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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 23-0018

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



June 30, 2023

Mrs. Tara LeBlanc
Medicaid Executive Director
State of Louisiana
Department of Health
628 N 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) TN 23-0018

Dear Mrs. LeBlanc:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0018. This amendment proposes to temporarily extend certain COVID-19 disaster relief provisions governing long-term personal care services originally approved in Disaster Relief SPA TN 20-0004.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Louisiana Medicaid SPA Transmittal Number 23-0018 is approved effective May 12, 2023.

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at Tobias.Griffin@cms.hhs.gov.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.06.30
08:08:51 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 23-0018	2. STATE LA
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
May 12, 2023

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY <u>2023</u>	\$ <u>0</u>
b. FFY <u>2024</u>	\$ <u>0</u>

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
**Section 7 – General Provisions
7.4.B Page 1 Temporary Extension to the Disaster Relief Policies for COVID-19 National Emergency**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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 checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL
Pam Diez

12. TYPED NAME
Pam Diez, designee for Stephen R. Russo, JD

13. TITLE
**Executive Counsel
Director of Legal Audit and Regulatory Compliance**

14. DATE SUBMITTED
April 27, 2023

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**

FOR CMS USE ONLY

16. DATE RECEIVED
April 27, 2023

17. DATE APPROVED
June 30, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 12, 2023

19. SIGNATURE OF APPROVING OFFICIAL
Alissa M. Deboy -S
Digitally signed by Alissa M. Deboy -S
Date: 2023.06.30 08:09:17 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL
Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL
**On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services**

22. REMARKS

The State requests a pen and ink change to box 7 on 06/28/23.

7.4. C Temporary Policies in Effect Following the 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 with modifications:

Benefits

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

Effective May 12, 2023, until September 30, 2023, the agency temporarily implements the following changes to the State Plan:

- 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. LT-PCS may be provided in another state without prior approval of the Office of Aging and Adult Services (OAAS) or its designee;*
- 4. A recipient may 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. The State may increase the maximum number of LT-PCS hours received per week; and*
- 6. The State may allow exceptions to the prior authorization requirements.*

The agency assures that newly added benefits or adjustments to benefits, comply with all applicable statutory requirements, including the state-wideness requirements and free choice of provider requirements.

The State assures adherence to all Alternative Benefit Plans (ABP) provisions in 42 CFR Part 440, Subpart C. Newly added and/or adjusted benefits will be made available to individuals receiving services under the ABP.