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State/Territory Name: Louisiana

State Plan Amendment (SPA) LA: 22-0037

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

January 27, 2023

Tara LeBlanc
Medicaid Executive Director
Louisiana Medicaid Program
Louisiana Department of Health
Bureau of Health Services
Financing 628 North Fourth Street
Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

RE: Louisiana TN 22-0037

Dear Tara LeBlanc:

We have reviewed the proposed Louisiana State Plan Amendment (SPA) to Attachment 4.19-B pages under LA- 22-0037, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 19, 2022. The purpose of this SPA is to amend the provisions governing reimbursement for personal care services (PCS) provided to beneficiaries in the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program in order to remove outdated language regarding a wage enhancement that is not applicable to the current EPSDT-PCS program.

Based upon the information provided by the State, we have approved the amendment with an effective date of February 20, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at (945) 35-1231 or/and via email at: Monica.Neiman@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 22-0037	2. STATE LA
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.304 42 CFR 447.200-205 Section 1905(r)(5) of the Social Security Act 1905(a)(24) of the Social Security Act		4. PROPOSED EFFECTIVE DATE February 20, 2023	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Item 4.b, Page 2		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$0 b. FFY <u>2024</u> \$0	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing reimbursement for personal care services (PCS) provided to beneficiaries in the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program in order to remove outdated language regarding a wage enhancement that is not applicable to the current EPSDT-PCS program.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 13-47)	
10. GOVERNOR'S REVIEW (Check One)			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <div style="margin-top: 5px;">The Governor does not review State Plan material.</div> </div> </div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Tara A. LeBlanc, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips		15. RETURN TO Tara A. LeBlanc, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
13. TITLE Secretary			
14. DATE SUBMITTED December 19, 2022			
FOR CMS USE ONLY			
16. DATE RECEIVED December 19, 2022		17. DATE APPROVED January 27, 2023	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL February 20, 2023		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS The State requests a pen and ink change to box 5.			

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR

447.304

447.200-205
and Section
1905(r)(5) of
the Act

Medical and Remedial Care and Services

Item 4.b.(contd.)

II. The following services that are not otherwise covered under the Louisiana State Plan, will be reimbursed when provided to an EPSDT beneficiary:

A. Hospice Services

Effective for the dates of service on or after May 1, 2012, reimbursement for hospice services are pursuant to the methodology as outlined under Attachment 4.19-B, Item 18.

B. Personal Care Services

Personal Care Services (PCS) for EPSDT eligibles shall be paid the lesser of billed charges or the maximum unit rate set by the Department. The maximum rate is a prospective flat rate for each approved unit of service that is provided to the beneficiary. One quarter hour is the standard unit of service, excluding travel time to arrive at the beneficiary's home.

Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and non-governmental providers of personal care services. The agency's fee schedule rate was set as of February 20, 2023 and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com

C. Chiropractors

1. Method of Payment

Reimbursement is only for manual manipulation of the spine (procedure codes 97260 and 97261). Chiropractors are reimbursed under the same methodology used to reimburse physicians. Reimbursement is made at the lower of the provider's billed charge for the services or the maximum allowable fee for chiropractic services under the Department's provider reimbursement fee schedule.