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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 23-0023

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



June 30, 2023

Mrs. Tara LeBlanc
Medicaid Executive Director
State of Louisiana
Department of Health
628 N 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) TN 23-0023

Dear Mrs. LeBlanc:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0023. This amendment proposes to temporarily extend COVID-19 disaster relief provisions governing direct wage floor and workforce retention bonus payments to long-term personal care providers, originally approved in Disaster Relief SPA LA 22-0031.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Louisiana's Medicaid SPA Transmittal Number 23-0023 is approved effective May 12, 2023.

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at tobias.griffin@cms.hhs.gov.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.06.30
08:10:29 -04'00'

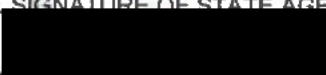
Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 23-0023	2. STATE LA
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVIC DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE May 12, 2023	
5. FEDERAL STATUTE/REGULATION CITATION Title XIX of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ 0 b. FFY <u>2024</u> \$ 0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 7 – General Provisions 7.4.B Page 1 Temporary Extension to the Disaster Relief Policies for COVID-19 National Emergency	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to extend COVID-19 disaster relief provisions governing direct wage floor and workforce retention bonus payments to long-term personal care providers, in accordance with the State’s approved disaster relief SPA LA TN 22-0031.		

10. GOVERNOR’S REVIEW (Check One)

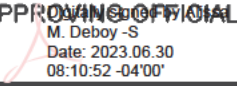
<input type="checkbox"/> GOVERNOR’S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.
<input type="checkbox"/> COMMENTS OF GOVERNOR’S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

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. NAME OF STATE AGENCY OFFICIAL Pam Diez, designee for Stephen R. Russo, JD	
13. TITLE Executive Counsel Director of Legal Audit and Regulatory Compliance	
14. DATE SUBMITTED May 23, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED May 23, 2023	17. DATE APPROVED June 30, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023	19. SIGNATURE OF APPROVING OFFICIAL  Alissa M. Deboy -S Date: 2023.06.30 08:10:52 -04'00'
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy	21. TITLE OF APPROVING OFFICIAL On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services

22. REMARKS

7.4. B Temporary Extension to the Disaster Relief Policies for COVID-19 National Emergency

Effective May 12, 2023 until May 12, 2024, the agency temporarily extends the following elections(s) of Section 7.4 approved on September 21, 2022 in disaster relief SPA LA TN 22-0031 of the State Plan:

Payments

X The agency makes the following adjustments to payments currently covered in the State plan:

The State respectfully requests to extend the following provisions:

- 1. LT-PCS providers that were rendering LT-PCS on or after October 1, 2021 and employing direct services workers (DSWs) will receive the equivalent of a \$4.50 per hour rate increase.*
- 2. This increase, or its equivalent, will be applied to all units of service provided by DSWs on or after October 1, 2021.*
- 3. All LT-PCS providers affected by this rate increase must pass 70 percent of their rate increases directly to the DSW in the form of a minimum wage floor of \$9 per hour and in other wage and non-wage benefits. This wage floor and wage and non-wage benefits will apply to full-time and part-time DSWs.*
- 4. The LT-PCS provider rate increases, wage floor and/or wage and non-wage benefits 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, 2025 or until the end of the PHE, whichever occurs first.*

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of long-term personal care services. All rates are published on the agency's website at www.lamedicaid.com