



State of Louisiana
Louisiana Department of Health
Office of the Secretary

October 3, 2023

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
601 East 12th Street, Room 0300
Kansas City, Missouri 64106-2898


RE: Louisiana Title XIX State Plan
Transmittal No. 23-0036

Dear Mr. Scott:

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. Should you have any questions or concerns regarding this matter, please contact Karen Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Sincerely,


_____ for
Stephen R. Russo, JD
Secretary

Attachments (3)

SRR:KS:UN

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

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER 23-0036	2. STATE LA
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE December 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart C	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ 1,519,446 b. FFY <u>2025</u> \$ 2,581,560
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A, Item 1, Page 10k (10)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 15-0031)

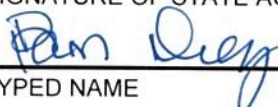
TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to amend the provisions governing disproportionate share hospital (DSH) payments to increase reimbursement for DSH eligible services provided by hospitals through a cooperative endeavor agreement with the Office of Behavioral Health (OBH), in order to align the rate for OBH approved DSH days with the Medicaid inpatient psychiatric per diem rate on file for freestanding psychiatric hospitals.

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


12. TYPED NAME
Pam Diez, designee for Stephen R. Russo, JD

13. TITLE
Secretary

14. DATE SUBMITTED
October 3, 2023

15. RETURN TO
**Kimberly Sullivan, J.D.
Interim Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030**

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

LA TITLE XIX SPA

TRANSMITTAL #: 23-0036

TITLE: Disproportionate Share Hospital Payments

EFFECTIVE DATE: December 1, 2023

FISCAL IMPACT:

Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2024		67.67%	7	December 2023 - June 2024	\$2,214,248
2nd SFY	2025		68.01%	12	July 2024 - June 2025	\$3,795,853
3rd SFY	2026		68.01%	12	July 2025 - June 2026	\$3,795,853

*#mos-months remaining in fiscal year.

Total increase or decrease cost FFY 2024

\$2,214,248 /	12 x 7	December 2023 - June 2024		\$1,291,645	X	67.67%	\$874,056
\$3,795,853 /	12 X 3	July 2024 - September 2024		\$948,963	X	68.01%	\$645,390
						FFP (FFY 2024)	=
							<u>\$1,519,446</u>

Total increase or decrease cost FFY 2025

\$3,795,853 /	12 X #	October 2024 - September 2025		\$3,795,853	X	68.01%	\$2,581,560
						FFP (FFY 2025)	=
							<u>\$2,581,560</u>

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

Effective for dates of service on or after October 1, 2015, the per diem rate in effect as of September 30, 2015, shall be reduced by five percent. The new per diem rate shall be \$552.05 per day.

Aggregate DSH payments for hospitals that receive payment from this category, and any other DSH category, shall not exceed the hospital's specific DSH limit.

Effective for dates of service on or after December 1, 2023, payment for DSH eligible services provided through a cooperative endeavor agreement with the Department of Health shall be equal to the Medicaid per diem rate on file for free-standing psychiatric hospitals.

1. Cost and lengths of stay will be reviewed for reasonableness before payments are made. Reasonableness will be determined at the sole discretion of the Department. Payments shall be made on a monthly basis.
2. Payment for DSH eligible services at the Medicaid rate shall be contingent on qualifying hospitals maintaining and timely submitting all department required documentation for DSH eligible services, throughout the review and audit process.
3. Payments shall be limited to \$552.05 per day if the Department determines that the qualifying hospital is not maintaining or timely submitting the required documentation for DSH eligible services, throughout the review and audit process.

No payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.