

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-62	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 B		7. FEDERAL BUDGET IMPACT: * a. FFY <u>2011</u> (\$81.17) (\$92.58) b. FFY <u>2012</u> (\$98.71)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 24a, Page 3 * Attachment 3.1-A Item 24a, Page 4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (Pending TN 10-41) Same (TN 94-30)	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to reduce the reimbursement rates for non-emergency medical transportation 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 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: December 10, 2010		17. DATE RECEIVED: 20 December, 2010	
FOR REGIONAL OFFICE USE ONLY			
18. DATE APPROVED: 7 March, 2011		PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 December, 2010 1 January, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>	
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 2-17-11, adding Attachment 3.1-A, Item 24a, page 4 to the SPA package.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 MEDICAL ASSISTANCE PROGRAM
 STATE OF LOUISIANA
 PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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.

Effective for dates of service on or after January 1, 2011, the reimbursement rates for non-emergency, non-ambulance medical transportation services shall be reduced by 2 percent of the rates in effect on December 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.

A	
STATE	LOUISIANA
DATE REC'D	12-20-10
DATE APP'D	3-7-11
DATE EFF	1-1-11
HC:FA 179	10-62

TN# 10-62

Approval Date 3-7-11

Effective Date 1-1-11

Supersedes

TN# 10-41

SUPERSEDES: TN- 10-41

STATE OF LOUISIANA

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

LIMITATIONS IN THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial
42 CFR Care and Services
440.170(a) Item 24.a. (cont'd)

1. Authorization for payment for transportation is issued only for transportation to the provider of routine or specialty care within the normal trade area where the individual lives. Although the Bureau will still pay for the actual medical service received outside of the community in which the recipient resides, this does not obligate the agency to reimburse for transportation to accommodate such a choice.

When there is no qualified provider in the normal trade area where the individual lives, the Bureau will pay for transport to providers outside of the normal trade area.

2. When the recipient chooses to utilize a medical provider outside of the normal trade area due to preference and/or history, payment shall be authorized only for the cost of transportation within the normal trade area.

The recipient shall be responsible for securing any agreements with family and friends, non-profit or profit providers to make the longer trip for the payment authorized.

3. When specialty treatment required by the recipient necessitates travel over extended distances, authorization for payment for intra-state transportation shall be determined according to the following criteria:

- necessary medical services are not available to the recipient in his community;
- free transportation is not available; and
- payment shall be authorized only for the most economical means of transportation.

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-20-10</u>	
DATE APPV'D <u>3-7-11</u>	
DATE EFF <u>1-1-11</u>	
HCFA 179 <u>10-62</u>	

TN# 10-62 Approval Date 3-7-11 Effective Date 1-1-11
Supersedes
TN# 94-30

SUPERSEDES: TN- 94-30