

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) LA: 23-0029**

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



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**Financial Management Group**

October 26, 2023

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 23-0029

Dear Director Tara LeBlanc:

CMS is issuing this technical correction package for LA-23-0029 to exclude page 2a which is being deleted and to include pages 4 and 5 which were inadvertently excluded from the approval package.

This technical correction package maintains the original effective date and approval date.

We are enclosing the approved CMS-179 Form and all approved pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at [monica.neiman@cms.hhs.gov](mailto:monica.neiman@cms.hhs.gov)

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

|   |   |                       |
|---|---|-----------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b><br><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>  | 1. TRANSMITTAL NUMBER<br><b>23-0029</b>   | 2. STATE<br><b>LA</b> |
|   | 3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT  |                       |
| TO: CENTER DIRECTOR<br>CENTERS FOR MEDICAID & CHIP SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  | 4. PROPOSED EFFECTIVE DATE<br><b>April 3, 2023</b>  |                       |
| 5. FEDERAL STATUTE/REGULATION CITATION<br><br><b>42 CFR 440.70</b><br><small>1905(a)(7) Home Health Care services and<br/>1902(a)(30) DME Rate Increase</small>   | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)<br>a. FFY <u>2023</u> \$ <u>698,541</u><br>b. FFY <u>2024</u> \$ <del>1,330,989</del> <b>\$1,330,989</b>  |                       |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br><br><b>Attachment 4.19-B, Item 7, Pages 1</b><br><b>Attachment 4.19-B, Item 7, Page 2</b><br><del>Attachment 4.19-B, Item 7, Page 2a</del> <b>see box 22</b><br><b>Attachment 4.19-B, Item 7, Pages 4</b><br><b>Attachment 4.19-B, Item 7, Page 5</b> | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br><b>Same (TN 12-43)</b><br><b>Same (TN 09-29)</b><br><del>Same (TN 12-42)</del> <b>see box 22</b><br><b>Same (TN 14-05)</b><br><b>Same (TN 06-20)</b><br><br><b>See box 22 for deleted pages.</b> |                       |

9. SUBJECT OF AMENDMENT  
**The purpose of this SPA is to amend the provisions governing the Home Health Program in order to increase the rates for all home health services and base reimbursement on the Louisiana Medicaid fee schedule in order to align the reimbursement methodology with current practices.**


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<br> | 15. RETURN TO<br><br><b>Tara A. LeBlanc, Medicaid Executive Director</b><br><b>Louisiana Department of Health</b><br><b>628 North 4<sup>th</sup> Street</b><br><b>P.O. Box 91030</b><br><b>Baton Rouge, LA 70821-9030</b> |
| 12. TYPED NAME<br><b>Pam Diez, designee for Stephen R. Russo, JD</b>   |   |
| 13. TITLE<br><b>Secretary</b>  |   |
| 14. DATE SUBMITTED<br><b>June 29, 2023</b>   |   |

**FOR CMS USE ONLY**

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|---|--|
| 16. DATE RECEIVED<br><b>June 29, 2023</b> | 17. DATE APPROVED<br><b>August 3, 2023</b> |
|---|--|

**PLAN APPROVED - ONE COPY ATTACHED**

|   |   |
|---|---|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL<br><b>April 3, 2023</b> | 19. SIGNATURE OF APPROVING OFFICIAL<br> |
| 20. TYPED NAME OF APPROVING OFFICIAL<br><b>Todd McMillion</b>   | 21. TITLE OF APPROVING OFFICIAL<br><b>Director, Division of Reimbursement Review</b>  |

22. REMARKS  
**Deleted pages: Attachment 4.19-B, Item 7, Page 1a, Attachment 4.19-B, Item 7, Page 2a(1), Attachment 4.19-B, Item 7, Page 4a**  
**Attachment 4.19-B, Item 7, Page 2a**  
  
**The State requests a pen and ink change to boxes 5, 6, 7, 8, and 22.**

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

|                 |                      |                             |
|-----------------|----------------------|-----------------------------|
| <u>CITATION</u> | Medical and Remedial | <u>Home Health Services</u> |
| 42 CFR          | Care and Services    |                             |
| 447.201         | Item 7.              |                             |

I. Method of Payment

- Item 7.a. Reimbursement for all home health services shall be based on the Louisiana Medicaid fee schedule. Except as otherwise noted in this plan, state-developed fee schedule rates are the same for both governmental and private providers of home health services. The agency's fee schedule was set as of April 3, 2023, and is effective for services provided on or after that date. All rates are published on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com).
- Item 7.b. Durable medical equipment suitable for use in any care setting. Care setting is the place in which care is being given, i.e., patient's home, a hospital, a care facility or another place of residence.

Louisiana Medicaid fee schedules are published on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com)

- A. Unless otherwise stated, the reimbursement for all durable medical equipment is established at:
1. seventy percent of the Medicare fee schedule for all procedure codes that were listed on the Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them; or
  2. Seventy percent of the Medicare fee schedule under which the procedure code first appeared; or
  3. Seventy percent of the manufacturer's suggested retail price (MSRP) amount; or
  4. Billed charges, whichever is the lesser amount; or
  5. If an item is not available at the rate of seventy percent of the applicable established flat fee or seventy percent of the MSRP, the flat fee that will be utilized is the lowest cost at which the item has been determined to be widely available by analyzing usual and customary fees charged in the community.

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- B. Continuous subcutaneous insulin external infusion pumps shall be reimbursed the lesser of five percent over the provider's actual cost or the provider's usual and customary charge, not to exceed \$5,745. Related diabetic supplies shall be reimbursed the lesser of 10 percent over the provider's actual cost or the provider's usual and customary charge.
- C. Ostomy supplies are reimbursed at the lesser of:
1. Billed charges; or
  2. Eighty percent of Medicare fee schedule for the procedure codes that were listed on the Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them or 80 percent of the Medicare fee schedule under which the procedure code first appeared; or
  3. Eighty percent of the Manufacturer's Suggested Retail Price (MSRP).
- D. Tracheostomy tubes and care kits are reimbursed at ninety percent of the Medicare fee schedule for the procedure codes that were listed on the Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them or 80 percent of the Medicare fee schedule under which the procedure code first appeared.
- E. Enteral Formulas

Enteral formulas are reimbursed a flat fee amount. This flat fee per unit is based on:

1. The Medicare rate, where available;
2. Manufacturer's Suggested Retail Price (MSRP);
3. Invoice pricing; or
4. The rate at which providers can obtain the formula in the community.

One unit of enteral formula is equal to 100kcal, one packet, one can, one brik or one bottle, as identified on the fee schedule. Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and private providers of enteral formulas. The agency's fee schedule rates were set as of October 1, 2022, and is effective for services provided on or after that date. All rates will be published on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com).

- F. Enteral infusion pumps, standard type wheelchairs, hospital beds, commode chairs, and stationary suction machines are reimbursed at the Medicaid established flat fee amount.

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- Item 7.c. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency.

The Medicaid program provides reimbursement for physical therapy, occupational therapy and speech/language therapy covered under the Home Health program.

Effective for dates of service on or after February 13, 2014, reimbursement for physical and occupational therapy services shall be 85 percent of the 2013 Medicare published rate. The Medicare published rate shall be the rate in effect on February 13, 2014. There shall be no automatic enhanced rate adjustment for physical and occupational therapy services.

Speech/language therapy services shall continue to be reimbursed at the flat fee in place as of February 13, 2014 and in accordance with the Medicaid published fee schedule found on the Louisiana Medicaid provider website using the following link: [www.lamedicaid.com](http://www.lamedicaid.com)

Effective for services on or after July 21, 2010, for physical therapy, occupational therapy or speech-language therapy services provided in conjunction with the Pediatric Day Health Program, reimbursement is made pursuant to the methodology described on page 4.19-B, Item 4b, Page 5 under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) – Pediatric Day Health Program.

STATE OF LOUISIANA

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II. Standards for Payment

- A. For items 7.a., 7.b., 7.c., see Attachment 3.1-C regarding standards and methods of assuring high quality care.
- B. Home Health Care Agency is a public or private agency licensed by LDH, Bureau of Health Services Financing, Health Standards Section, qualified to participate as a home health agency under Title XVIII of the Social Security Act, and meets the requirements for Title XIX participation.