

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

10-63

2. STATE

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

November 21, 2010

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:

42 CFR 447, Subpart F

7. FEDERAL BUDGET IMPACT:

- a. FFY 2011 **(\$0.00)**
b. FFY 2012 **(\$0.00)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 4.b, Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Same (TN 07-06)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to revise the reimbursement methodology to be consistent with current payment methodologies.**

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 review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Bruce D. Greenstein**

14. TITLE: **Secretary**

15. DATE SUBMITTED: **December 10, 2010**

16. RETURN TO:

**State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **20 December, 2010**

18. DATE APPROVED: **9 March, 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **21 November, 2010**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Bill Brooks**

22. TITLE: **Associate Regional Administrator
Division of Medicaid & Children's Health**

23. REMARKS:

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
447.304
447.200-205
and Section
.1905(r)(5) of
the Act

Medical and Remedial Care and Services
Item 4.b.(contd.)

II. The following services that are not otherwise covered under the Louisiana State Plan will be reimbursed when provided to an EPSDT recipient:

A. Hospice Services

Hospice care will be reimbursed utilizing the principles of reimbursement as detailed in the State Medicaid Manual, Chapter IV, Sections 4305 and 4307.

B. Personal Care Services

Personal Care (PCS) for EPSDT eligibles shall be paid the lesser of billed charges or the maximum unit rate set by BHSF. The maximum rate is a prospective flat rate for each approved unit of service that is provided to the recipient. One quarter hour is the standard unit of service--, exclusive of travel time to arrive at the recipient's home.

Effective February 9, 2007, an hourly wage enhancement payment in the amount of \$2 will be reimbursed to providers for personal care workers who provide services to Medicaid recipients.

The rate methodology is uniform for both governmental and non-governmental providers. The fee schedule is published on the Medicaid Provider Website www.lamedicaid.com.

Chiropractors

1. Method of Payment

Reimbursement is only for manual manipulation of the spine (procedure codes 97260 and 97261). Chiropractors are reimbursed under the same methodology used to reimburse physicians. Reimbursement is made at the lower of the provider's billed charge for the services or the maximum allowable fee for chiropractic services under the Bureau's provider reimbursement fee schedule.

STATE	LOUISIANA
DATE REC'D.	12-20-10
DATE APPL'D	3-9-11
DATE EFF.	11-21-10
HC.FA 179	10-63

SUPERSEDES: TN- 07-06

TN# 10-63
Supersedes
TN# 07-06

Approval Date 3-9-11

Effective Date 11-21-10