

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

December 17, 2014

Our Reference: SPA LA 14-0015

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 Budgewater

Dear Ms. Kennedy:

We have reviewed your request to amend the Louisiana State Plan submitted under Transmittal No. 14-0015, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2014. This state plan amendment (SPA) proposes to make individuals receiving hospice services mandatory participants in BAYOU HEALTH and individuals receiving home and community based waiver services voluntary participants.

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 14-0015.

CMS sent an informal request for additional information (IRAI) to the State on December 4, 2014. Because the State has not answered our initial inquiries, those questions now comprise this formal request for additional information (RAI).

CMS -179

1. Section 10 – Subject of the Amendment. **“The Spa proposes to make individuals receiving hospice services mandatory in BAYOU HEALTH and individuals receiving home and community based waiver services voluntary participants.”** What does that mean for each group? Additionally where are they now?
2. The State is adding hospice and making several other groups of Medicaid populations optional to managed care even for some populations, how is there no fiscal impact?

General Questions

3. Does the State have the provider capacity in BAYOU HEALTH to ensure beneficiaries have timely access to care? Does this group of providers have the background and experience to treat this population?
4. What is the State's plan for routine monitoring/reporting to determine the success of implementation? Will it be separate from what currently exists?
5. Does the State now cover tribal members under managed 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