



State of Louisiana
Louisiana Department of Health
Office of the Secretary

June 30, 2025

Courtney Miller, Director
CMS/Center for Medicaid & CHIP Services
Medicaid & CHIP Operations Group
601 East 12th Street, Room 355
Kansas City, Missouri 64106

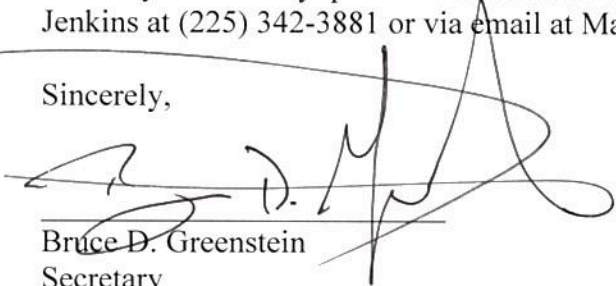
RE: Louisiana Title XIX State Plan
Transmittal No. 25-0001

Dear Ms. Miller:

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

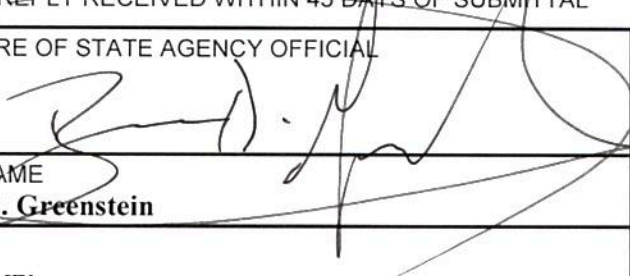
I recommend this material for adoption and inclusion in the body of the State Plan.
Should you have any questions or concerns regarding this matter, please contact Marjorie Jenkins at (225) 342-3881 or via email at Marjorie.Jenkins@la.gov.

Sincerely,


Bruce D. Greenstein
Secretary

Attachments (2)

BG:KS:NF

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 25-0001	2. STATE LA
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart B		4. PROPOSED EFFECTIVE DATE April 1, 2025	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Item 26, Page 1 Attachment 4.19-B, Item 26, Page 1a		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$0 b. FFY <u>2026</u> \$0	
		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 16-0013) Same (TN 21-0011) Attachment 4.19-B, Item 26, Page 1b (deleted)	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing personal care services (PCS), in order make the reimbursement rate currently paid to PCS direct service workers under the Home and Community Based Services Waiver CMS-approved Spending Plan, part of the permanent State Plan.			
10. GOVERNOR'S REVIEW (Check One) <div><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</div> <div><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</div> <div><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</div> <div><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.</div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Kimberly Sullivan, J.D. Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
12. TYPED NAME Bruce D. Greenstein			
13. TITLE Secretary			
14. DATE SUBMITTED June 30, 2025			
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			

STATE OF LOUISIANA

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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:

Medical and Remedial Care and Services
42 CFR 447, Subpart B

Personal Care Services

Unit of Reimbursement

Reimbursement for personal care services shall be a prospective flat rate for each approved unit of service that is provided to the beneficiary. One quarter hour (15 minutes) is the standard unit of service for personal care services. Additional reimbursement shall not be paid for the provision of less than one quarter hour (15 minutes) of service. Additional reimbursement shall not be available for transportation furnished during the course of providing personal care services.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the Medicaid Provider Website at www.lamedicaid.com.

Effective for dates of service on or after February 1, 2009, the reimbursement rate shall be reduced by 3.5 percent of the rate on file as of January 31, 2009.

Effective for dates of service on or after August 4, 2009, the reimbursement rate for personal care services shall be reduced by 4.8 percent of the rate on file as of August 3, 2009.

Effective for services provided on or after July 21, 2010 for personal care services rendered in conjunction with the Pediatric Day Health Program, reimbursement is made pursuant to the methodology described on page 4.19-B, Item 4b, Page 5 under Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Pediatric Day Health Program.

Effective for dates of service on or after August 1, 2010, the reimbursement rate for personal care services shall be reduced by 4.6 percent of the rate on file as of July 31, 2010.

Effective for dates of service on or after January 1, 2011, the reimbursement rate for personal care services shall be reduced by 5.8 percent of the rate on file as of December 31, 2010.

STATE OF LOUISIANA

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Effective for dates of service on or after July 1, 2012, the reimbursement rate for personal care services (PCS) furnished to one beneficiary shall be reduced by 1.5 percent of the rate on file as of June 30, 2012.

Effective April 20, 2016, the minimum hourly rate paid to personal care workers shall be at least the current federal minimum hourly rate. Should a change in the federal minimum hourly rate result in a rate that is above the minimum hourly rate paid to personal care workers, the minimum hourly rate paid to personal care workers will adjust to the federal minimum hourly rate the date that federal rate becomes effective. The reimbursement rate for PCS shall be increased by \$4.50 per hour.

The minimum hourly rate paid to long-term personal care services (LT-PCS) direct service workers (DSW) shall be at least \$9 per hour, regardless of full-time or part-time status.

LT-PCS providers affected by the \$4.50 per hour rate increase shall pass 70 percent of their rate increases directly to the DSW in various forms, including a minimum wage floor of \$9 per hour and wage and non-wage benefits for all affected DSWs, regardless of full-time or part-time status.

Standards for Payment

Providers shall comply with standards for participation established by the Bureau of Health Services Financing (BHSF) in order to be reimbursed for PCS.

NOTE: Prior authorization is required for personal care services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B
Item 26, Page 1a

STATE OF LOUISIANA

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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:

TN: 25-0001

Supersedes

TN: 21-0011

Approval date: _____

Effective Date: April 1, 2025