



March 4, 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. 24-0003

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,

Ralph L. Abraham, M.D. Designee Mus

Secretary

Attachments (3)

RLA:KS:UN

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 24-0003	2. STATE LA						
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITL SECURITY ACT	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT						
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVIC DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2024							
5. FEDERAL STATUTE/REGULATION CITATION Title XIX of the Social Security Act Section 9817 of the American Rescue Plan Act	6. FEDERAL BUDGET IMPACT (Amou a. FFY 2024 S 1,038,345 b. FFY 2025 S 895,139	unts in WHOLE dollars)						
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Item 7, Page 6 (New Page)	8. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	SEDED PLAN SECTION						
9. SUBJECT OF AMENDMENT The purpose of this SPA is to adopt provisions in the Home Health program in order to establish recruitment and retention payments for nurses that provide extended home health (EHH) services to beneficiaries under the age of 21, in accordance with Section 9817 of the American Rescue Plan Act.								
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 revise	ew State Plan material.						
11. SIGNATURE OF STATE AGENCY OFFICIAL Michael Z. Fauto 12. TYPED NAME Michael Harrington, MBA, MA Designee for Ralph L. Abraham, M.D. 13. TITLE Secretary 14. DATE SUBMITTED March 4, 2024	5. RETURN TO Kimberly Sullivan, J.D. Medicaid Executive Director Louisiana Department of Heal 628 North 4 th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	th						
FOR CMS U	SE ONLY							
16. DATE RECEIVED	7. DATE APPROVED							
PLAN APPROVED - ON	E COPY ATTACHED							
18. EFFECTIVE DATE OF APPROVED MATERIAL	9. SIGNATURE OF APPROVING OFFICIA	AL						
20. TYPED NAME OF APPROVING OFFICIAL	1. TITLE OF APPROVING OFFICIAL							
22. REMARKS								

LA TITLE XIX SPA

TRANSMITTAL #: 24-0003 TITLE: Home Health ARPA

year

EFFECTIVE DATE: January 1, 2024 FISCAL IMPACT: Increase

dollars

range of mos.

	year	% ITIC.			rea. materi	# 11105		range of mos.		uoliais	
1st SFY	2024					6	January 2024 - June 2024			\$1,753,627	
2nd SFY	2025					12	July 2024 - June 2025			\$2,630,441	
3rd SFY											
		*#mos-months remai	ining in fiscal year						.,		
Total in	crease or de	ecrease cost FFY	<u>2024</u>								
		\$1,753,627	/	12 X	6 months	January 2024 - J	une 2024		=	\$876,814	
						\$876,814	Х	67.67%	=		\$593,340
		\$2,630,441	1	12 X	3 months	July 2024 - Septe	ember 2024		=	\$657,610	
						\$657,610	X	67.67%	=		\$445,005
	_							FFP (FFY 2024)		_	\$1,038,345
Total in	ncrease or d	ecrease cost FFY	<u>2025</u>								
		\$2,630,441	/	12 X	6 months	October 2024 - M	larch 2025		=	\$1,315,221	
						\$1,315,221	X	68.06%	=		\$895,139
								FFP (FFY 2025)		_	\$895,139

*# mos

fed. match

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1902 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Nursing Recruitment and Retention Payments under the American Rescue Plan Act

Nurses that provide extended home health (EHH) services may be eligible to receive recruitment and retention bonuses through March 2025. A nurse is an individual who possesses and maintains a valid license as a licensed practical nurse (LPN) or registered nurse (RN).

- 1. All payments shall be administered by the home health agency (HHA) that employs the nurse. If a nurse is employed at multiple agencies, only one HHA may pay the recruitment and retention payment.
- 2. HHAs shall submit an invoice and supporting documentation for each nurse that meets the requirements on a monthly basis, and shall comply with all other requirements established by the Louisiana Department of Health (LDH) to receive a payment.
- 3. HHAs shall disburse the entire payment to the nurse and are prohibited from reducing the payment for any purpose other than required state or federal withholdings. HHAs that provide the required documentation, comply with all applicable requirements, and have at least one nurse per month receiving a bonus payment will be eligible to invoice LDH for a monthly administrative fee to be determined by LDH.
- 4. Recruitment is the hiring of a new nurse who commits to providing a minimum of 120 hours of EHH services to beneficiaries under the age of 21 who are in a Medicaid program in each calendar month.
- 5. Retention is the continuous delivery of at least 120 hours of EHH services, by an existing nurse, to beneficiaries each calendar month.
- 6. A one-time, lump sum payment may be paid to any new nurse or existing nurse who is hired or retained by the HHA and commits to providing a minimum of 120 hours of EHH services to beneficiaries and has not received the retention lump sum bonus payment. Each nurse may only receive the lump sum bonus payment once.
- 7. Nurses who receive the lump sum bonus payment will be eligible to receive a monthly retention payment if they provided at least 120 hours of EHH services to eligible beneficiaries during the previous calendar month.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of home health services. The agency's fee schedule rate was set as of April 3, 2023 and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com.

TN <u>24-0003</u>	Approval date:	Effective date: January 1, 2024	
Supersedes			
TN: New Page			