Department of Health and Hospitals
Office of the Secretary

April 14, 2015

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. 15-0014

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 (1)

KHK/WJR/JH

| TRANSMITTAL AND NOTICE OF APPROVAL OF | 1. TRANSMITTAL NUMBER: | 2. STATE | | | |
|--|---|---|--|--|--|
| STATE PLAN MATERIAL | 15-0014 | Louisiana | | | |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | 3. PROGRAM IDENTIFICATION: SOCIAL SECURITY ACT (MED | | | | |
| TO: REGIONAL ADMINISTRATOR | 4. PROPOSED EFFECTIVE DATE | | | | |
| HEALTH CARE FINANCING ADMINISTRATION | April 1, 2015 | | | | |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): | 71pm 1, 2013 | | | | |
| ■ NEW STATE PLAN ■ AMENDMENT TO BE CONS | UDEDED ACNEW DI AN MAN | (ENTIN (ENT | | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME | | MENDMENT | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: | 7. FEDERAL BUDGET IMPACT: | n umenumeni) | | | |
| CFR 447 Subpart B | a. FFY <u>2015</u> | \$(406.78) | | | |
| | b. FFY 2016 | \$(2,025.81) | | | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: | 9. PAGE NUMBER OF THE SUPER SECTION OR ATTACHMENT (A | | | | |
| Attachment 4.19-B, Item 26, Page1b | Same (TN 10-48) | | | | |
| 10 CUDITION OF AMENDMENT The CDA | | | | | |
| 10. SUBJECT OF AMENDMENT: The SPA proposes to amer | | | | | |
| care services (LT-PCS) in order to adopt requirements which mandate that LT-PCS providers must utilize | | | | | |
| | | مسلف مسائده مامه مامه امم | | | |
| the electronic visit verification (EVV) system designated | | ted scheduling, time | | | |
| | Solution by the department for automate ■ OTHER, AS SPECIFIED: The Governor does not review. | | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | Do the department for automate I other, as specified: The Governor does not revie 16. RETURN TO: | ew state plan material. | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 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 | Do the department for automate I other, as specified: The Governor does not revie 16. RETURN TO: J. Ruth Kennedy, Medicaid | ew state plan material. | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 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 COMMENTS OF STATE AGENCY OFFICIAL: 12. SIGNATURE OF STATE AGENCY OFFICIAL: | Do the department for automate ✓ OTHER, AS SPECIFIED: The Governor does not revie 16. RETURN TO: J. Ruth Kennedy, Medicaid State of Louisiana | w state plan material. | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 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: Kathy H. Kliebert | Department for automate I other, as specified: The Governor does not revie 16. RETURN TO: J. Ruth Kennedy, Medicaid State of Louisiana Department of Health and I | w state plan material. | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 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: Kathy H. Kliebert 14. TITLE: | Department of Health and I 628 N. 4 th Street | w state plan material. | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 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: Kathy H. Kliebert 14. TITLE: Secretary | Department for automate I other, as specified: The Governor does not revie 16. RETURN TO: J. Ruth Kennedy, Medicaid State of Louisiana Department of Health and I 628 N. 4 th Street PO Box 91030 | w state plan material. Director Hospitals | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 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: Kathy H. Kliebert 14. TITLE: Secretary 15. DATE SUBMITTED: | Department of Health and I 628 N. 4 th Street | w state plan material. Director Hospitals | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 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 NO REPLY RECEIVED WITHIN 45 DAY | Department for automate In the Governor does not review 16. RETURN TO: J. Ruth Kennedy, Medicaid State of Louisiana Department of Health and House N. 4th Street PO Box 91030 Baton Rouge, LA 70821-90 | w state plan material. Director Hospitals | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 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 NO REPLY RECEIVED: 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Kathy H. Kliebert 14. TITLE: Secretary 15. DATE SUBMITTED: April 14, 2015 FOR REGIONAL OF 17. DATE RECEIVED: | Department for automate I other, as specified: The Governor does not revie 16. RETURN TO: J. Ruth Kennedy, Medicaid State of Louisiana Department of Health and H 628 N. 4 th Street PO Box 91030 Baton Rouge, LA 70821-90 FICE USE ONLY 18. DATE APPROVED: | w state plan material. Director Hospitals | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 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 NO REPLY RECEIVED: 13. TYPED NAME: Kathy H. Kliebert | Department of Health and I 628 N. 4 th Street PO Box 91030 Baton Rouge, LA 70821-90 FICE USE ONLY E COPY ATTACHED | w state plan material. Director Hospitals | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 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 NO REPLY RECEIVED: 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Kathy H. Kliebert 14. TITLE: Secretary 15. DATE SUBMITTED: April 14, 2015 FOR REGIONAL OF 17. DATE RECEIVED: | Department for automate I other, as specified: The Governor does not revie 16. RETURN TO: J. Ruth Kennedy, Medicaid State of Louisiana Department of Health and H 628 N. 4 th Street PO Box 91030 Baton Rouge, LA 70821-90 FICE USE ONLY 18. DATE APPROVED: | w state plan material. Director Hospitals | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 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 NO REPLY RECEIVED: 13. TYPED NAME: Kathy H. Kliebert | Department of Health and I 628 N. 4 th Street PO Box 91030 Baton Rouge, LA 70821-90 FICE USE ONLY E COPY ATTACHED | w state plan material. Director Hospitals | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 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 NO REPLY RECEIVED WITHIN 45 DAY | Department of Health and In Gas N. 4th Street PO Box 91030 Baton Rouge, LA 70821-90 FICE USE ONLY 18. DATE APPROVED: E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF | w state plan material. Director Hospitals | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 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: Kathy H. Kliebert 14. TITLE: Secretary 15. DATE SUBMITTED: April 14, 2015 FOR REGIONAL OF 17. DATE RECEIVED: PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: | Department of Health and In Gas N. 4th Street PO Box 91030 Baton Rouge, LA 70821-90 FICE USE ONLY 18. DATE APPROVED: E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF | w state plan material. Director Hospitals | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 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 NO REPLY RECEIVED WITHIN 45 DAY | Department of Health and In Gas N. 4th Street PO Box 91030 Baton Rouge, LA 70821-90 FICE USE ONLY 18. DATE APPROVED: E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF | w state plan material. Director Hospitals | | | |
| the electronic visit verification (EVV) system designated and attendance tracking, and billing for LT-PCS. 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 NO REPLY RECEIVED WITHIN 45 DAY | Department of Health and In Gas N. 4th Street PO Box 91030 Baton Rouge, LA 70821-90 FICE USE ONLY 18. DATE APPROVED: E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF | w state plan material. Director Hospitals | | | |

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #: <u>15-0014</u>

TITLE: Long-Term Personal Care Services-Standards for Paricipation EVV

EFFECTIVE DATE: April 1, 2015

year

% inc.

FISCAL IMPACT
Decrease

dollars

range of mos.

| 1st SFY | 2015 | N/A | | 3 April 1, 2015 - June 30, 2015 | (\$655,561) | |
|---------|---------------------------------|--|--------------------------|---|--------------------------------|-----------|
| 2nd SFY | 2016 | | * 3-00 V 10005 | 12 July 2015 - June 2016 | (\$5,158,912) | |
| 3rd SFY | 2017 | | | 12 July 2016 - June 2017 | (\$3,094,165) | |
| | *#mos-Months rema | ining in fiscal year | | | | |
| SFY | Total Decrease in Cost FFY 2015 | 2015 (\$655,561) for (\$655,561) / | 3 months 3 X 3 months | April 1, 2015 - June 30, 2015 July 2015 - September 2015 = | (\$655,561) (\$655,561) | |
| | | FFP (I | FFY 2015)= | (\$655,561) X 62.05% = | (\$406,776 | <u>s)</u> |
| SFY | Total Decrease in Cost FFY 2015 | 2016 (\$655,561) for (\$655,561) / | 3 months 3 X 9 | April 1, 2015 - June 30, 2015 October 2015 - June 2016 = | (\$1,966,683) | |
| SFY | 2016 | (\$5,158,912) for (\$5,158,912) / | 12 months 12 X 3 | July 2015 - June 2016 July 2016 - September 2017 = | (\$1,289,728) (\$3,256,411) | |
| | | FFP (I | FFY 2016)= | (\$3,256,411) X 62.21% = | (\$2,025,813 | <u>;)</u> |

*# mos

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

ATTACHMENT 4.19-B Item 26, Page 1b

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Effective for services provided on or after July 21, 2010 for personal care 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.

Electronic Visit Verification

Effective for dates of service on or after April, 1, 2015, reimbursement shall only be made to providers of long-term personal care services with documented use of the electronic visit verification (EVV) system designated by the Department for automated scheduling, time and attendance tracking, and billing for long-term personal care services.

| TN# | Approval Date | Effective Date |
|------------|---------------|----------------|
| Supersedes | | |
| TN# | | |