



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

September 1, 2022

James G. Scott, Director  
Division of Program Operations  
Medicaid & CHIP Operations Group  
601 East 12<sup>th</sup> Street, Room 0300  
Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan  
Transmittal No. 22-0016

Dear Mr. Scott:

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.

Sincerely,

A handwritten signature in cursive script, appearing to read "Courtney Phillips".

\_\_\_\_\_, for  
Dr. Courtney N. Phillips  
Secretary

Attachments (2)


CNP:TAL:SSJ

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>22-0016</b>	2. STATE <b>LA</b>
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>September 20, 2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 447, Subpart F</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-D, Pages 21-22</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (18-0011)</b>	

9. SUBJECT OF AMENDMENT  
**The purpose of this SPA is to amend the provisions governing reimbursement to private non-state intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) in order to revise and streamline the process by which ICFs/IID can request add-on rates for medically qualified beneficiaries receiving above routine care and whose staffing levels exceed the required minimum.**

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.
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11. SIGNATURE OF STATE AGENCY OFFICIAL  	15. RETURN TO  <b>Tara A. LeBlanc, Medicaid Executive Director Louisiana Department of Health 628 North 4<sup>th</sup> Street P.O. Box 91030 Baton Rouge, LA 70821-9030</b>
12. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>	
13. TITLE <b>Secretary</b>	
14. DATE SUBMITTED <b>September 1, 2022</b>	

FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE OF LOUISIANA

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

12. Complex Care Reimbursements

A. Private (non-state) owned intermediate care facilities for individuals with intellectual disabilities (ICFs-IID) may receive an add-on payment to the per diem rate for providing complex care to Medicaid beneficiaries when medically necessary. The add-on payment shall be a flat fee daily amount and consists of payment for one of the following components alone or in combination:

1. equipment add-on;
2. direct service worker (DSW) add-on; and
3. skilled nursing add-on.

B. To qualify, beneficiaries must meet medical necessity criteria established by the Medicaid program. Supporting medical documentation must also be submitted as specified by the Medicaid program. The duration of approval of the add-on payment(s) is at the sole discretion of the Medicaid program and shall not exceed one year.

Medical necessity of the add-on payment(s) shall be reviewed and re-determined by the Medicaid program no less than annually from the date of initial approval of each add-on payment. This review shall be performed in the same manner and using the same medical necessity criteria as the initial review.

C. Each add-on payment requires documentation that the enhanced supports are already being provided to the beneficiary, as specified by the Medicaid program.

D. One of the following admission requirements must be met in order to qualify for the add-on payment:

1. The beneficiary has been admitted to the facility for more than 30 days with supporting documentation of medical necessity; or
2. The beneficiary is transitioning from another similar agency with supporting documentation of medical necessity.

E. The following additional requirements apply:

1. Beneficiaries receiving enhanced rates must be included in annual surveys to ensure continuation of supports and review of individual outcomes.
2. Fiscal analysis and reporting is required annually.

STATE OF LOUISIANA

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

- F. The Medicaid program requires compliance with all applicable laws, rules, and regulations as a condition of an ICF/IID qualifying for any complex care add-on payment(s), and may evaluate such compliance in its initial and annual qualifying reviews.