

Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 16-0015

This file contains the following documents in the order listed:

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

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 1, 2016

Our Reference: SPA LA 16-0015

Ms. Jen Steele, State Medicaid Director
Department of Health and Hospitals
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attention: Darlene Budgewater

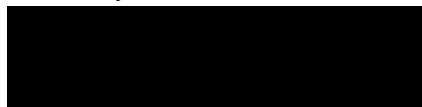
Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 16-0015 dated September 13, 2016. This state plan amendment amends the provisions for Federally Qualified Health Centers (FQHCs) to allow certified medical assistants to apply fluoride varnish under the direction of a physician and to establish training requirements for the applier of fluoride varnish.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of September 20, 2016. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at Cheryl.Rupley@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

16-0015

2. STATE

Louisiana

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

4. PROPOSED EFFECTIVE DATE

September 20, 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 Subpart B

42 CFR 447 Subpart A

7. FEDERAL BUDGET IMPACT:

a. FFY 2016

\$0

b. FFY 2017

\$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Item 2c, Page 1b

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Same (TN 11-0037)

10. SUBJECT OF AMENDMENT **The purpose of this SPA is to revise the provisions governing Federally Qualified Health Centers (FQHCs) in order to allow certified medical assistants to apply fluoride varnish under the direction of a certified physician, and to establish training requirements for applicers of fluoride varnish.**

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:

Rebekah E. Gee MD, MPH

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 13, 2016

16. RETURN TO:

**Jen Steele, Medicaid Director
State of Louisiana
Louisiana Department of Health
628 N. 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 13 September, 2016

18. DATE APPROVED: 1 December, 2016

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20 September, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

BILL BROOKS

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

23. REMARKS:

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

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

6. Fluoride Varnish Applications

Effective for dates of service on or after September 20, 2016, the Department shall provide coverage for fluoride varnish applications to recipients under the age of 21 based on medical necessity when performed in the FQHC.

1. Fluoride varnish applications shall be reimbursed when performed in the FQHC by:
 - a. the appropriate dental providers;
 - b. physicians;
 - c. physician assistants;
 - d. nurse practitioners;
 - e. registered nurses;
 - f. licensed practical nurses; or
 - g. certified medical assistants.
2. All participating staff must review the Smiles for Life training module for fluoride varnish and successfully pass the post assessment. All staff involved in the varnish application must be deemed as competent to perform the service by the FQHC.

State: Louisiana
Date Received: 13 September, 2016
Date Approved: 1 December, 2016
Date Effective: 20 September, 2016
Transmittal Number: 16-0015