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 4th 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 <u>ford.blunt@cms.hhs.gov</u> or by phone at (214) 767-6381.

Sincerely,

Bill Brooks

Associate Regional Administrator

Bill Broke

Enclosures

TEN A NOR COMPANY AND		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	14-06	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	February 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):		
■ NEW STATE PLAN ■ AMENDMENT TO BE CONS	SIDERED AS NEW PLAN 🛛 AM	ENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN 6. FEDERAL STATUTE/REGULATION CITATION:	NDMENT (Separate Transmittal for each	amendment)
42 CFR 440.60, Subpart A	7. FEDERAL BUDGET IMPACT: a. FFY 2014 b. FFY 2015	\$9,570.44 \$14,717.27
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER SECTION OR ATTACHMENT (I)	
Attachment 3.1-A, Item 4b, Pages 20, 21 and 22	None (New Pages)	
Attachment 4.19-B Item 4b, Page 10	None (New Page)	
Attachment 4.19-D Item 40, Page 10	Trone (Ivew 1 age)	
10. SUBJECT OF AMENDMENT: The SPA proposes to estab	lish coverage and reimbursemen	t under the
Medicaid State Plan for applied behavioral analysis bas		
years of age who have a diagnosis of Pervasive Develop	nantal Disarder or Autism Speet	rum Disardan
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	w state plan material.
12. SIGNATURE OF STATE AGENICY OFFICIAL:	16. RETURN TO:	
Jan Dinga	J. Ruth Kennedy, Medicaid Director State of Louisiana	
13 PYPED NAME:		
Kathy H Kliebert	Department of Health and H	lospitals
14. TITLE:	628 N. 4th Street	
Secretary 15. DATE SUBMITTED:	PO Box 91030	
March 3, 2014	Baton Rouge, LA 70821-903	30
	EIGE HEE ONLY	
17. DATE RECEIVED:	18 DATE APPROVED	
28 February, 2014	23 May,	2014
PLAN APPROVED – ONI	E COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNAT	CIAL:
1 February, 2014	Bell Broke	
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Region	al Administrator
	Div of Medicaid and Chil	ldren's Health
23. REMARKS: The State requests pen and ink changes to B		
read, "The SPA proposes to amend the prov	•	
under the Medicaid State Plan in order to est	ablish reimbursement for services	rendered by licensed
behavior analysts."		

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

State: Louisiana

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

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.

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

Supersedes:

ATTACHMENT 4.19-B Item 4b, page 10

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 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

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
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Supersedes:

None New Page