

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

March 4, 2024

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

Re: Louisiana State Plan Amendment (SPA) 23-0043

Dear Director Sullivan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0043. This amendment proposes to cover adult vaccines approved by the U.S. Food and Drug Administration (FDA) and administered in accordance with recommendation by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost sharing.


We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 11405 of the Inflation Reduction Act (IRA) and 42 CFR 440.130. This letter is to inform you that Louisiana Medicaid SPA 23-0043 was approved on March 4, 2024, with an effective date of October 1, 2023.

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

Sincerely,

James G. Scott, Director
Division of Program Operations

cc: Falecia Smith, South Branch Manager
Karen Barnes, LA Department of Health

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 17-0018) Same (TN 17-0018) Same (TN 97-16)	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 December 28, 2023		17. DATE APPROVED March 4, 2024	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2023		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott		21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations	
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 REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

CITATION

42 CFR 440.130

Preventive Services

- A. Adult vaccines and vaccine administration described in section 1905(a)(13)(B) of the Act are covered without cost-sharing. As changes are made to the Advisory Committee on Immunization Practices (ACIP) recommendations, the State will update its coverage and billing codes to comply with those revisions.
- B. All preventive services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF) are covered in accordance with section 4106 of the Affordable Care Act. As changes are made to USPSTF recommendations, the State will update the coverage and billings codes to comply with these revisions.

**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