



State of Louisiana
Louisiana Department of Health
Office of the Secretary

June 29, 2023

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. 23-0029

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,

 _____ for
Stephen R. Russo, Jr.
Secretary

Attachments (3)


SRR:TAL:UN

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 23-0029	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 April 3, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.70	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$ 698,541 b. FFY 2024 \$ 1,330,989	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Item 7, Pages 1 Attachment 4.19-B, Item 7, Page 2 Attachment 4.19-B, Item 7, Page 2a Attachment 4.19-B, Item 7, Pages 4 Attachment 4.19-B, Item 7, Page 5	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 12-43) Same (TN 09-29) Same (TN 12-42) Same (TN 14-05) Same (TN 06-20) See box 22 for deleted pages.	

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)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

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 Pam Diez, designee for Stephen R. Russo, JD	
13. TITLE Secretary	
14. DATE SUBMITTED June 29, 2023	

FOR CMS USE ONLY

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
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

LA TITLE XIX SPA

TRANSMITTAL #: 23-0029

TITLE: Home Health Program Reimbursement Rate Increase

EFFECTIVE DATE: April 3, 2023

FISCAL IMPACT:

Increase

	year	% inc.	fed. match		*# mos	range of mos.	dollars
1st SFY	2023			0.00%	3	April 2023 - June 2023	\$491,722
2nd SFY	2024			0.00%	12	July 2023 - June 2024	\$1,966,887
3rd SFY	2025			0.00%	12	July 2024 - June 2025	\$1,966,867

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2023

SFY	2023	\$491,722	for	3	months	April 2023 - June 2023		\$491,722	
						\$491,722	X	72.28%	\$355,417
SFY	2024	\$1,966,887	for	12	months	July 2023 - June 2024		\$491,722	
		\$1,966,887 /		12 X 3		July 2023 - September 2023		=	
						\$491,722	X	69.78%	=
									<u>\$343,124</u>
									<u>\$698,541</u>

FFP (FFY 2023) =

Total increase or decrease cost FFY 2024

SFY	2024	\$1,966,887	for	12	months	July 2024 - June 2025		\$1,475,165	
		\$1,966,887		12 x 9		October 2023 - June 2024		=	
SFY	2025	\$1,966,867	for	12	months	July 2025 - June 2026		\$491,717	
		\$1,966,867 /		12 X 3		July 2024 - September 2024		=	<u>\$491,717</u>
									<u>\$1,966,882</u>
						\$1,966,882	X	67.67%	=
									<u>\$1,330,989</u>

FFP (FFY 2024) =

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.

Item 7.b. Durable medical equipment suitable for use in any care setting.

Louisiana Medicaid fee schedules are published on the agency's website at www.lamedicaid.com

A. Unless otherwise stated, the reimbursement for all durable medical equipment is established at:

1. seventy percent (70%) of the 2000 Medicare fee schedule for all procedure codes that were listed on the 2000 Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them: or
2. Seventy percent (70%) of the Medicare fee schedule under which the procedure code first appeared; or
3. Seventy percent (70%) 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 (70%) of the applicable established flat fee or seventy percent (70%) 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 (80%) of 2000 Medicare fee schedule for the procedure codes that were listed on the 2000 Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them or 80 % of the Medicare fee schedule under which the procedure code first appeared; or
 3. Eighty percent (80%) of the Manufacturer's Suggested Retail Price (MSRP).
- D. Tracheostomy tubes and care kits are reimbursed at ninety percent (90%) of the 2000 Medicare fee schedule for the procedure codes that were listed on the 2000 Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them or 80 % 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.

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

STATE OF LOUISIANA

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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

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

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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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.