

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) LA: 22-0037**

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**

January 27, 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 22-0037

Dear Tara LeBlanc:

We have reviewed the proposed Louisiana State Plan Amendment (SPA) to Attachment 4.19-B pages under LA- 22-0037, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 19, 2022. The purpose of this SPA is to amend the provisions governing reimbursement for personal care services (PCS) provided to beneficiaries in the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program in order to remove outdated language regarding a wage enhancement that is not applicable to the current EPSDT-PCS program.

Based upon the information provided by the State, we have approved the amendment with an effective date of February 20, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at (945) 35-1231 or/and via email at: [Monica.Neiman@cms.hhs.gov](mailto:Monica.Neiman@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**22-0037**

2. STATE  
**LA**

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

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**February 20, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 447.304**  
**42 CFR 447.200-205**  
**Section 1905(r)(5) of the Social Security Act**  
**1905(a)(24) of the Social Security Act**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 **\$0**  
b. FFY 2024 **\$0**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-B, Item 4.b, Page 2**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)  
**Same (TN 13-47)**

9. SUBJECT OF AMENDMENT

**The purpose of this SPA is to amend the provisions governing reimbursement for personal care services (PCS) provided to beneficiaries in the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program in order to remove outdated language regarding a wage enhancement that is not applicable to the current EPSDT-PCS program.**

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

[Redacted Signature]

15. RETURN TO

**Tara A. LeBlanc, Medicaid Executive Director**  
**Louisiana Department of Health**  
**628 North 4<sup>th</sup> Street**  
**P.O. Box 91030**  
**Baton Rouge, LA 70821-9030**

12. TYPED NAME

**Ruth Johnson, designee for Dr. Courtney N. Phillips**

13. TITLE

**Secretary**

14. DATE SUBMITTED

**December 19, 2022**

**FOR CMS USE ONLY**

16. DATE RECEIVED  
December 19, 2022

17. DATE APPROVED  
January 27, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
February 20, 2023

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement Review

22. REMARKS **The State requests a pen and ink change to box 5.**

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

447.304

447.200-205

and Section

1905(r)(5) of

the Act

Medical and Remedial Care and Services

Item 4.b.(contd.)

II. The following services that are not otherwise covered under the Louisiana State Plan, will be reimbursed when provided to an EPSDT beneficiary:

**A. Hospice Services**

Effective for the dates of service on or after May 1, 2012, reimbursement for hospice services are pursuant to the methodology as outlined under Attachment 4.19-B, Item 18.

**B. Personal Care Services**

Personal Care Services (PCS) for EPSDT eligibles shall be paid the lesser of billed charges or the maximum unit rate set by the Department. The maximum rate is a prospective flat rate for each approved unit of service that is provided to the beneficiary. One quarter hour is the standard unit of service, excluding travel time to arrive at the beneficiary's home.

Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and non-governmental providers of personal care services. The agency's fee schedule rate was set as of February 20, 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)

**C. Chiropractors**

1. Method of Payment

Reimbursement is only for manual manipulation of the spine (procedure codes 97260 and 97261). Chiropractors are reimbursed under the same methodology used to reimburse physicians. Reimbursement is made at the lower of the provider's billed charge for the services or the maximum allowable fee for chiropractic services under the Department's provider reimbursement fee schedule.