

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1301 Young Street, Room 833  
Dallas, Texas 75202



**Division of Medicaid & Children's Health, Region VI**

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June 5, 2009

Our Reference: SPA-LA-09-019

Mr. Jerry Phillips, State Medicaid Director  
Department of Health and Hospitals  
Bienville Building  
628 North 4<sup>th</sup> Street  
Post Office Box 91030  
Baton Rouge, LA 70821-9030

Dear Mr. Phillips:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 09-019. This amendment reduces the fee for service rate for prosthetic and orthotic devices by 3.5 percent.

Transmittal Number 09-019 is approved with an effective date of March 7, 2009 as requested. A copy of the HCFA-179, Transmittal No. 09-019 dated March 27, 2009 is enclosed along with the approved plan pages.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

/s/

Bill Brooks  
Associate Regional Administrator

Enclosures