



State of Louisiana
Louisiana Department of Health
Office of the Secretary

June 26, 2023

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
601 East 12th Street, Room 0300
Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan
Transmittal No. 23-0021

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,


_____, for
Stephen R. Russo, JD
Secretary

Attachments (3)

SRR:TAL:UN

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

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 #: 23-0021

TITLE: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Reimbursement Methodology

EFFECTIVE DATE: May 12, 2023

FISCAL IMPACT:

Increase

	year	% inc.	fed. match		*# mos	range of mos.	dollars
1st SFY	2023			0.00%	1.6	May 12, 2023 - June 2023	\$2,325,024
2nd SFY	2024			0.00%	12	July 2023 - June 2024	\$17,437,680
3rd SFY	2025			0.00%			

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2023

SFY	2023	\$2,325,024	for	1.6	months	May 12, 2023 - June 2023	=	\$2,325,024	
						\$2,325,024	X	73.78%	\$1,715,403
SFY	2024	\$17,437,680	for	12	months	July 2023 - June 2024	=	\$4,359,420	
		\$17,437,680 /		12 X 3		July 2023 - September 2023	=	\$4,359,420	
						\$4,359,420	X	69.78%	\$3,042,003
									<u>\$4,757,406</u>
						FFP (FFY 2023) =			<u>\$4,757,406</u>

Total increase or decrease cost FFY 2024

SFY	2024	\$17,437,680	for	12	months	July 2023 - June 2024	=	\$13,078,260	
		\$17,437,680 /		12 X 9		October 2023 - June 2024	=	\$13,078,260	
SFY	2025	\$0	for	12	months	July 2024 - June 2025	=		
		\$0 /		12 X 3		July 2024 - September 2024	=		
						\$13,078,260	X	67.67%	\$8,850,059
						FFP (FFY 2024)=			<u>\$8,850,059</u>

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.