

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Financial Management Group

July 17, 2019

Mrs. Jen Steele
Medicaid Director
Bureau of Health Services Financing
Department of Health
628 North Fourth Street
Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

RE: Louisiana 19-0015

Dear Mrs. Steele:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 19-0015. This amendment proposes to establish an all-inclusive reimbursement rate that excludes all add-ons for a geriatric training nursing facility. There is one nursing facility that meets the qualifying criteria.

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.

We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of July 1, 2019. We are enclosing the CMS-179 and the amended approved plan page.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Kristin Fan", with a stylized flourish at the end.

Kristin Fan
Director

Enclosures

cc: Tia Lyes
Tamara Sampson

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
19-0015

2. STATE
Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 1, 2019

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ 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 **2019** **\$ 4,171,452**

b. FFY **2020** **\$ 4,656,957**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D, Page 9.h.2.h

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

None (new page)

10. SUBJECT OF AMENDMENT **The purpose of this SPA is to establish an all-inclusive reimbursement rate that excludes all add-ons for the entity that has a cooperative endeavor agreement with Louisiana State University to operate the current John J. Hainkel, Jr. Home and Rehabilitation Center, or any future location used to operate John J. Hainkel, Jr. Home and Rehabilitation Center which has been approved by the parties and the Louisiana Department of Health, as a geriatric training facility.**

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ 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

Cindy Rives

13. TYPED NAME

Cindy Rives, designee for Rebekah E. Gee MD, MPH

14. TITLE

Secretary

15. DATE SUBMITTED

May 6, 2019

16. RETURN TO

**Jen Steele, Medicaid Director
State of Louisiana
Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

May 6, 2019

18. DATE APPROVED

JUL 17 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

Kristin Fan

21. TYPED NAME

Kristin Fan

22. TITLE

Director, FMG

23. REMARKS

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – NURSING FACILITY SERVICES

12. Geriatric Training Nursing Facility Reimbursement Rate

- A. Effective for dates of service on or after July 1, 2019, the Department shall provide a private nursing facility reimbursement rate of \$365.68 per resident, per day, to an entity that meets the following criteria:

The provider eligible for the described reimbursement methodology is a nursing facility that participates in Louisiana's geriatric training nursing facility program.

The entity will operate the current John J. Hainkel, Jr. Home and Rehabilitation Center, at this location or any other location approved by the parties and the Department, for this geriatric training nursing facility.

- B. The private nursing facility reimbursement rate established in Subsection A above, is all-inclusive; thus, add-ons, including, but not limited to, technology dependent care (TDC), nursing facility rehabilitation services and nursing facility complex care services, shall not be permitted under this reimbursement rate methodology.
- C. Cost reports must be prepared in accordance with the cost reporting instructions adopted by the Medicare program using allowable and non-allowable cost as defined by CMS, with the following exceptions:
1. Cost reports must be submitted annually, within five months following the end of the facility's fiscal year; and
 2. There shall be no automatic extension of the due date for the filing of cost reports. If a provider experiences unavoidable difficulties in preparing its cost report by the prescribed due date, one 30-day extension may be permitted, upon written request to the Department, prior to the due date. The request must explain, in detail, why the extension is necessary. Extensions beyond 30 days may be approved for situations beyond the facility's control. An extension will not be granted when the provider agreement is terminated or a change in ownership occurs.
- D. Each year the Department will examine the cost reports and costs overall to determine if a rate adjustment is appropriate.
- E. No payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.

State: Louisiana
Date Received: May 6, 2019
Date Approved: JUL 17 2019
Date Effective: July 1, 2019
Transmittal Number: 19-0015