

Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: LA 26-0002

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



Financial Management Group

May 20, 2026

Seth J. Gold
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 26-0002

Dear Director Maranto:

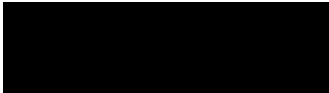
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Louisiana state plan amendment (SPA) to Attachment 4.19-D, LA 26-0002, which was submitted to CMS on February 19, 2026. This plan amendment amends the provisions governing reimbursement methodology for intermediate care facilities for individuals with intellectual disabilities (ICF/IID) removes the one-time lump sum payment language to all privately owned or operated ICF/IID that billed Medicaid between August 1, 2024 and October 31, 2024, and are active and Medicaid certified at the time of payment.

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 April 20, 2026. We are enclosing the approved CMS-179 and a copy of the new state plan pages.


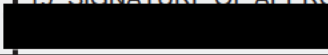
If you have any additional questions or need further assistance, please contact Tom Caughey at 517-487-8598 or via email at tom.caughey@cms.hhs.gov.

Sincerely,



Rory Howe
Director
Financial Management Group

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 26-0002	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 20, 2026	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart C 42 CFR 447 Subpart F		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$0 900,000 b. FFY <u>2027</u> \$0 900,000	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19 D, Page 21		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 25-0007)	
9. SUBJECT OF AMENDMENT 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) to remove the one-time lump-sum payment date and the requirement that facilities be open and operational after July 1, 2024, to receive payment.			
10. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		The Governor does not review State Plan material.	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Seth Gold Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
12. TYPED NAME Drew Maranto, designee for Bruce D. Greenstein			
13. TITLE Undersecretary			
14. DATE SUBMITTED February 19, 2026			
FOR CMS USE ONLY			
16. DATE RECEIVED February 19, 2026		17. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL April 20, 2026		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe		21. TITLE OF APPROVING OFFICIAL Director, FMG	
22. REMARKS Pen-and-ink change to Box 6 by CMS with state concurrence			

STATE OF LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Effective for providers, active and Medicaid certified as of July 1, 2024, a lump sum payment will be made to non-state, non-public ICF/IID.

Methodology

- A. Payment will be based on each provider’s specific prorated share of an additional dedicated program funding pool. This payment shall not exceed \$31,000,000.
- B. The prorated share for each provider will be determined utilizing the provider’s percentage of program fee for service Medicaid days for dates of service within a period of three consecutive months selected by the Department, occurring between January 1, 2024, and December 31, 2024.
- C. If the additional dedicated program funding pool lump sum payment exceeds the Medicare upper payment limit in the aggregate for the provider class, the Department shall recoup the overage using the same means of distribution stated above.
- D. The annual payment shall be made on or before June 30th of each state plan rate year.

11. Complex Care Reimbursements

- A. Private (non-state) owned ICF/IID may receive an add-on payment to the per diem rate for providing complex care to Medicaid beneficiaries when medically necessary. The add-on payment shall be a flat fee daily amount and consists of payment for one of the following components alone or in combination:
 - 1. equipment add-on;
 - 2. direct service worker (DSW) add-on; and
 - 3. skilled nursing add-on.
- B. To qualify, beneficiaries must meet medical necessity criteria established by the Medicaid program. Supporting medical documentation must also be submitted as specified by the Medicaid program. The duration of approval of the add-on payment(s) is at the sole discretion of the Medicaid program and shall not exceed one year.

Medical necessity of the add-on payment(s) shall be reviewed and re-determined by the Medicaid program no less than annually from the date of initial approval of each add-on payment. This review shall be performed in the same manner and using the same medical necessity criteria as the initial review.