



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

**VIA ELECTRONIC MAIL ONLY**

December 6, 2019

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

RE: Louisiana Title XIX State Plan  
Transmittal No. 19-0031

Dear Mr. Brooks:

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 Karen  
Barnes at (225) 342-3881 or via email at [Karen.Barnes@la.gov](mailto:Karen.Barnes@la.gov).

Warmly,

  
\_\_\_\_\_, for  
Rebekah E. Gee MD, MPH  
Secretary

Attachments (3)

REG:JS:SSJ

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>19-0031</b>	2. STATE <b>Louisiana</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 20, 2020</b>	

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  <b>42 CFR 447 Subpart C</b>	7. FEDERAL BUDGET IMPACT a. FFY <b>2020</b> \$ <b>3,119,444</b> b. FFY <b>2021</b> \$ <b>0</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-D, Page 20</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (TN 05-33)</b>
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10. SUBJECT OF AMENDMENT **The purpose of this SPA is to adopt provisions governing reimbursement to non-state intermediate care facilities for individuals with intellectual disabilities to allow one-time, lump sum payments from the dedicated program funding pool.**

11. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT      OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED     The Governor does not review State Plan material.  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO <b>Jen Steele, Medicaid Director</b> <b>State of Louisiana</b> <b>Department of Health</b> <b>628 North 4<sup>th</sup> Street</b> <b>P.O. Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>
13. TYPED NAME <b>Cindy Rives, designee for Rebekah E. Gee MD, MPH</b>	
14. TITLE <b>Secretary</b>	
15. DATE SUBMITTED <b>December 6, 2019</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME	22. TITLE

23. REMARKS

LA TITLE XIX SPA

TRANSMITTAL #: 19-0031

TITLE: ICF-IID Dedicated Program Funding Pool Payments

EFFECTIVE DATE: January 20, 2020

FISCAL IMPACT:

Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2020			0.00%	6 January 2020 - June 2020	\$4,665,635
2nd SFY	2021			0.00%	12 July 2020- June 2021	\$0
3rd SFY	2022			0.00%	12 July 2021 - June 2022	\$0

\*#mos-Months remaining in fiscal year

**Total Increase Cost FFY 2020**  
 SFY 2020 \$4,665,635 for 6 months January 2020 - June 2020 \$4,665,635

SFY 2021 \$0 for 12 months July 2020- June 2021  
 \$0 / 12 X 3 July 2020 - September 2020 = \$0  
\$4,665,635

FFP (FFY 2020 ) = \$4,665,635 X 66.86% = \$3,119,444

**Total Increase Cost FFY 2021**  
 SFY 2021 \$0 for 12 months July 2020- June 2021  
 \$0 / 12 X 9 October 2020 - June 2021 = \$0

SFY 2022 \$0 for 12 months July 2021 - June 2022  
 \$0 / 12 X 3 July 2021 - September 2021 = \$0  
\$0

FFP (FFY 2021 ) = \$0 X 67.51% = \$0

STATE OF LOUISIANA

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10. Non-State Facilities Dedicated Program Funding Pool Payments

Effective for providers licensed and operating Medicaid certified as of September 1, 2019; a one-time lump sum payment will be made to intermediate care facilities for individuals with intellectual disabilities (ICFs/IID).

Methodology

- A. Payment will be based on each provider's specific pro-rated share of an additional dedicated program funding pool not to exceed \$4,665,635.
- B. The pro-rated share for each provider will be determined utilizing the provider's percentage of total annualized program Medicaid days. Annualized program Medicaid days will be calculated utilizing the most recently desk reviewed or audited cost reports as of July 1, 2019.
- C. The additional dedicated program funding pool lump sum payments shall not exceed the Medicare upper payment limit in the aggregate for the provider class.
- D. The one-time payment will be made on or before June 30, 2020.

11. RESERVED

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TN \_\_\_\_\_  
Supersedes  
TN \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_