



State of Louisiana
Louisiana Department of Health
Office of the Secretary

June 15, 2022

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. 22-0015

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 Karen
Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.


Sincerely,

A handwritten signature in cursive script, appearing to read "Ruth Johnson", is written over a horizontal line.

_____, for
Dr. Courtney N. Phillips
Secretary

Attachments (3)

CNP:TAL:LT

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 22-0015	2. STATE LA
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICE DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
5. FEDERAL STATUTE/REGULATION CITATION Title XIX of the Social Security Act Section 9817 of the American Rescue Plan Act		4. PROPOSED EFFECTIVE DATE April 1, 2021	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 7 – General Provisions 7.4.1 Medical Disaster Relief for the COVID-19 National Public Health Emergency		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2021</u> \$ 34,621,374 b. FFY <u>2022</u> \$ 69,242,748	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to provide bonus payments to providers of personal care services and targeted case management to address the COVID-19 PHE and in accordance with the State's approved Home and Community Based Services spending plan authorized under Section 9817 of the American Rescue Plan Act.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material. </div> </div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Tara A. LeBlanc, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030		
12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips	15. RETURN TO Tara A. LeBlanc, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030		
13. TITLE Secretary			
14. DATE SUBMITTED June 13, 2022			
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 #: 22-0015
TITLE: LA Medicaid Disaster Relief
EFFECTIVE DATE: April 1, 2021

FISCAL IMPACT:
Increase

	year	% inc.	fed. match		*# mos	range of mos.	dollars
1st SFY	2021			0.00%	3	April 2021 - June 2021	\$20,701,611
2nd SFY	2022			0.00%	12	July 2021 - June 2022	\$82,806,444
3rd SFY	2023			0.00%	12	July 2022 - June 2023	\$82,806,444

*#mos-Months remaining in fiscal year

	Total Cost FFY		2021						
SFY	2021	\$20,701,611	for	3	months	April 2021 - June 2021		\$20,701,611	
SFY	2022	\$82,806,444	for	12	months	July 2021 - June 2022			
		\$82,806,444 /		12 X 3		July 2021 - September 2021	=	\$20,701,611	
								<u>\$41,403,222</u>	
	FFP (FFY		2021) =	\$41,403,222		X	83.62%	=	<u><u>\$34,621,374</u></u>
	Total Cost FFY		2022						
SFY	2022	\$82,806,444	for	12	months	July 2021 - June 2022			
		\$82,806,444 /		12 X 9		October 2021 - June 2022	=	\$62,104,833	
SFY	2023	\$82,806,444	for	12	months	July 2022 - June 2023			
		\$82,806,444 /		12 X 3		July 2022 - September 2022	=	\$20,701,611	
								<u>\$82,806,444</u>	
	FFP (FFY		2022)=	\$82,806,444		X	83.62%	=	<u><u>\$69,242,748</u></u>

Section 7 – General Provisions**7.4.1 Medicaid Disaster Relief for the COVID-19 National Emergency**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

N/A

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

- c. X Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [Louisiana] Medicaid state plan, as described below:

To address the COVID-19 public health emergency, the State respectfully requests to modify the tribal consultation process by eliminating the number of notification days before submission of the SPA and/or conducting consultation after submission of the SPA.

Section A – Eligibility

1. ____ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

2. ____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. ____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. ____ Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

3. ____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

Less restrictive resource methodologies:

4. ____ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).
5. ____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

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6. ____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

7. Section B – Enrollment

1. ____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.
2. ____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

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3. ____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

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4. ____ The agency adopts a total of ____ months (not to exceed 12 months) continuous eligibility for children under age enter age ____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.

5. ____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every ____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6. ____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
 - a. ____ The agency uses a simplified paper application.
 - b. ____ The agency uses a simplified online application.
 - c. ____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. ____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

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2. ____ The agency suspends enrollment fees, premiums and similar charges for:
 - a. ____ All beneficiaries
 - b. ____ The following eligibility groups or categorical populations:

N/A

3. ____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

<i>Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.</i>
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Section D – Benefits*Benefits:*

1. ____ The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. ___ The agency makes the following adjustments to benefits currently covered in the state plan:

3. ___ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. ___ Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

a. ___ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.

b. ___ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Telehealth:

5. ___ The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Drug Benefit:

6. ___ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

7. ___ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. ___ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

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9. ☐ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. ☐ Newly added benefits described in Section D are paid using the following methodology:

- a. ☐ Published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

- b. ☐ Other:

<i>Describe methodology here.</i>

Increases to state plan payment methodologies:

2. ☒ The agency increases payment rates for the following services:

<i>The direct support workforce and support coordination recruitment and retention program.</i>

- a. ☒ Payment increases are targeted based on the following criteria:

<i>Providers of personal care services and targeted case management services.</i>

- b. Payments are increased through:

- i. ☒ A supplemental payment or add-on within applicable upper payment limits:

<u><i>To address the COVID-19 public health emergency, the State respectfully requests to make bonus payments to Personal Care Services provider in the amount of \$150 per month for every month worked by the direct support</i></u>
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worker. Payments shall be made to the provider, of which \$125 goes directly to the direct support worker and \$25 is retained by the provider.

To address the COVID-19 public health emergency, the State respectfully request to make bonus payments to Targeted Case Management providers for the New Opportunities Waiver and Early and Periodic Screening, Diagnostic and Treatment beneficiaries, in the amount of \$150 per month for every month worked by the worker. Payments of \$150 per month per worker shall be made to the provider, of which \$125 goes directly to the direct support worker and \$25 is retained by the provider.

These payments will continue as part of the State's approved Home and Community Based Services (HCBS) Spending Plan authorized under Section 9817 of the American Rescue Plan (ARP) Act, through March 31, 2024 or until the State's funding authorized under ARP Act is exhausted.

ii. ____ An increase to rates as described below.

____ Uniformly by the following percentage:

____ Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

____ Up to the Medicare payments for equivalent services.

____ By the following factors:

Payment for services delivered via telehealth:

3. ____ For the duration of the emergency, the state authorizes payments for telehealth services that:

- a. ____ Are not otherwise paid under the Medicaid state plan;
- b. ____ Differ from payments for the same services when provided face to face;
- c. ____ Differ from current state plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation.

- d. ____ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
- i. ____ Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. ____ Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. ____ Other payment changes:

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Section F – Post-Eligibility Treatment of Income

1. ____ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
- a. ____ The individual's total income
 - b. ____ 300 percent of the SSI federal benefit rate
 - c. ____ Other reasonable amount: _____
2. ____ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

<i>Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.</i>
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Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

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PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.