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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 23-0013

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

September 11, 2023

Ms. Kimberly Sullivan
Interim 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) 23-0013

Dear Ms. Sullivan

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0013. This amendment proposes to revise the provisions governing the Preventive Services program in order to expand coverage for tobacco cessation counseling services to all Medicaid beneficiaries.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.130 (c) and 42 CFR Part 447. This letter is to inform you that Louisiana Medicaid SPA 23-0013 was approved on September 11, 2023, with an effective date of June 20, 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 redaction box covers the signature of James G. Scott.

Digitally signed by
James G. Scott -S
Date: 2023.09.11
16:21:09 -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 23-0013	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 June 20, 2023			
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130 (c) 42 CFR Part 447		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ 424,407 \$63,637 b. FFY <u>2024</u> \$ 1,035,627 \$155,286			
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 2 Attachment 3.1-B, Page 1 Attachment 3.1-A, Item 13c, Page 2 (New Page) Attachment 4.19-B, Item 13c, Page 1 (New Page)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 22-0004) Same (TN 18-0003)			
9. SUBJECT OF AMENDMENT The purpose of the SPA is to revise the provisions governing the Professional Services Preventive Services program in order to expand coverage for tobacco cessation counseling services to all Medicaid beneficiaries.					
10. GOVERNOR'S REVIEW (Check One) <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <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 </td> <td style="width: 50%; border: none;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material. </td> </tr> </table>				<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	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.
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11. SIGNATURE OF STATE AGENCY OFFICIAL 		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			
12. TYPED NAME Pam Diez, designee for Stephen R. Russo, JD		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			
13. TITLE Secretary					
14. DATE SUBMITTED June 26, 2023					
FOR CMS USE ONLY					
16. DATE RECEIVED June 26, 2023		17. DATE APPROVED September 11, 2023			
PLAN APPROVED - ONE COPY ATTACHED					
18. EFFECTIVE DATE OF APPROVED MATERIAL June 20, 2023		19. SIGNATURE OF APPROVING OFFICIAL Digitally signed by James G. Scott -S Date: 2023.09.11 16:22:58 -05'00'			
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott		21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations			
22. REMARKS The State requests a pen and ink change to boxes 5, 6, 7, 8 and 9.					

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 **Tobacco Cessation Counseling Services**
42 CFR 440.130(c)

The Medicaid program provides coverage for tobacco cessation counseling services to beneficiaries who use tobacco products or who are being treated for tobacco use.

Scope of Services

The State notes that tobacco cessation counseling services must be recommended by a physician or other licensed practitioner of the healing arts.

Beneficiaries may receive up to four tobacco cessation counseling sessions per quit attempt, up to two quit attempts per calendar year, for a maximum of eight counseling sessions per calendar year.

These limits may be exceeded, if deemed medically necessary.

Provider Qualifications

The entity rendering tobacco cessation counseling services must be an enrolled Medicaid provider.

Health care professionals who may provide tobacco cessation counseling include physicians, advanced practice registered nurses, and physicians' assistants, as well as mental health providers who are licensed to practice independently. Other professional or paraprofessional healthcare practitioners must have completed training in the provision of tobacco cessation counseling and must provide services under the supervision of a licensed practitioner.

