

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

August 17, 2021

Mr. Michael Boutte, Interim Medicaid Director
State of Louisiana
Department of Health
628 N 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

RE: TN LA 21-0011

Dear Mr. Boutte:

We have completed our review of the proposed amendment under transmittal number (TN) 21-0011. This plan amendment has a requested effective date of May 20, 2021, and was submitted in order to amend the provisions governing the long-term personal care services to reflect current practices in order to: (1) clarify that instrumental activity of daily living can be provided outside of the participant's home if approved; (2) remove language in regards to what relatives can be the direct service workers (DSWs); (3) remove the language that service logs must document place of service; (4) clarify the statement regarding DSWs being paid at least the current federal or state minimum hourly rate.

Before we can continue processing this amendment, we need additional or clarifying information.

Reimbursement Comments/Questions

Proposed language:

‘The minimum hourly rate paid to personal care workers shall be at least the current federal or state minimum hourly rate.’

1. Can the State include the minimum hourly rates for federal and state?
or
2. This language is in the current plan page. Can Louisiana add it back to the proposed Attachment 4.19-B plan page?

Effective April 20, 2016, the minimum hourly rate paid to personal care workers shall be at least the current federal minimum hourly rate. Should a change in the federal minimum hourly rate result in a rate that is above the minimum hourly rate paid to personal care workers, the minimum hourly rate paid to personal care workers will adjust to the federal minimum hourly rate the date that federal rate becomes effective.

We are requesting this additional/clarifying information under provisions of section 1915(f) of the Social Security Act (added by PL 97-35). This has the effect of stopping the 90-day clock for CMS to act on the material, which would have expired on August 18, 2021. A new 90-day clock will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA or waiver action. In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

We ask that you respond to this RAI via the Dallas SPA/Waiver e-mail address at SPA_Waivers_Dallas_R06@cms.hhs.gov.

If you have any questions regarding this matter, you may contact Tobias Griffin at (214) 767-4425, or by email at tobias.griffin@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Billy Bob Farrell, Branch Manager
Karen Barnes, LA Department of Health