

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street
Dallas, Texas 75202



Division of Medicaid & Children's Health

31 October, 2017

Reference: **SPA – LA 16-0022**
(IID Supplemental Payments UPL)

Ms. Jen Steele
Louisiana Department of Health
628 North 4th Street
Baton Rouge, Louisiana 70821-9030

Dear Ms. Steele:

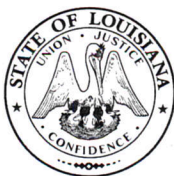
This is to acknowledge receipt of State's Withdraw E-Mail Message Dated 30 October, 2017, noting Withdrawal of State Plan Transmittal No.16-0022. This action is reflected on the enclosed CMS-179. For your convenience, we are enclosing copies of the material withdrawn. If you have any questions, please call Tammy Sampson at 214-767-6431.

Sincerely,

A handwritten signature in black ink that reads "Marsha Marks". The signature is written in a cursive, flowing style.

Marsha Marks, Health Insurance Specialist
Centers for Medicare & Medicaid Services
Division of Medicaid and Child Health

Enclosures:
State's E-Mail Message Dated 10-30-2017
Copies of Withdrawn Material



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

September 27, 2016

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

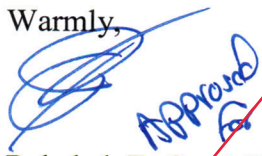
Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 16-0022

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.

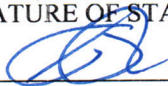
Warmly,


Rebekah E. Gee MD, MPH
Secretary

Withdrawn per State's letter dated
30 October, 2017

Attachments (3)

REG:JS:JH

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-0022	2. STATE Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 August 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One): G NEW STATE PLAN G 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 <u>2016</u> \$5,117.20 b. FFY <u>2017</u> \$4,539.27	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Page 25		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None (New page)	
<div style="border: 1px solid red; padding: 5px; color: red; display: inline-block;">Withdrawn per State's letter dated 30 October, 2017</div>			
10. SUBJECT OF AMENDMENT: The purpose of the SPA is to establish upper payment limits for supplemental payments to private intermediate care facilities entering into a cooperative endeavor agreement with the Department to provide a privately operated living setting to residents discharging from Pinecrest Supports and Services Center (Pinecrest).			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review state plan material.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Rebekah E. Gee MD, MPH			
14. TITLE: Secretary			
15. DATE SUBMITTED: September 27, 2016			
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:			

LA TITLE XIX SPA

TRANSMITTAL #: 16-0022

TITLE: ICF-ID Supplemental Payments UPL

EFFECTIVE DATE: August 1, 2016

FISCAL IMPACT:
Increase

1st SFY	year	% inc.	fed. match	*# mos	range of mos.	dollars
2nd SFY	2016			11	August 2016- June 2017	\$6,414,540
3rd SFY	2017	3.0%		12	July 2017- June 2018	\$7,207,610
	2018	3.0%		12	July 2018 - June 2019	\$7,423,838

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2016

SFY 2016 \$6,414,540 for 11 months

\$6,414,540

SFY 2017 \$7,207,610 for 12 months
\$7,207,610 / 12 X 3

= \$1,801,903
\$8,216,443

FFP (FFY 2016) =

\$8,216,443

62.28%

=

\$5,117,201

Total Increase in Cost FFY 2017

SFY 2017 \$7,207,610 for 12 months
\$7,207,610 / 12 X 9

= \$5,405,708

SFY 2018 \$7,423,838 for 12 months
\$7,423,838 / 12 X 3

= \$1,855,960
\$7,261,668

FFP (FFY 2017)=

\$7,261,668

62.51%

=

\$4,539,269

Withdrawn per State's letter dated 30 October, 2017

STATE OF LOUISIANA

Supplemental Payments

Private (Non-State) Intermediate Care Facilities for Persons with Intellectual Disabilities (ICFs/ID)

Effective for dates of service on or after August 1, 2016, monthly supplemental payments shall be made to qualifying privately-owned intermediate care facilities for persons with intellectual disabilities (ICFs/ID) to provide a privately operated living setting to residents discharging from Pinecrest Supports and Services Center.

- In order to qualify for the supplemental payment, the private entity must enter into a cooperative endeavor agreement with the Department to provide a privately operated living setting, with an end goal of increased community placement opportunities, to residents of Pinecrest who desire to discharge and have been deemed ready for discharge by their interdisciplinary teams, and meet the admission protocol/criteria of the contracted party but have not been successful in securing a placement with a private provider.
- Supplemental payments for services rendered to Medicaid recipients shall not exceed the facility's upper payment limit (UPL) pursuant to 42 CFR 447.272. The UPL will be based on the Centers for Medicare and Medicaid Services' approved ICF transitional rate of \$329.26 including provider fee.
- The supplemental payment will be the difference between the actual Medicaid payment and what would have been paid if the ICF/ID was paid up to the UPL amount.

Withdrawn per State's letter dated
30 October, 2017

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____