

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 22-0014**

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 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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September 19, 2022

Ms. Tara LeBlanc  
Medicaid Executive Director  
State of Louisiana  
Department of Health  
628 N 4th Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) TN 22-0014

Dear Ms. LeBlanc:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) LA 22-0014. This amendment proposes to amend the provisions governing personal care services worker qualifications in order to remove minimum education and experience qualifications language.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.167. This letter is to inform you that Louisiana Medicaid SPA 22-0014 was approved on September 19, 2022, with an effective date of July 1, 2022

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


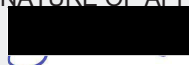
Sincerely,

A black rectangular box redacts the signature of James G. Scott. There are some faint blue and red ink marks around the box.

Digitally signed by James G. Scott -S  
Date: 2022.09.19 18:56:50 -05'00'

James G. Scott, Director  
Division of Program Operations

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>22-0014</b>	2. STATE <b>LA</b>
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>July 1, 2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440.167</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 3.1A, Item 26, Pages 1 and 2</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> <b>Same (TN 16-0013)</b>	
9. SUBJECT OF AMENDMENT <b>The purpose of this SPA is to amend the provisions governing personal care services worker qualifications in order to remove minimum education and experience qualifications language.</b>			
10. GOVERNOR'S REVIEW <i>(Check One)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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         </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:            The Governor does not review State Plan material.         </div> </div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO  <b>Tara A. LeBlanc, Medicaid Executive Director</b> <b>Louisiana 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>	
12. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>			
13. TITLE <b>Secretary</b>			
14. DATE SUBMITTED <b>August 5, 2022</b>			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED August 5, 2022		17. DATE APPROVED September 19, 2022	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2022		19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2022.09.19 18:57:21 -05'00'	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott		21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations	
22. REMARKS			

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:

**Medical and Remedial Care and Services**  
**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 intellectual 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 beneficiary and will be considered in conjunction with those other services.

**Personal Care Services Worker Qualifications:**

The worker must be at least 18 years of age at the time the offer of employment is made and have the ability to read and write in English as well as to carry out directions promptly and accurately.

The provider must ensure that all agency staff that works directly with the beneficiary are appropriately informed of and trained on the individual service plan and/or plan of care.

The following persons are prohibited from serving as the direct service worker for the beneficiary:

1. Beneficiary's spouse,
2. Beneficiary's curator,
3. Beneficiary's tutor,
4. Beneficiary's Legal guardian,
5. Beneficiary's responsible representative, or
6. Person to whom the beneficiary has given Representative and Mandate authority (Power of Attorney).

STATE OF LOUISIANA

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

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

The Department 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.

**Assessment**

An initial assessment shall be performed for each beneficiary requesting personal care services. The assessment shall be utilized to identify the beneficiary's long-term care needs, preferences, the availability of family and community supports and to develop the plan of care. Each beneficiary shall be re-assessed at least once every 18 months.

**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 are defined as those services that provide assistance with the distinct tasks associated with the performance of the activities of daily living (ADLs) and the instrumental activities of daily living (IADLs). Assistance may be either the actual performance of the personal care task for the individual or prompting and reminding so the individual performs the task by him/herself.

ADLs are those personal, functional activities required by the beneficiary. ADLs include tasks such as: eating, bathing, dressing, grooming, transferring (the manner in which an individual moves from one surface to another - excludes getting on and off the toilet and getting in and out of the tub/shower), reminding the beneficiary to take medication, ambulation, toileting and bed mobility.

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 tasks such as: light housekeeping, food preparation and storage, grocery shopping, laundry, assisting with scheduling medical appointments when necessary, accompanying beneficiary to medical appointments when necessary due to beneficiary's frail condition and assisting the beneficiary to access transportation.

The State has complied with the Electronic Visit Verification (EVV) System requirements for personal care services authorized under 1905(a) authority as of January 1, 2020.