

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 21-0005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



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**Financial Management Group**

July 20, 2021

Tara A. LeBlanc  
Interim Medicaid Executive Director  
Bureau of Health Services Financing  
Department of Health  
628 North Fourth Street  
Post Office Box 91030  
Baton Rouge, Louisiana 70821-9030

RE: Louisiana State Plan Amendment (SPA) 21-0005

Dear Ms. LeBlanc:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid state plan submitted under transmittal number (TN) 21-0005. Effective for services on or after April 1, 2021. The Louisiana Department of Health, Bureau of Health Services 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.

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. We hereby inform you that Medicaid State plan amendment 21-0005 is approved effective April 1, 2021. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,

[Redacted Signature]

For  
Rory Howe  
Acting Director

Enclosure

CENTERS FOR MEDICARE & MEDICAID SERVICES

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>21-0005</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>April 1, 2021</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>2021</b> \$ <b>(538,866)</b> \$0 b. FFY <b>2022</b> \$ <b>(434,930)</b> \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-D, Page 9m</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (TN 15-0033)</b>

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)

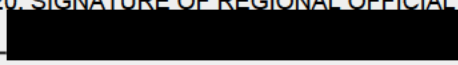
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor does not review State Plan material.  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO <b>Tara A. LeBlanc Interim Medicaid Executive 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>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>	
14. TITLE <b>Secretary</b>	
15. DATE SUBMITTED <b>April 22, 2021</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED <b>7/20/21</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>4/1/21</b>	20. SIGNATURE OF REGIONAL OFFICIAL  For
21. TYPED NAME <b>Rory Howe</b>	22. TITLE <b>Acting Director, FMG</b>

23. REMARKS  
**State authorized a pen and ink change to indicate the Federal fiscal impact as \$0.**

STATE OF LOUISIANA

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**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;