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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 19-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 355  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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April 24, 2020

Ms. Ruth Johnson, Medicaid Executive Director  
Louisiana Department of Health  
628 N 4th Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

RE: TN LA 19-0005

Dear Ms. Johnson:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number (TN) 19-0005 dated March 29, 2019. This state plan amendment is to amend the provisions governing school-based medical services covered in the Early and Periodic Screening, Diagnosis and Treatment Program and school-based behavioral health services in order to: (1) add services categorized as 504 plans, individual health plans or otherwise medically necessary in addition to those covered by an individual education plan, to the services available for school-based Medicaid claiming; (2) amend the reimbursement methodology to expand allowable billing providers for direct/therapy and nursing services; and 3) add applied behavioral analysis, personal care services and transportation to allowable Medicaid billing.

Based on the information submitted, we approved the amendment on April 21, 2020, for incorporation into the official Louisiana State Plan, with an effective date of March 20, 2019. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions regarding this matter, you may contact Tobias Griffin at (214) 767-4425, or by email at [tobias.griffin@cms.hhs.gov](mailto:tobias.griffin@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosure

cc: Billy Bob Farrell, Branch Manager  
Jennifer Katzman, LA Department of Health  
Karen Barnes, LA Department of Health

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>19-0005</b>	2. STATE <b>Louisiana</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>March 20, 2019</b>
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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 <b>Section 1905 of the Social Security Act 42 CFR 440.130d 42 CFR 441.57</b>	7. FEDERAL BUDGET IMPACT a. FFY 2019      \$ <u>0.00</u> b. FFY 2020      \$ <u>3,868,520</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Please see attached</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Please see attached</b>
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10. **SUBJECT OF AMENDMENT: The purpose of this SPA is to amend the provisions governing school-based medical services covered in the Early and Periodic Screening, Diagnosis and Treatment Program and school-based behavioral health services in order to: 1) add services categorized as 504 plans, individual health plans or otherwise medically necessary in addition to those covered by an individual education plan, to the services available for school-based Medicaid claiming; 2) amend the reimbursement methodology to expand allowable billing providers for direct/therapy and nursing services; and 3) add applied behavioral analysis, personal care services and transportation to allowable Medicaid billing.**

11. GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor does not review State Plan material.  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO <b>Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4<sup>th</sup> Street P.O. Box 91030 Baton Rouge, LA 70821-9030</b>
13. TYPED NAME / <b>Cindy Rives, designee for Rebekah E. Gee MD, MPH</b>	
14. TITLE <b>Secretary</b>	
15. DATE SUBMITTED <b>March 29, 2019</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <b>March 29, 2019</b>	18. DATE APPROVED <b>April 21, 2020</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>March 20, 2019</b>	20. SIGNATURE 
21. TYPED NAME <b>James G. Scott</b>	22. TITLE    Director Division of Program Operations

23. REMARKS    The State requestes a pen and ink change to boxes 8 and 9 on the attached addendum to the CMS 179.

**8. Page Number of the Plan Section or Attachment**

**9. Page Number of the Superseded Plan Section or Attachment (if applicable)**

Attachment 3.1-A, Item 4b, Pages 9h and 9h(1)	SAME (TN 15-0024)
Attachment 3.1-A, Item 4b, Pages 9h(2)	NONE – New page
Attachment 3.1-A, Item 4b, Page 18	SAME (TN 10-48)
Attachment 3.1-A, Item 4b, Page 18a	NONE - New page
<del>Attachment 3.1-A, Item 4b, Page 18b</del>	<del>NONE – New page</del>
Attachment 3.1-A, Item 4b, Pages 19-19a	SAME (TN 15-0019)
Attachment 3.1-A, Item 4b, Page 19b	NONE – New page
Attachment 3.1-A, Item 4b, Page 19c, 19d, and 19e	NONE – New pages
Attachment 4.19-B, Item 4b, Pages 1, 1a, and 1b	SAME (TN 14-08)
Attachment 4.19-B, Item 4b, Pages 1c and 1d	SAME (TN 04-16)
Attachment 4.19-B, Item 4b, Pages 1e, 1f, 1g	SAME (TN 04-16)
Attachment 4.19-B, Item 4b, Page 1h	SAME (TN 04-16)
Attachment 4.19-B, Item 4b Pages 3e, 3f, and 3g	SAME (TN 15-0024)
<del>Attachment 4.19-B, Item 4b Page 3h</del>	<del>NONE – New page</del>
Attachment 4.19-B, Item 4b, Page 6	SAME (TN 15-0019)
Attachment 4.19-B, Item 4b, Pages 7-9	SAME (TN 12-02)
Attachment 4.19-B, Item 4b, Pages 9a, 9b, 9c and 9d	NONE – New pages
Attachment 4.19-B, Item 13d, Pages 5-7	SAME (TN 15-0024)
Attachment 3.1-A, Item 4b, Pages 9h and 9h(1)	Same (TN 15-0024)
Attachment 3.1-A, Item 4b, Page 19	Same (TN 15-0019)
Attachment 3.1-A, Item 4b, Page 19(a) - (remove page)	Same (TN 15-0019)
Attachment 3.1-A, Item 4b, Page 20	Same (TN 14-0040)
Attachment 4.19-B, Item 4b, Pages 1a and 1b	Same (TN 14-08)
Attachment 4.19-B, Item 4b, Pages 1c, 1d, 1e, 1f, 1g and 1h	Same (TN 04-16)
Attachment 4.19-B, Item 4b, Page 1h(1)	None - new page
Attachment 4.19-B, Item 4b, Pages 3e, 3f and 3g - (remove pages)	Same (TN 15-0024)
Attachment 4.19-B, Item 4b, Page 4b (remove page)	Same (TN 11-14)
Attachment 4.19-B, Item 4b, Page 6	Same (TN 17-0029)
Attachment 4.19-B, Item 4b, Pages 7-10 - (remove pages)	Same (TN 12-02)

State: Louisiana Date Received: 03-29-2019 Date Approved: 04-21-2020 Date Effective: 03-20-2019 Transmittal Number: 19-0005
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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 BELOW:

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

**EPSDT Services Provided by Local Education Agencies**

Effective for dates of service on or after March 20, 2019, Medicaid shall provide coverage to eligible recipients for EPSDT services in schools, pursuant to §1905(a) of the Social Security Act which are addressed in a service plan and are medically necessary, that correct or ameliorate a child's health condition. Medically necessary EPSDT services are provided by or through local education agencies (LEAs) to children with or suspected of having disabilities who attend public school in Louisiana.

Services must be performed by qualified providers as set forth in the State Plan and who provide these services as part of their respective area of practice.

Services provided in a school setting will only be reimbursed for recipients who have been determined eligible for Title XIX and the Individuals with Disabilities Education Act (IDEA), Part B services with a written service plan which contains medically necessary services recommended by a physician or other licensed practitioner, within the scope of his or her practice under state law.

**Service Exclusions**

1. These services are not covered if they are performed for educational purposes (e.g. academic testing) or as the result of the assessment and evaluation it is determined the service is not reflected in a service plan or not determined to be medically necessary.
2. Medicaid does not reimburse for social or educational needs.

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, EPSDT services (Cont'd)

**Local Education Agency Responsibilities**

1. The LEA shall ensure that its licensed and unlicensed EPSDT service professionals are employed or contracted according to the requirements specified under the IDEA.
2. An LEA shall ensure that individual professional requirements are in compliance with Medicaid qualifications, Department of Education Bulletin 746, and Louisiana Standards for State Certification of School Personnel prior to an LEA billing for any services of a clinician under Medicaid.
3. Anyone providing EPSDT services must operate within their scope of practice license or certification under the supervision of a licensed practitioner. Licensed practitioners assume professional liability for unlicensed/certified practitioners under their supervision and within their scope of practice. The provider shall create and maintain documents to substantiate that all requirements are met.

**Other Licensed/Certified Practitioners**

In addition to licensed EPSDT providers, the following providers may provide services in schools under Early and Periodic Screening, Diagnosis and Treatment (EPSDT):

1. Licensed Master Social Workers or Certified Master Social Workers practicing under the supervision of a Licensed Social Worker; and
2. Certified School Psychologists practicing under the supervision of a licensed Psychologist.

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)

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. These services must be provided by or under the supervision of a behavior analyst who is currently licensed by the Louisiana Behavior Analyst Board, or a licensed psychologist, or a licensed medical psychologist. Licensed behavior analyst, licensed psychologists and licensed medical psychologists 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. Licensed psychologists and licensed medical psychologists are authorized to provide supervision to non-licensed practitioners.

Applied Behavior Analysis Services Provided by Local Education Agencies (LEAs)

Applied Behavior Analysis services rendered in school-based settings must be provided by, or under the supervision of, a behavior analyst currently licensed by the Louisiana Behavior Analyst Board, a licensed psychologist or licensed medical psychologist. Payment for services must be billed by the licensed professional.

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 psychologists, licensed medical psychologists, and 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.

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:

3. Registered line technicians shall:
  - a. be registered by the Louisiana Behavior Analyst Board;
  - b. work under the supervision of a licensed psychologists, licensed medical psychologists, and 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.



STATE OF LOUISIANA

PAYMENT OF 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

**G. EPSDT Services Provided by Local Education Agencies**

Effective for dates of service on or after March 20, 2019, the following medically necessary services provided by local education agencies (LEAs) are reimbursable when included on a recipient's individualized service plan (IEP), a section 504 accommodation plan, an individualized health care plan, an individualized family service plan, or medical need documentation:

1. medical and remedial care;
2. personal care;
3. rehabilitative;
4. audiology;
5. speech pathology;
6. occupational therapy;
7. speech therapy; and
8. Applied Behavioral Analysis (ABA)

The services are reimbursed according to the following methodology:

**Cost Reporting**

Settlement payments for EPSDT services provided in a school setting, shall be based on the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider. Each LEA shall determine cost annually by using LDH's cost report for each EPSDT services cost form.

Direct cost shall be the amount of total compensation (salaries, vendor payments and fringe benefits) of current service providers and the direct cost related to the electronic health records to arrive at the total direct costs for services. There are no additional direct costs included. The basis of allocation for direct service compensation cost for employees is LDH's Direct Services Time Study Methodology approved by CMS November 2014. This time study incorporates the CMS approved Medicaid Administrative Claiming (MAC) methodology for direct service employees (excluding vendors) and is used to determine the percentage of time direct service employees spend on direct services and General and Administrative (G and A) time.

Indirect cost is derived by multiplying the cognizant agency indirect cost unrestricted rate assigned by the Department of Education to each LEA by the allowable costs. There are no additional indirect costs included.

STATE OF LOUISIANA

PAYMENT OF 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

To determine EPSDT services cost that may be attributed to Medicaid, the ratio of Medicaid covered students in the LEA is multiplied by total (direct plus indirect) cost. Cost data is subject to certification by each LEA. This serves as the basis for obtaining federal Medicaid funding.

The participating LEAs' actual cost of providing EPSDT services shall be claimed for Medicaid federal financial participation (FFP) based on the following methodology:

1. Employee Cost
  - a. Develop Direct Cost-The Payroll Cost Base

Total annual salaries and benefits paid are obtained initially from each LEA's Payroll/Benefits system. This data will be reported on LDH's direct services cost report form for all direct service employees that participated in the random moment time study (i.e. all employees providing LEA direct treatment services covered under the State Plan).
  - b. Adjust the Payroll Cost Base

The payroll cost base shall be reduced for amounts reimbursed by non-state and local funding sources (e.g. federal grants). The payroll cost base shall not include any amounts for staff whose compensation is 100 percent reimbursed by a funding source other than state/local funds. This results in total adjusted salary cost.
  - c. Determine the Percentage of Time to Provide All EPSDT Services

A time study, which incorporates the CMS-approved Medicaid Administrative Claiming (MAC) methodology for direct service employees, shall be used to determine the percentage of time EPSDT service providers spend on EPSDT direct services and general and administrative (G and A time). This time study will assure there is no duplicate claiming. The G and A percentage shall be reallocated in a manner consistent with the CMS-approved Medicaid administrative claiming methodology. Total G and A time shall be allocated to all other activity codes based on the percentage of time spent on each respective activity.

To reallocate G and A time to EPSDT services, the percentage of time spent on EPSDT services shall be divided by 100 percent minus the percentage of G and A time. This shall result in a percentage that represents the EPSDT services with appropriate allocation of G and A. This percentage shall be multiplied by total adjusted salary cost as determined by the adjusted payroll cost base to allocate cost to school based services. The product represents total direct cost.

STATE OF LOUISIANA

PAYMENT OF 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

A sufficient number of EPSDT service providers shall be sampled to ensure results that will have a confidence level of at least 95 percent with a precision of plus or minus two percent overall.

d. Determine Indirect Cost

Indirect cost shall be determined by multiplying each LEA's indirect unrestricted rate assigned by the cognizant agency (the Department of Education) by total adjusted direct cost. No additional indirect cost shall be recognized outside of the cognizant agency indirect rate. The sum of direct cost and indirect cost shall be the total employer direct service cost for all students receiving EPSDT services.

2 Vendor Cost

a. Develop Direct Cost-The Vendor Cost Base

Total annual vendor costs paid are obtained initially from each LEAs' Accounts Payable system. This data will be reported on LDH's direct services cost report form for all direct service vendors (i.e. all contracted personnel providing LEA direct treatment services covered under the State Plan).

b. Adjust the Vendor Cost Base

The vendor cost base shall be reduced for amounts reimbursed by non-state and local funding sources (e.g. federal grants). The vendor cost base shall not include any amounts for vendor whose cost is 100 percent reimbursed by a funding source other than state/local funds. This results in total adjusted vendor cost.

c. Vendor Rate per service for Providing EPSDT Services

Vendors are not subject to the time study process. Vendors are only at a school to provide the direct services enumerated in the contract. Vendors are not expected to perform general and administrative (G and A) tasks. This rate per service should include all vendor's direct and indirect costs. This rate per service should cover the time spent providing the direct service, administrative time and any other time related to tasks related to that service.

d. Determine Indirect Cost

Indirect cost shall be determined by multiplying each LEA's indirect unrestricted rate assigned by the cognizant agency (the Department of Education) by total adjusted direct cost. No additional indirect cost shall be recognized outside of the cognizant agency indirect rate. The sum of direct cost and indirect cost shall be the total vendor direct service cost for all students receiving EPSDT services.

STATE OF LOUISIANA

PAYMENT OF 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

3. Personal Care Service Employee/Vendor
  - a. Develop Direct Cost-The Payroll Cost Base  
Total annual salaries and benefits paid are obtained initially from each LEA's Payroll system. Vendor costs are obtained from vendor invoices and the LEA's accounts payable system. This data will be reported on LDH's direct services cost report form for all PCS employees or vendors (i.e. all employees/vendors providing LEA personal care services covered under the State Plan).
  - b. Adjust the Payroll/Vendor Cost Base  
The payroll/vendor cost base shall be reduced for amounts reimbursed by non-state and local funding sources (e.g. federal grants). The payroll/vendor cost base shall not include any amounts for costs 100 percent reimbursed by a funding source other than state/local funds. This results in total adjusted salary/vendor cost.
  - c. Determine Indirect Cost  
Indirect cost shall be determined by multiplying each LEA's indirect unrestricted rate assigned by the cognizant agency (the Department of Education) by total adjusted direct cost. No additional indirect cost shall be recognized outside of the cognizant agency indirect rate. The sum of direct cost and indirect cost shall be the total direct service cost for all students receiving EPSDT services.
4. Applied Behavioral Analysis  
Applied Behavioral Analysis (ABA)-based services provided by individuals working within the scope of their license are reimbursable by Medicaid. ABA services will be reimbursed using the EPSDT cost based methodology for employees and vendors as described in 1 and 2 above. \_

**Allocate Direct Service Cost to Medicaid**

To determine the amount of cost that may be attributed to Medicaid, total direct service cost (employee and vendor) shall be multiplied by the ratio of Medicaid enrolled students in the LEA to all students in the LEA. This results in total cost that may be certified as Medicaid's portion of school-based EPSDT services cost. The Medicaid enrolled student ratio is calculated one time in each cost report year. This calculation is based on the statewide student count performed in October each year.

**Reconciliation of LEA Certified Costs and Medicaid Management Information System (MMIS) Paid Claims**

Each LEA shall complete and submit the applicable services cost report(s) no later than five months after the fiscal year period ends (June 30), and reconciliation should be completed within 12 months from the fiscal year end.

STATE OF LOUISIANA

PAYMENT OF 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

All filed cost reports shall be subject to desk review by the Department’s audit contractor. The Department shall reconcile the total expenditures (both state and federal share) for each LEA’s services. The Medicaid certified cost expenditures from the cost report(s) will be reconciled against the MMIS paid claims data and the Department shall issue a notice of final settlement, after all reviews, that denotes the amount due to or from the LEA. This reconciliation is inclusive of all services provided by the LEA.

**Cost Settlement Process**

As part of its financial oversight responsibilities, the Department shall develop risk assessment and audit plan to ensure cost reasonableness and accuracy in accordance with current CMS guidelines. Based on the audit plan, the Department will develop agreed upon procedures to review and process all final settlements to LEAs. The agreed upon procedures will be performed to review cost reports submitted by LEAs.

- a. The financial oversight of all LEAs shall include reviewing the costs reported on each EPSDT services cost report against the allowable costs, performing desk reviews and conducting limited reviews.
- b. The Department shall make every effort to audit each LEA at least every four years. These activities shall be performed to ensure that audit and final settlement occurs no later than two years from the LEA’s fiscal year end for the cost reporting period audited. LEAs may appeal audit findings in accordance with LDH appeal procedures.
- c. The Department shall adjust the affected LEA’s payments no less than annually, when any reconciliation or final settlement results in significant underpayments or overpayments to any LEA.

If the actual certified costs of an LEA’s Medicaid services exceed interim Medicaid payments, the Department will pay this difference to the LEA in accordance with the final actual certification agreement. If the actual certified costs of an LEA’s Medicaid services for any program cost report are less than interim Medicaid payments, the Department will reduce all school based Medicaid reimbursements from the current and following cost report years’ settlement until the amount due is reduced to zero.

All costs described within this methodology are for eligible 1905(a) Medicaid services provided by Medicaid qualified practitioners that have been approved under Attachment 3.1-A and whose reimbursement methodology has been comprehensively described here in the Medicaid State Plan.

STATE OF LOUISIANA

PAYMENT OF 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

**Specialized Transportation Services Provided by Local Education Agencies**

**General Provisions**

A special transportation trip is only billable to Medicaid on the same day that a Medicaid enrolled child receives a Medicaid service included in the student's IEP/IFSP. The need for specialized transportation must be documented in the child's IEP/IFSP. The transportation shall be provided on a specially adapted bus.

**Reimbursement Methodology**

Effective for dates of service on or after March 20, 2019, medically necessary specialized transportation that is included on the student's IEP/IFSP, provided by LEAs to recipients under age 21 is reimbursed according to the following methodology:

**Cost Reporting**

Reimbursement for specialized transportation services shall be based on the LEA's actual cost reported as determined by desk review and/or audit for each LEA.

Each LEA shall determine cost annually by using LDH's Specialized Transportation cost report form. Direct cost shall be the cost of fuel, repairs and maintenance, rentals, contracted vehicle use cost and the amount of total compensation (salaries, vendor payments and fringe benefits) of specialized transportation employees or contract cost for contract drivers, as allocated to specialized transportation services for Medicaid recipients. There are no additional direct costs included in the rate.

Indirect cost is derived by multiplying the direct cost by the cognizant agency's unrestricted indirect cost rate assigned by the Department of Education to each LEA by the allowable costs. There are no additional indirect costs included.

To determine the amount of specialized transportation cost that may be attributed to Medicaid, total cost is multiplied by the ratio of one-way Medicaid eligible trips to one-way trips for all students transported via specialized transportation. This results in total cost that may be certified as Medicaid's portion of school-based specialized transportation services cost.

Specialized transportation trip data is derived from transportation logs maintained by drivers for each one-way trip. Cost data on the specialized transportation cost report is subject to certification by each parish.

STATE OF LOUISIANA

PAYMENT OF 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

For specialized transportation services, the participating LEAs' actual cost of providing specialized transportation paid with state and local funds shall be claimed for Medicaid federal financial participation (FFP) based on the following methodology:

Step 1—Develop Direct Cost—Other

Cost for specialized transportation fuel, repairs and maintenance, rentals, and contract vehicle use cost are obtained from the LEA's accounts payable system and reported on the Specialized Transportation Cost Report form.

Step 2—Develop Direct Cost-The Payroll Cost Base

Total annual salaries and benefits paid as well as contract cost (vendor payments) for contract drivers are obtained from each LEA's payroll/benefits and accounts payable systems. This data will be reported on the specialized transportation cost report form for all direct service personnel (i.e. all personnel working in specialized transportation).

Step 3—Determine Indirect Cost

Indirect cost is determined by multiplying each LEA's unrestricted indirect rate assigned by the cognizant agency (the Department of Education) by total direct cost. No additional indirect cost is recognized outside of the cognizant agency indirect rate.

Step 4 – Total Cost

The sum of direct costs and indirect cost is total specialized transportation direct cost for all students with an IEP/IFSP indicating medical need.

Step 5—Allocate Specialized Transportation Cost to Medicaid

Specialized transportation drivers shall maintain logs of all students transported on each one-way trip. These logs shall be utilized to aggregate total annual one-way trips which will be reported by each LEA on the specialized transportation cost report.

To determine the amount of specialized transportation cost that may be attributed to Medicaid, total cost is multiplied by the ratio of one-way Medicaid eligible trips to one-way trips for all students transported via specialized transportation. This results in total cost that may be certified as Medicaid's portion of school-based specialized transportation services cost.

STATE OF LOUISIANA

PAYMENT OF 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:

**Medicaid One-way Trip Ratios for Specialized Transportation**

Numerator - The number of one-way trips for Medicaid enrolled children who received specialized transportation to and from the IEP/ISFP service destination will be claimed as a Medicaid eligible trip when the child receives a Medicaid service included in an IEP/IFSP on a particular day and specialized transportation is specifically listed in the IEP or IFSP.

Denominator - The total number of one-way trips for all children that ride a specialized transportation bus.

Calculation - Medicaid trip ratio x Specialized transportation costs [(direct services) + (direct services x indirect rate)]

**Reimbursement of LEA Certified Costs**

Each LEA shall complete and submit the Specialized Transportation cost report no later than five months after the fiscal year end (June 30), and reconciliation shall be completed within 12 months from the fiscal year end. All filed cost reports shall be subject to desk review or audit by the Department's audit contractor.

The financial oversight of all LEAs will include reviewing the costs reported on the specialized transportation cost reports against the allowable costs in accordance with 2 CFR 200, performing desk reviews and conducting limited reviews. The Department shall issue a notice of final reimbursement, after all reviews, which denotes the amount due to the LEA.

**Cost Reimbursement Process**

As part of its financial oversight responsibilities, the Department shall develop risk assessment and audit plan to ensure cost reasonableness and accuracy in accordance with the current CMS guidelines. Based on the audit plan, the Department will develop agreed upon procedures to review and process all reimbursements to LEAs. The agreed upon procedures will be performed to review cost reports submitted by LEAs.



STATE OF LOUISIANA

PAYMENT OF 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:

- a. The financial oversight of all LEAs shall include reviewing the costs reported on the Specialized Transportation cost report against the allowable costs, performing desk reviews and conducting limited reviews.
- b. The Department shall make every effort to audit each LEA at least every four years. These activities shall be performed to ensure that audit and final reimbursement occurs no later than two years from the LEA's fiscal year end for the cost reporting period audited. LEAs may appeal audit findings in accordance with LDH appeal procedures.

**State Monitoring**

If the Department becomes aware of potential instances of fraud, misuse or abuse of LEA services and Medicaid funds, it will perform timely audits and investigations to identify and take the necessary actions to remedy and resolve the problem.

**H. EPSDT Services Provided by Office of Public Health**

The following EPSDT services provided by the Office of Public Health are paid an enhanced fee as follows:

Consultation EPSDT, by Nurse	\$19.88
Consultation EPSDT, by Nutritionist	\$19.88
Consultation EPDST, by Social Worker	\$19.88
Lead Poisoning Follow-up	\$45.56
Physician Diagnosis and Treatment	\$51.62
Clinic Visit for Handicapped Child	\$84.68
Diagnosis/Treatment by Physician/Nurse	\$51.62
Speech and Hearing Evaluation	\$50.27
Initial Screen by Physician	\$73.95
Initial Screen by Nurse	\$73.95
Periodic Screen by Nurse	\$73.95
Interperiodic Screen-child	\$46.40
Interperiodic Screen-adolescent	\$65.25
Vision Screen	\$ 5.80
Vaccines	\$13.70
Screening, Pure Tone, Air only	\$ 5.22

STATE OF LOUISIANA

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

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**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. Reimbursement shall only be made for services billed by a licensed behavior analyst, licensed psychologist, or medical psychologist.

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)

Effective for dates of service on or after January 1, 2017, new provider rates and codes went into effect.

Effective February 13, 2017, the Registered Line Technician (tech) therapy rate was increased.

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.

Effective for dates of service on or after January 20, 2018, applied behavior analysis-based therapy will be included with the specialized behavioral health services provided by managed care organizations (MCOs) that participate in the Healthy Louisiana program.