

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street  
Dallas, Texas 75202



## **Division of Medicaid & Children's Health**

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1 March, 2017

Reference: **SPA – LA-17-0003**  
**(Applied Behavioral Analysis Services – Reimbursement Rate Alignment)**

Ms. Jen Steele, State Medicaid Director  
Department of Health and Hospitals  
628 North 4<sup>th</sup> St.  
Post Office Box 91030  
Baton Rouge, LA 70821-9030

Dear Ms. Jen Steele:

This is to acknowledge receipt of State's email message dated 24 February, 2017, stating Withdrawal of State Plan Transmittals No.17-0003. This action is reflected on the enclosed CMS-179. For your convenience, we are enclosing copies of the material withdrawn.

If you have any questions, please call Cheryl Rupley at 214-767-6278.

Sincerely,

Marsha Marks, Health Insurance Specialist  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Child Health

Enclosures:  
State's Withdraw Letter Dated 2-24-17  
Copies of Withdrawn Material



**State of Louisiana**  
Louisiana Department of Health  
Bureau of Health Services Financing

**VIA ELECTRONIC MAIL ONLY**

February 24, 2017

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. 17-0003 Applied Behavioral Analysis Services –  
Reimbursement Rate Realignment**

Please refer to the above proposed amendment submitted under transmittal number (TN) 17-0003 with an effective date of January 1, 2017. The SPA proposes to amend the provisions governing other licensed practitioners to realign the reimbursement rates paid to licensed practitioners for applied behavior analysis services.

The State requests to withdraw the SPA in order to resubmit and include the access to care requirements as described at 42 CFR 447.203(b)(6) and 42 CFR 447.204. In doing so, we intend to resubmit the package prior to March 31, 2017 in order to retain the January 1, 2017 effective date.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jen Steele".

Jen Steele  
Medicaid Director

JS/DAB/JH



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

**VIA ELECTRONIC MAIL ONLY**

Withdrawn per State's Letter Dated  
2-24-17

February 8, 2017

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. 17-0003

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.

Warmly,

A blue ink signature of Rebekah E. Gee, MD, MPH.

Rebekah E. Gee MD, MPH  
Secretary

Attachments (2)

REG:JS:JH

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**17-0003**

2. STATE

**Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

**January 1, 2017**

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 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:

**42 CFR 447 Subpart C**

7. FEDERAL BUDGET IMPACT:

a. FFY **2017** **\$ (3,733.39)**

b. FFY **2018** **\$ (8,341.62)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-B, Item 4b, Page 10**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable):  
**Same (TN 14-0040)**

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing other licensed practitioners to realign the reimbursement rates paid to licensed practitioners for applied behavior analysis services.**

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 state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

**Rebekah E. Gee MD, MPH**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**February 8, 2017**

16. RETURN TO:

**Jen Steele, Medicaid Director**

**State of Louisiana**

**Department of Health**

**628 North 4<sup>th</sup> Street**

**PO Box 91030**

**Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:



LA TITLE XIX SPA

TRANSMITTAL #: 17-0003

TITLE: Applied Behavior Analysis Services - Reimbursement Rate Realignment

EFFECTIVE DATE: January 1, 2017

FISCAL IMPACT:  
Decrease

year	% Inc.	fed. match	* # mos	range of mos.	dollars
1st SFY 2017				6 January 2017- June 2017	(\$3,609,821)
2nd SFY 2018				12 July 2017- June 2018	(\$9,546,535)
3rd SFY 2019				12 July 2018- June 2019	(\$24,038,744)

\* #mos-Months remaining in fiscal year

Total Decrease in Cost FFY 2017

SFY 2017 (\$3,609,821) for 6 months January 2017- June 2017 (\$3,609,821)

SFY 2018 (\$9,546,535) for 12 months  
(\$9,546,535) / 12 X 3

July 2017- June 2018  
July 2017 - June 2018 = (\$2,386,634)  
(\$5,996,455)

FFP (FFY 2017 ) =

(\$5,996,455)

X

62.26%

(\$3,733,393)

Total Decrease in Cost FFY 2018

SFY 2018 (\$9,546,535) for 12 months  
(\$9,546,535) / 12 X 9

July 2017- June 2018  
July 2017 - June 2018 = (\$7,159,901)

SFY 2019 (\$24,038,744) for 12 months  
(\$24,038,744) / 12 X 3

July 2018- June 2019  
July 2019 - July 2019 = (\$6,009,686)  
(\$13,169,587)

FFP (FFY 2018 )=

(\$13,169,587)

X

63.34%

(\$8,341,616)

Withdrawn per State's Letter Dated 2-24-17

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. 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, provider rates and codes in effect on December 31, 2016 will be realigned to be consistent with the commercial rates in the State.

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.

Withdrawn per State's Letter Dated  
2-24-17

TN#: \_\_\_\_\_  
Supersedes: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_