

Louisiana Department of Health Office of the Secretary

VIA ELECTRONIC MAIL ONLY

February 20, 2018

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. 18-0001

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:MJ

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	18-0001	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: 1	
FOR HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDI	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	March 20, 2018	
5. TYPE OF PLAN MATERIAL (Check One):		
■ NEW STATE PLAN ■ AMENDMENT TO BE CONS		ENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN 6. FEDERAL STATUTE/REGULATION CITATION:		untendment)
42 CFR 435.214	7. FEDERAL BUDGET IMPACT:	6 0
42 CFR 435.214	a. FFY 2018 b. FFY 2019	\$ 0 \$ 0
9 DACE MUMBER OF THE REAM CROTION OF ATTACHMENT.		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER SECTION OR ATTACHMENT (I)	
Attachment 3.1-A, Item 4c, Page 1	Same (TN 14-13)	террисионе).
Attachment 3.1-A, Item 4c, I age I	Sumo (111110)	
to remove the limitation on office visits for physical exarelated services. 11. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Rebekah E. Gee MD, MPH	Minations for family planning an MOTHER, AS SPECIFIED: The Governor does not review 16. RETURN TO: Jen Steele, Medicaid Directo State of Louisiana Department of Health 628 North 4th Street	State Plan material.
14. TITLE:	P.O. Box 91030	
Secretary		
15. DATE SUBMITTED:	Baton Rouge, LA 70821-9030	
February 20, 2018	ICE USE ONLY	
FOR REGIONAL OFF	18. DATE APPROVED:	
17. DATE RECEIVED.	18. DATE APPROVED	
PLAN APPROVED – ONE	COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFI	CIAL:
21. TYPED NAME:	22. TITLE:	
23. REMARKS:		

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 AS FOLLOWS:

1905(a)(4)(C) Family Planning Services

Covered Services

The primary goals of family planning services are to increase access to services which will allow improved reproductive and physical health, improved perinatal outcomes, and reduction in the number of unintended pregnancies. Medicaid covered family planning services include:

- 1. Physical examinations or medically necessary re-visits as it relates to family planning or family planning-related services for both males and females of child bearing age;
 - a. a comprehensive patient history;
 - b. physical, including breast exam;
 - c. laboratory tests; and
 - d. contraceptive counseling.
- 2. Contraceptive counseling (including natural family planning), education, follow-ups and referrals;
- 3. Laboratory examinations and tests for the purposes of family planning and management of sexual health;
- 4. Pharmaceutical supplies and devices to prevent conception, including all methods of contraception approved by the Federal Food and Drug Administration; and
- 5. Male and female sterilization procedures and follow up tests provided in accordance with 42 CFR 441, Subpart F.

Family Planning Related Services Provided Under State Eligibility Option

Family planning-related services include the diagnosis and treatment of sexually transmitted diseases or infections, regardless of the purpose of the visit at which the disease or infection was discovered. Medicaid covered family planning-related services include:

- 1. Diagnostic procedures, drugs and follow-up visits to treat a sexually transmitted disease, infection or disorder identified or diagnosed at a family planning visit (other than HIV/AIDS or hepatitis);
- 2. Vaccine to prevent cervical cancer;
- 3. Treatment of major complications from certain family planning procedures; and
- 4. Transportation services.

Service Delivery

Family Planning services may be delivered through any enrolled Medicaid provider whose scope of practice includes family planning services.

TN	Approval Date	Effective Date
Supersedes		
TN		