

Jeff Landry
GOVERNOR



Bruce D. Greenstein
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of the Secretary

December 15, 2025

Courtney Miller, Director
CMS/Center for Medicaid & CHIP Services
Medicaid & CHIP Operations Group
601 East 12th Street, Room 355
Kansas City, Missouri 64106


RE: Louisiana Title XIX State Plan
Transmittal No. 25-0020

Dear Ms. Miller:

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

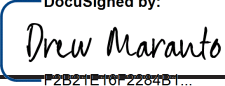
I recommend this material for adoption and inclusion in the body of the State Plan.
Should you have any questions or concerns regarding this matter, please contact Marjorie Jenkins at (225) 342-3881 or via email at Marjorie.Jenkins@la.gov.

Sincerely,

DocuSigned by:

F2B21E16F2284B1...
Drew Maranto, designee for Bruce D. Greenstein
Undersecretary

Attachments (2)

DM:KF

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|---|---|--|-----------------------|---|---|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER 25-0020 | 2. STATE LA | | |
| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT | | | |
| 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130(d) Section 1905(a)(29) of Social Security Act | | 4. PROPOSED EFFECTIVE DATE October 1, 2025 | | | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 13d, Page 11b-11c Supplement 4 to Attachment 3.1-A, Pages 1-7 | | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$0 b. FFY <u>2027</u> \$0 | | | |
| 9. SUBJECT OF AMENDMENT The purpose of this SPA is to comply with Section 201 of the Consolidated Appropriations Act, 2024 (CAA, 2024) and State Medicaid Director Letter (SMD) #24-004, by making the Medication-Assisted Treatment (MAT) for opioid use disorders benefit, permanent under State Plan. The MAT benefit includes Medicaid coverage of certain drugs, biological products, related counseling services, and behavioral therapy. | | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 22-0003) Formerly pages 11g-11h Same (TN 21-0002) Attachment 3.1-A, Item 13d, Pages 11d-11h (remove pages) | | | |
| 10. GOVERNOR'S REVIEW (Check One) <table style="width:100%; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material. </td> </tr> </table> | | | | <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 | <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material. |
| <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 | <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material. | | | | |
| 11. SIGNATURE OF STATE AGENCY OFFICIAL DocuSigned by:  | | 15. RETURN TO Seth J. Gold Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030 | | | |
| 12. TYPED NAME Drew Maranto, designee for Bruce D. Greenstein | | 15. RETURN TO Seth J. Gold Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030 | | | |
| 13. TITLE Undersecretary | | | | | |
| 14. DATE SUBMITTED December 15, 2025 | | | | | |
| 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 Plan under Title XIX of the Social Security Act
State/Territory: Louisiana

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1-A Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

1905(a)(29) MAT as described and limited in Supplement 4 to Attachment 3.1-A.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0020
Supersedes TN: 21-0002

Approval Date: _____
Effective: October 1, 2025

**State Plan under Title XIX of the Social Security Act
State/Territory: Louisiana**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

General Assurances

[Select all three checkboxes below.]

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT: **[Please describe in the text fields as indicated below.]**

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Treatment phases 1 through 3:

1. Initial treatment phase lasts from three to seven days. During this phase, the provider conducts orientation, provides individual counseling and develops the initial treatment plan for treatment of critical health or social issues.
2. Early stabilization phase begins on the third to seventh day following initial treatment through 90 days in duration, wherein the provider:
 - a. Conducts weekly monitoring of the beneficiary's response to medication;
 - b. Provides at least four individual counseling sessions; and

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

- c. Revises the treatment plan within 30 days to include input by all disciplines, the beneficiary and significant others.

3. Maintenance treatment phase follows the end of early stabilization and lasts for an indefinite period of time. The provider shall:
 - a. Ensure continuous evaluation by the nurse of the client's use of medication and treatment from the program and from other sources;
 - b. Document reviews of the treatment plan every 90 days in the first two years of treatment by the treatment team; and
 - c. Maintain documentation of response to treatment in a progress note at least every 30 days.

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Please include each practitioner and provider entity that furnishes each service and component service.

Services must be provided by an agency licensed by the Louisiana Department of Health as a behavioral health service provider - opioid treatment program. Opioid treatment programs must be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC), certified by Substance Abuse and Mental Health Services Administration (SAMHSA) and hold a current and unrestricted Drug Enforcement Administration (DEA) registration. Providers will be subject to all applicable state and federal regulations and all opioid treatment program enabling legislation.

Staffing for the opioid treatment program must be delivered in accordance with federal and state laws and regulations, the provider manual, and other notices or directives issued by the Department. Individuals providing services must be licensed in accordance with state laws and regulations, in addition to operating within their scope of practice license. Providers shall meet the provisions of the provider manual and the appropriate statutes.

The provider's opioid treatment program shall have the following staff:

1. Medical Director;
2. Clinical Supervisor;
3. Opioid Treatment Program (OTP) Practitioner;
4. Licensed Mental Health Professionals (LMHPs); and
5. Unlicensed professionals (UPs) of addiction services.

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

1. Medical Director shall be a licensed physician with a current, valid unrestricted license to practice in the state of Louisiana.
2. Clinical Supervisor, in accordance with State regulations, shall supervise unlicensed professionals. A clinical supervisor is an LMHP that maintains a current and unrestricted license with its respective professional board or licensing authority in the state of Louisiana.
3. Opioid Treatment Program (OTP) Practitioner shall be a physician, Advanced Practice Registered Nurse (APRN), or physician assistant (PA). The OTP Practitioner shall have a current, valid unrestricted license to practice in the state of Louisiana and to prescribe and dispense medications for opioid use disorder.
4. Licensed Mental Health Professionals (LMHP) as defined below shall have a current, valid and unrestricted license in the State of Louisiana. LMHPs include the following individuals:
 - a. Medical Psychologists;
 - b. Licensed Psychologists;
 - c. Licensed Clinical Social Workers (LCSWs);
 - d. Licensed Professional Counselors (LPCs);
 - e. Licensed Marriage and Family Therapists (LMFTs);
 - f. Licensed Addiction Counselors (LACs); and
 - g. Advanced Practice Registered Nurses (APRN)
(must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health or a Certified Nurse Specialist in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health, and Child-Adolescent Mental Health and may practice to the extent that services are within the APRN's scope of practice).

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5. Unlicensed professionals (UPs) of addiction services must meet at least one of the following qualifications:
- a. Master's prepared behavioral health professional that has not obtained full licensure privileges and is participating in ongoing professional supervision;
 - b. Certified Addiction Counselor (CAC) registered with the Addictive Disorders Regulatory Authority (ADRA);
 - c. Registered Addiction Counselor (RAC) registered with ADRA; or
 - d. Counselor-in-training (CIT) registered with ADRA.

State regulations require supervision of unlicensed professionals by a physician or LMHP.

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Utilization Controls

[Select all applicable checkboxes below.]

- The state has drug utilization controls in place. (Check each of the following that apply)
- Generic first policy
 - Preferred drug lists
 - Clinical criteria
 - Quantity limits
- The state does not have drug utilization controls in place.

Limitations

[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]

The amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies, is limited to those determined to be medically necessary.

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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 ARE DESCRIBED BELOW:

Community Health Worker Services

Community health worker services must be recommended by a licensed provider to promote the maximum reduction of physical or mental disability and restoration of beneficiaries to their best possible functional level. Ordering practitioners are limited to licensed physician, a licensed advanced practice registered nurse (APRN) or a licensed PA with an established clinical relationship with the beneficiary.

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 CHW 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. 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 the beneficiary and their healthcare team as part of a 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, 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.

C. Coverage Limitations

1. Services will only be covered up to two hours per day and ten hours per month, per beneficiary. This limit may be exceeded based on medical necessity.
2. Group services are limited to eight unique beneficiaries at one time.

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 ARE DESCRIBED BELOW:

The following services are not covered:

1. Insurance enrollment and insurance navigator assistance;
2. Case management; and
3. Directly providing transportation for a beneficiary to and from services.

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.