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

June 6, 2011

Our Reference: SPA LA 11-05

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 11-05. This state plan amendment establishes the program criteria and the fee for service reimbursement methodology for diabetes self-management training services rendered in an outpatient hospital setting in the Louisiana state plan.

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 the 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 11-05 is approved with an effective date of February 21, 2011 as requested. A copy of the HCFA-179, Transmittal No. 11-05 dated March 17, 2011 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at <u>ford.blunt@cms.hhs.gov</u> or by phone at (214) 767-6381.

Bill Brooks

Associate Regional Administrator

Enclosures

DEPARTMENT O	F HEALTH AND	HUMAN SERVICES
HEALTH CARE F	INANCING ADM	MINISTRATION

FORM APPROVED OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF	I. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	11-05	Louisiana	
FOR: HEALTH CARE FINANCING ADMINISTRATION	1	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	February 21, 2011		
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSI	DERED AS NEW PLAN 🔀 AM	ENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
42 CFR 440 Subpart B	a. FFY 2011	<u>\$276.60</u>	
42 CFR 447 Subpart A	b, FFY <u>2012</u>	<u>\$331.24</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS SECTION OR ATTACHMENT (I)		
Attachment 3.1-A, Item 2a, Page 2	None (New Page)		
Attachment 4.19-B, Item 2a, Page 1c	None (New Page)		
10. SUBJECT OF AMENDMENT: The purpose of this amereimbursement methodology for the diabetes self-mana setting.	endment is to establish the pr gement training services in an	ogram criteria and outpatient hospital	
II. 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 .	w state plan material.	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
	Don Gregory, Medicaid Director		
13. TYPED NAME:	Department of Health and Hospitals		
	628 N. 4th Street	•	
Bruce D. Greenstein	PO Box 91030		
(14. TITLE:	Baton Rouge, LA 70821-90:	3 U	
Secretary	Daton Rouge, LA 70021-70.	30	
15, DATE SUBMITTED:			
March 15, 2011 FOR REGIONAL OFF	ICE HER ONLY		
	P TATE ADDDOVED		
17. DATE RECEIVED: 17 March, 2011	June 6 June	2. 2 011	
PLAN APPROVED – ONE			
	COPY A'		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	COPY A' 20. SIGN/	CIAL:	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	COPY A' 20. SIGNA		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 21 February, 2011	22. TITLE: Associate Regional Ac Division of Medicaid	CIAL:	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 21 February, 2011 21. TYPED NAME: Bill Brooks	20. SIGNA 22. TITLE: Associate Regional Ac	CIAL:	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 21 February, 2011	20. SIGNA 22. TITLE: Associate Regional Ac	CIAL:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM 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 SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Diabetes Education Services Reimbursement

Effective for dates of service on or after February 21, 2011, the Medicaid Program shall provide reimbursement for diabetes self-management training services rendered by qualified health care professionals in an outpatient hospital setting.

Reimbursement for DSMT services shall be a flat fee based on the appropriate Healthcare Common Procedure Coding (HCPC) code.

Payment is uniform for both governmental and private providers. The fee schedule is published on the Louisiana Medicaid provider website, lamedicaid.com.

STATE Louisiana DATE REC'D 3-27-11 DATE APPV'D 6-6-11 DATE EFF 1-21-11 HC-FA 179 11-05	A
have a recommendation of the second	

TN#_	11-05	Approval Date 6-6-11	Effective <u>2-21-</u>
Superse			
TN#	SUPERSEDES	S: NONE - NEW PAGE	

PAYMENT OF 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 ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

F. Diabetes Education Services

- Effective for dates of service on or after February 21, 2011, the Department shall provide coverage of
 diabetes self-management training (DSMT) services rendered to Medicaid recipients diagnosed with
 diabetes. DMST services shall be comprised of one hour of individual instruction and nine hours of
 group instruction on diabetes self-management.
 - a. Recipients of DSMT services shall receive up to 10 hours of services during the first 12-month period beginning with the initial training date.
 - b. After the first 12-month period has ended, recipients shall only be eligible for two hours of individual instruction on diabetes self-management per calendar year.

2. Provider Participation Standards

- a. In order to receive Medicaid reimbursement, an outpatient hospital must have a DSMT program that meets the quality standards of one of the following accreditation organizations:
 - (1) the American Diabetes Association;
 - (2) the American Association of Diabetes Educators; or
 - (3) the Indian Health Service.
- b. All DSMT programs must adhere to the national standards for diabetes self-management education.
 - (1) Each member of the instructional staff must:
 - (a) be a certified diabetes educator (CDE) certified by the National Certification Board for Diabetes Educators; or
 - (b) have recent didactic and experiential preparation in education and diabetes management.
 - (2) At a minimum, the instructional team must consist of one of the following professionals who is a CDE:
 - (a) a registered dietician;
 - (b) a registered nurse, or
 - (c) a pharmacist.
 - (3) All members of the instructional team must obtain the nationally recommended annual continuing education hours for diabetes management.

c.	Members of the instructional team who render DSMT services must be either employed by or have
	a contract with a Medicaid enrolled outpatient hospital that will submit the claims for
	reimbursement of outpatient DSMT services rendered by the team.

A

TN#	Approval Date 6-6-11	Effective 2-21-11
Supersedes		• •
TN# SUPERSEDES:	NONE - NEW PAGE	