

Louisiana Department of Health Office of the Secretary

VIA ELECTRONIC MAIL ONLY

September 13, 2016

Bill Brooks Associate Regional Administrator Division of Medicaid & Children's Health DHHS/Centers for Medicare and Medicaid Services 1301 Young Street, Room #833 Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan

Transmittal No. 16-0015

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.

Warmly,

Rebekah E. Gee MD, MPH

Secretary

Attachments (2)

REG:JS:JH

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL		l l	
FOR: HEALTH CARE FINANCING ADMINISTRATION	16-0015	Louisiana	
	3. PROGRAM IDENTIFICATION: T SOCIAL SECURITY ACT (MEDI		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	September 20, 2016		
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	September 20, 2010		
■ NEW STATE PLAN ■ AMENDMENT TO BE CONSI	DEDED AS NEW DIAN - 57 AND	ENDA (EN III)	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND	DERED AS NEW PLAN AMENDMENT MENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
42 CFR 440 Subpart B	a. FFY 2016 \$0		
42 CFR 447 Subpart A	b. FFY <u>2017</u>	<u>\$0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	SEDED PLAN	
	SECTION OR ATTACHMENT (If	Applicable):	
Attachment 3.1-A Item 2c, Page 1b	Same (TN 11-0037)		
	(11, 12 0007)		
10. SUBJECT OF AMENDMENT The purpose of this SPA is to	revise the provisions governing	Federally	
Qualified Health Centers (FQHCs) in order to allow cert	ified medical assistants to apply	fluoride varnish	
under the direction of a certified physician, and to establ	ish training requirements for ap	pliers of fluoride	
varnish.		.	
11. GOVERNOR'S REVIEW (Check One): ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	MOTHER ACCRECATION		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	◯ OTHER, AS SPECIFIED: The Governor does not review	state plan meterial	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The Soverhor does not review	state plan material.	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	6. RETURN TO:		
2. SIGNATURE OF THE PARENCE OF THE P			
10 TYPE TALES	Jen Steele, Medicaid Director		
13. TYPED NAME:	State of Louisiana		
Rebekah E. Gee MD, MPH 14. TITLE:	Louisiana Department of He	alth	
Secretary	628 N. 4th Street		
15. DATE SUBMITTED:	P.O. Box 91030		
September 13, 2016	Baton Rouge, LA 70821-903	30	
FOR REGIONAL OFFICE	CE USE ONLY		
17. DATE RECEIVED: 1	8. DATE APPROVED:		
DI ANI ADDROVED. ONE O	IODY ATTACKED		
PLAN APPROVED – ONE C 19. EFFECTIVE DATE OF APPROVED MATERIAL: 2	OPY ATTACHED 0. SIGNATURE OF REGIONAL OFFI	CLAT.	
19. EITECTIVE DATE OF ALT ROVED MATERIAL.	o. Signature of Regional Offic	CIAL:	
21. TYPED NAME: 2	A TITLE		
21. I I FED NAIME:	2. TITLE:		
22 DEMARKS			
23. REMARKS:			

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

6. Fluoride Varnish Applications

Effective for dates of service on or after December 1, 2011, the Department shall provide coverage for fluoride varnish applications to recipients under the age of 6 years when performed in the FQHC. Services shall be limited to once every 6 months.

- Fluoride varnish applications shall be reimbursed when performed in the FQHC by:
 - a. the appropriate dental providers;
 - b. physicians;
 - c. physician assistants;
 - d. nurse practitioners;
 - e. registered nurses;
 - f. licensed practical nurses; or
 - g. certified medical assistants.
- All participating staff must review the Smiles for Life training module for fluoride varnish and successfully pass the post assessment. All staff involved in the varnish application must be deemed as competent to perform the service by the FQHC.

TN	Approval Date	Effective Date	
Supersedes			
TN	_		