

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

September 14, 2018

Our Reference: SPA LA 18-0012

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

Attention: Karen Barnes

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 18-0012 dated August 24, 2018. This state plan amendment proposes to amend the provisions governing managed care for physical and behavioral health in order to allow managed care organizations to utilize skilled nursing facilities for members who transition from acute care hospital services as a step-down continuum of care and to align the governing authorities with current operations and policies.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of October 20, 2018. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at Cheryl.Rupley@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Brooks".

for

Bill Brooks
Associate Regional Administrator

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
18-0012

2. STATE
Louisiana

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 20, 2018

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 E

7. FEDERAL BUDGET IMPACT:
a. FFY **2019** **\$ 0.00**
b. FFY **2020** **\$ 0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-F, Pages 11 and 15

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
Same (TN 18-0007)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing managed care for physical and behavioral health in order to allow managed care organizations to utilize skilled nursing facilities for members who transition from acute care hospital services as a step-down continuum of care and to align the governing authorities with current operations and practices.**

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:
August 24, 2018

16. RETURN TO:
**Jen Steele, Medicaid Director
State of Louisiana
Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **August 24, 2018**

18. DATE APPROVED: **September 14, 2018**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 20, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:
 for

21. TYPED NAME:
Bill Brooks

22. TITLE: **Associate Regional Administrator
Division of Medicaid & Children's Health**

23. REMARKS:

State: **LOUISIANA**

Citation Condition or Requirement

Population	V	E	Notes
Other Insurance --Medicaid beneficiaries who have other health insurance		X	
Reside in Nursing Facility or ICF/IID --Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).		X	Individuals residing in nursing facilities and individuals under age 21 residing in ICFs/IID are mandatory enrollees in Healthy Louisiana for specialized behavioral health, applied behavior analysis (ABA)-based therapy and non-emergency ambulance services only. Skilled nursing facility services may be utilized by members who transition from acute care hospital services as a step-down continuum of care for a specified period of time.
Enrolled in Another Managed Care Program --Medicaid beneficiaries who are enrolled in another Medicaid managed care program			N/A
Eligibility Less Than 3 Months --Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program			N/A
Participate in HCBS Waiver --Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).	X		
Retroactive Eligibility --Medicaid beneficiaries for the period of retroactive eligibility.			N/A
Other (Please define):			

1932(a)(4)
 42 CFR 438.54

F. Enrollment Process.

Based on whether mandatory and/or voluntary enrollment are applicable to your program (see E. Populations and Geographic Area and definitions in 42 CFR 438.54(b)), please complete the below:

1. For **voluntary** enrollment: (see 42 CFR 438.54(c))

- a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(c)(3). **Information is provided in the member handbook that is available on the State's website, the MCO's website and/or by mail.**

States with voluntary enrollment must have an enrollment choice period or passive enrollment. Please indicate which will apply to the managed care program:

- b. If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(c)(1)(i) and 42 CFR 438.54(c)(2)(i), during which individuals who are subject to voluntary enrollment may make an active choice to enroll in the managed care program, or will otherwise continue to receive covered services through the fee-for-service delivery system.

- i. Please indicate the length of the enrollment choice period:
90 days

State: Louisiana
 Date Received: 8-24-18
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TN 18-0012
 Supersedes
 TN 18-0007

Approval Date 9/14/18 Effective Date 10/20/18

State: **LOUISIANA**

State Plan-Approved Service Delivered by the MCO	Medicaid State Plan Citation		
	Attachment #	Page #	Item #
17. Chiropractic services	3.1-A	8	4b
18. Rehabilitation therapy services	3.1-A	1 1-2	2a 13d
19. Pharmacy services	3.1-A	1-4	12a
20. Hospice services	3.1-A	1	18
21. Personal care services (Age 0-20)	3.1-A	1	26
22. Pediatric day healthcare services	3.1-A	13-18	4b
23. Audiology services	3.1-A	3	6
24. Ambulatory Surgical Services	3.1-A	2	9
25. Lab and X-ray Services	3.1-A	1	3
26. Emergency and surgical dental services	3.1-A	1	5b
27. Clinic services	3.1-A	1-4	9
28. Pregnancy-related services	3.1-A	1	20a
29. Pediatric and Family Nurse Practitioner services	3.1-A	1	23
30. Licensed mental health professional services	3.1-A	8a 6-7	4b 6
31. FQHC/RHC Services	3.1-A	1-3 1-5	2c 2b
32. ESRD services	3.1-A	1	9
33. Optometrist services	3.1-A	1	5
34. Podiatry services	3.1-A	1	6
35. Rehabilitative services (including Crisis Stabilization)	3.1-A	1-19	13d
36. Respiratory services	3.1-A	40-41	1
37. Applied behavior analysis (ABA)-based therapy services	3.1-A	20	4b
38. Psychiatric Residential Treatment Facility (PRTF) services	3.1-A	1-2	16
39. Skilled nursing facility services for members who transition from acute care hospital services as a step-down continuum of care.	3.1-A	1 1	4a 24d

1932(a)(5)(D)(b)(4) 42 CFR 438.228 J. The state assures that each MCO has established an internal grievance and appeal system for enrollees.

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