



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

April 27, 2023

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. 23-0018

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](mailto:Karen.Barnes@la.gov).

Sincerely,

 \_\_\_\_\_, for  
Stephen R. Russo, Jr.  
Executive Counsel  
Director of Legal Audit and Regulatory Compliance

Attachments (2)


CNP:TAL:UN

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>23-0018</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 SERVIC DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>May 12, 2023</b>	
5. FEDERAL STATUTE/REGULATION CITATION  <b>Title XIX of the Social Security Act</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> <b>\$ 0</b> b. FFY <u>2024</u> <b>\$ 0</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Section 7 – General Provisions</b> <b>7.4.B Page 1 Temporary Extension to the Disaster Relief Policies for COVID-19 National Emergency</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
9. SUBJECT OF AMENDMENT			

**The purpose of this SPA is to extend certain COVID-19 disaster relief provisions governing long-term personal care services currently authorized under disaster relief SPA LA TN 20-0004.**

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</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>Pam Diez, designee for Stephen R. Russo, JD</b>	
13. TITLE <b>Executive Counsel</b> <b>Director of Legal Audit and Regulatory Compliance</b>	
14. DATE SUBMITTED <b>April 27, 2023</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	

**7.4. B Temporary Extension to the Disaster Relief Policies for COVID-19 National Emergency**

*Effective May 12, 2023 until September 30, 2023, the agency temporarily extends the following elections(s) of Section 7.4 approved on April 20, 2020 in disaster relief SPA LA TN 20-0004 of the State Plan:*

**Benefits**

X The agency makes the following adjustments to benefits currently covered in the State plan:

*The State respectfully requests to extend the following provisions:*

- 1. Allow exceptions to the requirements that services must be provided in accordance with the approved plan of care and supporting documentation, to authorize hours up to 32 hours per week, if needed;*
- 2. Allow the following persons to serve as the direct service worker for the recipient: the recipient's curator; the recipient's tutor; the recipient's responsible representative; or the person to whom the recipient has given Representative and Mandate authority (Power of Attorney) unless they are legally responsible relatives;*
- 3. Allow LT-PCS to be provided in another state without prior approval of the Office of Aging and Adult Services (OAAS) or its designee;*
- 4. Allow recipients to receive LT-PCS while living in a home or property owned, operated or controlled by a provider of services who is not related by blood or marriage to the recipient;*
- 5. Allow the State to increase the maximum number of LT-PCS hours received per week; and*
- 6. Allow exceptions to the prior authorization requirements.*