



State of Louisiana
Louisiana Department of Health
Office of the Secretary

October 18, 2018

VIA ELECTRONIC MAIL ONLY

Mr. 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

***Re: Louisiana Title XIX State Plan
Transmittal No. 18-0018***

Dear Mr. Brooks:

I have reviewed and I approve of the enclosed Louisiana Title XIX State Plan material. It is my recommendation that the amendment be adopted and included in the body of the State Plan. Should you have any questions or concerns regarding this matter, please contact Medicaid Director Jen Steele for additional assistance.

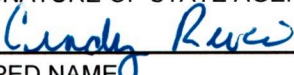
Warmly,



Rebekah E. Gee MD, MPH
Secretary

Attachments (2)

REG:JS:SJB

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 18 - 0018	2. STATE Louisiana
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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		4. PROPOSED EFFECTIVE DATE October 11, 2018	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 17-0027)	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) <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 October 18, 2018			
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			

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.