

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

One-time Supplemental Payment for ICF-DD Providers Subject to Prior AB 97 Payment Reductions

Effective January 1, 2017, the State shall make a one-time supplemental payment to each eligible Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) provider. An Eligibility Pool Amount will be established equal to the difference between the aggregate dollar amount of the total Medi-Cal fee-for-service claims paid to all ICF-DD providers for dates of service occurring within the specified Eligibility Period and the aggregate dollar amount attributable to that same set of claims applying the AB 97 payment reductions applicable to those providers as specified in this State Plan during the respective Eligibility Period.

A provider shall be eligible to participate in the Eligibility Pool only if: (1) the provider participated as an enrolled provider in the California Medicaid Program during the associated Eligibility Period; and (2) the provider is currently enrolled in the California Medicaid Program and submits a fee-for-service claim for reimbursement to the State during the applicable Supplemental Payment Service Period identified below.

The supplemental payment amount attributable to each eligible ICF-DD provider shall be equal to the difference between the particular eligible provider's Medi-Cal fee-for-service paid claims amount for dates of service occurring in the Eligibility Period and the amount attributable to that same set of claims applying the AB 97 payment reductions.

- A. Services Rendered in Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), as described in Limitations to Attachment 3.1-A, section 15a, and in Limitations to Attachment 3.1-B, section 15a
 - 1. Eligibility Period: August 1, 2012 through May 26, 2014
 - 2. Supplemental Payment Service Period: January 1, 2017 through June 30, 2017 (and any necessary successive fiscal period(s) as discussed below).

If the supplemental payments for eligible ICF/DD providers as computed above result in total ICF/DD payments that exceed the federal upper payment limit for the above Supplemental Payment Service Period, each eligible provider's supplemental payment must be reduced pro-rata so that total ICF/DD payments would be equal to the amount available in the federal upper payment limit. Any excess supplemental payments from application of the federal upper payment limit may then be carried forward to the next successive state fiscal year(s), as long as such carry-forward will not result in total ICF/DD payments to exceed the applicable federal upper payment limit for each respective period. In each successive state fiscal year until the completion of this supplemental payment, the state will re-determine active eligible providers (i.e., who have Medi-Cal fee-for-service utilization) in that year and that active eligible provider's supplemental payment based on its own portion of the supplemental payment remaining unpaid from the immediate prior period. This supplemental payment will be completed once a provider becomes ineligible or once an active eligible provider's cumulative supplemental payments for the Supplemental Payment Service Period above and any necessary successive Supplemental Payment Service Period(s) equal that provider's portion of the Eligibility Pool amount above.

TN 17-006
Supersedes
TN None

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