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

## CENTERS for MEDICANE & MEDICARD SERVICES

Center for Medicaid, CHIP, and Survey & Certification

Mr. Don Gregory, Director Bureau of Health Services Financing Department of Health and Hospitals Post Office Box 91030 Baton Rouge, Louisiana 70821-9030

JUN 1 7 2010

Attention: Sandra Victor

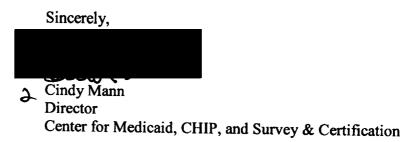
RE: Louisiana 10-11

Dear Mr. Gregory:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 10-11. Effective for dates of service on or after January 22, 2010, the case-mix adjusted nursing facility rate of each non-state nursing facility shall be reduced by \$1.95 per day (1.5 percent of the per diem rate on file as of January 21, 2010).

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. As part of the review process the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-D. Based upon your assurances we are pleased to inform you that Medicaid State plan amendment 10-11 is approved effective January 22, 2010. We are enclosing the HCFA-179 and the amended plan page.

If you have any questions, please call Sandra Dasheiff, CPA at (214) 767-6490.



Enclosures

EPARTMENT OF HEALTH AND HUMAN SERVICES EALTH CARE FINANCING ADMINISTRATION		FORM APPRO OMB NO. 0938	
TRANSMITTAL AND NOTICE OF APPROVA	L OF 1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	10-11	Louisiana	
FOR: HEALTH CARE FINANCING ADMINISTRATI	ON 3. PROGRAM IDENTIFICATION SOCIAL SECURITY ACT (ME	TITLE XIX OF THE	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DAT		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICE			
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN AMENDMENT TO BE	CONSIDERED AS NEW PLAN	MENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN	AMENDMENT (Separate Transmittal for ed	ich amendment)	
	7. FEDERAL BUDGET IMPACT:		
42 CFR 447, Subpart C	a. FFY <u>2010</u>	(\$6,040.62)	
	b. FFY <u>2011</u>	(\$7,062.62)	
PAGE NUMBER OF THE PLAN SECTION OR ATTACHN	IENT: 9. PAGE NUMBER OF THE SUPE		
444 • · · · · · · · · ·	SECTION OR ATTACHMENT	SECTION OR ATTACHMENT (If Applicable):	
Attachment 4.19-D, Page 9 a(1)	Same (TN 06-33)	in apprication of the	
1. GOVERNOR'S REVIEW (Check One):	,	ement rates for	
arsing facilities in order to avoid a budget deficit.	OTHER, AS SPECIFIED:	₩ <u></u>	
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FORM HCFA-179 (07-92)

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## v. Adjustment to the Rate

Effective for dates of service on or after July 1, 2004, for state fiscal year 2005 and state fiscal year 2006, each private nursing facility's per diem case mix adjusted rate shall be reduced by \$0.85.

Effective for dates of service on or after July 1, 2005, for state fiscal year 2006 only, each private nursing facility's per diem case mix adjusted rate shall be reduced by \$2.99.

Effective for dates of service on or after January 1, 2006, the previous reduction of \$2.99 in each private nursing facility's per diem case mix adjusted rate is restored for the remainder of state fiscal year 2006.

In the event the Department is required to implement reductions in the nursing facility program as a result of a budget shortfall, a budget reduction category shall be created. This category shall reduce the statewide average Medicaid rate, without changing the established parameters, by reducing the reimbursement rate paid to each nursing facility using an equal amount per patient day.

Effective for dates of service on or after January 22, 2010, the case-mix adjusted nursing facility rate of each non-State nursing facility shall be reduced by \$1.95 per day (1.5 percent of the per diem rate on file as of January 21, 2010).

d. All capitalized costs related to the installation or extension of supervised automatic fire sprinkler systems or two-hour walls placed in service on or after July 1, 2006 will be excluded from the renovation/improvement costs used to calculate the FRV to the extent the nursing home is reimbursed for said costs in accordance with section 6.

## Marks, Marsha L. (CMS/SC)

S/CMSO)

Approval package / Official File for Louisiana 10-011