

Jeff Landry
GOVERNOR



Bruce D. Greenstein
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of the Secretary

February 19, 2026

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. 26-0002

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,

DocuSigned by:

Drew Maranto

F2B21E16F2284B1...

Drew Maranto, designee for Bruce D. Greenstein
Undersecretary

Attachments (2)

DM:KF

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER 26-0002 | 2. STATE LA |
| | | 3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT | |
| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE April 20, 2026 | |
| 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart C 42 CFR 447 Subpart F | | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$0 b. FFY <u>2027</u> \$0 | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19 D, Page 21 | | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 25-0007) | |
| 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) to remove the one-time lump-sum payment date and the requirement that facilities be open and operational after July 1, 2024, to receive payment. | | | |
| 10. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material. | | | |
| 11. SIGNATURE OF STATE AGENCY OFFICIAL DocuSigned by:  P2B21E10P2284B1... | | 15. RETURN TO Seth Gold Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030 | |
| 12. TYPED NAME Drew Maranto, designee for Bruce D. Greenstein | | | |
| 13. TITLE Undersecretary | | | |
| 14. DATE SUBMITTED February 19, 2026 | | | |
| 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

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.

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.