CENTERS FOR MEDICARE & MEDICAID SERVICES		OMB No 0938-01
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 24-0027	2. STATE LA
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE November 13, 2024	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts	in WHOLE dollars)
42 CFR 440.130(d)	a. FFY $\underline{2025}$ \$ $\underline{0}$ b. FFY $\underline{2026}$ \$ $\underline{0}$	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	PAGE NUMBER OF THE SUPERSEDI ATTACHMENT (If Applicable)	ED PLAN SECTION OR
Attachment 3.1-A, Item 13d, Pages 11b, 11d-11e	Same (TN 19-0030)	
9. SUBJECT OF AMENDMENT		
The purpose of this SPA is to amend the provisions governing opioid treatment programs in order to expand the types of eligible practitioners who can treat individuals and prescribe medications in medication-assisted treatment (MAT).		
10. GOVERNOR'S REVIEW (Check One)		
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED: The Governor does not review \$	State Plan material.
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO	
Michael Hander	Kimberly Sullivan, J.D. Medicaid Executive Director Louisiana Department of Hea	lth.
Michael Harrington, MBA, MA	628 North 4 th Street	
13. TITLE Secretary	P.O. Box 91030 Baton Rouge, LA 70821-9030	
14. DATE SUBMITTED December 3, 2024		
FOR CMS USE ONLY		
16. DATE RECEIVED	17. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICI	AL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL	
22. REMARKS		





Louisiana Department of Health Office of the Secretary

December 3, 2024

James G. Scott, Director Division of Program Operations Medicaid & CHIP Operations Group 601 East 12th Street, Room 0300 Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan Transmittal No. 24-0027

Dear Mr. Scott:

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan. Should you have any questions or concerns regarding this matter, please contact Marjorie Jenkins at (225) 342-3881 or via email at Marjorie.Jenkins@la.gov.

Sincerely,

Michael Harrington, MBA, MA

Secretary

Attachments (2)

MH:KS:NF

STATE OF **LOUISIANA**

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

Treatment of Opioid Use Disorder in Opioid Treatment Programs

Citation

42 CFR 440.130(d)

The Medicaid program provides coverage for medically necessary medication-assisted treatment (MAT) delivered in opioid treatment programs, including but not limited to, methadone treatment, to all Medicaid-eligible adults and children with opioid use disorder (OUD).

Covered Services

The following services provided by opioid treatment programs shall be reimbursed under the Medicaid program:

- A. The administration and dispensing of medications; and
- B. Treatment phases 1 through 4:
 - 1. Initial treatment phase lasts from three to seven days. During this phase, the provider conducts orientation, provides individual counseling and develops the initial treatment plan for treatment of critical health or social issues.
 - 2. Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, whereas the provider:
 - a. Conducts weekly monitoring of the recipient's response to medication;
 - b. Provides at least four individual counseling sessions;
 - c. Revises the treatment plan within 30 days to include input by all disciplines, the recipient and significant others; and
 - d. Conducts random monthly drug screen tests.
 - 3. Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time. The provider shall:
 - a. Perform random monthly drug screen tests until the client has negative drug screen tests for 90 consecutive days as well as random testing for alcohol when indicated;

Attachment 3.1-A Item 13.d, Page 11d

STATE OF **LOUISIANA**

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

Staffing Requirements

Individuals providing services must be licensed in accordance with state laws and regulations, in addition to operating within their scope of practice license.

The provider's opioid treatment program shall have the following staff:

Medical Director

The Medical Director shall be a licensed physician with a current, valid unrestricted license to practice in the state of Louisiana and provide the following services:

- 1. Decrease the dose to accomplish gradual, but complete withdrawal, only when requested by the recipient;
- 2. Provide medically approved and medically supervised assistance for withdrawal, only when requested by the recipient;
- 3. Participate in the documentation of reviews of treatment plan every 90 days in the first two years of treatment; and
- 4. Participate in discharge planning.

Pharmacist or Dispensing Physician

Pharmacist or Dispensing Physician shall have a current, valid unrestricted license to practice in the state of Louisiana and provide the following services:

- 1. Dispense all medications;
- 2. Work collaboratively with the Medical Director to decrease the dose to accomplish gradual, but complete withdrawal, only when requested by the recipient;
- 3. Contribute to the development of the initial treatment plan;
- 4. Contribute to the documentation for the treatment plan review every 90 days in the first two years of treatment; and
- 5. Document response to treatment in progress notes at least every 30 days.

STATE OF **LOUISIANA**

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

Opioid Treatment Program (OTP) Practitioner

The OTP practitioner shall be a physician, APRN, nurse practitioner, or physician assistant. The OTP Practitioner shall have a current, valid unrestricted license to practice in the state of Louisiana and provide the following services:

- 1. Prescribe medications;
- 2. Monitor the client's response to medications;
- 3. Evaluate the client's use of medication and treatment from the program and other sources;
- 4. Contribute to the development of the initial treatment plan;
- 5. Contribute to the documentation regarding the response to treatment for treatment plan reviews:
- 6. Contribute to the documentation for the treatment plan review every 90 days in the first two years of treatment;
- 7. Conduct drug screens; and
- 8. Participate in discharge planning.

Nursing Staff

Nursing staff shall have a current, valid and unrestricted nursing license in the State of Louisiana and provide the following services:

- 1. Administer medications;
- 2. Monitor the client's response to medications;
- 3. Evaluate the client's use of medication and treatment from the program and other sources:
- 4. Document response to treatment in progress notes at least every 30 days;
- 5. Contribute to documentation for the treatment plan review every 90 days in the first two years of treatment;
- 6. Conduct drug screens; and
- 7. Participate in discharge planning.