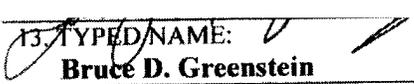


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-58	2. STATE Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE * December 1, 2010 January 1, 2011	
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 F		7. FEDERAL BUDGET IMPACT: * a. FFY <u>2011</u> (\$63.37) (\$73.63) b. FFY <u>2012</u> (\$78.50)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 4.b, Page 4 Attachment 4.19-B, Item 4.b, Page 4.a * Attachment 3.1-A, Item 4b, page 10 * Attachment 3.1-A, Item 4b, page 11		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 08-20) None (New Page) Same (TN 08-20) Same (TN 03-28)	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to reduce the reimbursement rates for certain EPSDT health services rendered in the EarlySteps Program by 2% in order to avoid a budget deficit.			
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		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review state plan material.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		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: December 10, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 20 December, 2010		18. DATE APPROVED: 28 February, 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1-December, 2010 1 January, 2011		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: * Pen and Ink change made per State's E-mail dated 1-18-2011, changing the Fiscal Impact for 2011 and the Effective Date of the SPA. * Pen and Ink change made per State's E-mail dated 2-22-2011, adding Attachment 3.1-A, Item 4b, pages 10 & 11 to SPA pkg.			

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

CITATION Medical and Remedial
42 CFR Care and Services
447.201 Item 4.b. (Cont'd)

III. EPSDT Early Intervention Services

Physical therapy, occupational therapy, speech therapy, audiology services, and psychological services for infants and toddlers ages birth to three years are reimbursed according to the published fee schedules which correspond to the following 3 settings:

- 1) Natural Environment-which may include a child's home or settings in the community that are natural or normal for the child's age and peers who have no disabilities.
- 2) Special Purpose Facility-which includes children with no disabilities including child care center, nursery schools, preschools with at least 50% of the children with no disabilities or developmental delays.
- 3) Center-Based Special Purpose Facility-which is a facility where only children with disabilities or developmental delays are served.

Effective for dates of service on or after February 1, 2005, the reimbursement for early intervention services rendered to infants and toddlers ages birth to three years shall be the lower of billed charges or 75 percent of the rates (a 25 percent reduction) in effect on January 31, 2005. Fee schedules can be found on the Louisiana Medicaid provider website at www.lamedicaid.com.

Effective for dates of service on or after September 1, 2008, the fee schedule used to reimburse certain health services rendered in a natural environment shall be increased by 25 percent of the rate in effect on August 31, 2008.

Effective for dates of service on or after January 1, 2011, the reimbursement for certain Medicaid-covered health services rendered in a natural environment shall be reduced by 2 percent of the rate in effect on December 31, 2010. The following services shall be reimbursed at the reduced rate:

1. audiology services;
2. speech pathology services;
3. occupational therapy;
4. physical therapy; and
5. psychological services.

A	
STATE	Louisiana
DATE REC'D	12-20-10
DATE APP'D	2-28-11
DATE EFF	1-1-11
HCFA 179	10-58

TN# 10-58 Approval Date 2-28-11 Effective Date 1-1-11

Supersedes

TN# 08-20

SUPERSEDES: TN- 08-20

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

Services rendered in special purpose facilities/inclusive child care and center-based special purpose facilities shall be excluded from this rate reduction.

Governmental and private providers are paid using the same fee schedule.

STATE <u>Louisiana</u>	A
DATE REC'D. <u>12-20-10</u>	
DATE APPV'D. <u>2-28-11</u>	
DATE EFF. <u>1-1-11</u>	
HCFR 179 <u>10-58</u>	

TN# 10-58 Approval Date 2-28-11 Effective Date 1-1-11
Supersedes SUPERSEDES: NONE - NEW PAGE
TN# _____

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

CITATION Medical and Remedial
42 CFR Care and Services
441.57 Item 4.b (Cont'd)

EPSDT Early Intervention Services

The Bureau of Health Services Financing (BHSF) establishes early intervention services for Medicaid eligible infants and toddlers ages birth to three years who are enrolled to participate in Part C of the Individuals with Disabilities Education Act (IDEA). These services can be provided in the following settings:

- 1) Natural Environment-which may include a child's home or settings in the community that are natural or normal for the child's age and peers who have no disabilities.
- 2) Special Purpose Facility-which includes children with no disabilities including child care center, nursery schools, preschools with at least 50% of the children with no disabilities or developmental delays.
- 3) Center-Based Special Purpose Facility-which is a facility where only children with disabilities or developmental delays are served.

Covered Services

Medicaid covered early intervention services shall include the following services:

physical therapy-rehabilitative services necessary for the treatment of illness or injury, or restoration and maintenance of function affected by illness or injury. Services provided by or under the direction of a licensed qualified physical therapist.

occupational therapy-treatment to improve or restore a function which has been impaired by illness or injury, or when the function has been permanently lost or reduced by illness or injury, to improve the ability to perform those tasks required for independent functioning. Services provided by or under the direction of a licensed qualified occupational therapist.

speech therapy-services necessary for the diagnosis and treatment of communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills. Services provided by or under the direction of a licensed qualified speech pathologist or audiologist.

audiology services-diagnostic, screening, preventive, or corrective services provided by or under the direction of a licensed qualified audiologist or physician.

psychological services-include diagnosis/evaluation and psychological counseling/therapy for the child and his/her family provided by a licensed physician, psychiatrist, or psychologist.

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STATE	Louisiana
DATE REC'D	12-20-10
DATE APP'D	2-28-11
DATE EFF	1-1-11
HC#A 179	10-58

TN# 10-58
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TN# 08-20

Approval Date 2-28-11

Effective Date 1-1-11

SUPERSEDES: TN- 08-20

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATION ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

Services must be included on the child's IFSP to be reimbursed as an early intervention service.

Provider Qualifications

Therapists and/or audiologists must meet qualifications established in 42 CFR 440.110. Providers of psychological services must meet qualifications established in 42 CFR 440.60.

STATE <u>Louisiana</u>	A
DATE REC'D. <u>12-20-10</u>	
DATE APPV'D <u>2-28-11</u>	
DATE EFF. <u>1-1-11</u>	
HCFA 179 <u>10-58</u>	

SUPERSEDES: TN- 03-28

TN# 10-58 Approval Date 2-28-11 Effective Date 1-1-11
Supersedes
TN# 03-28