



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

May 6, 2019

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

RE: Louisiana Title XIX State Plan
Transmittal No. 19-0015

Dear Mr. Brooks:

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. Should you have any questions or concerns regarding this matter, please contact Karen Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Warmly,


_____, designee for
Rebekah E. Gee MD, MPH
Secretary

Attachments (3)

REG:JS:RJ

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

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

LA TITLE XIX SPA
TRANSMITTAL #: 19-0015
TITLE: Nursing Facilities Reimbursement Methodology
EFFECTIVE DATE: July 1, 2019

FISCAL IMPACT:
Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2020		%	12	July 2019- June 2020	\$4,095,874
2nd SFY	2021		0.00%	12	July 2020- June 2021	\$9,286,981
3rd SFY	2022		0.00%	12	July 2021 - June 2022	

*#mos-Months remaining in fiscal year

Total Increase or Decrease Cost FFY 2020

SFY	2020	\$4,095,874	for	12	months	July 2019- June 2020	\$4,095,874
SFY	2021	\$9,286,981	for	12	months	July 2020- June 2021	
		\$9,286,981 /		12 X 3		July 2020 - September 2020	=
							<u>\$2,321,745</u>
							<u>\$6,417,619</u>

FFP (FFY 2020) = \$6,417,619 X 65.00% = \$4,171,452

Total Increase or Decrease Cost FFY 2021

SFY	2021	\$9,286,981	for	12	months	July 2020- June 2021	
		\$9,286,981 /		12 X 9		October 2020 - June 2021	=
							\$6,965,236
SFY	2022	\$0	for	12	months	July 2021 - June 2022	
		\$0 /		12 X 3		July 2021 - September 2021	=
							<u>\$0</u>
							<u>\$6,965,236</u>

FFP (FFY 2021)= \$6,965,236 X 66.86% = \$4,656,957

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – NURSING FACILITY
SERVICES AND INTERMEDIATE CARE 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 entity has a cooperative endeavor agreement (CEA) with Louisiana State University (LSU) to 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. The nursing facility that meets the criteria set forth in Subsection A above, shall file an annual cost report with LDH, within five months following the end of the facility's fiscal year.