



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

VIA ELECTRONIC MAIL ONLY

September 28, 2015

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. 15-0025**

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,

A handwritten signature in blue ink, appearing to read "K. Kliebert", written over a white rectangular background.

Kathy H. Kliebert
Secretary

Attachment (3)

KHK:WJR:JH

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

15-0025

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, 2015

5. TYPE OF PLAN MATERIAL (Check One):

G NEW STATE PLAN G AMENDMENT TO BE CONSIDERED AS NEW PLAN 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 2016 **\$6,653.67**
b. FFY 2017 **\$5,895.66**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, Page 20

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Same (TN 05-33)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing the reimbursement methodology for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) in order to adopt provisions to establish supplemental Medicaid payments for services provided to Medicaid recipients residing in privately-owned facilities that enter into a cooperative endeavor agreement with the Department.**

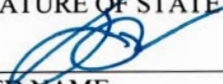
11. GOVERNOR=S REVIEW (Check One):

G GOVERNOR=S OFFICE REPORTED NO COMMENT
G COMMENTS OF GOVERNOR=S OFFICE ENCLOSED
G NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Kathy H. Kliebert

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 28, 2015

16. RETURN TO:

**State of Louisiana
Department of Health and Hospitals
1201 Capitol Access Road
PO Box 91030
Baton Rouge, LA 70821-9030**

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:

17,611.10

TRANSMITTAL #: 15-0025
 TITLE: ICF-ID Supplemental Payments
 EFFECTIVE DATE: August 1, 2015

FISCAL IMPACT:
Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2016			11	August 1, 2015- June 30,2016	\$8,371,460
2nd SFY	2017	3.0%		12	July 2016- June 2017	\$9,406,477
3rd SFY	2018	3.0%		12	July 2017 - June 2018	\$9,688,671

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2016

SFY 2016 \$8,371,460 for 11 months August 1, 2015- June 30,2016 \$8,371,460

SFY 2017 \$9,406,477 for 12 months July 2016- June 2017
 \$9,406,477 / 12 X 3 July 2016 - September 2016 = \$2,351,619
\$10,723,079

FFP (FFY 2016) = \$10,723,079 X 62.05% = \$6,653,671

Total Increase in Cost FFY 2017

SFY 2017 \$9,406,477 for 12 months July 2016- June 2017
 \$9,406,477 / 12 X 9 October 2016 - June 2016 = \$7,054,858

SFY 2018 \$9,688,671 for 12 months July 2017 - June 2018
 \$9,688,671 / 12 X 3 July 2017 - September 2017 = \$2,422,168
\$9,477,026

FFP (FFY 2017)= \$9,477,026 X 62.21% = \$5,895,658

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, 2015, monthly supplemental payments shall be made to qualifying privately-owned ICFs/ID.

In order to qualify for the supplemental payment, the private entity must enter into a cooperative endeavor agreement with the Department to lease state-owned ICFs/ID beds.

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.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____



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Public Notice

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NOTE: Some notices are extracted from PDF files and may be difficult to read.

County: Lafayette

Printed In: The Advertiser

Printed On: 2015/07/31

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Public Notice:

619605 PUBLIC PROCESS NOTICE Department of Health and Hospitals Bureau of Health Services Financing Intermediate Care Facilities for Persons with Intellectual Disabilities Supplemental Payments The Department of Health and Hospitals, Bureau of Health Services Financing provides Medicaid reimbursement to non-state intermediate care facilities for persons with intellectual disabilities (ICFs/ID) for services rendered to Medicaid recipients. The department now proposes to amend the provisions governing the reimbursement methodology for ICFs/ID in order to adopt provisions to establish supplemental Medicaid payments for services provided to Medicaid recipients residing in privately-owned facilities that enter into a cooperative endeavor agreement with the department. This action is being taken to secure new federal funding, and to promote the health and welfare of Medicaid recipients by ensuring sufficient provider participation. Effective August 1, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to promulgate an Emergency Rule to adopt provisions establishing supplemental Medicaid payments to non-state ICFs/ID. 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 708219030 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 August 31, 2015 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: 22683441
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Printed In: The Times

Printed On: 2015/07/31

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Public Notice:

PUBLIC PROCESS NOTICE Department of Health and Hospitals Bureau of Health Services Financing Intermediate Care Facilities for Persons with Intellectual Disabilities Supplemental Payments The Department of Health and Hospitals, Bureau of Health Services Financing provides Medicaid reimbursement to non-state intermediate care facilities for persons with intellectual disabilities (ICFs/ID) for services rendered to Medicaid recipients. The department now proposes to amend the provisions governing the reimbursement methodology for ICFs/ID in order to adopt provisions to establish supplemental Medicaid payments for services provided to Medicaid recipients residing in privately-owned facilities that enter into a cooperative endeavor agreement with the department. This action is being taken to secure new federal funding, and to promote the health and welfare of Medicaid recipients by ensuring sufficient provider participation. Effective August 1, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to promulgate an Emergency Rule to adopt provisions establishing supplemental Medicaid payments to non-state ICFs/ID. 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 708219030 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 August 31, 2015 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 The Times July 31, 2015

Public Notice ID: 22680489

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Printed In: Alexandria Town Talk

Printed On: 2015/07/31

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Public Notice:

PUBLIC PROCESS NOTICE Department of Health and Hospitals Bureau of Health Services Financing Intermediate Care Facilities for Persons with Intellectual Disabilities Supplemental Payments The Department of Health and Hospitals, Bureau of Health Services Financing provides Medicaid reimbursement to non-state intermediate care facilities for persons with intellectual disabilities (ICFs/ID) for services rendered to Medicaid recipients. The department now proposes to amend the provisions governing the reimbursement methodology for ICFs/ID in order to adopt provisions to establish supplemental Medicaid payments for services provided to Medicaid recipients residing in privately-owned facilities that enter into a cooperative endeavor agreement with the department. This action is being taken to secure new federal funding, and to promote the health and welfare of Medicaid recipients by ensuring sufficient provider participation. Effective August 1, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to promulgate an Emergency Rule to adopt provisions establishing supplemental Medicaid payments to non-state ICFs/ID. 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 708219030 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 August 31, 2015 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 (7) 31

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County: Ouachita

Printed In: The News Star

Printed On: 2015/07/31

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Public Notice:

PUBLIC PROCESS NOTICE Department of Health and Hospitals Bureau of Health Services Financing Intermediate Care Facilities for Persons with Intellectual Disabilities Supplemental Payments The Department of Health and Hospitals, Bureau of Health Services Financing provides Medicaid reimbursement to non-state intermediate care facilities for persons with intellectual disabilities (ICFs/ID) for services rendered to Medicaid recipients. The department now proposes to amend the provisions governing the reimbursement methodology for ICFs/ID in order to adopt provisions to establish supplemental Medicaid payments for services provided to Medicaid recipients residing in privately-owned facilities that enter into a cooperative endeavor agreement with the department. This action is being taken to secure new federal funding, and to promote the health and welfare of Medicaid recipients by ensuring sufficient provider participation. Effective August 1, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to promulgate an Emergency Rule to adopt provisions establishing supplemental Medicaid payments to non-state ICFs/ID. 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 708219030 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 August 31, 2015 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 Monroe, LA July 31, 2015 0000619604

Public Notice ID: 22680516

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County: Calcasieu

Printed In: American Press

Printed On: 2015/07/31

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Public Notice:

PUBLIC PROCESS NOTICE

Department of Health and Hospitals
Bureau of Health
Services Financing

Intermediate Care
Facilities for Persons
with Intellectual
Disabilities
Supplemental
Payments

The Department of Health and Hospitals, Bureau of Health Services Financing provides Medicaid reimbursement to non-state intermediate care facilities for persons with intellectual disabilities (ICFs/ID) for services rendered to Medicaid recipients.

The department now proposes to amend the provisions governing the reimbursement methodology for ICFs/ID in order to adopt provisions to establish supplemental Medicaid payments for services provided to Medicaid recipients residing in privately-owned facilities that enter into a cooperative endeavor agreement with the department. This action is being taken to secure new federal funding, and to promote the health and welfare of Medicaid recipients by ensuring sufficient provider participation.

Effective August 1, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to promulgate an Emergency Rule to adopt provisions establishing supplemental Medicaid payments to non-state ICFs/ID.

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 August 31, 2015 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

Jul 31 1t
00924154

Public Notice ID: 22688150

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County: Terrebonne

Printed In: The Courier

Printed On: 2015/07/30

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Public Notice:

X000400937, Publication 07/30/2015

PUBLIC PROCESS NOTICE

Department of Health and Hospitals
Bureau of Health Services Financing

Intermediate Care Facilities for Persons
with Intellectual Disabilities

Supplemental Payments

The Department of Health and Hospitals, Bureau of Health Services Financing provides Medicaid reimbursement to non-state intermediate care facilities for persons with intellectual disabilities (ICFs/ID) for services rendered to Medicaid recipients.

The department now proposes to amend the provisions governing the reimbursement methodology for ICFs/ID in order to adopt provisions to establish supplemental Medicaid payments for services provided to Medicaid recipients residing in privately-owned facilities that enter into a cooperative endeavor agreement with the department. This action is being taken to secure new federal funding, and to promote the health and welfare of Medicaid recipients by ensuring sufficient provider participation.

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Kathy H. Kliebert

Secretary

Public Notice ID: 22683458

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PUBLIC PROCESS NOTICE Department of Health and Hospitals Bureau of Health Services Financing Intermediate...

Source: The Advocate

Category: Events & Notices » Legal & Public Notices

Ad Details:

Ad ID:	24079380
Created:	Jul 31, 2015
Expires:	Aug 30, 2015

PUBLIC PROCESS NOTICE Department of Health and Hospitals Bureau of Health Services Financing Intermediate Care Facilities for Persons with Intellectual Disabilities Supplemental Payments The Department of Health and Hospitals, Bureau of Health Services Financing provides Medicaid reimbursement to non-state intermediate care facilities for persons with intellectual disabilities (ICFs/ID) for services rendered to Medicaid recipients. The department now proposes to amend the provisions governing the reimbursement methodology for ICFs/ID in order to adopt provisions to establish supplemental Medicaid payments for services provided to Medicaid recipients residing in privately-owned facilities that enter into a cooperative endeavor agreement with the department. This action is being taken to secure new federal funding, and to promote the health and welfare of Medicaid recipients by ensuring sufficient provider participation. Effective August 1, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to promulgate an Emergency Rule to adopt provisions establishing supplemental Medicaid payments to non-state ICFs/ID. 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 708219030 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 August 31, 2015 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 5160284-jul 31-1t - PUBLIC NOTICES/MISCELLANEOUS

Standard Funding Questions

TN 15-0025 Intermediate Care Facilities for Persons with Intellectual Disabilities – Supplemental Payments (effective August 1, 2015)

The following questions are being asked and should be answered in relation to all payments made to all providers under Attachment 4.19-A of your State plan, including payments made outside of those being amended with this SPA. Please be aware that some of the questions have been modified. If you have already provided this information in response to other requests for additional information, you may refer us to that response. Please indicate the SPA and date of the response.

1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)

RESPONSE: Providers retain 100 percent of the payments, including the state and federal share. No portion of the payments is required to be returned to the State.

2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local government entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:
 - (i) a complete list of the names of entities transferring or certifying funds;
 - (ii) the operational nature of the entity (state, county, city, other);
 - (iii) the total amounts transferred or certified by each entity;

Standard Funding Questions

TN 15-0025 Intermediate Care Facilities for Persons with Intellectual Disabilities – Supplemental Payments (effective August 1, 2015)

- (iv) clarify whether the certifying or transferring entity has general taxing authority; and,
- (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

RESPONSE: The State’s share is paid from the state general fund.

3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

RESPONSE: Supplemental payments may be made up to approximately \$10,351,692 annually for intermediate care facility (ICF) providers.

4. Please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e. applicable to the current rate year) UPL demonstration.

RESPONSE: Private ICF/ID rates are based on the Inventory for Client and Agency Planning (ICAP) rate methodology. Under this methodology cost are divided into four rate categories: 1) Direct Care; 2) Indirect Care (care related); 3) Administrative and Operating; and 4) Capital.

The costs from the providers’ cost reports are adjusted for inflation and then arrayed from high to low in each category and a median daily rate is selected. Each rate category is then multiplied by a different factor. These factors are: 1) Direct Care 105 percent; 2) Indirect Care (care related) 105 percent; 3) Administrative and Operating 103 percent; and 4) Capital 103 percent. (The rate component for the direct care is further divided and arrayed into categories and groupings based on facility size and ICAP level and adjusted by the ICAP scores.)

Based on this methodology the ICAP model should always produce a rate that is below the UPL calculation that is at 112 percent of routine cost since the finding of our auditor is that all of the cost reported by the private providers fall into routine cost.

However, for purposes of the SPA, we are proposing that the UPL be based on the Centers for Medicare and Medicaid Services’ (CMS) approved ICF transitional rate of \$329.26, including provider fee.

Standard Funding Questions

TN 15-0025 Intermediate Care Facilities for Persons with Intellectual Disabilities – Supplemental Payments (effective August 1, 2015)

5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

RESPONSE: Governmental providers are not paid in excess of costs. The current reimbursement methodology approved by CMS for state-owned and operated ICF/ID providers allows payments up to 112 percent of costs. Payments determined by audit to exceed allowable payments would be identified as overpayments. If any overpayments are identified, the FFP would be returned.



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

August 17, 2015

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 Amendment

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 State Plan amendments (SPAs) that may have an impact on your tribe.

Attached for our review and comment is a summary of the proposed SPA. Please provide any comments you may have by August 24, 2015 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

Louisiana Tribal Notice
August 17, 2015
Page 2

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

Sincerely,

Starline A. Budgewater

for
J. Ruth Kennedy
Medicaid Director

RK/DB/LW

c: Ford J. Blunt, III
Stacey Shuman

State Plan Amendment for submittal to CMS

Request for Tribal Comments

August 17, 2015

Intermediate Care Facilities for Persons with Intellectual Disabilities (ICFs/ID) - Effective August 1, 2015

The SPA proposes to amend the provisions governing the reimbursement methodology for intermediate care facilities for persons with intellectual disabilities (ICFs/ID) in order to adopt provisions to establish supplemental Medicaid payments for services provided to Medicaid recipients residing in privately-owned facilities that enter into a cooperative endeavor agreement with the Department.