



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

**VIA ELECTRONIC MAIL ONLY**

February 20, 2018

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. 18-0002

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.

Warmly,

A handwritten signature in blue ink, followed by the word "Approved" and the initials "for" written in blue ink.

Rebekah E. Gee MD, MPH  
Secretary

Attachments (2)

REG:JS:MJ

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: <b>18-0002</b>	2. STATE <b>Louisiana</b>
		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 <b>March 20, 2018</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ): <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 ( <i>Separate Transmittal for each amendment</i> )			
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> \$ 0 b. FFY <u>2019</u> \$ 0	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Same (TN 89-39) Same (TN 89-39) Removed Same (TN 89-39) Same (TN 11-12) Pending (TN 15-0028)	
10. SUBJECT OF AMENDMENT: <b>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.</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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 <b>The Governor does not review State Plan material.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>Jen Steele, Medicaid Director</b> <b>State of Louisiana</b> <b>Department of Health</b> <b>628 North 4<sup>th</sup> Street</b> <b>P.O. Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>	
13. TYPED NAME: <b>Rebekah E. Gee MD, MPH</b>			
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>February 20, 2018</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

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.)

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TN \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

Supersedes

TN \_\_\_\_\_

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.

Effective for the dates of service January 1, 1995 and after, all admissions to acute care and rehabilitation hospitals require resignation and length-of-stay assignment for all admissions; and all admissions to long term hospitals and distinct part psychiatric/substance abuse units in acute care general hospitals require preadmission certification and length-of-stay assignment. Exception: Inpatient admissions for dual Medicare/Medicaid beneficiaries are not subject to these requirements when Medicare Part A benefits are still in effect.

Effective March 20, 2018, the provisions governing inpatient hospital services requiring pre-admission certification, concurrent review and length of stay assignment are repealed.

STATE OF LOUISIANA

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

<u>CITATION</u>	Medical and Remedial Care and Services
42 CFR 440.160	Item 16
42 CFR 441 (Subpart D)	
42 CFR 483 (Subpart G)	

Inpatient Psychiatric Facility Services for individuals under 21 years of age are limited as follows:

Coverage is limited to services provided in Title XVIII certified psychiatric hospitals enrolled in Title XIX and psychiatric facilities which are accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Council on Accreditation of Services for Families and Children, the Commission on Accreditation of Rehabilitation Facilities, or by any other accrediting organization, with comparable standards, that is recognized by the State.

Providers must comply with federal regulations and policies, standards for payment, and licensure and certification standards promulgated by the State.

For psychiatric hospitals providing this service:

- Effective November 1, 1994, providers of these services will be subject to the uniform admission criteria and exclusionary criteria.
- Effective for services December 2, 1994 and after, there will be no Medicaid payment for reservation of a bed for a recipient who is temporarily absent from the facility.

For psychiatric facilities providing this service:

- Must comply with all active treatment requirements including developing a plan of care based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the recipient's situation and reflects the need for inpatient psychiatric care.
- The PRTF service is equal in amount, duration & scope regardless of setting. All facilities are required to provide all activities on the active treatment plan. Beneficiaries may choose among providers.

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TN \_\_\_\_\_ Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
Supersedes  
TN \_\_\_\_\_