Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 20-0007

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
Ms. Erin Campbell  
Interim Medicaid Director  
Bureau of Health Services Financing  
Department of Health  
628 North Fourth Street  
Post Office Box 91030  
Baton Rouge, Louisiana 70821-9030  

RE: Louisiana State Plan Amendment (SPA) 20-0007

Dear Ms. Campbell:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 20-0007 effective for services on or after August 20, 2020. The purpose of this state plan amendment is to adopt provisions governing reimbursement outside of the inpatient hospital per diem for donor human breast milk provided to hospitalized premature newborns in order to ensure access to an effective treatment to reduce the incidence of severe complications.

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 regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 20-0007 is approved effective August 20, 2020. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,

Rory Howe  
Acting Director

For

Enclosure
TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
   20-0007

2. STATE
   Louisiana

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

4. PROPOSED EFFECTIVE DATE
   August 20, 2020

5. TYPE OF PLAN MATERIAL (Check One)
   ☑ AMENDMENT TO BE CONSIDERED AS NEW PLAN
   ☐ AMENDMENT

6. FEDERAL STATUTE/REGULATION CITATION
   42 CFR 440.10
   42 CFR 447, Subpart C

7. FEDERAL BUDGET IMPACT
   a. FFY 2021: $210,802
   b. FFY 2022: $212,694

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Attachment 3.1-A, Item 1, Page 46
   Attachment 4.19-A, Item 1, Page 15

9. PAGE NUMBER OF THE SUPERSEDED PLAN
   SECTION OR ATTACHMENT (if Applicable)
   Same (TN 14-0030)
   None New Page

10. SUBJECT OF AMENDMENT
    The purpose of this SPA is to adopt provisions governing reimbursement outside of the inpatient hospital per diem for donor human breast milk provided to hospitalized premature newborns in order to ensure access to an effective treatment to reduce the incidence of severe complications.

11. GOVERNOR'S REVIEW (Check One)
    ☐ OTHER, AS SPECIFIED
    The Governor does not review State Plan material.

12. RETURN TO
    Ruth Johnson, Medicaid Executive Director
    State of Louisiana
    Department of Health
    628 North 4th Street
    P.O. Box 91030
    Baton Rouge, LA 70821-9030

13. TITLE
    Secretary

14. DATE SUBMITTED
    July 15, 2020

15. DATE RECEIVED
    9/9/20

16. DATE APPROVED
    9/9/20

17. PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
    8/20/20

19. SIGNATURE OF REGIONAL OFFICIAL
    [Redacted]

20. TYPED NAME
    Rory Howe

21. TITLE
    Acting Director, FMG

22. REMARKS

Instructions on Back
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

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 AS FOLLOWS:

**Elective Deliveries**

Induced deliveries and cesarean sections shall not be reimbursed when performed prior to
39 weeks gestation. This shall not apply to deliveries when there is a documented medical
condition that would justify delivery prior to 39 weeks gestation.

**Coverage of Donor Human Breast Milk**

Effective for dates of service on or after August 20, 2020, coverage shall be provided for
donor human breast milk obtained from a member bank of the Human Milk Banking
Association of North America, provided to hospitalized infants in acute care hospitals.
Reimbursement for Donor Human Breast Milk

Effective for dates of service on or after August 20, 2020, hospitals shall be reimbursed for donor human breast milk provided to hospitalized infants when obtained from a member bank of the Human Milk Banking Association of North America. Reimbursement will be made as an add-on service in addition to the hospital payment for the inpatient hospital stay.