



State of Louisiana
Louisiana Department of Health
Office of the Secretary

February 28, 2022

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
601 East 12th Street, Room 0300
Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan
Transmittal No. 22-0002

Dear Mr. Scott:

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan. Should you have any questions or concerns regarding this matter, please contact Karen Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ruth Johnson".

FOR: Dr. Courtney N. Phillips
Secretary

Attachments (3)

CNP:PG:UN

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| <p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p> | 1. TRANSMITTAL NUMBER 22-0002 | 2. STATE LA |
| | 3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT | |
| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE January 1, 2022 | |
| 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.201 Section 1902 (bb) of the Social Security Act | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>308,068</u> b. FFY <u>2023</u> \$ <u>579,635</u> | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Item 2.b., Page 3a Attachment 4.19-B, Item 2.c., Page 4a | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 19-0004) (pending 21-0020) Same (TN 19-0003) (pending 21-0019) | |


9. SUBJECT OF AMENDMENT **The purpose of this SPA is to amend provisions governing reimbursement for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) in order to establish an alternative payment methodology which would allow reimbursement outside of the current Prospective Payment System rate for community health worker services provided in FQHCs and RHCs.**

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

The Governor does not review State Plan material.

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|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11. SIGNATURE OF STATE AGENCY OFFICIAL  | 15. RETURN TO Patrick Gillies, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030 |
| 12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips | |
| 13. TITLE Secretary | |
| 14. DATE SUBMITTED February 28, 2022 | |

FOR CMS USE ONLY

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|------------------------------------------|-------------------------------------|
| 16. DATE RECEIVED | 17. DATE APPROVED |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL | 19. SIGNATURE OF APPROVING OFFICIAL |
| 20. TYPED NAME OF APPROVING OFFICIAL | 21. TITLE OF APPROVING OFFICIAL |
| 22. REMARKS | |

LA TITLE XIX SPA

TRANSMITTAL #: 22-0002

TITLE: FQHC-RHC Alternative Payment Methodology (Community Health Worker Services)

EFFECTIVE DATE: January 1, 2022

FISCAL IMPACT:

Increase

| | year | % inc. | fed. match | | *# mos | range of mos. | dollars |
|---------|------|--------|------------|-------|--------|--------------------------|-------------|
| 1st SFY | 2022 | | | 0.00% | 6 | January 2022 - June 2022 | \$256,511 |
| 2nd SFY | 2023 | | | 0.00% | 12 | July 2022- June 2023 | \$785,586 |
| 3rd SFY | 2024 | | | 0.00% | 12 | July 2023 - June 2024 | \$1,089,346 |

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2022

SFY 2022 \$256,511 for 6 months January 2022 - June 2022 \$256,511

SFY 2023 \$785,586 for 12 months July 2022- June 2023
 \$785,586 / 12 X 3 July 2022 - September 2022 = \$196,397
\$452,908

FFP (FFY 2022) = \$452,908 X 68.02% = \$308,068

Total increase or decrease cost FFY 2023

SFY 2023 \$785,586 for 12 months July 2022- June 2023
 \$785,586 / 12 X 9 October 2022 - June 2023 = \$589,190

SFY 2024 \$1,089,346 for 12 months July 2023 - June 2024
 \$1,089,346 / 12 X 3 July 2023 - September 2023 = \$272,337
\$861,527

FFP (FFY 2023)= \$861,527 X 67.28% = \$579,635

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

CITATION

42 CFR 447.201 and

Section 1902(bb) of the Social Security Act

Medical and Remedial Care and Services

Item 2.b.

Behavioral Health and Dental Services

Effective for dates of service on or after April 1, 2019, the Medicaid Program shall establish an alternative payment methodology for behavioral health services provided in RHCs by one of the following practitioners:

1. Physicians with a psychiatric specialty;
2. Nurse practitioners or clinical nurse specialist with a psychiatric specialty;
3. Licensed clinical social workers; or
4. Clinical psychologists.

The reimbursement for behavioral health services will equal the all-inclusive encounter PPS rate on file for fee-for-service on the date of service. This reimbursement will be in addition to any all-inclusive PPS rate on the same date for a medical/dental visit.

Dental services shall be reimbursed at the all-inclusive PPS rate on file for fee-for-service on the date of service. This reimbursement will be in addition to any all-inclusive PPS rate made on the same date for a medical/behavioral health visit.

The Alternative Payment Methodology (APM) will be agreed to by the Department and the RHC, and will result in payment to the RHC of an amount that is at least equal to the Prospective Payment System (PPS) rate.

Community Health Worker Services

Effective for dates of service on or after January 1, 2022, community health worker services shall be reimbursed through a separate payment outside of the all-inclusive PPS rate made on the same date for a medical/dental/behavioral health visit. Community health workers are unlicensed providers that render preventive and other health services to beneficiaries.

The APM must be agreed to by the Department and the RHC, and must result in payment to the RHC at the rate on file for the date of service.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

Behavioral Health and Dental Services

Effective for dates of service on or after April 1, 2019, the Medicaid Program shall establish an alternative payment methodology for behavioral health services provided in FQHCs by one of the following practitioners:

1. Physicians with a psychiatric specialty;
2. Nurse practitioners or clinical nurse specialist with a psychiatric specialty;
3. Licensed clinical social workers; or
4. Clinical psychologist.

The reimbursement for behavioral health services will equal the all-inclusive PPS rate on file for the date of service. This reimbursement will be in addition to any all-inclusive PPS rate on the same date for a medical/dental visit.

Dental services shall be reimbursed at the all-inclusive encounter PPS rate on file for fee-for-service for the date of service. This reimbursement will be in addition to any all-inclusive PPS rate made on the same date for a medical/behavioral health visit.

The Alternative Payment Methodology (APM) will be agreed to by the Department and the FQHC, and will result in payment to the FQHC of an amount that is at least equal to the Prospective Payment System (PPS) rate.

Community Health Worker Services

Effective for dates of service on or after January 1, 2022, community health worker services shall be reimbursed through a separate payment outside of the all-inclusive PPS rate made on the same date for a medical/dental/behavioral health visit. Community health workers are unlicensed providers that render preventive and other health services to beneficiaries.

The APM must be agreed to by the Department and the FQHC, and must result in payment to the FQHC at the rate on file for the date of service.

Standards for Payment

1. The FQHC must meet the Standards for Participation outlines in Attachment 3.1-A, Item 2.c.
2. The FQHC provider shall maintain an acceptable fiscal record keeping system that will enable the services provided by a FQHC to be readily distinguished from each other type of service which that facility may provide.
3. The FQHC provider shall retain all records as are necessary to disclose fully the extent of services provided to recipients; to furnish information regarding such records and regarding any payments claimed for providing such services as Medicaid of Louisiana, the Secretary, or the Medicaid Fraud Control Unit may request, for five years from date of service.
4. The FQHC provider shall abide by and adhere to all federal and state regulations, guidelines, policies, manuals, etc.