

Department of Health and Hospitals Office of the Secretary

September 16, 2015

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. 15-0020

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. Kli Secretary

Attachments (3)

KHK:WJR:JH

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE			
STATE PLAN MATERIAL					
	15-0020	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	December 1, 2015				
5. TYPE OF PLAN MATERIAL (Check One):					
□ NEW STATE PLAN □ AMENDMENT TO BE CONS		ENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:				
1906 of the Social Security Act	a. FFY 2016 b. FFY 2017	\$ (254.42) \$ (518.63)			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER SECTION OR ATTACHMENT (I)				
Pre-print Page 70	Same (TN 09-41)				
Attachment 4.22-C, Page 1	Same (TN 09-41)				
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10. SUBJECT OF AMENDMENT: The SPA proposes to terminal Payment (LaHIPP) Program due to a budget deficit in state		ce Premium			
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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 ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL					
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:				
	J. Ruth Kennedy, Medicaid	Director			
13. TYPED NAME:	State of Louisiana				
Kathy H. Kliebert	Department of Health and Hospitals				
14. TITLE:		[nenitale			
	-	lospitals			
Secretary	628 N. 4th Street	lospitals			
15. DATE SUBMITTED:	628 N. 4 th Street PO Box 91030	•			
	628 N. 4th Street	•			
15. DATE SUBMITTED: September 16, 2015 FOR REGIONAL OFF	628 N. 4 th Street PO Box 91030 Baton Rouge, LA 70821-90	•			
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15. DATE SUBMITTED: September 16, 2015 FOR REGIONAL OFF 17. DATE RECEIVED: PLAN APPROVED – ONE	628 N. 4 th Street PO Box 91030 Baton Rouge, LA 70821-90 FICE USE ONLY 18. DATE APPROVED:	30			
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LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #:

<u>15-0020</u>

% inc.

TITLE: LaHIPP Termination

EFFECTIVE DATE:

December 1, 2015

FISCAL IMPACT
Decrease

dollars

range of mos.

*# mos

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1st SFY	2016		N/A			6 Dec	ember 201 5 - Ju	ine 2016	(\$402,918)	
2nd SFY	2017		1.03%	100000000000000000000000000000000000000	44.14.11.11.11.11.11.11.11.11.11.11.11.1	12 July	2016- June 201	7	(\$830,011)	
3rd SFY	2018		1.03%			12 July	2017 - June 201	8	(\$854,911)	
•		*#mos-Months remaining in	fiscal year							
	Total	decrease in Cost FFY	:	<u> 2016</u>						
SFY	2016		(\$402,918)	for 6	months	December 201 5 -	June 2016			
			(\$402,918)	/ 6)	X 3 months	July 2015 - Sept	ember 2015	=	(\$201,459)	
SFY	2017		(\$830,011)	for 12	months	July 2016- Jun	e 2017			
			(\$830,011)	/ 12)	X 3	July 2016 - Septe	mber 2016	= .	(\$207,503) (\$408,962)	
			ı	FFP (FFY	2016)=	(\$408,962) X	62.21%	=	-	(\$254,415)
	Total	decrease in Cost FFY		<u> 2017</u>						
SFY	2017		(\$830,011)		months	July 2016- Jur	e 2017			
			(\$830,011)		X 9	October 2016 - J	une 2017	=	(\$622,508)	
SFY	2018		(\$854,911)	for 12	months	July 2017 - Jui	ne 2018			
			(\$854,911)	/ 12)	Х 3	July 2017 - Septe	mber 2017	= .	(\$213,728) (\$836,236)	
				FFP (FFY	2017)=	(\$836,236) X	62.02%	=	_	(\$518,634)

(MB)

Revision: HCFA-PM-94-1

FEBRUARY	1994	
State/Territor	y: LO	DUISIANA
Citation		
4.22	. (co	ntinued)
42CFR 433.151 (a)	(f)	The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.) [X] State title IV-D agency. The requirements of 42 CFR
		433.152(b) are met.
		[X] Other appropriate State agency(s):
		Other appropriate agency(s) of another state:
		[] Courts and law enforcement officials.
1902(a) (60) of the Act	(g)	The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.
1906 of the Act	(h)	The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following:
		[] The Secretary's method as provided in the State Method Manual, Section 3910.
		[] The State Provides methods for determining cost- effectiveness <u>ATTACHMENT 4.22-C</u>
TNSupersedes	App	roval Date Effective Date
TN		

Revision: HCFA-PM-91-8 (MB) October 1991

ATTACHMENT 4.22-C

Page 1 OMB No.:

STA	ATE.	PLA	AN.	UNDER	TITLE	XIX	OF	THE	SOCIA	SEC	URIT	Y	A(T

State/Territory: LOUISIANA

Citation

Condition or Requirement

RESERVED

TN	Approval Date	Effective Date
Supersedes		
TN		HCFA ID: 7985 E

NOTICE OF INTENT

Department of Health and Hospitals Bureau of Health Services Financing

Medicaid Eligibility
Louisiana Health Insurance Premium Payment Program
Termination (LAC 50:III.2311)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to repeal LAC 50:III.2311 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Bureau of Health Services Financing repromulgated and clarified the provisions governing the Group Health Insurance Premium Payment Program for inclusion in the *Louisiana Administrative* Code, and changed the name of the program to the Louisiana Health Insurance Premium Payment Program (LaHIPP) (*Louisiana Register*, Volume 35, Number 6).

Due to a budgetary shortfall resulting from the funding for LaHIPP being removed from the executive budget in state fiscal year 2016, the department has now determined that it is necessary to terminate this program. The department proposes to repeal the provisions of the June 20, 2009 Rule governing LaHIPP in order to facilitate the program termination.

Title 50 PUBLIC HEALTH—MEDICAL ASSISTANCE Part III. Eligibility

Subpart 3. Eligibility Groups and Factors Chapter 23. Eligibility Groups and Medicaid Programs

§2311. Louisiana Health Insurance Premium Payment Program

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1111 (June 2009), repealed LR 41:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or

family poverty in relation to individual or community asset development as described in R.S. 49:973.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, but may increase direct or indirect cost to the provider to provide the same level of service due to the termination of Medicaid payment of the patient responsibility amounts for services rendered to recipients covered under group health insurance. The proposed Rule may also have a negative impact on the provider's ability to provide the same level of service as described in HCR 170 if the reduction in payments adversely impacts the provider's financial standing.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Thursday, September 24, 2015 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.

Kathy H. Kliebert Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: Medicaid Eligibility Louisiana Health Insurance Premium Payment Program Termination

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed rule will result in estimated programmatic savings to the state of \$1,066,750 for FY 15-16, \$1,888,937 for FY 16-17, and \$1,945,605 for FY 17-18. It is anticipated that \$432 (\$216 SGF and \$216 FED) will be expended in FY 15-16 for the state's administrative expense for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 62.17 percent in FY 15-16 and 62.07 percent in FY 16-17 and FY 17-18. The enhanced rate of 62.11 percent for the first three months of FY 16 is the federal rate for disaster-recovery FMAP adjustment states.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will reduce revenue collections by approximately \$1,753,241 for FY 15-16, \$3,091,124 for FY 16-17, and \$3,183,858 for FY 17-18. It is anticipated that \$216 will be expended in FY 15-16 for the federal administrative expenses

for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 62.17 percent in FY 15-16 and 62.07 in FY 16-17 and FY 17-18. The enhanced rate of 62.11 percent for the first three months of FY 16 is the federal rate for disaster-recovery FMAP adjustment states.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed Rule repeals the provisions governing the Louisiana Health Insurance Premium Payment (LaHIPP) program in order to terminate the program as a result of a budgetary shortfall due to the funding for LaHIPP being removed from the executive budget in state fiscal year 2016. It is anticipated that implementation of this proposed rule will reduce programmatic expenditures in the Medicaid Program by approximately \$2,820,423 for FY 15-16, \$4,980,061 for FY 16-17, and \$5,129,463 for FY 17-18.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that the implementation of this proposed rule will not have an effect on competition and employment.

J. Ruth Kennedy Medicaid Director 1508#075 Gregory V. Albrecht Chief Economist Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals Bureau of Health Services Financing and Office of Behavioral Health

Psychiatric Residential Treatment Facilities (LAC 50:XXXIII.Chapters 101-107)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health propose to amend LAC 50:XXXIII.Chapters 101-107 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Bureau of Health Services Financing provides inpatient behavioral health services to children with emotional/behavioral disorders in psychiatric residential treatment facilities (PRTFs) under the coordinated behavioral health services system.

The department now proposes to amend the provisions governing PRTFs to: 1) allow an Office of Behavioral Health appointed designee to certify providers; 2) revise the terminology to be consistent with current program operations; and 3) revise the reimbursement methodology to remove the provisions governing interim payments, and to establish capitation payments to managed care organizations for children's services other than CSoC. For children/youth enrolled in CSoC, the non-risk payments shall be continued and payments made to a CSoC contractor.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE Part XXXIII. Behavioral Health Services

Subpart 11. Psychiatric Residential Treatment Facility Services

Chapter 101. General Provisions

§10101. Introduction

A. The Medicaid Program hereby adopts provisions to provide coverage under the Medicaid State Plan for behavioral health services rendered to children and youth in an inpatient psychiatric residential treatment facility (PRTF). These services shall be administered under the authority of the Department of Health and Hospitals, in collaboration with managed care organizations and the coordinated system of care (CSoC) contractor, which shall be responsible for the necessary operational and administrative functions to ensure adequate service coordination and delivery.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:369 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:

§10103. Recipient Qualifications

A. Individuals under the age of 21 with an identified mental health or substance use diagnosis, who meet Medicaid eligibility and clinical criteria, shall qualify to receive inpatient psychiatric residential treatment facility services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:369 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:

Chapter 103. Services

§10301. General Provisions

A. - C.1. ...

- D. Children who are in need of behavioral health services shall be served within the context of the family and not as an isolated unit.
 - 1. Services shall be:
- a. delivered in a culturally and linguistically competent manner; and
 - b. respectful of the individual receiving services.
- 2. Services shall be appropriate to children and youth of diverse racial, ethnic, religious, sexual, and gender identities and other cultural and linguistic groups.
 - 3. Services shall also be appropriate for:
 - a. age;
 - b. development; and
 - c. education.
 - 4. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR



Department of Health and Hospitals Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

June 12, 2015

Karen Matthews, Health Director Chitimacha Health Clinic 3231 Chitimacha Trail Jeanerette, LA 70544

Anita Molo Chitimacha Tribe of Louisiana P. O. Box 640 Jeanerette, LA 70544

Lovelin Poncho, Chairman Paula Manuel, Health Director Coushatta Tribe of Louisiana P. O. Box 818 Elton, LA 70532 Angela Martin Chitimacha Tribe of Louisiana P. O. Box 640 Jeanerette, LA 70544

Marshall Pierite, Chairman Misty Hutchby, Health Director Tunica-Biloxi Tribe of Louisiana P. O. Box 1589 Marksville, LA 71351-1589

Chief Beverly Cheryl Smith Holly Vanhoozen, Health Director The Jena Band of Choctaw Indians P. O. Box 14 Jena, LA 71342

Dear Louisiana Tribal Contact:

RE: Notification of Louisiana Medicaid State Plan Amendments

In compliance with the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009, the Department of Health and Hospitals, Bureau of Health Services Financing is taking the opportunity to notify you of State Plan amendments (SPAs) that may have an impact on your tribe.

Attached for your review and comments is a summary of the proposed State Plan amendments. Please provide any comments you may have by June 19, 2015 to Mrs. Darlene Budgewater via email to Darlene.Budgewater@la.gov or by postal mail to:

Department of Health and Hospitals Bureau of Health Services Financing Medicaid Policy and Compliance P.O. Box 91030 Baton Rouge, LA 70821-9030 Louisiana Tribal Notice June 11, 2015 Page 2

Should you have additional questions about Medicaid policy, Mrs. Budgewater will be glad to assist you. You may reach her by email or telephone at (225) 342-3881. Thanks for your continued support of the tribal consultation process.

Sincerely,

He A. Budguvatur

69. Ruth Kennedy

Medicaid Director

Attachment (1)

JRK/DB/RJ

c: Ford J. Blunt, III Stacey Shuman

State Plan Amendment for submittal to CMS

Request for Tribal Comments June 12, 2015

Targeted Case Management (TCM) - Department of Children and Family Services (DCFS) Effective July 1, 2015

The SPA proposes to revise the provisions governing targeted case management in order to adopt provisions for reimbursing DCFS for Medicaid eligible TCM services.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)- School Based Nursing Effective July 1, 2015

The SPA proposes to revise the provisions governing school-based nursing services covered in the EPSDT program to remove the Individualized Education Plan (IEP) requirement.

Medicaid Eligibility – Louisiana Health Insurance Premium Payment Program (LaHIPP Termination) - Effective July 1, 2015

The SPA proposes to terminate the LaHIPP program and to enroll the program's participants into the comprehensive Managed Care for Physical and Basic Behavioral Health Program.