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,

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 CONSIDERED AS NEW PLAN ☑ AMENDMENT  COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	NDMENT (Separate Transmittal for eac	h amendment)
42 CFR 447 Subpart C	7. FEDERAL BUDGET IMPACT: a. FFY 2016 b. FFY 2017	\$(264.44) \$(297.70)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 4.19-A, Item 1, Page 10h	SAME (TN 12-05)	
Attachment 4.19-A, Item 1, Page 101 (1)(c)	SAME (TN 12-04)	
Attachment 4.19-A, Item 1, Page 101 (1)(d) Page 10 k (10)	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):  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 revie	ew state plan material.
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	I Duth Kennedy Medicald	Divostor
13. TYPED NAME:	J. Ruth Kennedy, Medicaid Director State of Louisiana	
Kathy H. Kliebert	Department of Health and Hospitals	
14. TITLE:	628 N. 4th Street	Topitals
Secretary 15. DATE SUBMITTED:	P.O. Box 91030	
November 9, 2015	Baton Rouge, LA 70821-90	30
TOP DEGIONAL OPPIGE VOT ONLY		
17. DATE RECEIVED:	19 DATE ADDDOVED.	
November 10, 2015	APK .	15 2016
PLAN APPROVED - ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	ICIAL:
October 1, 2015	- Janh	
21. TYPED NAME: Knistan FAN	Director, FMC	
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 <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