

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
10-53

2. STATE
Louisiana

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
September 5, 2010

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447 Subpart B

7. FEDERAL BUDGET IMPACT:
* a. FFY 2010 (\$345.43) ~~(\$343.34)~~
* b. FFY 2011 (\$4,800.54) ~~(\$4,875.43)~~

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, Item 26, Pages 1 and 2
Attachment 3.1-A, Item 26, Page 3
Attachment 4.19-B, Item 26, Page 1
* Attachment 3.1-A Item 26 page 5
* Attachment 3.1-A Item 26 page 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
Same (TN 09-04)
Same (TN 09-08)
Same (TN 10-43)
Same (TN 03-31)
Same (TN 09-04)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to clarify the provisions governing restrictions for paid direct care staff and the place of service; and to reduce the maximum allowed service hours.**

11. 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.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Bruce Greenstein

14. TITLE:
Secretary

15. DATE SUBMITTED:
September 29, 2010

16. RETURN TO:

State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **30 September, 2010**

18. DATE APPROVED **19 December, 2010**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
5 September, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

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 E-mail dated 16 November, 2010 changing Fiscal Impact
- * Pen and Ink Change made per State's E-mail dated 17 November, 2010 adding Attachment 3.1-A Items 26 pages 5 & 6

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 - Item 26

CITATION

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 developmental 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 recipient and will be considered in conjunction with those other services.

Personal Care Services Worker Qualifications:

1. The worker must be at least 18 years of age at the time the offer of employment is made.
2. The worker must meet one of the following minimum education and experience qualifications:
 - a. a high school diploma or general equivalency diploma (GED); or
 - b. a trade school diploma in the area of human services; or
 - c. documented, verifiable experience providing direct care services to the elderly and/or persons with disabilities.
3. The worker must have the ability to read and write in English as well as to carry out directions promptly and accurately.

The following persons are prohibited from serving as the direct service worker for the recipient: the recipient's spouse, curator, tutor, legal guardian, recipient's responsible representative, or person to whom the recipient has given Representative and Mandate authority (Power of Attorney).

The Bureau 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.

SUPERSEDES: TN 09-04

STATE	Louisiana
DATE REC'D	9-30-10
DATE APP'D	12-14-10
DATE EFF	9-5-10
HCFA 179	10-53

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:

Assessment

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

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 provide assistance with the activities of daily living (ADL) and the instrumental activities of daily living (IADL). Assistance may be either the actual performance of the personal care task for the individual or supervision and prompting so the individual performs the task by him/herself.

ADLs are those personal, functional activities required by an individual for continued well-being, health and safety. ADLs include such tasks as: eating, bathing, dressing, grooming, transferring, reminding the recipient to take medication, ambulation, and toileting.

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 such tasks as light housekeeping, food preparation and storage, grocery shopping, laundry, assisting with scheduling medical appointments when necessary, accompanying recipient to medical appointments when necessary due to recipient's frail condition, and assisting the recipient to access transportation. IADLs cannot be performed in the recipient's home when he/she is absent from the home.

SUPERSEDES: TN# 09-04

STATE	<u>Louisiana</u>
DATE REC'D.	<u>9-30-10</u>
DATE APP'D.	<u>12-14-10</u>
DATE EFF.	<u>9-5-10</u>
HCFR 179	<u>10-53</u>

TN# 10-53 Approval Date 12-14-10 Effective Date 9-5-10
Supersedes
TN# 09-04

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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Personal care services for eligible children are described in Attachment 3.1-A, Item 4.b. EPSDT Services.

Place of Service

Personal care services may be provided in the recipient's home and in another location outside of the recipient's home if the provision of these services allows the recipient 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 and the service logs.

The recipient's home is defined as the recipient'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 developmental disabilities are not considered to be the recipient's home. IADLs cannot be performed in the recipient's home when he/she is absent from the home.

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 recipient's plan and supporting documentation.

There shall be no duplication of services.

SUPERSEDES: TN- 09-08

STATE	<u>Louisiana</u>
DATE REC'D	<u>9-30-10</u>
DATE APP'VD	<u>12-14-10</u>
DATE EFF	<u>9-5-10</u>
HOFA 179	<u>10-53</u>

TN# 10-53 Approval Date 12-14-10 Effective Date 9-5-10
Supersedes
TN# 09-08

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:

such as: light housekeeping, food preparation and storage, grocery shopping, laundry, providing transportation when necessary: to seek employment; to go to and from the recipient's place of employment; or to access other necessary activities; and providing assistance in the completion of employment related or other necessary correspondence.

Place of Service

Personal assistant services may be provided in the recipient's home or in another location outside of the recipient's home if the provision of these services allows the recipient to participate in the activities to obtain or maintain employment. The recipient's home is defined as the recipient's place of residence, including his/her own house or apartment, a boarding house, or the house or apartment of a family member or unpaid primary care-giver. A hospital, an institution for mental disease, a nursing facility or an intermediate care facility for the mentally retarded are not considered to be the recipient's home.

Service Limitations

Personal assistant services shall be limited to up to 32 hours per week. Authorization of service hours shall be considered on a case by case basis as substantiated by the recipient's service plan and supporting documentation.

SUPERSEDES: TN 03-31

STATE	<u>Louisiana</u>
DATE REC'D	<u>9-30-10</u>
DATE APP'VD	<u>12-14-10</u>
DATE EFF	<u>9-5-10</u>
HCFEA 179	<u>10-53</u>

TN# 10-53
Supersedes

Approval Date 12-14-10

Effective Date 9-5-10

TN# 03-31

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:

Personal Assistant Services-Employment Support (Cont'd)

Personal Assistant Services Worker Qualifications:

1. The worker must be at least 18 years of age at the time the offer of employment is made.
2. The worker must meet one of the following minimum education and experience qualifications:
 - a. a high school diploma or general equivalency diploma (GED); or
 - b. a trade school diploma in the area of human services; or
 - c. documented, verifiable experience providing direct care services to elders and persons with disabilities.
3. The worker must have the ability to read and write in English as well as to carry out directions promptly and accurately.

STATE	<u>Louisiana</u>
DATE REC'D	<u>9-30-10</u>
DATE APP'VD	<u>12-14-10</u>
DATE EFF	<u>9-5-10</u>
HOPEA 179	<u>10-53</u>

SUPERSEDES: TN# 09-04

TN# 10-53
Supersedes

Approval Date 12-14-10

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TN# 09-04

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:

CITATION Medical and Remedial
42 CFR 447 Care and Services
Subpart B Item 26

Personal Care Services

Reimbursement Methodology

Reimbursement for personal care services is a prospective flat rate for each approved unit of service that is provided to the recipient. One quarter hour is the standard unit of service. Reimbursement shall not be authorized for the provision of less than one quarter of an hour of service. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the Medicaid Provider Website www.lamedicaid.com.

Effective for dates of service on or after February 1, 2009, the reimbursement rate shall be reduced by 3.5 percent of the rate on file as of January 31, 2009.

Effective for dates of service on or after August 4, 2009, the reimbursement rate for long-term personal care services shall be reduced by 4.8 percent of the rate on file as of August 3, 2009.

Effective for dates of service on or after August 1, 2010, the reimbursement rate for long-term personal care services shall be reduced by 4.6 percent of the rate on file as of July 31, 2010.

Effective September 5, 2010, personal care services cannot exceed 32 hours per week.

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.

STATE	Louisiana
DATE REC'D	9-30-10
DATE APP'D	12-14-10
DATE EFF	9-5-10
MCFA 179	10-53

SUPERSEDES: TN 10-48

TN# 10-53
Supersedes

Approval Date 12-14-10

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