

Louisiana Department of Health Office of the Secretary

May 19, 2023

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

RE: Louisiana Title XIX State Plan Transmittal No. 23-0022

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,

Stephen R. Russo, JD

Executive Counsel

Director of Legal Audit and Regulatory Compliance

Attachments (2)

CNP:TAL:KC

| CENTERS FOR MEDICARE & MEDICARD SERVICES | | 0 H D 110: 0000 01 |
|--|---|---|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER 23-0022 | 2. STATE LA |
| FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT | |
| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVIC DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE May 12, 2023 | |
| 5. FEDERAL STATUTE/REGULATION CITATION | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ 0 b. FFY 2025 \$ 0 | |
| 42 CFR 440.130 | | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT | PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) | |
| Attachment 3.1-A Item 13c, Page 2 Attachment 4.19-B, Item 13c, Page 1 | | |
| 9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend provisions governing initiation and facilitation of telehealth services by qualification of the control of the | ng preventive services in order to ed Louisiana Medicaid enrolled | provide coverage for ambulance providers |
| 10. 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 S | State Plan material. |
| 11. SIGNATURE OF STATE AGENCY OFFICIAL | 15. RETURN TO | |
| 12. TYPED NAME | Tara A. LeBlanc, Medicaid Executive Director | |
| Pam Diez, designee for Stephen R. Russo, JD | Louisiana Department of Health 628 North 4th Street | |
| 13. TITLE | P.O. Box 91030 | |
| Executive Counsel Director of Legal Audit and Regulatory Compliance | Baton Rouge, LA 70821-9 | 030 |
| 14. DATE SUBMITTED May 19, 2023 | | |
| FOR CMS USE | | |
| 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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 3.1-A Item 13c Page 2

STATE OF LOUISIANA

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 REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

G. Ambulance Facilitation of Telehealth Services

Effective for dates of service on or after May 12, 2023, Louisiana Medicaid provides coverage for initiation and facilitation of telehealth services by qualified Louisiana Medicaid enrolled ambulance providers for the purpose of managing acute and chronic disease and reducing associated risks.

1. Covered services include:

- a. Assessment of the beneficiary and determination if the beneficiary may be safely treated in place at the scene of the 911 emergency response.
- b. Initiation and facilitation of a telehealth service rendered by a physician, advanced practice registered nurse, or physician assistant located at a distant site.

2. Provider qualifications:

- a. Ambulance providers must be licensed by the Louisiana Department of Health (LDH) Bureau of Emergency Medical Services and meet all requirements of La. R.S. 40:1135.3;
- b. Ambulance providers must be participants in the CMS ET3 Model; and
- c. Ambulance providers must be enrolled in the Louisiana Medicaid Program.

| TN <u>23-</u> 0022 |
|--------------------|
| Supersedes |
| TN New Page |

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

Attachment 4.19-B Item 13c Page 1

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICES LISTED IN 1902(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBES BELOW:

<u>CITATION</u> 42 CFR 440.130

Preventive Services

Ambulance Facilitation of Telehealth Services

Reimbursement Methodology

Effective for dates of service on or after May 12, 2023, Louisiana Medicaid will reimburse for ambulance facilitation of telehealth services according to a published fee schedule.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of preventive services. The agency's fee schedule rate was set as of March 31, 2022, and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.gov.

TN <u>23-0022</u>