

STATE OF LOUISIANA

- 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.

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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 Cooperative Endeavor Agreement (CEA) 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 a Cooperative Endeavor Agreement (CEA) to which individuals transition to satisfy downsizing requirements, shall not exceed 6-8 beds.

The transitional Medicaid reimbursement rate shall only be for the period of transition, which is defined as the term of the CEA or a period of three 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.

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The transitional rate and supplement shall not be subject to the following:

- a. inflationary factors or adjustments;
 - b. rebasing;
 - c. budgetary reductions; or
 - d. other rate adjustments.
2. Quasi-public facilities are reimbursed a facility specific prospective rate based on budgeted costs. Providers submit a projected budget for the state fiscal year beginning July 1. Rates are determined as follows:
- a. Determine each ICF/MR's per diem for the base year beginning July 1.
 - b. Calculate the inflation factor using an average CPI index applied to each facility's per diem for the base year to determine the inflated per diem.
 - c. Calculate the median per diem for the facilities' base year.
 - d. Calculate the facility's routine cost per diem for the SFY beginning July 1 by using the lowest of the budgeted, inflated, or median per diem rates plus any additional allowances.
 - e. Calculate the final approved per diem rate for each facility by adding routine costs plus any "pass through" amounts for ancillary services, provider fees, and grant expenses.
 - f. Providers may request a final rate adjustment subject to submission of supportive documentation and approval by the DHH rate committee.

D. REIMBURSEMENT TO PRIVATE ICF/DD PROVIDERS

Private providers are reimbursed a per diem rate for each resident. Rates are calculated based on information reported on the cost report.

1. Definitions

- a. *Acuity Factor*—an adjustment factor which will modify the direct care portion of the Inventory for Client and Agency Planning (ICAP) rate based on the ICAP level for each resident.

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