

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

May 2, 2018

Our Reference: SPA LA 18-0003

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

Attention: Karen Barnes

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 18-0003 dated March 27, 2018. This state plan amendment proposes to amend the provisions governing home health services in order to comply with U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) regulations regarding face to face encounters, to clarify the provisions governing home health settings, and to remove the visit limit for adult recipients in order to align services with those received by the Medicaid expansion population.

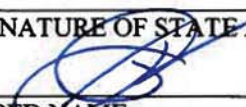

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of January 20, 2018. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

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		1. TRANSMITTAL NUMBER: 18-0003	2. STATE Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 20, 2018	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.70		7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$4,354 b. FFY 2019 \$7,093	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <i>*Please see appendix</i> Attachment 3.1-A, Item 7, Pages 1 and 2 Attachment 3.1-A, Item 7, Page 3 - Remove page Attachment 3.1-A, Item 7, Pages 4 - Remove page Attachment 3.1-A, Item 7, Page 5 - Remove page Attachment 3.1-A, Item 7, Page 6 - Remove page Attachment 4.19-B, Item 7, Page 6 - Remove page Attachment 3.1-A, Item 7, Page 2 - Remove page		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 10-66) Same (TN 04-07) Same (TN 05-15) Same (TN 05-15) Same (TN 09-05) Same (TN 05-15) Same (TN 10-66)	
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to amend the provisions governing home health services in order to comply with U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) regulations requiring face-to-face encounters, to clarify the provisions governing home health services settings, and to remove the visit limit for adult recipients in order to align services with those received by the Medicaid expansion population.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Rebekah E. Gee MD, MPH			
14. TITLE: Secretary			
15. DATE SUBMITTED: March 27, 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 27, 2018		18. DATE APPROVED: May 2, 2018	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 20, 2018		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 8 and 9. 4/24/18: The State requests a pen and ink change to box 8, to add the referenced appendix.			

Appendix to Form 179

LA SPA TN 18-0003

Home Health – Encounters and Services

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, Page 3	Same (TN 12-61)
Attachment 3.1-B, Page 1	Same (TN 08-25)

State: Louisiana
Date Received: 3-27-18
Date Approved: 5-02-18
Date Effective: 1-20-18
Transmittal Number: 18-0003

Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 3.1-A
Page 3
OMB No.: 0938-

State/Territory: LOUISIANA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

b. Optometrists' services.

Provided: No limitations With limitations*

Not provided.

c. Chiropractors' services.

Provided: No limitations With limitations*

Not provided.

d. Other practitioners' services.

Provided: **Identified on attached sheet with description of limitations, if any.** Description is provided on Attachment 3.1-A, Item 6, Pages 3, 4, and 5.

Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place.

Provided: No limitations With limitations*

d. Physical therapy, occupational therapy, speech pathology and audiology services.

Provided: No limitations With limitations*

*Description provided on attachment.

State: Louisiana
Date Received: 3-27-18
Date Approved: 5-02-18
Date Effective: 1-20-18
Transmittal Number: 18-0003

TN 18-0003
Supersedes
TN 12-61

Approval Date 5-02-18

Effective Date 1-20-18

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
 GROUP(S): All Groups Listed Under C, of Attachment 2.2-A

The following services are provided. *

Item No.

1. Inpatient hospital services other than those provided in an institution for mental diseases.
2.
 - a. Outpatient hospital services.
 - b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
 - c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the Plan and furnished in a FQHC.
3. Other laboratory and X-ray services.
4.
 - a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 - b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.
 - c. Family Planning services and supplies for individuals of child-bearing age.
5.
 - a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.
 - b. Medical and surgical services furnished by dentists (in accordance with section 1905 (a)(5)(B) of the Act).
6.
 - a. Podiatrists' services.
 - b. Optometrists' services.
 - d.1. CRNAs services.
 - d.2. Audiologists' services.
 - d.3. Physician Assistants' services.
 - d.4. Clinical Nurse Specialists' services.
 - d.5. Pharmacists-Medication Administration services.

Item No.

7. Home Health Services
 - a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 - b. Home health aide services provided by a home health agency.
 - c. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place
 - d. Physical therapy, occupational therapy, speech pathology and audiology services.
9. Clinic services.
12. Prescribed drugs, dentures and prosthetic devices.
 - a. Prescribed drugs.
 - c. Prosthetic devices.
13. d. Rehabilitative services
15. Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD) services.
17. Nurse-midwife services.
18. Hospice Care
20. Extended services for pregnant women.
 - a. Pregnancy related and postpartum services for a 60-day period after pregnancy ends.
21. Certified pediatric or family nurse practitioners' services.
24.
 - a. Transportation
 - d. Nursing facility services provided for patients under 21 years of age.
26. Personal Care Services
28. Self-Directed

*Description provided on Attachment 3.1-A

State: Louisiana
 Date Received: 3-27-18
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TN 18-0003

Approval Date 5-02-18

Effective Date 1-20-18

Supersedes:

TN 08-25