LOUISIANA MEDICAID PROGRAM

CHAPTER 4: APPLIED BEHAVIOR ANALYSIS

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
11/18/19	4.1	Covered Services	8	Revisions made to clarify recipient supervision criteria.
11/18/19	4.6	Coordination of Care	2	Revisions made to clarify coordination of care service criteria.