



State of Louisiana
Department of Health and Hospitals
Office of the Secretary

March 24, 2015

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

**RE: Louisiana Title XIX State Plan
Transmittal No. 15-0012**

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,


Kathy H. Kliebert
Secretary

Attachments (2)

KHK/WJR/JH

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

15-0012

2. STATE

Louisiana

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

4. PROPOSED EFFECTIVE DATE

March 5, 2015

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

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:

42 CFR 447, Subpart E

7. FEDERAL BUDGET IMPACT:

a. FFY 2015 **\$979.30**
b. FFY 2016 **\$3,938.68**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, Item 1, Page 10d
Attachment 4.19-A, Item 1, Page 10k (6)

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Same (TN 14-25)
Same (TN 11-18)

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing disproportionate share hospital payments to eliminate payments for Mental Health Emergency Room Extensions (MHEREs).**

11. 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.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Kathy H. Kliebert

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 24, 2015

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #: 15-0012

TITLE: DSH Mental Health Emergency Room Extensions (MHEREs)

EFFECTIVE DATE: March 5, 2015

FISCAL IMPACT
Decrease

	year	% inc.		* # mos	range of mos.	dollars
1st SFY	2015	N/A		12	March 5, 2015 - June 30, 2015	(\$6,312,998)
2nd SFY	2016			12	July 2015 - June 2016	(\$6,312,998)
3rd SFY	2017			12	July 2016 - June 2017	(\$6,312,998)

* #mos-Months remaining in fiscal year (DSH is for the whole year.)

SFY	Total Decrease in Cost FFY 2015		2015					
		(\$6,312,998) for	12	months	March 5, 2015 - June 30, 2015			
		(\$6,312,998) /	12 X	3 months	July 2015 - September 2015	=		<u>(\$1,578,250)</u>
								<u>(\$1,578,250)</u>
			FFP (FFY 2015)=		(\$1,578,250)	X	62.05%	=
								<u>(\$979,304)</u>
SFY	Total Decrease in Cost FFY 2016		2016					
		(\$6,312,998) for	12	months	March 5, 2015 - June 30, 2015			
		(\$6,312,998) /	12 X	9	October 2015 - June 2016	=		<u>(\$4,734,749)</u>
SFY	2017	(\$6,312,998) for	12	months	July 2015 - June 2016			
		(\$6,312,998) /	12 X	3	July 2016 - September 2017	=		<u>(\$1,578,250)</u>
								<u>(\$6,312,999)</u>
			FFP (FFY 2016)=		(\$6,312,999)	X	62.39%	=
								<u>(\$3,938,680)</u>

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

- e. Meet the definition of a public non-rural community hospital as defined in I.D.3.e. below; **or**
- f. Effective September 15, 2006, be a private non-rural community hospital as defined in I.D.3.f. below; **or**
- g. Effective November 3, 1997, be a small rural hospital as defined in I.D.3.b.; **or**
- h. Effective for dates of service on or after January 1, 2008, be a Medicaid enrolled non-state acute care hospital that expands their existing distinct part psychiatric unit or that enrolls a new distinct part psychiatric unit, and signs an addendum to the Provider Enrollment form (PE-50) by April 3, 2008 with the Department of Health and Hospitals, Office of Mental Health; **or**
- i. Effective for dates of service on or after January 21, 2010, be a hospital participating in the Low Income and Needy Care Collaboration; **or**
- j. Effective for dates of service on or after May 24, 2014, meet the definition of a Louisiana Low-Income Academic Hospital; **and**
- k. In addition to the qualification criteria outlined in I.D.1.a.-k. above, effective July 1, 1994, the qualifying disproportionate share hospital must also have a Medicaid inpatient utilization rate of at least one percent (1%).

2. General Provisions for Disproportionate Share Payments

- a. Total cumulative disproportionate share payments under any and all DSH payment methodologies shall not exceed the federal disproportionate share state allotment for Louisiana for each federal fiscal year. The Department shall make necessary downward adjustments to hospitals' disproportionate share payments to remain within the federal disproportionate share allotment.

TN# _____ Approval Date _____ Effective Date _____
Supersedes
TN# _____

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

g. RESERVED

h. Low Income and Needy Care Collaborating Hospitals

- 1) In order to participate under the Low Income and Needy Care Collaborating Hospital DSH category a hospital must be party to a Low Income and Needy Care Collaboration Agreement with the Department of Health and Hospitals. A Low Income and Needy Care Collaboration Agreement is defined as an agreement between a hospital and a state or local governmental entity to collaborate for purposes of providing healthcare services to low income and needy patients.
- 2) DSH payments to Low Income and Needy Care Collaborating Hospitals shall be calculated as follows:
 - a) In each quarter, the Department shall divide hospitals qualifying under this DSH category into two pools. The first pool shall include hospitals that, in addition to qualifying under this DSH category, also qualify for DSH payments under any other DSH category. Hospitals in the first pool shall be eligible to receive DSH payments under the

TN# _____
Supersedes
TN# _____

Approval Date _____

Effective Date _____

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NOTE: Some notices are extracted from PDF files and may be difficult to read.

County: Rapides
Printed In: Alexandria Town Talk
Printed On: 2015/03/04

Public Notice:

PUBLIC PROCESS NOTICE

Department of Health and Hospitals
Bureau of Health
Services Financing

LA SPA 15-0012

Disproportionate Share Hospital Payments
Mental Health
Emergency Room
Extensions

The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing disproportionate share hospital (DSH) payments for Mental Health Emergency Room Extensions (MHEREs) in order to change the deadline for hospitals that established a MHERE to sign an agreement to participate for reimbursement of uncompensated care costs for psychiatric services (Louisiana Register, Volume 36, Number 8).

As a result of a budgetary shortfall in state fiscal year 2015, the department has determined that it is necessary to amend the provisions governing DSH payments to eliminate payments for MHE REs. This action is being taken to avoid a budget deficit in the Medical Assistance Program.

Effective March 5, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to promulgate an Emergency Rule to repeal the provisions governing disproportionate share hospital payments for Mental Health Emergency Room Extensions. Implementation of these provisions may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required. Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to Medicaid Policy@la.gov. Ms. Kennedy is responsible for responding to all inquiries regarding this public process notice. The deadline for receipt of all written comments is April 6, 2015, by 4:30 p.m. A copy of this public notice is available for review by interested parties at parish Medicaid offices.



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

March 10, 2015

Karen Matthews, Health Director
Chitimacha Health Clinic
3231 Chitimacha Trail
Jeanerette, LA 70544

Angela Martin
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Anita Molo
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Marshall Pierite, Chairman
Misty Hutchby, Health Director
Tunica-Biloxi Tribe of Louisiana
P. O. Box 1589
Marksville, LA 71351-1589

Lovelin Poncho, Chairman
Paula Manuel, Health Director
Coushatta Tribe of Louisiana
P. O. Box 818
Elton, LA 70532

Chief Beverly Cheryl Smith
Holly Vanhoozen, Health Director
The Jena Band of Choctaw Indians
P. O. Box 14
Jena, LA 71342

Dear Louisiana Tribal Contact:

RE: Notification of Louisiana Medicaid State Plan Amendments

In compliance with the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009, the Department of Health and Hospitals, Bureau of Health Services Financing is taking the opportunity to notify you of State Plan amendments (SPAs) that may have an impact on your tribe.

Attached for your review and comments is a summary of the proposed State Plan amendments. Please provide any comments you may have by March 17, 2015 to Mrs. Darlene Budgewater via email to Darlene.Budgewater@la.gov or by postal mail to:

Department of Health and Hospitals
Bureau of Health Services Financing
Medicaid Policy and Compliance
P.O. Box 91030
Baton Rouge, LA 70821-9030

Louisiana Tribal Notice
March 10, 2015
Page 2

Should you have additional questions about Medicaid policy, Mrs. Budgewater will be glad to assist you. You may reach her by email or telephone at (225) 342-3881. Thanks for your continued support of the tribal consultation process.

Sincerely,

Darlene A. Budgewater

for J. Ruth Kennedy
Medicaid Director

Attachment (1)

JRK/DB/RJ

c: Ford J. Blunt, III
Stacey Shuman

State Plan Amendment for submittal to CMS

Request for Tribal Comments

March 10, 2015

15-0012 DSH-Mental Health Emergency Room Extensions (MHERE Pool Elimination)

Effective: March 5, 2015

This SPA proposes to amend the provisions governing DSH payments to eliminate payments for MHEREs.

15-0013 Inpatient Hospitals-NR, NS-Termination of Additional Payments for Hemophilia Blood Products

Effective: March 5, 2015

This SPA proposes to amend the provisions governing the reimbursement methodology for inpatient hospital services rendered by non-rural, non-state hospitals to eliminate the additional reimbursements for hemophilia blood products purchased by hospitals.

15-0014 Personal Care Services-Long-Term-Electronic Visit Verification

Effective: April 1, 2015

This SPA proposes to amend the provisions governing long-term personal care services (LT-PCS) in order to adopt requirements which mandate that LT-PCS providers must utilize the electronic visit verification (EVV) system designated by the department for automated scheduling, time and attendance tracking, and billing for long-term personal care services.