

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



SEP 15 2017

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 17-0001

Dear Mrs. Steele:

We have reviewed the proposed amendment to Attachment 4.19-C and 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 17-0001. This amendment proposes to revise the reimbursement methodology for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). This amendment establishes provisions governing evacuation and temporary sheltering costs incurred during a declared disaster or emergency event, to ensure evacuating ICF/IIDs continue to receive payment while providing essential care and services to displaced residents at a host site.

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.

Based upon the information provided by the State, Medicaid State plan amendment 17-0001 is approved effective April 1, 2017. We are enclosing the CMS-179 and the new plan pages.



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

Sincerely,

A handwritten signature in blue ink, appearing to read 'Kristin Fan', written over a horizontal line.

Kristin Fan
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0001	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 April 1, 2017	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> 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>2017</u> <u>\$0</u> b. FFY <u>2018</u> <u>\$0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-C Pages 5, 6 and 7 Attachment 4.19-D, Page 25		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None - New pages None - New page	
10. SUBJECT OF AMENDMENT: The SPA proposes to revise the provisions governing the reimbursement methodology for ICFs/IID to establish provisions governing evacuation and temporary sheltering costs incurred during a declared disaster or emergency event to ensure evacuating ICFs/IID continue to receive vendor payment while providing essential care and services to residents at a host site when they are displaced.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State Plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		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	
13. TYPED NAME: Rebekah E. Gee MD, MPH			
14. TITLE: Secretary			
15. DATE SUBMITTED: June 30, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: June 30, 2017		18. DATE APPROVED: SEP 15 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMS	
23. REMARKS: The State requests a pen and ink change to boxes 8 and 9.			

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS FOR PAYMENT FOR RESERVING BEDS DURING A RECIPIENT'S ABSENCE FROM AN
INPATIENT FACILITY

**Intermediate Care Facilities for Individuals with Intellectual Disabilities
Evacuation and Temporary Sheltering Costs**

- A. Certified, licensed intermediate care facilities for persons with intellectual disabilities (ICFs/IID) required to participate in an evacuation, as directed by the appropriate parish or state official, or which act as a host shelter site may be entitled to reimbursement of its documented and allowable evacuation and temporary sheltering costs.
1. The expense incurred must be in excess of any existing or anticipated reimbursement from any other sources, including the Federal Emergency Management Agency (FEMA) or its successor.
 2. ICFs/IID must first apply for evacuation or sheltering reimbursement from all other sources and request that the Department apply for FEMA assistance on their behalf.
 3. ICFs/IID must submit expense and reimbursement documentation directly related to the evacuation or temporary sheltering of Medicaid residents to the Department.
- B. Eligible expenses for reimbursement must occur as a result of an evacuation and be reasonable, necessary, and proper. Eligible expenses are subject to audit at the Department's discretion and may include the following.
1. Evacuation expenses include expenses from the date of evacuation to the date of arrival at a temporary shelter or another ICF/IID. Evacuation expenses include:
 - a. resident transportation expenses during travel;
 - b. nursing staff expenses when accompanying residents, including:
 - i. transportation; and
 - ii. additional direct care expenses, when a direct care expense increase of 10 percent or more is documented:
 - (a). the direct care expense increase must be based on a comparison to the average of the previous two pay periods or other period comparisons determined acceptable by the Department;
 - c. any additional allowable costs that are directly related to the evacuation and that would normally be allowed under the ICF/IID rate methodology.

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2. Non-ICF/IID facility temporary sheltering expenses include expenses from the date the Medicaid residents arrive at a non-ICF/IID facility temporary shelter to the date all Medicaid residents leave the shelter. A non-ICF/IID facility temporary shelter includes both Medicare/Medicaid-licensed facilities and non-licensed facilities that are not part of a licensed ICF/IID and are not billing for the residents under the ICF/IID reimbursement methodology or any other Medicaid reimbursement system. Non-ICF/IID facility temporary sheltering expenses may include:
 - a. additional nursing staff expenses, including:
 - i. additional direct care expenses, when a direct care expense increase of 10 percent or more is documented:
 - (a). the direct care expense increase must be based on a comparison to the average of the previous two pay periods or other period comparisons determined acceptable by the Department;
 - b. care-related expenses incurred in excess of care-related expenses prior to the evacuation;
 - c. additional medically necessary equipment such as beds and portable ventilators that are not available from the evacuating nursing facility and are rented or purchased specifically for the temporary sheltered residents in accordance with the following:
 - i. these expenses will be capped at a daily rental fee not to exceed the total purchase price of the item; and
 - ii. the allowable daily rental fee will be determined by the Department;
 - d. subject to the restriction at (e) below, any additional allowable costs as determined by the Department and that are directly related to the temporary sheltering and that would normally be allowed under the ICF/IID reimbursement methodology; and
 - e. Reimbursement for room and board costs is not available when beneficiaries are sheltered at facilities not licensed as Medicare/Medicaid providers.
3. Host ICF/IID temporary sheltering expenses include expenses from the date the Medicaid residents are admitted to a licensed ICF/IID to the date all temporary sheltered Medicaid residents are discharged from the ICF/IID, not to exceed a six-month period.
 - a. The host ICF/IID shall bill for the residents under Medicaid's ICF/IID reimbursement methodology.
 - b. Additional direct care expenses may be submitted when a direct care expense increase of 10 percent or more is documented.
 - i. The direct care expense increase must be based on a comparison to the average of the previous two pay periods or other period comparisons determined acceptable by the Department.

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**Intermediate Care Facilities for Individuals with Intellectual Disabilities
Evacuation and Temporary Sheltering Costs**

Payment of Eligible Expenses for Medicare and/or Medicaid Licensed Facilities

- A. For payment purposes, total eligible Medicaid expenses will be the sum of nonresident-specific eligible expenses multiplied by the facility's Medicaid occupancy percentage plus Medicaid resident-specific expenses.
 - 1. If Medicaid occupancy is not easily verified using the evacuation resident listing, the Medicaid occupancy from the most recently filed cost report will be used.
- B. Payments shall be made as quarterly lump-sum payments until all eligible expenses have been submitted and paid. Eligible expense documentation must be submitted to the Department by the end of each calendar quarter.
- C. All eligible expenses documented and allowed will be removed from allowable expenses when the ICF/IID's Medicaid cost report is filed. These expenses will not be included in the allowable cost used to set ICF/IID reimbursement rates in future years.
 - 1. Equipment purchases that are reimbursed on a rental rate may have their remaining basis included as allowable cost on future costs reports provided that the equipment is in the ICF/IID and being used. If the remaining basis requires capitalization then depreciation will be recognized.
- D. Payments shall remain under the upper payment limit cap for ICFs/IID.
- E. ICFs/IID may also be entitled to reimbursement in accordance with the Medicaid leave day provisions contained in Attachment 4.19-C, Page 1, Paragraph I.A & B.

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