



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

**VIA ELECTRONIC MAIL ONLY**

December 30, 2020

Mr. 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. 20-0020

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

Sincerely,

A handwritten signature in black ink, appearing to read "Dr. Courtney N. Phillips", written over a horizontal line.

Dr. Courtney N. Phillips

Attachments (3)

CNP: TAL: UN

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>20-0020</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>March 11, 2020</b>	

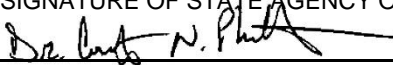
5. TYPE OF PLAN MATERIAL (Check One)  
 NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

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>2021</b> <b>\$322,725</b> b. FFY <b>2022</b> <b>\$0</b>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-C, Page 1a</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same (TN 13-32)</b>

10. SUBJECT OF AMENDMENT **The purpose of this SPA is to amend the provisions governing leave of absence days during a federal public health emergency declared by the Secretary of Health and Human Services (HHS).**

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>Tara A. Leblanc, Interim Medicaid Executive Director State of Louisiana Department of Health 628 North 4<sup>th</sup> Street P.O. Box 91030 Baton Rouge, LA 70821-9030</b>
13. TYPED NAME <b>Dr. Courtney N. Phillips</b>	
14. TITLE <b>Secretary</b>	
15. DATE SUBMITTED <b>December 30, 2020</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME	22. TITLE

23. REMARKS

LA TITLE XIX SPA

TRANSMITTAL #: 20-0020

TITLE: ICF/IID Leave of Absence Days

EFFECTIVE DATE: March 11, 2020

FISCAL IMPACT:

Increase

	year	% inc.	fed. match		*# mos	range of mos.	dollars
1st SFY	2020			0.00%	3.7	March 11, 2020 - June 30, 2020	\$482,688
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 \$482,688 for 3.7 months March 11, 2020 - June 30, 2020 \$482,688

SFY 2021 \$0 for 12 months July 2020- June 2021  
 \$0 / 12 X 3 July 2020 - September 2020 = \$0  
\$482,688

FFP (FFY 2020 ) = \$482,688 X 66.86% = \$322,725

**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

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

- C. Effective for dates of service on or after February 20, 2009, the reimbursement to non-state ICF/IID for leave of absence days is 75 percent of the applicable per diem rate on file as of February 19, 2009.
  - D. Effective for dates of service on or after March 11, 2020, any leave of absence during a declared federal public health emergency by the Department of Health and Human Services (HHS) will be excluded from both the annual 45-day limit and the 30-consecutive day limit, as long as the leave of absence is included in the written habilitation plan.
- I. Leave Days for Residents of Nursing Facilities
- A. For each Medicaid recipient, nursing facilities shall be reimbursed for up to seven hospital leave of absence days per occurrence per year, and 15 home leave of absence days per year when permitted by the recipient's plan of care. These days are recomputed annually beginning on January 1 of each year.
  - B. The reimbursement for hospital leave of absence days is 75 percent of the applicable per diem rate.
  - C. Nursing facilities with occupancy rates under 90 percent. Effective for dates of service on or after February 20, 2009, reimbursement for hospital and home leave of absence days will be reduced to 10 percent of the applicable per diem rate in addition to the nursing facility provider fee.
  - D. Nursing facilities with occupancy rates equal to 90 percent or greater.
    - 1. Effective for dates of service on or after February 20, 2009, the reimbursement paid for home leave of absence days will be reduced to 90 percent of the applicable per diem rate, which includes the nursing facility provider fee.
    - 2. Effective for dates of service on or after March 1, 2009, the reimbursement for hospital leave of absence days shall be 90 percent of the applicable per diem rate, which includes the nursing facility provider fee.
    - 3. Effective for dates of service on or after July 1, 2013, the reimbursement paid for leave of absence days shall be 10 percent of the applicable per diem rate in addition to the provider fee amount. The provider fee amount shall be excluded from the calculations when determining the leave of absence days payment amount.
  - E. Occupancy percentages will be determined from the average annual occupancy rate as reflected in the Louisiana Inventory of Nursing Home Bed Utilization Report published from the period six months prior to the beginning of the current rate quarter. Occupancy percentages will be updated quarterly when new rates are loaded and shall be in effect for the entire quarter.