

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <div style="text-align: center;">13-32</div>	2. STATE <div style="text-align: center;">Louisiana</div>
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): G NEW STATE PLAN G AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">July 1, 2013</div>	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.40	7. FEDERAL BUDGET IMPACT: a. FFY <u>2013</u> (\$2,493.39) b. FFY <u>2014</u> (\$3,668.47)		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-C, Page 1.a.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same (TN 09-18)		
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to amend the provisions governing the reimbursement methodology for nursing facilities in order to reduce the rates paid for leave of absence days by to 10 percent of the applicable per diem rate.			
11. GOVERNOR=S REVIEW (<i>Check One</i>): G GOVERNOR=S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: G COMMENTS OF GOVERNOR=S OFFICE ENCLOSED The Governor does not review state plan material. G NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030		
13. TYPED NAME: Kathy H. Kliebert			
14. TITLE: Secretary			
15. DATE SUBMITTED: September 6, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 10 September, 2013	18. DATE APPROVED: 6 November, 2013		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">1 July, 2013</div>	20. SIGNATURE OF REGIONAL OFFICIAL:		
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health		
23. REMARKS:			