

Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 18-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Appendix to 179
- 4) Approved Page

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

May 2, 2018

Our Reference: SPA LA 18-0003

Ms. Jen Steele, State Medicaid Director
Department of Health
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attention: Karen Barnes

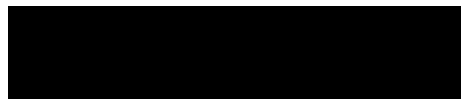
Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 18-0003 dated March 27, 2018. This state plan amendment proposes to amend the provisions governing home health services in order to comply with U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) regulations regarding face to face encounters, to clarify the provisions governing home health settings, and to remove the visit limit for adult recipients in order to align services with those received by the Medicaid expansion population.



Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of January 20, 2018. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at Cheryl.Rupley@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	
FOR: HEALTH CARE FINANCING ADMINISTRATION	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	1. TRANSMITTAL NUMBER: 18-0003
	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
	4. PROPOSED EFFECTIVE DATE January 20, 2018
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 440.70	7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$4,354 b. FFY 2019 \$7,093
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: *Please see appendix Attachment 3.1-A, Item 7, Pages 1 and 2 Attachment 3.1-A, Item 7, Page 3 - Remove page Attachment 3.1-A, Item 7, Pages 4 - Remove page Attachment 3.1-A, Item 7, Page 5 - Remove page Attachment 3.1-A, Item 7, Page 6 - Remove page Attachment 4.19-B, Item 7, Page 6 - Remove page Attachment 3.1-A, Item 7, Page 2 - Remove page	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 10-66) Same (TN 04-07) Same (TN 05-15) Same (TN 05-15) Same (TN 09-05) Same (TN 05-15) Same (TN 10-66)
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to amend the provisions governing home health services in order to comply with U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) regulations requiring face-to-face encounters, to clarify the provisions governing home health services settings, and to remove the visit limit for adult recipients in order to align services with those received by the Medicaid expansion population.	
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: Rebekah E. Gee MD, MPH	
14. TITLE: Secretary	
15. DATE SUBMITTED: March 27, 2018	
FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: March 27, 2018	18. DATE APPROVED: May 2, 2018
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 20, 2018	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS: The State requests a pen and ink change to boxes 8 and 9. 4/24/18: The State requests a pen and ink change to box 8, to add the referenced appendix.	

Appendix to Form 179

LA SPA TN 18-0003

Home Health – Encounters and Services

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, Page 3	Same (TN 12-61)
Attachment 3.1-B, Page 1	Same (TN 08-25)

State: Louisiana
Date Received: 3-27-18
Date Approved: 5-02-18
Date Effective: 1-20-18
Transmittal Number: 18-0003

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
HOME HEALTH SERVICES DESCRIBED AS FOLLOWS:

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

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 recipient 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 recipients 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-MR, except as allowed at 42 CFR 470.70(c).

State: Louisiana
Date Received: 3-27-18
Date Approved: 5-02-18
Date Effective: 1-20-18
Transmittal Number: 18-0003

Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 3.1-A
Page 3
OMB No.: 0938-

State/Territory: LOUISIANA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

b. Optometrists' services.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Chiropractors' services.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

d. Other practitioners' services.

☒ Provided: **Identified on attached sheet with description of limitations, if any.** Description is provided on Attachment 3.1-A, Item 6, Pages 3, 4, and 5.

☐ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: ☒ No limitations ☐ With limitations*

b. Home health aide services provided by a home health agency.

Provided: ☒ No limitations ☐ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place.

Provided: ☒ No limitations ☐ With limitations*

d. Physical therapy, occupational therapy, speech pathology and audiology services.

Provided: ☒ No limitations ☐ With limitations*

*Description provided on attachment.

State: Louisiana
Date Received: 3-27-18
Date Approved: 5-02-18
Date Effective: 1-20-18
Transmittal Number: 18-0003

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(S): All Groups Listed Under C, of Attachment 2.2-A

The following services are provided. *

Item No.

1. Inpatient hospital services other than those provided in an institution for mental diseases.
2.
 - a. Outpatient hospital services.
 - b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
 - c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the Plan and furnished in a FQHC.
3. Other laboratory and X-ray services.
4.
 - a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 - b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.
 - c. Family Planning services and supplies for individuals of child-bearing age.
5.
 - a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.
 - b. Medical and surgical services furnished by dentists (in accordance with section 1905 (a)(5)(B) of the Act).
6.
 - a. Podiatrists' services.
 - b. Optometrists' services.
 - d.1. CRNAs services.
 - d.2. Audiologists' services.
 - d.3. Physician Assistants' services.
 - d.4. Clinical Nurse Specialists' services.
 - d.5. Pharmacists-Medication Administration services.

Item No.

7. Home Health Services
 - a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 - b. Home health aide services provided by a home health agency.
 - c. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place
 - d. Physical therapy, occupational therapy, speech pathology and audiology services.
9. Clinic services.
12. Prescribed drugs, dentures and prosthetic devices.
 - a. Prescribed drugs.
 - c. Prosthetic devices.
13. d. Rehabilitative services
15. Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD) services.
17. Nurse-midwife services.
18. Hospice Care
20. Extended services for pregnant women.
 - a. Pregnancy related and postpartum services for a 60-day period after pregnancy ends.
21. Certified pediatric or family nurse practitioners' services.
24.
 - a. Transportation
 - d. Nursing facility services provided for patients under 21 years of age.
26. Personal Care Services
28. Self-Directed

*Description provided on Attachment 3.1-A

State: Louisiana
Date Received: 3-27-18
Date Approved: 5-02-18
Date Effective: 1-20-18
Transmittal Number: 18-0003

TN 18-0003

Approval Date 5-02-18

Effective Date 1-20-18

Supersedes:

TN 08-25