

Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 23-0010

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 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 14, 2023

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

Re: Louisiana State Plan Amendment (SPA) TN 23-0010

Dear Mrs. LeBlanc:

Enclosed please find a corrected approval package for your Louisiana State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0010. This SPA amends provisions governing Early and Periodic Screening Diagnostic and Treatment dental services, in order to link dental services to the Louisiana Medicaid fee schedule, was originally approved on June 9, 2023. The approval package sent to Louisiana included the following error:

- Incorrect Attachment 3.1-A, Item 4.b, Page 7 was included that contained citations; this package contains the correct page.

The enclosed corrected package contains the original signed letter, the CMS-179, and the corrected SPA pages.

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at Tobias.Griffin@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott.

Digitally signed by James
G. Scott -S
Date: 2023.06.14 17:08:21
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 9, 2023

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

Re: Louisiana State Plan Amendment (SPA) TN 23-0010

Dear Mrs. LeBlanc:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0010. This amendment proposes to amend the provisions governing Early and Periodic Screening Diagnostic and Treatment dental services, in order to link dental services to the Louisiana Medicaid fee schedule.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 447.201, CFR 447.304, 1905(a)(10) Dental, 1905(a)(12) Denture, 42 C.F.R. §§ 440.40 and 441.56; §1905(r) of Social Security Act, relating to Early and Periodic Screening, Diagnosis and Treatment. This letter is to inform you that Louisiana Medicaid SPA 23-0010 was approved on June 9, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at tobias.griffin@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott. There are some faint blue and red ink-like marks around the box, possibly from a scanner or a digital signature process.

Digitally signed by James
G. Scott -S
Date: 2023.06.09
10:53:15 -05'00'

James G. Scott, Director
Division of Program Operations

cc: Mandy Strom, Acting 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 23-0010	2. STATE LA
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.201 and 447.304
1905(a)(10) Dental
1905(a)(12) Denture
42 C.F.R. §§ 440.40 and 441.56; §1905(r) of Social Security Act, relating to Early and Periodic Screening, Diagnosis and Treatment

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **2024** \$ **39,680,429**
b. FFY **2025** \$ **31,928,355**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Item 4b, Page 1i
Attachment 3.1-A, Item 4b, Page 7 (new page)
Attachment 3.1-A, Page 4
Attachment 3.1-B, Page 4

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Same (TN 08-26)


Same (TN 90-03)
Same (TN 97-17)
Delete pages:
Attachment 4.19-B, Item 4b, page 1j (TN 10-04)
Attachment 4.19-B, Item 4b, page 1k (TN 10-45)
Attachment 4.19-B, Item 4b, page 1l (TN 10-72)
Attachment 4.19-B, Item 4b, page 1.1(a) (TN 13-35)

9. SUBJECT OF AMENDMENT **The purpose of this SPA is to amend provisions governing Early and Periodic Screening Diagnostic and Treatment dental services, in order to link dental services to the Louisiana Medicaid fee schedule.**

10. 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.

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Ruth Johnson, designee for Dr. Courtney N. Phillips

13. TITLE
Secretary


14. DATE SUBMITTED
March 17, 2023

15. RETURN TO
Tara A. LeBlanc, Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

FOR CMS USE ONLY

16. DATE RECEIVED March 17, 2023	17. DATE APPROVED June 9, 2023
-------------------------------------	-----------------------------------

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2023	19. SIGNING OFFICIAL  Digitally signed by James G. Scott - S Date: 2023.06.09 10:54:22 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS **5.30.2023 - The State requests a pen and ink change to box 5.**

STATE OF LOUISIANA

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

I. Dental Services

Effective for dates of service on or after July 1, 2023, EPSDT dental services shall be reimbursed based on the Louisiana Medicaid fee schedule.

The reimbursement rates in the fee schedule target aggregate reimbursement by dental service category, equal to a specific percentage of the 2022 National Dental Advisory Services (NDAS) Comprehensive Fee Report 70th percentile, as listed within subparts (a) through (d).

- (a) Category I dental service rates for diagnostic and preventive services are established at approximately 57.2 percent of the NDAS.
- (b) Category II dental service rates for basic dental services are established at approximately 52.9 percent of the NDAS.
- (c) Category III dental service rates for major dental services are established at approximately 61.2 percent of the NDAS.
- (d) Category IV dental service rates for orthodontic services are established at approximately 38.5 percent of the NDAS.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of EPSDT dental services. All rates in the fee schedule are published on the Medicaid provider website at www.lamedicaid.com.

The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. Effective July 1, 2023, payments for dental and denture services as defined at Attachment 3.1-A Page 4 and Attachment 3.1-B Page 4, shall be paid based on a the Louisiana Medicaid fee schedule.

STATE OF LOUISIANA

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:

Dental Services

Louisiana Medicaid provides coverage of dental services to beneficiaries under 21 years of age. Covered dental service categories are as follows:

- (a) Category I – Diagnostic and preventive
- (b) Category II – Basic dental
- (c) Category III – Major dental
- (d) Category IV – Orthodontic

The EPSDT benefit provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under age 21, as specified in section 1905(r) of the Social Security Act (the Act).

Any limitations on services for children under age 21 may be exceeded based on medical necessity, as specified in 1905(a) of the Act.

State: LOUISIANA

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

9. Clinic services.

Provided: No limitations With limitations*

10. Dental services.

Provided: No limitations With limitations*

11. Physical therapy and related services.

a. Physical therapy

Provided: No limitations With limitations*

b. Occupational therapy.

Provided: No limitations With limitations*

c. Services for individuals with speech, hearing and language disorders provided by or under supervision of a speech pathologist or audiologist.

Provided: No limitations With limitations*

State: LOUISIANA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): All Groups Listed Under C, of Attachment 2.2-A

6. Private duty nursing services.

Provided: No limitations With limitations*

7. Clinic services.

Provided: No limitations With limitations*

8. Dental services.

Provided: No limitations With limitations*

9. Physical therapy and related services.

a. Physical therapy

Provided: No limitations With limitations*

b. Occupational therapy.

Provided: No limitations With limitations*

c. Services for individuals with speech, hearing and language disorders provided by or under supervision of a speech pathologist or audiologist.

Provided: No limitations With limitations*

10. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in disease of the eye or by an optometrist.

a. Prescribed drugs.

Provided: No limitations With limitations*

b. Dentures.

Provided: No limitations With limitations*

* Description provided on attachment: 3 . 1 - A