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

May 2, 2018

Our Reference: SPA LA 18-0003

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

Attention: Karen Barnes

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 18-0003 dated March 27, 2018. This state plan amendment proposes to amend the provisions governing home health services in order to comply with U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) regulations regarding face to face encounters, to clarify the provisions governing home health settings, and to remove the visit limit for adult recipients in order to align services with those received by the Medicaid expansion population.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of January 20, 2018. 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

EALTH CARE FINANCING ADMINISTRATION TRANSMITTAL AND NOTICE OF APPROVAL	OF 1. TRANSMITTAL NUMBER:	2. STATE			
STATE PLAN MATERIAL		No. of the second			
STATE PLAN MATERIAL	18-0003	Louisiana			
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DAT	re .			
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 20, 2018	January 20, 2018			
5. TYPE OF PLAN MATERIAL (Check One):					
		AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN A					
5. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.70	7. FEDERAL BUDGET IMPACT a. FFY 2018				
42 CFR 440.70	b. FFY 2019	\$4,354 \$7,093			
DAGE MENORED OF MALE BY AN OPCOMON OR AREA CAR CENT					
PAGE NUMBER OF THE PLAN SECTION OR ATTACHME *Please see appendix					
Attachment 3.1-A, Item 7, Pages 1-and 2	Same (TN 10-66)	SECTION OR ATTACHMENT (If Applicable):			
Attachment 3.1-A, Item 7, Page 3 - Remove page	Same (TN 04-07)				
Attachment 3.1-A, Item 7, Pages 4 - Remove page	Same (TN 05-15)				
Attachment 3.1-A, Item 7, Page 5 - Remove page	Same (TN 05-15)				
Attachment 3.1-A, Item 7, Page 6 - Remove page	Same (TN 09-05)				
Attachment 4.19-B, Item 7, Page 6 - Remove page	Same (TN 05-15)				
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# Appendix to Form 179

# LA SPA TN 18-0003 Home Health – Encounters and Services

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, Page 3	Same (TN 12-61)
Attachment 3.1-B, Page 1	Same (TN 08-25)

State: Louisiana

Date Received: 3-27-18
Date Approved: 5-02-18
Date Effective: 1-20-18

Transmittal Number: 18-0003

### STATE OF LOUISIANA

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED HOME HEALTH SERVICES DESCRIBED AS FOLLOWS:

<u>CITATION</u> Home Health Services

42 CFR Item 7.

440.70

# **Home Health Services**

Home health services are provided in accordance with 42 CFR 440.70 and include nursing services, home health aide services, medical supplies, equipment and appliances, physical therapy, occupational therapy, speech pathology and audiology services.

Home health services are provided to a recipient on his or her physician's orders as part of a written plan of care that the physician reviews every 60 days, except as specified in 42 CFR 440.70(b)(3).

A face to face encounter, in accordance with 42 CFR 440.70(f), is required.

Medicaid recipients do not have to be homebound in order to receive home health services. In accordance with 440.70(c)(1), home health services can be provided in any non-institutional setting in which normal life activities take place.

Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place are provided in accordance with physician review and other requirements as specified in 42 CFR 440.70(b)(3).

Home health agencies must meet the Medicare conditions of participation in 42 CFR Part 484.

Services cannot be provided in a hospital, nursing facility, or ICF-MR, except as allowed at 42 CFR 470.70(c).

State: Louisiana

Date Received: 3-27-18
Date Approved: 5-02-18
Date Effective: 1-20-18

Transmittal Number: 18-0003

TN_ 18-0003	Approval Date <u>5-02-18</u>	Effective Date 1-20-18
Supersedes		
TN 10-66		

Revision:	HCFA-PM-9 August 1991	)1-4 (	Page		CACHMENT 3.1 e 3 B No.: 0938-	-A			
	State/Territor	ry:	LOUISIANA	Olvi	D No 0936-				
AM	OUNT, DURATI AND SERVICE		SCOPE OF MED DED TO THE CA			Ε			
b.	Optometrists	' services.							
	☐ Provided	l: 🗆	No limitations	□ Wi	th limitations*				
	Not provi	ided.							
c.	Chiropractors	s' services.							
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	Not provi	ided.							
d.	Other practiti	ioners' serv	rices.						
		<b>any</b> . D 3, 4, and	ed on attached slescription is provided.	-					
	☐ Not prov	rided.							
7. Ho a.	ome health service Intermittent or p registered nurse	art-time nu	rsing services pro ome health agency	vided by a home exists in the area.	health agency of	or by a			
	Provided:	⊠ No l	imitations	With limitati	ons*				
b.	b. Home health aide services provided by a home health agency.								
	Provided:	⊠ No l	imitations	With limitation	ons*				
c.	Medical supplies normal life activity		nt, and appliances ace.	suitable for use i	n any setting in	which			
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d.	Physical therapy	, occupation	nal therapy, speec	h pathology and a	udiology service	·S.			
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	ion provided on at				Date Receive Date Approve Date Effective Transmittal N	ed: 5-02-18			
TN 18-0003 Supersedes	Appro	oval Date 5	-02-18	Effective Date _	1-20-18				
TN 12-61									

# AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): <u>All Groups Listed Under C, of Attachment 2.2-A</u>

The following services are provided. \*

#### Item No.

- 1. Inpatient hospital services other than those provided in an institution for mental diseases.
- 2. a. Outpatient hospital services.
  - b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
  - c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the Plan and furnished in a FQHC.
- 3. Other laboratory and X-ray services.
- 4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
  - b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.
  - c. Family Planning services and supplies for individuals of child-bearing age.
- 5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.
  - b. Medical and surgical services furnished by dentists (in accordance with section 1905 (a)(5)(B) of the Act).
- 6. a. Podiatrists' services.
  - b. Optometrists' services.
  - d.1. CRNAs services.
  - d.2. Audiologists' services.
  - d.3. Physician Assistants' services.
  - d.4. Clinical Nurse Specialists' services.
  - d.5. Pharmacists-Medication Administration services.

#### Item No.

- 7. Home Health Services
  - a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
  - b. Home health aide services provided by a home health agency.
  - c. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place
  - d. Physical therapy, occupational therapy, speech pathology and audiology services.
- 9. Clinic services.
- 12. Prescribed drugs, dentures and prosthetic devices.
  - a. Prescribed drugs.
  - c. Prosthetic devices.
- 13. d. Rehabilitative services
- 15. Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD) services.
- 17. Nurse-midwife services.
- 18. Hospice Care
- 20. Extended services for pregnant women.
  - a. Pregnancy related and postpartum services for a 60-day period after pregnancy ends.
- 21. Certified pediatric or family nurse practitioners' services.
- 24. a. Transportation
  - d. Nursing facility services provided for patients under 21 years of age.
- 26. Personal Care Services

28. Self-Directed State: Louisiana

Date Received: 3-27-18 Date Approved: 5-02-18 Date Effective: 1-20-18

Transmittal Number: 18-0003

\*Description provided on Attachment 3.1-A

TN <u>18-0003</u> Approval Date <u>5-02-18</u> Effective Date <u>1-20-18</u>

Supersedes: TN 08-25

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