

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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September 11, 2023

Ms. Kimberly Sullivan  
Interim Medicaid Executive Director  
State of Louisiana  
Department of Health  
628 N 4th Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) 23-0013

Dear Ms. Sullivan

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0013. This amendment proposes to revise the provisions governing the Preventive Services program in order to expand coverage for tobacco cessation counseling services to all Medicaid beneficiaries.


We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.130 (c) and 42 CFR Part 447. This letter is to inform you that Louisiana Medicaid SPA 23-0013 was approved on September 11, 2023, with an effective date of June 20, 2023.

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at [Tobias.Griffin@cms.hhs.gov](mailto:Tobias.Griffin@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

cc: Mandy Strom, Acting Branch Manager  
Karen Barnes, LA Department of Health

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>23-0013</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>June 20, 2023</b>	
5. FEDERAL STATUTE/REGULATION CITATION  <b>42 CFR 440.130 (c)</b> <b>42 CFR Part 447</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <b>2023</b> \$ <del>424,407</del> <b>\$63,637</b> b. FFY <b>2024</b> \$ <del>1,035,627</del> <b>\$155,286</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <del>Attachment 3.1-A, Page 2</del> <del>Attachment 3.1-B, Page 1</del> <b>Attachment 3.1-A, Item 13c, Page 2 (New Page)</b> <b>Attachment 4.19-B, Item 13c, Page 1 (New Page)</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <del>Same (TN 22-0004)</del> <del>Same (TN 18-0003)</del>	
9. SUBJECT OF AMENDMENT <div><b>The purpose of the SPA is to revise the provisions governing the <del>Professional Services</del> <b>Preventive Services</b> program in order to expand coverage for tobacco cessation counseling services to all Medicaid beneficiaries.</b></div>			
10. GOVERNOR'S REVIEW (Check One) <div><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</div> <div><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.</div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL  		15. RETURN TO  <b>Tara A. LeBlanc, 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>Pam Diez, designee for Stephen R. Russo, JD</b>			
13. TITLE <b>Secretary</b>			
14. DATE SUBMITTED <b>June 26, 2023</b>			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED <b>June 26, 2023</b>		17. DATE APPROVED <b>September 11, 2023</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>June 20, 2023</b>		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b>		21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Program Operations</b>	
22. REMARKS  <b>The State requests a pen and ink change to boxes 5, 6, 7, 8 and 9.</b>			

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 REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

**CITATION**                      **Tobacco Cessation Counseling Services**  
**42 CFR 440.130(c)**

The Medicaid program provides coverage for tobacco cessation counseling services to beneficiaries who use tobacco products or who are being treated for tobacco use.

**Scope of Services**

The State notes that tobacco cessation counseling services must be recommended by a physician or other licensed practitioner of the healing arts.

Beneficiaries may receive up to four tobacco cessation counseling sessions per quit attempt, up to two quit attempts per calendar year, for a maximum of eight counseling sessions per calendar year.

These limits may be exceeded, if deemed medically necessary.

**Provider Qualifications**

The entity rendering tobacco cessation counseling services must be an enrolled Medicaid provider.

Health care professionals who may provide tobacco cessation counseling include physicians, advanced practice registered nurses, and physicians' assistants, as well as mental health providers who are licensed to practice independently. Other professional or paraprofessional healthcare practitioners must have completed training in the provision of tobacco cessation counseling and must provide services under the supervision of a licensed practitioner.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(a) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**CITATION** **Tobacco Cessation Counseling Services**  
**42 CFR Part 447**

## **Reimbursement Methodology**

The Medicaid program shall provide reimbursement for tobacco cessation counseling services rendered by the beneficiary's primary care provider (PCP) or other appropriate healthcare professionals, as defined in Attachment 3.1-A, Item 13c, Page 2.

Reimbursement for tobacco cessation counseling services shall be a flat fee based on the appropriate Health Care Procedure Coding Scheme (HCPCS) code. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of tobacco cessation counseling services. The agency's fee schedule rate was set as of May 12, 2023, and is effective for services provided on or after that date. All rates are published on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com).