



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

May 21, 2014

Bill Brooks
Centers for Medicare and Medicaid Services
Division of Medicaid and Children's Health Operations
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, TX 75202

Bye
Dear Mr. Brooks:

RE: LA SPA 13-47 Hospice Services RAI Response

Please refer to our proposed amendment to the Medicaid State Plan submitted under transmittal number (TN) 13-47 with a proposed effective date of November 20, 2013. The SPA revises hospice provisions to comply with the federal requirements of the Patient Protection and Affordable Care Act (PPACA). This amendment also revises the provisions governing prior authorization for hospice services in order to control the escalating costs associated with the Hospice Program. We are providing the following additional information as requested in your RAI correspondence dated March 25, 2014.

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"?

Response: The language has been revised to meet CMS criteria.

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."

Response: The language has been revised on Attachment 3.1A, Item 18, Page 8 to meet CMS criteria. (See Attachment 3.1A, Item 18)

Please substitute the attached revised State Plan pages for the pages originally submitted with this SPA. Please consider this a formal request to begin the 90-day clock. We trust that this additional information will be sufficient to result in the approval of the pending plan amendment. We look forward to negotiating with CMS to ensure approval. If further information is required, you may contact Darlene Adams at Darlene.Adams@la.gov or by phone (225)342-3881.

As always, we appreciate the assistance of Tamara Sampson in resolving these issues.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ruth Kennedy", with a long horizontal flourish extending to the right.

J. Ruth Kennedy
Medicaid Director

Attachment (1)

RK/DA/YE

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

IV. Waiver of Payment for Other Services

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. The hospice provider must provide services to the individual that are comparable to the services they received through Medicaid prior to their election of hospice. These services include, but are not limited to:

1. Pharmaceutical and biological services;
2. Durable medical equipment; and
3. Any other services permitted by federal law.

Individuals who are under age 21 and who are approved for hospice may continue to receive curative treatments for their terminal illness; however, the hospice provider is responsible to coordinate all curative treatments related to the terminal illness, including:

1. Curative treatment shall be defined as medical treatment and therapies provided to a patient with the intent to improve symptoms and cure the patient's medical problem.
2. Curative care has its focus on the curing of an underlying disease and the provisions of medical treatments to prolong or sustain life.
3. The hospice provider is responsible to provide durable medical equipment or contract for the provision of durable medical equipment. Personal care services, extended home health, and pediatric day health care must be coordinated with hospice services.
4. Individuals who elect hospice services may also receive EPSDT personal care services concurrently. The hospice provider and the PCS provider must coordinate services and develop the patient's plan of care.

The hospice provider is responsible for making a daily visit to all clients under the age of 21 and for the coordination of care to assure there is no duplication of services. The daily visit is not required if the person is not in the home due to hospitalization or inpatient respite or inpatient hospice stays.

TN# _____
Supersedes
TN# _____

Approval Date _____

Effective Date _____