Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: LA 22-0035

This file contains the following documents in the order listed:

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

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



Financial Management Group

January 27, 2023

Tara A. LeBlanc Medicaid Executive Director Louisiana Medicaid Program Louisiana Department of Health Bureau of Health Services Financing 628 North Fourth Street Post Office Box 91030 Baton Rouge, Louisiana 70821-9030

RE: Louisiana State Plan Amendment (SPA) 22-0035

Dear Ms. LeBlanc:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 22-0035 effective for services on or after January 20, 2023. The purpose of this SPA is to amend the provisions governing inpatient hospital services in order to expand the qualifications for classification as a teaching hospital to include facilities that have documented affiliation agreements with Louisiana medical schools accredited by the Commission of Osteopathic College Accreditation (COCA).

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 22-0035 is approved effective January 20, 2023. 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 Director

Enclosure

EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES		OMB No. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 22-0035	2. STATE LA
FOR. CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 20, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 413 Subpart F	 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> <u>0</u> b. FFY <u>2024</u> <u>0</u> 	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Attachment 4.19-A, Item 1, Pages 10m (1-2)	Same (TN 13-29)	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to am in order to expand the qualifications for classificatio documented affiliation agreements with Louisiana Osteopathic College Accreditation (COCA).	n as a teaching hospital to inclu	ide facilities that have
10. 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.
11 SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO	
	Tara A. LeBlanc, Medicaid Louisiana Department of H 628 North 4 th Street	
12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips	P.O. Box 91030	
13. TITLE	Baton Rouge, LA 70821-903	0
Secretary		
14. DATE SUBMITTED		
December 22, 2022 FOR CMS U	SE ONLY	
16. DATE RECEIVED December 22, 2022	17. DATE APPROVED January 27, 2	023
PLAN APPROVED - ON		and.
18. EFFECTIVE DATE OF APPROVED MATERIAL January 29, 2023	19 SIGNATURE OF APPROVING OFF	CIAL
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe	21. TITLE OF APPROVING OFFICIAL Director, FMG	

22. REMARKS

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - IN-PATIENT HOSPITAL CARE

C. To be eligible for reimbursement for services provided by a **Hospital Intensive Neurological Rehabilitation Care (HINRC) unit**, a hospital must:

1. Meet the requirements of A. above;

and

2. Be accredited by the Joint Commission of Accreditation of Healthcare Organizations (JCAHO) and by the Commission on Accreditation of Rehabilitation Facilities (CARF);

and

3. Contain a unit that meets the requirements for a HINRC unit as described in Attachment 3.1-A, Item 1;

and

- 4. Enroll the HINRC unit separately as a Medicaid provider of Hospital Intensive Neurological Rehabilitation Care.
- D. To be eligible for reimbursement for services provided by a **major teaching hospital**, a hospital must:
 - 1. Meet the requirements of A. above;

and

- 2. Have a documented affiliation agreement with a Louisiana medical school accredited by the Liaison Committee on Medical Education (LCME) or by the Commission on Osteopathic College Accreditation (COCA). These facilities must be a major participant in at least four approved medical residency programs and maintain at least 15 interns and resident un-weighted full time equivalent positions. Full time equivalent positions will be calculated as defined in 42 CFR 413.78. At least two of the programs must be in medicine, surgery, obstetrics/gynecology, pediatrics, family practice, emergency medicine or psychiatry; or
- 3. Maintain at least 20 intern and resident unweighted full time equivalent positions, with an approved medical residency program in family practice located more than 150 miles from the medical school accredited by LCME or COCA. Full time equivalent positions will be calculated as defined in 42 CFR 413.78.
- 4. For the purposes of recognition as a major teaching hospital, a facility shall be considered a "major participant" in a graduate medical education program if it meets the following criteria:

The facility must participate in residency programs that:

a. require residents to rotate for a required experience;

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - IN-PATIENT HOSPITAL CARE

- b. require explicit approval by the appropriate Residency Review Committee (RRC) of the medical school with which the facility is affiliated prior to utilization of the facility; and
- c. provide residency rotations of more than one-sixth of the program length or more than a total of six months at the facility, and are listed as part of an accredited program in the *Graduate Medical Education Directory* of the Accreditation Council for Graduate Medical Education (ACGME).
- E. To be eligible for reimbursement for services provided by a **minor teaching hospital**, a hospital must:
 - 1. Meet the requirements of A. above;

and

- Have a documented affiliation agreement with a Louisiana medical school accredited by LCME or by COCA. These facilities must participate significantly in at least one approved medical residency program. Maintain at least six intern and resident un-weighted full time equivalent positions. Full time equivalent positions will be calculated as defined in 42 CFR 413.78. At least one of these programs must be in medicine, surgery, obstetrics/gynecology, pediatrics, family practice, emergency medicine, or psychiatry.
- 3. For the purposes of recognition as a minor teaching hospital, a facility is considered to "participate significantly" in a graduate medical education program if it meets both of the following criteria: The facility must participate in residency programs that:
 - a. require residents to rotate for a required experience;
 - b. require explicit approval by the appropriate RRC of the medical school with which the facility is affiliated prior to utilization of the facility; and
 - c. provide residency rotations of more than one-sixth of the program length or more than a total of six months at the facility and are listed as part of an accredited program in the *Graduate Medical*