



State of Louisiana
Louisiana Department of Health
Office of the Secretary

August 15, 2022

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

RE: Louisiana Title XIX State Plan
Transmittal No. 22-0018

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 "Ruth Johnson".

_____, for
Dr. Courtney N. Phillips
Secretary

Attachments (3)

CNP:TAL:LT

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 22-0018	2. STATE LA
		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 July 15, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.40		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>1,747,891</u> b. FFY <u>2024</u> \$ <u>1,391,039</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-C Page 1 Attachment 4.19-C, Page 1.a		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (17-0028) Same (20-0020)	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing reimbursement to non-state intermediate care facilities for individuals with intellectual disabilities (ICF-IID) for resident leave of absence days.			
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.	
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Tara A. LeBlanc, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips			
13. TITLE Secretary			
14. DATE SUBMITTED August 15, 2022			
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			

LA TITLE XIX SPA

TRANSMITTAL #: 22-0018

TITLE: Intermediate Care Facilities for Individuals with Intellectual Disabilities Reimbursement Methodology

EFFECTIVE DATE: July 15, 2022

FISCAL IMPACT:

Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2023			11.5	July 15, 2022 - June 2023	\$2,078,349
2nd SFY	2024			12	July 2023- June 2024	\$2,078,349
3rd SFY	2025			12	July 2024 - June 2025	\$2,078,349

Total increase or decrease cost FFY 2023

SFY 2023 \$2,078,349 for 11.5 months July 15, 2022 - June 2023 \$2,078,349

SFY 2024 \$2,078,349 for 12 months July 2023- June 2024
 \$2,078,349 / 12 X 3 = July 2023 - September 2023 = \$519,587
\$2,597,936

FFP (FFY 2023) = \$2,597,936 X 67.28% = \$1,747,891

Total increase or decrease cost FFY 2024

SFY 2024 \$2,078,349 for 12 months July 2023- June 2024
 \$2,078,349 / 12 X 9 = October 2023 - June 2024 = \$1,558,762

SFY 2025 \$2,078,349 for 12 months July 2024 - June 2025
 \$2,078,349 / 12 X 3 = July 2024 - September 2024 = \$519,587
\$2,078,349

FFP (FFY 2024) = \$2,078,349 X 66.93% = \$1,391,039

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

CITATION

42 CFR 447.40

PAYMENT FOR RESERVATION OF BEDS

A temporary absence of a beneficiary from a facility (nursing facility or ICF/IID) shall not interrupt the monthly payment to the facility, provided the facility keeps a bed available for the beneficiary subject to the limitations outlined in I and II below.

The period of absence is determined by counting, as the first day of absence, the day the beneficiary left the facility. Only a period of 24 hours or more shall be considered an absence. Absences for 23 hours or less, on a consistent basis, could jeopardize continued medical certification for the resident.

The Louisiana Department of Health, Health Standards Section, shall determine whether hospitalization is for an acute condition or if a beneficiary's plan of care provides for leaves of absence.

I. Leave Days for Residents of ICF/IID Facilities

- A. For residents of ICF/IID facilities, the bed is reserved for up to seven days per hospitalization for treatment of an acute condition. Hospital leave days are reimbursed at 85 percent of the current applicable ICF/IID per diem rate.
- B. The bed of a resident of an ICF/IID facility is reserved for up to 45 leave of absence days per beneficiary per state fiscal year, with a 30-day limit per temporary absence per beneficiary when permitted by the beneficiary's plan of care. A paid leave of absence is defined as any temporary stay outside of the facility provided for in the beneficiary's plan of care. The count of utilized leave days begins on July 1 of each year and runs through June 30 of the following year.

Leave days covered under the 45-day limit include visits with relative(s) or friend(s) and camp days. Leave days for the following purposes shall be excluded from the annual 45-day limit, but are still limited to 30 days per occurrence per beneficiary, and shall be included in the written plan of care:

- (1) Special Olympics;
- (2) Road Runners Club of America events, including but not limited to events intended to raise money to help ICF/IID beneficiaries participate in the Special Olympics;
- (3) Louisiana planned conferences such as, but not limited to, those sponsored by the Community Residential Services Association (CRSA), a consumer driven support system that advocates choices for persons with disabilities;
- (4) Trial discharge leaves - fourteen days per occurrence;
- (5) Official state holidays; and
- (6) Two days for bereavement of close family members, as outlined below:

parent	stepparent	stepsister
child	stepchild	grandparent
spouse	mother-in-law	grandchild
brother	father-in-law	
sister	stepbrother	

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 July 15, 2022 the reimbursement to non-state ICF/IID for leave of absence days is 85 percent of the current applicable per diem rate.
- 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.

II. Leave Days for Residents of Nursing Facilities

- A. For each Medicaid beneficiary, 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 beneficiary'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.