DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S3-13-15 Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations, CMSO

Mr. Jerry Phillips, Director Bureau of Health Services Financing Department of Health and Hospitals Post Office Box 91030 Baton Rouge, Louisiana 70821-9030

FEB 1 8 2010

Attention: Sandra Victor

RE: Louisiana 09-45

Dear Mr. Phillips:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 09-45. This amendment changes the deadline from June 1, 2008 to July 1, 2010 for Medicaid-enrolled non-state acute care hospitals that establish a Mental Health Emergency Room Extension (MHERE) and sign an addendum to the Provider Enrollment form (PE-50) to be reimbursed for their net uncompensated care costs for psychiatric services rendered to patients.

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 implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-A. Based upon your assurances we are pleased to inform you that Medicaid State plan amendment 09-45 is approved effective December 21, 2009. We are enclosing the HCFA-179 and the amended plan page.

If you have any questions, please call Sandra Dasheiff, CPA at (214) 767-6490.

Sincerely,	
•	
Cindy Mann	
O Director	
	nd State Operations (CMSO)

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL     1. TRANSMITTAL NUMBER: 2. STATE     2. STATE       FOR: HEALTH CARE FINANCING ADMINISTRATION     3. PROCRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICATION): TITLE XIX OF THE DECAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICATION): TITLE XIX OF THE DECAM IDENTIFICATION: TITLE XIX OF THE DECAM IDENTIFICATION: TYPE OF PLAN MATERIAL. (Chae Comp):     4. PROPOSED EFFECTIVE DATE December 21, 2009       S. TYPE OF PLAN MATERIAL. (Chae Comp): G NEW STATE PLAN     G AMENDMENT TO BE CONSIDERED AS NEW PLAN     SAMENDMENT December 21, 2009       6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 447 Subpart E     7. FEDERAL BUDGET IMPACT: EVENT 2010     S0.00 b. FFY 2011     S0.00 b. FFY 2011       8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 42 CFR Part 447 Subpart E     9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT: 41 COVERNOR-S REVIEW (Chaed One): G GOVERNOR-S OFFICE RECORDED ON COMMENT G COMMENTS OF GOVERNOR-S OFFICE ENCLOSED G NO REFLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL     S0.00 EXTENDED TO FAMENDMENT OF OF ORECONSED G OTHER, AS SPECIFIED: The Governor does not review state plan material.       13. TYPED NAME: All TITLE: Secretary     16. RETURN TO: THE GOVERNOR-S OFFICE RECORDED G ON REPLY RECEIVED: THE ONAME: DEC 2 1 2009     16. RETURN TO: State of Louisiana DEC 2 1 2009       21. TYPED NAME: DEC 2 1 2009    22. TITLE: DE	DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED		
STATE PLAN MATERIAL     09-4f 5 *     Louisiana       FOR: HEALTH CARE FINANCING ADMINISTRATION     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       S. TYPE OF PLAN MATERIAL, (Check Ong):     G AMENDMENT TO BE CONSIDERED AS NEW PLAN     Ø AMENDMENT       GNEW STATE PLAN     G AMENDMENT TO BE CONSIDERED AS NEW PLAN     Ø AMENDMENT       COMPLETE BLOCKS 6 THRU IO IF THIS IS AN AMENDMENT (Separate Transmitial for each amendmenti)     7. FEDERAL BUDGET IMPACT: 42 CFR Part 447 Subpart E     7. FEDERAL BUDGET IMPACT: 42 CFR Part 447 Subpart E     9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT       S. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT     9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (Deading TN 09-38)       10. SUBJECT OF AMENDMENT: The purpose of this amendment is to change the deadline for hospitals to sign an agreement to participate in the Mental Health Emergency Room Extensions (MHERE) DSH pool.       11. OOVERNOR-S OFFICE REPORTED NO COMMENT G COMMENTS OF GOVERNOR-S OFFICE ENCLOSED G ON REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL       12. SIGNAT     16. RETURN TO: State of Louisiana Department of Health and Hospitals 628 N. 4 <sup>th</sup> Street PO Bos 91030       13. TYPED NAME: ATTEL:     POR REGIONAL OFFICE USE ONLY       14. TITLE:     POR REGIONAL OFFICE USE ONLY	TRANSMITTAL AND NOTICE OF APPROVAL OF	F 1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193 2. STATE		
TO:     REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES     SOCIAL SECURITY ACT (MEDICAID)       TO:     REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES     4. PROPOSED EFFECTIVE DATE December 21, 2009       STYPE OF LAN MAERIAL (Check One): GNEW STATE PLAN     G AMENDMENT TO BE CONSIDERED AS NEW PLAN     Ø AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT Geparate Transmitud for each amendment)       4:     FEDERAL STATUTE-REGULATION CITATION: 42 CFR Part 447 Subpart E     7. FEDERAL BUDGET IMPACT: b. FFY 2010     \$0.00       8:     PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 41 tachmeat 4.19-A, Item 1, Page 10 k (6)     9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT: GOVERNOR-S REVIEW (Check One): GOVERNOR-S OFFICE NCLOSED GOVERNOR-S O					
TO:     REGIONAL ADMINISTRATIOR     4. PROPOSED EFFECTIVE DATE       HEALTL CARE FINANCING ADMINISTRATION     DEPARTMENT OF HEALTH AND HUMAN SERVICES     December 21, 2009       S. TYPE OF PLAN MATERIAL (Cheek One):     GAMENDMENT TO BE CONSIDERED AS NEW PLAN     Ø AMENDMENT       GNEW STATE PLAN     GAMENDMENT TO BE CONSIDERED AS NEW PLAN     Ø AMENDMENT       COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitial for each amendment)     7. FEDERAL BUDGET IMPACT:       42 CFR Part 447 Subpart E     7. FEDERAL BUDGET IMPACT:     9.00       8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:     9. PAGE NUMBER OF THE SUPERSEDED PLAN       State of the PLAN SECTION OR ATTACHMENT:     9. PAGE NUMBER OF THE SUPERSEDED PLAN       State of ON RATTACHMENT: The purpose of this amendment is to change the deadline for hospitals to sign at agreement to participate in the Mental Health Emergency Room Extensions (MHERE) DSH pool.       10. SUBJECT OF AMENDMENT: The purpose of this amendment is to change the deadline for hospitals to sign at agreement to participate in the Mental Health Emergency Room Extensions (MHERE) DSH pool.       11. GOVERNOR-S OFFICE REPORTED NO COMMENT     GOVERNOR-S OFFICE REPORTED NO COMMENT       G GOVERNOR-S OFFICE REPORTED NO COMMENT     GOVERNOR-S OFFICE REPORTED NO COMMENT       G GOVERNOR-S OFFICE REPORTED NO COMMENT     GOVERNOR-S OFFICE REPORTED NO COMMENT       G NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	FOR: HEALTH CARE FINANCING ADMINISTRATION				
DEPARTMENT OF HEALTH AND HUMAN SERVICES     December 21, 2009       5. TYPE OF PLAN MATERIAL (Check Omg):     G AMENDMENT TO BE CONSIDERED AS NEW PLAN     G AMENDMENT       COMPLETE BLOCKS 5 THAU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)     7. FEDERAL STATUTE/REGULATION CITATION:     7. FEDERAL BUDGET IMPACT:       42 CFR Part 447 Subpart E     50.00     5. FFY 2011.     \$0.00       5. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:     9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT:     9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT:       Attachmeat 4.19-A, Item 1, Page 10 k (6)     Section OR ATTACHMENT:     9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT:       10. SUBJECT OF AMENDMENT: The purpose of this amendment is to change the deadline for hospitals to sign at agreement to participate in the Mental Health Emergency Room Extensions (MHERE) DSH pool.       11. OOVERNOR-S OFFICE REPORTED NO COMMENT G COMMENT G COVERNOR-S OFFICE RENCLOSED OF AMENT SOF GUVERNOR-S OFFICE ENCLOSED     State of Louisiana Department of Health and Hospitals (28 N. 4 <sup>th</sup> Street PO Box 91030       13. TYPED NAME:     16. RETURN TO:     State of Louisiana Department of Health and Hospitals (28 N. 4 <sup>th</sup> Street PO Box 91030       13. TYPED NAME:     POR REGIONAL OFFICE USE ONLY     18. DATE AFROVED       14. TITLE:     POR REGIONAL OFFICE USE ONLY       17. DATE RECEIVED:     POR REGIONAL OFFICE USE ONLY	TO: REGIONAL ADMINISTRATOR				
S. TYPE OF PLAN MATERIAL (Creek One):     G AMENDMENT TO BE CONSIDERED AS NEW PLAN     Ø AMENDMENT       COMPLETE BLOCKS of THRU 10 IF THIS IS AN AMENDMENT (Separate Transmital for each amendment)     7. FEDERAL STATUTE/REGULATION CITATION:     8. APROVED AS NEW PLAN     Ø AMENDMENT:       42 CFR Part 447 Subpart E     9. FYZ 2011     \$0.00       5. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:     9. PAGE NUMBER OF THE SUPERSEDED PLAN     SECTION OR ATTACHMENT:       41 Attachmeat 4.19-A, Item 1, Page 10 k (6)     9. PAGE NUMBER OF THE SUPERSEDED PLAN     SECTION OR ATTACHMENT (If Applicable):       5. Subject OF AMENDMENT: The purpose of this amendment is to change the deadline for hospitals to sign an agreement to participate in the Mental Health Emergency Room Extensions (MHERE) DSH pool.       11. GOVERNOR-S REVIEW (Check One):     G OVERNOR-S OFFICE REPORTED NO COMMENT     G OTHER, AS SPECIFIED:       G GOVERNOR-S OFFICE REPORTED NO COMMENT     G OTHER, AS SPECIFIED:     The Governor does not review state plan material.       12. SIGNATI      16. RETURN TO:     State of Louisiana       13. TYPED NAME:      16. RETURN TO:     State of Louisiana       13. TYPED NAME:      18. ATE APROVED     Department of Health and Hospitals       13. TYPED NAME:      18. ATE APROVED     18. ATE APROVED       19. EFFECTIVE DATE OF APREOVED MA	HEALTH CARE FINANCING ADMINISTRATION				
G NEW STATE PLAN     G AMENDMENT TO BE CONSIDERED AS NEW PLAN     ☑ AMENDMENT       COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitud for each amendment)     7. FEDERAL BUDGET IMPACT:       42 CFR Part 447 Subpart E     0.400       8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:     9. PAGE NUMBER OF THE SUPERSEDED PLAN       Science of the supersedent of the	DEPARTMENT OF HEALTH AND HUMAN SERVICES	December 21, 2009			
COMPLETE BLOCKS 6 THRU 10 IP THIS IS AN AMENDMENT (Separate Transmittal for each amendment)       6. FEDERAL STATUTE/REGULATION CITATION:       42 CFR Part 447 Subpart E       8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:       A. FFY 2010       § 0.00       8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:       A trachment 4.19-A, Item 1, Page 10 k (6)       8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:       Attachment 4.19-A, Item 1, Page 10 k (6)       10. SUBJECT OF AMENDMENT: The purpose of this amendment is to change the deadline for hospitals to sign an agreement to participate in the Mental Health Emergency Room Extensions (MHERE) DSH pool.       11. OVERNOR-S REVIEW (Check One):       G OVERNOR-S OFFICE ENORTED NO COMMENT       G OVERNOR-S OFFICE ENORTED NO COMMENT       G OVERNOR-S OFFICE ENORTED NO COMMENT       G OVERNOR-S OFFICE ENCLOSED       I. THE Colspan="2">Department of Health and Hospitals       ALL OF ADECON					
42 CFR Part 447 Subpart E     50.00       42 CFR Part 447 Subpart E     a. FFY 2010       5. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:     9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT:       Attachmeat 4.19-A, Item 1, Page 10 k (6)     9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT: (J Applicable):       Same (Panding TN 09-38)     Section OR ATTACHMENT: (J Applicable):       Same (Panding TN 09-38)     Section OR ATTACHMENT (J Applicable):       Subject OF AMENDMENT: The purpose of this amendment is to change the deadline for hospitals to sign an agreement to participate in the Mental Health Emergency Room Extensions (MHERE) DSH pool.       11. GOVERNOR-S REVIEW (Check One):     GOVERNOR-S OFFICE REPORTED NO COMMENT G COMMENT G COVERNOR-S OFFICE ENCLOSED       G OVERNOR-S REVIEW (Check One):     GOVERNOR-S OFFICE ENCLOSED       G OVERNOR-S OFFICE ENCLOSED     If CRETURN TO:       Signant     State of Louisiana       Department of Health and Hospitals     628 N. 4 <sup>th</sup> Street       Secretary     If DATE APPROVED       13. DATE SUBMITTED:     December 11, 2009       POR REGIONAL OFFICE USE ONLY     If DATE APPROVED       19. EFFECTIVE DATE OF APPROVED MATERIAL:     The DATE APPROVED       19. EFFECTIVE DATE OF APPROVED MATERIAL:     22. TITLE:       DEC 2 1 2009     22. TITLE: <td></td> <td>IDERED AS NEW PLAN AI</td> <td>MENDMENT</td>		IDERED AS NEW PLAN AI	MENDMENT		
42 CFR Part 447 Subpart E     a. FFY 2010     \$0.00       8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:     b. FFY 2011     \$0.00       8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:     Attachmeat 4.19-A, Item 1, Page 10 k (6)     9. PAGE NUMBER OF THE SUPERSEDED PLAN       10. SUBJECT OF AMENDMENT:     The purpose of this amendment is to change the deadline for hospitals to sign an agreement to participate in the Mental Health Emergency Room Extensions (MHERE) DSH pool.       11. GOVERNOR-S REVIEW (Check One):     G GOVERNOR-S OFFICE REPORTED NO COMMENT       G GOVERNOR-S OFFICE REPORTED NO COMMENT     G OTHER, AS SPECIFIED:       The Governor does not review state plan material.       12. SIGNATI     :       13. TYPED NAME:     .       Attachme 11, 2009     FOR REGIONAL OFFICE USE ONLY       14. TITLE:     .       15. DATE SUBMITTED:     .       16. DATE SUBMITTED:     .       17. DATE RECEIVED:     18. DATE APPROVED       19. EFFECTIVE DATE OF APPROVED MATERIAL:     2       21. TYPED NAME:     21. 2009       21. TYPED NAME:     22. TITLE:	6. FEDERAL STATUTE/REGULATION CITATION:	ENDMENT (Separate Transmittal for each	ch amendmeni)		
b. FFY 2011 SUBJECT OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Item 1, Page 10 k (6) 10. SUBJECT OF AMENDMENT: The purpose of this amendment is to change the deadline for hospitals to sign an agreement to participate in the Mental Health Emergency Room Extensions (MHERE) DSH pool. 11. GOVERNOR-S REVIEW (Check Ong): G GOVERNOR-S OFFICE REPORTED NO COMMENT G COMMENTS OF GOVERNOR-S OFFICE ENCLOSED G NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATT A TITLE: Secretary 13. TYPED NAME: Alan Leviae 14. TITLE: Secretary 15. DATE SUBMITTED: December 11, 2009 PLAN APPROVED - ONE CONLY 17. DATE RECEIVED: 18. DATE APPROVED 21. TYPED NAME: DEC 2 1 2009 21. TYPED NAME: WILLIA MALESSOWSKI	42 CFR Part 447 Subnart E		<b>66 00</b>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:     9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT:       Attachment 4.19-A, Item 1, Page 10 k (6)     9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>Jf Applicable</i> ): Same (Beadling TN 09-38)       10. SUBJECT OF AMENDMENT: The purpose of this amendment is to change the deadline for hospitals to sign an agreement to participate in the Mental Health Emergency Room Extensions (MHERE) DSH pool.       11. GOVERNOR-S REVIEW (Check One): G GOVERNOR-S OFFICE REPORTED NO COMMENT G COMMENTS OF GOVERNOR-S OFFICE ENCLOSED G NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL       12. SIGNATT					
Attachmeat 4.19-A, Item 1, Page 10 k (6)     SECTION OR ATTACHMENT (If Applicable):       10. SUBJECT OF AMENDMENT: The purpose of this amendment is to change the deadline for hospitals to sign an agreement to participate in the Mental Health Emergency Room Extensions (MHERE) DSH pool.       11. GOVERNOR-S REVIEW (Check One): GOVERNOR-S OFFICE REPORTED NO COMMENT G COMMENTS OF GOVERNOR-S OFFICE ENCLOSED G NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL     Image: Comment of Comment	& PAGE NUMBER OF THE DIAN SECTION OF ATTACHING				
Attachmeat 4.19-A, Item 1, Page 10 k (6)     Same (Bonding TN 09-38)       10. SUBJECT OF AMENDMENT: The purpose of this amendment is to change the deadline for hospitals to sign an agreement to participate in the Mental Health Emergency Room Extensions (MHERE) DSH pool.       11. GOVERNOR-S REVIEW (Check One): G GOVERNOR-S OFFICE REPORTED NO COMMENT G COMMENTS OF GOVERNOR-S OFFICE ENCLOSED G NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL     Image: Comment of Governor does not review state plan material.       12. SIGNATT      If RETURN TO: State of Louisiana Department of Health and Hospitals 628 N. 4 <sup>th</sup> Street PO Box 91030 Baton Rouge, LA 70821-9030       13. TYPED NAME: Alan Levine      If REGIONAL OFFICE USE ONLY       14. TITLE: Secretary      If REGIONAL OFFICE USE ONLY       15. DATE SUBMITTED: December 11, 2009     FOR REGIONAL OFFICE USE ONLY     If DATE APPROVED       19. EFFECTIVE DATE OF APPROVED MATERIAL: DEC 2 1 2009      If DATE APPROVED       21. TYPED NAME: MULLIA M LASOWSK1	THE FLAN SECTION OK ATTACHMENT		RSEDED PLAN		
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to change the deadline for hospitals to sign an agreement to participate in the Mental Health Emergency Room Extensions (MHERE) DSH pool.       11. GOVERNOR-S REVIEW (Check One): G GOVERNOR-S OFFICE REPORTED NO COMMENT G COMMENTS OF GOVERNOR-S OFFICE ENCLOSED G NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL     Image: Comment of Governor does not review state plan material.       12. SIGNATI MOULE CONCENTION: G NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL     If a Return TO: State of Louisiana Department of Health and Hospitals 628 N. 4 <sup>th</sup> Street PO Box 91030 Baton Rouge, LA 70821-9030       13. TYPED NAME: Alan Levine     If a Return to: State of Louisiana Department of Health and Hospitals 628 N. 4 <sup>th</sup> Street PO Box 91030 Baton Rouge, LA 70821-9030       14. TITLE: Secretary     POR REGIONAL OFFICE USE ONLY       17. DATE RECEIVED: DEC 2 1 2009     If a DATE APPROVED - ONE CONLY       19. EFFECTIVE DATE OF APPROVED MATERIAL: DEC 2 1 2009     22. TITLE: Control Control	Attachment 4.19-A. Item 1. Page 10 k (6)	Section OR ATTACHMENT (	lj Applicablej:		
11. GOVERNOR-S REVIEW (Check One): G GOVERNOR-S OFFICE REPORTED NO COMMENT G COMMENTS OF GOVERNOR-S OFFICE ENCLOSED G NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL     Image: Comment of Governor does not review state plan material.       12. SIGNATT     .:     If a Return to: State of Louisiana     If a Return to: State of Louisiana       13. TYPED NAME: Alan Levine     .:     If a Return to: State of Louisiana     State of Louisiana       14. TITLE: Secretary     .:     If a Return to: State of Louisiana     Department of Health and Hospitals       15. DATE SUBMITTED: December 11, 2009     FOR REGIONAL OFFICE USE ONLY     Baton Rouge, LA 70821-9030       19. EFFECTIVE DATE OF APPROVED MATERIAL: DEC 2 1 2009     Image: Comment of Approved Material: DEC 2 1 2009     Image: Comment of Com		Same (southing 114 09-56)			
13. TYPED NAME:   Alan Levine     Alan Levine   Department of Health and Hospitals     14. TITLE:   Secretary     Secretary   PO Box 91030     15. DATE SUBMITTED:   Baton Rouge, LA 70821-9030     December 11, 2009   FOR REGIONAL OFFICE USE ONLY     17. DATE RECEIVED:   18. DATE APPROVED     19. EFFECTIVE DATE OF APPROVED MATERIAL:   2     DEC 2 1 2009   21. TYPED NAME:     WILLIAM MEXAMP   22. TITLE:	G GOVERNOR-S OFFICE REPORTED NO COMMENT G COMMENTS OF GOVERNOR-S OFFICE ENCLOSED	The Covernor does not revie	ew state plan material.		
13. TYPED NAME:     Department of Health and Hospitals       Alan Levine     Department of Health and Hospitals       14. TITLE:     Secretary       15. DATE SUBMITTED:     December 11, 2009       FOR REGIONAL OFFICE USE ONLY       17. DATE RECEIVED:     I8. DATE APPROVED       OPEC 2 1 2009       21. TYPED NAME:       WILLIA M LASOWSKI	12. SIGNATI	16. RETURN TO:			
13. TYPED NAME:     Department of Health and Hospitals       Alan Levine     Department of Health and Hospitals       14. TITLE:     Secretary       15. DATE SUBMITTED:     December 11, 2009       FOR REGIONAL OFFICE USE ONLY       17. DATE RECEIVED:     18. DATE APPROVED       OPEC 2 1 2009       21. TYPED NAME:       WILLIA M       MILLIA M       ASOWSKI		State of Louisiana			
Alan Levine     628 N. 4th Street       14. TITLE:     PO Box 91030       Secretary     Baton Rouge, LA 70821-9030       15. DATE SUBMITTED:     Baton Rouge, LA 70821-9030       December 11, 2009     FOR REGIONAL OFFICE USE ONLY       17. DATE RECEIVED:     18. DATE APPROVED       PLAN APPROVED - ONE CONVERT     02 - 45 - 10       PLAN APPROVED - ONE CONVERT     02 - 45 - 10       19. EFFECTIVE DATE OF APPROVED MATERIAL:     2       DEC 2 1 2009     21. TYPED NAME:       WILLIAM LASOWSKI     22. TITLE:	13. TYPED NAME:				
14. HTLE:     PO Box 91030       Secretary     Baton Rouge, LA 70821-9030       15. DATE SUBMITTED:     Baton Rouge, LA 70821-9030       December 11, 2009     FOR REGIONAL OFFICE USE ONLY       17. DATE RECEIVED:     18. DATE APPROVED       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING     2 - 4 - 10       PLAN APPROVED - ONE CONVERTING </td <td>Alan Levine</td> <td colspan="2" rowspan="2">628 N. 4<sup>th</sup> Street</td>	Alan Levine	628 N. 4 <sup>th</sup> Street			
Secretary       15. DATE SUBMITTED:     Baton Rouge, LA 70821-9030       December 11, 2009       FOR REGIONAL OFFICE USE ONLY       17. DATE RECEIVED:     18. DATE APPROVED.       PLAN APPROVED - ONE CONVERTION       PLAN APPROVED - ONE CONVERTION       19. EFFECTIVE DATE OF APPROVED MATERIAL:       DEC 2 1 2009       21. TYPED NAME:       WILLIA M LASOWSKI					
December 11, 2009       FOR REGIONAL OFFICE USE ONLY       17. DATE RECEIVED:     18. DATE APPROVED.       PLAN APPROVED - ONE CORVED.       PLAN APPROVED - ONE CORVED.       OPEN DEC 2 1 2009       21. TYPED NAME:       QLIMAN CASOWSKI					
FOR REGIONAL OFFICE USE ONLY       17. DATE RECEIVED:     18. DATE APPROVED       PLAN APPROVED - ONE COPY OF TO BODY       PLAN APPROVED - ONE COPY OF TO BODY       19. EFFECTIVE DATE OF APPROVED MATERIAL:       DEC 2 1 2009       21. TYPED NAME:       22. TITLE:       DEC 2 1 2009       22. TITLE:       DEC C C C C C C C C C C C C C C C C C C		Daton Rouge, LA /0821-90	130		
17. DATE RECEIVED:     18. DATE APPROVED.       19. EFFECTIVE DATE OF APPROVED MATERIAL:     2       DEC 2 1 2009     2       21. TYPED NAME:     2       21. TYPED NAME:     2			····		
PLAN APPROVED - ONE CONVECTOR     19. EFFECTIVE DATE OF APPROVED MATERIAL:     DEC 2 1 2009     21. TYPED NAME:     22. TITLE:     DEC 2 1 2009     21. TYPED NAME:     22. TITLE:     DEC 2 1 2009					
PLAN APPROVED - ONE CONVENTION       19. EFFECTIVE DATE OF APPROVED MATERIAL: DEC 2 1 2009       21. TYPED NAME:       21. TYPED NAME:       22. TITLE:       DEC 2 1 2009       21. TYPED NAME:       DEC 2 1 2009       22. TITLE:       DEC C C C C C C C C C C C C C C C C C C					
21. TYPED NAME: WILLIAM LASOWSKI DEPUTY DIRECTOR CMSO	PLAN APPROVED - ON				
William Lasowski Deputy Director CMSO	DEC 2 1 2009	2			
23. REMARKS:			CM<0		
	23. REMARKS:	equily sitector	<u>, _ 11 20</u>		

FORM HCFA-179 (07-92)

\* Pen and ink change requested by Allyson Lamy, LA Program Manager, on 2/8/10.

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

#### ATTACHMENT 4.19-A Item 1, Page 10 k (6)

### STATE OF <u>LOUISIANA</u> PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

#### g. Mental Health Emergency Room Extensions (MHERE)

- Medicaid-enrolled non-state, acute care hospitals that establish a Mental Health Emergency Room Extension (MHERE) and sign an addendum to the Provider Enrollment form (PE-50) by July 1, 2010 shall be reimbursed for their net uncompensated care costs for psychiatric services rendered to patients. The net uncompensated care cost is the Medicaid shortfall plus the cost of treating the uninsured.
- 2) Qualifying non-state, acute care hospitals must:
  - a) be located in a region of the state that does not currently have an MHERE; and
  - b) not receive funding for their MHERE from another source.
- 3) The amount appropriated for this pool in SFY 2010 is \$7,000,000. If the net uncompensated care costs of all hospitals qualifying for this payment exceeds \$7,000,000, payment will be each qualifying hospital's pro rata share of the pool calculated by dividing its net uncompensated care costs by the total of the net uncompensated care costs for all hospitals qualifying for this payment multiplied by \$7,000,000.
- 4) Qualifying hospitals must submit costs and patient specific data in a format specified by the Department. Cost and lengths of stay will be reviewed for reasonableness before payments are made.
- 5) Payments shall be made on a quarterly basis.
- E. (Reserved)

Approval Date FEB 1 8 2010

Effective Date 12-21-09