



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

March 19, 2024

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

RE: Louisiana Title XIX State Plan  
Transmittal No. 24-0008

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](mailto:Karen.Barnes@la.gov).

Sincerely,

 designee for  
Ralph L. Abraham, M.D.  
Secretary

Attachments (3)

RLA:KS:KC

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>24-0008</b>	2. STATE <b>LA</b>
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>February 20, 2024</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 447.40</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>(43,509)</u> b. FFY <u>2025</u> \$ <u>(65,640)</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-C, Page 1-1.a.</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same (22-0018)</b>	
9. SUBJECT OF AMENDMENT <b>The purpose of this SPA is to amend the provisions governing leave of absence days for intermediate care facilities for individuals with intellectual disabilities (ICF/IID) in order to increase the total leave days for ICF/IID residents from 45 to 60 and from 30 consecutive days in any single occurrence to 45 consecutive days.</b>			
10. GOVERNOR'S REVIEW (Check One) <div><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><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.</div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL  		15. RETURN TO  <b>Kimberly Sullivan Medicaid Executive Director Louisiana Department of Health 628 North 4<sup>th</sup> Street P.O. Box 91030 Baton Rouge, LA 70821-9030</b>	
12. TYPED NAME <b>Michael Harrington, MBA, MA designee for Ralph L. Abraham, M.D.</b>			
13. TITLE <b>Secretary</b>			
14. DATE SUBMITTED <b>March 19, 2024</b>			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED		17. DATE APPROVED	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
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 #: 24-0008  
TITLE: Intermediate Care Facilities for Individuals with Intellectual Disabilities – Leave of Absence Days  
EFFECTIVE DATE: February 20, 2024

FISCAL IMPACT:  
Decrease

	year		*# mos	range of mos.	dollars
1st SFY	2024		5	February 2024 - June 2024	(\$96,444)
2nd SFY	2025		12	July 2024- June 2025	(\$96,444)
3rd SFY	2026		12	July 2025- June 2026	(\$96,444)

\*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2024

(\$96,444) /	12	X	8	February 2024 - September 2024		(\$64,296)	
				(\$64,296)	X	67.67%	(\$43,509)

FFP (FFY 2024 ) = (\$43,509)

Total increase or decrease cost FFY 2025

(\$96,444) /	12	X	12	October 2024 -September 2025	=	(\$96,444)	
				(\$96,444)	X	68.06%	(\$65,640)

FFP (FFY 2025 )= (\$65,640)

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS FOR PAYMENT FOR RESERVING BEDS DURING A BENEFICIARY'S ABSENCE FROM AN INPATIENT FACILITY

CITATION

42 CFR 447.40

**PAYMENT FOR RESERVATION OF BEDS**

A temporary absence of a beneficiary from a facility (nursing facility or ICF/IID) will not interrupt the monthly vendor payment to the facility, provided the facility keeps a bed available for the beneficiary subject to the limitations outlined in I and II below.

The period of absence is determined by counting, as the first day of absence, the day the beneficiary left the facility. Only a period of 24 hours or more shall be considered an absence. Absences for 23 hours or fewer, on a consistent basis, could jeopardize continued medical certification for the resident.

The Louisiana Department of Health, Health Standards Section, shall determine whether hospitalization is for an acute condition or if a beneficiary's plan of care provides for leaves of absence.

I. Leave Days for Residents of ICF/IID Facilities

- A. For residents of ICF/IID facilities, the bed is reserved for up to seven days per hospitalization for treatment of an acute condition. Hospital leave days are reimbursed at 85 percent of the current applicable ICF/IID per diem rate.
- B. The bed of a resident of an ICF/IID facility is reserved for up to 60 leave of absence days per beneficiary per state fiscal year, with a 45-day limit per temporary absence per beneficiary when permitted by the beneficiary's plan of care. A leave of absence is any temporary stay outside of the facility provided for in the beneficiary's plan of care. The count of utilized leave days begins on July 1 of each year and runs through June 30 of the following year.

Leave days covered under the 60-day limit include visits with relative(s) or friend(s) and camp days. Leave days for the following purposes will be excluded from the annual 60-day limit, but are still limited to 45 days per occurrence per beneficiary, and shall be included in the written plan of care:

- (1) Special Olympics;
- (2) Road Runners Club of America events, including but not limited to events intended to raise money to help ICF/IID beneficiaries participate in the Special Olympics;
- (3) Louisiana planned conferences such as, but not limited to, those sponsored by the Community Residential Services Association (CRSA), a consumer driven support system that advocates choices for persons with disabilities;
- (4) Trial discharge leaves - 14 days per occurrence;
- (5) Official state holidays; and
- (6) Two days for bereavement of close family members, as outlined below:

parent	stepparent	stepsister
child	stepchild	grandparent
spouse	mother-in-law	grandchild
brother	father-in-law	
sister	stepbrother	

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- C. Any leave of absence during a federal public health emergency, declared by the Department of Health and Human Services (HHS) will be excluded from both the annual day limit and the consecutive day limit, as long as the leave of absence is included in the written plan of care.
- D. Effective for dates of service on or after July 15, 2022 the reimbursement to non-state ICF/IID for leave of absence days is 85 percent of the current applicable per diem rate.

II. Leave Days for Residents of Nursing Facilities

- A. For each Medicaid beneficiary, nursing facilities shall be reimbursed for up to seven hospital leave of absence days per occurrence per year, and 15 home leave of absence days per year when permitted by the beneficiary's plan of care. These days are recomputed annually beginning on January 1 of each year.
- B. The reimbursement for hospital leave of absence days is 75 percent of the applicable per diem rate.
- C. Nursing facilities with occupancy rates under 90 percent. Effective for dates of service on or after February 20, 2009, reimbursement for hospital and home leave of absence days will be reduced to 10 percent of the applicable per diem rate in addition to the nursing facility provider fee.
- D. Nursing facilities with occupancy rates equal to 90 percent or greater.
  - 1. Effective for dates of service on or after February 20, 2009, the reimbursement paid for home leave of absence days will be reduced to 90 percent of the applicable per diem rate, which includes the nursing facility provider fee.
  - 2. Effective for dates of service on or after March 1, 2009, the reimbursement for hospital leave of absence days shall be 90 percent of the applicable per diem rate, which includes the nursing facility provider fee.
  - 3. Effective for dates of service on or after July 1, 2013, the reimbursement paid for leave of absence days shall be 10 percent of the applicable per diem rate in addition to the provider fee amount. The provider fee amount shall be excluded from the calculations when determining the leave of absence days payment amount.
- E. Occupancy percentages will be determined from the average annual occupancy rate as reflected in the Louisiana Inventory of Nursing Home Bed Utilization Report published from the period six months prior to the beginning of the current rate quarter. Occupancy percentages will be updated quarterly when new rates are loaded and shall be in effect for the entire quarter.