

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) LA: 24-0015**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

July 17, 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: Louisiana TN: 24-0015

Dear Medicaid Executive Director Kimberly Sullivan:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Louisiana state plan amendment (SPA) to Attachment 4.19B 24-0015 which was submitted to CMS on May 9, 2024. This plan amendment edits the provisions governing reimbursement for hospice services in order to ensure that the current payment methodology aligns with CMS requirements.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 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 April 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at via email at: [Monica.Neiman@cms.hhs.gov](mailto:Monica.Neiman@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <b>24-0015</b>	2. STATE <b>LA</b>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE <b>April 1, 2024</b>	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> <b>\$0</b> b. FFY <u>2025</u> <b>\$0</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-B, Item 18, Page 1 Attachment 4.19-B, Item 18, Page 2 (new page)</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same (TN 13-47) Attachment 4.19-B, Item 18, Page 1a (delete page)</b>

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

5. FEDERAL STATUTE/REGULATION CITATION  
  
**42 CFR Part 418  
Section 1905(a)(18) of the Social Security Act**

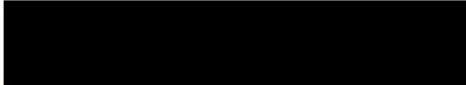
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Attachment 4.19-B, Item 18, Page 1  
Attachment 4.19-B, Item 18, Page 2 (new page)**

9. SUBJECT OF AMENDMENT  
**The purpose of this SPA is to amend the provisions governing reimbursement for hospice services in order to ensure that the current payment methodology aligns with CMS requirements.**

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
The Governor does not review State Plan material.

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
**Michael Harrington, MBA, MA**  
**Designee for Ralph L. Abraham, M.D.**

13. TITLE  
**Secretary**

14. DATE SUBMITTED  
**May 9, 2024**

15. RETURN TO  
**Kimberly Sullivan, J.D.**  
**Medicaid Executive Director**  
**Louisiana Department of Health**  
**628 North 4<sup>th</sup> Street**  
**P.O. Box 91030**  
**Baton Rouge, LA 70821-9030**

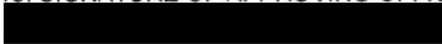
**FOR CMS USE ONLY**

16. DATE RECEIVED  
**May 9, 2024**

17. DATE APPROVED  
**July 17, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**April 1, 2024**

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
**Todd McMillion**

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Reimbursement Review**

22. REMARKS  
**On June 24, 2024, the State made a pen and ink change to box 5**

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

**Hospice Reimbursement**

**CITATION**

**Section 1905(a)(18) of the  
Social Security Act**

**Reimbursement Methodology**

Reimbursement for hospice services is made to a designated hospice provider based on the Medicaid rates published annually in a memorandum issued by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), Center for Medicaid and CHIP Services. These rates are effective from October 1st of each year through September 30th of the following year.

Payment for hospice care will be made at predetermined rates for each day in which a beneficiary is under the care of the hospice provider. The daily rate is applicable to the type and intensity of services furnished to the beneficiary on that day as follows:

1. Routine home care - The hospice is paid at one of two routine home care rates for each day the patient is under the care of the hospice and no other hospice rate is paid. This rate is paid without regard to the volume or intensity of services provided on any given day.
  - a. Days 1 through 60; and
  - b. Days 61 and longer
2. Continuous home care - Only one rate is applicable for each day. The amount of payment is determined based on the number of hours of continuous care furnished to the beneficiary on that day.
3. Inpatient respite care - Only one rate is applicable for each day.
4. General inpatient care - The State pays at the general inpatient rate when general inpatient care is provided.
5. Service intensity add-on (SIA) - An SIA payment is reimbursable for a visit by a registered nurse or a social worker, when provided during routine home care in the last seven days of a patient's life. The SIA payment is made in addition to the routine home care rate.
6. Except as otherwise noted in the State Plan, state-developed rates are the same for both governmental and private providers.

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
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Hospice nursing facility room and board per diem rates are reimbursed to the hospice provider at the rate equal to 95 percent of the skilled nursing facility rate, less any post-eligibility treatment of income (PETI) amount, for Medicaid beneficiaries receiving hospice care services.

Hospice providers that are not in compliance with Medicare quality reporting requirements established under section 1814(i)(5)(A)(i) of the Social Security Act, are subject to a four percent reduction to the market basket percentage increase for the rate period that began October 1, 2023.

The Medicaid hospice payment rates are calculated based on the annual hospice rates established under Medicare. These rates are authorized by section 1814(i)(1)(C)(ii) of the Social Security Act (the Act), which also provides for an annual increase in payment rates for hospice care services. Rates for hospice physician services are not increased under this provision.

Physician rendered professional services that are unrelated to the hospice diagnosis and not included in the composite hospice rate may be reimbursed in accordance with Medicaid reimbursement for physician services based on the lower of the actual charge or the Medicaid maximum allowable amount for the specific service.