



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

August 10, 2022

James G. Scott, Director  
Division of Program Operations  
Medicaid & CHIP Operations Group  
601 East 12<sup>th</sup> Street, Room 0300  
Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan  
Transmittal No. 22-0030

Dear Mr. Scott:

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. Should you have any questions or concerns regarding this matter, please contact Karen Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ruth Johnson".

\_\_\_\_\_, for  
Dr. Courtney N. Phillips  
Secretary

Attachments (3)

CNP:TAL:LT

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>22-0030</b>	2. STATE <b>LA</b>
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>August 3, 2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION  <b>42 CFR 447.201 42 CFR 447.302</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>2,057,451</u> b. FFY <u>2024</u> \$ <u>1,699,375</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-B, Item 19, Pages 1-2</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (21-0021)</b>	

9. SUBJECT OF AMENDMENT  
**The purpose of this SPA is to amend the provisions governing target case management services in order to increase reimbursement and utilize a flat rate reimbursement methodology for services in the EarlySteps program.**

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.
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11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO <b>Tara A. LeBlanc, Medicaid Executive Director Louisiana Department of Health 628 North 4<sup>th</sup> Street P.O. Box 91030 Baton Rouge, LA 70821-9030</b>
12. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>	
13. TITLE <b>Secretary</b>	
14. DATE SUBMITTED <b>August 10, 2022</b>	

<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED	17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE OF LOUISIANA

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:

Medical and Remedial Care and Services OPTIONAL TARGETED CASE MANAGEMENT SERVICES

CITATION

42 CFR 447.201  
42 CFR 447.302

**REIMBURSEMENT METHODOLOGY**

Case management services for the Infant and Toddler program (EarlySteps) shall be prior authorized. The standard unit of service covers both service provision and overhead costs. Contacts are on a one-to-one basis between a case manager and a participant or between a case manager and others when this contact is for the benefit of the participant.

Reimbursement for Targeted Case Management is based on cost using an independent cost model approach to rate setting. In this approach, a model of the costs providers incur in delivering a particular service is constructed. In constructing the models, the primary cost drivers include the following:

1. Direct service staff wages;
2. Direct service staff employee related expenses (ERE);
3. The productivity of direct service staff, i.e. the amount of a direct service staff's time in each workday that can be billed;
4. Supervisory costs;
5. Key Staff costs;
6. Travel and office space costs;
7. Program support costs; and
8. Overhead expenses.

Case management agencies shall provide annual cost reports based on the state fiscal year, July 1 through June 30. Completed reports are due within 90 calendar days after the end of each state fiscal year or by September 28 of each calendar year.

Payments made to targeted case management providers do not duplicate payments for the same or similar services furnished by other providers or under other authority as an administrative function or as an integral part of a covered service.

Reimbursement is not available for case management services that are furnished to beneficiaries without charge by any other agency or entity. With the statutory exceptions of case management services included in Individualized Educational Programs (IEPs) or Individualized Family Service Plans (IFSPs) and services furnished through Title V public health agencies, payment for case management services cannot be made when another third party payor is liable, nor may payments be made for services for which no payment liability is incurred by the beneficiary.

STATE OF LOUISIANA

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:

Effective for dates of service on or after September 1, 2008 the reimbursement rate for targeted case management services rendered to infants and toddlers with special needs shall be increased by 25 percent of the rate in effect on August 31, 2008.

Effective for dates of service on or after February 1, 2009, the reimbursement for case management services provided to the following targeted populations shall be reduced by 3.5 percent of the rates on file as of January 31, 2009:

1. New Opportunities Waiver (NOW) beneficiaries;
2. HIV disabled individuals; and
3. Nurse Family Partnership participants.

Effective for dates of service on or after July 1, 2012, the reimbursement for case management services provided to the following targeted populations shall be reduced by 1.5 percent of the rates on file as of June 30, 2012:

1. participants in the Nurse Family Partnership program;
2. participants in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program;
3. individuals diagnosed with HIV; and
4. individuals with developmental disabilities who participate in the NOW.

Effective for dates of service on or after February 1, 2013, the Department shall terminate Medicaid reimbursement of targeted case management services to first-time mothers in the Nurse Family Partnership program.

Effective for dates of service on or after February 1, 2013, reimbursement shall not be made for case management services rendered to HIV disabled individuals.

Effective for dates of service on or after July 1, 2014, reimbursement for case management services provided to participants in the NOW shall be reimbursed at a flat rate for each approved unit of service. The standard unit of service is equivalent to one month and covers both service provision and overhead costs.

Effective for dates of service on or after April 1, 2018, case management services provided to participants in the EPSDT program shall be reimbursed at a flat rate for each approved unit of service. The standard unit of service is equivalent to one month.

Effective for dates of service on or after August 3, 2022, case management services provided to participants in the EarlySteps Program shall be reimbursed at a flat rate for each approved unit of service. The standard unit of service is equivalent to one month and covers both service provision and administrative (overhead) costs.

STATE OF LOUISIANA

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:

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of case management services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's provider website at [www.lamedicaid.com](http://www.lamedicaid.com).