



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

**VIA ELECTRONIC MAIL ONLY**

September 27, 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. 16-0022

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.

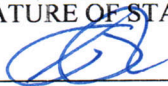
Warmly,

A handwritten signature in blue ink, appearing to read "Rebekah E. Gee", with the word "Approved" written in a larger, stylized script across it.

Rebekah E. Gee MD, MPH  
Secretary

Attachments (3)

REG:JS:JH

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  <div style="text-align: center;"><b>16-0022</b></div>	2. STATE  <div style="text-align: center;"><b>Louisiana</b></div>
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): G NEW STATE PLAN      G AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		4. PROPOSED EFFECTIVE DATE  <div style="text-align: center;"><b>August 1, 2016</b></div>	
6. FEDERAL STATUTE/REGULATION CITATION:  <b>42 CFR 447 Subpart C</b>	7. FEDERAL BUDGET IMPACT: a. FFY <u>2016</u> <span style="float: right;"><u>\$5,117.20</u></span> b. FFY <u>2017</u> <span style="float: right;"><u>\$4,539.27</u></span>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-D, Page 25</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>None (New page)</b>		
10. SUBJECT OF AMENDMENT: <b>The purpose of the SPA is to establish upper payment limits for supplemental payments to private intermediate care facilities entering into a cooperative endeavor agreement with the Department to provide a privately operated living setting to residents discharging from Pinecrest Supports and Services Center (Pinecrest).</b>			
11. GOVERNOR'S REVIEW (Check One): <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			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:  <b>The Governor does not review state plan material.</b> </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  	16. RETURN TO: <b>Jen Steele, Medicaid Director State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030</b>		
13. TYPED NAME: <b>Rebekah E. Gee MD, MPH</b>			
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>September 27, 2016</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:	18. DATE APPROVED:		
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:		
21. TYPED NAME:	22. TITLE:		
23. REMARKS:			

LA TITLE XIX SPA

TRANSMITTAL #: 16-0022

TITLE: ICF-ID Supplemental Payments UPL

EFFECTIVE DATE: August 1, 2016

FISCAL IMPACT:  
Increase

year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY 2016				11 August 2016- June 2017	\$6,414,540
2nd SFY 2017	3.0%			12 July 2017- June 2018	\$7,207,610
3rd SFY 2018	3.0%			12 July 2018 - June 2019	\$7,423,838

\*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2016

SFY 2016 \$6,414,540 for 11 months August 2016- June 2017 \$6,414,540

SFY 2017 \$7,207,610 for 12 months July 2017- June 2018  
 \$7,207,610 / 12 X 3 = \$1,801,903  
 \$8,216,443

FFP (FFY 2016 ) = \$8,216,443 X 62.28% = \$5,117,201

Total Increase in Cost FFY 2017

SFY 2017 \$7,207,610 for 12 months July 2017- June 2018  
 \$7,207,610 / 12 X 9 = \$5,405,708

SFY 2018 \$7,423,838 for 12 months July 2018 - June 2019  
 \$7,423,838 / 12 X 3 = \$1,855,960  
 \$7,261,668

FFP (FFY 2017 )= \$7,261,668 X 62.51% = \$4,539,269



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, 2016, monthly supplemental payments shall be made to qualifying privately-owned intermediate care facilities for persons with intellectual disabilities (ICFs/ID) to provide a privately operated living setting to residents discharging from Pinecrest Supports and Services Center.

- In order to qualify for the supplemental payment, the private entity must enter into a cooperative endeavor agreement with the Department to provide a privately operated living setting, with an end goal of increased community placement opportunities, to residents of Pinecrest who desire to discharge and have been deemed ready for discharge by their interdisciplinary teams, and meet the admission protocol/criteria of the contracted party but have not been successful in securing a placement with a private provider.
- 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 \_\_\_\_\_