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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 17-0018

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

September 1, 2017

Our Reference: SPA LA 17-0018

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: Karen Barnes

Dear Ms. Steele:

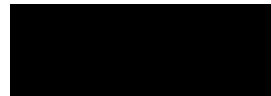
We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 17-0018 dated June 9, 2017. This state plan amendment proposes to amend the provisions governing reimbursement for professional services in the Medical Assistance program to establish provisions governing a one percent Federal Medical Assistance Percentage (FMAP) point increase for the coverage of specific adult vaccines and clinical preventative services provided on a fee for service or managed care basis.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of May 15, 2017. 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,

for



Bill Brooks
Associate Regional Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0018	2. STATE Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 May 15, 2017	
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 447 Subpart C		7. FEDERAL BUDGET IMPACT: a. FFY <u>2017</u> \$4,517 b. FFY <u>2018</u> \$7,779	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 5, Page 17 Attachment 3.1-A, Page 6 Attachment 3.1-A, Item 12a, Page 3a Attachment 3.1-A, Item 13c, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None (New Page) Same (TN 90-32) Same (TN 14-11) None (New Page)	
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to amend the provisions governing reimbursement for professional services in the Medical Assistance Program in order to establish provisions governing a one percent Federal Medical Assistance Percentage (FMAP) point increase for the coverage of specific adult vaccines and clinical preventative services provided on a fee-for-service or managed care basis.			
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 OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Rebekah E. Gee MD, MPH			
14. TITLE: Secretary			
15. DATE SUBMITTED: June 8, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: June 8, 2017		18. DATE APPROVED: September 1, 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: May 15, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: for Bill Brooks 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: The State requests a pen and ink change to boxes # 8 and 9			

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

b. Screening services.

_____ Provided: _____ No limitations _____ With limitations*
 X Not provided.

c. Preventive services.

 X Provided: _____ No limitations X With limitations*
_____ Not provided.

d. Rehabilitative services

 X Provided: _____ No limitations X With limitations*
_____ Not provided.

14. Services for individuals ages 65 or older in institutions for mental diseases.

 X Provided: _____ No limitations X With limitations*
_____ Not provided.

a. Nursing Facility services.

 X Provided: _____ No limitations X With limitations*
_____ Not provided.

*Description provided on attachment.

State: Louisiana
Date Received: 6-8-17
Date Approved: 9-1-17
Date Effective: 5-15-17
Transmittal Number: 17-0018

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

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

- ☒ Nonprescription drugs
Some.
OTC antihistamines and antihistamine/decongestant combinations
Miralax
Insulin
- ☐ Experimental drugs
None.
- ☒ Compounded prescriptions
None
- ☒ Vaccines
Some.
Influenza vaccine
Advisory Committee on Immunization Practices (ACIP) recommended vaccines
- ☐ Medications which are included in the reimbursement to a facility
None.
- ☐ DESI drugs
None.
- ☐ Covered outpatient drugs when the manufacturer seeks to require as a condition of sale
None.
- ☒ Drugs for erectile dysfunction
Some.
**When used for the treatment of conditions, or indications approved by the FDA, other than
erectile dysfunction.**

E. **Monthly Prescription Limit.** Effective February 1, 2011, a monthly prescription limit is established.

1. The program will pay for a maximum of four prescriptions per calendar month for Medicaid recipients.

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TN No. 17-0018
Supersedes
TN No. TN 14-11

Approval Date 9-01-17

Effective Date 5-15-17

STATE OF LOUISIANA

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

CITATION

42 CFR 440.50

Preventive Services

- A. Effective for dates of service on or after May 15, 2017, the Federal Medical Assistance Percentage (FMAP) rate received by the Department for specified adult vaccines and clinical preventive services shall increase one percentage point of the rate on file as of May 14, 2017.
- B. In accordance with section 4106 of the Affordable Care Act, Louisiana Medicaid covers and reimburses all preventive services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF) and all approved vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP), without cost-sharing.
- C. Preventive services specified in section 4106 of the Affordable Care Act are available under the State Plan and covered under the following categories:
 - 1. outpatient hospitals;
 - 2. other lab and x-ray;
 - 3. EPSDT; and
 - 4. professional services.

All covered services are reimbursed according to the methodologies provided in Attachment 4.19-B for such services.

- D. The State assures the availability of documentation to support the claiming of federal reimbursement for these preventive services.
- E. The State assures that the benefit package will be updated as changes are made to USPSTF and ACIP recommendations, and that the State will update the coverage and billing codes to comply with these revisions.
- F. The increased FMAP rate applies to these qualifying services whether the services are provided on a fee-for-service (FFS) or managed care basis.

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