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State/Territory Name: Louisiana

Transmittal Number: 19-0015 NIRT

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



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**Financial Management Group**

July 17, 2019

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

RE: Louisiana 19-0015

Dear Mrs. Steele:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 19-0015. This amendment proposes to establish an all-inclusive reimbursement rate that excludes all add-ons for a geriatric training nursing facility. There is one nursing facility that meets the qualifying criteria.

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.

We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of July 1, 2019. We are enclosing the CMS-179 and the amended approved plan page.

If you have any questions, please call Tamara Sampson at (214) 767-6431.

Sincerely,

A solid black rectangular box redacting the signature of Kristin Fan.

Kristin Fan  
Director

Enclosures

cc: Tia Lyes  
Tamara Sampson

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>19-0015</b>	2. STATE <b>Louisiana</b>
	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 <b>July 1, 2019</b>	
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 <b>42 CFR 447 Subpart C</b>	7. FEDERAL BUDGET IMPACT a. FFY <b>2019</b> <b>\$ 4,171,452</b> b. FFY <b>2020</b> <b>\$ 4,656,957</b>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-D, Page 9.h.2.h</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>None (new page)</b>

10. SUBJECT OF AMENDMENT **The purpose of this SPA is to establish an all-inclusive reimbursement rate that excludes all add-ons for the entity that has a cooperative endeavor agreement with Louisiana State University to operate the current John J. Hainkel, Jr. Home and Rehabilitation Center, or any future location used to operate John J. Hainkel, Jr. Home and Rehabilitation Center which has been approved by the parties and the Louisiana Department of Health, as a geriatric training facility.**

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 <b>Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4<sup>th</sup> Street P.O. Box 91030 Baton Rouge, LA 70821-9030</b>
13. TYPED NAME <b>Cindy Rives, designee for Rebekah E. Gee MD, MPH</b>	
14. TITLE <b>Secretary</b>	
15. DATE SUBMITTED <b>May 6, 2019</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <b>May 6, 2019</b>	18. DATE APPROVED <b>JUL 17 2019</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>July 1, 2019</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <b>Kristin Fan</b>	22. TITLE <b>Director, FMG</b>

23. REMARKS

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – NURSING FACILITY SERVICES

**12. Geriatric Training Nursing Facility Reimbursement Rate**

- A. Effective for dates of service on or after July 1, 2019, the Department shall provide a private nursing facility reimbursement rate of \$365.68 per resident, per day, to an entity that meets the following criteria:

The provider eligible for the described reimbursement methodology is a nursing facility that participates in Louisiana's geriatric training nursing facility program.

The entity will operate the current John J. Hainkel, Jr. Home and Rehabilitation Center, at this location or any other location approved by the parties and the Department, for this geriatric training nursing facility.

- B. The private nursing facility reimbursement rate established in Subsection A above, is all-inclusive; thus, add-ons, including, but not limited to, technology dependent care (TDC), nursing facility rehabilitation services and nursing facility complex care services, shall not be permitted under this reimbursement rate methodology.
- C. Cost reports must be prepared in accordance with the cost reporting instructions adopted by the Medicare program using allowable and non-allowable cost as defined by CMS, with the following exceptions:
1. Cost reports must be submitted annually, within five months following the end of the facility's fiscal year; and
  2. There shall be no automatic extension of the due date for the filing of cost reports. If a provider experiences unavoidable difficulties in preparing its cost report by the prescribed due date, one 30-day extension may be permitted, upon written request to the Department, prior to the due date. The request must explain, in detail, why the extension is necessary. Extensions beyond 30 days may be approved for situations beyond the facility's control. An extension will not be granted when the provider agreement is terminated or a change in ownership occurs.
- D. Each year the Department will examine the cost reports and costs overall to determine if a rate adjustment is appropriate.
- E. 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: May 6, 2019  
Date Approved: JUL 17 2019  
Date Effective: July 1, 2019  
Transmittal Number: 19-0015