

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

**APR 10 2015**

Ms. Ruth Kennedy, Director  
Bureau of Health Services Financing  
Department of Health and Hospitals  
Post Office Box 91030  
Baton Rouge, Louisiana 70821-9030

RE: Louisiana 14-0038

Dear Ms. Kennedy:

We have reviewed the proposed State plan amendment (SPA) to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 14-0038. This amendment proposes to allow an add-on flat fee payment to the per diem for complex care for Medicaid recipients in private and non-state Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-D.

Based upon the information provided by the State, Medicaid State plan amendment 14-0038 is approved effective October 1, 2014. We are enclosing the CMS-179 and the new plan pages.

If you have any questions, please call Tamara Sampson at (214) 767-6431.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy Hill".

Timothy Hill  
Director

Enclosures



STATE OF LOUISIANA

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**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;

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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.

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Supersedes NONE-NEW PAGE