Chapter 329. Reimbursement

Methodology

Subchapter A. Non-State Facilities

§32969. Transitional Rates for Public Facilities

- A. Effective October 1, 2012, the department shall establish a transitional Medicaid reimbursement rate of \$302.08 per day per individual 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:
- 1. shall have a fully executed cooperative endeavor agreement (CEA) with the Office for Citizens with Developmental Disabilities (OCDD) for the private operation of the facility;

- 2. shall have a high concentration of medically fragile individuals being served, as determined by the department;
- a. for 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;
- 3. incurs or will incur higher existing costs not currently captured in the private ICF/DD rate methodology; and
- 4. shall agree to downsizing and implement a preapproved OCDD plan:
- a. 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.
- B. 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 four years, whichever is shorter.
- C. The transitional Medicaid reimbursement rate is all-inclusive and incorporates the following cost components:
 - 1. direct care staffing;
 - 2. medical/nursing staff, up to 23 hours per day;
 - 3. medical supplies;
 - 4. transportation;
 - 5. administrative; and
 - 6. the provider fee.
- D. If the community home meets the criteria in §32969.C 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.
- E. The total transitional Medicaid reimbursement rate, including the supplement, shall not exceed \$327.41 per day per individual.
- F. The transitional rate and supplement shall not be subject to the following:
 - 1. inflationary factors or adjustments;
 - 2. rebasing;
 - 3. budgetary reductions; or
 - 4. other rate adjustments.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:326 (February 2013), amended LR 40:2588 (December 2014).