

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 23-0008**

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

---

June 8, 2023

Mrs. 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 23-0008

Dear Mrs. LeBlanc:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0008. This amendment proposes to amend the provisions governing the Home Health Program in order to increase the number of medical professionals that can order home health services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.72. This letter is to inform you that Louisiana Medicaid SPA 23-0008 was approved on June 7, 2023, with an effective date of May 20, 2023.

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 redacting the signature of James G. Scott.

Digitally signed by James  
G. Scott -S  
Date: 2023.06.08 10:34:20  
-05'00'

James G. Scott, Director  
Division of Program Operations

cc: Mandy Strom, Acting Branch Manager  
Karen Barnes, LA Department of Health

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <b>23-0008</b>	2. STATE <b>LA</b>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE <b>May 20, 2023</b>	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 3.1-A, Item 7, Page 1</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (TN 18-0003)</b>

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES


5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 440.70**

9. SUBJECT OF AMENDMENT  
**The purpose of this SPA is to amend the provisions governing the Home Health Program in order to increase the number of medical professionals that can order home health services.**

10. 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.

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
**Pam Diez, designee for Stephen R. Russo, JD**

13. TITLE  
**Executive Counsel  
Director of Legal Audit and Regulatory Compliance**

14. DATE SUBMITTED  
**May 11, 2023**

15. RETURN TO  
**Tara A. LeBlanc, Medicaid Executive Director  
Louisiana Department of Health  
628 North 4<sup>th</sup> Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030**

**FOR CMS USE ONLY**

16. DATE RECEIVED  
**May 11, 2023**

17. DATE APPROVED  
**June 7, 2023**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**May 20, 2023**

19. SIGNATURE OF APPROVING OFFICIAL  
  
Digitally signed by James G. Scott -S  
Date: 2023.06.08 10:35:23 -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 ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS

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

**Home Health Services**

Home health services are ordered by an authorized healthcare provider, 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.

An authorized healthcare provider is a physician, nurse practitioner, clinical nurse specialist, or physician assistant licensed, certified, registered, or otherwise authorized to order home healthcare services consistent with Louisiana law.

Home health services are provided to a beneficiary as part of a written plan of care that the authorized healthcare provider 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 beneficiaries 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, including the capitalization requirements under 42 CFR Part 489.28.

Services cannot be provided in a hospital, nursing facility, or ICF-IID, except as allowed at 42 CFR 440.70(c).