

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



Division of Medicaid & Children's Health, Region VI

November 18, 2011

Our Reference: SPA LA 10-48

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

Attn: Keydra Singleton

Dear Mr. Gregory:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 10-48. This state plan amendment establishes Medicaid coverage and a reimbursement methodology for rehabilitative, other license practitioner, and personal care services provided in the new Pediatric Day Health Care (PDHC) Program.

In the future, when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's tribal consultation process for the SPA. Pursuant to section 1902(a) (73) of the Act added by section 5006(e) of the Recovery and Reinvestment Act of 2009, the State must evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state.

Transmittal Number 10-48 is approved with an effective date of July 21, 2010 as requested. A copy of the HCFA-179, Transmittal No. 10-48 dated September 30, 2010 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.



Bill Brooks
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-48	2. STATE Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 July 21, 2010	
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 42 CFR 447 Subpart F		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$450.50 b. FFY 2011 \$1,911.70	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 13a, 13b, 13c Attachment 3.1-A, Item 4b, Pages 12, 13, and 14 Attachment 4.19-B, Item 4b, Page 5 Attachment 3.1-A, Item 4b pages 15, 16, 17, & 18 Attachment 4.19-B Item 7 pgs 1, 2a, + 4b Attachment 4.19-B, Item 26, pg 1b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None (New Pages) None (New Page) None, (New Pages) Same L TN 10-66, TN 10-71, None New Pg.) None (New Page)	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to establish the program criteria and covered services for the Pediatric Day Health Care Program.			

11. GOVERNOR'S REVIEW (Check One):

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review state plan material.
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: Bruce D. Greenstein	
14. TITLE: Secretary	
15. DATE SUBMITTED: September 29, 2010	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 30 September, 2010	18. DATE APPROVED: 18 November, 2011
PLAN APPROVED - ONE COPY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 21 July, 2010	20. SIGNATURE:
21. TYPED NAME: BILL BROOKS	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:

- * Pen and Ink change made per State's Letter dated 8-19-2011, adding Attachment 3.1-A, Item 4b, pages 15 thru 18
- ** Pen + Ink change made per State's E-mail dated 11-7-2011 adding pgs. to attachment 4.19-B, pg Item 7 pg 1, 2a, + 4a
- *** Pen + Ink Change made per State's E-mail dated 11-7-2011 adding attachment 4.19-B, Item 26 pg 1b
- *** Pen + Ink change made per state's e-mail submitted dated 11-4-2011 adding attachment 3.1-A, Item 4b, Pages 13a, 13b, 13c.

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:

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. be considered medically fragile; and
3. require nursing supervision and may require therapeutic interventions all or part of the day due to a medically complex condition.

“Medically fragile” means that the individual has a medically complex condition characterized by multiple, significant medical problems that require extended care. Medically fragile conditions include, but are not limited to:

- severe lung disease requiring oxygen;
- severe lung disease requiring ventilator or tracheotomy care;
- complicated spina bifida;
- heart disease;
- malignancy;
- asthmatic exacerbations;
- cystic fibrosis exacerbations;
- neuromuscular disease;
- encephalopathies; or

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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:

- seizure disorders.

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.

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

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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:

Physical Therapy

Physical Therapy services are provided in accordance with 42 CFR 440.110 as ordered by the recipient's prescribing physician. The services are specially designed exercises and the use of equipment for maximum reduction of physical disabilities and restoration of a recipient to his best possible physical functioning.

- a. Physical Therapy shall be provided by an individual licensed by the Louisiana State Board of Medical Examiners (LSBME) or,
- b. A certified physical therapy Assistant, in accordance with the LSBME's requirement, shall practice under the supervision of a licensed physical therapist

Speech-Language Therapy

Services for individuals with speech, hearing and language disorders are provided in accordance with 42 CFR 440.110. The services include diagnostic, screening, preventive or corrective rehabilitative services provided by or under the direction of a Speech Pathologist or Audiologist, for which a recipient is referred by his prescribing physician.

- a. Speech pathology services shall be provided by a licensed speech-language pathologist or Audiologist as authorized by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology, or
- b. A licensed speech-language pathology assistant, in accordance with Louisiana Board of Examiners for Speech-Language Pathology and Audiology, shall practice under the direct supervision of a licensed speech language pathologist.

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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:

Occupational Therapy

Occupational Therapy is provided in accordance with 42 CFR 440.110 as ordered by the recipient's prescribing physician. These services are specially designed activities to enhance development of occupational skills, restore independent functioning and prevent disability. It may include adaptation of tasks or environment to achieve maximum rehabilitation of the individual and to restore optimal quality of life.

- a. Occupational therapy shall be provided by a licensed Occupational Therapist as authorized by the Louisiana State Board of Medical Examiners (LSBME), or
- b. An occupational therapy assistant, in accordance with the LSBME's requirement, shall practice under the supervision of a licensed occupational therapist.

Social Services

Social services are provided in accordance with 42 CFR 440.60 as ordered by a prescribing physician, and within the scope of Louisiana State Board of Social Work Examiner's Practice Act. The purpose is to assess the recipient child/family's strengths and needs with regard to functional skills and environmental resources. Social workers will identify and prioritize the child/family-defined rehabilitation goals. Services may include but are not limited to:

- Individual Psychosocial Assessments
- Home environment and caregiver skills evaluation
- Counseling
- Community living skills training
- Behavior management skills training
- Family advocacy-including referral to resources and other health care professionals/agencies;

The overall goal of social services is to assist the individual and caregiver in restoring functional skills and environmental resources to an optimal autonomous state. All services are provided for the direct benefit of the recipient.

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

Personal Care Services

Personal care services are provided in accordance with 42 CFR 440.167(d) enabling the recipient to accomplish tasks they would normally do for themselves if they did not have a disability. Thus, personal care is hands-on assistance with activities of daily living (ADLs) (such as eating, bathing, dressing, and bladder and bowel requirements) or instrumental activities of daily living (IADLs) (such as taking medications) as ordered by the prescribing physician and in accordance with the recipient's plan of treatment.

Personal care services shall be provided by the direct care staff under the supervision of the registered nurse. Direct care staff may include: nursing assistants, certified nursing assistants, patient care technicians, and medical assistants.

Other covered Services

The transportation to and from the PDHC facility will be reimbursed by a daily per diem on a per case basis in accordance with 42 CFR 440.170(a).

Non-covered Services.

The following services do not qualify as covered PDHC services:

- education and training services;
- before and after school care;
- medical equipment, supplies and appliances;
- parenteral or enteral nutrition;
- infant food or formula; or
- room and board.

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PDHC facility services must be ordered by the recipient's prescribing physician and an **individualized plan of care** must be developed for the recipient by the PDHC facility.

The Plan of Care should be developed under the direction of the facility's nursing director and in collaboration with the prescribing physician. The plan of care for

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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.

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

Qualifications

1. The Administrator and administator's designee shall have three years experience in the delivery of health care service and meet one of the following criteria:
 - a. A physician currently licensed in LA; or
 - b. A Registered nurse currently licensed in LA; or
 - c. A college graduate with a bachelors degree; or
 - d. An associate's degree, with one additional year of documented management experience.
2. Any licensed person functioning in the role of administrator or adminstrator's designee shall have an unrestricted, current license issued by the appropriate Louisiana licensing board.
3. The Administrator and the administrator's designee shall be at least 21 years of age.

B. Medical Director

The Medical Director of the PDHC shall be a physician currently licensed in Louisiana without restrictions who is either:

1. A board certified pediatrician; or
2. A pediatric specialist with knowledge of medically fragile children; or
3. Other medical specialist or subspecialist with knowledge of medically fragile children.

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

C. Nursing Personnel and Direct Care Staff

1. Director of Nursing (DON)

Each PDHC shall have a full time Director of Nursing.

Qualifications of DON

The Director of Nursing shall be a Registered Nurse currently licensed in the state of Louisiana without restrictions, and shall meet the following:

- a. Hold a current certification in Cardio Pulmonary Resuscitation (CPR);
- b. Hold current certification in Basic Cardiac Life Support (BCLS) and Pediatric Advanced Life Support (PALS); and
- c. Have a minimum of two (2) years general pediatric nursing experience of which at least six (6) months shall have been spent caring for medically fragile or technology dependent infants or children in a pediatric intensive care, neonatal intensive care, pediatric emergency care, PDHC facility, prescribed pediatric extended care center, or similar care setting during the previous five (5) years.

2. Registered Nurse (RN)

Qualifications of RN

Each RN employed by the facility shall have at least the following qualifications and experience:

- a. Be currently licensed in the state of Louisiana without restrictions as a registered nurse;
- b. Hold a current certification in Cardio Pulmonary Resuscitation (CPR); and
- c. Have either:
 - i. one (1) or more years of pediatric experience as an RN, with at least six (6) months experience caring for medically fragile or technologically dependent children; or
 - ii. Have two (2) or more years of documented prior pediatric nursing experience as a licensed practical nurse (LPN) and with at least six (6) months experience caring for medically fragile or technologically dependent children.

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

3. Licensed Practical Nurse(LPN)

Qualifications of LPN

Each LPN employed by the facility shall have at least the following qualifications and experience:

- a. Be currently licensed in the state of Louisiana without restrictions as a licensed practical nurse; and
- b. Hold a current certification in Cardio Pulmonary Resuscitation (CPR); and
- c. have either:
 - i. one (1) year or more years experience in pediatrics as an LPN; or
 - ii. have 2 years of documented prior pediatric experience working as a direct care worker caring for medically fragile child(ren).

Each PDHC shall have sufficient LPN staffing to ensure that the care and services provided to each child is in accordance with the child's plan of care.

4. Direct Care Staff

For the purposes of this subsection, other direct care personnel include: nursing assistants, certified nursing assistants, , and individuals with training and experience in education, social services or child care related fields.

- a. Direct care staff shall work under the supervision of the registered nurse.
- b. Direct care staff shall be responsible for providing direct care to children at the PDHC facility.

Qualifications:

Each direct care staff employed by the facility shall have at least the following qualifications and experience:

- a. Have one (1) year documented employment experience in the care of infants or children or have one year (1) experience in caring for a medically fragile child;

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

- b. Demonstrate the necessary skills and competency to meet the direct care needs of the child(ren) to which they are assigned;
- c. Be currently registered with the Certified Nurse Aide Registry (CNA) in good standing and without restrictions; or
- d. A direct service worker not having a finding or be listed on the Direct Service Worker Registry (DSW);
- e. Hold a current certification in Cardio Pulmonary Resuscitation (CPR); and
- f. Be eighteen (18) years of age or older.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B
Item 2.a., Page 1.b(1)

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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 for services provided on or after July 21, 2010 for physical therapy, occupational therapy or speech-language therapy services provided in conjunction with the Pediatric Day Health Program, reimbursement is made pursuant to the methodology described on page 4.19-B, Item 4b, Page 5 under EPSDT- Pediatric Day Health Program.

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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:

Pediatric Day Health Care Program

Effective July 21, 2010, reimbursement for PDHC services shall be a statewide fixed per diem rate which is based on the number of hours that a qualified recipient attends the PDHC facility.

- A full day of service is more than four hours, not to exceed a maximum of 12 hours per day.
- A partial day of service is four hours or less per day.

Reimbursement shall only be made for services authorized by the Medicaid Program or its approved designee.

The initial per diem rate for the Pediatric Day Health Care providers was set based on projections of the daily cost. The Department will require the PDHC providers to submit annual cost reports reflecting their actual costs and statistics related to providing care for this program. The costs would include all costs of the operation and segregate the cost into cost categories. The direct care cost category would include a breakdown of the nursing services and the different therapies. The statistics would include the daily census information as well as the encounters for each of the therapies.

These cost reports will be used by the Department to evaluate the cost effectiveness and the reasonableness of the daily rate paid to the providers. Rate adjustments may be made from time to time based on the data obtained through the cost reports or other sources.

The fee schedule will be available through the Louisiana Medicaid provider website, www.lamedicaid.com.

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STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1902 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Effective for dates of service on or after January 22, 2010, the reimbursement paid for medical equipment, supplies and appliances shall be reduced by 5 percent of the rates on file as of January 21, 2010. The following medical equipment, supplies and appliances are excluded from this rate reduction:

- a. enteral therapy, pumps and related supplies;
- b. intravenous therapy and administrative supplies;
- c. apnea monitor and accessories;
- d. nebulizers;
- e. hearing aids and related supplies;
- f. respiratory care
- g. tracheostomy and suction equipment and related supplies;
- h. ventilators and related equipment;
- i. vagus nerve stimulator and related supplies; and
- j. augmentative and alternative communication devices.
- k. oxygen, oxygen equipment and related supplies

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Effective for services provided on or after July 21, 2010 for respiratory care services provided in conjunction with the Pediatric Day Health Program, reimbursement is made pursuant to the methodology described on page 4.19-B, Item 4b, Page 5 under EPSDT- Pediatric Day Health Program.

- B. Continuous subcutaneous insulin external infusion pumps shall be reimbursed the lesser of 5 percent over the provider's actual cost or the provider's usual and customary charge, not to exceed \$5,745. Related diabetic supplies shall be reimbursed the lesser of 10 percent over the provider's actual cost or the provider's usual and customary charge.
- C. Ostomy supplies are reimbursed at the lesser of:
 - billed charges; or
 - eighty percent (80%) of 2000 Medicare fee schedule for the procedure codes that were listed on the 2000 Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them or 80 % of the Medicare fee schedule under which the procedure code first appeared; or
 - eighty percent (80%) of the Manufacturer's Suggested Retail Price (MSRP)
- D. Tracheostomy tubes and care kits are reimbursed at ninety percent (90%) of the 2000 Medicare fee schedule for the procedure codes that were listed on the 2000 Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them or 80 % of the Medicare fee schedule under which the procedure code first appeared.

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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

- Item 7.d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency.

Effective for services provided on or after July 21, 2010 for physical therapy, occupational therapy or speech-language therapy services provided in conjunction with the Pediatric Day Health Program, reimbursement is made pursuant to the methodology described on page 4.19-B, Item 4b, Page 5 under EPSDT- Pediatric Day Health Program.

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STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

Effective for services provided on or after July 21, 2010 for personal care services provided in conjunction with the Pediatric Day Health Program, reimbursement is made pursuant to the methodology described on page 4.19-B, Item 4b, Page 5 under EPSDT- Pediatric Day Health Program.

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>9-30-10</u>	
DATE APP'VD	<u>11-18-11</u>	
DATE EFF	<u>7-21-10</u>	
HCFA 179	<u>10-48</u>	

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