

Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) LA: 22-0028

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

September 27, 2022

Tara LeBlanc
Medicaid Executive Director
Louisiana Medicaid Program
Louisiana Department of Health
Bureau of Health Services
Financing 628 North Fourth Street
Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

RE: Louisiana TN 22-0028

Dear Tara LeBlanc:

We have reviewed the proposed Louisiana State Plan Amendment (SPA) to Attachment 4.19-B pages under LA- 22-0028, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 10, 2022. The purpose of this SPA is to amend the provisions governing EPSDT Early Steps services in order to increase reimbursement for certain services.

Based upon the information provided by the State, we have approved the amendment with an effective date of August 3, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at (945) 35-1231 or/and via email at: Monica.Neiman@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 22-0028	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 August 3, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 441.56 42 CFR 447, Subpart F 1905(r) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> ² \$ 5,358,177 \$754,703 b. FFY <u>2024</u> ³ \$ 4,425,650 \$4,386,175	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Item 4.b, Pages 4-4a	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 10-58)	

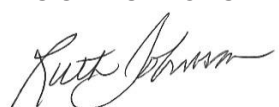
9. SUBJECT OF AMENDMENT
The purpose of this SPA is to amend the provisions governing EPSDT EarlySteps services in order to increase reimbursement for certain services.

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.

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Tara A. LeBlanc, 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 August 10, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED August 10, 2022	17. DATE APPROVED September 27, 2022
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL August 3, 2022	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review.
22. REMARKS The State requests a pen and ink change to boxes 5 and 6.	

PAYMENTS FOR 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:

Medical and Remedial Care and Services

Item 4.b. (continued)

CITATION
42 CFR 447.201

III. EPSDT Early Intervention Services

Physical therapy, occupational therapy, speech therapy, audiology services, and psychological services for infants and toddlers ages birth to three years are reimbursed according to the published fee schedules which correspond to the following three settings:

1. Natural environment-which may include a child's home or settings in the community where children of the same age with no disabilities or special needs participate;
2. Special purpose facility/inclusive child care settings such as care centers, nursery schools, or preschools where at least 50 percent of the children have no disabilities or developmental delays; and
3. Center-based special purpose facility- where only children with disabilities or developmental delays are served.

Effective for dates of service on or after February 1, 2005, the reimbursement for early intervention services rendered to infants and toddlers ages birth to three years shall be the lower of billed charges or 75 percent of the rates (a 25 percent reduction) in effect on January 31, 2005.

Effective for dates of service on or after September 1, 2008, the fee schedule used to reimburse certain health services rendered in a natural environment shall be increased by 25 percent of the rate in effect on August 31, 2008.

Effective for dates of service on or after January 1, 2011, the reimbursement for certain Medicaid-covered health services rendered in the EarlySteps program shall be reduced by two percent of the rate in effect on December 31, 2010. The following services rendered in the natural environment shall be reimbursed at the reduced rate:

1. audiology services;
2. speech pathology services;
3. occupational therapy;
4. physical therapy; and
5. psychological services.

Services rendered in special purpose facilities/inclusive child care and center-based special purpose facilities shall be excluded from this rate reduction.

Effective for dates of service on or after August 3, 2022, reimbursement for Medicaid-covered health services rendered in the EarlySteps program shall be increased by 30 percent of the rate in effect on January 1, 2011. The increased rate shall be applied to services provided in the following settings:

1. Natural environment that includes a child's home and settings in the community where children of the same age with no disabilities or special needs participate;
2. Special purpose facility/inclusive child care settings such as a child care centers, nursery schools, or preschools where at least 50 percent of the children have no disabilities or developmental delays, and

PAYMENTS FOR 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:

3. Center-based special purpose facility that is a facility where only children with disabilities or developmental delays are served.

The following services shall be reimbursed at the increased rate:

1. Audiology services;
2. Speech language pathology services;
3. Occupational therapy;
4. Physical therapy; and
5. Psychological services.

Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and private providers of EPSDT EarlySteps services. The agency's fee schedule was set as of July 1, 2022 and is effective for services rendered on or after that date. All rates are published on the agency's website at www.lamedicaid.com.