

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-41	2. STATE 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 August 1, 2010	
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)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447, Subpart B		7. FEDERAL BUDGET IMPACT: * a. FFY <u>2010</u> (\$54.77) (\$54.28) * b. FFY <u>2011</u> (\$304.45) (\$258.46)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 24a, Page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 10-10)	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to reduce the reimbursement rates for non-emergency medical transportation by 4.5% in order to avoid a budget deficit.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review state plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: Bruce D. Greenstein		16. RETURN TO: State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Bruce D. Greenstein			
14. TITLE: Secretary			
15. DATE SUBMITTED: September 28, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 28 September, 2010		18. DATE APPROVED:	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 August, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: [Signature]	
21. TYPED NAME: BILL BROOKS		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: Pen and Ink change made per E-mail dated 11-18-2010 making Federal Fiscal Impact changes.			

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR
440.170

Medical and
Remedial Care
and Services
Item 24.a
(cont'd.)

For dates of service on or after February 1, 2005, non-emergency medical transportation services will be reimbursed at rates in effect on October 31, 2004.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for non-emergency, non-ambulance medical transportation services shall be reduced by 5 percent of the rate in effect on January 21, 2010.

Effective for dates of service on or after August 1, 2010, the reimbursement rates for non-emergency, non-ambulance medical transportation services shall be reduced by 4.5 percent of the rates in effect on July 31, 2010.

b. Family and Friend Providers

Effective on September 12, 2003, non-emergency medical transportation provided by friends and family will be reimbursed at one half of the for profit rate in effect July 31, 2003.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for non-emergency, medical transportation services provided by friends and family shall be reduced by 5 percent of the rate in effect on January 21, 2010.

c. Non-Profit Providers

For round trips up to 65 miles, providers are reimbursed at the for-profit rate reduced by \$3. For each 30 mile increment over 65 miles, the rate is increased by \$7.50 per increment.

Effective for dates of services on or after August 1, 2003, Local Nonprofit-Wheelchair and Nonprofit – Local Trip will be increased by 20 percent of the rate in effect on July 31, 2003.

Effective for dates of services November 1, 2004 through January 31, 2005, the reimbursement for non-emergency medical transportation services is increased by 15 percent of the rates in effect on October 31, 2004.

For dates of service on or after February 1, 2005, non-emergency medical transportation services will be reimbursed at rates in effect on October 31, 2004.

The reimbursement for transportation provided by Local Education Agencies (LEAs) is specified in Item 4.b.

STATE <u>Louisiana</u>	
DATE RECD. <u>9-28-10</u>	A
DATE APPL'D <u>11-19-10</u>	
DATE EFF. <u>8-1-10</u>	
HCFA 179 <u>10-41</u>	

TN# 10-41

Approval Date 11-19-10

Effective Date 8-1-10

Supersedes

TN# 10-10