

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1301 Young Street, Room 833  
Dallas, Texas 75202



**Division of Medicaid & Children's Health, Region VI**

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20 May, 2015

Reference: **SPA –LA 15-0014**  
**(Long Term Personal Care Services – Electronic Visit Verification (EVV))**

Ms. Ruth Kennedy, Medicaid Director  
Louisiana Department of Health and Hospitals  
628 North 4<sup>th</sup> Street, 7<sup>th</sup> Floor  
Baton Rouge, LA 70821-9030

RE: Louisiana 15-0014 Withdraw

This is to acknowledge receipt of State's letter dated 19 May, 2015, withdrawing State Plan Transmittal No.15-0014. This action is reflected on the enclosed CMS-179. For your convenience, we are enclosing copies of the material withdrawn.

If you have any questions, please call Ford Blunt at 214-767-6381

Sincerely,

Marsha Marks, Health Insurance Specialist  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Child Health

Enclosures:  
State's Letter Dated 5/19/15  
Copies of Withdrawn Pages



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

VIA ELECTRONIC MAIL ONLY

May 19, 2015

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: Louisiana Title XIX State Plan  
Transmittal No. 15-0014, Long-Term Personal Care Services-Electronic Visit  
Verification (EVV)**

Please refer to the above proposed amendment submitted under transmittal number (TN) 15-0014 with an effective date of April 1, 2015. This SPA proposed to amend the provisions governing the long-term personal care services (LT-PCS) in order to adopt requirements which mandate LT-PCS providers must utilize the electronic visit verification (EVV) system designated by the department for automated scheduling, time and attendance tracking, and billing for LT-PCS.

In initial discussions of this SPA, the State was informed that the mandatory requirement of EVV use may be a provider qualification that needed to be included in the Medicaid State Plan. Subsequent discussions with CMS have clarified that this requirement is a procedural change that does not have to be incorporated in the State Plan. Therefore, the State has decided not to pursue this State Plan Amendment and requests that TN 15-0014 be withdrawn from consideration.

Sincerely,

A handwritten signature in blue ink that reads "J. Ruth Kennedy for".

J. Ruth Kennedy  
Medicaid Director

JRK/DAB/SSJ

Bobby Jindal  
GOVERNOR



Kathy H. Kliebert  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of the Secretary

April 14, 2015

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: Louisiana Title XIX State Plan  
Transmittal No. 15-0014**

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.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kathy H. Kliebert", with a date "4/14/15" written below it.

Kathy H. Kliebert  
Secretary

Attachments (1)

KHK/WJR/JH

State Plan Withdrawn per State's Withdraw Letter  
Dated 5-19-2015

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**15-0014**

2. STATE

**Louisiana**

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

4. PROPOSED EFFECTIVE DATE

**April 1, 2015**

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:

**CFR 447 Subpart B**

7. FEDERAL BUDGET IMPACT:

a. FFY **2015**      **\$(406.78)**  
b. FFY **2016**      **\$(2,025.81)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-B, Item 26, Page1b**

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

**Same (TN 10-48)**

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing the long-term personal care services (LT-PCS) in order to adopt requirements which mandate that LT-PCS providers must utilize the electronic visit verification (EVV) system designated by the department for automated scheduling, time and attendance tracking, and billing for LT-PCS.**

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:

**April 14, 2015**

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:

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:

**State Plan Withdrawn per State's Withdraw Letter  
Dated 5-19-2015**

State Plan Withdrawn per State's Withdraw Letter Dated 5-19-2015

**LOUISIANA TITLE XIX STATE PLAN**

**TRANSMITTAL #:** 15-0014

**TITLE:** Long-Term Personal Care Services-Standards for Paricipation EVV

**EFFECTIVE DATE:** April 1, 2015

**FISCAL IMPACT**  
**Decrease**

	year	% inc.		* # mos	range of mos.	dollars
1st SFY	2015	N/A		3	April 1, 2015 - June 30, 2015	(\$655,561)
2nd SFY	2016			12	July 2015 - June 2016	(\$5,158,912)
3rd SFY	2017			12	July 2016 - June 2017	(\$3,094,165)

\* #mos-Months remaining in fiscal year

	<b>Total Decrease in Cost FFY</b>		<b>2015</b>					
SFY	2015	(\$655,561)	for 3 months	April 1, 2015 - June 30, 2015				
		(\$655,561) /	3 X 3 months	July 2015 - September 2015	=		(\$655,561)	
							<u>(\$655,561)</u>	
			<b>FFP (FFY 2015 )=</b>	<b>(\$655,561)</b>	<b>X 62.05%</b>	<b>=</b>		<b><u>(\$406,776)</u></b>
	<b>Total Decrease in Cost FFY</b>		<b>2016</b>					
SFY	2015	(\$655,561)	for 3 months	April 1, 2015 - June 30, 2015				
		(\$655,561) /	3 X 9	October 2015 - June 2016	=		(\$1,966,683)	
SFY	2016	(\$5,158,912)	for 12 months	July 2015 - June 2016				
		(\$5,158,912) /	12 X 3	July 2016 - September 2017	=		(\$1,289,728)	
							<u>(\$3,256,411)</u>	
			<b>FFP (FFY 2016 )=</b>	<b>(\$3,256,411)</b>	<b>X 62.21%</b>	<b>=</b>		<b><u>(\$2,025,813)</u></b>

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Effective for services provided on or after July 21, 2010 for personal care services provided in conjunction with the Pediatric Day Health Program, reimbursement is made pursuant to the methodology described on page 4.19-B, Item 4b, Page 5 under EPSDT – Pediatric Day Health Program.

**Electronic Visit Verification**

Effective for dates of service on or after April, 1, 2015, reimbursement shall only be made to providers of long-term personal care services with documented use of the electronic visit verification (EVV) system designated by the Department for automated scheduling, time and attendance tracking, and billing for long-term personal care services.

State Plan Withdrawn per State's Withdraw Letter  
Dated 5-19-2015