

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

March 25, 2014

Our Reference: SPA LA 13-47

Ms. Ruth Kennedy, State Medicaid Director
Department of Health and Hospitals
628 North 4th St.
P.O. Box 91030
Baton Rouge, LA 70821-9030

Attention: Darlene York
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed your request to amend the Louisiana State Plan submitted under Transmittal No. 13-47, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 27, 2013. This amendment proposes to comply with the federal requirements of the Affordable Care Act (ACA) with regards to hospice. The amendment also revises the provisions governing prior authorization for hospice services in order to control escalating costs associated with the hospice program.

We conducted our review of your submittal according to the applicable federal regulations and guidelines. Before we can continue processing this amendment, we need additional or clarifying information. Since the plan is the basis for Federal financial participation, it is important that the plan's language be clear and unambiguous. Therefore, we have the following questions/concerns regarding TN 13-47.

Coverage Questions

1. In the Medicare regulations from 2008, the preamble does refer to hospice personal care services. These are hospice aide and homemaker services and the regulation distinguishes these from the State plan personal care services. State plan long-term personal care services for adults cannot be used in conjunction with hospice services. Can the State please clarify if the language sent in its last revision dated March 21, 2014 is attempting to refer that State plan long-term personal care services be used along with the "hospice personal care"?
2. If the State is interpreting the regulation as stated in question #1, CMS is suggesting the following language for the first paragraph in Attachment 3.1-A, Page 8, "Individuals who

are 21 and over may, however, be eligible for additional personal care services as defined in the State plan. Services furnished under the Medicaid personal care services benefit may be used to the extent that the hospice provider would routinely use the services of the hospice patient's family in implementing a patient's plan of care.”

We are requesting this additional/clarifying information under provisions of Section 1915(f) of the Social Security Act. This has the effect of stopping the 90-day time frame for CMS to take action on the material. A new 90-day time frame will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, if we have not received the State's response to our request for additional information within 90 days from the date of this letter, we will initiate disapproval action on the amendment. If you have any questions regarding this letter, please contact Ford Blunt at 214-767-6381 by phone or by email at ford.blunt@cms.hhs.gov.

Sincerely,

Bill Brooks
Associate Regional Administrator