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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 14-40

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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February 11, 2015

Our Reference: SPA LA 14-0040

Ms. Ruth Kennedy, State Medicaid Director  
Department of Health and Hospitals  
Bienville Building  
628 North 4<sup>th</sup> Street  
Post Office Box 91030  
Baton Rouge, LA 70821-9030

Attn: Darlene Budgewater  
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 14-0040. This amendment revises the provisions governing Other Licensed Practitioners covered under the Medicaid State Plan in order to add licensed psychologists and licensed medical psychologists.

Transmittal Number 14-0040 is approved with an effective date of October 20, 2014 as requested. A copy of the HCFA-179, Transmittal No. 14-0040 dated December 30, 2014 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at [ford.blunt@cms.hhs.gov](mailto:ford.blunt@cms.hhs.gov) or by phone at (214) 767-6381.

Sincerely,

A solid black rectangular box redacting the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**14-0040**

2. STATE

**Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

**October 20, 2014**

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

**42 CFR 440.60, Subpart A**

7. FEDERAL BUDGET IMPACT:

a. FFY 2015      **\$0**  
b. FFY 2016      **\$0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1-A, Item 4b, Page 20**  
**Attachment 4.19-B Item 4b, Page 10**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable):

**Same (TN 14-06)**  
**Same (TN 14-06)**

10. SUBJECT OF AMENDMENT: **The SPA proposes to revise the provisions governing applied behavior analysis-based (ABA) therapy services to clarify the provider participation requirements.** Other Licensed Practitioners covered under the Medicaid State Plan in order to add licensed psychologists and licensed medical psychologists.

11. 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 state plan material.**

12. AGENCY OFFICIAL:

16. RETURN TO:

**J. Ruth Kennedy, Medicaid Director**  
**State of Louisiana**  
**Department of Health and Hospitals**  
**628 N. 4<sup>th</sup> Street**  
**PO Box 91030**  
**Baton Rouge, LA 70821-9030**

13. TYPED NAME:

**Kathy H. Kliebert**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**December 30, 2014**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **December 30, 2014**

18. DATE APPROVED: **February 11, 2015**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**October 20, 2014**

20. SIGNATURE: [Redacted] CIAL:

21. TYPED NAME:

**Bill Brooks**

22. TITLE: **Associate Regional Administrator**  
**Division of Medicaid and Children's Health**

23. REMARKS: **The State requests a pen and ink change to Box 10 as per e-mail dated 2/3/15.**

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 ARE DESCRIBED AS FOLLOWS:

Medical and Remedial Care and Services  
Item 4.b, (Cont'd)

State: Louisiana  
Date Received: December 30, 2014  
Date Approved: February 11, 2015  
Date Effective: October 20, 2014  
Transmittal Number: 14-0040

42 CFR 440.60 - Other Licensed Practitioners

**Licensed Behavior Analyst**

- A. The Medicaid Program shall provide coverage for and payment to, licensed behavior analysts for services provided within their scope of practice. These services must be provided by or under the supervision of a behavior analyst who is currently licensed by the Louisiana Behavior Analyst Board, or a licensed psychologist, or a licensed medical psychologist. Licensed behavior analyst, licensed psychologists and licensed medical psychologists shall be reimbursed for Medicaid covered therapy services that are medically necessary, prior authorized by the Medicaid Program or its designee, and delivered in accordance with the recipient's treatment plan.

Licensed behavior analysts shall provide supervision to certified assistant behavior analysts and registered line technicians. Supervision is included in the State's Scope of Practice Act for licensed behavior analysts and they shall assume professional responsibility for the services rendered by an unlicensed practitioner. Licensed psychologists and licensed medical psychologists are authorized to provide supervision to non-licensed practitioners.

B. Provider Qualifications

1. Licensed behavior analysts shall:
  - a. be licensed by the Louisiana Behavior Analyst Board;
  - b. be covered by professional liability insurance in the amount designated by the State;
  - c. have no sanctions or disciplinary actions on their Board Certified Behavior Analyst or Board Certified Behavior Analyst-Doctoral certification and/or state licensure;
  - d. not have Medicare/Medicaid sanctions or be excluded from participation in federally-funded programs; and
  - e. have a completed criminal background check according to the State's requirements.
2. Certified assistant behavior analysts shall:
  - a. be certified by the Louisiana Behavior Analyst Board;
  - b. work under the supervision of a licensed psychologists, licensed medical psychologists, and licensed behavior analyst, with the supervisory relationship documented in writing;
  - c. have no sanctions or disciplinary actions, if State-certified or Board-certified;
  - d. not have Medicare/Medicaid sanctions or be excluded from participation in federally-funded programs; and
  - e. have a completed criminal background check according to the State's requirements.
3. Registered line technicians shall:
  - a. be registered by the Louisiana Behavior Analyst Board;
  - b. work under the supervision of a licensed psychologists, licensed medical psychologists, and licensed behavior analyst, with the supervisory relationship documented in writing;
  - c. have no sanctions or disciplinary actions, if State-certified or Board-certified;
  - d. not have Medicare/Medicaid sanctions or be excluded from participation in federally-funded programs; and
  - e. have a completed criminal background check according to the State's requirements.

TN#: 14-0040

Approval Date: 02-11-2015

Effective Date: 10-20-2014

Supersedes:  
14-0006

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 IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**Other Licensed Practitioners - Licensed Behavior Analysts**

**Reimbursement Methodology:**

Effective for dates of service on or after February 1, 2014, the Medicaid Program shall provide reimbursement to licensed behavior analysts who are enrolled with the Medicaid Program and in good standing with the Louisiana Behavior Analyst Board. Reimbursement shall only be made for services billed by a licensed behavior analyst, licensed psychologist, or licensed medical psychologist.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of behavioral analysis. The agency's fee schedule rate was set as of February 1, 2014 and is effective for services provided on or after that date. All rates are published on the Medicaid Provider website using the following link:

[http://www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm)

The rates are based upon 15 minute units of service, with the exception of mental health services plan which shall be reimbursed at an hourly fee rate. Reimbursement shall only be made for services authorized by the Medicaid Program or its designee.

Reimbursement shall not be made to, or on behalf of services rendered by a parent, a legal guardian, or legally responsible person.

State: Louisiana  
Date Received: December 30, 2014  
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