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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 20-0020

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
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

March 16, 2021

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

RE: TN LA 20-0020

Dear Ms. LeBlanc:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number (TN) 20-0020 dated December 30, 2020. This state plan amendment is to amend the provisions governing leave of absence days during a federal public health emergency declared by the Secretary of Health and Human Services (HHS).

Based on the information submitted, we approved the amendment on March 16, 2021, for incorporation into the official Louisiana State Plan with an effective date of March 11, 2020. A copy of the CMS-179 and approved plan page are enclosed with this letter.

If you have any questions regarding this matter, you may contact Tobias Griffin at (214) 767-4425, or by email at tobias.griffin@cms.hhs.gov.

Sincerely,


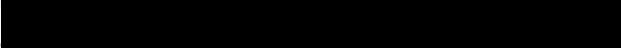
Digitally signed by James G.

16 15:34:28

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Billy Bob Farrell, Branch Manager
Karen Barnes, LA Department of Health

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 20-0020	2. STATE Louisiana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE March 11, 2020	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart C		7. FEDERAL BUDGET IMPACT a. FFY 2021 \$322,725 b. FFY 2022 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-C, Page 1a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 13-32)	
10. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing leave of absence days during a federal public health emergency declared by the Secretary of Health and Human Services (HHS).			
11. 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			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Tara A. Leblanc, Interim Medicaid Executive Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME Dr. Courtney N. Phillips			
14. TITLE Secretary			
15. DATE SUBMITTED December 30, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED December 30, 2020		18. DATE APPROVED March 16, 2021	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL March 11, 2020		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME James G. Scott		22. TITLE Director, Division of Program Operations	
23. REMARKS			

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

- C. Effective for dates of service on or after February 20, 2009, the reimbursement to non-state ICF/IID for leave of absence days is 75 percent of the applicable per diem rate on file as of February 19, 2009.
 - D. Effective for dates of service on or after March 11, 2020, any leave of absence during a declared federal public health emergency by the Department of Health and Human Services (HHS) will be excluded from both the annual 45-day limit and the 30-consecutive day limit, as long as the leave of absence is included in the written habilitation plan.
- I. Leave Days for Residents of Nursing Facilities
- A. For each Medicaid recipient, 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 recipient'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.