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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 12-43

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approval Companion Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

November 6, 2013

Our Reference: SPA LA 12-43

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

Attn: Darlene Adams
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 12-43. The state plan amendment reduces the reimbursement rates for intermittent and extended nursing services and home health aide services in the Home Health Program by 3.7 percent.

Transmittal Number 12-43 is approved with an effective date of July 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 12-43 dated August 3, 2012 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.

Sincerely,

A solid black rectangular box redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Ms. Ruth Kennedy, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attn: Darlene Adams
Jodie Hebert

Subject: Companion Letter

Dear Ms. Kennedy:

This letter is being sent as a companion to our approval of Louisiana State Plan Amendment (SPA) 12-043, which reduces the reimbursement rates for intermittent and extended nursing services and home health aide services covered in the Home Health Program by 3.7 percent.

CMS reviewed the submitted reimbursement pages and the corresponding coverage pages for this service. In reviewing the state plan pages, CMS found some companion page issues. Please address the following issues below and if necessary revise the state plan pages accordingly to include the following information:

42 CFR 440.230(b) sets forth the requirement that each service must be sufficient in amount, duration and scope to reasonably achieve its purpose. Based on your responses to CMS's informal coverage questions, we are unable to determine that the limit of 50 visits per calendar year for home health aide and/or skilled nursing services comports with the sufficiency requirements. The state has not provided any information that demonstrates sufficiency or supports the limited scope of services.

1. As previously requested, please indicate support for this proposed scope of services through clinical literature or evidence-based practice guidelines, or describe your consultation with your provider community that resulted in assurance that this proposed scope of services has clinical merit to achieve its intended clinical purpose.

If you have any questions, please contact Ford Blunt III at ford.blunt@cms.hhs.gov or by phone at (214) 767-6381.

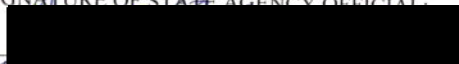
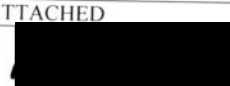
Sincerely,

A solid black rectangular box redacting the signature of the sender.

Bill Brooks
Associate Regional Administrator

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

		1. TRANSMITTAL NUMBER: 12-43	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 July 1, 2012	
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 447 Subpart B		7. FEDERAL BUDGET IMPACT: a. FFY 2012 (\$136.46) b. FFY 2013 (\$516.30)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 7, Page 1 Attachment 4.19-B, Item 7, Page 1a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (10-48)- (10-66) Same (10-07)	
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to reduce the reimbursement rates for intermittent and extended nursing services and home health aide services covered in the Home Health Program by 3.7 percent in order to avoid a budget deficit.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review state plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: J. Ruth Kennedy, Medicaid Director 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: July 25, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3 August, 2012		18. DATE APPROVED: 6 November, 2013	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2012		20. SIGN  OFFICIAL:	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: The State requests a pen and ink change to Form 179 box 9. Please change to superseded 10-66 instead of 10-48 for Attachment 4.19-B, Item 7, page 1.			

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: Louisiana
Date Received: 3 August, 2012
Date Approved: 6 November, 2012
Date Effective: 1 July, 2012
Transmittal Number: 12-43

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 July 1, 2012, the reimbursement rates for extended nursing services shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

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.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for intermittent nursing services shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

Effective on or after July 21, 2010 for nursing 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.

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.

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 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.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for home health aide services shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

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

Medicaid fee schedules are published on the Medicaid provider website at lamedicaid.com.

- A. Unless otherwise stated, the reimbursement for all durable medical equipment supplies and items is established at:
1. seventy percent (70%) of the 2000 Medicare fee schedule for all procedure codes that were listed on the 2000 Medicare fee schedule and at the same amount for the HIPPA complaint codes which replaced them: or

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