

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 14-06**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179
- 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**

May 23, 2014

**Our Reference: SPA LA 14-06**

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 14-06. The SPA proposes to amend the provisions governing Other Licensed Practitioners covered under the Medicaid State Plan in order to establish reimbursement for services rendered by licensed behavior analysts.

Transmittal Number 14-06 is approved with an effective date of February 1, 2014 as requested. A copy of the HCFA-179, Transmittal No. 14-06 dated February 28, 2014 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,

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  <b>14-06</b>	2. STATE  <b>Louisiana</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, 2014</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: <b>42 CFR 440.60, Subpart A</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> <b>\$9,570.44</b> b. FFY <u>2015</u> <b>\$14,717.27</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-A, Item 4b, Pages 20, <del>21 and 22</del></b> <b>Attachment 4.19-B Item 4b, Page 10</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>None (New Pages)</b> <b>None (New Page)</b>	
10. SUBJECT OF AMENDMENT: <b>The SPA proposes to <del>establish coverage and reimbursement</del> under the Medicaid State Plan for <del>applied behavioral analysis-based (ABA) therapy services for recipients up to 21</del> <del>years of age who have a diagnosis of Pervasive Developmental Disorder or Autism Spectrum Disorder.</del></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>Kathy H. Kliebert</b>			
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>March 3, 2014</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>28 February, 2014</b>		18. DATE APPROVED: <b>23 May, 2014</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 February, 2014</b>		20. SIGNAT  AL:	
21. TYPED NAME: <b>Bill Brooks</b>		22. TITLE: <b>Associate Regional Administrator</b> <b>Div of Medicaid and Children's Health</b>	
23. REMARKS: <b>The State requests pen and ink changes to Block 8 and 10 as per e-mail dated 5/9/14. Block 10 should read, " The SPA proposes to amend the provisions governing Other Licensed Practitioners covered under the Medicaid State Plan in order to establish reimbursement for services rendered by licensed behavior analysts."</b>			

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 AS FOLLOWS:

Medical and Remedial Care and Services  
Item 4.b, (Cont'd)

State: Louisiana  
Date Received: 28 February, 2014  
Date Approved: 23 May, 2014  
Date Effective: 1 February, 2014  
Transmittal Number: 14-06

42 CFR 440.60 - Other Licensed Practitioners

**Licensed Behavior Analyst**

- A. The Medicaid Program shall provide coverage for, and payment to, licensed behavior analysts for services provided within their scope of practice. Licensed behavior analyst shall be reimbursed for Medicaid covered therapy services that are medically necessary, prior authorized by the Medicaid Program or its designee, and delivered in accordance with the recipient's treatment plan.

Licensed behavior analysts shall provide supervision to certified assistant behavior analysts and registered line technicians. Supervision is included in the State's Scope of Practice Act for licensed behavior analysts and they shall assume professional responsibility for the services rendered by an unlicensed practitioner.

B. Provider Qualifications

1. Licensed behavior analysts shall:
  - a. be licensed by the Louisiana Behavior Analyst Board;
  - b. be covered by professional liability insurance in the amount designated by the State;
  - c. have no sanctions or disciplinary actions on their Board Certified Behavior Analyst or Board Certified Behavior Analyst-Doctoral certification and/or state licensure;
  - d. not have Medicare/Medicaid sanctions or be excluded from participation in federally-funded programs; and
  - e. have a completed criminal background check according to the State's requirements.
2. Certified assistant behavior analysts shall:
  - a. be certified by the Louisiana Behavior Analyst Board;
  - b. work under the supervision of a licensed behavior analyst, with the supervisory relationship documented in writing;
  - c. have no sanctions or disciplinary actions, if State-certified or Board-certified;
  - d. not have Medicare/Medicaid sanctions or be excluded from participation in federally-funded programs; and
  - e. have a completed criminal background check according to the State's requirements.
3. Registered line technicians shall:
  - a. be registered by the Louisiana Behavioral Analyst Board;
  - b. work under the supervision of a licensed behavior analyst, with the supervisory relationship documented in writing;
  - c. have no sanctions or disciplinary actions, if State-certified or Board-certified;
  - d. not have Medicare/Medicaid sanctions or be excluded from participation in federally-funded programs; and
  - e. have a completed criminal background check according to the State's requirements.

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TN#: 14-06      Approval Date: 5/23/14      Effective Date: 2/1/14

Supersedes:  
None New page

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**Other Licensed Practitioners - Licensed Behavior Analysts**

**Reimbursement Methodology:**

Effective for dates of service on or after February 1, 2014, the Medicaid Program shall provide reimbursement to licensed behavior analysts who are enrolled with the Medicaid Program and in good standing with the Louisiana Behavior Analyst Board.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of behavioral analysis. The agency's fee schedule rate was set as of February 1, 2014 and is effective for services provided on or after that date. All rates are published on the Medicaid Provider website using the following link:

[http://www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm)

The rates are based upon 15 minute units of service, with the exception of mental health services plan which shall be reimbursed at an hourly fee rate. Reimbursement shall only be made for services authorized by the Medicaid Program or its designee.

Reimbursement shall not be made to, or on behalf of services rendered by a parent, a legal guardian, or legally responsible person.

State: Louisiana  
Date Received: 28 February, 2014  
Date Approved: 23 May, 2014  
Date Effective: 1 February, 2014  
Transmittal Number: 14-06