Department of Health and Hospitals Office of the Secretary

VIA ELECTRONIC MAIL ONLY

March 31, 2014

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan

Transmittal No. 14-09

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,

Kathy H. Kliebert

Secretary

Attachments (6)

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	14-09	Louisiana	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: 7 SOCIAL SECURITY ACT (MEDI		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE March 1, 2014		
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	Watch 1, 2014		
■ NEW STATE PLAN ■ AMENDMENT TO BE CONS	SIDEDED AS NEW DIANI MANA	ENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	ENDMENT	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	- unrenamenty	
42 CFR 441 Subpart B	a. FFY 2014 b. FFY 2015	\$(428.62) \$(752.08)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER SECTION OR ATTACHMENT (I)		
Attachment 3.1-A, Item 4b, Pages 12, 13, and 14	Same (TN 10-48)		
Attachment 3.1-A, Item 4b, Pages 12a and 12b	None (New Pages)		
10. SUBJECT OF AMENDMENT: The SPA proposes to revise requirements for the Pediatric Day Health Care (PDHC include PDHC facilities in the Facility Need Review (FN 11. GOVERNOR'S REVIEW (Check One):) program. The amendment also R) Program.		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAI		w state plan material.	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	•	
13 TYPED NAME:	J. Ruth Kennedy, Medicaid	Director	
13. I II ED NAME.	State of Louisiana		
Kathy H. Kliebert 14. TITLE:	Department of Health and Hospitals		
Secretary	628 N. 4 th Street		
15. DATE SUBMITTED:	PO Box 91030		
March 31, 2014	Baton Rouge, LA 70821-903	30	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED:		
PLAN APPROVED – ONE COPY ATTACHED			
	20. SIGNATURE OF REGIONAL OFFI	CIAL:	
21. TYPED NAME:	22. TITLE:		
23. REMARKS:			

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #:

14-09

TITLE: Pediatric Day Health Care Program

FISCAL IMPACT: Decrease

EFFECTIVE DATE: March 1, 2014

1st SFY 2nd SFY 3rd SFY

year	% inc.	fed. match	*# mos	range of mos.	dollars
2014		62.11%	4	March 1, 2014 - June 2014	(\$389,332)
2015	3.0%	62.05%	12	July 2014 - June 2015	(\$1,203,036)
2016	3.0%	62.05%	12	July 2015 - June 2016	(\$1,239,127)

^{*#}mos-Months remaining in fiscal year

Total Decr			<u>2014</u>				
SFY	2014	(\$389,332)	for	4	months	March 1, 2014 - June 2014 (\$389,332)	
SFY	2015	(\$1,203,036) (\$1,203,036)		12 12 X 3		July 2014 - June 2015 July 2014 - September 2014 = (\$300,759) (\$690,091)	
			FFP (FF	Y 2014) =	(\$690,091) X 62.11% =	ı
Total Deci	rease in	Cost FFY	<u>2015</u>				
SFY	2015	(\$1,203,036) (\$1,203,036)	for	12 12 X 9	months	July 2014 - June 2015 October 2014 - June 2015 = (\$902,277)	
SFY	2016	(\$1,239,127) (\$1,239,127)		12 12 X 3		July 2015 - September 2015 = (\$309,782)	
			FFP (F	FY 2015	i)=	(\$1,212,059) X 62.05% = (\$752,083)	

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN 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 medically fragile individuals up to the age of 21 who require continuous nursing services and other therapeutic interventions. PDHC services offer a community-based alternative to traditional long term 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:

- 1. be from birth up to 21 years of age;
- require ongoing skilled medical care or skilled nursing care by a knowledgeable and experienced licensed professional registered nurse (RN) or licensed practical nurse (LPN);
- 3. have a medically complex condition (s) which require frequent, specialized therapeutic interventions and close nursing supervision. Interventions are those medically necessary procedures provided to sustain and maintain health and life. Interventions required and performed by individuals other than the recipient's personal care giver would require the skilled care provided by professionals at PDHC centers. Examples of medically necessary interventions include, but are not limited to:
 - a. suctioning using sterile technique;
 - b. provision of care to a ventilator dependent and/or oxygen dependent recipients to maintain patent airway and adequate oxygen saturation, inclusive of physician consultation as needed;
 - c. monitoring of blood pressure and/or pulse oximetry level in order to maintain stable health condition and provide medical provisions through physician consultation;

TN#	Approval Date	Effective Date
Supersedes		
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LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

- d. maintenance and interventions for technology dependent recipients who require life-sustaining equipment; or
- e. complex medication regimen involving, and not limited to, frequent change in dose, route, and frequency of multiple medications, to maintain or improve the recipient's health status, prevent serious deterioration of health status and/or prevent medical complications that may jeopardize life, health or development;
- 4. have a medically fragile condition, defined as a medically complex condition characterized by multiple, significant medical problems that require extended care. Medically fragile individuals are medically complex and potentially dependent upon medical devices, experienced medical supervision, and/or medical interventions to sustain life;
 - a. medically complex may be considered as chronic, debilitating diseases or conditions, involving one or more physiological or organ systems, requiring skilled medical care, professional observation or medical intervention;
 - b. examples of medically fragile conditions include, but are not limited to:
 - i. severe lung disease requiring oxygen;
 - severe lung disease requiring ventilator or tracheotomy care;
 - iii. complicated heart disease;
 - iv. complicated neuromuscular disease; and
 - v. unstable central nervous system disease;
- 5. have a signed physician's order, not to exceed 120 days, for pediatric day health care by the recipient's physician specifying the frequency and duration of services; and
- 6. be stable for outpatient medical services.

TN#	Approval Date	Effective Date
Supersedes		
TN#		

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

Attachment 3.1-A Item 4b, Page 12b

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

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 120 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.

A face-to-face evaluation shall be held every four months 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 of this Section.

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.

TN#	Approval Date	Effective Date
Supersedes		
TN#		

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

Service Coverage and Limitations

The Medicaid Program will reimburse a pediatric day health care facility based on a comprehensive daily per diem for the following covered services in accordance with 42 CFR 440.130(d):

Nursing Services

Nursing services provided in accordance with 42 CFR 440.130 (d) as medically necessary services ordered by the prescribing physician and are provided by a licensed registered nurse or licensed practical nurse within the scope of the state's Nurse's Practice Act. Nursing services are available to recipients as medically indicated and must be in the recipient's Plan of Care. These services may include assessments, health related training/education for recipients and caregivers designed to assist in the restoration of the recipient to the fullest functioning capacity possible. Nursing services address the rehabilitative healthcare needs of the recipient.

Respiratory Care

Respiratory care is provided in accordance with 42 CFR 440.130 (d) as medically necessary and ordered by the prescribing physician to promote optimal cardiopulmonary function and health for recipients that are ventilator dependent or with pulmonary disorders. The goal is to restore the recipient to his/her best possible functional level. Respiratory services are intended to identify and treat acute or chronic dysfunction of the cardiopulmonary system. This service includes a comprehensive assessment, monitoring signs and symptoms, providing diagnostic and therapeutic modalities, disease management, and patient and caregiver education for the direct benefit of the recipient.

- a. Respiratory care shall be provided by a respiratory therapist licensed in the state of Louisiana; or
- b. A registered nurse with documented experience in providing respiratory care in accordance with the Louisiana State Board of Nursing; or
- c. A licensed practical nurse with documented experience in providing respiratory care in accordance with the Louisiana State Board of Nursing.

TN#	Approval Date	Effective Date	
Supersedes			
TN#			

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

continuation of services shall be reviewed and updated at least quarterly or as needed by the needs of the child.

PDHC services must be prior authorized by the Medicaid Program or its approved designee. Services provided without authorization shall not be considered for reimbursement, except in the case of retroactive Medicaid eligibility.

Provider Participation

In order to participate in the Medicaid Program, a facility must have a current, valid PDHC facility license issued by the department. Each PDHC facility site shall be separately enrolled in the Medicaid Program.

All enrolled PDHC services providers must comply with all of the licensing standards adopted for pediatric day health care facilities.

No PDHC provider shall be licensed to operate unless the Facility Need Review (FNR) Program has granted approval for the issuance of a PDHC provider license. Once the FNR Program approval is granted, a PDHC provider is eligible to be licensed by the department, subject to meeting all of the requirements for licensure.

Staffing Qualifications

Staffing for the PDHC facility will consist of:

A. Administrator

The facility administrator shall be a full time employee of the PDHC. The facility administrator shall designate in writing a person to be responsible for the facility when the administrator is absent from the facility for more than 24 hours. This person is known as the administrator's designee.

TN#	Approval Date	Effective Date
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