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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 14-09

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

April 22, 2014

Our Reference: SPA LA 14-09

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

Attn: Darlene Adams
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 14-09. This SPA revises the recipient criteria and provider participation requirements for the Pediatric Day Health Care (PDHC) Program. The amendment also includes PDHC facilities in the Facility Need Review (FNR) Program.

Transmittal Number 14-09 is approved with an effective date of March 1, 2014 as requested. A copy of the HCFA-179, Transmittal No. 14-09 dated March 31, 2014 is enclosed along with the approved plan pages.


If you have any questions, please contact Ford Blunt III at ford.blunt@cms.hhs.gov or by phone at (214) 767-6381.

Sincerely,

A black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 14-09	2. STATE Louisiana
		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 March 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441 Subpart B		7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> \$ (428.62) b. FFY <u>2015</u> \$ (752.08)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 4b, Pages 12, 13, and 14 Attachment 3.1-A, Item 4b, Pages 12a and 12b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 10-48) None (New Pages)	
10. SUBJECT OF AMENDMENT: The SPA proposes to revise the recipient criteria and provider participation requirements for the Pediatric Day Health Care (PDHC) program. The amendment also proposes to include PDHC facilities in the Facility Need Review (FNR) Program.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review state plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: J. Ruth Kennedy, Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Kathy H. Kliebert		J. Ruth Kennedy, Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
14. TITLE: Secretary			
15. DATE SUBMITTED: March 31, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 31 March, 2014		18. DATE APPROVED: 22 April, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 March, 2014		20. SIGNATURE OF REGIONAL ADMINISTRATOR: 	
21. TYPED NAME: BILL BROOKS		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

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 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 4b (Cont'd)

Pediatric Day Health Care Program

Pediatric day health care (PDHC) services are an array of services that are designed to meet the medical, social and developmental needs of medically fragile individuals up to the age of 21 who require continuous nursing services and other therapeutic interventions. PDHC services offer a community-based alternative to traditional long term care services or extended nursing services for children with medically complex conditions.

These services are provided in a non-residential setting which is licensed as a PDHC facility and enrolled to participate in the Medicaid Program. These services are for the maximum reduction of physical or mental disability and restoration of the recipient to the best functioning level.

Recipient Criteria

In order to qualify for PDHC services, a Medicaid recipient must meet the following criteria. The recipient must:

1. be from birth up to 21 years of age;
2. require ongoing skilled medical care or skilled nursing care by a knowledgeable and experienced licensed professional registered nurse (RN) or licensed practical nurse (LPN);
3. have a medically complex condition (s) which require frequent, specialized therapeutic interventions and close nursing supervision. Interventions are those medically necessary procedures provided to sustain and maintain health and life. Interventions required and performed by individuals other than the recipient's personal care giver would require the skilled care provided by professionals at PDHC centers. Examples of medically necessary interventions include, but are not limited to:
 - a. suctioning using sterile technique;
 - b. provision of care to a ventilator dependent and/or oxygen dependent recipients to maintain patent airway and adequate oxygen saturation, inclusive of physician consultation as needed;
 - c. monitoring of blood pressure and/or pulse oximetry level in order to maintain stable health condition and provide medical provisions through physician consultation;

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TN#	14-09	Approval Date	4/22/14	Effective Date	3/1/14
Supersedes					
TN#	10-48				

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

- d. maintenance and interventions for technology dependent recipients who require life-sustaining equipment; or
 - e. complex medication regimen involving, and not limited to, frequent change in dose, route, and frequency of multiple medications, to maintain or improve the recipient's health status, prevent serious deterioration of health status and/or prevent medical complications that may jeopardize life, health or development;
4. have a medically fragile condition, defined as a medically complex condition characterized by multiple, significant medical problems that require extended care. Medically fragile individuals are medically complex and potentially dependent upon medical devices, experienced medical supervision, and/or medical interventions to sustain life;
- a. medically complex may be considered as chronic, debilitating diseases or conditions, involving one or more physiological or organ systems, requiring skilled medical care, professional observation or medical intervention;
 - b. examples of medically fragile conditions include, but are not limited to:
 - i. severe lung disease requiring oxygen;
 - ii. severe lung disease requiring ventilator or tracheotomy care;
 - iii. complicated heart disease;
 - iv. complicated neuromuscular disease; and
 - v. unstable central nervous system disease;
5. have a signed physician's order, not to exceed 120 days, for pediatric day health care by the recipient's physician specifying the frequency and duration of services; and
6. be stable for outpatient medical services.

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LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

If the medical director of the PDHC facility is also the child's prescribing physician, the Department reserves the right to review the prescription for the recommendation of the child's participation in the PDHC Program.

Re-evaluation of PDHC services must be performed, at a minimum, every 120 days. This evaluation must include a review of the recipient's current medical plan of care and provider agency documented current assessment and progress toward goals.

A face-to-face evaluation shall be held every four months by the child's prescribing physician. Services shall be revised during evaluation periods to reflect accurate and appropriate provision of services for current medical status.

Physician's orders for services are required to individually meet the needs of each recipient and shall not be in excess of the recipient's needs. Physician orders prescribing or recommending PDHC services do not, in themselves, indicate services are medically necessary or indicate a necessity for a covered service. Eligibility for participation in the PDHC Program must also include meeting the medically complex provisions of this Section.

When determining the necessity for PDHC services, consideration shall be given to all of the services the recipient may be receiving, including waiver services and other community supports and services. This consideration must be reflected and documented in the recipient's treatment plan.

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Service Coverage and Limitations

The Medicaid Program will reimburse a pediatric day health care facility based on a comprehensive daily per diem for the following covered services in accordance with 42 CFR 440.130(d):

Nursing Services

Nursing services provided in accordance with 42 CFR 440.130 (d) as medically necessary services ordered by the prescribing physician and are provided by a licensed registered nurse or licensed practical nurse within the scope of the state's Nurse's Practice Act. Nursing services are available to recipients as medically indicated and must be in the recipient's Plan of Care. These services may include assessments, health related training/education for recipients and caregivers designed to assist in the restoration of the recipient to the fullest functioning capacity possible. Nursing services address the rehabilitative healthcare needs of the recipient.

Respiratory Care

Respiratory care is provided in accordance with 42 CFR 440.130 (d) as medically necessary and ordered by the prescribing physician to promote optimal cardiopulmonary function and health for recipients that are ventilator dependent or with pulmonary disorders. The goal is to restore the recipient to his/her best possible functional level. Respiratory services are intended to identify and treat acute or chronic dysfunction of the cardiopulmonary system. This service includes a comprehensive assessment, monitoring signs and symptoms, providing diagnostic and therapeutic modalities, disease management, and patient and caregiver education for the direct benefit of the recipient.

- a. Respiratory care shall be provided by a respiratory therapist licensed in the state of Louisiana; or
- b. A registered nurse with documented experience in providing respiratory care in accordance with the Louisiana State Board of Nursing; or
- c. A licensed practical nurse with documented experience in providing respiratory care in accordance with the Louisiana State Board of Nursing.

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 SERVICES ARE DESCRIBED AS FOLLOWS:

continuation of services shall be reviewed and updated at least quarterly or as needed by the needs of the child.

PDHC services must be prior authorized by the Medicaid Program or its approved designee. Services provided without authorization shall not be considered for reimbursement, except in the case of retroactive Medicaid eligibility.

Provider Participation

In order to participate in the Medicaid Program, a facility must have a current, valid PDHC facility license issued by the department. Each PDHC facility site shall be separately enrolled in the Medicaid Program.

All enrolled PDHC services providers must comply with all of the licensing standards adopted for pediatric day health care facilities.

No PDHC provider shall be licensed to operate unless the Facility Need Review (FNR) Program has granted approval for the issuance of a PDHC provider license. Once the FNR Program approval is granted, a PDHC provider is eligible to be licensed by the department, subject to meeting all of the requirements for licensure.

Staffing Qualifications

Staffing for the PDHC facility will consist of :

A. Administrator

The facility administrator shall be a full time employee of the PDHC. The facility administrator shall designate in writing a person to be responsible for the facility when the administrator is absent from the facility for more than 24 hours. This person is known as the administrator's designee.

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