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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 14-05

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

May 2, 2014

Our Reference: SPA LA 14-05

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

Attn: Darlene Adams Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 14-05. The SPA revises the rehab services covered under Home Health to increase reimbursement rates for physical and occupational services for recipients under age 21. It also discontinues the automatic enhanced rate adjustment for these services

Transmittal Number 14-05 is approved with an effective date of February 13, 2014 as requested. A copy of the HCFA-179, Transmittal No. 14-05 dated March 10, 2014 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.

Sincerely

Bill Brooks Associate Regional Administrator

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	14-05	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	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 13, 2014	
5. TYPE OF PLAN MATERIAL (Check One):	Control of the set of	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	IDERED AS NEW PLAN AME	ENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate Transmittal for each	amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447 Subpart B	FFY <u>2014</u> FFY <u>2015</u>	\$ 2.66 \$ 4.35
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Item 7, Page 4 Attachment 4.19B, Item 7, Page 4a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supersedes (05-15) Same (TN 10-48) - Reserved	
Health Program in order to increase the reimbursement rarecipients under the age of 21, and to discontinue the autor 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	matic enhanced rate adjustment for ENT	r these services. SPECIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: J. Ruth Kennedy, Medicaid I	Nimoston
13. TYPEO NAME	State of Louisiana	director
Kathy H. Kliebert	Department of Health and He	ospitals
14. TITLE: Secretary	628 N. 4th Street	
15. DATE SUBMITTED:	PO Box 91030	
March 7, 2014	Baton Rouge, LA 70821-903	0
FOR REGIONAL OF	FICE USE ONLY	
10 March, 2014	18. DATE APPROVED: 2 May, 20	14
PLAN APPROVED – ONE		
	20. SIGNATURE OF REGIONAL OFFIC	CIAL:
13 February, 2014		
Bill Brooks	22.TITLE :Associate Regiona Division of Medicaid & C	
23. REMARKS:		

FORM HCFA-179 (07-92)

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 1902 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Item 7.d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency.

> The Medicaid Program provides reimbursement for physical therapy, occupational therapy and speech /language therapy covered under the Home Health Program.

> Effective for dates of service on or after February 13, 2014, reimbursement for physical and occupational therapy services shall be 85 percent of the 2013 Medicare published rate. The Medicare published rate shall be the rate in effect on February 13, 2014. There shall be no automatic enhanced rate adjustment for physical and occupational therapy services.

Speech/language therapy services shall continue to be reimbursed at the flat fee in place as of February 13, 2014 and in accordance with the Medicaid published fee schedule found on the Louisiana Medicaid provider website using the following link:

http://www.lamedicaid.com/provweb1/fee schedules/feeschedulesindex.htm

Effective for services on or after July 21, 2010 for physical therapy, occupational therapy or speech-language therapy services provided in conjunction with the Pediatric Day Health Program, reimbursement is made pursuant to the methodology described on page 4.19-B, Item 4b, Page 5 under EPSDT – Pediatric Day Health Program.

State: Louisiana

Date Received: 10 March, 2014 Date Approved: 2 May, 2014 Date Effective: 13 February, 2014

Transmittal Number: 14-05

TN# _	14-05	_ Approval Date _	5/2/14	Effective Date	2/13/14	
Supers	sedes	_ 11 _				
TN# _	05-15					

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

ATTACHMENT 4.19-B Item 7, Page 4a

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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RESERVED

State: Louisiana

Date Received: 10 March, 2014 Date Approved: 2 May, 2014 Date Effective: 13 February, 2014

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TN#	14-05	Approval Date	5/2/14	Effective Date	2/13/14
Supers	sedes				
TN# _	10-48				