



State of Louisiana
Louisiana Department of Health
Office of the Secretary

April 4, 2025

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. 25-0007

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 Marjorie
Jenkins at (225) 342-3881 or via email at Marjorie.Jenkins@la.gov.

Sincerely,

A handwritten signature in blue ink that reads "Drew Maranto".

Drew P. Maranto
Interim Secretary

Attachments (3)

DM:KS:KC

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

1. TRANSMITTAL NUMBER 25-0007	2. STATE LA
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE May 20, 2025	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2025 \$21,098,600 b. FFY 2026 \$0	
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 22-0029) Same (TN 22-0016)	

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

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447 Subpart C
42 CFR 447 Subpart F


7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19 D, Page 20
Attachment 4.19 D, Pages 21-22

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to amend the provisions governing reimbursement methodology for intermediate care facilities for individuals with intellectual disabilities (ICF/IID) in order to provide for a one-time lump sum payment in fiscal year 2025, to all privately owned or operated ICF/IID that billed Medicaid between August 1, 2024 and October 31, 2024, and are active and Medicaid certified at the time of payment.

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The Governor does not review State Plan material.
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Drew P. Maranto

13. TITLE
Interim Secretary

14. DATE SUBMITTED
April 4, 2025

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

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 #: 25-0007

TITLE: ICF/IID Reimbursement Methodology

EFFECTIVE DATE: May 20, 2025

FISCAL IMPACT:
Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2025			1	Jun-25	\$31,000,000
2nd SFY	2026					\$0
3rd SFY						

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2025

\$31,000,000 /

1 X 1 month

June 2025

=

\$31,000,000

FFP (FFY

2025) =

\$31,000,000

X

68.06%

\$21,098,600

STATE OF LOUISIANA

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:

10. Private Facilities Dedicated Program Funding Pool Payments

Effective for providers licensed and operating Medicaid certified as of September 1, 2019; a one-time lump sum payment will be made to intermediate care facilities for individuals with intellectual disabilities (ICF/IID).

Methodology

- A. Payment will be based on each provider's specific pro-rated share of an additional dedicated program funding pool not to exceed \$4,665,635.
- B. The pro-rated share for each provider will be determined utilizing the provider's percentage of total annualized program Medicaid days. Annualized program Medicaid days will be calculated utilizing the most recently desk reviewed or audited cost reports as of July 1, 2019.
- C. The additional dedicated program funding pool lump sum payments shall not exceed the Medicare upper payment limit in the aggregate for the provider class.
- D. The one-time payment will be made for the fiscal year ending June 30, 2020.

A one-time lump sum payment will be made to ICF/IID providers licensed and operating as of August 3, 2022.

Methodology

- A. Payment will be based on each provider's specific pro-rated share of an additional dedicated program funding pool totaling \$27,974,178.
- B. The pro-rated share for each provider will be determined utilizing the provider's percentage of program Medicaid days for dates of service in a three consecutive month period selected by the Department occurring between January 1, 2022 and December 31, 2022.
- C. If the additional dedicated program funding pool lump sum payments exceed the Medicare upper payment limit in the aggregate for the provider class, the Department shall recoup the overage using the same means of distribution stated above.
- D. The one-time payment will be made on or before June 30, 2023.
- E. All facilities receiving payment shall be open and operating as an ICF/IID at the time the payment is made.

STATE OF LOUISIANA

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:

Effective for providers, active and Medicaid certified as of July 1, 2024, a one-time lump sum payment will be made to non-state, non-public ICF/IID.

Methodology

- A. Payment will be based on each provider's specific prorated share of an additional dedicated program funding pool. This payment shall not exceed \$31,000,000.
- B. The prorated share for each provider will be determined utilizing the provider's percentage of program Medicaid days for dates of service within a period of three consecutive months selected by the Department, occurring between January 1, 2024, and December 31, 2024.
- C. If the additional dedicated program funding pool lump sum payment exceeds the Medicare upper payment limit in the aggregate for the provider class, the Department shall recoup the overage using the same means of distribution stated above.
- D. The one-time payment will be made on or before June 30, 2025.
- E. All facilities receiving payment shall be open and operating as an ICF/IID at the time the payment is made.

11. Complex Care Reimbursements

- A. Private (non-state) owned ICF/IID may receive an add-on payment to the per diem rate for providing complex care to Medicaid beneficiaries when medically necessary. The add-on payment shall be a flat fee daily amount and consists of payment for one of the following components alone or in combination:
 - 1. equipment add-on;
 - 2. direct service worker (DSW) add-on; and
 - 3. skilled nursing add-on.
- B. To qualify, beneficiaries must meet medical necessity criteria established by the Medicaid program. Supporting medical documentation must also be submitted as specified by the Medicaid program. The duration of approval of the add-on payment(s) is at the sole discretion of the Medicaid program and shall not exceed one year.

Medical necessity of the add-on payment(s) shall be reviewed and re-determined by the Medicaid program no less than annually from the date of initial approval of each add-on payment. This review shall be performed in the same manner and using the same medical necessity criteria as the initial review.

- C. Each add-on payment requires documentation that the enhanced supports are already being provided to the beneficiary, as specified by the Medicaid program.

STATE OF LOUISIANA

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:

- D. One of the following admission requirements must be met in order to qualify for the add-on payment:
1. The beneficiary has been admitted to the facility for more than 30 days with supporting documentation of medical necessity; or
 2. The beneficiary is transitioning from another similar agency with supporting documentation of medical necessity.
- E. The following additional requirements apply:
1. Beneficiaries receiving enhanced rates must be included in annual surveys to ensure continuation of supports and review of individual outcomes.
 2. Fiscal analysis and reporting is required annually.
- F. The Medicaid program requires compliance with all applicable laws, rules, and regulations as a condition of an ICF/IID qualifying for any complex care add-on payment(s), and may evaluate such compliance in its initial and annual qualifying reviews.