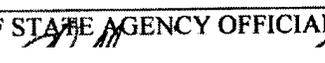
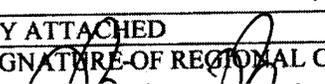


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER:  <b>10-60</b>	2. STATE  <b>Louisiana</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  * <b>December 1, 2010</b> 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: <b>42 CFR 447, Subpart B</b>	7. FEDERAL BUDGET IMPACT: * a. FFY <u>2011</u> (\$286.13) <del>(\$337.17)</del> b. FFY <u>2012</u> <del>(\$359.50)</del>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B, Item 13d, Page 7a</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Same (Pending 10-42)</b>	
10. SUBJECT OF AMENDMENT: <b>The purpose of this amendment is to reduce the reimbursement rates for multi-systemic therapy services by 3% in order to avoid a budget deficit.</b>		
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 <b>The Governor does not review state plan material.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: <b>State of Louisiana Department of Health and Hospitals 628 N. 4<sup>th</sup> Street PO Box 91030 Baton Rouge, LA 70821-9030</b>	
13. TYPED NAME: <b>Bruce D. Greenstein</b>	14. TITLE: <b>Secretary</b>	
15. DATE SUBMITTED: <b>December 10, 2010</b>	17. DATE RECEIVED: <b>20 December, 2010</b>	
<b>FOR REGIONAL OFFICE USE ONLY</b>		
18. DATE APPROVED: <b>9 March, 2011</b>		19. EFFECTIVE DATE OF APPROVED MATERIAL: <del>1 December, 2010</del> <b>1 January, 2011</b>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>		
20. SIGNATURE OF REGIONAL OFFICIAL: 	21. TYPED NAME: <b>Bill Brooks</b>	
22. TITLE: <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>		23. REMARKS:  * Pen and Ink changed made per State's E-mail dated 1-18-2011, changing the Fiscal Impact for 2011 and the Effective Date of the SPA.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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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 DESCRIBED AS FOLLOWS:

Effective for dates of service on or after August 1, 2010, the reimbursement rates for multi-systemic therapy services shall be reduced by 2.63 percent of the rates on file as of July 31, 2010.

Effective for dates of service on or after January 1, 2011, the reimbursement rates for multi-systemic therapy services shall be reduced by 3 percent of the rates on file as of December 31, 2010.

SUPERSEDES: TN# 10-42

STATE <u>Louisiana</u>	A
DATE REC'D. <u>12-20-10</u>	
DATE APPV'D. <u>3-9-11</u>	
DATE EFF. <u>1-1-11</u>	
HCFA 179 <u>10-60</u>	

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TN# 10-60 Approval Date 3-9-11 Effective Date 1-1-11  
Supersedes  
TN# 10-42