

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) LA: 22-0032**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

September 28, 2022

Tara LeBlanc  
Medicaid Executive Director  
Louisiana Medicaid Program  
Louisiana Department of Health  
Bureau of Health Services  
Financing 628 North Fourth Street  
Post Office Box 91030  
Baton Rouge, Louisiana 70821-9030

RE: Louisiana TN 22-0032

Dear Tara LeBlanc:

We have reviewed the proposed Louisiana State Plan Amendment (SPA) to Attachment 4.19-B pages under LA- 22-0032, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 16, 2022. The purpose of this SPA is to amend the provisions governing the EPSDT Pediatric Day Health Care program in order to increase the reimbursement rate.

Based upon the information provided by the State, we have approved the amendment with an effective date of August 10, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at (945) 35-1231 or/and via email at: [Monica.Neiman@cms.hhs.gov](mailto:Monica.Neiman@cms.hhs.gov).

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review


<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>	1. TRANSMITTAL NUMBER <b>22-0032</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 <del>July 1, 2022</del> <b>August 10, 2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 441 Subpart B</b> <b>42 CFR 441.56</b> <b>1905(r) of the Social Security Act</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <del>2023</del> <b>22</b> <del>\$4,444,222</del> <b>\$481,958</b> b. FFY <del>2024</del> <b>23</b> <del>\$3,648,421</del> <b>\$3,621,261</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B, Item 4.b. Page 5</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (TN 16-0020)</b>	

9. SUBJECT OF AMENDMENT **The purpose of this SPA is to amend the provisions governing the EPSDT Pediatric Day Health Care program in order to increase the reimbursement rate.**


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</b> <b>Louisiana Department of Health</b> <b>628 North 4<sup>th</sup> Street</b> <b>P.O. Box 91030</b> <b>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 16, 2022</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED August 16, 2022	17. DATE APPROVED <b>September 28, 2022</b>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL August 10, 2022	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director Division Reimbursement Review

22. REMARKS **The State requests a pen and ink change to boxes 4 and 5.**  
**September 21, 2022 - The State requests a pen and ink change to box 6.**

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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:

**Pediatric Day Health Care Program**

Reimbursement for pediatric day health care (PDHC) services shall be a statewide fixed per diem rate which is based on the number of hours that a qualified beneficiary attends the PDHC facility.

1. A full day of service is more than six hours, not to exceed a maximum of 12 hours per day.
2. A partial day of service is six hours or less per day.

Reimbursement shall only be made for services authorized by the Medicaid program or its approved designee.

Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and private providers of PDHC services. The agency's fee schedule rate was set as of August 10, 2022, and is effective for services provided on or after that date. All rates are published on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com).