



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

August 10, 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. 22-0029

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 N. Phillips".

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

Attachments (3)

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>22-0029</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>August 3, 2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 447 Subpart C</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>18,821,027</u> b. FFY <u>2024</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-D, Page 20</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (19-0031)</b>	


9. SUBJECT OF AMENDMENT  
**The purpose of this SPA is to amend the provisions governing intermediate care facilities for individuals with intellectual disabilities (ICFs-IID) in order to allow a one-time lump sum payment from the dedicated funding pool.**

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

The Governor does not review State Plan material.

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>August 10, 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

LA TITLE XIX SPA

TRANSMITTAL #: 22-0029

TITLE: ICF-IID Dedicated Pool Payments

EFFECTIVE DATE: August 3, 2022

FISCAL IMPACT:

Increase

	year	% inc.	fed. match		*# mos	range of mos.	dollars
1st SFY	2023			0.00%	10.94	August 3, 2022 - June 2023	\$27,974,178
2nd SFY	2024			0.00%	12	July 2023- June 2024	\$0
3rd SFY	2025			0.00%	12	July 2024 - June 2025	\$0

\*#mos-months remaining in fiscal year

**Total increase or decrease cost FFY 2023**

SFY 2023 \$27,974,178 for 10.94 months August 3, 2022 - June 2023 \$27,974,178

SFY 2024 \$0 for 12 months July 2023- June 2024  
 \$0 / 12 X 3 July 2023 - September 2023 = \$0  
\$27,974,178

FFP (FFY 2023 ) = \$27,974,178 X 67.28% = \$18,821,027

**Total increase or decrease cost FFY 2024**

SFY 2024 \$0 for 12 months July 2023- June 2024  
 \$0 / 12 X 9 October 2023 - June 2024 = \$0

SFY 2025 \$0 for 12 months July 2024 - June 2025  
 \$0 / 12 X 3 July 2024 - September 2024 = \$0  
\$0

FFP (FFY 2024 ) = \$0 X 66.93% = \$0

STATE OF LOUISIANA

---

**10. Private Facilities Dedicated Program Funding Pool Payments**

Effective for providers licensed and operating Medicaid certified as of September 1, 2019; a one-time lump sum payment will be made to intermediate care facilities for individuals with intellectual disabilities (ICFs/IID).

Methodology

- A. Payment will be based on each provider's specific pro-rated share of an additional dedicated program funding pool not to exceed \$4,665,635.
- B. The pro-rated share for each provider will be determined utilizing the provider's percentage of total annualized program Medicaid days. Annualized program Medicaid days will be calculated utilizing the most recently desk reviewed or audited cost reports as of July 1, 2019.
- C. The additional dedicated program funding pool lump sum payments shall not exceed the Medicare upper payment limit in the aggregate for the provider class.
- D. The one-time payment will be made for the fiscal year ending June 30, 2020.

A one-time lump sum payment will be made to ICF/IID providers licensed and operating as of August 3, 2022.

Methodology

- A. Payment will be based on each provider's specific pro-rated share of an additional dedicated program funding pool totaling \$27,974,178.
- B. The pro-rated share for each provider will be determined utilizing the provider's percentage of program Medicaid days for dates of service in a three consecutive month period selected by the Department occurring between January 1, 2022 and December 31, 2022.
- C. If the additional dedicated program funding pool lump sum payments exceed the Medicare upper payment limit in the aggregate for the provider class, the Department shall recoup the overage using the same means of distribution stated above.
- D. The one-time payment will be made on or before June 30, 2023.
- E. All facilities receiving payment shall be open and operating as an ICF/IID at the time the payment is made.

11. RESERVED