

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

5 May, 2015

Reference: **SPA –LA 11-38**
(Nursing Facilities –Low Income Needy Care Collaboration Agreements
(LINCCA))

Ms. Ruth Kennedy, Medicaid Director
Louisiana Department of Health and Hospitals
628 North 4th Street, 7th Floor
Baton Rouge, LA 70821-9030

RE: Louisiana 11-38 Withdraw

This is to acknowledge receipt of State's letter dated 30 April, 2015, withdrawing State Plan Transmittal No.11-38. This action is reflected on the enclosed CMS-179. For your convenience, we are enclosing copies of the material withdrawn.

If you have any questions, please call Tammy Sampson at 214-767-6431

Sincerely,

Marsha Marks, Health Insurance Specialist
Centers for Medicare & Medicaid Services
Division of Medicaid and Child Health

Enclosures:
State's Letter Dated 4/30/15
Copies of Withdrawn Pages



State of Louisiana
Department of Health and Hospitals
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

April 30, 2015

~~Bill Brooks~~ *Bill*
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. 11-38, Nursing Facilities-LINCCA**

Please refer to the above proposed amendment submitted under transmittal number (TN) 11-38 with an effective date of November 1, 2011. This SPA proposed to amend the reimbursement methodology for nursing facilities to provide for a supplemental Medicaid payment to nursing facilities that enter into an agreement with a state or local governmental entity to provide health care services to low income and needy patients.

The State has decided not to pursue this State Plan Amendment and requests that TN 11-38 be withdrawn from consideration.

Sincerely,


J. Ruth Kennedy
Medicaid Director

JRK/DAB/SSJ

Bobby Jindal
GOVERNOR



Bruce D. Greenstein
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

November 28, 2011

National Institutional Reimbursement Team
Attention: Mark Cooley
CMS, CMSO
7500 Security Boulevard, *MIS* S3-13-15
Baltimore, MD 21244-1850

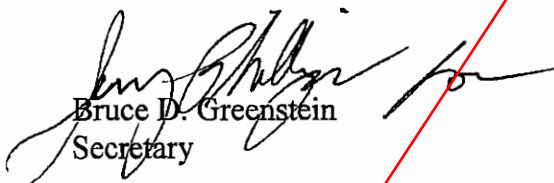
RE: Louisiana Title XIX State Plan
Transmittal No. 11-38

Dear Mr. Cooley:

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.

Sincerely,


Bruce D. Greenstein
Secretary

Attachments

Withdrawn per State's Letter Dated
4-30-2015.

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

11-38

2. STATE

Louisiana

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

4. PROPOSED EFFECTIVE DATE

November 1, 2011

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
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 2012 **\$354,089.08**
b. FFY 2013 **\$407,766.15**

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 amendment is to amend the reimbursement methodology for nursing facilities to provide for a supplemental Medicaid payment to nursing facilities that enter into an agreement with a state or local governmental entity to provide health care services to low income and needy patients.

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:

13. TYPED NAME:

Bruce D. Greenstein

14. TITLE:

Secretary

15. DATE SUBMITTED:

November 28, 2011

16. RETURN TO:

**Don Gregory, Medicaid Director
Department of Health and Hospitals
628 N. 4th Street
PO 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:

Withdrawn per State's Letter Dated
4-30-2015.

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #: 11-38

FISCAL IMPACT

TITLE: Nursing Facilities-Reimbursement Methodology-Low Income and
Needy Care Collaboration

Increase

EFFECTIVE DATE: November 1, 2011

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2012			8	November 1, 2011 - June 2012	\$375,410,716
2nd SFY	2013	3.0%		12	July 2012 - June 2013	\$580,009,556
3rd SFY	2014	3.0%		12	July 2013 - June 2014	\$597,409,843

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2012

SFY 2012 \$375,410,716 for 8 months November 1, 2011 - June 2012 \$375,410,716

SFY 2013 \$580,009,556 for 12 months July 2012 - June 2013
 \$580,009,556 / 12 X 3 July 2012 - September 2013 = \$145,002,389
\$520,413,105

FFP (FFY 2012) = \$520,413,105 X 68.04% = \$354,089,077

Total Increase in Cost FFY 2013

SFY 2013 \$580,009,556 for 12 months July 2012 - June 2013
 \$580,009,556 / 12 X 9 October 2013 - June 2014 = \$435,007,167

SFY 2014 \$597,409,843 for 12 months July 2013 - June 2014
 \$597,409,843 / 12 X 3 July 2014 - September 2014 = \$149,352,461
\$584,359,628

FFP (FFY 2013) = \$584,359,628 X 69.78% = \$407,766,148

Withdrawn per State's Letter Dated
4-30-2015.

11. Supplemental Payments for Low Income and Needy Care Nursing Facility Collaboration

Effective for dates of service on or after November 1, 2011, quarterly supplemental payments shall be issued to qualifying nursing facilities for services rendered during the quarter. Maximum aggregate payments to all qualifying nursing facilities shall not exceed the available upper payment limit per state fiscal year.

- A. **Qualifying Criteria.** In order to qualify for the supplemental payment, the nursing facility must be affiliated with a state or local governmental entity through a Low Income and Needy Care Nursing Facility Collaboration Agreement.
1. A nursing facility is defined as a currently licensed and certified nursing facility which is owned and operated by a private entity or non-state governmental entity.
 2. A Low Income and Needy Care Nursing Facility Collaboration Agreement is defined as an agreement between a nursing facility and a state or local governmental entity to collaborate for purposes of providing healthcare services to low income and needy patients.
- B. Each qualifying nursing facility shall receive quarterly supplemental payments for nursing facility services. Quarterly payment distribution shall be limited to one-fourth of the aggregated difference between each qualifying nursing facility's Medicare rate and Medicaid payments the nursing facility receives for covered services provided to Medicaid recipients during a 12 consecutive month period. Medicare rates in effect for the dates of service included in the supplemental payment period will be used to establish the upper payment limit. Medicaid payments will be used for the same time period.

Withdrawn per State's Letter Dated
4-30-2015.