

Department of Health and Hospitals Office of the Secretary

March 7, 2014

Bill Brooks Associate Regional Administrator Division of Medicaid & Children's Health DHHS/Centers for Medicare and Medicaid Services 1301 Young Street, Room #833 Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan

Transmittal No. 14-05

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,

Attachments (2)

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-05	2. STATE Louisiana		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 4. PROPOSED EFFECTIVE DATE February 13, 2014			
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 CONS		MENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		ch amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart B	7. FEDERAL BUDGET IMPACT: FFY 2014 FFY 2015	\$ 2.66 \$ 4.35		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Item 7, Page 4 Attachment 4.19B, Item 7, Page 4a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supersedes (05-15) Same (TN 10-48) - Reserved			
10. SUBJECT OF AMENDMENT: The SPA proposes to revise Health Program in order to increase the reimbursement rarecipients under the age of 21, and to discontinue the autor 11. GOVERNOR'S REVIEW (Check One):	tes for physical and occupations	al therapy services fo		
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-B Item 7, Page 4

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 1902 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Item 7.d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency.

The Medicaid Program provides reimbursement for physical therapy, occupational therapy and speech /language therapy covered under the Home Health Program.

Effective for dates of service on or after February 13, 2014, reimbursement for physical and occupational therapy services shall be 85 percent of the 2013 Medicare published rate. There shall be no automatic enhanced rate adjustment for physical and occupational therapy services.

Speech/language therapy services shall continue to be reimbursed at the flat fee in place as of February 13, 2014 and in accordance with the Medicaid published fee schedule for speech/language therapy services provided in the Home Health Program. The fee schedules can be found on the Louisiana Medicaid provider website at www.lamedicaid.com

Effective for services on or after July 21, 2010 for physical therapy, occupational therapy or speech-language therapy services provided in conjunction with the Pediatric Day Health Program, reimbursement is made pursuant to the methodology described on page 4.19-B, Item 4b, Page 5 under EPSDT – Pediatric Day Health Program.

TN#	Approval Date	Effective Date	
Supersedes TN#			

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

ATTACHMENT 4.19-B Item 7, Page 4a

STATE OF LOUISIANA

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RESERVED

ΓN#	Approval Date	Effective Date	
Supersedes FN#			
ΓN#			

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #:

14-05

TITLE: Rehab. Services in Home Health--OT & PT Rate Increase FISCAL IMPACT: Increase

EFFECTIVE DATE: February 13, 2014

1st SFY
2nd SFY
3rd SFY

year	% inc.	fed. match		*# mos	range of mos.	dollars
2014			62.11%	4.5	February 13, 2014 - June 2014	\$2,535
2015	3.0%		62.05%	12	July 2014 - June 2015	\$6,963
2016	3.0%		62.05%	12	July 2015 - June 2016	\$7,172

	*#n	nos-Months	remain	ning in fisc	cal year				
Total Dec	rease in Co	st FFY	2014						
SFY	2014	\$2,535	for	4.5	months	February 13, 2014 - June 2014		\$2,535	
SFY	2015	\$6,963	for	12	months	July 2014 - June 2015			
		\$6,963	1	12 X	3	July 2014 - September 2014		\$1,741 \$4,276	
			FFP (FFY 20	14)=	\$4,276 X 62.11%	=	_	\$2,656
Total Dec	rease in Co	st FFY	2015						
SFY	2015	\$6,963		12	months	July 2014 - June 2015			
		\$6,963	1	12 X	9	October 2014 - June 2015		\$5,222	
SFY	2016	\$7,172	for	12	months	July 2015 - June 2016			
		\$7.172		12 X	3	July 2015 - September 2015	-	\$1,793 \$7,015	
			FFP	(FFY 20	15)=	\$7,015 X 62.05%	20		\$4,353