

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**

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July 25, 2014

**Our Reference: SPA LA 14-26**

Ms. Ruth Kennedy, State Medicaid Director  
Department of Health and Hospitals  
Bienville Building  
628 North 4<sup>th</sup> Street  
Post Office Box 91030  
Baton Rouge, LA 70821-9030

Attn: Darlene Budgewater  
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 14-26. The SPA proposes to amend the provisions governing Early and Periodic Screening and Treatment (EPSDT) personal care services in order to revise the recipient qualification to remove the criteria regarding parental/caregiver availability in the home.

Transmittal Number 14-26 is approved with an effective date of June 1, 2014 as requested. A copy of the HCFA-179, Transmittal No. 14-26 dated June 19, 2014 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at [ford.blunt@cms.hhs.gov](mailto:ford.blunt@cms.hhs.gov) or by phone at (214) 767-6381.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Brooks", is positioned above the printed name.

Bill Brooks  
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
**14-26**

2. STATE  
**Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
**June 1, 2014**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:  
**42 CFR 441 Subpart B**

7. FEDERAL BUDGET IMPACT:  
a. FFY **2014** (\$4,458.52) ~~(\$114.40)~~  
b. FFY **2015** (\$13,561.61) ~~(\$347.97)~~

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1A, Item 4.b. Page 2**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable):

**Same (TN 07-06)**

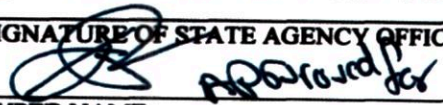
10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing Early and Periodic Screening, Diagnosis and Treatment (EPSDT) personal care services in order to revise the recipient qualifications to remove the criteria regarding parental/caregiver availability in the home.**

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:  
**Kathy H. Kliebert**

14. TITLE:  
**Secretary**

15. DATE SUBMITTED:  
**June 19, 2014**

16. RETURN TO:

**J. Ruth Kennedy, Medicaid Director  
State of Louisiana  
Department of Health and Hospitals  
628 N. 4<sup>th</sup> Street  
PO Box 91030  
Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **June 19, 2014**

18. DATE APPROVED: **July 25, 2014**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**June 1, 2014**

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:  
**Bill Brooks**

22. TITLE: **Associate Regional Administrator  
Division of Medicaid and Children's Health**

23. REMARKS:

The State request a pen and ink change to box 7.



**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED**

**LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:**

- a. EPSDT Personal Care Services shall be prior authorized by the BHSF or its designee.
- b. EPSDT Personal Care Services shall be provided in the recipient's home (defined as the recipient's own dwelling such as an apartment, a custodial relative's home, a boarding home, a foster home, a substitute family home) or, if medically necessary, in another location outside of the recipient's home such as a supervised living facility; these services are provided in a school setting only to the extent they do not duplicate services that must be provided by or are provided by the Department of Education.
- c. Personal Care Services shall be authorized only when provided by a licensed Personal Care Service (PCS) agency which is duly enrolled as a Medical provider. Staff assigned to provide personal care services to a recipient shall not be a member of the recipient's immediate family. (Immediate family includes father, mother, sister/brother, spouse, child, grandparent, in-law or any individual acting as parent or guardian of the recipient.). Personal Care Services may be provided by a person of a degree of relationship to the recipient other than immediate family if the relative is not living in the recipient's home or if he/she is living in the recipient's home solely because his/her presence in the home is necessitated by the amount of care required by the recipient. EPSDT PCS shall not be authorized as a substitute for child care arrangements.

State: Louisiana  
Date Received: 19 June, 2014  
Date Approved: 25 July, 2014  
Date Effective 1 June, 2014  
Transmittal Number: 14-26

TN# 14-26 Approval Date 07-25-14 Effective Date 06-01-14  
Supersedes  
TN# 07-06