

NOTICE OF INTENT

Department of Health
Bureau of Health Services Financing

Intermediate Care Facilities for Persons with Intellectual
Disabilities
Reimbursement Methodology
Dental Services
(LAC 50:VII.Chapter 329)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:Chapter 329 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Act 366 of the 2022 Regular Session of the Louisiana Legislature directed the Department of Health to provide comprehensive coverage in the Medical Assistance Program for dental care for Medicaid beneficiaries age 21 or older who reside in intermediate care facilities for individuals with intellectual disabilities (ICFs/IID). In compliance with Act 366, the Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing the reimbursement methodology for ICFs/IID in order to allow for an additional add-on rate for comprehensive dental care provided to

Medicaid beneficiaries age 21 or older who reside in these facilities.

Title 50

PUBLIC HEALTH-MEDICAL ASSISTANCE

Part VII. Long-Term Care

Subpart 3. Intermediate Care Facilities for Persons with Intellectual Disabilities

Chapter 329. Reimbursement Methodology

Subchapter A. Non-State Facilities

§32903. Rate Determination

A. Resident per diem rates are calculated based on information reported on the cost report. ~~ICFs-MR~~ICFs/IID will receive a rate for each resident. The rates are based on cost components appropriate for an economic and efficient ~~ICF-~~MRICF/IID providing quality service. The resident per diem rates represent the best judgment of the state to provide reasonable and adequate reimbursement required to cover the costs of economic and efficient ~~ICFs-MR~~ICF/IID.

B. ...

C. ~~For dates of service on or after August 1, 2005, a~~A resident's per diem rate will be the sum of:

1. - 3. ...

4. capital rate; ~~and~~

5. provider fee-; and

6. dental pass-through/add-on per diem rate
(effective for dates of service on or after May 1, 2023).

D. - D.1. ...

a. Median Cost. The direct care per diem median cost for each ~~ICF-MR~~ICF/IID is determined by dividing the facility's total direct care costs reported on the cost report by the facility's total days during the cost reporting period. Direct care costs for providers in each peer group are arrayed from low to high and the median (50th percentile) cost is determined for each peer group.

b. - d. ...

Table. ...

e. Direct Service Provider Wage Enhancement. For dates of service on or after February 9, 2007, the direct care reimbursement in the amount of \$2 per hour to ~~ICF-MR~~ICF/IDD providers shall include a direct care service worker wage enhancement incentive. It is the intent that this wage enhancement be paid to the direct care staff. ~~Non-compliance~~Non-compliance with the wage enhancement shall be subject to recoupment.

1.e.i.- 2. ...

a. Median Cost. The care related per diem median cost for each ~~ICF-MR~~ICF/IID is determined by dividing the facility's total care related costs reported on the cost report by the facility's actual total resident days during the cost reporting period. Care related costs for all providers are arrayed from low to high and the median (50th percentile) cost is determined.

2.b. - 3. ...

a. Median Cost. The administrative and operating per diem median cost for each ~~ICF-MR~~ICF/IID is determined by dividing the facility's total administrative and operating costs reported on the cost report by the facility's actual total resident days during the cost reporting period. Administrative and operating costs for all providers are arrayed from low to high and the median (50th percentile) cost is determined.

3.b. - 4. ...

a. Median Cost. The capital per diem median cost for each ~~ICF-MR~~ICF/IID is determined by dividing the facility's total capital costs reported on the cost report by the facility's actual total resident days during the cost reporting period. Capital costs for providers of each peer group

are arrayed from low to high and the median (50th percentile) cost is determined for each peer group.

b. - d.i.

5. The dental add-on per diem rate shall be a statewide price, and the pass-through, once calculated, will be facility specific. This pass-through/add-on may be adjusted annually and will not follow the rebasing and inflationary adjustment schedule. The dental pass-through/add-on per diem rate shall be determined as follows:

a. Prior to inclusion of these costs on facility cost reports, a per diem add on will be created based on estimates provided by the state's actuary and should reflect the costs associated with those basic dental services that are excluded from the Dental PMPMs paid to the Louisiana Medicaid dental managed care entity(ies).

b. The above dental add-on per-diem, but not the pass-through rate, paid to each facility will be subject to a wholly separate and distinct floor calculation for each cost report year that the per-diem is in effect, beginning July 1, 2023. The total sum of the per-diem add-on paid to each facility will be compared to each facilities costs associated with basic dental services that are excluded from the dental

PMPMs paid to the Louisiana Medicaid dental managed care entity(ies). Should 95 percent of the total per-diem add-on paid exceed the facilities noted cost, the facility shall remit to the bureau the difference between these two amounts.

c. Once these dental expenses have been recognized in a facility cost report with a year ended on or after June 30, 2024 that is utilized in a rate rebase period, the add-on will no longer be paid to that facility and a facility specific pass-through per-diem rate will be calculated as the total dental cost reported on the cost report divided by total cost report patient days. These per-diem rates and costs will follow the same oversight procedures as noted at Section 32909. The facility specific pass-through per-diem may be reviewed and adjusted annually, at the discretion of the department.

E. The rates for the 1-8 bed peer group shall be set based on costs in accordance with §32903.B-D.4.d. The reimbursement rates for peer groups of larger facilities will also be set in accordance with §32903.B-D.4.d; however, the rates, excluding any dental pass-through/add-on will be limited as follows.

E.1. - G. ...

H. A facility requesting a pervasive plus rate supplement shall bear the burden of proof in establishing the facts and circumstances necessary to support the supplement in a format and with supporting documentation specified by the ~~DHH~~-LDH ICAP Review Committee.

1. The ~~DHH~~-LDH ICAP Review Committee shall make a determination of the most appropriate staff required to provide requested supplemental services.

2. The amount of the Pervasive Plus supplement shall be calculated using the Louisiana Civil Service pay grid for the appropriate position as determined by the ~~DHH~~-LDH ICAP Review Committee and shall be the 25th percentile salary level plus 20 percent for related benefits times the number of hours approved.

I. ...

1. The provider must submit sufficient medical supportive documentation to the ~~DHH~~-LDH ICAP Review Committee to establish medical need for enteral nutrition, ostomy or tracheotomy medical supplies.

I.1.a. - J. ...

K. Effective for dates of service on or after August 1, 2010, the per diem rates for non-state intermediate care facilities for persons with developmental disabilities

(~~ICFs/DD~~ICFs/IID) shall be reduced by 2 percent of the per diem rates on file as of July 31, 2010.

1. Effective for dates of service on or after December 20, 2010, non-state ~~ICFs/DD~~ICFs/IID which have downsized from over 100 beds to less than 35 beds prior to December 31, 2010 shall be excluded from the August 1, 2010 rate reduction.

L. Effective for dates of service on or after August 1, 2010, the per diem rates for ~~ICFs/DD~~ICFs/IID which have downsized from over 100 beds to less than 35 beds prior to December 31, 2010 shall be restored to the rates in effect on January 1, 2009.

M. Effective for dates of service on or after July 1, 2012, the per diem rates for non-state intermediate care facilities for persons with developmental disabilities (~~ICFs/DD~~ICFs/IID) shall be reduced by 1.5 percent of the per diem rates on file as of June 30, 2012.

N. Pursuant to the provisions of Act 1 of the 2020 First Extraordinary Session of the Louisiana Legislature, effective for dates of service on or after July 1, 2020, private ICF/IID facilities that downsized from over 100 beds to less than 35 beds prior to December 31, 2010 without the benefit of a

cooperative endeavor agreement (CEA) or transitional rate and who incurred excessive capital costs, shall have their per diem rates (excluding provider fees) increased by a percent equal to the percent difference of per diem rates (excluding provider fees [and dental pass through](#)) they were paid as of June 30, 2019. See chart below with the applicable percentages:

Table. ...

1. ...

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, Office of the Secretary, Bureau of Health Services Financing, LR 31:2253 (September 2005), amended LR 33:462 (March 2007), LR 33:2202 (October 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1555 (July 2010), LR 37:3028 (October 2011), LR 39:1780 (July 2013), LR 39:2766 (October 2013), LR 41:539 (March 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:370 (March 2021), LR 49:

§32904. Temporary Reimbursement for Private Facilities

A. - B. ...

C. The temporary Medicaid reimbursement rate is all-inclusive and incorporates the following cost components:

1. - 4. ...

5. administrative; ~~and~~

6. the provider fee-; and

7. dental pass-through/add-on per diem rate

(effective for dates of service on or after January 1, 2023).

D. - E.2.d. ...

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, Bureau of Health Services Financing, LR 47:593 (May 2021), amended LR 48:2129 (August 2022), LR 49:

§32905. ICAP Requirements

A. An ICAP must be completed for each recipient of ~~ICF-~~ MRICF/IID services upon admission and while residing in an ~~ICF-~~ MRICF/IID in accordance with departmental regulations.

B. D. ...

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, Office of the Secretary, Bureau of Health

Services Financing, LR 31:1593 (July 2005), repromulgated LR 31:2254 (September 2005), LR 49:

§32907. ICAP Monitoring

A. ICAP scores and assessments will be subject to review by ~~DHH~~LDH and its contracted agents. The reviews of ICAP submissions include, but are not limited to:

1. - 4. ...

B. ICAP Review Committee

1. Requests for Pervasive Plus must be reviewed and approved by the ~~DHH~~LDH ICAP Review Committee.

B.2. - C. ...

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, Office of the Secretary, Bureau of Health Services Financing, LR 31:1594 (July 2005), repromulgated LR 31:2254 (September 2005), amended by the Department of Health, Bureau of Health Services Financing, LR 49:

§32909. Audits

A. Each ~~ICF-MR~~ICF/IID shall file an annual facility cost report and a central office cost report.

B. ~~ICF-MR~~ICF/IID shall be subject to financial and compliance audits.

C. All providers who elect to participate in the Medicaid Program shall be subject to audit by state or federal regulators or their designees. Audit selection for the department shall be at the discretion of ~~DHH~~LDH.

1. A representative sample of the ~~ICF-MR~~ICF/IID shall be fully audited to ensure the fiscal integrity of the program and compliance of providers with program regulations governing reimbursement.

2. Limited scope and exception audits shall also be conducted as determined by ~~DHH~~LDH.

3. ~~DHH~~LDH conducts desk reviews of all the cost reports received. ~~DHH~~LDH also conducts on-site audits of provider records and cost reports.

a. ~~DHH~~LDH seeks to maximize the number of on-site audited cost reports available for use in its cost projections although the number of on-site audits performed each year may vary.

b. Whenever possible, the records necessary to verify information submitted to ~~DHH~~LDH on Medicaid cost reports, including related-party transactions and other business

activities engaged in by the provider, must be accessible to ~~DHH~~
LDH audit staff in the state of Louisiana.

D. Cost of Out-of-State Audits

1. When records are not available to ~~DHH~~-LDH audit staff within Louisiana, the provider must pay the actual costs for ~~DHH~~-LDH staff to travel and review the records out-of-state.

2. If a provider fails to reimburse ~~DHH~~-LDH for these costs within 60 days of the request for payment, ~~DHH~~-LDH may place a hold on the vendor payments until the costs are paid in full.

E. In addition to the exclusions and adjustments made during desk reviews and on-site audits, ~~DHH~~-LDH may exclude or adjust certain expenses in the cost-report data base in order to base rates on the reasonable and necessary costs that an economical and efficient provider must incur.

F. The facility shall retain such records or files as required by ~~DHH~~-LDH and shall have them available for inspection for five years from the date of service or until all audit exceptions are resolved, whichever period is longer.

G. If ~~DHH's~~-LDH's auditors determine that a facility's records are unauditabile, the vendor payments may be withheld until the facility submits an acceptable plan of correction to

reconstruct the records. Any additional costs incurred to complete the audit shall be paid by the provider.

H. Vendor payments may also be withheld under the following conditions:

1. ...

2. a facility fails to respond satisfactorily to ~~DHH=s~~LDH's request for information within 15 days after receiving the department's letter.

I. If ~~DHH's~~LDH's audit of the residents= personal funds account indicate a material number of transactions were not sufficiently supported or material noncompliance, then DHH shall initiate a full scope audit of the account. The cost of the full scope audit shall be withheld from the vendor payments.

J. The ~~ICF-MR~~ICF/IID shall cooperate with the audit process by:

1. - 6. ...

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, Office of the Secretary, Bureau of Health Services Financing, LR 31:1594 (July 2005), repromulgated LR

31:2254 (September 2005), amended by the Department of Health, Bureau of Health Services Financing, LR 49:

§32913. Leave of Absence Days

A. The reimbursement to non-state ~~ICF/DDs~~ICFs/IID for hospital leave of absence days is 85 percent of the applicable per diem rate.

B. ...

1. A leave of absence is a temporary stay outside of the ~~ICF/DD~~ICF/IID, for reasons other than for hospitalization, provided for in the recipient's written individual habilitation plan.

C. Effective for dates of service on or after February 20, 2009, the reimbursement to non-state ~~ICF/DDs~~ICFs/IID for leave of absence days is 85 percent of the applicable per diem rate on file as of February 19, 2009.

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, Office of the Secretary, Bureau of Health Services Financing, LR 27:57 (January 2001), repromulgated LR 31:2255 (September 2005), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1897

(September 2009), amended by the House of Representatives, House Concurrent Resolution No. 4 of the 2022 Regular Legislative Session, LR 48:2024 (July 2022), amended by the Department of Health, Bureau of Health Services Financing, LR 49:

Subchapter C. Public Facilities

§32965. State-Owned and Operated Facilities

A. Medicaid payments to state-owned and operated intermediate care facilities for persons with developmental disabilities are based on the Medicare formula for determining the routine service cost limits as follows:

1. calculate each state-owned and operated

~~ICF/DD's~~ ICF/IID's per diem routine costs in a base year;

A.2. - B. ...

C. The sum of the calculations for routine service costs and the capital and ancillary costs "pass-through" shall be the per diem rate for each state-owned and operated ~~ICF/DD~~ ICF/IID.

The base year cost reports to be used for the initial calculations shall be the cost reports for the fiscal year ended June 30, 2002.

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 39:325 (February 2013), amended by the Department of Health, LR 49:

§32967. Quasi-Public Facilities

A. ...

B. The payment rates for quasi-public facilities shall be determined as follows:

1. determine each ~~ICF/DD's~~ ICF/IID's per diem for the base year beginning July 1;

B.2. - C. ...

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 by the Department of Health, Bureau of Health Services Financing, LR 49:

§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/ID~~ ICF/IID facility over 50 beds that is transitioning to a private provider, as long as the provider meets the following criteria:

A.1. - 2.a. ...

3. incurs or will incur higher existing costs not currently captured in the private ~~ICF/ID~~ICF/IID rate methodology; and

4. shall agree to downsizing and implement a pre-approved OCDD plan:

a. any ~~ICF/ID~~ICF/IID home that is a cooperative endeavor agreement (CEA) to which individuals transition to satisfy downsizing requirements, shall not exceed 6-8 beds.

B. - G. ...

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), amended by the Department of Health, Bureau of Health Services Financing, LR 44:60 (January 2018), LR 44:772 (April 2018), LR 45:273 (February 2019), LR 45:435 (March 2019), LR 49:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services

(CMS), if it is determined that submission to CMS for review and approval is required.

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have a positive impact on family functioning, stability and autonomy as described in R.S. 49:972, since it assures access to Medicaid covered dental services for adult beneficiaries residing in intermediate care facilities for individuals with intellectual disabilities.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have a positive impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973, as it assures access to Medicaid covered dental services for adult beneficiaries residing in intermediate care facilities for individuals with intellectual disabilities.

Small Business Analysis

In compliance with the Small Business Protection Act, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule may have a positive impact on small businesses since it provides increased reimbursement for services.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, but may reduce the total direct and indirect cost to the provider to provide the same level of service, and may enhance the provider's ability to provide the same level of service as described in HCR 170 since this proposed Rule provides increased reimbursement for services.

Public Comments

Interested persons may submit written comments to Tara A. LeBlanc, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. LeBlanc is responsible for responding to inquiries regarding this proposed Rule. The

deadline for submitting written comments is at 4:30 p.m. on March 1, 2023.

Public Hearing

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on February 9, 2023. If the criteria set forth in R.S. 49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on February 28, 2023 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after February 9, 2023. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing. In the event of a hearing, parking is available to the public in the Galvez Parking Garage, which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing

attendees when the parking ticket is presented to LDH staff at the hearing.

Dr. Courtney N. Phillips

Secretary