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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 16-0016

This file contains the following documents in the order listed:

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

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 8, 2016

Our Reference: SPA LA 16-0016

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 16-0016 dated September 13, 2016. This state plan amendment revises the provisions governing the Professional Services program 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.

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 of my staff. Ms. Rupley may be reached at (214) 767-6278 or by Email at Cheryl.Rupley@cms.hhs.gov.

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:

16-0016

2. STATE

Louisiana3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

September 20, 2016TO: 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 440.50**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 5, Page 1b(1)**Attachment 3.1-A, Item 5, Page 1b**9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):**Same (TN 11-40)****Same (TN 11-02)**10. SUBJECT OF AMENDMENT: **The SPA proposes to revise the provisions governing the Professional Services program 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
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: September 13, 2016

18. DATE APPROVED: December 8, 2016

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

September 20, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bill Brooks

22. TITLE: Associate Regional Administrator

Division of Medicaid and Children's Health

23. REMARKS:

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:

B. Diabetes Education Services

1. Effective for dates of service on or after February 21, 2011, the Department shall provide coverage of diabetes self-management training (DSMT) services rendered to Medicaid recipients diagnosed with diabetes. The services shall be comprised of individual instruction and group instruction on diabetes self-management, according to the Department's established medical necessity criteria for diabetes education services.
2. Provider Participation Standards
 - a. In order to receive Medicaid reimbursement, professional services providers must have a DSMT program that meets the quality standards of one of the following accreditation organizations:
 - (1) the American Diabetes Association;
 - (2) the American Association of Diabetes Educators; or
 - (3) the Indian Health Service.
 - b. All DSMT programs must adhere to the national standards for diabetes self-management education.
 - (1) Each member of the instructional team must:
 - (a) Be a certified diabetes educator (CDE) certified by the National Certification Board of Diabetes Educators; or
 - (b) Have a recent didactic and experiential preparation in education and diabetes management.
 - (2) At a minimum, the instructional team must consist of one of the following professionals who is a CDE:
 - (a) a registered dietician;
 - (b) a registered nurse, or
 - (c) a pharmacist.
 - (3) The instructional team must obtain the nationally recommended annual continuing education hours for diabetes management.
 - c. Members of the instructional team must either be employed by, or have a contract with a Medicaid enrolled professional services provider that will submit the claims for reimbursement of DSMT services rendered by the team.

State: Louisiana
Date Received: 13 September, 2016
Date Approved: 8 December, 2016
Date Effective: 20 September, 2016
Transmittal Number: 16-0016

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:

C. Fluoride Varnish Application Services

Effective for dates of service on or after September 20, 2016, the Department shall provide Medicaid coverage of fluoride varnish application services to recipients under the age of 21 years and based on medical necessity criteria established by the Medicaid Program.

Fluoride varnish application services performed in a physician office setting shall be reimbursed by the Medicaid Program when rendered by the appropriate professional services providers.

Provider Participation Standards

- A. The entity seeking reimbursement for fluoride varnish application services must be an enrolled Medicaid provider in the Professional Services Program. The following Medicaid enrolled providers may receive reimbursement for fluoride varnish applications:
1. physicians;
 2. nurse practitioners; and
 3. physician assistants.
- B. The following providers who have been deemed as competent to perform the service by the certified physician may perform fluoride varnish application services in a physician office setting:
1. the appropriate dental providers;
 2. physicians;
 3. physician assistants;
 4. nurse practitioners;
 5. registered nurses;
 6. licensed practical nurses; or
 7. certified medical assistants.
- C. Professional service providers must review the Smiles for Life training module for fluoride varnish and successfully pass the post assessment.
- D. Reserved

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