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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: LA 24-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



Financial Management Group

July 18, 2024

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: TN 24-0013

Dear Director Sullivan:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Louisiana state plan amendment (SPA) to Attachment 4.19-D LA-24-0013, which was submitted to CMS on June 12, 2024. This plan amendment 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 costs related to retaining and hiring direct care staff.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2 of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Tom Caughey at 517-487-8598 or via email at tom.caughey@cms.hhs.gov.

Sincerely,

Rory Howe Director Financial Management Group Enclosures

TRANSPORTER & MEDICALD SERVICES	T	OMB No. 0938-0
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 24-0013	2. STATE LA
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts	in WHOLE dollars)
42 CFR 447, Subpart F	a. FFY <u>2024</u> \$ <u>2,532,217</u> b. FFY <u>2025</u> \$ <u>7,640,432</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 23-0021)	
Attachment 4.19-D, Page 26		
on to private (non-state) owned ICF/IID for increase through June 30, 2025. 10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, AS SPECIFIED:	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The Governor does not review State Plan material.	
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO	
	Kimberly Sullivan, J.D. Medicaid Executive Director Louisiana Department of Health	
12. TYPED NAME		
Michael Harrington, MBA, MA designee for Ralph L. Abraham, M.D.	628 North 4th Street	
13. TITLE	P.O. Box 91030 Baton Rouge, LA 70821-9030	
Secretary 14. DATE SUBMITTED	Ç ,	
June 12, 2024 FOR CMS US	SE ONLY	
16. DATE RECEIVED June 12, 2024	17, DATE APPROYED July 18, 2024	
PLAN APPROVED - ON		
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIA	AL.
July 1, 2024		
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe	21. TITLE OF APPROVING OFFICIAL Director, FMG	
22. REMARKS		

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 costs 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. The payments for the June 2022 UPL demonstration will be made from May 12, 2023 through June 30, 2024, at an estimated total cost of \$19,762,710.
- 2. The base year used in the June 2023 UPL demonstration includes costs reports for the year which ended June 30, 2021. The June 30, 2021 cost reports are the most current audited/desk reviewed available. The payments for the June 2023 UPL demonstration will be made from July 1, 2024 through June 30, 2025, at an estimated total cost of \$14,968,032.

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.