



State of Louisiana
Department of Health and Hospitals
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

November 14, 2014

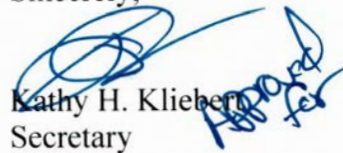
Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

**RE: Louisiana Title XIX State Plan
Transmittal No. 14-0038**


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.

Sincerely,


Kathy H. Kliebert
Secretary

Attachments (2)

KHK/JRK/DAB

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-0038	2. STATE Louisiana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE October 1, 2014	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447, Subpart F		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$2,552.42 b. FFY 2016 \$2,628.99	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Page 24 Attachment 4.19-D, Page 24a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): NONE – New Page NONE – New Page	
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to amend the provisions governing the reimbursement methodology for ICFs/ID to establish reimbursement for complex care services provided to Medicaid recipients residing in private (non-state) ICFs/ID.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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: J. Ruth Kennedy, Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Kathy H. Kliebert			
14. TITLE: Secretary			
15. DATE SUBMITTED: November 14, 2014			
17. DATE RECEIVED:			
FOR REGIONAL OFFICE USE ONLY			
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:			

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #: 14-0038

TITLE: ICF-ID Complex Care

EFFECTIVE DATE: October 1, 2014

FISCAL IMPACT:

Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2015		62.05%	9	October 1, 2014 - June 30, 2015	\$3,062,145
2nd SFY	2016	3.0%	62.05%	12	July 2015 - June 2016	\$4,205,346
3rd SFY	2017	3.0%	62.39%	12	July 2016 - June 2017	\$4,331,506

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2015

SFY 2015 \$3,062,145 for 9 months October 1, 2014 - June 30, 2015 \$3,062,145

SFY 2016 \$4,205,346 for 12 months July 2015 - June 2016
 \$4,205,346 / 12 X 3 July 2015- September 2015 = \$1,051,337
\$4,113,482

FFP (FFY 2015) = \$4,113,482 X 62.05% = \$2,552,416

Total Increase in Cost FFY 2016

SFY 2016 \$4,205,346 for 12 months July 2015 - June 2016
 \$4,205,346 / 12 X 9 October 2015 - June 2016 = \$3,154,010

SFY 2017 \$4,331,506 for 12 months July 2016 - June 2017
 \$4,331,506 / 12 X 3 July 2016 - September 2016 = \$1,082,877
\$4,236,887

FFP (FFY 2016)= \$4,236,887 X 62.05% = \$2,628,988

STATE OF LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN - ARE DESCRIBED AS FOLLOWS:

13. Complex Care Reimbursements

- A. Effective for dates of service on or after October 1, 2014, private (non-state) intermediate care facilities for persons with intellectual disabilities may receive an add-on payment to the per diem rate for providing complex care to Medicaid recipients who require such services. The add-on rate adjustment shall be a flat fee amount and may consist of payment for any one of the following components:
1. equipment only;
 2. direct service worker (DSW);
 3. nursing only;
 4. equipment and DSW;
 5. DSW and nursing;
 6. Nursing and equipment; or
 7. DSW, nursing, and equipment.
- B. Private (non-state) owned ICFs/ID may qualify for an add-on rate for recipients meeting documented major medical or behavioral complex care criteria. This must be documented on the complex support need screening tool provided by the department. All medical documentation indicated by the screening tool form and any additional documentation requested by the department must be provided to qualify for the add-on payment.
- C. In order to meet the complex care criteria, the presence of a significant medical or behavioral health need must exist and be documented. This must include:
1. endorsement of at least one qualifying condition with supporting documentation; and
 2. endorsement of symptom severity in the appropriate category based on qualifying condition(s) with supporting documentation.
 - a. Qualifying conditions for complex care must include at least one of the following as documented on the complex support need screening tool:
 - i. significant physical and nutritional needs requiring full assistance with nutrition, mobility, and activities of daily living;
 - ii. complex medical needs/medically fragile; or
 - iii. complex behavioral/mental health needs.
- D. Enhanced Supports. Enhanced supports must be provided and verified with supporting documentation to qualify for the add-on payment. This includes:
1. endorsement and supporting documentation indicating the need for additional direct service worker resources;

TN# _____

Approval Date _____

Effective Date _____

STATE OF LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN - ARE DESCRIBED AS FOLLOWS:

2. endorsement and supporting documentation indicating the need for additional nursing resources; or
 3. endorsement and supporting documentation indicating the need for enhanced equipment resources (beyond basic equipment such as wheelchairs and grab bars).
- E. One of the following admission requirements must be met in order to qualify for the add-on payment:
1. the recipient has been admitted to the facility for more than 30 days with supporting documentation of necessity and provision of enhanced supports; or
 2. the recipient is transitioning from another similar agency with supporting documentation of necessity and provision of enhanced supports.
- F. All of the following criteria will apply for continued evaluation and payment for complex care.
1. Recipients receiving enhanced rates will be included in annual surveys to ensure continuation of supports and review of individual outcomes.
 2. Fiscal analysis and reporting will be required annually.
 3. The provider will be required to report on the following outcomes:
 - a. hospital admissions and diagnosis/reasons for admission;
 - b. emergency room visits and diagnosis/reasons for admission;
 - c. major injuries;
 - d. falls; and
 - e. behavioral incidents.

TN# _____

Approval Date _____

Effective Date _____

The newspapers of **Louisiana** make public notices from their printed pages available electronically in a single database for the benefit of the public. This enhances the legislative intent of public notice - keeping a free and independent public informed about activities of their government and business activities that may affect them. Importantly, Public Notices now are in one place on the web (www.PublicNoticeAds.com), not scattered among thousands of government web pages.

County: Lafayette

Printed In: The Advertiser

Printed On: 2014/09/26

LA SPA 14-0038

1906326 PUBLIC PROCESS NOTICE Department of Health and Hospitals Bureau of Health Services Financing Intermediate Care Facilities for Persons with Intellectual Disabilities Complex Care Reimbursements The Department of Health and Hospitals, Bureau of Health Services Financing currently provides Medicaid reimbursement to non-state intermediate care facilities for persons with intellectual disabilities (ICFs/ID) for services provided to Medicaid recipients. The department now proposes to amend the provisions governing the reimbursement methodology for ICFs/ID to establish reimbursement for complex care services provided to Medicaid recipients residing in non-state ICFs/ID. This action is being taken to protect the public health and welfare of Medicaid recipients with complex care needs who reside in ICFs/ID. Effective October 1, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to promulgate an Emergency Rule to adopt provisions establishing reimbursement for complex care. 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. Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this public notice. The deadline for receipt of all written comments is October 31, 2014 by 4:30 p.m. A copy of this public notice is available for review by interested parties at parish Medicaid offices. Kathy H. Kliebert Secretary

Public Notice ID: 21769782



State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

October 9, 2014

Karen Matthews, Health Director
Chitimacha Health Clinic
3231 Chitimacha Trail
Jeanerette, LA 70544

Angela Martin
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Anita Molo
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Marshall Pierite, Chairman
Misty Hutchby, Health Director
Tunica-Biloxi Tribe of Louisiana
P. O. Box 1589
Marksville, LA 71351-1589

Lovelin Poncho, Chairman
Paula Manuel, Health Director
Coushatta Tribe of Louisiana
P. O. Box 818
Elton, LA 70532

Chief Beverly Cheryl Smith
Holly Vanhoozen, Health Director
The Jena Band of Choctaw Indians
P. O. Box 14
Jena, LA 71342

Dear Louisiana Tribal Contact:

RE: Notification of Louisiana Medicaid State Plan Amendments

In compliance with the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009, the Department of Health and Hospitals, Bureau of Health Services Financing is taking the opportunity to notify you of the State Plan amendments (SPAs) that may have an impact on your tribe.

Attached for your review and comments is a summary of the proposed State Plan amendments. Please provide any comments you may have by October 16, 2014 to Mrs. Darlene Budgewater via email to Darlene.Budgewater@la.gov or by postal mail to:

Department of Health and Hospitals
Bureau of Health Services Financing
Medicaid Policy and Compliance
P.O. Box 91030
Baton Rouge, LA 70821-9030

Should you have additional questions about Medicaid policy, Mrs. Budgewater will be glad to assist you. You may reach her by email or telephone at (225) 342-3881. Thanks for your continued support of the tribal consultation process.

Sincerely,

Starlene A. Budgewater

for J. Ruth Kennedy
Medicaid Director

Attachment (1)

JRK/DB/RJ

c: Ford J. Blunt III
Stacey Shuman

State Plan Amendment for submittal to CMS

Request for Tribal Comments

October 9, 2014

14-36 ICF-ID Public Facilities Reimbursement Rate Increase (Effective: October 1, 2014)

- Proposes to amend the provisions governing the transitional rates for public facilities in order to increase the Medicaid reimbursement rate.

14-37 Inpatient Hospital Services, NR, NS Children's Specialty Hospital Reimbursements (Effective: October 4, 2014)

- Proposes to amend the provisions governing the reimbursement methodology for inpatient hospital services rendered by children's specialty hospitals to revise the reimbursement methodology and establish outlier payment provisions.

14-38 ICF-ID Complex Care Reimbursements (Effective: October 1, 2014)

- Proposes to amend the provisions governing the reimbursement methodology for ICFs/ID to establish reimbursement for complex care services provided to Medicaid recipients residing in non-state ICFs/ID.

14-39 Medical Transportation Program Non-Emergency Medical Transportation (Effective: October 1, 2014)

- Proposes to revise the provisions governing the reimbursement methodology for non-emergency medical transportation services to replace the monthly payment of capitated rates with a monthly per trip payment methodology.

14-40 Applied Behavior Analysis-Based Therapy Services (Effective October 20, 2014)

- Proposes to revise the provisions governing Applied Behavior Analysis-Based Therapy Services to clarify the provider participation requirements.