

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

January 10, 2017

Our Reference: SPA LA 16-0013

Ms. Jen Steele, State Medicaid Director
Department of Health and Hospitals
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attention: Darlene Budgewater

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 16-0013 dated June 7, 2016. This state plan amendment amends the provisions governing long-term care personal care services (LT-PCS) in order to terminate the Louisiana Personal Options Program (LaPOP), revise the eligibility requirements for shared LT-PCS and to clarify the provisions governing the activities of daily living.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of April 20, 2016. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at Cheryl.Rupley@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, flowing style.

Bill Brooks
Associate Regional Administrator

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
~~16-0002~~ **16-0013**

2. STATE
Louisiana

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

4. PROPOSED EFFECTIVE DATE
April 20, 2016

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 440.167 & 42 CFR 447 Subpart B
1915(j) of the Social Security Act**

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 **\$0**
b. FFY 2017 **\$0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1-A, Item 26, Pages 1, 3, ~~5 and 6~~
Attachment 3.1-A, Item 26, Page 2
Attachment 3.1-A, Item 26, Page 4
Attachment 4.19-B, Item 26, Page 1
Attachment 4.19-B, Item 26, Page 1a
Attachment 4.19-B, Item 26, Page 1b (Remove page)
Attachment 4.19-B, Item 26, Page 4
Attachment 4.19-B, Item 28, Page 1
Supplement 2 to Attachment 3.1-A, Pages 1 through ~~16~~
Attachment 3.1-A, Item 26, Pages 5 and 6 **18****

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
**Same (TN 10-53)
Same (TN 15-0003)
Same (TN 03-32)
Same (TN 12-23)
None – New Page
Same (TN 10-48)
Same (TN 03-32)
Same (TN 08-25) Reserved
Same (TN 08-25) ~~Removed~~ **Intentionally left blank**
Same (TN 10-53) Intentionally left blank**

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing long-term personal care services (LT-PCS) in order to 1) terminate the Louisiana Personal Options Program (La POP); 2) revise the eligibility requirements for shared LT-PCS; and 3) clarify the provisions governing the activities of daily living.**

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **The Governor does not review state plan material.**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:


13. TYPED NAME:
Rebekah E. Gee MD, MPH

14. TITLE:
Secretary

15. DATE SUBMITTED:
June 6, 2016

16. RETURN TO:
**Jen Steele, Medicaid Director
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
7 June 2016

18. DATE APPROVED:
10 January 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
20 April 2016

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME:
Bill Brooks

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

23. REMARKS: **The State requests a pen and ink change to boxes 1, 8 and 9, as indicated above.**

STATE OF LOUISIANA

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:

Medical and Remedial Care and Services
42 CFR 440.167

Personal Care Services

Definition

Personal care services are defined as services furnished to an individual who is not an inpatient, or resident of a hospital, nursing facility, intermediate care facility for persons with intellectual disabilities, or an institution for mental disease that are authorized for the individual by a physician in accordance with a plan of treatment or otherwise authorized for the individual in accordance with a service plan approved by the State; provided by an individual who is qualified to provide such services and who is not a member of the individual's family; and furnished in a home, and at the state's option, in another location.

Personal care services enable an individual whose needs would otherwise require placement in an acute or long term care facility to remain safely in that individual's home. Services must be provided in accordance with an approved plan of care and supporting documentation. These services must be coordinated with other Medicaid services being provided to the recipient and will be considered in conjunction with those other services.

Personal Care Services Worker Qualifications:

1. The worker must be at least 18 years of age at the time the offer of employment is made.
2. The worker must meet one of the following minimum education and experience qualifications:
 - a. a high school diploma or general equivalency diploma (GED); or
 - b. a trade school diploma in the area of human services; or
 - c. documented, verifiable experience providing direct care services to the elderly and/or persons with disabilities.
3. The worker must have the ability to read and write in English as well as to carry out directions promptly and accurately.

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The following persons are prohibited from serving as the direct service worker for the recipient: the recipient’s spouse, curator, tutor, legal guardian, recipient’s responsible representative, or person to whom the recipient has given Representative and Mandate authority (Power of Attorney). The Bureau has in place mechanisms to monitor the quality of the services provided. These include, but are not limited to, review of critical incident reports and quarterly meetings to review and address any quality assurance issues that have been identified.

Assessment

An initial assessment shall be performed for each recipient requesting personal care services. The assessment shall be utilized to identify the recipient’s long term care needs, preferences, the availability of family and community supports and to develop the plan of care. Each recipient shall be re-assessed at least once every 18 months.

Prior Authorization

Personal care services must be prior authorized. Requests for prior authorization must be submitted to the Bureau of Health Services Financing (BHSF) or its designee and include a copy of the assessment form and the plan of care.

Covered Services

Personal care services are defined as those services that provide assistance with the distinct tasks associated with the performance of the activities of daily living (ADLs) and the instrumental activities of daily living (IADLs). Assistance may be either the actual performance of the personal care task for the individual or prompting and reminding so the individual performs the task by him/herself.

ADLs are those personal, functional activities required by the recipient. ADLs include tasks such as: eating, bathing, dressing, grooming, transferring (the manner in which an individual moves from one surface to another - excludes getting on and off the toilet and getting in and out of the tub/shower), reminding the recipient to take medication, ambulation, toileting and bed mobility.

IADLs are those activities that are considered essential for sustaining the individual’s health and safety, but may not require performance on a daily basis. IADLs include tasks such as: light housekeeping, food preparation and storage, grocery shopping, laundry, assisting with scheduling medical appointments when necessary, accompanying recipient to medical appointments when necessary ~~due to recipient’s frail condition~~ and assisting the recipient to access transportation.

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Emergency and nonemergency medical transportation are separate covered Medicaid services; however, providers may choose to furnish transportation for recipients during the course of providing personal care services. (Please see personal assistance services worker qualifications.)

Personal care services for eligible children are described in Attachment 3.1-A, Item 4.b. EPSDT Services.

Service Delivery

Personal care services shall be provided in the recipient's home or in another location outside of the recipient's home if the provision of these services allows the recipient to participate in normal life activities pertaining to the IADLs cited in the plan of care. Place(s) of service must be documented in the plan of care and the service logs.

The recipient's home is defined as the recipient's place of residence including his/her own home or apartment, a boarding house, or the house or apartment of a family member or unpaid primary caregiver. A hospital, an institution for mental disease, a nursing facility or an intermediate care facility for persons with intellectual disabilities are not considered to be the recipient's home.

The provision of services outside of the recipient's home does not include trips outside of the borders of the state without approval of the Department's Office of Aging and Adult Services (OAAS) or its designee.

Recipients are not permitted to live in a home or property owned, operated, or controlled by an owner, operator, agent, or employee of a licensed provider of long-term care services, and providers are prohibited from providing and billing for services under these circumstances. Recipients may not live in the home of a direct support worker unless the direct support worker is related by blood or marriage to the recipient.

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Service Limitations

Effective September 5, 2010, personal care services shall be limited to 32 hours per week. Authorization of service hours shall be considered on a case by case basis as substantiated by the recipient's plan and supporting documentation.

IADLs cannot be performed in the recipient's home when he/she is absent from the home.

There shall be no duplication of services.

Persons designated as the personal representative of an individual receiving services under Long Term-Personal Care Services (LT-PCS) may not be the paid direct service worker of the individual they are representing.

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STATE OF LOUISIANA

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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

Medical and Remedial Care and Services
42 CFR 447, Subpart B

Personal Care Services

Unit of Reimbursement

Reimbursement for personal care services shall be a prospective flat rate for each approved unit of service that is provided to the recipient. One quarter hour (15 minutes) is the standard unit of service for personal care services. Additional reimbursement shall not be paid for the provision of less than one quarter hour (15 minutes) of service. Additional reimbursement shall not be available for transportation furnished during the course of providing personal care services.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the Medicaid Provider Website at www.lamedicaid.com.

Effective for dates of service on or after February 1, 2009, the reimbursement rate shall be reduced by 3.5 percent of the rate on file as of January 31, 2009.

Effective for dates of service on or after August 4, 2009, the reimbursement rate for long-term personal care services shall be reduced by 4.8 percent of the rate on file as of August 3, 2009.

Effective for services provided on or after July 21, 2010 for personal care services rendered 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 Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Pediatric Day Health Program.

Effective for dates of service on or after August 1, 2010, the reimbursement rate for long-term personal care services shall be reduced by 4.6 percent of the rate on file as of July 31, 2010.

Effective for dates of service on or after January 1, 2011, the reimbursement rate for long-term personal care services shall be reduced by 5.8 percent of the rate on file as of December 31, 2010.

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Effective for dates of service on or after July 1, 2012, the reimbursement rate for long-term personal care services furnished to one participant shall be reduced by 1.5 percent of the rate on file as of June 30, 2012.

Effective April 20, 2016, the minimum hourly rate paid to personal care workers shall be at least the current federal minimum hourly rate. Should a change in the federal minimum hourly rate result in a rate that is above the minimum hourly rate paid to personal care workers, the minimum hourly rate paid to personal care workers will adjust to the federal minimum hourly rate the date that federal rate becomes effective.

Standards for Payment

Providers shall comply with standards for participation established by the Bureau of Health Services Financing (BHSF).

NOTE: Prior authorization is required for personal care services.

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10. have a written policy for an informal resolution process to address recipient complaints and/or concerns regarding personal assistant services; and
11. have a written policy for a formal resolution process to address those situations where the informal resolution process fails to resolve the recipient's complaint.

Note: Prior Authorization is required for personal assistant services.

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