| TRANSMITTAL AND NOTICE OF APPROVAL OF | I. TRANSMITTAL NUMBER: | 2. STATE | |
|---|---|---|--|
| STATE PLAN MATERIAL | 10-43 | Louisiana | |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | 1 | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE | |
| FOR: HEALIN CARE FINANCING ADMINISTRATION | SOCIAL SECURITY ACT (MEDICAID) | | |
| TO: REGIONAL ADMINISTRATOR | 4. PROPOSED EFFECTIVE DATE | | |
| HEALTH CARE FINANCING ADMINISTRATION | August 1, 2010 | | |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): | | | |
| G NEW STATE PLAN G 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: | 7. FEDERAL BUDGET IMPACT: | | |
| 42 CFR 447 Subpart B | | 73.21) (\$1.003.60) | |
| • | \ \ \ \ \ | 65.86) (\$2.864.73) | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: | 9. PAGE NUMBER OF THE SUPER | | |
| | SECTION OR ATTACHMENT (If Applicable): | | |
| Attachment 4.19-B, Item 26, Page 1 | Same (TN 09-35) | | |
| | | | |
| | | | |
| • | 1 1 1 | | |
| In SUBJECT OF AMENDMENT. The purpose of this amendment is to reduce the reimbursement rates for long- | | | |
| 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): | | | |
| ☐ 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: | 16. RETURN TO: | | |
| | State of Louisiana | | |
| 13. TYPED NAME: # V | Department of Health and Hospitals | | |
| Bruce Greenstein | 628 N. 4th Street | | |
| 14. TITLE: | PO Box 91030 | | |
| Secretary | Baton Rouge, LA 70821-9030 | | |
| 15. DATE SUBMITTED: | | • | |
| September 28, 2010 FOR REGIONAL OFFICE USE ONLY | | | |
| 17 DATE RECEIVED: | 18. DATE APPROVED: | | |
| 28 September, 2010 | 13 December 2010 | | |
| PLAN APPROVED - ONE | | | |
| | 20. SIGNATURE OF REGIONAL OFF | ICIAL: | |
| 1 August, 2010 | | | |
| 21. TYPED NAME: BILL BROOKS | 22. TITLE Associate Regional A Division of Medicaid | dministrator & Children's Health | |
| 23. REMARKS: | mail dated 16 Navambar 2010 al | anging Figaal Impact | |
| 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 42 CFR 447 Medical and Remedial 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.

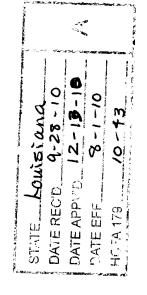
Effective for dates of service on or after August 4, 2009, the reimbursement rate for long-term personal care services shall be reduced by 4.8 percent of the rate on file as of August 3, 2009.

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.



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.



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

Supersedes

TN# <u>09-35</u>

SUPERSEDES: TN- 09-35