John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

March 31, 2016

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

RE: Managed Care for Physical and Basic Behavioral Health Non-Emergency Medical Transportation
Transmittal No. 16-0001

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Warmly,

Approved for

Rebekah E. Gee MD, MPH
Secretary

Attachments (2)

REG:WJR:JH

Bienville Building • 628 N. Fourth St. • P.O. Box 91030 • Baton Rouge, Louisiana 70821-9030
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **16-0001**

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: **January 1, 2016**

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:
1932(a)(4) of Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 $(30.82)
b. FFY 2017 $(42.22)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-F Page 12
Attachment 3.1-F Page 12a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Same (TN 15-0021)
Same (TN 15-0021)

10. SUBJECT OF AMENDMENT :). **The SPA now proposes to amend the provisions governing managed care for physical and basic behavioral health to provide clarification regarding the inclusion of non-emergency medical transportation services.**

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. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Rebekah E. Gee MD, MPH

14. TITLE:
Secretary

15. DATE SUBMITTED:
March 31, 2016

16. RETURN TO:
Jen Steele, Interim Medicaid Director
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

LA TITLE XIX SPA
TRANSMITTAL #: **16-0001**
TITLE: **MCO- NEMT**
EFFECTIVE DATE: **January 1, 2016**

FISCAL IMPACT:
Decrease

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2016		0.00%	6	January 1, 2016- June 30,2016	($32,701)
2nd SFY	2017	3.0%	0.00%	12	July 2016- June 2017	($67,364)
3rd SFY	2018	3.0%	0.00%	12	July 2017 - June 2018	($69,385)

*#mos-Months remaining in fiscal year

Total Decrease in Cost FFY **2016**

SFY	2016	($32,701)	for	6	months	January 1, 2016- June 30,2016			($32,701)
SFY	2017	($67,364)	for	12	months	July 2016- June 2017			
		($67,364) /	12 X	3		July 2016 - September 2016	=		($16,841)
									($49,542)
		FFP (FFY 2016) =				**($49,542)**	**X**	**62.21%** =	**($30,820)**

Total Decrease in Cost FFY **2017**

SFY	2017	($67,364)	for	12	months	July 2016- June 2017			
		($67,364) /	12 X	9		October 2016 - June 2016	=		($50,523)
SFY	2018	($69,385)	for	12	months	July 2017 - June 2018			
		($69,385) /	12 X	3		July 2017 - September 2017	=		($17,346)
									($67,869)
		FFP (FFY 2017)=				**($87,869)**	**X**	**62.21%** =	**($42,221)**

State: **Louisiana**

Citation | Condition or Requirement

The following is a summary listing of the core benefits and services that a MCO is required to provide:

1. Inpatient hospital services;
2. Outpatient hospital services;
3. Ancillary medical services;
4. Organ transplant-related services;
5. Family planning services as specified in 42 CFR §431.51(b)(2) (not applicable to MCO operating under a moral and religious objection as specified in the contract);
6. EPSDT/well-child visits (excluding Applied Behavioral Analysis services and Dental);
7. Emergency medical services;
8. Communicable disease services;
9. Durable medical equipment and certain supplies;
10. Prosthetics and orthotics;
11. Emergency and non-emergency medical transportation;(ambulance and non-ambulance);
12. Home health services;
13. Basic and Specialized behavioral health services;
14. School-Based health clinic services provided by the DHH Office of Public Health certified school-based health clinics;
15. Physician services;
16. Maternity services (including nurse midwife services);
17. Chiropractic services;
18. Rehabilitation therapy services (physical, occupational, and speech therapies);
19. Pharmacy services;
20. Hospice services;
21. Personal care services (Age 0-20);
22. Pediatric day healthcare services;
23. Audiology services;
24. Ambulatory Surgical Services;
25. Lab and X-ray Services;
26. Emergency and surgical dental services;
27. Clinic services;
28. Pregnancy-related services;
29. Pediatric and Family Nurse Practitioner services;
30. Licensed mental health professional services (including Advanced Practice Registered Nurse services);
31. FQHC/RHC Services;
32. ESRD services;
33. Optometrist services;
34. Podiatry services;
35. Rehabilitative services (including Crisis Stabilization);
36. Respiratory services; and

State: **Louisiana**

Citation	Condition or Requirement

The following populations are mandatory enrollees in Bayou Health for specialized behavioral health services and non-emergency ambulance services only:

A. Individuals residing in nursing facilities; and

B. Individuals under age 21 residing in intermediate care facility for persons with intellectual disabilities (ICF-ID).

NOTE: This overview is not all inclusive. The contract, policy transmittals, state plan amendments, regulations, provider bulletins, provider manuals, published fee schedules, and guides issued by the department are the final authority regarding services.

1932 (a)(5)(D)
1905(t)

L. List all services that are excluded for each model (MCO & PCCM)

The following services will continue to be reimbursed by the Medicaid Program on a fee-for-service basis, with the exception of dental services which will be reimbursed through a dental benefits prepaid ambulatory health plan under the authority of a 1915(b) waiver. The MCO shall provide any appropriate referral that is medically necessary. The department shall have the right to incorporate these services at a later date if the member capitation rates have been adjusted to incorporate the cost of such service. Excluded services include:

1. Services provided through the Early-Steps Program (IDEA Part C Program services);
2. Dental Services;
3. Intermediate care facility for persons with intellectual disabilities;
4. Personal care services (Age 21 and over);
5. Nursing facility services;
6. Individualized Education Plan services provided by a school district and billed through the intermediate school district, or school-based services funded with certified public expenditures;
7. Applied behavior analysis therapy services;
8. Targeted case management services; and
9. All Office of Aging and Adult Services/Office for Citizens with Developmental Disabilities home and community-based Section 1915(c) waiver services.

LA SPA 16-0001

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County: East Baton Rouge
Printed In: The Advocate
Printed On: 2015/12/31

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Public Notice:

PUBLIC NOTICE - - - DECLARATION OF EMERGENCY Department of Health and Hospitals Bureau of Health Services Financing Managed Care for Physical and Basic Behavioral Health Non-Emergency Medical Transportation (LAC 50:I.3103) The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:I.3103 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first. The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing managed care for physical and basic behavioral health in order to reflect the integration of specialized behavioral health services into Bayou Health as a result of the narrowing of the statewide management organization's scope of service administration for certain behavioral health services (Louisiana Register, Volume 41, Number 11). The department now proposes to amend the provisions governing managed care for physical and basic behavioral health to provide clarification regarding the inclusion of non-emergency medical transportation services. This action is being taken to avoid a budget deficit in the medical assistance program and to promote the health and welfare of Medicaid recipients by ensuring continued access to non-emergency medical transportation services. It is estimated that implementation of this Emergency Rule will reduce expenditures in the Medicaid Program by approximately $32,701 for state fiscal year 2015-2016. Effective January 1, 2016, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing managed care for physical and basic behavioral health. Title 50 PUBLIC HEALTH-MEDICAL ASSISTANCE Part I. Administration Subpart 3. Managed Care for Physical and Basic Behavioral Health Chapter 31. General Provisions ?3103. Recipient Participation A. - B. ... 1. Participation in an MCO for the following participants is mandatory for specialized behavioral health and non-emergency medical transportation (NEMT) services (ambulance and non-ambulance) only, and is voluntary for physical health services: B.1.a. - D. ... E. Mandatory MCO Populations - Specialized Behavioral Health Services and Non-Emergency Ambulance Services Only 1. The following populations are mandatory enrollees in Bayou Health for specialized behavioral health services and non-emergency ambulance services only: a. - b. ... F. Mandatory MCO Populations - Specialized Behavioral Health and NEMT Services (Ambulance and Non-Ambulance) Only F.1. - I. ... AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act. HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1573 (June 2011), amended LR 40:310 (February 2014), LR 40:1096 (June 2014), LR 40:2258 (November 2014), LR 41:929 (May 2015), LR 41:2363 (November 2015), LR 42: Implementation of the provisions of this Rule may be contingent upon the approval of the U.S.

Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required. Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices. Kathy H. Kliebert Secretary 30913-dec 31-1t

Public Notice ID: 23031155

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John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

January 15, 2016

Karen Matthews, Health Director
Chitimacha Health Clinic
3231 Chitimacha Trail
Jeanerette, LA 70544

Angela Martin
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Anita Molo
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Marshall Pierite, Chairman
Misty Hutchby, Health Director
Tunica-Biloxi Tribe of Louisiana
P. O. Box 1589
Marksville, LA 71351-1589

Lovelin Poncho, Chairman
Paula Manuel, Health Director
Coushatta Tribe of Louisiana
P. O. Box 818
Elton, LA 70532

Chief Beverly Cheryl Smith
Holly Vanhoozen, Health Director
The Jena Band of Choctaw Indians
P. O. Box 14
Jena, LA 71342

Dear Louisiana Tribal Contact:

RE: Notification of Louisiana Medicaid State Plan Amendments

In compliance with the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009, the Department of Health and Hospitals, Bureau of Health Services Financing is taking the opportunity to notify you of a State Plan amendment (SPA) that may have an impact on your tribe.

Attached for your review and comments is a summary of the proposed State Plan amendment. Please provide any comments you may have by January 22, 2016 to Mrs. Darlene Budgewater via email to Darlene.Budgewater@la.gov or by postal mail to:

Department of Health and Hospitals
Bureau of Health Services Financing
Medicaid Policy and Compliance
P.O. Box 91030
Baton Rouge, LA 70821-9030

Should you have additional questions about Medicaid policy, Mrs. Budgewater will be glad to assist you. You may reach her by email or telephone at (225) 342-3881. Thanks for your continued support of the tribal consultation process.

Sincerely,

Lee A Budgewater
for Jen Steele
Interim Medicaid Director

Attachment (1)

JRK/DB/KS

c: Ford J. Blunt, III
Stacey Shuman

State Plan Amendment for submittal to CMS

Request for Tribal Comments

January 15, 2016

Managed Care for Physical and Behavioral Health - Non-Emergency Medical Transportation (effective 01/01/16)

The SPA proposes to amend the provisions governing managed care for physical and basic behavioral health to provide clarification regarding the inclusion of non-emergency medical transportation services.