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State/Territory Name: Louisiana

State Plan Amendment (SPA) LA: 22-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

June 28, 2022

Tara LeBlanc
Medicaid Executive Director
Louisiana Medicaid Program
Louisiana Department of Health
Bureau of Health Services
Financing 628 North Fourth Street
Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

RE: Louisiana TN 22-0002

Dear Tara LeBlanc:

We have reviewed the proposed Louisiana State Plan Amendment (SPA) to Attachment 4.19-B pages under LA- 22-0002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 28, 2022. The purpose of this SPA is to amend provisions governing reimbursement for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) in order to establish an alternative payment methodology which would allow reimbursement outside of the current Prospective Payment System rate for community health worker services provided in FQHCs and RHCs.


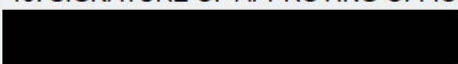
Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at (945) 35-1231 or/and via email at: Monica.Neiman@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 22-0002	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, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.201 42 CFR 440.60 Section 1902 (bb) of the Social Security Act Section 1905 (a)(6) of the Social Security Act		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>308,068</u> b. FFY <u>2023</u> \$ <u>579,635</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19 B, Item 2.b., Page 3a Attachment 4.19 B, Item 2.c., Page 4a Attachment 4.19 B, Item 2.b., Page 5 (None-New Page) Attachment 4.19-B, Item 2.c., Page 5 (None-New Page)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 19-0004) (pending 21-0020) Same (TN 19-0003) (pending 21-0019)	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend provisions governing reimbursement for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) in order to establish an alternative payment methodology which would allow reimbursement outside of the current Prospective Payment System rate for community health worker services provided in FQHCs and RHCs.			
10. GOVERNOR'S REVIEW (Check One)			
<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		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor does not review State Plan material.	
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Patrick Gillies, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips			
13. TITLE Secretary			
14. DATE SUBMITTED February 28, 2022			
FOR CMS USE ONLY			
16. DATE RECEIVED 2/28/2022		17. DATE APPROVED June 28, 2022	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/2022		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS The State requests a pen and ink change to boxes 5, 7 and 8.			

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:

Community Health Worker Services

Effective for dates of service on or after January 1, 2022, Medicaid community health worker services provided by a RHC shall be reimbursed through an alternative payment methodology when these services are provided on the same date as a medical/dental/behavioral health visit. Community health workers are unlicensed providers that render preventive and other health services to beneficiaries. The APM will pay RHCs an add-on amount, equivalent to the fee schedule rate for the community health worker service, in addition to the PPS. The fee schedule rate for community health worker services is located at Provider Based Rural Health Clinics (PB-RHCs) Rates (Provider Type 79) <https://www.lamedicaid.com>.

The APM must be agreed to by the Department and the RHC, and must result in payment to the RHC which is at least the PPS rate on file for the date of service.

STATE OF LOUISIANA

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The APM must be agreed to by the Department and the FQHC, and must result in payment to the FQHC which is at least the PPS rate on file for the date of service.