HEALTH CARE FINANCING ADMINISTRATION	T	OMB NO. 0938-0193			
TRANSMITTAL AND NOTICE OF APPROVAL OF	I. TRANSMITTAL NUMBER:	2. STATE			
STATE PLAN MATERIAL	10-42	Louisiana			
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)				
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE				
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	August 1, 2010				
5. TYPE OF PLAN MATERIAL (Check One):					
■ NEW STATE PLAN ■ AMENDMENT TO BE CONS		ENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447, Subpart B	7. FEDERAL BUDGET IMPACT:  a. FFY 2010 (\$48.49)				
	b. FFY <u>2011</u> (\$2°	71.99)( <b>\$230.91)</b>			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B, Item 13d, Page 7a	9. PAGE NUMBER OF THE SUPER SECTION OR ATTACHMENT (I) None (New Page)				
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to reduce the reimbursement rates for multi-systemic therapy services by 2.63% in order to avoid a budget deficit.  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN #5 DAYS OF SUBMITTAL					
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:				
	State of Louisiana				
TYPED NAME.		lassitals			
13. TYPED NAME:	Department of Health and H	iospitais			
Bruce D. Greenstein 14. TITLE:		628 N. 4th Street			
	PO Box 91030				
Secretary  15. DATE SUBMITTED:	Baton Rouge, LA 70821-90	30			
September 28, 2010					
FOR REGIONAL OF	FICE USE ONLY				
	18. DATE APPROVED: 20 December	er, 2010			
PLAN APPROVED - ONE	COPY ATTACHED				
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 August, 2010	20. SIGNATORE OF REGIONAL OFF	ICIAL:			
21. TYPED NAME: BILL BROOKS	2. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health				
23. REMARKS:					
* Pen & Ink Change made per state's E-mai dollar amounts	l Dated 11-15-10 changing the Fe	deral Fiscal Impact			

STATE OF LOUISIANA

## 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 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.

-	A STATE STATE OF STAT	
ŧ	STATE Loui siana DATE REC'D. 9-28-10	
	DATE APPV'D 12-20-10	A
1	DATE EFF 8-1-10	
	HCFA 179 10-42	

TN#/	0-42	Approval Date	12-20-10	_ Effective Date	8-1-10
Supersedes TN#	SUPERSEDES.	NONE - NEW PAG	GE		