

Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 21-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

May 26, 2021

Ms. Tara LeBlanc, Interim Medicaid Director
State of Louisiana
Department of Health
628 N 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

RE: TN LA 21-0002

Dear Ms. LeBlanc:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number (TN) 21-0002 dated March 31, 2021. This state plan amendment is to comply with Section 1006(b) of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act and State Health Official (SHO) Letter #20-005, by continuing access to medication-assisted treatment (MAT) for opioid use disorders (OUD) through Medicaid coverage of certain drugs and biological products and related counseling services and behavioral therapy.

Based on the information submitted, we approved the amendment on May 25, 2021, for incorporation into the official Louisiana State Plan with an effective date of October 1, 2020. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions regarding this matter, you may contact Tobias Griffin at (214) 767-4425, or by email at tobias.griffin@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the handwritten signature of James G. Scott. The signature is written in blue ink.

Digitally signed by James G.
Scott -S
Date: 2021.05.26 13:50:19 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Billy Bob Farrell, Branch Manager
Karen Barnes, LA Department of Health

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 21-0002	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2020	


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 Section 1006(b) of the SUPPORT Act Social Security Act 1905(a)(29)	7. FEDERAL BUDGET IMPACT a. FFY 2021 \$ 0 b. FFY 2022 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 4 to Attachment 3.1-A, Pages 1-7 Attachment 4.19-B, Item 29, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) None – new pages None – new page

10. SUBJECT OF AMENDMENT **The purpose of this SPA is to comply with Section 1006(b) of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act and State Health Official (SHO) Letter #20-005, by continuing access to medication-assisted treatment (MAT) for opioid use disorders (OUD) through Medicaid coverage of certain drugs and biological products and related counseling services and behavioral therapy.**


11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State Plan material.
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Tara A. LeBlanc, Interim Medicaid Executive Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips	
14. TITLE Secretary	
15. DATE SUBMITTED March 31, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED March 31, 2021	18. DATE APPROVED May 25, 2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2020	20. SIGNATURE OF STATE AGENCY OFFICIAL  OFFICIAL Digitally signed by James G. Scott -S Date: 2021.05.26 13:50:57 -05'00'
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

State of LOUISIANA

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(29) _____MAT as described and limited in Supplement 4 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

State of LOUISIANA

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a. Please set forth each service and components of each service (if applicable), along with a description of each service and component service.
MAT is covered exclusively under Section 1905(a)(29) for the period of October 1, 2020, and ending September 30, 2025.

State of LOUISIANA**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

Treatment phases 1 through 3:

1. Initial treatment phase lasts from three to seven days. During this phase, the provider conducts orientation, provides individual counseling and develops the initial treatment plan for treatment of critical health or social issues.
 2. Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, whereas the provider:
 - a. Conducts weekly monitoring of the beneficiary's response to medication;
 - b. Provides at least four individual counseling sessions; and
 - c. Revises the treatment plan within 30 days to include input by all disciplines, the beneficiary and significant others.
 3. Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time. The provider shall:
 - a. Continuous evaluation by the nurse of the client's use of medication and treatment from the program and from other sources;
 - b. Documented reviews of the treatment plan every 90 days in the first two years of treatment by the treatment team; and
 - c. Documentation of response to treatment in a progress note at least every 30 days.
- b. Please include each practitioner and provider entity that furnishes each service and component service.

Services must be provided by an agency licensed by the Louisiana Department of Health as a behavioral health service provider – opioid treatment program. Opioid treatment programs must be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC), certified by Substance Abuse and Mental Health Services Administration (SAMHSA) and hold a current and unrestricted Drug Enforcement Administration (DEA) registration. Providers will be subject to all applicable state and federal regulations and all opioid treatment program enabling legislation.

State of LOUISIANA**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

Staffing for the opioid treatment program must be delivered in accordance with federal and state laws and regulations, the provider manual, and other notices or directives issued by the Department. Individuals providing services must be licensed in accordance with state laws and regulations, in addition to operating within their scope of practice license. Providers shall meet the provisions of the provider manual and the appropriate statutes.

The provider's opioid treatment program shall have the following staff:

1. Medical Director;
 2. Pharmacist or Dispensing Physician;
 3. Clinical Supervisor;
 4. Physician or APRN;
 5. Nursing staff;
 6. Licensed Mental Health Professionals (LMHPs); and
 7. Unlicensed professionals (UPs) of addiction services.
- c. Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.
1. Medical Director shall be licensed physician with a current, valid unrestricted license to practice in the state of Louisiana.
 2. Clinical Supervisor, in accordance with State regulations, shall supervise unlicensed professionals. A clinical supervisor is an LMHP that maintains a current and unrestricted license with its respective professional board or licensing authority in the state of Louisiana.
 3. Physician or APRN shall have a current, valid unrestricted license to practice in the state of Louisiana.
 4. Licensed Mental Health Professionals (LMHP) as defined below shall have a current, valid and unrestricted license in the State of Louisiana. LMHPs include the following individuals who are licensed to practice independently:

State of LOUISIANA

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

- a. Medical Psychologists;
 - b. Licensed Psychologists;
 - c. Licensed Clinical Social Workers (LCSWs);
 - d. Licensed Professional Counselors (LPCs);
 - e. Licensed Marriage and Family Therapists (LMFTs);
 - f. Licensed Addiction Counselors (LACs); and
 - g. Advanced Practice Registered Nurses (APRN)
(must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health or a Certified Nurse Specialist in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health, and Child-Adolescent Mental Health and may practice to the extent that services are within the APRN's scope of practice).
5. Unlicensed professionals (UPs) of addiction services must meet at least one of the following qualifications:
- a. Master's Prepared Behavioral Health Professional that has not obtained full licensure privileges and is participating in ongoing professional supervision;
 - b. Certified Addiction Counselor (CAC) registered with the Addictive Disorders Regulatory Authority (ADRA);
 - c. Registered Addiction Counselor (RAC) registered with ADRA; or
 - d. Counselor-in-training (CIT) registered with ADRA.

State regulations require supervision of unlicensed professionals by a physician or LMHP.

State of LOUISIANA

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iv. Utilization Controls

The state has drug utilization controls in place. (Check each of the following that apply)

Generic first policy

Preferred drug lists

Clinical criteria

Quantity limits

The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

The amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies, is limited to those determined to be medically necessary.

State of LOUISIANA**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

1905(a)(29) Medication-Assisted Treatment

Reimbursement Methodology

Unbundled prescribed drugs dispensed or administered for Medication-Assisted Treatment (MAT) will be reimbursed as described in Attachment 4.19-B, Item 12a, *Prescribed Drugs*.