

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



**Center for Medicaid, CHIP, and Survey & Certification**

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

JUN 17 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.

Sincerely,

A black rectangular redaction box covering the signature of the sender.

2 Cindy Mann  
Director  
Center for Medicaid, CHIP, and Survey & Certification

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

**TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**1. TRANSMITTAL NUMBER:**  
**10-11**

**2. STATE**  
**Louisiana**

**3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)**

**4. PROPOSED EFFECTIVE DATE**  
**January 22, 2010**

**5. TYPE OF PLAN MATERIAL (Check One):**

- NEW STATE PLAN     AMENDMENT TO BE CONSIDERED AS NEW PLAN     AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

**6. FEDERAL STATUTE/REGULATION CITATION:**  
**42 CFR 447, Subpart C**

**7. FEDERAL BUDGET IMPACT:**  
a. FFY **2010**    **(\$6,040.62)**  
b. FFY **2011**    **(\$7,062.62)**

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**  
**Attachment 4.19-D, Page 9 a(1)**

**9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable):**  
**Same (TN 06-33)**

**10. SUBJECT OF AMENDMENT: The purpose of this amendment is to reduce the reimbursement rates for nursing facilities in order to avoid a budget deficit.**

**11. GOVERNOR'S REVIEW (Check One):**

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
**The Governor does not review state plan material.**

**12. SIGNATURE OF STATE AGENCY OFFICIAL:**

**13. TYPED NAME:**  
**Alan Levine**

**14. TITLE:**  
**Secretary**

**15. DATE SUBMITTED:**  
**March 30, 2010**

**16. RETURN TO:**

**State of Louisiana  
Department of Health and Hospitals  
628 N. 4<sup>th</sup> Street  
PO Box 91030  
Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

**17. DATE RECEIVED:** **30 March, 2010**

**18. DATE APPROVED:** **6-17-10**

PLAN APPROVED - ONE COPY ATTACHED

**19. EFFECTIVE DATE OF APPROVED MATERIAL:**  
**JAN 22 2010**

**21. TYPED NAME:**  
**William Lasowski**

**22. TITLE:**  
**Deputy Director, CMCS**

**23. REMARKS:**

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.

TN# 10-11  
Supersedes  
TN# 06-33

Approval Date JUN 17 2010

Effective Date 1-22-10

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

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**From:** Cooley, Mark S. (CMS/CMSO)  
**Sent:** Friday, June 18, 2010 8:47 AM  
**To:** Dasheiff, Sandra (CMS/CMCHO)  
**Cc:** Marks, Marsha L. (CMS/SC); GOLDSTEIN, STUART S. (CMS/CMSO)  
**Subject:** Approval Package LA 10-011  
**Attachments:** LA 10-011.pdf

Approval package / Official File for Louisiana 10-011