



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

August 10, 2022

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

RE: Louisiana Title XIX State Plan  
Transmittal No. 22-0028

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](mailto: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:TAL:UN

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>22-0028</b>	2. STATE <b>LA</b>		
		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 <b>August 3, 2022</b>			
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 447, Subpart F</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>5,358,177</u> b. FFY <u>2024</u> \$ <u>4,425,650</u>			
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-B, Item 4.b, Pages 4-4a</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same (TN 10-58)</b>			
9. SUBJECT OF AMENDMENT <b>The purpose of this SPA is to amend the provisions governing EPSDT EarlySteps services in order to increase reimbursement for certain services.</b>					
10. GOVERNOR'S REVIEW (Check One) <table style="width:100%; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT  <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:                      The Governor does not review State Plan material.                 </td> </tr> </table>				<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.
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11. SIGNATURE OF STATE AGENCY OFFICIAL  		15. RETURN TO  <b>Tara A. LeBlanc, Medicaid Executive Director Louisiana Department of Health 628 North 4<sup>th</sup> Street P.O. Box 91030 Baton Rouge, LA 70821-9030</b>			
12. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>					
13. TITLE <b>Secretary</b>					
14. DATE SUBMITTED <b>August 10, 2022</b>					
<b>FOR CMS USE ONLY</b>					
16. DATE RECEIVED		17. DATE APPROVED			
<b>PLAN APPROVED - ONE COPY ATTACHED</b>					
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 #: 22-0028

TITLE: EPSDT EarlySteps Reimbursement Methodology

EFFECTIVE DATE: August 3, 2022

FISCAL IMPACT:

Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2023			10.94	August 3, 2022 - June 2023	\$6,325,652
2nd SFY	2024			0.00%	12 July 2023- June 2024	\$6,553,376
3rd SFY	2025			0.00%	12 July 2024 - June 2025	\$6,789,297

\*#mos-months remaining in fiscal year

**Total increase or decrease cost FFY 2023**

SFY 2023 \$6,325,652 for 10.94 months August 3, 2022 - June 2023 \$6,325,652

SFY 2024 \$6,553,376 for 12 months July 2023- June 2024  
 \$6,553,376 / 12 X 3 July 2023 - September 2023 = \$1,638,344  
\$7,963,996

FFP (FFY 2023 ) = \$7,963,996 X 67.28% = \$5,358,177

**Total increase or decrease cost FFY 2024**

SFY 2024 \$6,553,376 for 12 months July 2023- June 2024  
 \$6,553,376 / 12 X 9 October 2023 - June 2024 = \$4,915,032

SFY 2025 \$6,789,297 for 12 months July 2024 - June 2025  
 \$6,789,297 / 12 X 3 July 2024 - September 2024 = \$1,697,324  
\$6,612,356

FFP (FFY 2024 )= \$6,612,356 X 66.93% = \$4,425,650

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 447.210

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;

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:

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
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. All rates are published on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com).