



State of Louisiana
Louisiana Department of Health
Office of the Secretary

September 19, 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. 22-0024

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 "Ruth Johnson".

_____, for
Dr. Courtney N. Phillips
Secretary

Attachments (2)


CNP:TAL:UN

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 22-0024	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 September 20, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.70	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 7, Page 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 18-0003)	

9. SUBJECT OF AMENDMENT **The purpose of this SPA is to implement provisions in the Home Health Program in order to temporarily allow non-physician practitioners to order and review home health services in the event of a federal or state declared emergency or disaster.**

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Tara A. LeBlanc, 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 September 19, 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 ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS

<u>CITATION</u>	Home Health Services
42 CFR 440.70	Item 7

Home Health Services

Home health services are provided in accordance with 42 CFR 440.70 and include nursing services, home health aide services, medical supplies, equipment and appliances, physical therapy, occupational therapy, speech pathology and audiology services.

Home health services are provided to a beneficiary on his or her physician's orders as part of a written plan of care that the physician reviews every 60 days, except as specified in 42 CFR 440.70(b)(3).

A face to face encounter, in accordance with 42 CFR 440.70(f), is required.

Medicaid beneficiaries do not have to be homebound in order to receive home health services. In accordance with 440.70(c)(1), home health services can be provided in any non-institutional setting in which normal life activities take place.

Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place are provided in accordance with physician review and other requirements as specified in 42 CFR 440.70(b)(3).

Home health agencies must meet the Medicare conditions of participation in 42 CFR Part 484.

Services cannot be provided in a hospital, nursing facility, or ICF-IID, except as allowed at 42 CFR 440.70(c).

In the event of a federal or state declared emergency or disaster, the Medicaid program may temporarily allow advanced practice registered nurses and physician assistants to order and review home health services, including the completion of associated documentation, if such action is deemed necessary to ensure sufficient services are available to meet the needs of beneficiaries.