

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 10-66	2. STATE Louisiana
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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
December 1, 2010 January 1, 2011

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 2011 (\$290.11 ~~(\$332.33)~~)
 b. FFY 2012 (\$354.34)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 7, Page 1
Attachment 3.1-A, Item 7 pages 1 & 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Same(TN 10-07)
Same (TN 04-07)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to reduce the reimbursement rates paid for extended nursing services in the Home Health Program by 2% in order to avoid a budget deficit.**

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **The Governor does not review state plan material.**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Bruce D. Greenstein
14. TITLE:
Secretary
15. DATE SUBMITTED:
December 10, 2010

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

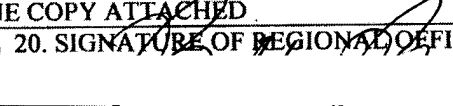
FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 20 December, 2010

18. DATE APPROVED: 28 February, 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
~~1 December, 2010~~ 1 January, 2011

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 1-11-2011, changing Fiscal Impact for 2011 & the Effective Date of the SPA.
 * Pen and Ink change made per State's E-mail dated 2-8-11 adding Attachment 3.1-A, Item 7 pages 1 & 2 to the plan amendment

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

CITATION Medical and Remedial Care and Services
42 CFR Item 7.
440.70

Home Health Services

Home Health services must be provided by licensed Home Health agencies that meet all of the requirements of participation in Medicare at 42 CFR Part 484.

- A. Home health services are patient care services provided in the patient's home under the order of a physician that are necessary for the diagnosis and treatment of the patient's illness or injury, including one or more of the following services: nursing as defined in the State's nurse practice act, physical therapy; speech pathology and audiology services; occupational therapy, home health aide services; or medical supplies, equipment, and appliances suitable for use in the home. Residence does not include a hospital or a nursing facility.
- B. Home health services shall be based on an expectation that the care and services are medically reasonable and appropriate for the treatment of an illness or injury, and that the services can be performed in the recipient's place of residence. A written plan of care for services shall be evaluated and signed by the physician every 60 days. This plan of care shall be maintained in the recipient's medical records by the home health agency.
- C. **Reserved**

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-20-10</u>	
DATE APP'VD <u>2-28-11</u>	
DATE EFF <u>1-1-11</u>	
HCFA 179 <u>10-66</u>	

SUPERSEDES: TN- 09-07

TN# 10-66
Supersedes
TN# 09-07

Approval Date 2-28-11

Effective Date 1-1-11

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

Attachment 3.1-A
Item 7, Page 2

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

D. **Reserved**

STATE <u>Louisiana</u>	A
DATE REC'D. <u>12-20-10</u>	
DATE APPV'D. <u>2-28-11</u>	
DATE EFF. <u>1-1-11</u>	
HCFA 179 <u>10-66</u>	

SUPERSEDES: TN- 04-07

TN# 10-66 Approval Date 2-28-11 Effective Date 1-1-11
Supersedes
TN# 04-07

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

CITATION Medical and Remedial Home Health Services
42 CFR Care and Services
447.201 Item 7.

STATE <u>Louisiana</u>	A
DATE REC'D. <u>12-20-10</u>	
DATE APP'VD <u>2-28-11</u>	
DATE EFF. <u>1-1-11</u>	
HCFA 179 <u>10-66</u>	

State developed reimbursement rates are the same for both public and private providers of the service and these rates and any annual/periodic adjustments to these rates are published on the Medicaid provider website at www.lamedicaid.com.

I. Method of Payment

Item 7.a. Intermittent or part-time nursing services provided by a home health agency

Intermittent or part-time nursing services provided by a home health agency will be reimbursed using a prospective payment methodology based on the audited 1992 cost reports at the weighted thirtieth (30th) percentile based on cost and number of services trended forward at July 1 of each preceding year using the Consumer Price Index - All Urban Consumers (Southern Region). Reimbursement for nursing services provided by a licensed practical nurse (LPN) is made at 80 percent (80%) of the established fee for nursing in effect as of January 31, 2000. Nursing services provided by a licensed registered nurse (RN) will continue to be reimbursed at the established fee in effect as of January 31, 2000. Reimbursement is limited to one visit per day for either nurse or home health aide.

Home health extended nursing and/or multiple daily nursing visits for recipients up to age 21 are reimbursed according to a published fee schedule effective July 20, 2007.

- Effective for dates of service on or after January 1, 2011, the reimbursement rates for extended nursing services shall be reduced by 2 percent of the rates in effect on December 31, 2010.

Effective for dates of service on or after February 9, 2010, the reimbursement rates for intermittent nursing services (performed by either a RN or LPN) shall be reduced by 5 percent of the rates in effect on February 8, 2010.

Item 7.b. Home health aide services provided by a home health agency

Home health aide services provided by a home health agency will be reimbursed using a prospective payment methodology based on the audited 1992 cost reports at the weighted thirtieth (30th) percentile based on cost and number of services trended forward at July 1 of each preceding year using the Consumer Price Index - All Urban Consumers (Southern Region). Reimbursement is limited to one visit per day for either nurse or home health aide. The fee schedule rates are effective January 31, 2000.

Effective for dates of service on or after February 9, 2010, the reimbursement rates for home health aide services shall be reduced by 5 percent of the rates in effect on February 8, 2010.

Item 7.c. Medical supplies, equipment and appliances suitable for use in the home

TN# 10-66 Approval Date 2-28-11 Effective Date 1-1-11
Supersedes
TN# 10-07