John Bel Edwards GOVERNOR



Rebekah E. Gee MD, MPH SECRETARY



Louisiana Department of Health Office of the Secretary

VIA ELECTRONIC MAIL ONLY

December 30, 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. 19-0032

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,

dy Rive, for

Rebekah E. Gee MD, MPH Secretary

Attachments (3)

REG:EC:MVJ

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 AME	NDMENT (Separate transmittal for each an	nendment)				
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT					
42 CFR 440.210 (a) (2) (ii) 42 CFR 447, Subpart B	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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (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)						
11. GOVERNOR'S REVIEW (Check One)	OTHER, AS SPECIFIED The Governor does not review State Plan material.					
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	T					
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO Erin Campbell, Acting Medie	caid Director				
12 TYPED NAME	State of Louisiana					
13. TYPED NAME / Cindy Rives, designee for Rebekah E. Gee MD, MPH	Department of Health					
14. TITLE	628 North 4 th Street					
Secretary	P.O. Box 91030					
15. DATE SUBMITTED	Baton Rouge, LA 70821-9030)				
December 30, 2019						
FOR REGIONAL OF	FICE USE ONLY					
17. DATE RECEIVED	18. DATE APPROVED					
PLAN APPROVED - ON	E COPY ATTACHED					
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFIC	IAL				
21. TYPED NAME	22. TITLE					
23. REMARKS						

LA TITLE XI TRANSMITT TITLE: I EFFECTIVE	TAL #: <u>19-0</u> Extended <u>Servi</u>		/omen – Subst	bstance Use Screening and Intervention - Tobacco Cessation			FISCAL IMPACT: Increase				
	year % inc			fed. match		*# mos		range of mos.		dollars	
1st SFY	2020				0.00%		oruary 20, 2020 - June 2020			\$128,907	
2nd SFY	2021				0.00%		y 2020- June 2021			\$318,659	
3rd SFY	2022				0.00%	12 Jul	y 2021 - June 2022			\$328,218	
	*Incl	udes 1 month claim	lag								
Total inc	rease or decrea	ase cost FFY <u>20</u>	20								
SFY	2020	\$128,907		4.36 months	Fel	bruary 20, 2020 -	June 2020			\$128,907	
SFY	2021	\$318,659 \$318,659 /	for FP (FFY	12 months 12 X 3 2020) =		July 2020- June 2021 July 2020 - September 2020 \$208,572 X 66 .4			=	\$79,665 \$208,572	\$139,451
			ruri	2020) -		<i>\$200,372</i>	X	66.86%	-	=	φ133, 4 31
	crease or decre										
SFY	2021	\$318,659 \$318,659 /	for	12 months 12 X 9		y 2020- June 202 tober 2020 - June			=	\$238,994	
SFY	2022	\$328,218 \$328,218 /	for	12 months 12 X 3		y 2021 - June 20 y 2021 - Septerr			=	\$82,055 	
			FFP (FFY	2021)=		\$321,049	x	67.51%	=	=	\$216,740

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) and 42 CFR 447, Subpart B

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.

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>

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:

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. 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.