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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 12-27

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

August 22, 2013

Our Reference: SPA LA 12-27

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

Attn: Darlene Adams
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 12-27. The state plan reduces reimbursement rates for the Pediatric Day Health Program by 3.7 percent in order to avoid a budget deficit.

Transmittal Number 12-27 is approved with an effective date of July 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 12-27 dated August 3, 2012 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at ford.blunt@cms.hhs.gov or by phone at (214) 767-6381.

Sincerely,

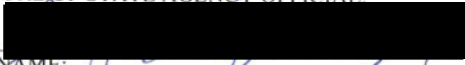

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

Enclosures

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 12-27		2. STATE Louisiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
4. PROPOSED EFFECTIVE DATE July 1, 2012		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		
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: 42 CFR 447 Subpart F		7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> (\$2.93) b. FFY <u>2013</u> (\$11.07)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 4.b, Page 5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (10-48)
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to reduce the reimbursement rates for the Pediatric Day Health Care Program by 3.7 percent in order to avoid a budget deficit.		
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review state plan material.		
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: J. Ruth Kennedy, Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: Bruce D. Greenstein		
14. TITLE: Secretary		
15. DATE SUBMITTED: July 27, 2012		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 3 August, 2012		18. DATE APPROVED: 23 August, 2013
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2012		20. SIGNATURE OF REGIONAL ADMINISTRATOR: 
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS:		

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Pediatric Day Health Care Program

Effective July 21, 2010, reimbursement for PDHC services shall be a statewide fixed per diem rate which is based on the number of hours that a qualified recipient attends the PDHC facility.

- A full day of service is more than four hours, not to exceed a maximum of 12 hours per day.
- A partial day of service is four hours or less per day.

Reimbursement shall only be made for services authorized by the Medicaid Program or its approved designee.

The initial per diem rate for the Pediatric Day Health Care providers was set based on projections of the daily cost. The Department will require the PDHC providers to submit annual cost reports reflecting their actual costs and statistics related to providing care for this program. The costs would include all costs of the operation and segregate the cost into cost categories. The direct care cost category would include a breakdown of the nursing services and the different therapies. The statistics would include the daily census information as well as the encounters for each of the therapies.

These cost reports will be used by the Department to evaluate the cost effectiveness and the reasonableness of the daily rate paid to the providers. Rate adjustments may be made from time to time based on the data obtained through the cost reports or other sources.

State: Louisiana
Date Received: 6 Aug, 2012
Date Approved: 22 Aug, 2013
Effective Date: 1 July, 2012
Transmittal Number: LA 12-27

Effective for dates of service on or after July 1, 2012, the reimbursement for pediatric day health care services shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

The fee schedule will be available through the Louisiana Medicaid provider website, www.lamedicaid.com.