

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street
Dallas, Texas 75202



Division of Medicaid & Children's Health

27 April, 2017

Reference: **SPA – LA-15-0025**
(Intermediate Care Facilities for Persons with Intellectual Disabilities (ICFs/ID))

Ms. Jen Steele, State Medicaid Director
Department of Health and Hospitals
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Dear Ms. Jen Steele:

This is to acknowledge receipt of State's email message dated 19 September, 2016, stating Withdrawal of State Plan Transmittals No.15-0025. This action is reflected on the enclosed CMS-179. For your convenience, we are enclosing copies of the material withdrawn.

If you have any questions, please call Cheryl Rupley at 214-767-6278.

Sincerely,

A handwritten signature in cursive script that reads "Marsha Marks".

Marsha Marks, Health Insurance Specialist
Centers for Medicare & Medicaid Services
Division of Medicaid and Child Health

Enclosures:
State's Withdraw Letter Dated 9-19-2016
Copies of Withdrawn Material



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

VIA ELECTRONIC MAIL ONLY

September 19, 2016

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 Intermediate Care Facilities for Persons with
Intellectual Disabilities (ICFs/ID)**

Please refer to the above proposed amendment submitted under transmittal number (TN) 15-0025 with an effective date of August 1, 2015. 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.

The Department no longer wishes to pursue this State Plan amendment and requests that LA SPA TN 15-0025 be withdrawn from consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jen Steele".

Jen Steele
Medicaid Director

JS:DAB:JH

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

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 light blue rectangular background.

Kathy H. Kliebert
Secretary

Attachment (3)

KHK:WJR:JH

Withdrawn per State's Letter Dated 9-19-2016

**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:

Withdrawn per State's Letter Dated 9-19-2016

Withdrawn per State's Letter Dated 9-19-2016

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			0.00%	11 August 1, 2015- June 30,2016	\$8,371,460
2nd SFY	2017	3.0%		0.00%	12 July 2016- June 2017	\$9,406,477
3rd SFY	2018	3.0%		0.00%	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

Withdrawn per State's Letter Dated 9-19-2016

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 _____