



State of Louisiana
Louisiana Department of Health
Office of the Secretary

February 24, 2025

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
601 East 12th Street, Room 0300
Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan
Transmittal No. 25-0006

Dear Mr. Scott:

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. Should you have any questions or concerns regarding this matter, please contact Marjorie Jenkins at (225) 342-3881 or via email at Marjorie.Jenkins@la.gov.

Sincerely,


Michael Harrington, MBA, MA
Secretary

Attachments (3)

MH:KS:KF

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 25-0006	2. STATE LA
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 30, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447 Subpart C

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 **\$471,718**
b. FFY 2026 **\$940,248**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT


Attachment 4.19 D, Page 23

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Same (TN 23-0006)

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to extend the temporary rates for intermediate care facilities for individuals with intellectual disabilities (ICF/IID) that have a cooperative endeavor agreement with the Office for Citizens with Developmental Disabilities (OCDD) and have a high concentration of people who have intellectual/developmental disabilities, significant behavioral health needs, and high risk behavior resulting in previous interface with the judicial system, and for whom no other private ICF/IID provider is able to support.

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Michael Harrington, MBA, MA

13. TITLE
Secretary

14. DATE SUBMITTED
February 24, 2025

15. RETURN TO
**Kimberly Sullivan, J.D.
Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030**

FOR CMS USE ONLY

16. DATE RECEIVED	17. DATE APPROVED
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

LA TITLE XIX SPA

TRANSMITTAL #: 25-0006

TITLE: ICF/IID Private Temporary Reimbursement Rate

EFFECTIVE DATE: January 30, 2025

FISCAL IMPACT:
Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2025			6	January 2025 - June 2025	\$693,091
2nd SFY	2026			12	July 2025 - June 2026	\$1,386,182
3rd SFY						

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2025

\$693,091 /	12 X	6 months	January 2025 - June 2025	=	\$346,546	
			\$346,546	X	68.06%	= \$235,859
\$1,386,182 /	12 X	3 months	July 2025 - September 2025	=	\$346,546	
			\$346,546	X	68.06%	= \$235,859

FFP (FFY 2025) = \$471,718

Total increase or decrease cost FFY 2026

\$1,386,182 /	12 X	9 months	October 2025 - June 2026	=	\$1,039,637	
			\$1,039,637	X	67.83%	= \$705,186
\$1,386,182 /	12 X	3 months	July 2026 - September 2026	=	\$346,546	
			\$346,546	X	67.83%	= \$235,062

FFP (FFY 2026) = \$940,248

STATE OF LOUISIANA

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:

Temporary Reimbursement for Private Facilities

- A. Effective February 2, 2021, the Department shall establish temporary Medicaid reimbursement rates of \$352.08 per day per individual for a 15-bed private ICF/IID community home and \$327.08 for an 8-bed private ICF/IID community home that meets the following criteria. The community home:
1. shall have a fully executed cooperative endeavor agreement (CEA) with the Office for Citizens with Developmental Disabilities (OCDD) for the private operation of the facility and shall be subject to the direct care floor as outlined in the executed CEA;
 2. shall have a high concentration of people who have intellectual/developmental disabilities with significant behavioral health needs, high risk behavior, i.e. criminal-like, resulting in previous interface with the judicial system, use of restraint, and elopement. These shall be people for whom no other private ICF/IID provider is able to support, as confirmed by OCDD;
 3. incurs, or will incur, higher existing costs not currently captured in the private ICF/IID rate methodology; and
 4. shall have no more than 15-beds in one facility and 8-beds in the second facility.
- B. The temporary Medicaid reimbursement rate shall not extend beyond December 31, 2028.
- C. The temporary Medicaid reimbursement rate is all-inclusive and incorporates the following cost components:
1. direct care staffing;
 2. medical/nursing staff;
 3. medical supplies;
 4. transportation;
 5. administrative;
 6. the provider fee; and
 7. dental pass-through/add-on per diem rate