

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 23-0011**

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

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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 23-0011

Dear Mrs. LeBlanc:

Enclosed please find a corrected approval package for your Louisiana State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0011. This SPA amends provisions governing adult dentures services in order to link reimbursement rates 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 4.19-B, Item 12.b, Page 1 was included; 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](mailto:Tobias.Griffin@cms.hhs.gov).

Sincerely,

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

James G. Scott, Director  
Division of Program Operations

Digitally signed by James  
G. Scott -S  
Date: 2023.06.14 17:11:32  
-05'00'

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

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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 23-0011

Dear Mrs. LeBlanc:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0011. This amendment proposes to amend the provisions governing adult dentures services in order to link reimbursement rates 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, 1905(a)(10) Dental and 1905(a)(12) Denture. This letter is to inform you that Louisiana Medicaid SPA 23-0011 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](mailto:tobias.griffin@cms.hhs.gov).

Sincerely,


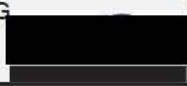
A black rectangular box redacting the signature of James G. Scott.

Digitally signed by  
James G. Scott -S  
Date: 2023.06.09  
11:03:03 -05'00'

James G. Scott, Director  
Division of Program Operations

cc: Mandy Strom, Acting Branch Manager  
Karen Barnes, LA Department of Health



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>23-0011</b>	2. STATE <b>LA</b>
		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 <b>July 1, 2023</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 447</b> <b>1905(a)(10) Dental</b> <b>1905(a)(12) Denture</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>7,460,191</u> b. FFY <u>2025</u> \$ <u>6,002,749</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-B, Item 12b, Page 1</b> <b>Attachment 3.1-B, Page 4</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (TN 13-34)</b> <b>Same (TN 97-17)</b>	
9. SUBJECT OF AMENDMENT <b>The purpose of this SPA is to amend provisions governing adult dentures services in order to link reimbursement rates to the Louisiana Medicaid fee schedule.</b>			
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT  <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL         </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:          ...e Governor does not review State Plan material.         </div> </div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO  <b>Tara A. LeBlanc, Medicaid Executive Director</b> <b>Louisiana Department of Health</b> <b>628 North 4<sup>th</sup> Street</b> <b>P.O. Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>	
12. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>		16. DATE RECEIVED <b>March 17, 2023</b>	
13. TITLE <b>Secretary</b>			
14. DATE SUBMITTED <b>March 17, 2023</b>			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED <b>March 17, 2023</b>		17. DATE APPROVED <b>June 9, 2023</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>July 1, 2023</b>		19. SIGNING OFFICIAL  Digitally signed by James G. Scott -S Date: 2023.06.09 11:03:36 -05'00'	
20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b>		21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Program Operations</b>	
22. REMARKS <b>The State requests a pen and ink change to box 5.</b>			

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

CITATION  
42 CFR 447

Medical and  
Remedial Care and  
Services  
Item 12b

Dentures

1. Methods of Payment

Effective for dates of service on and after July 1, 2023, the reimbursement for adult denture services shall be based on the Louisiana Medicaid fee schedule, which targets aggregate reimbursement equal to approximately 61.2 percent of the 2022 National Dental Advisory Services (NDAS) Comprehensive Fee Report 70<sup>th</sup> percentile. Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and private providers of adult denture services. Payments for adult denture and related approved services as defined at Attachment 3.1A and 3.1B pages, shall be paid based on rates in the fee schedule posted on the Medicaid provider website at [www.lamedicaid.com](http://www.lamedicaid.com).

2. Standards for Payment

Only the services of dentists who are licensed by the State Board of Dental Examiners are reimbursed.

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