

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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April 25, 2022

Mr. Patrick Gillies  
Medicaid Executive Director  
State of Louisiana  
Department of Health  
628 N 4th Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) 22-0004

Dear Mr. Gillies:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0004. This amendment proposes to amend provisions governing Early and Periodic Screening, Diagnostic and Treatment to align with current practices.


We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 441 Subpart B. This letter is to inform you that Louisiana Medicaid SPA 22-0004 was approved on April 25, 2022, with an effective date of February 1, 2022

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at [Tobias.Griffin@cms.hhs.gov](mailto:Tobias.Griffin@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

cc: Billy Bob Farrell, Branch Manager  
Karen Barnes, LA Department of Health

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>22-0004</b>	2. STATE <b>LA</b>		
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT			
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 441 Subpart B</b>		4. PROPOSED EFFECTIVE DATE <b>February 1, 2022</b>			
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 3.1A, Item 4b, Page 1 Attachment 3.1A, Item 4b, Page 2 Attachment 3.1A, Item 4b, Page 3 Attachment 3.1A, Item 4b, Pages 4 Attachment 3.1A, Item 4b, Pages 5-6 Attachment 4.19B, Item 4b, Page 1h(1)  Attachment 4.19-B, Item 4b, Page 1 Attachment 3.1-A, Page 2 Attachment 3.1-B, Page 2		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <b>0</b> b. FFY <u>2023</u> \$ <b>0</b>			
9. SUBJECT OF AMENDMENT <b>The purpose of this SPA is to amend provisions governing Early and Periodic Screening, Diagnostic and Treatment to align with current practices.</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 11-11) Same (TN 14-26) Same (TN 95-09) Same (TN 07-06) Same (TN 95-09) Same (TN 19-0005) Attachment 3.1A, Item 4b, Page 7 (remove page) Same (14-08) Same (12-61) Same (09-53)			
10. GOVERNOR'S REVIEW (Check One) <table style="width:100%; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top;"> <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                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:                      The Governor does not review State Plan material.                 </td> </tr> </table>				<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.
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11. SIGNATURE OF STATE AGENCY OFFICIAL  		15. RETURN TO  <b>Patrick Gillies, Medicaid Executive Director</b> <b>Louisiana Department of Health</b> <b>628 North 4<sup>th</sup> Street</b> <b>P.O. Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>			
12. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>		13. TITLE <b>Secretary</b>			
14. DATE SUBMITTED <b>March 2, 2022</b>		16. DATE RECEIVED <b>3/2/2022</b>			
FOR CMS USE ONLY					
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>2/1/2022</b>		17. DATE APPROVED <b>April 25, 2022</b>			
PLAN APPROVED - ONE COPY ATTACHED					
20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b>		19. SIGNATURE OF APPROVING OFFICIAL  21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Program Operations</b>			
22. REMARKS <p style="color: red; margin-left: 40px;">The State requests pen and ink changes to boxes 7 and 8.</p>					

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:

CITATION  
42 CFR 441.57,  
Section 1905 of the  
Act, Section 6403 of  
OBRA 1989

Medical and Remedial  
Care and Services  
Item 4.b.

**Early and Periodic Screening, Diagnostic and Treatment of Individuals  
Under 21 Years of Age**

The State will provide other health care described in Section 1905(a) of the Social Security Act that is found to be medically necessary to correct or ameliorate defects as well as physical and mental illnesses and conditions discovered by the screening service even when such health care is not otherwise covered under the State Plan.

**Eye-glass Service**

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) eyeglasses are limited to three pair per year with provision for extending if medically necessary.

**Personal Care Services**

Personal Care Services (PCS) – EPSDT Personal Care Services are medically necessary services provided when physical or cognitive limitations, due to illness or injury, necessitate assistance with eating, toileting, bathing, bed mobility, transferring, dressing, locomotion, personal hygiene, and bladder or bowel requirements.

**1. General Requirements**

Conditions for provision of EPSDT Personal Care Services (PCS) are as follows:

- a. The beneficiary must be a categorically eligible Medicaid beneficiary aged birth through twenty years (EPSDT eligible) and have EPSDT personal care services prescribed by a physician in accordance with a plan of treatment or (at the option of the State) otherwise authorized for the individual in accordance with a service plan approved by the State;
- b. An EPSDT eligible beneficiary must meet medical necessity criteria as determined by the Bureau of Health Services Financing (BHSF);

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:

- c. EPSDT Personal Care Services shall be prior authorized by the BHSF or its designee;
- d. EPSDT Personal Care Services shall be furnished in a home, and at the State's option, in another location;
- e. Personal Care Services shall be authorized only when provided by a licensed Personal Care Service (PCS) agency which is duly enrolled as a Louisiana provider and a provider enrolled in the trade areas of Arkansas, Mississippi, and Texas; and
- f. Provided by an individual who meets the following qualifications:
  - 1. Must be at least 18 years of age at the time the offer of employment is made;
  - 2. Must have the ability to read and write in English as well as to carry out directions promptly and accurately; and
  - 3. Must pass a criminal background check.

The following persons are prohibited from serving as the direct service worker for the beneficiary: the beneficiary's father, mother, sister/brother, in-law, grandparent, child, spouse, curator, tutor, legal guardian, beneficiary's responsible representative, or person to whom the recipient has given Representative and Mandate authority (Power of Attorney).

The Bureau has mechanisms in place 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.

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:

- g. Current procedure codes must be used to identify services. Time units shall be those defined by the current procedure code, not including travel time. The entire time submitted must be spent providing services to the beneficiary. Units of service approved shall be based on the physical or cognitive limitations of the beneficiary and medical necessity for the covered services in the EPSDT-PCS program.

2. **Services**

EPSDT Personal Care Services (PCS) include the following:

- a. Basic personal care, including toileting, grooming, bathing, and assistance with dressing.
- b. Assistance with bladder and/or bowel requirements or problems, including helping the beneficiary to and from the bathroom or assisting the beneficiary with bedpan routines, but excluding catheterization.
- c. Assistance with eating and food, nutrition, and diet activities, including preparation of meals for the beneficiary only.
- d. Performance of incidental household services essential to the beneficiary's health and comfort in his/her home. This does not include routine household chores such as regular laundry, ironing, mopping, dusting, etc., but instead arises as the result of provided assistance with personal care to the beneficiary. Examples of such activities are changing and washing bed linens used by the beneficiary and rearranging furniture to enable the beneficiary to move about more easily in his/her own home.
- e. Accompanying, not transporting, the beneficiary to and from his/her physician and/or medical facility for necessary medical services.
- f. Remind/prompt an EPSDT eligible beneficiary who is over the age of 18 about self-administered medication.

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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:

3. **Non-Covered Services**

EPSDT Personal Care Services (PCS) do not include the following:

- a. EPSDT Personal Care Services to meet child care needs or as a substitute for the parent in the absence of the parent shall **not** be authorized by Medicaid or billed by the provider;
- b. PCS services for the purpose of providing respite care to the primary care giver shall **not** be authorized by Medicaid or billed by the provider;
- c. EPSDT Personal Care Services provided in an educational setting shall not be reimbursed if these services duplicate services that are provided by or must be provided by the Department of Education;
- d. Personal Care Services under the EPSDT PCS program shall **not** be provided in an institutional setting. Services provided in an institution (such as a hospital, institution for mental disease(s), nursing facility, intermediate care facility for individuals with intellectual disabilities, or residential treatment center) are **not** reimbursable under this section of the Plan;
- e. Dates of care not included in the Plan of Care or provided prior to approval of the Plan of Care or which have not been timely re-authorized by BHSF, are **not** reimbursable;
- f. Insertion and sterile irrigation of catheters (although changing of a catheter bag is allowable);
- g. Irrigation of any body cavity which requires sterile procedures;
- h. Application of dressing, involving prescription medication and aseptic techniques, including care of mild, moderate or severe skin problems;
- i. Administration of intradermal, subcutaneous, intramuscular or intravenous injections;
- j. Administration of medicine;

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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:

- k. Domestic chores other than those incidental to the care of the beneficiary such as cleaning of floor and furniture in an area not occupied by the beneficiary, and laundry other than that incidental to the care of the beneficiary;
- l. Skilled nursing services, as defined in the State Nurse Practice Act, including medical observation, recording of vital signs, teaching of diet and/or administration of medications/injections, or other delegated nursing tasks;
- m. Teaching a family member or friend how to care for a patient who requires frequent changes of clothing or linens due to total or partial incontinence for which no bowel or bladder training program for the patient is possible;
- n. Specialized nursing procedures such as insertion of nasogastric feeding tube, in-dwelling catheter, tracheostomy care, colostomy care, ileostomy care, venipuncture and/or injections;
- o. Rehabilitative services such as those administered by a physical therapist;
- p. Teaching a family member or friend techniques for providing specific care;
- q. Palliative skin care with medicated creams and ointments and/or required routine changes of surgical dressings and/or dressing changes due to chronic conditions;
- r. Teaching of signs and symptoms of disease process, diet and medications of any new or exacerbated disease process;
- s. Specialized aide procedures such as the following:
  - i) rehabilitation of the patient (exercise or performance of simple procedures as an extension of physical therapy services);
  - ii) measuring/recording patient vital signs (temperature, pulse, respirations and/or blood pressure, etc.) or intake/output of fluids;

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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:

- iii) specimen collection;
- iv) special procedures such as non-sterile dressings, special skin care (non-medicated), decubitus ulcers, cast care, assisting with ostomy care, assisting with catheter care, testing urine for sugar and acetone, breathing exercises, weight measurement, and enemas;
- t. Home IV therapy;
- u. Custodial care or provision of only instrumental activities of daily living tasks or provision of only one (1) activity of daily living task;
- v. Occupational therapy, speech pathology services, audiology services, and respiratory therapy;
- w. Personal comfort items, durable medical equipment, oxygen, orthotic appliances or prosthetic devices;
- x. Drugs provided through the Louisiana Medicaid Pharmacy Program;
- y. Laboratory services; and
- z. Social Worker visits.



STATE OF LOUISIANA

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

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:

CITATION Medical and Remedial Care and Services Item 4.b.  
42 CFR  
447.201 and Early and Periodic Screening, Diagnostic, and Treatment of Individuals under 21 Years  
447.304 of Age are Reimbursed as follows:

**I. Basic EPSDT Services**

Governmental and non-governmental providers are reimbursed the same rate except as otherwise noted in the State Plan and/or approved federal waivers. Fee schedules are published on the Louisiana Medicaid website at [https://www.lamedicaid.com/Provweb1/fee\\_schedules/feeschedulesindex.htm](https://www.lamedicaid.com/Provweb1/fee_schedules/feeschedulesindex.htm) unless stated in the State Plan.

- A. **EPSDT Preventive Screening (Medical, Vision, Hearing, Dental) - Periodic and Interperiodic Screening** (including immunizations) are reimbursed according to the ‘EPSDT Preventive Services Fee Schedule’ and/or the age-appropriate immunization fee schedule minus any third party coverage.
- B. **Eyeglass Services** are reimbursed at the fee schedule for eyeglasses (including cataract eyeglasses and contact lenses) in effect for services provided on or after March 1, 2004.
- C. **Hearing Aid Services** are reimbursed at the lower of:
  - 1. the provider's actual charge for the services, or
  - 2. the allowable fee for similar services covered under the State Plan.
- D. **Rehabilitative Services** provided to recipients up to the age of three are reimbursed at the maximum allowable fee for occupational, physical, speech therapy, audiology, and psychology services according to the State’s established fee schedule which is available on the Office of Citizens with Developmental Disabilities (OCDD) website under the link “EPSDT Early Intervention Services (EarlySteps) at [https://ldh.la.gov/assets/docs/OCDD/EarlySteps/Provider\\_Docs/LAServicesandRates\\_10012013.pdf](https://ldh.la.gov/assets/docs/OCDD/EarlySteps/Provider_Docs/LAServicesandRates_10012013.pdf).

STATE OF LOUISIANA

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

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:

- a. The financial oversight of all LEAs shall include reviewing the costs reported on the Specialized Transportation cost report against the allowable costs, performing desk reviews and conducting limited reviews.
- b. The Department shall make every effort to audit each LEA at least every four years. These activities shall be performed to ensure that audit and final reimbursement occurs no later than two years from the LEA's fiscal year end for the cost reporting period audited. LEAs may appeal audit findings in accordance with LDH appeal procedures.

**State Monitoring**

If the Department becomes aware of potential instances of fraud, misuse or abuse of LEA services and Medicaid funds, it will perform timely audits and investigations to identify and take the necessary actions to remedy and resolve the problem.

State/Territory: LOUISIANA

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

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided:  No limitations  With limitations \*

4. b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*Description provided on Attachment 3.1-A, Item 4b.

4. c. Family planning services and supplies for individuals of child-bearing age.

Provided:  No limitations  With limitations\*

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided:  No limitations  With limitations\*

Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services."

- b. Medical and surgical services furnished by a dentist (in accordance with section I 905(a) (5) (B) of the Act).

Provided:  No limitations  With limitations

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

Provided:  No limitations  With limitations\*

State/Territory: LOUISIANA

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

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1. Inpatient hospital services other than those provided in an institution for medical diseases.

Provided:  No limitations  With limitations \*

2.a. Outpatient Hospital services.

Provided:  No limitations  With limitations \*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic and covered under the Plan.

Provided:  No limitations  With limitations \*

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 423 I of the State Medicaid Manual (HCF A-Pub. 45-4).

Provided:  No limitations  With limitations \*

3. Other laboratory and x-ray services

Provided:  No limitations  With limitations \*

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided:  No limitations  With limitations \*

b. Early and periodic screening, diagnostic, and treatment services for individuals under 21 years of age, and treatment of conditions found. \*Description provided on Attachment 3.1-A, Item 4b.

c. Family planning services and supplies for individuals of childbearing age.

Provided:  No limitations  With limitations \*

\*Description provided on attachment.