

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:

CITATION Medical and Remedial
42 CFR 447 Care and Services
Subpart B Item 26

Personal Care Services

Reimbursement Methodology

Reimbursement for personal care services is a prospective flat rate for each approved unit of service that is provided to the recipient. One quarter hour is the standard unit of service. Reimbursement shall not be authorized for the provision of less than one quarter of an hour of service. Effective March 1, 2009, personal care services cannot exceed 42 hours per week. 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 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 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.

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.

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.**

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DATE APPVD	<u>7-23-13</u>	
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ISSFA 179	<u>12-23</u>	

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TN# 10-64 **SUPERSEDES: TN- 10-64**

STATE OF LOUISIANA

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.

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DATE APPV'D <u>11-18-11</u>	
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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 IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial
42 CFR 447 Care and Services
Subpart B Item 26

II. Personal Assistant Services-Employment Support

Reimbursement Methodology

Personal assistant services are reimbursed at the same rate paid for personal care services which is a flat rate for each approved unit of service that is provided to the recipient. Reimbursement shall not be authorized for the provision of less than one quarter of an hour of service. 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 www.lamedicaid.com.

Standards for Payment

- A. In order to participate as a Personal Assistant Services provider, an agency:
1. must comply with:
 - a. state licensing regulations;
 - b. Medicaid provider enrollment requirements;
 - c. standards of care set forth by the Louisiana Board of Nursing; and
 - d. policy and procedures contained in the Personal Assistant Services Manual.
 2. must possess a current valid license for the Client Services Providers, Personal Care Attendant Services Module issued by the Department of Social Services, Bureau of Licensing

B In addition, a Medicaid enrolled agency must:

1. either demonstrate experience in successfully providing direct care services to the target population or demonstrate the ability to successfully provide direct care services to the target population;

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SUPERSEDES: TN- 03-32

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:

SUPERSEDES: NONE - NEW PAGE

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2. employ a sufficient number of personal assistant and supervisory staff to ensure adequate coverage in the event that an assistant's illness or an emergency prevents him/her from reporting for work;
3. ensure that a criminal background check and drug testing is conducted for all direct care staff prior to an offer of employment being made;
4. ensure that direct care staff is qualified to provide personal assistant services. Assure that all new staff satisfactorily completes an orientation and training program in the first 30 days of employment;
5. ensure that an employee has a current valid drivers license and automobile liability insurance if transportation is furnished. The provider agency must accept the liability for their employee transporting a recipient.
6. assure that all staff is employed in accordance with IRS and Department of Labor regulations. The subcontracting of individual personal care staff and/or supervisors is prohibited;
7. implement and maintain an internal quality assurance plan to monitor recipient satisfaction with services on an ongoing basis;
8. document and maintain recipient records in accordance with federal and state regulations governing confidentiality and licensing requirements;
9. have written policies and procedures that recognize and reflect the recipient's right to freedom of choice in the selection of a personal assistant services provider and to participate in the development of their service plan and the decision making process regarding service delivery;

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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:

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- 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.

Consumer Direction

Consumer direction is an alternative fiscal management process which allows recipients to actively participate in the hiring, training, and firing of direct care staff. For those individuals who select the consumer direction payment option, the Department of Health and Hospitals (DHH) will contract with qualified vendors to serve as fiscal agents through the RFP process. Consumer direction will be offered to recipients through a phase in approach beginning with DHH Regions 1, 2, and 9 during the first three years of implementation. The fiscal agents will contract to provide financial services/supports such as: submitting claims to the fiscal intermediary for payment; providing payroll functions for direct care staff; preparing monthly expenditure reports; processing mandatory federal and state employment deductions (i.e., taxes, social security); and providing income tax forms (W-2, W-4).

Note: Prior Authorization is required for personal assistant services.

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