

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

October 6, 2009

Our Reference: SPA-LA-09-04

Mr. Jerry Phillips, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

Dear Mr. Phillips:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 09-04. This amendment reduces reimbursement for Long Term personal care services by 3.5 percent.

Transmittal Number 09-04 is approved with an effective date of February 1, 2009 as requested. A copy of the HCFA-179, Transmittal No. 09-04 dated March 3, 2009 is enclosed along with the approved plan pages.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,



Bill Brooks
Associate Regional Administrator

Enclosures

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

1. TRANSMITTAL NUMBER:

09-04

2. STATE

Louisiana

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

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

4. PROPOSED EFFECTIVE DATE

February 1, 2009

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 477 Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 2009 (\$3,470.21)

b. FFY 2010 (\$5,059.24)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 26, Page 1

Attachment 3.1-A Item 26 pgs. 1, 2, 3, + 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Same (TN 06-32)

Same (TN 06-32 for pgs 1, 2, + 6
Same (TN 0410)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to reduce the reimbursement for Long Term Personal Care Services by 3.5% due to a budgetary shortfall.**

11. 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.

12. SIGNATURE: [Redacted]

13. TYPED NAME:

Alan Levine

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 3, 2009

16. RETURN TO:

State of Louisiana

Department of Health and Hospitals

628 N. 4th Street

PO Box 91030

Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

7 March, 2009

18. DATE APPROVED:

6 October, 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 February, 2009

20. SIGNATURE: [Redacted]

21. TYPED NAME: Bill Brooks

22. TITLE: Associate Regional Administrator
Div of Medicaid & Children's Health

23. REMARKS:

Pen + Ink Change made to add pgs from Attachment
3.1-A pgs 1, 2, 3, + 6 per state's e-mail dated 5-8-09

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Thursday, October 08, 2009 3:16 PM
To: CMS CMSO_508_SPA
Cc: Rupley, Cheryl A. (CMS/SC); Carter, Demetria (CMS/SC)
Subject: Approval Pkg for LA 09-04
Attachments: SPA-LA-09-04.doc; Approval Pkg for TX 09-04.pdf

See Attached.

State: Louisiana

Brief Description: Amendment reduces reimbursement for Long Term Personal Care services by 3.5%. State indicated that the non-Federal share of payment will be funded through appropriations made to the Medicaid agency. State provided acceptable responses to all funding questions.

Approval Date: 10/6/09

Effective Date: 2/1/09

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 3.1-A
Item 26, Page 1

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:

Medical and Remedial Care and Services - Item 26

CITATION

42 CFR 440.167

Personal Care Services

Definition

Personal care services are defined as services furnished to an individual who is not an inpatient, or resident of a hospital, nursing facility, intermediate care facility for persons with developmental disabilities, or an institution for mental disease that are authorized for the individual by a physician in accordance with a plan of treatment or otherwise authorized for the individual in accordance with a service plan approved by the State; provided by an individual who is qualified to provide such services and who is not a member of the individual's family; and furnished in a home, and at the state's option, in another location.

Personal care services enable an individual whose needs would otherwise require placement in an acute or long term care facility to remain safely in that individual's home. Services must be provided in accordance with an approved plan of care and supporting documentation. These services must be coordinated with other Medicaid services being provided to the recipient and will be considered in conjunction with those other services.

Personal Care Services Worker Qualifications:

1. The worker must be at least 18 years of age at the time the offer of employment is made.
2. The worker must meet one of the following minimum education and experience qualifications:
 - a. a high school diploma or general equivalency diploma (GED); or
 - b. a trade school diploma in the area of human services; or
 - c. documented, verifiable experience providing direct care services to the elderly and/or persons with disabilities.
3. The worker must have the ability to read and write in English as well as to carry out directions promptly and accurately.

A legally responsible relative is prohibited from being the paid direct service worker for a family member. Legally responsible relative is defined as the recipient's spouse, curator, tutor, or legal guardian.

The Bureau has in place mechanisms 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 <u>Louisiana</u>	
DATE REC'D	<u>3-4-09</u>
DATE APP'D	<u>10-6-09</u>
DATE EFF	<u>2-1-09</u>
HCFA 179	<u>09-04</u>
A	

TN# 09-04

Approval Date 10-6-09 Effective Date 2-1-09

Supersedes

TN# 06-32

SUPERSEDES: TN- 06-32

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:

Assessment

An initial assessment shall be performed for each recipient requesting personal care services. The assessment shall be utilized to identify the recipient's long term care needs, preferences, the availability of family and community supports and to develop the plan of care. Each recipient shall be re-assessed at least annually.

Prior Authorization

Personal care services must be prior authorized. Requests for prior authorization must be submitted to the Bureau of Health Services Financing (BHSF) or its designee and include a copy of the assessment form and the plan of care.

Covered Services

Personal care services provide assistance with the activities of daily living (ADL) and the instrumental activities of daily living (IADL). Assistance may be either the actual performance of the personal care task for the individual or supervision and prompting so the individual performs the task by him/herself.

ADLs are those personal, functional activities required by an individual for continued well-being, health and safety. ADLs include such tasks as: eating, bathing, dressing, grooming, transferring, reminding the recipient to take medication, ambulation, and toileting.

IADLs are those activities that are considered essential for sustaining the individual's health and safety, but may not require performance on a daily basis. IADLs include such tasks as light housekeeping, food preparation and storage, grocery shopping, laundry, assisting with scheduling medical appointments when necessary, accompanying recipient to medical appointments when necessary due to recipient's frail condition, and assisting the recipient to access transportation.

Medical Necessity Criteria

Personal care services shall be available to recipients who are elderly or disabled. Disabled is defined as meeting eligibility criteria established by the Social Security Administration (SSA) for disability benefits.

Personal care services for the elderly or disabled recipients must meet medical necessity criteria as determined by the Bureau of Health Services Financing (BHSF), and must be prior authorized by BHSF or its designee.

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STATE	Louisiana
DATE RECD.	3-4-09
DATE APP'D	10-6-09
DATE EFF.	2-1-09
HCFA 173	09-04

TN# 09-09

Approval Date 10-6-09 Effective Date 2-1-09

Supersedes

TN# 06-32

SUPERSEDES: TN- 06-32

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 3.1-A
Item 26, Page 3

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:

Personal care services are medically necessary if the recipient:

- 1) Meets the medical standards for admission to a nursing facility, and requires assistance with at least one or more activities of daily living;
- 2) Is able, either independently or through a responsible representative, to participate in his/her care and self-direct services provided by the personal care services worker; and
- 3) Faces a substantial possibility of deterioration in mental or physical condition or functioning if either home and community based services or nursing facility services are not provided. This criterion will be considered met if the recipient is in a nursing facility and could be discharged if community-based services were available; or requires nursing facility admission.

Personal care services for eligible children are described in Attachment 3.1-A, Item 4.b. EPSDT Services.

Place of Service

Personal care services may be provided in the recipient's home and in another location outside of the recipient's home if the provision of these services allows the recipient to participate in normal life activities pertaining to the IADLs cited in the plan of care. Place(s) of service must be documented in the plan of care and the service logs.

The recipient's home is defined as the recipient's place of residence including his/her own home or apartment, a boarding house, or the house or apartment of a family member or unpaid primary caregiver. A hospital, an institution for mental disease, a nursing facility or an intermediate care facility for persons with developmental disabilities are not considered to be the recipient's home.

Service Limitations

Personal care services shall be limited to up to 56 hours per week. Authorization of service hours shall be considered on a case by case basis as substantiated by the recipient's plan and supporting documentation.

STATE <u>Louisiana</u>	
DATE REC'D. <u>3-4-09</u>	A
DATE APP'D <u>10-6-09</u>	
DATE EFF. <u>2-1-09</u>	
HCFA 179 <u>09-04</u>	

TN# 09-04 Approval Date 10-6-09 Effective Date 2-1-09

Supersedes

TN# 04-10

SUPERSEDES: TN- 09-10

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:

Personal Assistant Services-Employment Support (Cont'd)

Personal Assistant Services Worker Qualifications:

1. The worker must be at least 18 years of age at the time the offer of employment is made.
2. The worker must meet one of the following minimum education and experience qualifications:
 - a. a high school diploma or general equivalency diploma (GED); or
 - b. a trade school diploma in the area of human services; or
 - c. documented, verifiable experience providing direct care services to the elderly and/or persons with disabilities.
3. The worker must have the ability to read and write in English as well as to carry out directions promptly and accurately.

SUPPESSEDES. NONE - NEW PAGE

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>3-4-09</u>	
DATE APPV'D	<u>10-6-09</u>	
DATE EFF	<u>2-1-09</u>	
HCFA 179	<u>09-04</u>	

TN# 09-04 Approval Date 10-6-09 Effective Date 2-1-09
Supersedes SUPPESSEDES. NONE - NEW PAGE
TN#

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 4.19-B
Item 26, Page 1

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 Medical and Remedial
42 CFR 447 Care and Services
Subpart B Item 26

Personal Care Services

Reimbursement Methodology

Reimbursement for personal care services is a prospective flat rate for each approved unit of service that is provided to the recipient. One quarter hour is the standard unit of service. Reimbursement shall not be authorized for the provision of less than one quarter of an hour of service and cannot exceed 56 hours per week. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the Medicaid Provider Website www.lamedicaid.com.

Effective for dates of service on or after February 1, 2009, the reimbursement rate shall be reduced by 3.5 percent of the rate on file as of January 31, 2009.

Standards for Payment

Providers shall comply with standards for participation established by the Bureau of Health Services Financing (BHSF).

Note: Prior authorization is required for personal care services.

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>3-4-09</u>	
DATE APP'D	<u>10-6-09</u>	
DATE EFF	<u>2-1-09</u>	
HCFA 179	<u>09-09</u>	

SUPPERSeded TN# 06-32

TN# 09-04

Approval Date 10-6-09

Effective Date 2-1-09

Supersede

TN# 06-32