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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 16-0020

This file contains the following documents in the order listed:

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

December 1, 2016

Our Reference: SPA LA 16-0020

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 16-0020 dated September 30, 2016. This state plan amendment amends the provisions governing the pediatric health care program to clarify recipient criteria and reimbursement methodology.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of September 1, 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	F 1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	16-0020	Louisiana	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: 1 SOCIAL SECURITY ACT (MEDI	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	September 1, 2016		
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:	7. FEDERAL BUDGET IMPACT:		
42 CFR 447 Subpart B	a. FFY <u>2016</u>	<u>\$(466.94)</u>	
V	b. FFY <u>2017</u>	<u>\$(445.85)</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	: 9. PAGE NUMBER OF THE SUPER	SEDED PLAN	
	SECTION OR ATTACHMENT (I)		
Attachment 3.1-A, Item 4b, Page 12 – 12b	SAME (TN 14-09)		
Attachment 4.19-B, Item 4b, Page 5	SAME (TN 12-27)		
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10 SUBJECT OF AMENDMENT. The SDA proposes to war			
10. SUBJECT OF AMENDMENT: The SPA proposes to revis	se the provisions governing Pedia	tric Day Health	
Care services in order to clarify and revise the recipien	t criteria and reimbursement met	hodology.	
11 COVERNORS REVERSE (CL. 1			
11. GOVERNOR'S REVIEW (Check One): ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ 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:	16. RETURN TO:		
	Jen Steele, Medicaid Director	Č	
13. TYPED NAME	State of Louisiana		
Rebekah E. Gee MD, MPH	Department of Health		
14. TITLE:	628 N. 4 th Street		
Secretary			
15. DATE SUBMITTED:	P.O. Box 91030		
September 30, 2016	Baton Rouge, LA 70821-903	30	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18 DATE APPROVED:		
29 September, 2016	1 December, 2016		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICE	CIAL:	
1 September, 2016			
21. TYPED NAME:	22. TITLE: Associate Regional Administrator		
BILL BROOKS			
	Division of Medicaid & Children's		
		Health	
23. REMARKS:	DIVISION OF INCIDENCE CHINATONS	Health	

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 SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION 42 CFR 441.57 Section 1905 of the Act. Section 6403 of OBRA 1989 Medical and Remedial Care and Services Item 4b (Cont'd)

Pediatric Day Health Care Program

Pediatric day health care (PDHC) services are an array of services that are designed to meet the medical, social and developmental needs of children up to the age of 21 who have a complex medical condition which requires skilled nursing care and therapeutic interventions on an ongoing basis in order to:

- a. preserve and maintain health status;
- b. prevent death;
- c. treat/cure disease;
- ameliorate disabilities or other adverse health conditions; and/or
- e. prolong life.

PDHC services offer a community-based alternative to traditional longterm care services or extended nursing services for children with medically complex conditions.

These services are provided in a non-residential setting which is licensed as a PDHC facility and enrolled to participate in the Medicaid Program. These services are for the maximum reduction of physical or mental disability and restoration of the recipient to the best functioning level.

Recipient Criteria

In order to qualify for PDHC services, a Medicaid recipient must meet the following criteria. The recipient must:

be from birth up to 21 years of age;

State: Louisiana

Date Received: 29 September, 2016 Date Approved: 1 December, 2016 Date Effective: 1 September, 2016 Transmittal Number: 16-0020

TN 16-0020 Approval Date 12-1-16 Effective Date 9-1-16

Supersedes

TN ___14-0009

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 SERVICES ARE DESCRIBED AS FOLLOWS:

- 2. have a medically complex condition which involves one or more physiological or organ systems and requires skilled nursing and therapeutic interventions performed by a by a knowledgeable and experienced licensed professional registered nurse (RN) or licensed practical nurse (LPN) on an ongoing basis in order to:
 - a.. preserve and maintain health status;
 - b. prevent death;
 - c. treat/cure disease;
 - d. ameliorate disabilities or other adverse health conditions; and/or
 - e. prolong life;
- have a signed physician's order and plan of care, not to exceed 90 days, for pediatric day health care by the recipient's physician specifying the frequency and duration of services; and
- 4. be stable for outpatient medical services in a home or community-based setting.

If the medical director of the PDHC facility is also the child's prescribing physician, the Department reserves the right to review the prescription for the recommendation of the child's participation in the PDHC Program.

Re-evaluation of PDHC services must be performed, at a minimum, every 90 days. This evaluation must include a review of the recipient's current medical plan of care and provider agency documented current assessment and progress toward goals.

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TN 14-0009

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 SERVICES ARE DESCRIBED AS FOLLOWS:

A face-to-face evaluation shall be held every 90 days by the child's prescribing physician. Services shall be revised during evaluation periods to reflect accurate and appropriate provision of services for current medical status.

Physician's orders for services are required to individually meet the needs of each recipient and shall not be in excess of the recipient's needs. Physician orders prescribing or recommending PDHC services do not, in themselves, indicate services are medically necessary or indicate a necessity for a covered service. Eligibility for participation in the PDHC Program must also include meeting the medically complex provisions.

When determining the necessity for PDHC services, consideration shall be given to all of the services the recipient may be receiving, including waiver services and other community supports and services. This consideration must be reflected and documented in the recipient's treatment plan.

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TN16-0020	_ Approval Date _12-1-16	Effective Date 9-1-16
Supersedes		
TN14-0009	_	

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:

Pediatric Day Health Care Program

Effective July 21, 2010, reimbursement for PDHC services shall be a statewide fixed per diem rate which is based on the number of hours that a qualified recipient attends the PDHC facility.

- A full day of service is more than six hours, not to exceed a maximum of 12 hours per day.
- A partial day of service is six hours or less per day.

Reimbursement shall only be made for services authorized by the Medicaid Program or its approved designee.

The initial per diem rate for the Pediatric Day Health Care providers was set based on projections of the daily cost. The Department will require the PDHC providers to submit annual cost reports reflecting their actual costs and statistics related to providing care for this program. The costs would include all costs of the operation and segregate the cost into cost categories. The direct care cost category would include a breakdown of the nursing services and the different therapies. The statistics would include the daily census information as well as the encounters for each of the therapies.

These cost reports will be used by the Department to evaluate the cost effectiveness and the reasonableness of the daily rate paid to the providers. Rate adjustments may be made from time to time based on the data obtained through the cost reports or other sources.

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

The fee schedule will be available through the Louisiana Medicaid provider website, www.lamedicaid.com.

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TN 16-0020 Supersedes TN 12-0027