

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 13-08**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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July 9, 2013

Our Reference: SPA LA 13-08

Ms. Ruth Kennedy, State Medicaid Director  
Department of Health and Hospitals  
Bienville Building  
628 North 4<sup>th</sup> Street  
Post Office Box 91030  
Baton Rouge, LA 70821-9030

Attn: Darlene Adams  
Jodie Hebert


Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 13-08. The state plan amendment terminates coverage and reimbursement for rehabilitation clinic services to recipients 21 years of age or older.



Transmittal Number 13-08 is approved with an effective date of February 1, 2013 as requested. A copy of the HCFA-179, Transmittal No. 13-08 dated February 14, 2013 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at [ford.blunt@cms.hhs.gov](mailto:ford.blunt@cms.hhs.gov) or by phone at (214) 767-6381.

Sincerely

  
Bill Brooks  
Associate Regional Administrator

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>13-08</b>	2. STATE <b>Louisiana</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>February 1, 2013</b>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 447 Subpart F 42 CFR Part 440.130		7. FEDERAL BUDGET IMPACT: a. FFY <u>2013</u> (\$393.10) b. FFY <u>2014</u> (\$573.68)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-A, Item 13d, Page 3</b> <b>Attachment 4.19-B, Item 13d, Page 1a</b> <b>Attachment 4.19-B, Item 13d, Page 2</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Same (TN 89-28)</b> <b>Same (TN 02-11)</b> <b>Same (TN 09-33)</b>	
10. SUBJECT OF AMENDMENT: <b>The SPA proposes to revise the provisions for rehabilitation clinics in order to terminate the coverage and Medicaid reimbursement of services to recipients 21 years of age or older.</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>The Governor does not review state plan material.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>J. Ruth Kennedy, Medicaid Director</b> <b>State of Louisiana</b> <b>Department of Health and Hospitals</b> <b>628 N. 4<sup>th</sup> Street</b> <b>PO Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>	
13. TYPED NAME: <b>Bruce D. Greenstein</b>			
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>February 13, 2013</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>February 14, 2013</b>		18. DATE APPROVED: <b>July 9, 2013</b>	
PLAN APPROVED - ONE COPY			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>February 1, 2013</b>		20. SIGNATURE: 	
21. TYPED NAME: <b>Bill Brooks</b>		22. TITLE: <b>Associate Regional Administrator</b> <b>Division of Medicaid &amp; Children's Health</b>	
23. REMARKS:			



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

Attachment 3.1-A  
Item 13.d, Page 3

STATE OF LOUISIANA

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

**CITATION**      **Medical and Remedial**  
**42 CFR**           **Care and Services**  
**440.130**          **Item 13.d**

Other resources such as Handicapped Children's Services, school therapy programs, and community resources should be considered.

C. The following conditions shall be met:

- 1) Referral for services has been made by a licensed physician and the Prior Authorization Unit, Bureau of Health Services Financing (BHSF) has a copy of his recommendations to the provider. The recommendation must include the diagnosis; date of accident or onset of illness, the address of the referring physician his specialty, if known, and the date of the referral.
- 2) The rehabilitation services provider has evaluated the client and a copy of the proposed plan of services includes Form RC-1 and the physician's statement of referral has been sent to State Office. BHSF will not pay for vocational or development evaluations or voice evaluations or voice therapy as specified in Item 13.d., I., A., above.
- 3) The Bureau of Health Services Financing, with the advice of the Prior Authorization Unit has approved the Plan.
- 4) The rehabilitation services provider has agreed to provide progress reports to State Office as recommended by the Prior Authorization Unit when the plan is approved.

[Exclusions]:

Effective for dates of service on or after February 1, 2013, The Department terminates the coverage of all rehabilitation clinic services to recipients 21 years of age and older.

A	
STATE	LOUISIANA
DATE REC'D	2-14-13
DATE APP'D	7-9-13
DATE EFF	2-1-13
INDEX	179

TN# 13-08      Approval Date 7-9-13      Effective Date 2-1-13

Supersedes

TN# 89-28

SUPERSEDES: TN- 89-28



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B  
Item 13d. Page 1a

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 ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**CITATION**  
**42 CFR**  
**440.130**

**Medical and Remedial  
Care and Services  
Item 13.d**

B. Standards for Payment

- 1) The rehabilitation services center must be certified by the Health Standards Section of the Bureau of Health Services Financing.
- 2) The rehabilitation center must be Title XVIII certified.
- 3) Referral for such services has been made by a licensed physician, and the Prior Authorization Unit, Bureau of Health Services Financing (BHSF) has a copy of his recommendations to the rehabilitation services provider.
- 4) The rehabilitation services provider has evaluated the client and submitted a copy of its proposed plan of services to the Prior Authorization Unit for approval.
- 5) The rehabilitation services provider has agreed to provide evaluation reports as requested by the Prior Authorization Unit when the plan is approved.
- 6) The BHSF Prior Authorization Unit has approved the plan of treatment.

[Exclusions]:

Effective for dates of service on or after February 1, 2013, reimbursement shall not be made for rehabilitation clinic (center) services rendered to recipients 21 years of age and older.

STATE	<u>LOUISIANA</u>
DATE REC'D	<u>2-14-13</u>
DATE APPV'D	<u>7-9-13</u>
DATE EFF	<u>2-1-13</u>
IDEA 179	<u>13-08</u>

A

TN# 13-08 Approval Date 7-9-13 Effective Date 2-1-13  
Supersedes  
TN# 02-11 SUPERSEDES: TN- 02-11



STATE OF LOUISIANA

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:

<u>CITATION</u>	<u>Medical and Remedial</u>
<u>42 CFR</u>	<u>Care and Services</u>
<u>447.304</u>	<u>Item 13.d (cont'd.)</u>
<u>440.130</u>	

II. Rehabilitation Services for Mental Illness

A. Reimbursement Methodology

The reimbursement methodology is based on a comparative survey of rates paid in several other states for similar behavioral health services with an adjustment made for economic factors in Louisiana.

Each service provided to a qualified recipient will be reimbursed on a fee for service basis. Reimbursement shall be determined in accordance with the published Medicaid fee schedule and shall be applicable statewide to all MHR providers. Reimbursement for providers of Community Supports services are reimbursed as follow: Master's level practitioners are paid 100% of fee on file, and non-Master's level practitioners are paid 60% of the fee on file. Reimbursement for providers of Medication Management services are reimbursed as follows: Psychiatrist is paid 100% of fee on file, APRN is paid 80%, and RN is paid 67%.

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INDEX 179	<u>13-08</u>

A

TN# 13-08  
Date 2-1-13  
Supersedes

Approval Date 7-9-13

Effective

TN# 09-33

SUPERSEDES: TN- 09-33