



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

April 22, 2021

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. 21-0005

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.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ruth Johnson".

_____, for
Dr. Courtney N. Phillips
Secretary

Attachments (3)

CNP:TAL:UN

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 21-0005	2. STATE Louisiana
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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		4. PROPOSED EFFECTIVE DATE April 1, 2021


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 2021 \$ (538,866) b. FFY 2022 \$ (434,930)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D, Page 9m	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 15-0033)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing the reimbursement methodology for nursing facilities in order to remove a facility that is no longer owned or operated by a non-state governmental organization (NSGO) from the list of NSGO facilities qualified to receive quarterly upper payment limit supplemental payments.**

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State Plan material.
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Tara A. LeBlanc Interim Medicaid Executive Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips	
14. TITLE Secretary	
15. DATE SUBMITTED April 22, 2021	

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17. DATE RECEIVED	18. DATE APPROVED
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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 #: 21-0005

TITLE: Nursing Facilities Supplemental Payment

EFFECTIVE DATE: April 1, 2021

FISCAL IMPACT:

Decrease

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2021			0.00%	3 April 2021 - June 2021	-\$639,414
2nd SFY	2022			0.00%	12 July 2021 - June 2022	-\$639,414
3rd SFY	2023			0.00%	12 July 2022 - June 2023	-\$639,414

Total increase or decrease cost FFY 2021

SFY 2021 (\$639,414) for 3 months April 2021 - June 2021 (\$639,414)

SFY 2022 (\$639,414) for 12 months July 2021 - June 2022
 (\$639,414) / 12 X 3 July 2021 - September 2021 = (\$159,854)
(\$799,268)

FFP (FFY 2021) = (\$799,268) X 67.42% = (\$538,866)

Total increase or decrease cost FFY 2022

SFY 2022 (\$639,414) for 12 months July 2021 - June 2022
 (\$639,414) / 12 X 9 October 2021 - June 2022 = (\$479,561)

SFY 2023 (\$639,414) for 12 months July 2022 - June 2023
 (\$639,414) / 12 X 3 July 2022 - September 2022 = (\$159,854)
(\$639,415)

FFP (FFY 2022)= (\$639,415) X 68.02% = (\$434,930)

STATE OF LOUISIANA

F. Non-State Governmental Organization Nursing Facilities

Supplemental Payments

1. Effective for dates of service on or after January 20, 2016, the following five nursing facilities, which are owned or operated by a non-state government organization (NSGO) and have entered into an agreement with the Department to participate, shall qualify for a Medicaid supplemental payment, in addition to the uniform Medicaid rates paid to nursing facilities. The only qualifying nursing facilities effective for January 20, 2016 are as follows:
 - a. Gueydan Memorial Guest Home;
 - b. Lane Memorial Hospital Geriatric Long-Term Care (LTC);
 - c. LaSalle Nursing Home;
 - d. Natchitoches Parish Hospital LTC Unit; and
 - e. St. Helena Parish Nursing Home.

Effective for dates of service on or after April 1, 2021 the only qualifying nursing facilities are:

- a. Gueydan Memorial Guest Home;
 - b. LaSalle Nursing Home;
 - c. Natchitoches Parish Hospital LTC Unit; and
 - d. St. Helena Parish Nursing Home.
2. The supplemental Medicaid payment to a non-state, government-owned or operated nursing facility shall not exceed the facility's upper payment limit (UPL) pursuant to 42 CFR 447.272.
 3. Payment Calculations. The Medicaid supplemental payment for each state fiscal year (SFY) will be calculated immediately following the July quarterly Medicaid rate setting process. The total Medicaid supplemental payment for each individual NSGO will be established as the individual nursing facility differential between the estimated Medicare payments for Medicaid nursing facility residents, and the adjusted Medicaid payments for those same nursing facility residents. A more detailed description of the Medicaid supplemental payment process is described below:
 - a. The calculation of the total annual Medicaid supplemental payment for nursing facilities involves the following four components:
 - (i) Calculate Medicare payments for Louisiana Medicaid nursing facility residents using Medicare payment principles;
 - (ii) Determining Medicaid payments for Louisiana Medicaid nursing facility residents;