

Jeff Landry
GOVERNOR



Bruce D. Greenstein
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of the Secretary

June 11, 2026

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. 26-0005

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:
A handwritten signature in cursive that reads "Drew Maranto".
F2B21E16F2284B1...

Drew Maranto, designee for Bruce D. Greenstein
Undersecretary

Attachments (2)

DM:MJ:KF

| | | | |
|---|--|--|-----------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER 26-0005 | 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 July 1, 2026 | |
| 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130(d) | | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$0 b. FFY <u>2027</u> \$0 | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 13d, Pages 5-11a | | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 18-0024) | |
| 9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing substance use disorder (SUD) services to align with the updated American Society of Addiction Medicine (ASAM) 4th edition. | | | |
| 10. GOVERNOR'S REVIEW (Check One) | | | |
| <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT | | <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material. | |
| <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | | | |
| <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | | |
| 11. SIGNATURE OF STATE AGENCY OFFICIAL DocuSigned by:  F2621E10F2284B1... | | 15. RETURN TO Seth 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 | | | |
| 13. TITLE Undersecretary | | | |
| 14. DATE SUBMITTED June 11, 2026 | | | |
| 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 ARE DESCRIBED BELOW:

Youth who are in need of SUD services shall be served within the context of the family and not as an isolated unit.

Services shall be:

1. delivered in a culturally and linguistically competent manner;
2. respectful of the individual receiving services;
3. appropriate to individuals of diverse racial, ethnic, religious, sexual, gender identities, and other cultural and linguistic groups; and
4. appropriate for age, development, and education.

Evidence-based practices require prior approval and fidelity reviews on an ongoing basis as determined necessary by the Department.

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:

Services

1. Alcohol and/or drug assessment;
2. Alcohol and/or drug services – Individual Session;
3. Alcohol and/or drug services – Group Session; and
4. Alcohol and/or drug services – Family Counseling.

Certified Addiction Counselor (CAC)

1. Possesses a bachelor's degree from an accredited institution of higher education. The degree shall be in a human services or behavioral science discipline, or such other discipline or disciplines as the department may deem appropriate;
2. Has met all of requirements of Louisiana Addictive Disorders Regulatory Authority (ADRA); and
3. Has demonstrated professional competence by passing a written and oral exam and conducting a case presentation.

CAC Service Provision

1. Alcohol and/or drug assessment;
2. Alcohol and/or drug services – Individual Session;
3. Alcohol and/or drug services - Group Session; and
4. Alcohol and/or drug services - Family Counseling.

Registered Addiction Counselor (RAC)

1. Has met all of requirements of Louisiana Addictive Disorders Regulatory Authority (ADRA); and
2. Has demonstrated professional competence by passing a written and oral exam and conducting a case presentation.

RAC Service Provision

1. Alcohol and/or drug Assessment;
2. Alcohol and/or drug services – Individual Session;
3. Alcohol and/or drug services - Group Session; and
4. Alcohol and/or drug services - Family Counseling.