Bobby Jindal
GOVERNOR

Kathy H. Kliebert
SECRETARY

State of Louisiana

Department of Health and Hospitals
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

December 1, 2014

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 14-0036

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.

Sincerely,

Approved for

Kathy H. Kliebert
Secretary

Attachments (2)

KHK/JRK/DAB

Bienville Building • 628 North 4th Street • P.O. Box 629 • Baton Rouge, Louisiana 70821-0629
Phone #: 225/342-9509 • Fax #: 225/342-5568 • *WWW.DHH.LA.GOV*
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **14-0036**

2. STATE: **Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: **October 1, 2014**

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ 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 **2015** **$178.67**
b. FFY **2016** **$184.03**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-D, Page 11

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
SAME (TN 12-33)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing the transitional rates for public facilities in order to increase the Medicaid reimbursement rate.**

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Kathy H. Kliebert

14. TITLE:
Secretary

15. DATE SUBMITTED:
December 1, 2014

16. RETURN TO:
J. Ruth Kennedy, Medicaid Director
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

FORM HCFA-179 (07-92)

LOUISIANA TITLE XIX STATE PLAN
TRANSMITTAL #: **14-0036**
TITLE: **ICF-ID Public Facilities Reimbursement Rate Increase**
EFFECTIVE DATE: **October 1, 2014**

FISCAL IMPACT:
Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2015		62.05%	9	October 1, 2014 - June 30,2015	$214,347
2nd SFY	2016	3.0%	62.05%	12	July 2015 - June 2016	$294,370
3rd SFY	2017	3.0%	62.39%	12	July 2016 - June 2017	$303,201

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY **2015**

SFY	2015	$214,347	for	9	months	October 1, 2014 - June 30,2015			$214,347
SFY	2016	$294,370	for	12	months	July 2015 - June 2016			
		$294,370	/	12 X 3		July 2015- September 2015		=	$73,593
									$287,940
			FFP (FFY	**2015)=**		**$287,940**	**X**	**62.05%** =	**$178,667**

Total Increase in Cost FFY **2016**

SFY	2016	$294,370	for	12	months	July 2015 - June 2016			
		$294,370	/	12 X 9		October 2015 - June 2016		=	$220,778
SFY	2017	$303,201	for	12	months	July 2016 - June 2017			
		$303,201	/	12 X 3		July 2016 - September 2016		=	$75,800
									$296,578
			FFP (FFY	**2016)=**		**$296,578**	**X**	**62.05%** =	**$184,027**

d. Each state-owned and operated facility's capital and ancillary costs will be paid on a "pass-through" basis.

The sum of the calculations for routine service costs and the capital and ancillary costs "pass-through" shall be the per diem rate for each state-owned and operated ICF/MR. The base year cost reports to be used for the initial calculations shall be the cost reports for the fiscal year ended June 30, 2002.

Effective for the dates on or after October 1, 2012, a transitional Medicaid reimbursement rate of $302.08 per day per individual shall be established for a public ICF/DD facility over 50 beds that is transitioning to a private provider, as long as the provider meets the following criteria:

a. shall have a fully executed) agreement with the Office for Citizens with Developmental Disabilities for the private operation of the facility;

b. shall have a high concentration of medically fragile individuals being served, as determined by DHH. For the purposes of these provisions, a medically fragile individual shall refer to an individual who has a medically complex condition characterized by multiple, significant medical problems that require extended care;

c. incurs or will incur higher existing costs not currently captured in the private ICF/DD rate methodology; and

d. shall agree to downsizing and implement a pre-approved OCDD plan.

Any ICF/DD home that is Cooperative Endeavor Agreement (CEA), to which individuals transition to satisfy downsizing requirements, shall not exceed 6-8 beds.

Effective for the dates on or after October 1, 2013, the transitional Medicaid reimbursement rate shall only be for the period of transition, which is defined as the term of the agreement or a period of four years, whichever is shorter. The transitional Medicaid reimbursement rate is all inclusive and incorporates the following cost components:

a. direct care staffing;
b. medical/nursing staff, up to 23 hours per day;
c. medical supplies;
d. transportation costs;
e. administrative and operating costs; and
f. the provider fee.

If the community home meets the above criteria and the individuals served require that the community home has a licensed nurse at the facility 24 hours per day, seven days per week, the community home may apply for a supplement to the transitional rate. The supplement to the rate shall not exceed $25.33 per day per individual. The total transitional Medicaid reimbursement rate, including the supplement, shall not exceed $327.41 per day per individual.

Effective for dates of service on or after October 1, 2014, the transitional Medicaid reimbursement rate shall be increased by $1.85 of the rate in effect on September 30, 2014.

No payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.

The newspapers of **Louisiana** make public notices from their printed pages available electronically in a single database for the benefit of the public. This enhances the legislative intent of public notice - keeping a free and independent public informed about activities of their government and business activities that may affect them. Importantly, Public Notices now are in one place on the web (www.PublicNoticeAds.com), not scattered among thousands of government web pages.

County: Rapides
Printed In: Alexandria Town Talk
Printed On: 2014/10/19

LA SPA 14-0036

PUBLIC PROCESS NOTICE

Department of Health and Hospitals
Bureau of Health
Services Financing

Intermediate Care
Facilities for
Persons with
Intellectual Disabilities - Public Facilities
Reimbursement Rate Increase

The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for public intermediate care facilities for persons with developmental disabilities (ICFs /DD), hereafter referred to as intermediate care facilities for persons with intellectual disabilities (ICFs/ID), to establish a transitional Medicaid reimbursement rate for community homes that are being privatized (Louisiana Register, Volume 39, Number 2). This Rule also adopted all of the provisions governing reimbursements to state-owned and operated facilities and quasi-public facilities in a codified format for inclusion in the Louisiana Administrative Code.

The department promulgated an Emergency Rule which amended the provisions governing the transitional rates for public facilities in order to redefine the period of transition (Louisiana Register, Volume 39, Number 10). The department subsequently promulgated an Emergency Rule to assure compliance with the technical requirements of R.S. 49:953, and to continue the provisions of the October 1, 2013 Emergency Rule governing transitional rates for public facilities (Louisiana Register, Volume 40, Number 3). The department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for ICFs /ID to increase the add-on amount to the per diem rate for the provider fee (Louisiana Register, Volume 40, Number 3).

Due to an increase in the add-on amount to the per diem rate for the provider fee, the department now proposes to amend the provisions governing the transitional rates for public facilities in order to increase the Medicaid reimbursement rate. This action is being taken to protect the public health and welfare of Medicaid recipients transi-tioning from public ICFs/ID by ensuring continued provider participation in the Medicaid Program.

Effective October 1, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to promulgate an Emergency Rule to amend the provisions governing the reimbursement methodology for public intermediate care facilities for persons with intellectual disabilities.

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to Medicaid Policy@la.gov.Ms. Kennedy is responsible for responding to all inquiries regarding this public process notice. The deadline for receipt of all written comments is October 31, 2014 by 4:30 p.m. A copy of this public notice is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

(9) 19

Bobby Jindal
GOVERNOR

Kathy H. Kliebert
SECRETARY

State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

October 9, 2014

Karen Matthews, Health Director
Chitimacha Health Clinic
3231 Chitimacha Trail
Jeanerette, LA 70544

Angela Martin
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Anita Molo
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Marshall Pierite, Chairman
Misty Hutchby, Health Director
Tunica-Biloxi Tribe of Louisiana
P. O. Box 1589
Marksville, LA 71351-1589

Lovelin Poncho, Chairman
Paula Manuel, Health Director
Coushatta Tribe of Louisiana
P. O. Box 818
Elton, LA 70532

Chief Beverly Cheryl Smith
Holly Vanhoozen, Health Director
The Jena Band of Choctaw Indians
P. O. Box 14
Jena, LA 71342

Dear Louisiana Tribal Contact:

RE: Notification of Louisiana Medicaid State Plan Amendments

In compliance with the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009, the Department of Health and Hospitals, Bureau of Health Services Financing is taking the opportunity to notify you of the State Plan amendments (SPAs) that may have an impact on your tribe.

Attached for your review and comments is a summary of the proposed State Plan amendments. Please provide any comments you may have by October 16, 2014 to Mrs. Darlene Budgewater via email to Darlene.Budgewater@la.gov or by postal mail to:

Department of Health and Hospitals
Bureau of Health Services Financing
Medicaid Policy and Compliance
P.O. Box 91030
Baton Rouge, LA 70821-9030

Should you have additional questions about Medicaid policy, Mrs. Budgewater will be glad to assist you. You may reach her by email or telephone at (225) 342-3881. Thanks for your continued support of the tribal consultation process.

Sincerely,

Darlene A. Budgewater

for J. Ruth Kennedy
Medicaid Director

Attachment (1)

JRK/DB/RJ

c: Ford J. Blunt III
Stacey Shuman

State Plan Amendment for submittal to CMS

Request for Tribal Comments
October 9, 2014

14-36 ICF-ID Public Facilities Reimbursement Rate Increase (Effective: October 1, 2014)

- Proposes to amend the provisions governing the transitional rates for public facilities in order to increase the Medicaid reimbursement rate.

14-37 Inpatient Hospital Services, NR, NS Children's Specialty Hospital Reimbursements (Effective: October 4, 2014)

- Proposes to amend the provisions governing the reimbursement methodology for inpatient hospital services rendered by children's specialty hospitals to revise the reimbursement methodology and establish outlier payment provisions.

14-38 ICF-ID Complex Care Reimbursements (Effective: October 1, 2014)

- Proposes to amend the provisions governing the reimbursement methodology for ICFs/ID to establish reimbursement for complex care services provided to Medicaid recipients residing in non-state ICFs/ID.

14-39 Medical Transportation Program Non-Emergency Medical Transportation (Effective: October 1, 2014)

- Proposes to revise the provisions governing the reimbursement methodology for non-emergency medical transportation services to replace the monthly payment of capitated rates with a monthly per trip payment methodology.

14-40 Applied Behavior Analysis-Based Therapy Services (Effective October 20, 2014)

- Proposes to revise the provisions governing Applied Behavior Analysis-Based Therapy Services to clarify the provider participation requirements.