

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

December 15, 2021

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

Re: State Plan Amendment (SPA) TN 21-0021 Request for additional Information

Dear Mr. Gillies:

We have completed our review of the proposed amendment under transmittal number (TN) 21-0021. This plan amendment has a requested effective date of August 20, 2021 and was submitted in order to amend the provisions governing the targeted case management program in order to repeal the agency caseload limitations regarding the maximum number of beneficiaries that any one agency may serve in a region and to update language to reflect current practices.

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

Section 9817 of the American Rescue Plan Act Comments/Questions

- In accordance with Section 9817 of the American Rescue Plan Act, states must preserve covered HCBS, including the services themselves and the amount duration, and scope of those services, in effect as of April 1, 2021. On Supplement 1 to Attachment 3.1-A Page 1 B, the state proposes to remove the requirement that individuals in the target group have a documented established medical condition determined by a licensed medical doctor. Additionally, the state is proposing to add a requirement that individuals have an established medical condition associated with a high probability of resulting in a development delay in accordance with part C of the Individuals with Disabilities Education Act, Sec.635 (a) (1) [20 USC 1435 (a) (1)] and as further defined in Title 34 of the Code of Federal Regulations, Part 303, Section 21 (infant or toddler with a disability). The current target group, individuals with a documented established medical condition determined by a licensed medical doctor, would allow a large pool of individuals who can access the services, while requiring individuals to have a medical condition associated with a high

probability of resulting in a developmental delay in accordance with part C of individuals with Disabilities Education Act, and further defined in Title 34 of the Code of Federal Regulations would narrow the pool of individuals who can access services. Would individuals with a documented established medical condition as determined by a licensed medical doctor still be eligible for the TCM services or would individuals need to meet a stricter requirement? Please clarify.

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 December 19, 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,



Digitally signed by James G.
Scott -S
Date: 2021.12.15 10:32:48
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James G. Scott, Director
Division of Program Operations

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