

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



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

October 11, 2018

RE: Louisiana 18-0010

Dear Mrs. Steele:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 18-0010. This amendment proposes to amend the provisions governing the reimbursement methodology for nursing facilities in order to adopt provisions governing the transition of a private nursing facility to a state-owned or operated nursing facility through a change of ownership.

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.

Based upon the information provided by the State, Medicaid State plan amendment 18-0010 is approved effective July 5, 2018. We are enclosing the CMS-179 and the new 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", is positioned above the typed name.

Kristin Fan
Director

Enclosures

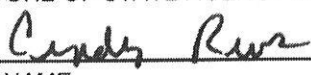
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 18-0010	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 5, 2018	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 <u>2019</u> <u>\$ 786,360</u> b. FFY <u>2020</u> <u>\$ 797,282</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D, Page 9.h.2.g	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 10-76)
10. SUBJECT OF AMENDMENT The SPA proposes to amend the provisions governing the reimbursement methodology for nursing facilities in order to adopt provisions governing the transition of a private nursing facility to a state-owned or operated nursing facility through a change of ownership.	

11. GOVERNOR'S REVIEW(Check One)

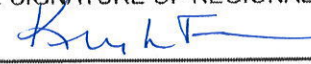
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The Governor does not review State Plan material.
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

12. SIGNATURE OF STATE AGENCY OFFICIAL 	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
13. TYPED NAME Rebekah E. Gee, MD MPH	
14. TITLE Secretary	
15. DATE SUBMITTED July 23, 2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED July 23, 2018	18. DATE APPROVED OCT 11 2018
---	---

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 5, 2018	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Kristin Fan	22. TITLE Director, FMG

23. REMARKS

STATE OF LOUISIANA

of section I.B. and the provisions contained in above sections iii. and iv. will no longer be applicable.

- vii. If additional data is needed, the Department may request that the facility submit Medicaid supplemental cost report schedules for those cost report period year ends for which the facility has not previously submitted Medicaid supplemental schedules.

11. Transition of Private Nursing Facility to a State-Owned or Operated Nursing Facility through a Change of Ownership

- A. Any private nursing facility that undergoes a CHOW to a state-owned or operated nursing facility will be exempt from the prospective reimbursement system for a state nursing facility during the transitional period.
 - 1. The transitional period will be effective from the date of the CHOW until the July 1 rate setting period following when the state-owned or operated nursing facility has an audited or reviewed 12 month or greater cost reporting period available for use in rate setting.
 - 2. After the transitional period, the nursing facility will be reimbursed pursuant to the requirements of the prospective reimbursement system for state nursing facility.
- B. Effective for dates of service on or after July 5, 2018, the reimbursement amount paid during the transitional period to John J Hainkel, a state nursing facility, shall be as follows:
 - 1. A state nursing facility transitioning from private ownership shall receive a monthly interim payment based on occupancy, which shall be a per diem rate of \$365.68.
 - 2. For each cost reporting period ending during the transitional period a cost settlement process shall be performed. The cost settlement process shall ensure that Medicaid reimbursement for each state nursing facility transitioning from private ownership is equal to 100 percent of the nursing facility's Medicaid cost for the applicable cost reporting period.
 - 3. 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: July 23, 2018
Date Approved: OCT 11, 2018
Date Effective: July 5, 2018
Transmittal Number: 18-0010