

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

April 29, 2010

Our Reference: SPA-LA-08-21

Mr. Don Gregory, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

Dear Mr. Gregory:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 08-21. This state plan amendment increases reimbursement for targeted case management services provided to infants and toddlers with special needs.

In the future, when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's tribal consultation process for that SPA. Pursuant to section 1902 (a) (73) of the Act added by section 5006 (e) of the Recovery and Reinvestment Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state.

Transmittal Number 08-21 is approved with an effective date of September 1, 2008 as requested. A copy of the HCFA-179, Transmittal No. 08-21 dated September 30, 2008 is enclosed along with the approved plan pages.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

Bill Brooks
Associate Regional Administrator

Enclosures

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 08-21 | 2. STATE Louisiana |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | 4. PROPOSED EFFECTIVE DATE September 1, 2008 | |
| 5. TYPE OF PLAN MATERIAL (Check One): G NEW STATE PLAN G AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart F | 7. FEDERAL BUDGET IMPACT: a. FFY <u>2008</u> \$ 45.20 b. FFY <u>2009</u> \$ 610.80 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 19, Page 1 <i>Attachment 4.19-B, Item 19, Page 1a</i> | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 05-02) (Delete) <i>Same (Pending 08-13)</i> | |

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to increase the rate paid for targeted case management services provided to infants and toddlers.**

11. GOVERNOR=S REVIEW (Check One):
G GOVERNOR=S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
G COMMENTS OF GOVERNOR=S OFFICE ENCLOSED **The Governor does not review state plan material.**
G NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

| | |
|--|---|
| 12. SIGN [REDACTED] OFFICIAL: | 16. RETURN TO: State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030 |
| 13. TYPED NAME: Alan Levine | |
| 14. TITLE: Secretary | |
| 15. DATE SUBMITTED: September 29, 2008 | |
| FOR REGIONAL OFFICE USE ONLY | |

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|--|---|
| 17. DATE RECEIVED: 30 September 2008 | 18. DATE APPROVED: 29 April, 2010 |
|--|---|

PLAN APPROVED - ONE COPY ATTACHED

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|--|--|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2008 | 20. SIGN [REDACTED] OFFICIAL: |
| 21. TYPED NAME: Bill Brooks | 22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health |

23. REMARKS:
*** Pen & Ink Change Made to Blocks 8 + 9, adding Attachment 4.19-B, Item 19, Page 1a, per the State's Letter Dated 19 Feb, 2010.**

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

Attachment 4.19-B
Item 19, Page 1a

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:

CITATION Medical and Remedial
42 CFR Care and Services
447.201 Item 19 (cont)
447.302

OPTIONAL TARGETED CASE MANAGEMENT SERVICES

REIMBURSEMENT METHODOLOGY (continued)

Reimbursement is not available for case management services that are furnished to recipients without charge by any other agency or entity. With the statutory exceptions of case management services included in Individualized Educational Programs (IEP'S) or Individualized Family Service Plans (IFSP'S) 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 recipient.

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|----------------------------|---|
| STATE <u>Louisiana</u> | A |
| DATE REC'D. <u>9-30-08</u> | |
| DATE APPV'D <u>4-29-10</u> | |
| DATE EFF <u>9-1-08</u> | |
| HCFA 179 <u>08-21</u> | |

SUPERSEDES: TN- 08-13

TN# 08-21 Approval Date 4-29-10 Effective Date 9-1-08
Supersedes
TN# 08-13