

Medicaid and CHIP Operations Group

March 31, 2020

Ms. Erin Campbell, Acting Medicaid Director State of Louisiana Department of Health 628 N. 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030

RE: TN LA 19-0032

Dear Ms. Campbell:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number (TN) 19-0032 dated December 30, 2019. This state plan amendment is to amend the provisions governing extended services for pregnant women in order to implement tobacco cessation services mandated by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services and remove outdated references to the Louisiana Health Assessment Referral and Treatment (LaHART) program.

Based on the information submitted, we have approved the amendment on March 24, 2020, for incorporation into the official Louisiana State Plan with an effective date of February 20, 2020. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions regarding this matter, you may contact Tobias Griffin at (214) 767-4425, or by email at tobias.griffin@cms.hhs.gov.

Sincerely,

James G. Scott, Director Division of Program Operations

Enclosure

cc: Billy Bob Farrell, Branch Manager Karen Barnes, LA Department of Health

CENTERS FOR MEDICARE & MEDICAID SERVICES		
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 19-0032	2. STATE Louisiana
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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 February 20, 2020	
5. TYPE OF PLAN MATERIAL (Check One)	ED AS NEW PLAN 🛛 AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	DMENT (Separate transmittal for each am	nendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	¢0 /0/
42 CFR 440.210 (a) (2) (ii) 42 CFR 447, Subpart B 1905 (a)(4)(D) and 1905(a)(13) of the Act	a. FFY <u>2020</u> <u>\$139,451</u> b. FFY <u>2021</u> <u>\$216,740</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Same – TN 13-07 Same – TN 12-67	
Attachment 3.1-A, Item 20.b, Pages 1 and 2 Attachment 3.1-A, Item 20.b, Page 3 (remove page) Continued in Box 23		
11. GOVERNOR'S REVIEW (Check One)	OTHER, AS SPECIFIED	
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The Governor does not revie	ew State Plan material.
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO Erin Campbell, Acting Medicaid Director State of Louisiana Department of Health 628 North 4 th Street B.O. Ber 91920	
13. TYPED NAME / Cindy Rives, designee for Rebekah E. Gee MD, MPH		
14. TITLE		
Secretary	P.O. Box 91030 Baton Rouge, LA 70821-9030	
15. DATE SUBMITTED December 30, 2019	a ,	
FOR REGIONAL OF		
17. DATE RECEIVED December 30, 2019	18. DATE APPROVED March 24, 2020	
PLAN APPROVED - ONI	COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL Feburary 20, 2020	20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME James G. Scott	22. TITLE Director Division of Program Or	perations
23. REMARKS The State requests a pen and ink change to boxe Attachment 4.19-B, Item 20b, Page 1	s 6, 7 and 8.	
Attachment 4.19-B, Item 20b, Page 2 (remove page)	ame (TN 13-07) ame (TN 13-07) ame (TN 12-67)	

STATE OF <u>LOUISIANA</u>

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

CITATION 42 CFR 440.210(a)(2)(ii) Sections 1904(a)(4)(D) and 1905(a)(13) of the Social Security Act

Substance Use Screening and Intervention Services

The Department shall provide coverage of medically necessary substance use screening and brief intervention services to Medicaid-eligible pregnant women by or under the supervision of the medical professional providing care to the pregnant woman.

Screening services shall include the screening of pregnant women for:

- 1. Alcohol use;
- 2. Tobacco use;
- 3. Drug use; and/or
- 4. Domestic violence.

Brief intervention services shall include a counseling session, which shall be a minimum of 15-30 minutes in duration, with a health care professional intended to motivate the recipient to develop a plan to moderate or cease their use of alcohol/drugs and/or tobacco.

Service Limits

Substance use screening and intervention services shall be limited to one occurrence per pregnancy, or once every 270 days. Pregnant women may also receive up to eight tobacco cessation-counselling sessions per year. Limits may be exceeded, based on medical necessity.

If the recipient experiences a miscarriage or fetal death and becomes pregnant within the 270-day period, screening and brief intervention shall be reimbursed for the subsequent pregnancy.

STATE OF <u>LOUISIANA</u>

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CITATION Section 1904(a)(4)(D) of the Social Security Act Tobacco Cessation Counseling and Pharmacotherapy

The Department shall provide coverage of diagnostic, therapeutic counseling services and pharmacotherapy for the cessation of tobacco use by pregnant women who use tobacco products or who are being treated for tobacco use.

Counseling services shall be face-to-face with an appropriate health care professional.

Pregnant women may receive four counseling sessions per quit attempt, up to two quit attempts per calendar year. Limits may be exceeded based on medical necessity. The period of coverage for these services shall include the prenatal period through 60 days postpartum. Services provided shall be:

- 1. By or under the supervision of a physician; or
- 2. By any other health care professional who is:
 - a. Legally authorized to furnish such services under Louisiana state law and is authorized to provide Medicaid coverable services other than tobacco cessation services; or
 - b. Legally authorized to provide tobacco cessation services under Louisiana state law and designated by the Secretary of the Department to provide these services.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

CITATION 42 CFR 447 Subpart B

Substance Use Screening and Intervention

Reimbursement for substance use screening and intervention services provided to pregnant women shall be a flat fee based on the appropriate current procedural terminology (CPT) code.

Tobacco Cessation Counseling and Pharmacotherapy

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of tobacco cessation services for pregnant women.

Effective for dates of services on or after February 20, 2020, reimbursement for services will be made using the current professional services fee schedule published on the Medicaid provider website at <u>www.lamedicaid.com</u>.