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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 14-26

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

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

July 25, 2014

Our Reference: SPA LA 14-26

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 Budgewater
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 14-26. The SPA proposes to amend the provisions governing Early and Periodic Screening and Treatment (EPSDT) personal care services in order to revise the recipient qualification to remove the criteria regarding parental/caregiver availability in the home.

Transmittal Number 14-26 is approved with an effective date of June 1, 2014 as requested. A copy of the HCFA-179, Transmittal No. 14-26 dated June 19, 2014 is enclosed along with the approved plan pages.

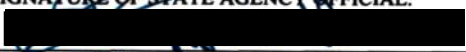

If you have any questions, please contact Ford Blunt III at ford.blunt@cms.hhs.gov or by phone at (214) 767-6381.

Sincerely,

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

Bill Brooks
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 14-26	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 June 1, 2014	
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	7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> (\$4,458.52) (\$114.40) b. FFY <u>2015</u> (\$13,561.61) (\$347.27)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A, Item 4.b. Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 07-06)	
10. SUBJECT OF AMENDMENT: The SPA proposes to amend the provisions governing Early and Periodic Screening, Diagnosis and Treatment (EPSDT) personal care services in order to revise the recipient qualifications to remove the criteria regarding parental/caregiver availability in the home.		
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: Kathy H. Kliebert		
14. TITLE: Secretary		
15. DATE SUBMITTED: June 19, 2014		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: June 19, 2014	18. DATE APPROVED: July 25, 2014	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS: The State request a pen and ink change to box 7.		

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:

- a. EPSDT Personal Care Services shall be prior authorized by the BHSF or its designee.
- b. EPSDT Personal Care Services shall be provided in the recipient's home (defined as the recipient's own dwelling such as an apartment, a custodial relative's home, a boarding home, a foster home, a substitute family home) or, if medically necessary, in another location outside of the recipient's home such as a supervised living facility; these services are provided in a school setting only to the extent they do not duplicate services that must be provided by or are provided by the Department of Education.
- c. Personal Care Services shall be authorized only when provided by a licensed Personal Care Service (PCS) agency which is duly enrolled as a Medical provider. Staff assigned to provide personal care services to a recipient shall not be a member of the recipient's immediate family. (Immediate family includes father, mother, sister/brother, spouse, child, grandparent, in-law or any individual acting as parent or guardian of the recipient.). Personal Care Services may be provided by a person of a degree of relationship to the recipient other than immediate family if the relative is not living in the recipient's home or if he/she is living in the recipient's home solely because his/her presence in the home is necessitated by the amount of care required by the recipient. EPSDT PCS shall not be authorized as a substitute for child care arrangements.

State: Louisiana
Date Received: 19 June, 2014
Date Approved: 25 July, 2014
Date Effective 1 June, 2014
Transmittal Number: 14-26