

Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: LA 23-0021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

July 14, 2023
Tara A. LeBlanc, Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

RE: Louisiana State Plan Amendment (SPA) 23-0021

Dear Director LeBlanc:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid state plan submitted under transmittal number (TN) 23-0021. Effective for services on or after May 12, 2023, this SPA is to amend the provisions governing the reimbursement methodology for ICFs/IID in order to allow for a \$12 direct care add-on to private (non-state) owned ICFs/IID for increased cost related to retaining and hiring direct care staff.

We conducted our review of your submittal according to the statutory requirements at Sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act. We hereby inform you that Medicaid State plan amendment 23-0021 is approved effective May 12, 2023. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,

A handwritten signature in cursive script that reads "Rory Howe".

Rory Howe
Director

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
23-0021

2. STATE
LA

3. PROGRAM IDENTIFICATION: TITLE XIX 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

42 CFR 447, Subpart F

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY **2023** **\$ 4,757,406**

b. FFY **2024** **\$ 8,850,059**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D, Page 26 New Page

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

The purpose of this SPA is to amend the provisions governing the reimbursement methodology for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), by paying a \$12 add-on to private (non-state) owned ICF/IID for increased cost related to retaining and hiring direct care staff through June 30, 2024.

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



12. TYPED NAME

Pam Diez, designee for Stephen R. Russo, JD

13. TITLE

Secretary

14. DATE SUBMITTED

June 26, 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

June 26, 2023

17. DATE APPROVED

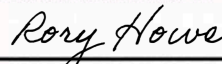
July 14, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

May 12, 2023

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, FMG

22. REMARKS

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – INTERMEDIATE CARE
FACILITY SERVICES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

Temporary Add-on Payment to Retain and Hire Direct Care Staff

The Department will pay a \$12 direct care add-on to private (non-state) owned intermediate care facilities for individuals with intellectual disabilities (ICF/IID) for increased cost related to retaining and hiring direct care staff.

Methodology

1. The base year used in the June 2022 UPL demonstration includes costs reports for the year which ended June 30, 2020. The June 30, 2020 cost reports are the most current audited/desk reviewed available.
2. Each add-on payment requires documentation that effective April 1, 2022, the minimum hourly wage paid to directly employ (non-contracted) non-nursing/physician direct care staff was \$9 per hour.
3. The payments will be made from May 12, 2023 through June 30, 2024, at an estimated total cost of \$19,762,710.