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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 23-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



June 2, 2023

Mrs. Tara LeBlanc 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) TN 23-0017

Dear Mrs. LeBlanc:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0017. This amendment proposes to temporarily extend Targeted Case Management originally approved in Disaster Relief SPA TN 20-0006 with the following modifications to extend the suspension of face-to-face requirements.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Louisiana Medicaid SPA Transmittal Number 23-0017 is approved effective May 12, 2023.

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at Tobias.Griffin@cms.hhs.gov.

Sincerely,

Alissa Mooney DeBoy On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services

Enclosures

TO. CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVIC DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. FEDERAL STATUTE/REGULATION CITATION Title XIX of the Social Security Act 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 7 - General Provisions 7.4.C Page 1 Temporary Policies in Effect Following the COVID-19 National Emergency 9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing Targeted Case Management in order to a the suspension of face-to-face requirements as approved in disaster relief SPA 20-0006, through Novem 2023. 10. GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL DISTRICT OF AMENDMENT 12. TYPED NAME Pam Diez, designee for Stephen R. Russo, JD 13. TITLE Executive Counsel Director of Legal Audit and Regulatory Compliance 14. DATE SUBMITTED May 10, 2023 FOR CMS USE ONLY 15. RETURN TO Tara A. LeBlanc, Medicaid Executive Di Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030 17. DATE APPROVED May 10, 2023 FOR CMS USE ONLY 18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023 19. SIGNATURE OF APPROVING OFFICIAL	SELVICES ON MEDICANE & MEDICAID SERVICES		01110 110. 0000 0
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State/Territory: <u>Louisiana</u> Page 1

7.4. C Temporary Policies in Effect Following the COVID-19 National Emergency

Effective May 12, 2023 until November 11, 2023, the agency temporarily extends the following elections(s) of Section 7.4 approved on June 26, 2020 in disaster relief SPA LA TN 20-0006 of the State Plan with modifications:

Benefits

X The agency makes the following adjustments to benefits currently covered in the State plan:

Effective May 12, 2023, until November 11, 2023, the agency temporarily implements the following change to the State Plan:

Allow suspension of face-to-face requirements for support coordinators in the Targeted Case Management program.