Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 16-0013

This file contains the following documents in the order listed:

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

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

January 10, 2017

Our Reference: SPA LA 16-0013

Ms. Jen Steele, State Medicaid Director Department of Health and Hospitals 628 North 4th St. Post Office Box 91030 Baton Rouge, LA 70821-9030

Attention: Darlene Budgewater

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 16-0013 dated June 7, 2016. This state plan amendment amends the provisions governing long-term care personal care services (LT-PCS) in order to terminate the Louisiana Personal Options Program (LaPOP), revise the eligibility requirements for shared LT-PCS and to clarify the provisions governing the activities of daily living.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of April 20, 2016. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at Cheryl.Rupley@cms.hhs.gov.

Sincerely,

Bill Brooks

Associate Regional Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER:	2. STATE
		000000000000000000000000000000000000000
	16-0002 16-0013	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	April 20, 2016	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	April 20, 2010	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CON		MENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN 6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	amendment)
42 CFR 440.167 & 42 CFR 447 Subpart B	a. FFY <u>2016</u>	\$0
1915(j) of the Social Security Act	b. FFY 2017	<u>\$0</u> <u>\$0</u>
		1,700,70
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 3.1-A, Item 26, Pages 1, 3, 5 and 6	Same (TN 10-53)	
Attachment 3.1-A, Item 26, Page 2	Same (TN 15-0003)	
Attachment 3.1-A, Item 26, Page 4	Same (TN 03-32)	
Attachment 4.19-B, Item 26, Page 1	Same (TN 12-23)	
Attachment 4.19-B, Item 26, Page 1a	None – New Page	
Attachment 4.19-B, Item 26, Page 1b (Remove page)	Same (TN 10-48)	
Attachment 4.19-B, Item 26, Page 4	Same (TN 03-32)	
Attachment 4.19-B, Item 28, Page 1	Same (TN 08-25) Reserved	
Supplement 2 to Attachment 3.1-A, Pages 1 through 16	Same (TN 08-25) Removed I	ntentionally left blank
Attachment 3.1-A, Item 26, Pages 5 and 6	Same (TN 10-53) Intentionally left blank	
services (LT-PCS) in order to 1) terminate the Louisian		a POP); 2) revise
the eligibility requirements for shared LT-PCS; and 3) daily living.	clarify the provisions governing	
: [1] (당신) ([3] ([5]) ([5] ([5]) ([5] ([5]) ([5] ([5]) ([5] ([5]) ([5] ([5]) ([5] ([5]) ([5] ([5]) ([5] ([5]) ([5] ([5]) ([5] ([5]) ([5] ([5]) ([5] ([5]) ([5] ([5]) ([5] ([5]) ([5] ([5]) ([5]) ([5] ([5]) ([5]) ([5] ([5]) ([5]) ([5] ([5]) ([5]) ([5] ([5]) ([5]) ([5] ([5]) ([5]) ([5]) ([5] ([5]) ([5]) ([5]) ([5] ([5]) ([5]) ([5]) ([5]) ([5] ([5]) ([5]) ([5]) ([5]) ([5] ([5]) ([5]		the activities of
daily living. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	☑ OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO:	the activities of v state plan material.
daily living. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL:	 ✓ OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Director 	the activities of v state plan material.
daily living. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME:	 ☑ OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana 	the activities of v state plan material.
daily living. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Rebekah E. Gee MD, MPH	 ✓ OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health and Health 	the activities of v state plan material.
daily living. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Rebekah E. Gee MD, MPH 14. TITLE:	 ✓ OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health and It 628 N. 4th Street 	the activities of v state plan material.
daily living. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Rebekah E. Gee MD, MPH 14. TITLE: Secretary	 ✓ OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health and It 628 N. 4th Street P.O. Box 91030 	the activities of v state plan material. or Hospitals
daily living. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Rebekah E. Gee MD, MPH 14. TITLE: Secretary 15. DATE SUBMITTED:	 ✓ OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health and It 628 N. 4th Street 	the activities of v state plan material. or Hospitals
daily living. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Rebekah E. Gee MD, MPH 14. TITLE: Secretary 15. DATE SUBMITTED: June 6, 2016	 ✓ OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health and Health and Health and Health and Health and Health and Polymer P.O. Box 91030 Baton Rouge, LA 70821-90 	the activities of v state plan material. or Hospitals
daily living. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: Rebekah E. Gee MD, MPH 14. TITLE: Secretary 15. DATE SUBMITTED: June 6, 2016 FOR REGIONAL OFFI	 ✓ OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health and Health and Health Street P.O. Box 91030 Baton Rouge, LA 70821-90 	the activities of v state plan material. or Hospitals
daily living. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Rebekah E. Gee MD, MPH 14. TITLE: Secretary 15. DATE SUBMITTED: June 6, 2016	 ✓ OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health and Health and Health and Health and Health and Health and Polymer P.O. Box 91030 Baton Rouge, LA 70821-90 	v state plan material. Or Hospitals
daily living. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Rebekah E. Gee MD, MPH 14. TITLE: Secretary 15. DATE SUBMITTED: June 6, 2016 FOR REGIONAL OFFI 17. DATE RECEIVED: 7 June 2016	OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health and H 628 N. 4 th Street P.O. Box 91030 Baton Rouge, LA 70821-90 FICE USE ONLY 18. DATE APPROVED: 10 Janual	the activities of v state plan material. or Hospitals
daily living. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: Rebekah E. Gee MD, MPH 14. TITLE: Secretary 15. DATE SUBMITTED: June 6, 2016 FOR REGIONAL OFFI 17. DATE RECEIVED:	OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health and H 628 N. 4 th Street P.O. Box 91030 Baton Rouge, LA 70821-90 FICE USE ONLY 18. DATE APPROVED: 10 Janual	v state plan material. Or Hospitals
daily living. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: Rebekah E. Gee MD, MPH 14. TITLE: Secretary 15. DATE SUBMITTED: June 6, 2016 FOR REGIONAL OFFICIAL: 7 June 2016 PLAN APPROVED – ONE 19. EFFECTIVE DATE OF APPROVED MATERIAL:	OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health and H 628 N. 4 th Street P.O. Box 91030 Baton Rouge, LA 70821-90 FICE USE ONLY 18. DATE APPROVED: 10 Janual	the activities of v state plan material. or Hospitals
daily living. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Rebekah E. Gee MD, MPH 14. TITLE: Secretary 15. DATE SUBMITTED: June 6, 2016 FOR REGIONAL OFFI 17. DATE RECEIVED: 7 June 2016	OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health and H 628 N. 4 th Street P.O. Box 91030 Baton Rouge, LA 70821-90 FICE USE ONLY 18. DATE APPROVED: 10 Janual	the activities of v state plan material. or Hospitals ary 2017
daily living. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Rebekah E. Gee MD, MPH 14. TITLE: Secretary 15. DATE SUBMITTED: June 6, 2016 FOR REGIONAL OFFI 17. DATE RECEIVED: 7 June 2016 PLAN APPROVED – ONE 19. EFFECTIVE DATE OF APPROVED MATERIAL: 20 April 2016 21. TYPED NAME:	OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health and House	the activities of v state plan material. Or Hospitals Or TICIAL:
daily living. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Rebekah E. Gee MD, MPH 14. TITLE: Secretary 15. DATE SUBMITTED: June 6, 2016 FOR REGIONAL OFFICIAL: 7 June 2016 PLAN APPROVED – ONE 19. EFFECTIVE DATE OF APPROVED MATERIAL: 20 April 2016	OTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health and Holds N. 4th Street P.O. Box 91030 Baton Rouge, LA 70821-90 TICE USE ONLY 18. DATE APPROVED: 10 Janual COPY ATTACHED 20. SIGN 22. TITLE: Associate Regional Adminst Division of Medicaid & Children's	the activities of v state plan material. Or Hospitals Or FICIAL: trator s Health

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 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 intellectual 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.

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN <u>16-0013</u> Approval Date <u>01/10/17</u> Effective Date <u>4/20/16</u>

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:

> 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.

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 once every 18 months.

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 are defined as those services that provide assistance with the distinct tasks associated with the performance of the activities of daily living (ADLs) and the instrumental activities of daily living (IADLs). Assistance may be either the actual performance of the personal care task for the individual or prompting and reminding so the individual performs the task by him/herself.

ADLs are those personal, functional activities required by the recipient. ADLs include tasks such as: eating, bathing, dressing, grooming, transferring (the manner in which an individual moves from one surface to another - excludes getting on and off the toilet and getting in and out of the tub/shower), reminding the recipient to take medication, ambulation, toileting and bed mobility.

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 tasks such 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. State: Louisiana

> Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17

Transmittal #: 16-0013 Approvar Date ____

Effective Date 4/20/16

16-0013 TNSupersedes 15-0003

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:

Emergency and nonemergency medical transportation are separate covered Medicaid services; however, providers may choose to furnish transportation for recipients during the course of providing personal care services. (Please see personal assistance services worker qualifications.)

Personal care services for eligible children are described in Attachment 3.1-A, Item 4.b. EPSDT Services.

Service Delivery

Personal care services shall 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 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 intellectual disabilities are not considered to be the recipient's home.

The provision of services outside of the recipient's home does not include trips outside of the borders of the state without approval of the Department's Office of Aging and Adult Services (OAAS) or its designee.

Recipients are not permitted to live in a home or property owned, operated, or controlled by an owner, operator, agent, or employee of a licensed provider of long-term care services, and providers are prohibited from providing and billing for services under these circumstances. Recipients may not live in the home of a direct support worker unless the direct support worker is related by blood or marriage to the recipient.

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013 Approval Date 01/10/17 Effective Date 4/20/16 Supersedes

TN 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:

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.

IADLs cannot be performed in the recipient's home when he/she is absent from the home.

There shall be no duplication of services.

Persons designated as the personal representative of an individual receiving services under Long Term-Personal Care Services (LT-PCS) may not be the paid direct service worker of the individual they are representing.

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013 01/10/17 4/20/16 Approval Date Effective Date Supersedes

03-32 TN

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:

Page Intentionally Left Blank

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013 Approval Date 01/10/17 Effective Date 4/20/16

Supersedes TN 10-53

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

Attachment 3.1-A Item 26, Page 6

STATE OF LOUISIANA

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:

Page Intentionally Left Blank

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013 Approval Date 01/10/17 Effective Date 4/20/16

Supersedes TN __10-53

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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:

Medical and Remedial Care and Services 42 CFR 447, Subpart B

Personal Care Services

Unit of Reimbursement

Reimbursement for personal care services shall be a prospective flat rate for each approved unit of service that is provided to the recipient. One quarter hour (15 minutes) is the standard unit of service for personal care services. Additional reimbursement shall not be paid for the provision of less than one quarter hour (15 minutes) of service. Additional reimbursement shall not be available for transportation furnished during the course of providing personal care services.

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 at 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 services provided on or after July 21, 2010 for personal care services rendered 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 Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Pediatric Day Health Program.

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 for dates of service on or after January 1, 2011, the reimbursement rate for long-term personal care services shall be reduced by 5.8 percent of the rate on file as of December 31, 2010.

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013 Approval Date 01/10/17 Effective Date 4/20/16

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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 dates of service on or after July 1, 2012, the reimbursement rate for long-term personal care services furnished to one participant shall be reduced by 1.5 percent of the rate on file as of June 30, 2012.

Effective April 20, 2016, the minimum hourly rate paid to personal care workers shall be at least the current federal minimum hourly rate. Should a change in the federal minimum hourly rate result in a rate that is above the minimum hourly rate paid to personal care workers, the minimum hourly rate paid to personal care workers will adjust to the federal minimum hourly rate the date that federal rate becomes effective.

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 Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013 Approval Date 01/10/17 Effective Date 4/20/16

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:

- 10. have a written policy for an informal resolution process to address recipient complaints and/or concerns regarding personal assistant services; and
- 11. have a written policy for a formal resolution process to address those situations where the informal resolution process fails to resolve the recipient's complaint.

Note: Prior Authorization is required for personal assistant services.

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013

Attachment 4.19-B Item 28, Page 1

STATE OF **LOUISIANA**

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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:

RESERVED

State: Louisiana

Date Received: 6-07-16
Date Effective 4-20-16
Date Approved: 1-10-17
Transmittal #: 16-0013

Transmittal #: 16-0013

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013

Approval Date ___1/10/17

Effective Date 4/20/16

Supersedes TN ____08-25

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013

Approval Date __1/10/.17

Effective Date 4/20/16

 $Supersedes \\ TN _ ^{08-25}$

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013 Approval Date 1/10/17 Effective Date 4/20/16 Supersedes

TN 08-25

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013

Approval Date __1/10/17

Effective Date 4/20/16

Supersedes TN 08-25

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013

Approval Date 1/10/17

Effective Date 4/20/16

Supersedes TN 08-25

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013 Approval Date 1/10/17 Effective Date 4/20/16
Supersedes

TN 08-25

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013 Approval Date 1/10/17 Effective Date 4/20/16 Supersedes

TN 08-25

OMB Approved 0938-1024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN ___16-0013

Approval Date 1/10/17

Effective Date 4/20/16

Supersedes TN __08-25

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16
Date Effective 4-20-16
Date Approved: 1-10-17
Transmittal #: 16-0013

TN 16-0013

Approval Date __1/10/17

Effective Date 4/20/16

Supersedes TN 08-25

OMB Approved 0938-1024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN ______16-0013__ Supersedes TN ______08-25__

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN <u>16-0013</u> Supersedes

TN <u>08-25</u>

Approval Date _______

Effective Date 4/20/16

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN <u>16-0013</u>

Approval Date 1/10/17

Effective Date 4/20/16

Supersedes TN 08-25

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013 Supersedes TN 08-25

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN 16-0013

Effective Date 4/20/16

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

State: Louisiana

PAGE INTENTIONALLY LEFT BLANK

State: Louisiana

Date Received: 6-07-16 Date Effective 4-20-16 Date Approved: 1-10-17 Transmittal #: 16-0013

TN <u>16-0013</u>

TN <u>08-25</u>

Approval Date ___1/10/17____

Effective Date 4/20/16

Supersedes