



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 09-50	2. STATE Louisiana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 10, 2009	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 440.60 42 CFR Part 447 Subpart B		7. FEDERAL BUDGET IMPACT: a. FFY <u>2010</u> \$2,053.13 b. FFY <u>2011</u> \$1,683.53	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 6, Page 5 Attachment 4.19-B, Item 6, Page 11 Attachment 3.1-A page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None (New Page) None (New Page) Same (TN 00-12)	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to allow payment to qualified pharmacists for administration of the H1N1 vaccine. .			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review state plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE: 		16. RETURN TO: State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Alan Levine			
14. TITLE: Secretary			
15. DATE SUBMITTED: October 7, 2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 7 October, 2009		18. DATE APPROVED: 26 October, 2009	
PLAN APPROVED -- ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10 October, 2009		20. SIGNATURE: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS: * Pen + Ink Change made per State's E-mail Dated 10-21-09			

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

October 26, 2009

Our Reference: SPA-LA-09-50

Mr. Jerry Phillips, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

Dear Mr. Phillips:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 09-50. This amendment allows reimbursement to qualified pharmacists for administration of the H1N1 vaccine.

Transmittal Number 09-50 is approved with an effective date of October 10, 2009 as requested. A copy of the HCFA-179, Transmittal No. 09-50 dated October 7, 2009 is enclosed along with the approved plan pages.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,



Bill Brooks
Associate Regional Administrator

Enclosures

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION Medical and 5. Pharmacists
42 CFR Remedial Care and
440.60 Services Item 6.d.

Medication Administration

The Department shall provide coverage for administration of the H1N1 vaccine by a qualified pharmacist when:

- a. the pharmacist has been credentialed by the Louisiana Board of Pharmacy to administer medications; and
- b. the pharmacist is Medicaid enrolled.

There is no age restriction for pharmacists to administer the H1N1 vaccine.

SUPERSEDES NONE NEW PAGE

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>10-7-09</u>	
DATE APPV'D	<u>10-26-09</u>	
DATE EFF	<u>10-10-09</u>	
HC FA 179	<u>09-50</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 4.19-B
Item 6, Page 11

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Pharmacists
42 CFR Care and Services
447.201 Item 6.d. **Medication Administration**

Reimbursement Methodology:

Effective for dates of service on or after October 10, 2009, reimbursement to qualified pharmacists for immunization administration (intramuscular or intranasal) is a maximum of \$15.22. This fee includes counseling, when performed.

STATE <u>Louisiana</u>	A
DATE REC'D <u>10-7-09</u>	
DATE APPV'D <u>10-26-09</u>	
DATE EFF <u>10-10-09</u>	
HCFA 179 <u>09-50</u>	

~~SUPERSEDED NONE NEW PAGE~~

TN# 09-50 Approval Date 10-26-09 Effective Date 10-10-09
Supersedes
TN# ~~SUPERSEDED NONE NEW PAGE~~

Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 3.1-A
Page 3
OMB No.: 0938-

State/Territory: LOUISIANA

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

b. Optometrists' services.

Provided: No limitations With limitations*

c. Chiropractors' services.

Provided: No limitations With limitations*

Not provided.

d. Other practitioners' services.

Provided: **Identified on attached sheet with description of limitations, if any.** Description is provided on Attachment 3.1-A, Item 6, Pages 3, 4, and 5.

Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations*

*Description provided on attachment.

TN# 09-50 Approval Date 10-26-09 Effective Date 10-10-09

Supersedes
TN# 00-12

STATE	<u>Louisiana</u>
DATE REC'D	<u>10-7-09</u>
DATE APP'VD	<u>10-26-09</u>
DATE EFF	<u>10-10-09</u>
HCFA 179	<u>09-50</u>

A

HCFA ID: 79861

SUPERSEDES: TN- 00-12

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Tuesday, October 27, 2009 12:57 PM
To: CMS CMSO_508_SPA
Cc: 'ALLYSON LAMY'; Rupley, Cheryl A. (CMS/SC)
Subject: Approval Pkg for LA 09-50
Attachments: SPA-LA-09-50.doc; Final Approval Pkg (LA 09-50).pdf

See attached.

State: Louisiana

Brief Description: The amendment allows reimbursement to qualified pharmacists for administration of N1H1 vaccine. The State indicated that the non-Federal share of payment will be funded through appropriations made to the Medicaid agency.

Approval Date: 26 October, 2009

Effective Date: 10 October, 2009

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov