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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 15-0034

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page(s)

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

December 14, 2015

Our Reference: SPA LA 15-0034

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

Attn: Darlene Budgewater
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number (TN) 15-0034. This state plan amendment (SPA) revises the provisions governing FQHC service limits in order to remove the 12 visits per year limit for Medicaid recipients 21 years of age and older.

Transmittal Number 15-0034 is approved with an effective date of January 1, 2016, as requested. A copy of the CMS-179, Transmittal No. 15-0034 dated November 18, 2015 is enclosed along with the approved plan pages.

If you have questions, please contact Ford Blunt III at ford.blunt@cms.hhs.gov or by phone at (214) 767-6381.

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

15-0034

2. STATE

Louisiana

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

4. PROPOSED EFFECTIVE DATE

January 01 , 2016

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 440.230

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 ~~\$0:00~~ **\$261**

b. FFY 2017 ~~\$0:00~~ **\$360**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A,-Item 2c, Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

SAME (TN 05-39)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing FQHC service limits in order to remove the 12 visits per year limit for Medicaid recipients 21 years of age and older.**

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:

Kathy H. Kliebert

14. TITLE:

Secretary

15. DATE SUBMITTED:

November 18, 2015

16. RETURN TO:

**J. Ruth Kennedy, Medicaid Director
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **November 18, 2015**

18. DATE APPROVED: **December 14, 2015**

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2016

20. SIGN  OFFICIAL:

21. TYPED NAME:

Bill Brooks

22. TITLE: **Associate Regional Administrator**

Division of Medicaid and Children's Health

23. REMARKS: **The State requests a pen and ink change to box 7 as indicated above.**

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

CITATION
P.L. 101-239
Sect. 6404

Medical and Remedial
Care and Services
Item 2.c.

- B. Other Ambulatory Services
Services other than Core Services which are covered by

Louisiana's Title XIX State Plan, and provided by an
FQHC which meets the same standards as other enrolled
providers.
- C. Effective January 1, 2016, there shall be no limits placed
on the number of federally qualified health center visits
(encounters) payable by the Medicaid program for
eligible recipients.

II. Standards for Participation

- A. The Federally Qualified Health Centers must meet the
following requirements:
1. Receive Public Health Service grant funds under
authority of Section 330 of the Public Health
Services Act or be designated by the Secretary of
the Department of Health and Human Services as
meeting the requirements to receive such a grant;
 2. Comply with all federal, state, and local laws and
regulations applicable to the services provided;
 3. Enroll and be approved for participation in
Louisiana's Title XIX program;
 4. Sign a written provider agreement with the Bureau
of Health Services Financing.

State: Louisiana
Date Approved: 12/14/15
Date Received: 11/18/15
Date Effective: 1/1/16
Transmittal Number: LA 15-0034