



State of Louisiana
Louisiana Department of Health
Office of the Secretary

March 2, 2022

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
601 East 12th Street, Room 0300
Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan
Transmittal No. 22-0004

Dear Mr. Scott:

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.
Should you have any questions or concerns regarding this matter, please contact Karen
Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Courtney N. Phillips".

FOR: Dr. Courtney N. Phillips
Secretary

Attachments (2)

CNP:PG:KS


<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	1. TRANSMITTAL NUMBER 22-0004	2. STATE LA
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE February 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 441 Subpart B	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ 0 b. FFY <u>2023</u> \$ 0	
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)	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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 11-11) Same (TN 14-26) Same (TN 95-09) Same (TN 07-06) Same (TN 95-09) Same (TN 19-0005) Attachment 3.1A,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)	

9. SUBJECT OF AMENDMENT **The purpose of this SPA is to amend provisions governing Early and Periodic Screening, Diagnostic and Treatment to align with current practices.**

10. 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.

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Patrick Gillies, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips	
13. TITLE Secretary	
14. DATE SUBMITTED March 2, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED	17. DATE APPROVED
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

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.

Eyeglass 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, advanced practice registered nurse, or physician assistant.
- 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
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- c. EPSDT Personal Care Services shall be prior authorized by the BHSF or its designee.
- d. EPSDT Personal Care Services shall be provided in the beneficiary's home (defined as the beneficiary's own dwelling such as an apartment, a custodial relative's home, a boarding home, or a foster home) or, if medically necessary, in another location outside of the beneficiary's home such as a supervised living facility.
- 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 or a provider enrolled in the trade areas of Arkansas, Mississippi, and Texas. Staff assigned to provide personal care services to a beneficiary shall not be a member of the beneficiary's immediate family. Immediate family includes father, mother, sister/brother, spouse, child, grandparent, in-law or any individual acting as parent or guardian of the beneficiary. Personal Care Services may be provided by a person of a degree of relationship to the beneficiary other than immediate family if the relative is not living in the beneficiary's home or if he/she is living in the beneficiary's home solely because his/her presence in the home is necessitated by the amount of care required by the beneficiary. EPSDT PCS shall not be authorized as a substitute for child care arrangements.
- f. EPSDT personal care services are not subject to service limits. The current procedure code 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.

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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.

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;

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- 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 (an EPSDT PCS worker may only remind/prompt about self-administered medication to an EPSDT eligible beneficiary who is over the age of 18);
- 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;

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- 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;
 - 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;

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- 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:

- 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.