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**State/Territory Name: LA**

**State Plan Amendment (SPA) #:15-0028**

- 1) Approval Letter
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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850

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JUN 04 2018

Mrs. Jen Steele, Director  
Bureau of Health Services Financing  
Department of Health and Hospitals  
Post Office Box 91030  
Baton Rouge, Louisiana 70821-9030

RE: Louisiana 15-0028

Dear Mrs. Steele:

We have reviewed the proposed amendment to Attachment 3.1-A, 3.1-F, and 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 15-0028. The purpose of this State Plan Amendment (SPA) is to revise the plan pages under the Inpatient Psychiatric Services for Individuals under 21 Years of Age.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

We are pleased to inform you that Medicaid State plan amendment 15-0028 is approved effective December 1, 2015. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tamara Sampson at (214) 767-6431.

Sincerely,

A black rectangular box redacting the signature of Kristin Fan.

Kristin Fan  
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**15-0028**

2. STATE

**Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

**December 1, 2015**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

**42 CFR 440.160, 441 Subpart D**

**42 CFR 483 Subpart G**

7. FEDERAL BUDGET IMPACT:

a. FFY **2016** **\$0**

b. FFY **2017** **\$0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-F, Pages 12 and 12a

**Attachment 3.1-A Item 16, Page 1**

**Attachment 3.1-A Item 16, Page 2**

**Attachment 4.19-A Item 16, Pages 5 and 5a**

**Attachment 4.19-A Item 16, Pages 6, 7 and 8 (remove page 6)**

**Attachment 4.19-A Item 16, Pages 7 and 8 (remove pages)**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable):

SAME (TN 17-0029)

**SAME (TN 11-12)**

**NONE - New Page**

**SAME (TN 13-41)**

**SAME (TN 11-12)**

**SAME (TN 11-12)**

10. SUBJECT OF AMENDMENT: The SPA proposes to amend the provisions governing psychiatric residential treatment facilities (PRTFs) to: 1) allow an Office of Behavioral Health appointed designee to certify providers; 2) revise the terminology to be consistent with current program operations; and 3) revise the reimbursement methodology to remove the provisions governing interim payments, and to establish capitation payments to managed care organizations for children's services other than Coordinated System of Care (CSOC). For children/youth enrolled in CSOC, the non-risk payments shall be continued and payments made to a CSOC contractor.

11. 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.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

**Kathy A. Kilduff**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**September 28, 2015**

16. RETURN TO:

**J. Ruth Kennedy, Medicaid Director**

**State of Louisiana**

**Department of Health and Hospitals**

**628 N. 4<sup>th</sup> Street**

**P.O. Box 91030**

**Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

**September 29, 2015**

18. DATE APPROVED:

**JUN 04 2018**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**December 1, 2015**

SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

**KRISTIN FAN**

22. TITLE:

**Director, FINE**

23. REMARKS: The State requests a pen and ink change to box 8, above.

The State requests a pen and ink change to boxes 8 and 9, above.

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF INPATIENT PSYCHIATRIC SERVICES FOR INDIVIDUALS  
UNDER 21 YEARS OF AGE

LIMITATIONS OF THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS UNDER 21 YEARS OF  
AGE ARE DESCRIBED AS FOLLOWS:

**CITATIONS**

42 CFR 441

42 CFR 482

42 CFR 483

Inpatient Psychiatric Facility Services for Individuals

Under 21 years of age

Item 16

**Inpatient Psychiatric Services for Individuals Under 21 Years of Age**

Inpatient psychiatric services for individuals under age 21 (or age 22 if the individual was receiving services prior to reaching age 22) are provided under the direction of a physician pursuant to an individual's plan of care and are limited to those who are receiving such services in an institution which is:

1. A psychiatric hospital that undergoes a State survey to determine whether the hospital meets the requirements for participation in Medicare as a psychiatric hospital as specified in 42 CFR 482.60, or is accredited by a national organization whose psychiatric hospital accrediting program has been approved by CMS; or
2. A hospital with an inpatient psychiatric program that undergoes a State survey to determine whether the hospital meets the requirements for participation in Medicare as a hospital, as specified in 42 CFR part 482, or is accredited by a national accrediting organization whose hospital accrediting program has been approved by CMS; or
3. A psychiatric facility that is not a hospital (defined as a Psychiatric Residential Treatment Facility (PRTF) in 42 CFR 483.352) that is accredited by the Joint Commission on Accreditation of Healthcare Organizations (TJC), the Council on Accreditation for Families and Children, the Commission on Accreditation of Rehabilitation Facilities (CARF), or by any other accrediting organization, with comparable standards, that is recognized by the State.

Provider Requirements :

1. Providers must be licensed and will be subject to the uniform admission criteria and all applicable state and federal regulations to ensure compliance with 42 CFR 441.152.

State: Louisiana  
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TN 15-0028  
Supersedes  
TN 11-12

Approval Date JUN 04 2018

Effective Date 12-1-2015

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF INPATIENT PSYCHIATRIC SERVICES FOR INDIVIDUALS  
UNDER 21 YEARS OF AGE

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LIMITATIONS OF THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS UNDER 21 YEARS OF  
AGE ARE DESCRIBED AS FOLLOWS:

2. Providers must comply with the pre-admission process, continuation of stay and discharge criteria in order to be reimbursed by the Medicaid program.
3. All services will be certified consistent with federal requirements through a prior authorization process.
4. All services provided shall be included in the individual's plan of care.
5. Providers must comply with active treatment requirements, including: developing a plan of care based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the recipient's situation and reflects the need for inpatient psychiatric care, under the direction of a physician.
6. The facility must arrange for, and oversee, the provision of all services and must maintain all medical records of care furnished to the individual.
7. Services furnished under arrangement with qualified non-facility providers do not need to be provided at the psychiatric facility itself if these conditions are met. Such services can include dental, vision and diagnostic/radiology services.
8. Recipients must continue to meet Medicaid certification requirements for continuation of stay.
9. The inpatient psychiatric service is equal in amount, duration and scope regardless of the setting. Recipients will receive the level of care, in the hospital or facility, that is determined to be medically necessary and documented in an individualized plan of care.
10. Psychiatric services for children shall be provided within the context of the family and not as an isolated unit.

**Service Exclusions**

Group education, including elementary and secondary education, shall be excluded from Medicaid coverage.

State: Louisiana
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STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF INPATIENT PSYCHIATRIC FACILITY SERVICES FOR  
INDIVIDUALS UNDER 21 YEARS OF AGE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR  
SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER  
THE PLAN ARE DESCRIBED AS FOLLOWS:

**Inpatient Psychiatric Services for Individuals Under 21 Years of Age**

**Psychiatric Residential Treatment Facility Reimbursement**

Covered services rendered in a psychiatric residential treatment facility (PRTF) for individuals  
under 21 years of age shall be reimbursed by Medicaid.

Except as otherwise noted in the plan, the state-developed per diem rates are the same for  
both governmental and private providers. The agency's fee schedule rate was set as of  
December 1, 2015 and is effective for services provided on or after that date. The fee  
schedule can be found on the state agency's website at

[http://www.lamedicaid.com/provweb1/fee\\_schedules/SBH\\_FS.pdf](http://www.lamedicaid.com/provweb1/fee_schedules/SBH_FS.pdf)

**State Psychiatric Residential Treatment Facility Reimbursement Rates**

State and privately-owned and operated PRTFs shall be reimbursed for covered services  
according to the following provisions. The per diem rates paid shall take into consideration the  
following ownership and service criteria:

1. PRTF services specializing in sexually-based treatment programs;
2. PRTF services specializing in substance use disorders treatment programs; and.
3. PRTF services specializing in behavioral health treatment programs.

**Out-of-State Psychiatric Residential Treatment Facility Reimbursement Rates**

Out-of-state PRTFs shall be reimbursed according to the Specialty Behavioral Health Fee  
Schedule found at [http://www.lamedicaid.com/provweb1/fee\\_schedules/SBH\\_FS.pdf](http://www.lamedicaid.com/provweb1/fee_schedules/SBH_FS.pdf)

Services provided under arrangement (outside the PRTF benefit) will be reimbursed according to  
the fee schedules found at the following link:

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

**Psychiatric Residential Treatment Facility Cost Reports**

1. All in-state Medicaid-participating PRTF providers are required to file an annual Medicaid  
cost report in accordance with Medicare/Medicaid allowable and non-allowable costs. Cost  
reports shall be submitted on or before the last day of the fifth month after the end of the  
provider's fiscal year end.
2. Separate cost reports must be submitted by central or home offices when costs of the  
central/home office are reported in the PRTF provider's cost report.

State: Louisiana
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STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF INPATIENT PSYCHIATRIC FACILITY SERVICES FOR  
INDIVIDUALS UNDER 21 YEARS OF AGE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR  
SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER  
THE PLAN ARE DESCRIBED AS FOLLOWS:

**Inpatient Psychiatric Services for Individuals Under 21 Years of Age (continued)**

New Psychiatric Residential Treatment Facilities and Change of Ownership of Existing Facilities

Changes of ownership (CHOW) exist if the beds of a new owner have previously been certified to participate in the Medicaid program under the previous owner's provider agreement. The acceptance of a CHOW will be determined solely by LDH. Reimbursement will continue to be based on the State of Louisiana Medicaid fee schedule.

New providers are those entities whose beds have not previously been certified to participate in the Medicaid program.

Initial and On-going Rate Setting Methodology:

Per diem PRTF rates effective July 1, 2011, will be developed as follows:

1. Comparable PRTF rates from other Medicaid programs will be examined.
2. These rates will be adjusted for cost of living variances between Louisiana and the state from which they came.
3. The adjusted rates will be indexed (inflated used the inflation factor) from the home state's rate effective date to July 1, 2011.
4. These rates will then be averaged or other measures of central tendency will be calculated.
5. The rate may be further adjusted to reflect ownership cost variances anticipated, or to recognize PRTF specialization. Additional adjustments to the average rates may be made as deemed necessary.
6. The initial rates will be subject to the risk-sharing provision to mitigate financial risk for both the Medicaid program and the PRTFs.

The Louisiana Medicaid program will collect cost information from providers participating in the PRTF program as indicated under the cost reporting section. This cost information will be utilized to monitor PRTF rates effective July 1, 2013, to ensure that:

1. Fee schedule payments continue to be adequate to attract provider participation; and
2. Rates are not excessive.

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TN 15-0028

Approval Date

**JUN 04 2018**

Effective Date 12-1-2015

Supersedes

TN 13-41

State: Louisiana

Citation	Condition or Requirement
1932(a)(1)(A)	A. <u>Section 1932(a)(1)(A) of the Social Security Act.</u>

The following is a list of the benefits and services that a Louisiana MCO is required to provide:

1. Inpatient hospital services;
2. Outpatient hospital services;
3. Ancillary medical services;
4. Organ transplant-related services;
5. Family planning services as specified in 42 CFR §431.51(b)(2) (not applicable to MCO operating under a moral and religious objection as specified in the contract);
6. EPSDT/well-child visits (excluding dental);
7. Emergency medical services;
8. Communicable disease services;
9. Durable medical equipment and certain supplies;
10. Prosthetics and orthotics;
11. Emergency and non-emergency medical transportation;(ambulance and non-ambulance);
12. Home health services;
13. Basic and Specialized behavioral health services;
14. School-Based health clinic services provided by the LDH Office of Public Health certified school-based health clinics;
15. Physician services;
16. Maternity services (including nurse midwife services);
17. Chiropractic services;
18. Rehabilitation therapy services (physical, occupational, and speech therapies);
19. Pharmacy services;
20. Hospice services;
21. Personal care services (Age 0-20);
22. Pediatric day healthcare services;
23. Audiology services;
24. Ambulatory Surgical Services;
25. Lab and X-ray Services;
26. Emergency and surgical dental services;
27. Clinic services;
28. Pregnancy-related services;
29. Pediatric and Family Nurse Practitioner services;
30. Licensed mental health professional services (including Advanced Practice Registered Nurse services);

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Supersedes TN <u>17-0029</u>		



State: **Louisiana**

Citation	Condition or Requirement
	31. FQHC/RHC Services; 32. ESRD services; 33. Optometrist services; 34. Podiatry services; 35. Rehabilitative services (including Crisis Stabilization); 36. Respiratory services; 37. Applied behavior analysis (ABA)-based therapy services; and 38. Psychiatric Residential Treatment Facility services for individuals under 21 years of age.

**NOTE:** This overview is not all inclusive. The contract, policy transmittals, State Plan amendments, regulations, provider bulletins, provider manuals, published fee schedules, and guides issued by the Department are the final authority regarding services.

1932 (a)(5)(D)

1905(t)

L. List all services that are excluded for each model (MCO & PCCM)

The following services will continue to be reimbursed by the Medicaid program on a fee-for-service basis, with the exception of dental services, which will be reimbursed through a dental benefits prepaid ambulatory health plan under the authority of a 1915(b) waiver. The MCO shall provide any appropriate referral that is medically necessary. The Department shall have the right to incorporate these services at a later date if the member capitation rates have been adjusted to incorporate the cost of such service. Excluded services include:

1. Services provided through the Early-Steps program (IDEA Part C program services);
2. Dental services;
3. Intermediate care facility for persons with intellectual disabilities;
4. Personal care services (Age 21 and over);
5. Nursing facility services;
6. Individualized Education Plan services provided by a school district and billed through the intermediate school district, or school-based services funded with certified public expenditures;
7. Targeted case management services; and
8. All Office of Aging and Adult Services/Office for Citizens with Developmental Disabilities home and community-based Section 1915(c) waiver services.

Exception:

The following populations are mandatory enrollees in Healthy Louisiana for specialized behavioral health services and non-emergency ambulance services only:

- A. Individuals residing in nursing facilities; and
- B. Individuals under age 21 residing in intermediate care facility for persons with intellectual disabilities (ICF-ID).

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TN 15-0028

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