

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**

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September 24, 2010

Our Reference: SPA LA 10-32

Mr. Don Gregory, State Medicaid Director  
Department of Health and Hospitals  
Bienville Building  
628 North 4<sup>th</sup> St.  
P.O. Box 91030  
Baton Rouge, LA 70821-9030  
Attention: Allyson Lamy

Dear Mr. Gregory:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 10-32. This state plan amendment exempts urgent care facilities and retail convenience clinics from the Primary Care Case Management (PCCM) requirement for written referral or authorization.

In the future, when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's tribal consultation process for the SPA. Pursuant to section 1902 (a) (73) of the Act added by section 5006 (e) of the Recovery and Reinvestment Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state.

Transmittal Number 10-32 is approved with an effective date of July 1, 2010 as requested. A copy of the HCFA – 179, Transmittal No. 10-32 dated June 28, 2010 is enclosed along with the approved plan pages.

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

Sincerely,

A solid black rectangular box redacting the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**10-32**

2. STATE

**Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

**July 1, 2010**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

**42 CFR 438.50 and  
Section 1932 of Social Security Act**

7. FEDERAL BUDGET IMPACT:

a. FFY 2010 **\$0.00**  
b. FFY 2011 **\$0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1-F, Pages ~~13, 14~~  
12, 13**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable):  
**Same (TN 06-01)**

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to exempt urgent care facilities and retail convenience clinics from the CommunityCARE PCP written referral/authorization requirements.**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

**The Governor does not review state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

**Alan Levine**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**June 28, 2010**

16. RETURN TO:

**State of Louisiana  
Department of Health and Hospitals  
628 N. 4<sup>th</sup> Street  
PO Box 91030  
Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **28 June, 2010**

18. DATE APPROVED:

**24 Sept 2010**

PLAN APPROVED -- ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**1 July, 2010**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

**Bill Brooks**

22. TITLE: **Associate Regional Administrator  
Division of Medicaid & Children's Health**

23. REMARKS: **"Pen + Ink Change made per State's E-mail Dated  
18 August, 2010."**

State: Louisiana

Citation Condition or Requirement

1932(a)(5)(D)  
1905(t)

L. List all services that are excluded for each model (MCO & PCCM)

The following services are excluded from requiring PCP authorization in Louisiana's PCCM model (There is no other Medicaid managed care model in Louisiana :

- chiropractic services resulting from KIDMED referrals/authorizations, ages 0-21;
- dental services for children, ages 0-21 (billed on the ADA claim form);
- dental services for pregnant women, ages 21-59 (billed on the ADA claim form);
- dentures for adults;
- the three higher level (CPT 99283, 99284, 99285) emergency room visits and associated physician services (NOTE: The two lower level Emergency room visits (CPT 99281, 99282) and associated physician services do not require prior authorization but do require POST authorization.); Refer to "Emergency Services" in the CommunityCARE Handbook;
- specific outpatient laboratory/radiology services;
- immunizations for children under age 21 (Office of Public Health and their affiliates) ;
- inpatient care that has been pre-certified: hospital, physician, and ancillary services;
- EPSDT Health Services – Rehabilitative type services such as occupational, physical and speech/language therapy delivered to EPSDT recipients through schools or early intervention centers or the Early Steps Program; Note: A referral/authorization from the PCP IS REQUIRED for "Children's Special Health Services" clinics (Handicapped Children's Services) operated by The Office of Public Health.
- family planning services;
- prenatal/obstetrical services;
- services provided through the Home and Community-Based Waiver programs;
- targeted case management;
- mental health services;
- neonatology services while in the hospital;
- ophthalmologist and optometrist services;
- pharmacy;

|             |                  |   |
|-------------|------------------|---|
| STATE       | <u>Louisiana</u> | A |
| DATE REC'D. | <u>6-28-10</u>   |   |
| DATE APP'VD | <u>9-24-10</u>   |   |
| DATE EFF    | <u>7-1-10</u>    |   |
| HCFA 179    | <u>10-32</u>     |   |

TN No. 10-32 Approval Date 9-24-10 Effective Date 7-1-10  
Supersedes  
TN No. 06-01

SUPERSEDES: TN- 06-01

State: Louisiana

| Citation | Condition or Requirement  |
|----------|---|
|          | <ul style="list-style-type: none"> <li>• transportation services;</li> <li>• hemodialysis;</li> <li>• hospice services;</li> <li>• WIC services (Office of Public Health WIC Clinics);</li> <li>• services provided by School Based Health Centers to recipients age 10 and over; and</li> <li>• services provided by urgent care facilities and retail convenience clinics.</li> </ul> |

1932 (a)(1)(A)(ii)

M. Selective contracting under a 1932 state plan option

To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.

1. The state will \_\_\_/will not  intentionally limit the number of entities it contracts under a 1932 state plan option.
2. \_\_\_ The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.
3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. (Example: a limited number of providers and/or enrollees.)
4.  The selective contracting provision in not applicable to this state plan.

|                           |   |
|---------------------------|---|
| STATE <u>Louisiana</u>    | A |
| DATE RECD. <u>6-28-10</u> |   |
| DATE APP'D <u>9-24-10</u> |   |
| DATE EFF. <u>7-1-10</u>   |   |
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