DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
230 South Dearborn St
Chicago, IL 60604

Financial Management Group

September 25, 2025

Kimberly Sullivan
Medicaid Executive Director
Louisiana Medicaid Program
Louisiana Department of Health
Bureau of Health Services
Financing 628 North Fourth Street
Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

RE: Official Request for Additional Information (RAI) State Plan Amendment (SPA) LA-25-0001

Dear Kimberly Sullivan,

The Centers for Medicare & Medicaid Services (CMS) has completed our initial review of the proposed amendment submitted under transmittal number (TN) 25-0001. This state plan amendment (SPA) has a proposed effective date of April 1, 2025. The purpose of this SPA is to amend the provisions governing personal care services (PCS).

Section 1902(a) of the Social Security Act (the Act) requires that states have a state plan for medical assistance that meets certain federal requirements that set out a framework for the state program. Implementing regulations at 42 CFR 430.10 require that the state plan be a comprehensive written statement containing "all information necessary for CMS to determine whether the plan can be approved as a basis for Federal Financial Participation (FFP) in the state program".

To be comprehensive, payment methodologies should be understandable, clear and unambiguous. In addition, because the plan is the basis for FFP, it is important that the plan language provides an auditable basis for determining whether payment is appropriate.

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 Act and the regulations at 42 CFR 447. Before we continue processing this amendment, we need additional or clarifying information.

General Comments:

The state clarified during the informal RAI process that this SPA is not proposing a transition from waiver to State Plan. Rather, the changes are limited to reimbursement rates and adding the specific language regarding wage floor and pass through requirements for LT-PCS providers.

Please note that 42 CFR Part 440: Contains the specific regulations governing personal care services under Medicaid State Plans Statewide Availability: Unlike waiver services, State Plan services must generally be available statewide.

1. Please confirm this understanding.
2. Please confirm that these are covered approved services for Medicaid Fee for Services only benefits.
3. Confirm that no managed care and/or waiver payment is included.
4. Please confirm that these payments are solely appropriations, and no other form of funding mechanism is involved.

General comments regarding 4.19-B pages:

5. Effective Date Fee Schedule Language needs to be revised to be consistent with regulation and Medicaid.gov: "*Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of (ex. case management for persons with chronic mental illness). The agency's fee schedule- rate was set as of (insert date here) and is effective for services provided on or after that date. All rates are published (ex. on the agency's website).*"
6. Please add a reference to the reimbursement state plan pages that explain that there shall be no duplication of services and payment.

7. CMS acknowledges the state's desire to retain historical language on the plan page and recognizes that including historical data is permissible. It is recommended that the state ensures the historical data presented is accurate, chronological, and comprehensive. Currently, the sequence of dates jumps from 2023 to 2012 and then to 2016. Additionally, the language regarding effective dates and fee schedules should be consistent with 42 CFR 430.10.

CMS is requesting this additional/clarifying information under the provisions of section 1915(f) of the Act (added by PL 97-35). This has the effect of stopping the 90-day clock for CMS to take action on the material, which would have expired on September 28, 2025. A new 90-day clock will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is

not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA action. In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date of the SPA through the date of approval.

We ask that you respond to this RAI via the OneMAC portal at http://onemac.cms.gov. and email a copy of your response to Monica Neiman at monica.neiman@cms.hhs.gov.

If you have any questions, please contact Monica Neiman via email at monica.neiman@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review