

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

December 20, 2010

Our Reference: SPA-LA-10-49

Mr. Don Gregory, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

Dear Mr. Gregory:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 10-49. This state plan amendment implements a mandatory provision of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), section 115.

In the future, when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's tribal consultation process for the SPA. Pursuant to section 1902 (a) (73) of the Act added by section 5006 (e) of the Recovery and Reinvestment Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state.

Transmittal Number 10-49 is approved with an effective date of July 1, 2010 as requested. A copy of the HCFA-179, Transmittal No. 10-49 dated September 28, 2010 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at (214) 767-6381.

Sincerely,

A black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

Enclosures

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **10-49** 2. STATE: **Louisiana**

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

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

4. PROPOSED EFFECTIVE DATE
July 1, 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:
1917(b)(1) of the Social Security Act

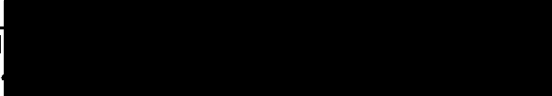
7. FEDERAL BUDGET IMPACT:
a. FFY 2010 **(\$0.00)**
b. FFY 2011 **(\$0.00)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Pre-Print Page 53a-1
* Pre-Print Page 53
* Pre Print page 53a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
None (New Page)
*Supersedes Same (TN 04-11)
*Supersedes Same (TN 95-48)

10. SUBJECT OF AMENDMENT: **This purpose of this amendment is to implement a mandatory provision of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), Section 115.**

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: 
13. TYPED NAME: **Bruce D. Greenstein**
14. TITLE: **Secretary**
15. DATE SUBMITTED: **September 28, 2010**

16. RETURN TO:
**State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **28 September, 2010**

18. DATE APPROVED: **20 December 2010**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
 1 August, 2010 **1 July, 2010**

20. SIGNATURE:  TITLE:

21. TYPED NAME: **BILL BROOKS**

22. TITLE: **Associate Regional Administrator
Division of Medicaid & Children's Health**

23. REMARKS:
* Pen and Ink change made per State's E-mail dated 18 November, 2010 adding pages 53 & 53a to approval package.
*** Pen + Ink Change made per State's E-mail dated 1/28/11 & pages corrected**

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Wednesday, January 19, 2011 2:07 PM
To: CMS CMSO_508_SPA
Cc: Levin, Barry R. (CMS/CMSO); Blunt, Ford J. (CMS/SC); Jackson, Teresa K. (CMS/CMCHO); Carter, Demetria (CMS/SC); Monroe, Monique S. (CMS/CMCHO)
Subject: Final Approval Pkg for LA 10-49
Attachments: Final Approval Pkg for LA 10-49.pdf; LA1049APPROVAL.doc

See Attached.

State: Louisiana

Brief Description: The plan amendment implements a mandatory provision of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), section 115. Tribal consultation was not necessary for this SPA.

Approval Date: 20 December, 2010

Effective Date: 1 August, 2010

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: _____

Citation (s)
42 CFR 433.36 (c)
1902(a) (18) and
1917(a) and (b) of
The Act

4.17 Liens and Adjustments or Recoveries

(a) Liens

_____ The State imposes liens against an individual's real property on account of medical assistance paid or to be paid.

_____ The State complies with the requirements of section 1917 (a) of the Act and regulations at 42 CFR 433.36 (c)-(g) with respect to any lien imposed against the property of any individual prior to his or her death on account of medical assistance paid or to be paid on his or her behalf.

_____ The State imposes liens on real property on account of benefits incorrectly paid.

_____ The State imposes TEFRA liens 1917 (a) (1) (B) on real property of an individual who is an inpatient of a nursing facility, ICF/MR, or other medical institution, where the individual is required to contribute toward the cost of institutional care all but a minimal amount of income required for personal needs.

_____ The procedures by the State for determining that an institutionalized individual cannot reasonably be expected to be discharged are specified in Attachment 4.17-A. (NOTE: If the State indicates in its State Plan that it is imposing TEFRA liens, then the State is required to determine whether an institutionalized individual is permanently institutionalized and afford these individuals notice, hearing procedures, and due process requirements.)

_____ The State imposes liens on both real and personal property of an individual after the individual's death.

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DATE REC'D.	<u>9-28-10</u>
DATE APP'D.	<u>12-20-10</u>
DATE EFF.	<u>8-1-10 7/1/10</u>
HCFA 179	<u>10-49</u>

TN No.: 10-49
Supersedes
TN No.: 09-11

Approval Date: 12-20-10

Effective Date: ~~8-1-10~~
7-1-10

SUPERSEDES: TN 09-11

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: _____

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36 (h)-(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.

_____ Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

- (2) The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917 (a) (1) (B) (even if it does not impose those liens).

- (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.

None

_____ In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State Plan as listed below:

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HCFA 179	<u>10-49</u>

TN No.: 10-49
Supersedes
TN No.: 95-48

Approval Date: 12-20-10

Effective Date: 8-1-10
7/1/10

SUPERSEDED BY 95-48

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Louisiana

4.17 (b) Adjustments or Recoveries

(3) (Continued)

Limitations on Estate Recovery - Medicare Cost Sharing:

(i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service on or after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.

(ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.

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DATE EFF.	<u>8-1-10</u> - <u>7/1/10</u>
HCFA 179	<u>10-49</u>

TN No.: 10-49
Supersedes: _____
TN No.: _____

Approval Date: 12-20-10
SUPERSEDES: NONE - NEW PAGE

Effective Date: 8-1-10
7-1-10