



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

August 16, 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. 22-0032

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".

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FOR: Dr. Courtney N. Phillips  
Secretary

Attachments (3)

CNP:TAL:MJ


<p align="center"><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL 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 <b>July 1, 2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 441 Subpart B</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> <u>\$4,444,222</u> b. FFY <u>2024</u> <u>\$3,648,421</u>	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 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 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 16, 2022</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED	17. DATE APPROVED
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
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 #: 22-0032  
 TITLE: EPSDT PDHC Rate Increase  
 EFFECTIVE DATE: July 1, 2022

**FISCAL IMPACT:**  
Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2023		0.00%	12	July 2022 - June 2023	\$5,252,932
2nd SFY	2024		0.00%	12	July 2023- June 2024	\$5,410,520
3rd SFY	2025		0.00%	12	July 2024 - June 2025	\$5,572,836

**Total increase or decrease cost FFY 2023**

SFY 2023 \$5,252,932 for 12 months July 2022 - June 2023 \$5,252,932

SFY 2024 \$5,410,520 for 12 months July 2023- June 2024  
 \$5,410,520 / 12 X 3 July 2023 - September 2023 = \$1,352,630  
\$6,605,562

**FFP (FFY 2023 ) = \$6,605,562 X 67.28% = \$4,444,222**

**Total increase or decrease cost FFY 2024**

SFY 2024 \$5,410,520 for 12 months July 2023- June 2024  
 \$5,410,520 / 12 X 9 October 2023 - June 2024 = \$4,057,890

SFY 2025 \$5,572,836 for 12 months July 2024 - June 2025  
 \$5,572,836 / 12 X 3 July 2024 - September 2024 = \$1,393,209  
\$5,451,099

**FFP (FFY 2024 )= \$5,451,099 X 66.93% = \$3,648,421**

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. All rates are published on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com).