

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
SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR 447.201
42 CFR 441.57

Medical
and
Remedial
Care and
Services
Item 4b
(Cont'd)

School-Based Medicaid Nursing Services

Effective on or after January 1, 2012, EPSDT school-based nursing services are provided by a registered nurse (RN) within a local education agency (LEA). The goal of these services is to prevent or mitigate disease, enhance care coordination, and reduce costs by preventing the need for tertiary care. Providing these services in the school increases access to health care for children and youth resulting in a more efficient and effective delivery of care.

Eligibility

School-based nursing services will be provided to those medically eligible recipients under 21, and who are enrolled in a public school:

1. Are Medicaid eligible when services are provided;
2. The recipient's need for treatment has been ordered by a licensed physician; and
3. The recipient receives the service(s) in the public school setting and is included as part of the student's Individualized Health Plan (IHP).

- A. RNs providing school-based nursing services are required to maintain an active RN license with the state and comply with the Louisiana Nurse Practice Act.
- B. School boards and staff shall collaborate for all services with the Medicaid recipient's BAYOU HEALTH plan and ensure compliance with established protocols. In a fee-for-service situation, for the non-Bayou Health individuals, staff will make necessary referrals.

Covered Services

Nursing services are those medically necessary services that are based on a physician's written order and is part of IHP. The following school-based nursing services shall be covered:

1. **Chronic Medical Condition Management and Care Coordination**

This is care based on one of the following criteria:

- a. The child has a chronic medical condition or disability requiring implementation of a health plan/protocol (examples would be children with asthma, diabetes, or cerebral palsy). There must be a written health care plan based on a health assessment performed by the RN. The date of the completion of the plan and the name of the person completing the plan must be included in the written plan. Each

ABA will begin on this page
and will continue on page 20

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TN 12-0002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-A
Item 4.b, Page ~~19a~~

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health care service required and the schedule for its provision must be described in the plan.

b. Medication Administration

This service is scheduled as part of a health care plan developed by either the treating physician or the school district LEA.

Administration of medication will be at the direction of the physician and within the license of the RN and must be approved within the district LEA policies.

c. Implementation of Physician's Orders

These services shall be provided as a result of receipt of a written plan of care from the child's physician/BAYOU HEALTH provider or included in the student's IHP.

NOTE: All recipients have free choice of providers (per section 4.10 of Medicaid State Plan).

2. EPSDT Program Periodicity Schedule for Screenings

A nurse employed by a school district may perform any of these screens within their licensure for BAYOU HEALTH members as authorized by the BAYOU HEALTH plan; or, as compliant with fee-for-service for non-BAYOU HEALTH individuals. The results of these screens must be made available to the BAYOU HEALTH provider as part of the care coordination plan of the district. The screens shall be performed according to the periodicity schedule including any inter-periodic screens. This service is available to all Medicaid-individuals eligible for EPSDT.

3. EPSDT Nursing Assessment/Evaluation Services

A nurse employed by a school district may perform services to protect the health status of children and correct health problems. These services may include health counseling and triage of childhood illnesses and conditions.

Consultations are to be face-to-face contact in one-on-one sessions. These are services for which a parent would otherwise seek medical attention at the physician's or health care provider's office. This service is available to all Medicaid individuals eligible for EPSDT.

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ABA will begin on page 19 and end on this page.

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)

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42 CFR 440.60 - Other Licensed Practitioners

Licensed Behavior Analyst

- A. The Medicaid Program shall provide coverage for and payment to, licensed behavior analysts for services provided within their scope of practice. These services must be provided by or under the supervision of a behavior analyst who is currently licensed by the Louisiana Behavior Analyst Board, or a licensed psychologist, or a licensed medical psychologist. Licensed behavior analyst, licensed psychologists and licensed medical psychologists 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. Licensed psychologists and licensed medical psychologists are authorized to provide supervision to non-licensed practitioners.

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 psychologists, licensed medical psychologists, and 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 Behavior Analyst Board;
 - b. work under the supervision of a licensed psychologists, licensed medical psychologists, and 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.

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STATE OF LOUISIANA

PAYMENTS FOR 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, EPSDT services (Cont'd)

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Behavioral Health Services Provided by Local Education Agencies

Medicaid services provided in schools are services that are medically necessary and provided in schools to Medicaid recipients in accordance with an Individualized Education Program, (IEP). Covered services include the following:

1. Other Licensed Practitioner Behavioral Health Services (described in Attachment 3.1-A, Item 4b)
2. Rehabilitation Behavioral Health Services (includes Addiction Services as described in Attachment 3.1-A, Item 13.d)

The interim payment to the local education agencies (LEAs) for services listed above are based on the behavioral health fee schedule methodology as outlined in the Louisiana Medicaid Fee Schedule.

Summary of Payment Methodology

Final payment to each LEA is the lesser of: 1) number of units billed multiplied by \$100 (to be adjusted by DHH periodically per the Agency's fee schedule rate set as of March 1, 2012 and effective for services provided on or after that date. All rates are published on the Agency's website at www.lamedicaid.com) or 2) the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider.

Each LEA shall determine its own costs and certify to those costs annually by using DHH's Cost Report for Direct Service Cost template (the Direct Service Cost Report) form as approved by the Centers for Medicare and Medicaid Services (CMS) in November, 2005. Direct cost is limited to the amount of total compensation (salaries and fringe benefits) of current direct service providers as allocated to direct services for Medicaid special education recipients. The basis of allocation for direct compensation cost is DHH's Direct Services Time Study Methodology approved by CMS November 2005. This time study incorporates the CMS-approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel and is used to determine the percentage of time direct service personnel spend on direct IDEA/IEP services and General and Administrative (G&A) time. There are no additional direct costs included in the rate. Indirect cost is derived by multiplying the cognizant agency indirect cost unrestricted rate assigned by the Department of Education to each LEA. There are no additional indirect costs included. The Direct Service Cost Report initially provides the total cost of all school-based services provided, regardless of payer. To determine the amount of direct services cost that may be attributed to Medicaid, the ratio of Medicaid covered students with IEPs to all students with IEPs is multiplied by total direct cost. Cost data is subject to certification by each parish. This serves as the basis for obtaining Federal Medicaid funding.

For each of the IDEA-related school based services other than specialized transportation services, the participating LEA's actual cost of providing the services will be claimed for Medicaid reimbursement. The State will gather actual expenditure information for each LEA through its payroll/benefits and accounts payable system. These costs are also reflected in the annual financial report (AFR) that all LEAs are required to certify and submit to the Department of Education. All costs included in the amount of cost to be certified and used subsequently to determine reconciliation and final settlement amounts as well as interim rates are identified on the CMS-approved Direct Services Cost Report and are allowed in the Office of Management and Budget (OMB) Circular A-87. The State also will use other LEA-specific information including the general fund budget and full-time equivalent (FTE) counts.

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STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Step 1: Develop Direct Cost-The Payroll Cost Base

Total annual salaries and benefits paid as well as contracted (vendor) payments are obtained initially from each LEA's payroll/benefits and accounts payable system. This data will be reported on DHH's Direct Services Cost Report form for all direct service personnel (i.e., all personnel providing LEA direct treatment services covered under the State Plan).

Step 2: Adjust the Payroll Cost Base

The payroll cost base is reduced for amounts reimbursed by other funding sources (e.g. Federal grants). The payroll cost base does not include any amounts for staff whose compensation is 100 percent reimbursed by a funding source other than state/local funds. The application of Step 2 results in total adjusted salary cost.

Step 3: Determine the Percentage of Time to Provide All Direct Services

A time study which incorporates the CMS-approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel is used to determine the percentage of time direct service personnel spend on direct IDEA/IEP services and general and administrative (G&A) time. This time study will assure that there is no duplicate claiming. The G&A percentage is reallocated in a manner consistent with the CMS-approved MAC methodology. Total G&A time is allocated to all other activity codes based on the percentage of time spent on each respective activity.

To reallocate G&A time to direct IDEA/IEP services, the percentage of time spent on direct IDEA/IEP services is divided by 100 percent, minus the percentage of time spent on G&A. This will result in a percentage that represents the IDEA/IEP services with appropriate allocation of G&A. This percentage is multiplied by total adjusted salary cost as determined in Step 2 to allocate cost to school-based services. The product represents total direct cost. A sufficient number of direct service personnel will be sampled to ensure results that will have a confidence level of at least 95 percent with a precision of plus or minus five percent overall.

Step 4: Determine Indirect Cost

Indirect cost is determined by multiplying each LEA's indirect unrestricted rate assigned by the cognizant agency (the Department of Education) by total adjusted direct cost as determined under Step 3. No additional indirect cost is recognized outside of the cognizant agency indirect rate. The sum of direct cost and indirect cost is total direct service costs for all students with an IEP.

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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Step 5: Allocate Direct Service Cost to Medicaid

To determine the amount of cost that may be attributed to Medicaid, total cost as determined under Step 4 is multiplied by the ratio of Medicaid recipients with an IEP to all students with an IEP. This results in total cost that may be certified as Medicaid's portion of school-based services cost.

Step 6: Compare the amount of behavioral health services authorized and billed through the interim process to the cost of the services

Final payment to each LEA is the lesser of: 1) number of units billed multiplied by \$100 (to be adjusted by DHH periodically per the Agency's fee schedule rate set as of March 1, 2012, and effective for services provided on or after that date. All rates are published on the Agency's website at www.lamedicaid.com) or 2) the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider.

Each LEA will complete the Direct Services and Transportation Cost Reports as applicable and submit the cost report(s) no later than five months after the June 30 fiscal year period ends and reconciliation will be completed within 12 months from the fiscal year end. If a provider's interim payments exceed the actual, certified costs for behavioral health Medicaid services provided in schools to Medicaid clients, the provider will remit the federal share of the overpayment at the time the cost report is submitted.

The Bureau of Health Services Financing (BHSF) will submit the federal share of the overpayment to CMS within 60 days of identification. If the actual, certified costs of a LEA provider exceed the interim payments, BHSF will pay the federal share of the difference of the lesser of 1) number of units billed multiplied by \$100 (to be adjusted by DHH periodically per the Agency's fee schedule rate set as of March 1, 2012, and effective for services provided on or after that date. All rates are published on the Agency's website at www.lamedicaid.com) or 2) the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider, to the provider in accordance with the final actual certification agreement and submit claims to CMS for reimbursement of that payment in the federal fiscal quarter following payment to the provider.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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Attachment 4.19-B
Item 4. b. Page 4b

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Substance Abuse Services

The Medicaid Program shall provide reimbursement to the Office of Behavioral Health (OBH) for substance abuse services rendered to EPSDT recipients. Payments to OBH shall sunset as of February 29, 2012.

Reimbursement Methodology

- A. Reimbursement for these services shall be based on the most recent actual cost to OBH. Cost data shall be derived from the Department's ISIS reporting of costs for the period. The cost period shall be consistent with the state fiscal year. Costs are determined by selecting the expenditures paid from state and local funds for the state fiscal year.
- B. OBH encounter data from their database shall be used to identify allowable services. Encounter data for recipients under the age of 21 shall be extracted and used in calculations to determine actual cost to OBH.
- C. Costs shall be calculated by using the cost-weighted amount and include the Medicaid eligible under 21 database costs divided by total database costs times OBH's expenditures for the program which were derived from the state's ISIS data.

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PAYMENTS FOR 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 ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

School-Based Services

- A. Effective on or after January 1, 2012, payment for EPSDT school-based nursing services shall be based on the most recent school year's actual cost as determined by desk review and/or audit for each local education agency (LEA) provider.
1. Each LEA shall determine cost annually by using DHH's Cost Report for Nursing Service Cost form based on the Direct Services Cost Report.
 2. Direct cost shall be limited to the amount of total compensation (salaries, vendor payments and fringe benefits) of current nursing service providers as allocated to nursing services for Medicaid special education recipients.
 3. Indirect cost shall be derived by multiplying the cognizant agency indirect cost unrestricted rate assigned by the Department of Education to each LEA. There are no additional indirect costs included.
 4. In order to calculate the ratio of total Medicaid students in the LEA, the numerator should be the total number of students that are Medicaid eligible in the LEA and the denominator should be the total number of students that are enrolled in the LEA.
- B. For the nursing services, the participating LEA's actual cost of providing the services shall be claimed for Medicaid Federal Financial Participation (FFP) based on the following methodology.
1. The state shall gather actual expenditure information for each LEA through its Payroll/Benefits and Accounts Payable System.
 2. Develop Direct Cost - The Payroll Cost Base. Total annual salaries and benefits paid, as well as contracted (vendor) payments, shall be obtained initially from each LEA's Payroll/Benefits and Accounts Payable system. This data shall be reported on DHH's Nursing Services Cost Report form for all nursing service personnel (i.e. all personnel providing LEA nursing treatment services covered under the state plan).

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3. Adjust the Payroll Cost Base

The payroll cost base shall be reduced for amounts reimbursed by other funding sources (e.g. federal grants). The payroll cost base shall not include any amounts for staff whose compensation is 100 percent reimbursed by a funding source other than state/local funds. This application results in total adjusted salary cost.

4. Determine the Percentage of Time to Provide All Nursing Services

A time study which incorporates the CMS-approved Medicaid Administrative Claiming (MAC) methodology for nursing service personnel shall be used to determine the percentage of time nursing service personnel spend on nursing services and General and Administrative (G&A) time. This time study will assure that there is no duplicate claiming. The G&A percentage shall be reallocated in a manner consistent with the CMS approved Medicaid Administrative Claiming methodology. Total G&A time shall be allocated to all other activity codes based on the percentage of time spent on each respective activity. To reallocate G&A time to nursing services, the percentage of time spent on nursing services shall be divided by 100 percent minus the percentage of G&A time. This shall result in a percentage that represents the nursing services with appropriate allocation of G&A. This percentage shall be multiplied by total adjusted salary cost as determined B.4 above to allocate cost to school based services. The product represents total direct cost. A sufficient number of nursing service personnel shall be sampled to ensure results that will have a confidence level of at least 95 percent with a precision of plus or minus five percent overall. The CMS approval letter for the time study will be maintained by the State of Louisiana and CMS.

5. Determine Indirect Cost

Indirect cost shall be determined by multiplying each LEA's indirect unrestricted rate assigned by the cognizant agency (the Department of Education) by total adjusted direct cost as determined under B.3 above. No additional indirect cost shall be recognized outside of the cognizant agency indirect rate. The sum of direct cost and indirect cost shall be the total direct service cost for all students receiving nursing services

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6. Allocate Direct Service Cost to Medicaid

To determine the amount of cost that may be attributed to Medicaid, total cost as determined under B.5 above shall be multiplied by the ratio of Medicaid students in the LEA to all students in the LEA. This results in total cost that may be certified as Medicaid's portion of school-based nursing services cost.

C. Reconciliation of LEA Certified Costs and Medicaid Management Information System (MMIS) Paid Claims.

Each LEA shall complete the Nursing Services Cost Report and submit the cost report(s) no later than five months after the fiscal year period ends (June 30), and reconciliation shall be completed within 12 months from the fiscal year end. All filed nursing services cost reports shall be subject to desk review by the Department's audit contractor. The department shall reconcile the total expenditures (both state and federal share) for each LEA's nursing services. The Medicaid certified cost expenditures from the nursing services cost report(s) will be reconciled against the MMIS paid claims data and the department shall issue a notice of final settlement pending audit that denotes the amount due to or from the LEA. This reconciliation is inclusive of all nursing services provided by the LEA.

D. Cost Settlement Process.

As part of its financial oversight responsibilities, the department shall develop audit and review procedures to audit and process final settlements for certain LEAs. The audit plan shall include a risk assessment of the LEAs using available paid claims data to determine the appropriate level of oversight.

1. The financial oversight of all LEAs shall include reviewing the costs reported on the Nursing Services Cost Reports against the allowable costs, performing desk reviews and conducting limited reviews.
2. The Department will make every effort to audit each LEA at least every four years. These activities shall be performed to ensure that audit and final settlement occurs no later than two years from the LEA's fiscal year end for the cost reporting period audited. LEAs may appeal audit findings in accordance with DHH appeal procedures.

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PAYMENTS FOR 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 ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

3. The Department shall adjust the affected LEA's payments no less than annually, when any reconciliation or final settlement results in significant underpayments or overpayments to any LEA. By performing the reconciliation and final settlement process, there shall be no instances where total Medicaid payments for services exceed 100 percent of actual certified expenditures for providing LEA services for each LEA.
4. If the interim payments exceed the actual certified costs of an LEA's Medicaid services, the department shall recoup the overpayment in one of the following methods:
 - a. Offset all future claim payments from the affected LEA until the amount of the overpayment is recovered;
 - b. Recoup an agreed upon percentage from future claims payments to the LEA to ensure recovery of the overpayment within one year; or
 - c. Recoup an agreed upon dollar amount from future claims payments to the LEA to ensure recovery of the overpayment within one year.
5. If the actual certified costs of an LEA's Medicaid services exceed interim Medicaid payments, the department will pay this difference to the LEA in accordance with the final actual certification agreement.

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avoid creating several
"reserved" pages, as pgs

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:

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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

Effective for dates of service on or after January 1, 2017, new provider rates and codes went into effect.

Effective February 13, 2017, the Registered Line Technician (tech) therapy rate was increased.

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.

Effective for dates of service on or after January 20, 2018, applied behavior analysis-based therapy will be included with the specialized behavioral health services provided by managed care organizations (MCOs) that participate in the Healthy Louisiana program.

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