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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 15-0031 NIRT

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page(s)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

APR 15 2016

Mrs. Jen Steele, Director
Bureau of Health Services Financing
Department of Health and Hospitals
Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

RE: Louisiana 15-0031

Dear Mrs. Steele:

We have reviewed the proposed State plan amendment (SPA) to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 15-0031. The purpose of this SPA is to reduce the Disproportionate Share Hospital (DSH) payments made to non-rural, non-state acute care hospitals for inpatient psychiatric services.

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 the information provided by the State, Medicaid State plan amendment 15-0031 is approved effective October 1, 2015. We are enclosing the CMS-179 and the new plan page.

If you have any questions, please call Tamara Sampson at (214) 767-6431.

Sincerely,

A black rectangular box redacting the signature of Kristin Fan.

Kristin Fan
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <div style="text-align: center;">15-0031</div>	2. STATE <div style="text-align: center;">Louisiana</div>
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">October 1, 2015</div>	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C	7. FEDERAL BUDGET IMPACT: a. FFY <u>2016</u> \$(264.44) b. FFY <u>2017</u> \$(297.70)		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Item 1, Page 10h Attachment 4.19-A, Item 1, Page 10l (1)(c) Attachment 4.19-A, Item 1, Page 10l (1)(d) Page 10 k (10)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SAME (TN 12-05) SAME (TN 12-04) NONE – New Page		
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to amend the provisions governing disproportionate share hospital payments to reduce the payments made to non-rural, non-state acute care hospitals for inpatient psychiatric services.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div> 13. TYPED NAME: Kathy H. Kliebert 14. TITLE: Secretary 15. DATE SUBMITTED: November 9, 2015 </div> <div style="width: 50%;"> 16. RETURN TO: J. Ruth Kennedy, Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030 </div> </div>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: November 10, 2015	18. DATE APPROVED: APR 15 2016		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2015	20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div>		
21. TYPED NAME: <i>Kristen Fan</i>	22. TITLE: <i>Director, FMC</i>		
23. REMARKS: 12-21-2015: The State requests a pen and ink change to boxes 8 and 9.			

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

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

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - IN-PATIENT 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.

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.

State: Louisiana Date Received: November 10, 2015 Date Approved: APR 15 2016 Date Effective: October 1, 2015 Transmittal Number: 15-0031

TN 15-0031
Supersedes
TN New Page

Approval Date **APR 15 2016**

Effective Date 10-01-2015