

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Regional Operations Group – Region VI  
1301 Young Street, Room 833  
Dallas, Texas 75202



**Regional Operations Group, Division of Medicaid Field Operations South**

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20 August, 2013

Reference: **SPA – LA 19-0012**  
**(Newborn Screenings)**

Ms. Jen Steele  
Medicaid Director  
Louisiana Department of Health  
628 North 4th Street, P.O. Box 91030  
Baton Rouge, Louisiana 70821-9030

Dear Ms Kennedy:

This is to acknowledge receipt of State's letters dated 24 April, 2019, stating the Withdrawal of State Plan Transmittals No.19-0012. This action is reflected on the enclosed CMS 179. For your convenience,

we are enclosing copies of the material withdrawn.

If you have any questions, please call Cheryl Rupley at ext. 214-767-6278.

Sincerely,

A handwritten signature in black ink that reads "Marsha Marks". The signature is written in a cursive, flowing style.

Marsha Marks, Health Insurance Specialist  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Child Health

Enclosures:  
State's Letter Dated 4/24/19  
Copies of Withdrawn Material



**State of Louisiana**  
Louisiana Department of Health  
Bureau of Health Services Financing

**VIA ELECTRONIC MAIL ONLY**

April 24, 2019

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. 19-0012 Newborn Screenings**

Please refer to the above-proposed State Plan amendment (SPA) submitted under transmittal number (TN) 19-0012 with an effective date of January 1, 2019. The SPA proposed to amend the provisions governing newborn screenings in acute care hospital settings performed by enrolled and qualified laboratory providers, to include the Severe Combined Immunodeficiency (SCID) test.

The SCID test is an existing test being added to newborn screenings, though previously available for billing under the State Plan. The SCID payment is currently available under the State Plan; therefore, the Department no longer wishes to pursue this State Plan amendment and requests that LA SPA TN 19-0012 be withdrawn from consideration.

Sincerely,

A blue ink handwritten signature, appearing to read "Jen Steele", written over a horizontal line.

Jen Steele  
Medicaid Director

JS/KHB/RJ



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

**VIA ELECTRONIC MAIL ONLY**

March 29, 2019

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

RE: Louisiana Title XIX State Plan  
Transmittal No. 19-0012

Dear Mr. Brooks:

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 Karen  
Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Warmly,

  
\_\_\_\_\_, designee for  
Rebekah E. Gee MD, MPH  
Secretary

Attachments (2)

REG:JS:RJ

Louisiana Withdrew SPA per Withdraw  
Letter Dated 24 April, 2019

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**19-0012**

2. STATE  
**Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2019**

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

**42 CFR 447 Subpart F**

7. FEDERAL BUDGET IMPACT

a. FFY **2019** **\$0.00**  
b. FFY **2020** **\$0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 4.19-B, Item 3, Page 1a**

**Louisiana Withdrew SPA per Withdraw  
Letter Dated 24 April, 2019**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable)

**None (new page)**

10. SUBJECT OF AMENDMENT **The SPA proposes to amend the provisions governing newborn screenings in acute care hospital settings performed by enrolled and qualified laboratory providers, to include the Severe Combined Immunodeficiency (SCID) test.**

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

☒ OTHER, AS SPECIFIED  
The Governor does not review State Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL

*Cindy Rives*

13. TYPED NAME

**Cindy Rives, designee for Rebekah E. Gee MD, MPH**

14. TITLE

**Secretary**

15. DATE SUBMITTED

**March 29, 2019**

16. RETURN TO

**Jen Steele, Medicaid Director  
State of Louisiana  
Department of Health  
628 North 4<sup>th</sup> Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

18. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**Newborn Screenings Provided in an Inpatient Hospital Setting**

Effective for dates of service on or after January 1, 2019, the Louisiana Department of Health, Bureau of Health Services Financing, provides reimbursement for the Severe Combined Immunodeficiency (SCID) test performed by enrolled and qualified laboratory providers to newborns in acute care hospital settings.

Louisiana Withdrew SPA per Withdraw  
Letter Dated 24 April, 2019

TN \_\_\_\_\_  
Supersedes  
TN \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_