## Table of Contents

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

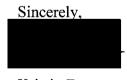
Dear Mrs. Steele:

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.



Kristin Fan Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193 2. STATE
STATE PLAN MATERIAL	15-0031	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2015	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONSI	DERED AS NEW PLAN	MENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	DMENT (Separate Transmittal for each	ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447 Subpart C	a. FFY 2016 b. FFY 2017	<u>\$(264.44)</u> <u>\$(297.70)</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPE	
	SECTION OR ATTACHMENT	(If Applicable):
Attachment 4.19-A, Item 1, Page 10h	SAME (TN 12-05)	
Attachment 4.19-A, Item 1, Page 10l (1)(e)	SAME (TN 12-04)	
Attachment 4.19-A, Item 1, Page 101 (1)(d) Page 10 k (10)	NONE - New Page	
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 revi	ew state plan material.
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	ан на село на проделение на село на се На село на село
	J. Ruth Kennedy, Medicaid Director	
13. TYPED NAME:	State of Louisiana	
Kathy H. Kliebert	<b>Department of Health and Hospitals</b>	
14. TITLE:	628 N. 4th Street	-
Secretary 15. DATE SUBMITTED:	P.O. Box 91030	
November 9, 2015	Baton Rouge, LA 70821-9	030
FOR REGIONAL OFF	ICE USE ONLY	
	9 DATE ADDOVED	4 57 AAIA
November 10, 2015	APK	15 2016
PLAN APPROVED - ONE		
	20. SIGNATURE OF REGIONAL OF	FICIAL:
October 1, 2015		
MRISTEN TAN	Director, FMC	
23. REMARKS:		,
12-21-2015: The State requests a pen and ink change to		

÷

FORM HCFA-179 (07-92)

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

#### STATE OF <u>LOUISIANA</u> 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 <u>15-0031</u> Supersedes TN <u>New Page</u> Approval Date APR 15 2016

Effective Date 10-01-2015