

John Bel Edwards
GOVERNOR



Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

March 27, 2018

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. 18-0003

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.

Warmly,

A handwritten signature in blue ink, appearing to read "Rebekah E. Gee".

Rebekah E. Gee MD, MPH
Secretary

Attachments (3)

REG:JS:MJ

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER: 18-0003	2. STATE Louisiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 20, 2018	


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 440.70	7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$4,354 b. FFY 2019 \$7,093
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 7, Pages 1 and 2 Attachment 3.1-A, Item 7, Page 3 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	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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 10-66) Same (TN 04-07) Same (TN 05-15) Same (TN 05-15) Same (TN 09-05) Same (TN 05-15)
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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):
 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: 	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:	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:

LA TITLE XIX SPA

TRANSMITTAL #: 18-0003

TITLE: Home Health Program – Encounters and Services

EFFECTIVE DATE: January 20, 2018

FISCAL IMPACT:

Increase

	year	% inc.	fed. match		*# mos	range of mos.	dollars
1st SFY	2018			0.00%	5.3	January 2018 - June 2018	\$4,128
2nd SFY	2019			0.00%	12	July 2018- June 2019	\$10,830
3rd SFY	2020			0.00%	12	July 2019 - June 2020	\$11,155

*#mos-Months remaining in fiscal year

Total Increase or Decrease Cost FFY 2018

SFY 2018 \$4,128 for 5.3 months January 2018 - June 2018 \$4,128

SFY 2019 \$10,830 for 12 months July 2018- June 2019
 \$10,830 / 12 X 3 July 2018 - September 2018 = \$2,708
\$6,836

FFP (FFY 2018) = \$6,836 X 63.69% = \$4,354

Total Increase or Decrease Cost FFY 2019

SFY 2019 \$10,830 for 12 months July 2018- June 2019
 \$10,830 / 12 X 9 October 2017 - June 2018 = \$8,123

SFY 2020 \$11,155 for 12 months July 2019 - June 2020
 \$11,155 / 12 X 3 July 2018 - September 2018 = \$2,789
\$10,912

FFP (FFY 2019)= \$10,912 X 65.00% = \$7,093

STATE OF LOUISIANA

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

CITATION Medical and Remedial Care and Services
42 CFR Item 7.
440.70

Home Health Services

Home Health services must be provided by licensed Home Health agencies that meet all of the requirements of participation in Medicare at 42 CFR Part 484, and are provided on the basis of a treatment plan as certified by a licensed and appropriate physician.

- A. Home health services are patient care services provided in the patient's residential setting, or any setting in which normal life activities take place under the order of a physician, that are necessary for the diagnosis and treatment of the patient's illness or injury, including one or more of the following services:
 - 1. nursing as defined in the State's Nurse Practice Act;
 - 2. physical therapy;
 - 3. speech pathology and audiology services;
 - 4. occupational therapy;
 - 5. home health aide services; and
 - 6. medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place. Residence does not include a hospital or a nursing facility.

- B. Home health services shall be based on an expectation that the care and services are medically reasonable and appropriate for the treatment of an illness or injury, and that the services can be performed in the recipient's residential setting or any setting in which normal life activities take place.

Place of Services

Home health services shall be provided in the recipient's residential setting or any setting in which normal life activities take place, other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or any setting in which payment is, or could be, made under Medicaid for inpatient services that include room and board.

STATE OF LOUISIANA

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

Medical Necessity

Home health services will be authorized upon medical necessity determination based on the State's medical necessity criteria.

Retrospective Review

Home health services provided to recipients are subject to post-payment review in order to determine if the recipient's condition warrants high utilization.

EPSDT RECIPIENTS ARE EXCLUDED FROM SERVICE LIMITATIONS

- Item 7.a. Intermittent or Part-time Nursing Services Provided by a Home Health Agency
Skilled nursing services are nursing services provided on a part-time or intermittent basis by a registered nurse or licensed practical nurse that are necessary for the diagnosis and treatment of a patient's illness or injury. These services shall be consistent with:
1. Established Medicaid policy;
 2. The nature and severity of the recipient's illness or injury;
 3. The particular medical needs of the patient; and
 4. The accepted standards of medical and nursing practice.
- Item 7.b. Home Health Aide Services Provided by a Home Health Agency
Home health aide services are direct care services to assist in the treatment of the patient's illness or injury provided under the supervision of a registered nurse and in compliance with the standards of nursing practice governing delegation, including assistance with the activities of daily living such as mobility, transferring, walking, grooming, bathing, dressing or undressing, eating, or toileting.
- Item 7.c. Medical Supplies, Equipment and Appliances Suitable For Use in the Home
Prior authorization is required for the purchase of supplies and the rental, purchase, or repair of medical equipment and appliances before payment can be issued.

For Medicaid beneficiaries enrolled in Medicare Part B and for whom medical equipment, appliances and supplies are covered by Medicare, no prior authorization is required.

TN _____

Approval Date _____

Effective Date _____

Supersedes

TN _____

STATE OF LOUISIANA

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

Item 7.d. Physical Therapy, Occupational Therapy, or Speech Pathology and Audiology Services
Provided by a Home Health Agency

1. Physical therapy services are rehabilitative services necessary for the treatment of the patient's illness or injury, or restoration and maintenance of function affected by the patient's illness or injury. These services are provided with the expectation, based on the physician's assessment of the patient's rehabilitative potential, that the patient's condition will improve materially within a reasonable and generally predictable period of time, or that the services are necessary for the establishment of a safe and effective maintenance program. Providers must meet the qualifications at 42 CFR 440.110.
2. Occupational therapy services are medically prescribed treatments to improve, maintain or restore a function which has been impaired by illness or injury, or to improve the individual's ability to perform those tasks required for independent functioning when the function has been permanently lost or reduced by illness or injury. Providers must meet the qualifications at 42 CFR 440.110.
3. Speech pathology and audiology services are those services necessary for the diagnosis and treatment of speech and language disorders that result in communication disabilities and for the diagnosis and treatment of swallowing disorders (dysphagia), regardless of a communication disability. Providers must meet the qualifications at 42 CFR 440.110.

TN _____

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Supersedes

TN _____

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1902 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Home Health Care and Services are provided on the basis of a treatment plan as certified by a licensed and appropriate physician to a patient in his residential setting or any setting in which normal life activities take place, other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities or any setting in which payment is, or could be, made under Medicaid for inpatient services that include room and board rather than in a physician's office, clinic, or other outpatient setting.

D. Medical Necessity Criteria

The Department will provide reimbursement for approved home health services for Medicaid recipients based upon the certification of a licensed physician and a determination by the Medicaid agency that the recipient meets the medical necessity criteria.

TN _____

Approval Date _____

Effective Date _____

Supersedes

TN _____