

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

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| 1. TRANSMITTAL NUMBER: 10-67 | 2. STATE Louisiana |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |

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

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| 4. PROPOSED EFFECTIVE DATE * December 1, 2010 January 1, 2011 |
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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 B

7. FEDERAL BUDGET IMPACT:
 * a. FFY 2011 (\$109.14) ~~(\$125.92)~~
 b. FFY 2012 ~~(\$134.26)~~

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Item 24a, Page 4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):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 ambulance services by 2% in order to avoid a budget deficit.**

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **The Governor does not review state plan material.**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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: **7 March, 2011**

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.

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 Medical and
 42 CFR Remedial
 440.170 Care and Services
 Item 24.a. (Contd.)

Trips for non-ambulatory recipients are reimbursed at an enhanced rate to accommodate the cost associated with more expensive vehicles, more time in loading, and less capacity in transporting.

An enhanced payment is negotiated by the Bureau for the least costly feasible method of transport when transportation is not available at the above rates.

Effective for dates of service on or after January 22, 2010, the ground mileage and ancillary services reimbursement rates for non-emergency ambulance 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 January 1, 2011, the ground mileage and ancillary services reimbursement rates for non-emergency ambulance transportation services shall be reduced by 2 percent of the rate in effect on December 31, 2010.

II. Standards for Participation

Emergency and non-emergency medical transportation providers must be certified by the Bureau of Health Services Financing in order to participate in Medicaid.

All advanced life support (ALS) and basic life support (BLS) ambulance services must be certified by the Department of Health and Hospitals, Bureau of Health Services Financing in order to receive Medicaid reimbursement and all ALS or BLS services must be provided in accordance with the state law and regulations governing the administration of these services. All (ALS and BLS) ambulance services must comply with the state law and regulations governing the personnel certifications of the emergency medical technicians administered by the Department of Health and Hospital's Bureau of Emergency Medical Services.

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| A | |
| STATE | LOUISIANA |
| DATE REC'D | 12-30-10 |
| DATE APP'D | 2-7-11 |
| DATE EFF | 1-1-11 |
| HCFA 179 | 10-67 |

TN# 10-67

Approval Date 3-7-11

Effective Date 1-1-11

Supersedes
 TN# 10-10

SUPERSEDES: TN- 10-10