

Jeff Landry
GOVERNOR



Michael Harrington, MBA, MA
SECRETARY

State of Louisiana

Louisiana Department of Health

December 27, 2024

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
601 East 12th Street, Room 0300
Kansas City, Missouri 64106-2898

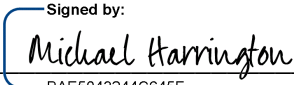
RE: Louisiana Title XIX State Plan
Transmittal No. 24-0029

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,

Signed by:

Michael Harrington, MBA, MA
Secretary

Attachments (3)

MH:KS:KF

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

1. TRANSMITTAL NUMBER
24-0029

2. STATE
LA

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
January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447 Subpart C

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 **\$443,544**

b. FFY 2026 **\$681,651**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19 D, Page 18

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same (TN 22-0019)

9. SUBJECT OF AMENDMENT

The purpose of this SPA is to extend enhanced payments to private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), in order to allow more time to address the needs of private ICF/IID that still rely on this variance while continuing to provide services to the residents of these facilities.

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

Signed by:

Michael Harrington

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12. TYPED NAME

Michael Harrington, MBA, MA

13. TITLE

Secretary

14. DATE SUBMITTED

December 27, 2024

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 #: 24-0029
TITLE: ICF/IID Reimbursement Methodology
EFFECTIVE DATE: January 1, 2025

FISCAL IMPACT:
Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2025			6	January 2025 - June 2025	\$633,233
2nd SFY	2026			12	July 2025 - June 2026	\$1,339,921
3rd SFY						

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY <u>2025</u>						
\$633,233 /		12	X	6 months	January 2025 - June 2025	= \$316,617
					\$316,617	X 68.06% \$215,490
\$1,339,921 /		12	X	3	July 2025 - September 2025	= \$334,980
					\$334,980	X 68.08% \$228,054
FFP (FFY 2025) =						<u>\$443,544</u>

Total increase or decrease cost FFY <u>2026</u>						
\$1,339,921 /		12	X	9 months	October 2025 - June 2026	= \$1,004,941
					\$1,004,941	X 67.83% = \$681,651
FFP (FFY 2026)=						<u>\$681,651</u>

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES 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:

Reimbursement rates for the 33 or more beds peer group will be limited to 95 percent of the 16-32 bed peer group reimbursement rates.

Per Diem Rate Adjustments

Effective for dates of service on or after February 20, 2009, the reimbursement rate shall be reduced by 3.5 percent of the per diem rate on file as of February 19, 2009.

Effective for dates of service on or after September 1, 2009, the reimbursement rate shall be increased by 1.59 percent of the per diem rate on file as of August 31, 2009.

Effective for the dates of service on or after August 1, 2010, the reimbursement rate shall be reduced by 2 percent of the per diem rates on file as of July 31, 2010.

Effective for the dates of service on or after August 1, 2010, per diem rates for ICFs/IID which have downsized from over 100 beds to less than 35 beds prior to December 31, 2010 shall be restored to the rates in effect on January 1, 2009.

Effective for dates of service on or after July 1, 2012, the per diem rates for non-state intermediate care facilities for persons with developmental disabilities (ICFs/IID) shall be reduced by 1.5 percent of the per diem rates on file as of June 30, 2012.

Effective for dates of service on or after July 1, 2020, private ICFs/IID that downsized from over 100 beds to less than 35 beds prior to December 31, 2010, without the benefit of a cooperative endeavor agreement (CEA) with LDH or transitional rate and who incurred excessive capital costs, shall have their per diem rates (excluding provider fees) increased by a percent equal to the percent difference of per diem rates (excluding provider fees and dental pass through) they were paid as of June 30, 2019, as follows:

Peer Groups	Intermittent	Limited	Extensive	Pervasive
1-8 beds	6.2 percent	6.2 percent	6.2 percent	6.1 percent
9-15 beds	3.2 percent	6.2 percent	6.2 percent	6.1 percent
16-32 beds	N/A	N/A	N/A	N/A
33+ beds	N/A	N/A	N/A	N/A

The applicable differential shall be applied anytime there is a change to the per diem rates (for example, during rebase, rate reductions, inflationary changes, or special legislative appropriations). This differential shall not extend beyond December 31, 2028.

Adjustments to the Medicaid daily rate will be made when changes occur that are recognized in updated cost report data; these changes include but are not limited to a change in minimum wage, Federal Insurance Contribution Act changes, or a utility rate change. These rates will be effective until such time that the database used to calculate rates, fully reflects the change.

4. Rebasing

Rebasing of rates will occur at least every three years utilizing the most recent audited and/or desk reviewed cost reports