

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

December 8, 2017

Our Reference: SPA LA 17-0028

Ms. Jen Steele, State Medicaid Director
Department of Health and Hospitals
628 North 4th 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 17-0028 dated November 6, 2017. This state plan amendment proposes to amend the provisions governing leave of absence days to exclude bereavement days for close family members from the annual limit.

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,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks
Associate Regional Administrator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

17-0028

2. STATE

Louisiana

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 20, 2018

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447 Subpart F

7. FEDERAL BUDGET IMPACT:

a. FFY **2018** \$**0**
b. FFY **2019** \$**0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-C, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Same (TN 09-10)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing leave of absence days, to exclude bereavement days for close family members from the annual limit.**

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

OTHER, AS SPECIFIED:

The Governor does not review State Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Rebekah E. Gee MD, MPH

14. TITLE:

Secretary

15. DATE SUBMITTED:

November 6, 2017

16. RETURN TO:

**Jen Steele, Medicaid Director
State of Louisiana
Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

November 6, 2017

18. DATE APPROVED:

December 8, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 20, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bill Brooks

22. TITLE:

Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS FOR PAYMENT FOR RESERVING BEDS DURING A RECIPIENT'S ABSENCE FROM AN
INPATIENT FACILITY

CITATION

42 CFR 447.40

PAYMENT FOR RESERVATION OF BEDS

A temporary absence of a recipient from a facility (nursing facility or ICF/IID) shall not interrupt the monthly payment to the facility, provided the facility keeps a bed available for the recipient subject to the limitations outlined in I and II below.

The period of absence is determined by counting, as the first day of absence, the day the recipient left the facility. Only a period of 24 hours or more shall be considered an absence. Absences for 23 hours or less, on a consistent basis, could jeopardize continued medical certification for the resident.

The Louisiana Department of Health, Health Standards Section, shall determine whether hospitalization is for an acute condition or if a recipient's plan of care provides for leaves of absence.

I. Leave Days for Residents of ICF/IID Facilities

- A. For residents of ICF/IID facilities, the bed is reserved for up to seven days per hospitalization for treatment of an acute condition. Hospital leave days are reimbursed at 75 percent of the applicable ICF/IID per diem rate.
- B. The bed of a resident of an ICF/IID facility is reserved for up to 45 leave of absence days per recipient per state fiscal year, with a 30-day limit per temporary absence per recipient when permitted by the recipient's plan of care. A paid leave of absence is defined as any temporary stay outside of the facility provided for in the recipient's plan of care. The count of utilized leave days begins on July 1 of each year and runs through June 30 of the following year.

Leave days covered under the 45-day limit include visits with relative(s) or friend(s) and camp days. Leave days for the following purposes shall be excluded from the annual 45-day limit, but are still limited to 30 days per occurrence per recipient, and shall be included in the written plan of care:

- (1) Special Olympics;
- (2) Road Runners Club of America events, including but not limited to events intended to raise money to help ICF/IID recipients participate in the Special Olympics;
- (3) Louisiana planned conferences such as, but not limited to, those sponsored by the Community Residential Services Association (CRSA), a consumer driven support system that advocates choices for persons with disabilities;
- (4) Trial discharge leaves - fourteen days per occurrence;
- (5) Official state holidays; and
- (6) Two days for bereavement of close family members, as outlined below:

parent	stepparent	stepsister
child	stepchild	grandparent
spouse	mother-in-law	grandchild
brother	father-in-law	
sister	stepbrother	

State: Louisiana
Date Received: 11-06-17
Date Approved: 12-8-17
Date Effective: 1-20-18
Transmittal Number: 17-0028

TN 17-0028

Approval Date 12-8-17

Effective Date 1-20-18

Supersedes

TN 09-10