



State of Louisiana
Louisiana Department of Health
Office of the Secretary

May 11, 2023

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. 23-0008

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,

 _____, for
Stephen R. Russo, JD
Executive Counsel
Director of Legal Audit and Regulatory Compliance

Attachments (2)

CNP:TAL:UN

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
23-0008

2. STATE
LA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
May 20, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.70

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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 amend the provisions governing the Home Health Program in order to increase the number of medical professionals that can order home health services.

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



12. TYPED NAME

Pam Diez, designee for Stephen R. Russo, JD

13. TITLE

**Executive Counsel
Director of Legal Audit and Regulatory Compliance**

14. DATE SUBMITTED

May 11, 2023

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**

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 by an authorized healthcare provider, 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.

An authorized healthcare provider is a physician, nurse practitioner, clinical nurse specialist, or physician assistant licensed, certified, registered, or otherwise authorized to order home healthcare services consistent with Louisiana law.

Home health services are provided to a beneficiary as part of a written plan of care that the authorized healthcare provider 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).