



State of Louisiana
Louisiana Department of Health
Office of the Secretary

May 9, 2024

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

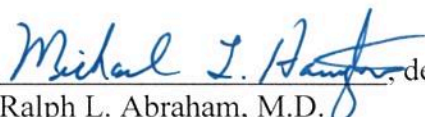
RE: Louisiana Title XIX State Plan
Transmittal No. 24-0015

Dear Mr. Scott:

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

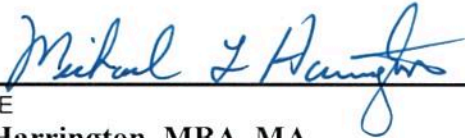
I recommend this material for adoption and inclusion in the body of the State Plan.
Should you have any questions or concerns regarding this matter, please contact Karen
Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Sincerely,


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

Attachments (2)

RLA:KS:NF

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 24-0015	2. STATE LA
		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 April 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 418		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$0 b. FFY <u>2025</u> \$0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Item 18, Page 1 Attachment 4.19-B, Item 18, Page 2 (new page)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 13-47) Attachment 4.19-B, Item 18, Page 1a (delete page)	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing reimbursement for hospice services in order to ensure that the current payment methodology aligns with CMS requirements.			
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 Kimberly Sullivan, J.D. Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
12. TYPED NAME Michael Harrington, MBA, MA Designee for Ralph L. Abraham, M.D.			
13. TITLE Secretary			
14. DATE SUBMITTED May 9, 2024			
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			

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

Hospice Services

CITATION

**Section 1905(a)(18) of the
Social Security Act**

Reimbursement Methodology

Reimbursement for hospice services is made to a designated hospice provider based on the Medicaid rates published annually in a memorandum issued by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), Center for Medicaid and CHIP Services. These rates are effective from October 1st of each year through September 30th of the following year.

Payment for hospice care will be made at predetermined rates for each day in which a beneficiary is under the care of the hospice provider. The daily rate is applicable to the type and intensity of services furnished to the beneficiary on that day as follows:

1. Routine home care - The hospice is paid at one of two routine home care rates for each day the patient is under the care of the hospice and no other hospice rate is paid. This rate is paid without regard to the volume or intensity of services provided on any given day.
 - a. Days 1 through 60; and
 - b. Days 61 and longer
2. Continuous home care - Only one rate is applicable for each day. The amount of payment is determined based on the number of hours of continuous care furnished to the beneficiary on that day.
3. Inpatient respite care - Only one rate is applicable for each day.
4. General inpatient care - The State pays at the general inpatient rate when general inpatient care is provided.
5. Service intensity add-on (SIA) - An SIA payment is reimbursable for a visit by a registered nurse or a social worker, when provided during routine home care in the last seven days of a patient's life. The SIA payment is made in addition to the routine home care rate.

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Hospice nursing facility room and board per diem rates are reimbursed to the hospice provider at the rate equal to 95 percent of the skilled nursing facility rate, less any post-eligibility treatment of income (PETI) amount, for Medicaid beneficiaries receiving hospice care services.

Hospice providers that do not comply with hospice quality data submission will be subject to hospice payments with a four percent market basket reduction.

Physician rendered professional services that are unrelated to the hospice diagnosis and not included in the composite hospice rate may be reimbursed in accordance with Medicaid reimbursement for physician services based on the lower of the actual charge or the Medicaid maximum allowable amount for the specific service.