

Department of Health and Hospitals
Office of the Secretary

March 12, 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. 14-07

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.

Kathy H. Kliebert

Secretary

Attachments (1)

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193 2. STATE		
STATE PLAN MATERIAL		2. STATE		
	14-07	Louisiana		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: SOCIAL SECURITY ACT (MED			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	February 13, 2014	MATERIAL SIGNAL SOCIAL		
5. TYPE OF PLAN MATERIAL (Check One):				
NEW STATE PLAN AMENDMENT TO BE CON	SIDERED AS NEW PLAN 🛛 AM	ENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:	NDMENT (Separate Transmittal for each	n amendment)		
42 CFR Part 447 Subpart F	7. FEDERAL BUDGET IMPACT:			
42 CFR Part 440.130	FFY <u>2014</u> FFY <u>2015</u>	\$293.38 \$490.99		
		<u>\$480.88</u>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B, Item 13d, Page 1a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 13-08)			
10. SUBJECT OF AMENDMENT: The SPA proposes to revise to increase the rates for physical and occupational therap. 11. GOVERNOR'S REVIEW (Check One):	the reimbursement for rehabilitat y services rendered to recipients u	ion clinics in order nder the age of 21.		
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:	16. RETURN TO:			
Aproved CV	J. Ruth Kennedy, Medicaid	Director		
13. TYPED NAME:	State of Louisiana			
Kathy H. Kliebert	Department of Health and H	osnitals		
14. TITLE:	628 N. 4th Street	ospituis		
Secretary	PO Box 91030			
15. DATE SUBMITTED:	Baton Rouge, LA 70821-903	20		
March 12, 2014		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
FOR REGIONAL OF				
17. DATE RECEIVED:	18. DATE APPROVED:			
PLAN APPROVED – ON	E COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFI	CIAL:		
21. TYPED NAME:	22. TITLE:			
23. REMARKS:				

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #:
TITLE: Rehab

14-07

Rehab Clinics-Occupational and Physical Therapies- Reimbursement 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
\perp	2014			62.11%	4.5	February 13, 2014 - June 2014	\$280,056
_	2015	3.0%		62.05%	12	July 2014 - June 2015	\$769,220
L	2016	3.0%		62.05%		July 2015 - June 2016	\$792,297

^{*#}mos-Months remaining in fiscal year

Total Inc	crease in Cost FFY	2014		
SFY	2014 \$280,05	100	February 13, 2014 - June 2014	\$280,056
SFY	2015 \$769,22 \$769,22	The first transfer of the second seco	July 2014 - June 2015 July 2014 - September 2014 =	\$192,305 \$472,361
		FFP (FFY 2014) =	\$472,361 X 62.11% =	\$293,383
Total Inc	rease in Cost FFY	2015		
SFY	2015 \$769,22 \$769,22	0 for 12 months	July 2014 - June 2015 October 2014 - June 2015 =	\$576,915
SFY	2016 \$792,29 \$792,29		July 2015 - June 2016 July 2015 - September 2015 =	\$198,074 \$774,989
		FFP (FFY 2015)=	\$774,989 X 62.05% =	\$480,881

STATE OF <u>LOUISIANA</u>
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:

<u>CITATION</u> 42 CFR 440.130 Medical and Remedial Care and Services Item 13.d

B. Standards for Payment

- The rehabilitation services center must be certified by the Health Standards Section of the Bureau of Health Services Financing.
- 2) The rehabilitation center must be Title XVIII certified.
- 3) Referral for such services has been made by a licensed physician, and the Prior Authorization Unit, Bureau of Health Services Financing (BHSF) has a copy of his recommendations to the rehabilitation services provider.
- 4) The rehabilitation services provider has evaluated the client and submitted a copy of its proposed plan of services to the Prior Authorization Unit for approval.
- The rehabilitation services provider has agreed to provide evaluation reports as requested by the Prior Authorization Unit when the plan is approved.
- 6) The BHSF Prior Authorization Unit has approved the plan of treatment.

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 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 to recipients under the age of 21 in rehabilitation clinics.

[Exclusions]:

Effective for dates of service on or after February 1, 2013, reimbursement shall not be made for rehabilitation clinic (center) services rendered to recipients 21 years of age and older.

TN#	Approval Date	Effective Date
Supersedes		