



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

February 28, 2022

James G. Scott, Director  
Division of Program Operations  
Medicaid & CHIP Operations Group  
601 East 12<sup>th</sup> Street, Room 0300  
Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan  
Transmittal No. 22-0003

Dear Mr. Scott:

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.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ruth Johnson".

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FOR: Dr. Courtney N. Phillips  
Secretary

Attachments (3)

CNP:PG:UN

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>	1. TRANSMITTAL NUMBER <b>22-0003</b>	2. STATE <b>LA</b>
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440.60</b> <b>42 CFR 447.200-205</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>85,292</u> b. FFY <u>2023</u> \$ <u>162,129</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 3.1-A, Item 6, Pages 8-9</b> <b>Attachment 3.1-B, Page 1</b> <b>Attachment 4.19-B, Item 6, Page 10</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same (TN 18-0003)</b> <b>Same (TN 05-27)</b>	

9. SUBJECT OF AMENDMENT **The purpose of this SPA is to implement coverage of community health worker (CHW) services to address health related chronic diseases.**

10. 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.

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO  <b>Patrick Gillies, Medicaid Executive Director</b> <b>Louisiana Department of Health</b> <b>628 North 4<sup>th</sup> Street</b> <b>P.O. Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>
12. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>	
13. TITLE <b>Secretary</b>	
14. DATE SUBMITTED <b>February 28, 2022</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED	17. DATE APPROVED
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

LA TITLE XIX SPA  
 TRANSMITTAL #: 22-0003  
 TITLE: Community Health Worker Services  
 EFFECTIVE DATE: January 1, 2022

FISCAL IMPACT:  
Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2022			0.00%	6 January 2022 - June 2022	\$70,458
2nd SFY	2023			0.00%	12 July 2022- June 2023	\$219,735
3rd SFY	2024			0.00%	12 July 2023 - June 2024	\$304,699

**Total increase or decrease cost FFY 2022**

SFY 2022 \$70,458 for 6 months January 2022 - June 2022 \$70,458

SFY 2023 \$219,735 for 12 months July 2022- June 2023  
 \$219,735 / 12 X 3 July 2022 - September 2022 = \$54,934  
\$125,392

FFP (FFY 2022 ) = \$125,392 X 68.02% = \$85,292

**Total increase or decrease cost FFY 2023**

SFY 2023 \$219,735 for 12 months July 2022- June 2023  
 \$219,735 / 12 X 9 October 2022 - June 2023 = \$164,801

SFY 2024 \$304,699 for 12 months July 2023 - June 2024  
 \$304,699 / 12 X 3 July 2023 - September 2023 = \$76,175  
\$240,976

FFP (FFY 2023 )= \$240,976 X 67.28% = \$162,129

STATE OF LOUISIANA

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:

**Community Health Worker Services**

Effective for dates of service on or after January 1, 2022, the Medicaid Program shall cover services rendered to beneficiaries by qualified Community Health Workers (CHW).

A. Provider Qualifications

A qualified Community Health Worker is an individual who:

1. Has completed state-recognized training curricula approved by the Louisiana Community Health Worker Workforce Coalition; or
2. Has 3,000 hours of documented work experience as a CHW.

B. Eligibility Criteria

To be eligible to receive CHW services, a beneficiary must have one or more of the following:

1. Diagnosis of one or more chronic health (including behavioral health) conditions;
2. Suspected or documented unmet health-related social need; or
3. Pregnancy.

C. Covered Services

1. Health promotion and coaching. This can include assessment and screening for health-related social needs, setting goals and creating an action plan, on-site observation of beneficiaries' living situations, and providing information and/or coaching in an individual or group setting.
2. Care planning with a beneficiary's healthcare team as part of a team-based, person-centered approach to improve health by meeting a beneficiary's situational health needs and health-related social needs, including time-limited episodes of instability and ongoing secondary and tertiary prevention for beneficiaries with chronic condition management needs is essential to this care delivery.
3. Health system navigation and resource coordination services, including helping to engage, re-engage, or ensure patient follow-up in primary care; routine preventive care; adherence to treatment plans; and/or self-management of chronic conditions.

D. Coverage Limitations

1. Services will only be covered up to two hours per day and ten hours per month, per beneficiary.

STATE OF LOUISIANA

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:

2. Services are covered “incident to” the supervising physician, advance practice registered nurse (APRN), or physician assistant (PA).

Group services are this is limited to eight unique beneficiaries at one time.

The following services are not covered:

1. Insurance enrollment and insurance navigator assistance;
2. Case management and care coordination;
3. Directly providing transportation for a beneficiary to and from services; and
4. Direct patient care outside the level of training an individual has attained.

Services must be ordered by a physician, advanced practice registered nurse (APRN), or physician assistant (PA) with an established clinical relationship with the beneficiary. Services must be rendered under the general supervision of a physician, APRN, or PA.

There are no site restrictions. The site of service may include, but is not limited to, a health care facility, community setting, or the beneficiary’s home. Delivery of the service through a two-way video and audio transmission simultaneously is also permissible.

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY  
 GROUP(S): All Groups Listed Under C, of Attachment 2.2-A

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The following services are provided. \*

Item No.

1. Inpatient hospital services other than those provided in an institution for mental diseases.
2.
  - a. Outpatient hospital services.
  - b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
  - c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the Plan and furnished in a FQHC.
3. Other laboratory and X-ray services.
4.
  - a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
  - b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.
  - c. Family Planning services and supplies for individuals of child-bearing age.
5.
  - a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.
  - b. Medical and surgical services furnished by dentists (in accordance with section 1905 (a)(5)(B) of the Act).
6.
  - a. Podiatrists' services.
  - b. Optometrists' services.
  - d.1. CRNAs services.
  - d.2. Audiologists' services.
  - d.3. Physician Assistants' services.
  - d.4. Clinical Nurse Specialists' services.
  - d.5. Pharmacists-Medication Administration services.
  - d.6. Community Health Worker services

Item No.

7. Home Health Services
  - a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
  - b. Home health aide services provided by a home health agency.
  - c. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place
  - d. Physical therapy, occupational therapy, speech pathology and audiology services.
9. Clinic services.
12. Prescribed drugs, dentures and prosthetic devices.
  - a. Prescribed drugs.
  - c. Prosthetic devices.
13. d. Rehabilitative services
15. Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD) services.
17. Nurse-midwife services.
18. Hospice Care
20. Extended services for pregnant women.
  - a. Pregnancy related and postpartum services for a 60-day period after pregnancy ends.
21. Certified pediatric or family nurse practitioners' services.
24.
  - a. Transportation
  - d. Nursing facility services provided for patients under 21 years of age.
26. Personal Care Services
28. Self-Directed Personal Assistance Services

\*Description provided on Attachment 3.1-A

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TN 22-0003

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

Effective Date January 1, 2022

Supersedes:

TN 18-0003

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

- B. Clinical nurse specialists shall not bill separately for his/her services when he/she is employed by or under contract with a Medicaid enrolled provider whose reimbursement is based on cost reports that include the cost of their salary.

**Community Health Workers**

**Reimbursement Methodology**

The Medicaid program shall reimburse for services rendered to qualified beneficiaries by qualified Community Health Workers (CHW).

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of CHW services. The agency's fee schedule rate was set as of January 1, 2022, and may be found on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com).