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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 18-010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

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

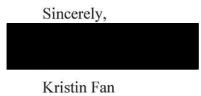
Dear Mrs. Steele:

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.



Director

Enclosures

ENTERS FOR MEDICARE & MEDICAID SERVICES		
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)	RED AS NEW PLAN 🛛 AMENDMEN	IT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for each a	mendment)
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart C	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$ 786,360 b. FFY 2020 \$ 797,282	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D, Page 9.h.2.g	9. PAGE NUMBER OF THE S SECTION OR ATTACHMENT (If Same (TN 10-76)	
facility to a state-owned or operated nursing facility thro 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 revie	w State Plan material.
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO	
	Jen Steele, Medicaid Director	
	Jen Steele, Medicaid Director State of Louisiana	
	Jen Steele, Medicaid Director	
13. TYPED NAME Rebekah E. Gee, MD MPH 14. TITLE	Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4 th Street P.O. Box 91030	
13. TYPED NAME Rebekah E. Gee, MD MPH 14. TITLE Secretary	Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4 th Street	
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13. TYPED NAME Rebekah E. Gee, MD MPH 14. TITLE Secretary 15. DATE SUBMITTED	Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4 th 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 O 17. DATE RECEIVED July 23, 2018	Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4 th Street P.O. Box 91030 Baton Rouge, LA 70821-9030 FFICE USE ONLY 18. DATE APPROVED OCT 1	1 2018
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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: DCT 1, 1, 2018 Date Effective: July 5, 2018 Transmittal Number: 18-0010

TN <u>18-0010</u> Supersedes TN <u>10-76</u>___ Approval Date 10/11/2018