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State/Territory Name: LA

State Plan Amendment (SPA) #: 18-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

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

April 6, 2018

Our Reference: SPA LA 18-0002

Ms. Jen Steele, State Medicaid Director
Department of Health
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attention: Karen Barnes

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 18-0002 dated February 20, 2018. This state plan amendment proposes to amend the provisions governing inpatient hospital services in order to repeal provisions requiring pre-admission certification, concurrent review and length of stay.



Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of March 20, 2018. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at Cheryl.Rupley@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 18-0002	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 March 20, 2018	
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 440.10 42 CFR 440.160 42 CFR 441 (Subpart D) 42 CFR 483 (Subpart G)		7. FEDERAL BUDGET IMPACT: a. FFY <u>2018</u> <u>\$ 0</u> b. FFY <u>2019</u> <u>\$ 0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 1, Page 1 Attachment 3.1-A, Item 1, Page 1a Attachment 3.1-A, Item 1, Page 2 Attachment 3.1-A, Item 16		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 89-39) Same (TN 89-39) Removed page Same (TN 89-39) Same (TN 11-12) Pending (TN 15-0028)	
10. SUBJECT OF AMENDMENT: The SPA proposes to amend the provisions governing inpatient hospital services in order to repeal provisions requiring pre-admission certification, concurrent review and length of stay.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State Plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Rebekah E. Gee MD, MPH		17. DATE RECEIVED: February 20, 2018 18. DATE APPROVED: April 6, 2018 PLAN APPROVED – ONE COPY	
14. TITLE: Secretary			
15. DATE SUBMITTED: February 20, 2018			
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 20, 2018		20. SIGNATURE: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: The State requests a pen and ink change to boxes 8 and 9.			

STATE OF LOUISIANA

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION

42 CFR 440.10

SRS PR 40-4 (C-3), July 2, 1971

Inpatient hospital services (other than those provided in an institution for tuberculosis or mental diseases) are limited to:

- A. "Essential medical care requiring hospitalization" in the judgment of the attending physician or by a dentist, , providing the individual is hospitalized in a short term general hospital as defined in Section 1861, Item (e) of the Social Security Act. General hospitals include the following:
1. A private hospital (except one for tuberculosis or mental diseases), either in Louisiana or in another state, which participates in the vendor payment plan; or
 2. A Louisiana state general hospital (except one for tuberculosis or mental diseases); or
 3. A public hospital (except one for tuberculosis or mental diseases) in another state which pays public hospitals for hospitalization of recipients in that state.
- B. "Essential medical care requiring hospitalization" is defined as care needed for treatment of illness or injury which can be provided safely and adequately only in a hospital and includes basic services the hospital is expected to provide. It does not include:
1. Care which can be provided in a home, in an intermediate care facility, or in a skilled nursing home;
 2. The primary purpose of which is convalescent care; rest, or cosmetic care; or
 3. Diagnostic or surgical procedures when such diagnostic survey or surgery can be performed on an outpatient basis (See Item 1, E.)

State: Louisiana
Date Received: 2-20-18
Date Approved: 4-06-18
Date Effective: 3-20-18
Transmittal Number: 18-0002

TN 18-0002
Supersedes
TN 89-39

Approval Date 4-6-2018

Effective Date 3-20-2018

STATE OF LOUISIANA

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

- C. Each hospital is required to have a Utilization Review Committee.
- D. Effective December 2, 1994, there will be no Medicaid payment for reservation of a bed for a recipient who is temporarily absent from that facility.

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