 1, 2019.

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 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

School-based Medicaid services shall continue to be reimbursed at the flat fee in place as of July 1, 2019, and in accordance with the Medicaid published fee schedule found on the Louisiana Medicaid website at www.lamedicaid.com.

~~1. -Cost Reporting.~~ Payment for school-based EPSDT transportation services is based on the most recent school year's actual cost as determined by desk review and/or audit for each LEA. ~~provider, which is the parish or city.~~

~~2. Each LEA shall determine cost annually by using LDH's cost report form for applicable services. Each LEA shall determine cost annually by using DHLDH's Ceost Rreport for Sspecial Ttransportation (Ttransportation Ccost Rreport) form as approved by CMS November 2005.~~

~~3. Direct cost is shall be~~ limited to the cost of ~~F~~fuel, ~~R~~repairs and ~~M~~maintenance, ~~R~~rentals, ~~C~~contracted ~~V~~vehicle ~~U~~use ~~C~~cost and the amount of total compensation (salaries, vendor payments and fringe benefits) of special transportation employees or contract cost for contract drivers, as allocated to special transportation services for Medicaid recipients ~~based on a ratio explained in Step 4, below.~~ The direct cost related to the electronic health record shall be added to the compensation costs to arrive at the total direct costs for transportation services. There are no additional direct costs included in the rate.

Indirect cost is derived by multiplying the direct cost by the cognizant agency's unrestricted indirect cost rate assigned by the Department of Education to each LEA by the allowable costs. There are no additional indirect costs included.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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

The transportation cost report initially provides the total cost of all special transportation services provided, regardless of payer. To determine the amount of special transportation costs that may be attributed to Medicaid, the ratio of Medicaid covered trips to all student trips is multiplied by total direct cost. Trip data is derived from transportation logs maintained by drivers for each one-way trip. This ratio functions in lieu of the time study methodology and student ratio used for the direct services cost report. Cost data on the transportation cost report is subject to certification by each parish and serves as the basis for obtaining Federal Medicaid funding.

The participating LEA's actual cost of providing specialized transportation services will be claimed for Medicaid FFP based on the methodology described in the steps below. The state will gather actual expenditure information for each LEA through the LEA's payroll/benefits and accounts payable system. These costs are also reflected in the annual financial report (AFR) that all LEAs are required to certify and submit to the Department of Education. All costs included in the amount of cost to be certified and used subsequently to determine the reconciliation and final settlement amounts as well as interim rates are identified on the CMS approved transportation cost report and are allowed in OMB Circular A-87.

Step 1—Develop Direct Cost—Other:

-The non-federal share of cost for special transportation fuel, repairs and maintenance, rentals, and contract vehicle use cost are obtained from the LEA's accounts payable system and reported on the Transportation Cost Report form.

Step 2—Develop Direct Cost-The Payroll Cost Base:

Total annual salaries and benefits paid as well as contract cost (vendor payments) for contract drivers are obtained from each LEA's payroll/benefits and accounts payable systems. This data will be reported on the transportation cost report form for all direct service personnel (i.e. all personnel working in special transportation).

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

Step 3—Determine Indirect Cost:

Indirect cost is determined by multiplying each LEA's unrestricted indirect rate assigned by the cognizant agency (the Department of Education) by total direct cost. No additional indirect cost is recognized outside of the cognizant agency indirect rate. The sum of direct costs and indirect cost is total special transportation direct service cost for all students with an IEP, section 504 accommodation plan, IHP, IFSP, or medical need documentation.

Step 4—Allocate Direct Service Cost to Medicaid:

–Special transportation drivers shall maintain logs of all students transported on each one-way trip. These logs shall be utilized to aggregate total annual one-way trips which will be reported by each LEA on the special transportation cost report. Total annual one-way trips by Medicaid students will be determined by LDH from the MMIS claims system. To determine the amount of special transportation cost that may be attributed to Medicaid, total direct service cost is multiplied by the ratio of one-way Medicaid eligible trips by Medicaid students, to one-way trips for all students transported via special transportation. This results in total cost that may be certified as Medicaid's portion of school-based special transportation services cost.

A. Cost Settlement Process

As part of its financial oversight responsibilities, the Department will develop audit and review procedures to audit and process final settlements for certain LEAs. The financial oversight of all LEAs will include reviewing the costs reported on the direct services and transportation cost reports against the allowable costs in accordance with OMB Circular A-87, performing desk reviews and conducting limited reviews. These activities will be performed to ensure that audit and final settlement occurs no later than two years from the LEA's fiscal year end for the cost reporting period audited.

1. LEAs may appeal audit findings in accordance with LDH appeal procedures.

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

2. Medicaid will adjust the affected LEA's payments no less than annually when any reconciliation or final settlement results in significant underpayments or overpayments to any LEA. By performing the reconciliation and final settlement process, there will be no instances where total Medicaid payments for services exceed 100 percent of actual, certified expenditures for providing LEA services for each LEA.

3. If the interim payments exceed the actual, certified costs of an LEA 's Medicaid services, the dDepartment will recoup the overpayment in one of the following methods:
 - a. offset all future claim payments from the affected LEA until the amount of the overpayment is recovered;
 - b. recoup an agreed upon percentage from future claims payments to the LEA to ensure recovery of the overpayment within one year; or
 - c. recoup an agreed upon dollar amount from future claims payments to the LEA to ensure recovery of the overpayment within one year.

4. If the actual certified costs of an LEA 's Medicaid services exceed interim Medicaid payments, the Bureau will pay this difference to the LEA in accordance with the final actual certification agreement.[JK1]

5. State Monitoring

If the dDepartment becomes aware of potential instances of fraud, misuse or abuse of LEA services and Medicaid funds, it will perform timely audits and investigations to identify and take the necessary actions to remedy and resolve the problem.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____