



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-43	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 August 1, 2010	
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 2010 (\$1,073.21) (\$1,063.60) * b. FFY 2011 (\$5,965.86) (\$5,064.73)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 26, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 09-35)	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to reduce the reimbursement rates for long-term personal care services by 4.6% 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: 		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 Greenstein			
14. TITLE: Secretary			
15. DATE SUBMITTED: September 28, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 28 September, 2010		18. DATE APPROVED: 13 December 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 August, 2010		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 16 November, 2010 changing Fiscal Impact			

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

CITATION Medical and Remedial
42 CFR 447 Care and Services
Subpart B Item 26

Personal Care Services

Reimbursement Methodology

Reimbursement for personal care services 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. Reimbursement shall not be authorized for the provision of less than one quarter of an hour of service. Effective March 1, 2009, personal care services cannot exceed 42 hours per week. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the Medicaid Provider Website www.lamedicaid.com.

Effective for dates of service on or after February 1, 2009, the reimbursement rate shall be reduced by 3.5 percent of the rate on file as of January 31, 2009.

Effective for dates of service on or after August 4, 2009, the reimbursement rate for long-term personal care services shall be reduced by 4.8 percent of the rate on file as of August 3, 2009.

Effective for dates of service on or after August 1, 2010, the reimbursement rate for long-term personal care services shall be reduced by 4.6 percent of the rate on file as of July 31, 2010.

Standards for Payment

Providers shall comply with standards for participation established by the Bureau of Health Services Financing (BHSF).

Note: Prior authorization is required for personal care services.

STATE	Louisiana
DATE REC'D	9-28-10
DATE APP'D	12-13-10
DATE EFF	8-1-10
HCF#	179 10-43

TN# 10-43 Approval Date 12-13-10 Effective 8-1-10

Supersedes

TN# 09-35 SUPERSEDES: TN- 09-35