

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 21-0011**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 0300  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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September 2, 2021

Mr. Michael Boutte, Interim Medicaid Director  
State of Louisiana  
Department of Health  
628 N 4th Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

RE: TN LA 21-0011

Dear Mr. Boutte:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number (TN) 20-0011 dated May 20, 2021. This state plan amendment is to amend the provisions governing the long-term personal care services to reflect current practices in order to: (1) clarify that instrumental activity of daily living can be provided outside of the participant's home if approved; (2) remove language in regards to what relatives can be the direct service workers (DSWs); (3) remove the language that service logs must document place of service; (4) clarify the statement regarding DSWs being paid at least the current federal or state minimum hourly rate.

Based on the information submitted, we approved the amendment on September 2, 2021, for incorporation into the official Louisiana State Plan with an effective date of May 20, 2021. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions regarding this matter, you may contact Tobias Griffin at (214) 767-4425, or by email at [tobias.griffin@cms.hhs.gov](mailto:tobias.griffin@cms.hhs.gov).

Sincerely,

Digitally signed by  
James G. Scott -S  
Date: 2021.09.02  
13:10 -05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Billy Bob Farrell, Branch Manager  
Karen Barnes, LA Department of Health

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER <b>21-0011</b>	2. STATE <b>Louisiana</b>
<b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>May 20, 2021</b>	
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  <b>42 CFR 440.167</b> <b>42 CFR 447 Subpart B</b>		7. FEDERAL BUDGET IMPACT  a. FFY <b>2021</b> <b>\$ 0</b> b. FFY <b>2022</b> <b>\$ 0</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 3.1-A, Item 26, Pages 3-4</b> <b>Attachment 3.1-A, Item 26, Pages 5-6 – remove pages</b> <b>Attachment 4.19-B, Item 26, Page 1a</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same (TN 16-0013)</b> <b>Same (TN 16-0013)</b> <b>Same (TN 16-0013)</b>	
10. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing the long-term personal care services to reflect current practices in order to: (1) clarify that instrumental activity of daily living can be provided outside of the participant's home if approved; (2) remove language in regards to what relatives can be the direct service workers (DSWs); (3) remove the language that service logs must document place of service; (4) clarify the statement regarding DSWs being paid at least the current federal or state minimum hourly rate; and (5) add a statement that the state has the authority to set and change LT-PCS rates and/or provide lump sum payments to LT-PCS providers based upon funds allocated by the legislature.			
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 <b>Tara A. LeBlanc</b> <b>Interim Medicaid Executive Director</b> <b>State of Louisiana</b> <b>Department of Health</b> <b>628 North 4<sup>th</sup> Street</b> <b>P.O. Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>	
13. TYPED NAME <b>Dr. Courtney N. Phillips</b>			
14. TITLE <b>Secretary</b>			
15. DATE SUBMITTED <b>May 20, 2021</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>May 20, 2021</b>		18. DATE APPROVED <b>September 2, 2021</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>May 20, 2021</b>		20. SIGNATURE OF REGIONAL OFFICIAL  Digitally signed by James G. Scott -5 Date: 2021.09.02 17:14:08 -05'00'	
21. TYPED NAME <b>James G. Scott</b>		22. TITLE <b>Director, Division of Program Operations</b>	
23. REMARKS <b>The State requests a pen and ink change to box 10.</b>			

STATE OF LOUISIANA

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:

Emergency and nonemergency medical transportation are separate covered Medicaid services; however, providers may choose to furnish transportation for beneficiaries during the course of providing personal care services. (Please see personal assistance services worker qualifications.)

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

**Service Delivery**

Personal care services shall be provided in the beneficiary's home or in another location outside of the beneficiary's home if the provision of these services allows the beneficiary 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.

The beneficiary's home is defined as the beneficiary'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 intellectual disabilities are not considered to be the beneficiary's home.

The provision of services outside of the beneficiary's home does not include trips outside of the borders of the state without approval of the Department's Office of Aging and Adult Services (OAAS) or its designee.

Beneficiaries are not permitted to live in a home or property owned, operated, or controlled by an owner, operator, agent, or employee of a licensed provider of long-term care services, and providers are prohibited from providing and billing for services under these circumstances. Beneficiaries may not live in the home of their direct support worker unless the direct support worker is related to the beneficiary and it is the choice of the beneficiary.

**Service Limitations**

Effective September 5, 2010, personal care services shall be limited to 32 hours per week. Authorization of service hours shall be considered on a case by case basis as substantiated by the beneficiary's plan and supporting documentation.

IADLs cannot be performed in the beneficiary's home when he/she is absent from the home unless it is approved by OAAS or its designee on a case-by-case basis.

STATE OF LOUISIANA

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:

There shall be no duplication of services.

Persons designated as the personal representative of an individual receiving services under Long Term-Personal Care Services (LT-PCS) may not be the paid direct service worker of the individual they are representing.

STATE OF LOUISIANA

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Effective April 20, 2016, the minimum hourly rate paid to personal care workers shall be at least the current federal minimum hourly rate. Should a change in the federal minimum hourly rate result in a rate that is above the minimum hourly rate paid to personal care workers, the minimum hourly rate paid to personal care workers will adjust to the federal minimum hourly rate the date that federal rate becomes effective.

The minimum hourly rate paid to personal care workers shall be at least the current federal or state minimum hourly rate.

**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.**