

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 20, 2024

Ms. Kimberly Sullivan
Medicaid Executive Director
Louisiana Department of Health
628 N 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) 24-0002

Dear Medicaid Executive Director Sullivan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0002. This amendment proposes to amend the provisions governing the Professional Services program in order to align with current practices.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.60 and Section 1905(a)(4) of the Social Security Act. This letter informs you that Louisiana's Medicaid SPA TN 24-0002 was approved on May 20, 2024, with an effective date of January 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Louisiana State Plan.

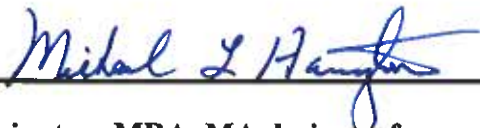
If you have any questions, please contact Tobias Griffin at (214) 767-4425 or via email at Tobias.Griffin@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Nikki Lemmon, West Branch Manager
Karen Barnes, LA Department of Health

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 24-0002	2. STATE LA
		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 January 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.60 Section 1905(a)(4) of the Social Security Act		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$0 b. FFY 2025 \$0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 4.b., Page 8 Attachment 4.19-B, Item 4.b., Page 2 Attachment 4.19-B, Item 4.b., Page 3		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 04-05) Same (TN 22-0037) Same (TN 11-10)	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing the Professional Services program in order to align with current practices.			
10. GOVERNOR'S REVIEW (Check One) <div><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><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.</div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Kimberly Sullivan, J.D. Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
12. TYPED NAME Michael Harrington, MBA, MA designee for Ralph L. Abraham, M.D.			
13. TITLE Secretary			
14. DATE SUBMITTED March 14, 2024			
FOR CMS USE ONLY			
16. DATE RECEIVED March 14, 2024		17. DATE APPROVED May 20, 2024	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott		21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations	
22. REMARKS On March 21, 2024, the State made a pen and ink change to box 5.			

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 REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

Medical and Remedial Care and Services

Item 4.b., EPSDT Services (cont'd)

Chiropractic Services

Chiropractic services consist of manual manipulation of the spine provided by a licensed chiropractor, in accordance with 42 CFR 440.60(b).

Covered Services

Beneficiaries age five through twenty years of age, may receive chiropractic services for a maximum of twelve different dates of service per fiscal year without prior authorization when the service is provided as a result of a referral from a licensed EPSDT medical screening provider. Coverage of each session beyond 12 visits requires a referral from a licensed EPSDT medical screening provider and prior authorization.

Beneficiaries from birth through four years of age are eligible to receive chiropractic care services only if each date of service is prior authorized by the fiscal intermediary. Requests to treat a child under four years of age must be received and prior authorized before the first treatment is administered.

Any limitations on services for children under age 21 may be exceeded based on medical necessity.

The State assures that the same medical necessity criteria are applied to all children, regardless of age.

STATE OF LOUISIANA

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 IS 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

Reimbursement Methodology

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.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and non-governmental providers of chiropractor services. The agency's fee schedule rate was set as of January 1, 2024, and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF 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:

PAGE INTENTIONALLY LEFT BLANK