

John Bel Edwards
GOVERNOR



Stephen R. Russo, JD
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of the Secretary

December 28, 2023

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


RE: Louisiana Title XIX State Plan
Transmittal No. 23-0043

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,

 for
Stephen R. Russo, JD
Secretary

Attachments (2)

SRR:KS:KC

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 23-0043	2. STATE LA
		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 October 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION Section 11405 of the Inflation Reduction Act (IRA) 42 CFR 440.130		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$0 b. FFY 2025 \$0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 13c, Page 1 Attachment 3.1-A, Page 6 Attachment 3.1-B, Page 5		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 17-0018) Same (TN 17-0018) Same (TN 97-16)	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to cover adult vaccines approved by the U.S. Food and Drug Administration (FDA) and administered in accordance with recommendations by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost sharing.			
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 Kimberly Sullivan, J.D. Interim Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
12. TYPED NAME Pam Diez, designee for Stephen R. Russo, JD			
13. TITLE Secretary			
14. DATE SUBMITTED December 28, 2023			
FOR CMS USE ONLY			
16. DATE RECEIVED		17. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL		21. TITLE OF APPROVING OFFICIAL	
22. REMARKS			

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 REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

CITATION

42 CFR 440.130

Preventive Services

- A. Effective for dates of service on or after October 1, 2023, the Federal Medical Assistance Percentage (FMAP) rate received by the Department for specified adult vaccines and clinical preventive services will receive a one percentage point increase for the first eight fiscal quarters. At the end of those eight fiscal quarters (September 30, 2025), the rate will be matched at the applicable regular FMAP.
- B. In accordance with section 4106 of the Affordable Care Act, Louisiana Medicaid covers and reimburses all preventive services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF) and assures coverage for approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration, without cost-sharing.
- C. Preventive services specified in section 4106 of the Affordable Care Act are all available under the State Plan and covered under the following categories:
 - 1. outpatient hospitals;
 - 2. other lab and x-ray;
 - 3. EPSDT; and
 - 4. professional services.

All covered services above are reimbursed according to the methodologies provided in Attachment 4.19-B for such services.

- D. The State assures the availability of documentation to support the claiming of federal reimbursement for these preventive services.
- E. The State assures that any changes to the ACIP recommendations will be incorporated into coverage and billing codes as necessary.
- F. The increased FMAP rate applies to these qualifying services whether the services are provided on a fee-for-service (FFS) or managed care basis.

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

b. Screening services.

_____ Provided: _____ No limitations _____ With limitations*
 X Not provided.

c. Preventive services.

 X Provided: _____ No limitations X With limitations*
_____ Not provided.

The State assures coverage for approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration, without cost sharing. The State also assures that any changes to the ACIP recommendations will be incorporated into coverage and billing codes as necessary.

d. Rehabilitative services

 X Provided: _____ No limitations X With limitations*
_____ Not provided.

14. Services for individuals ages 65 or older in institutions for mental diseases.

 X Provided: _____ No limitations X With limitations*
_____ Not provided.

a. Nursing Facility services.

 X Provided: _____ No limitations X With limitations*
_____ Not provided.

*Description provided on attachment.

State/Territory: LOUISIANA

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

c. Prosthetic devices.

X Provided: _____ No limitations X With limitations*

d. Eyeglasses.

___ Provided: _____ No limitations ___ With limitations*

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

___ Provided: _____ No limitations ___ With limitations*

b. Screening services.

___ Provided: _____ No limitations ___ With limitations*

c. Preventive services.

X Provided: _____ No limitations X With limitations*

The State assures coverage for approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration, without cost sharing. The State also assures that any changes to ACIP recommendations will be incorporated into coverage and billing codes as necessary.

d. Rehabilitative services.

X Provided: _____ No limitations X With limitations*

14. Services for individuals age 65 or older in institutions for mental disease.

a. Inpatient hospital services.

___ Provided: _____ No limitations ___ With limitations*

b. Nursing facility services.

___ Provided: _____ No limitations ___ With limitations*

*Description provided on attachment