

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: LA 24-0013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

July 18, 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: TN 24-0013

Dear Director Sullivan:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Louisiana state plan amendment (SPA) to Attachment 4.19-D LA-24-0013, which was submitted to CMS on June 12, 2024. This plan amendment will pay a \$12 direct care add-on to private (non-state) owned intermediate care facilities for individuals with intellectual disabilities (ICF/IID) for increased costs related to retaining and hiring direct care staff.

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


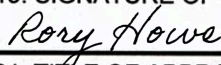
If you have any additional questions or need further assistance, please contact Tom Caughey at 517-487-8598 or via email at [tom.caughey@cms.hhs.gov](mailto:tom.caughey@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Rory Howe". The signature is written in a cursive, flowing style.

Rory Howe  
Director  
Financial Management Group

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>24-0013</b>	2. STATE <b>LA</b>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
		4. PROPOSED EFFECTIVE DATE <b>July 1 , 2024</b>	
5. FEDERAL STATUTE/REGULATION CITATION  <b>42 CFR 447, Subpart F</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <b>2024</b> <b>\$2,532,217</b> b. FFY <b>2025</b> <b>\$7,640,432</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-D, Page 26</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same (TN 23-0021)</b>	
9. SUBJECT OF AMENDMENT <b>The purpose of this SPA is to amend the provisions governing the reimbursement methodology for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), by continuing the \$12 add-on to private (non-state) owned ICF/IID for increased costs related to retaining and hiring direct care staff, through June 30, 2025.</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, 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</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>June 12, 2024</b>			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED <b>June 12, 2024</b>		17. DATE APPROVED <b>July 18, 2024</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>July 1, 2024</b>		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL <b>Rory Howe</b>		21. TITLE OF APPROVING OFFICIAL <b>Director, FMG</b>	
22. REMARKS			

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – INTERMEDIATE CARE  
FACILITY SERVICES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

**Temporary Add-on Payment to Retain and Hire Direct Care Staff**

The Department will pay a \$12 direct care add-on to private (non-state) owned intermediate care facilities for individuals with intellectual disabilities (ICF/IID) for increased costs related to retaining and hiring direct care staff.

Methodology

1. The base year used in the June 2022 UPL demonstration includes costs reports for the year which ended June 30, 2020. The June 30, 2020 cost reports are the most current audited/desk reviewed available. The payments for the June 2022 UPL demonstration will be made from May 12, 2023 through June 30, 2024, at an estimated total cost of \$19,762,710.
2. The base year used in the June 2023 UPL demonstration includes costs reports for the year which ended June 30, 2021. The June 30, 2021 cost reports are the most current audited/desk reviewed available. The payments for the June 2023 UPL demonstration will be made from July 1, 2024 through June 30, 2025, at an estimated total cost of \$14,968,032.

Each add-on payment requires documentation that effective April 1, 2022, the minimum hourly wage paid to directly employ (non-contracted) non-nursing/physician direct care staff was \$9 per hour.