

Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 18-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

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



Mrs. Jen Steele, Director
Bureau of Health Services Financing
Department of Health and Hospitals
Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

RE: Louisiana 18-0018

November 1, 2018

Dear Mrs. Steele:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 18-0018. The purpose of this SPA is to extend the period of transitional rates for one large Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) that provide continuous nursing coverage to medically fragile populations for an additional two years.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

We are pleased to inform you that Medicaid State plan amendment 18-0018 is approved effective October 11, 2018. We are enclosing the CMS-179 and the amended plan page.

If you have any questions, please call Tamara Sampson at (214) 767-6431.

Sincerely,

A black rectangular redaction box covering the signature of Kristin Fan.

Kristin Fan
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
18 - 0018

2. STATE
Louisiana

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

4. PROPOSED EFFECTIVE DATE
October 11, 2018

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 **2019** \$ **0.00**

b. FFY **2020** \$ **0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D, Page 11a

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable)
Same (TN 17-0027)

10. SUBJECT OF AMENDMENT

The purpose of this SPA is to revise the provisions governing reimbursement for public facilities in order to extend the period of transitional rates for two additional years for ARC of Acadiana, a large facility that provides continuous nursing coverage to medically fragile populations.

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

Rebekah E. Gee MD, MPH

14. TITLE

Secretary

15. DATE SUBMITTED

October 18, 2018

16. RETURN TO

**Jen Steele, Medicaid Director
State of Louisiana
Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

October 18, 2018

18. DATE APPROVED

NOV 01 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 11, 2018

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Kristin Fan

22. TITLE

Director, FMG

23. REMARKS

STATE OF LOUISIANA

Effective October 1, 2017, the Department may extend the period of transition for ARC of Acadiana (Bossier) for an additional year, if deemed necessary.

Effective October 11, 2018, the Department may extend the period of transition for ARC of Acadiana (Bossier) for two additional years, if deemed necessary.

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.

Any ICF/IID home to which individuals transition to satisfy downsizing requirements, shall not exceed 6-8 beds.

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.

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 (SFY) beginning July 1. Rates are determined as follows:
 - a. Determine each ICF/IID'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 LDH rate committee.

D. REIMBURSEMENT TO PRIVATE ICF/IID 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.

State: Louisiana
Date Received: October 18, 2018
Date Approved: NOV 01 2018
Date Effective: October 11, 2018
Transmittal Number: 18-0018

TN 18-0018
Supersedes
TN 17-0027

Approval Date NOV 01 2018

Effective Date 10-11-18