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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 23-0030

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



July 28, 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 23-0030

Mrs. Tara LeBlanc:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0030. This amendment proposes to temporarily extend provisions governing preventive services to reimburse ambulance service providers who provide allowable services on site, without transport, while under the supervision of a licensed physician originally approved in Disaster Relief SPA LA 22-0004.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Louisiana's Medicaid SPA Transmittal Number 23-0030 is approved effective May 12, 2023.

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

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.07.28
07:10:07 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER 23-0030	2. STATE LA
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	

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

4. PROPOSED EFFECTIVE DATE
May 12, 2023

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. **FFY 2023\$ 0**
b. **FFY 2024\$ 0**


7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
**Section 7 – General Provisions
7.4. B Page 1 Temporary Extension to the Disaster Relief
Policies for COVID-19 National Emergency**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to extend the disaster relief provisions governing preventive services in order to reimburse ambulance service providers who provide allowable services on site, without transport, while under the supervision of a licensed physician.

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. **Pam Diez, designee for Stephen R. Russo, JD**

13. TITLE
Secretary


14. DATE SUBMITTED
June 27, 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 June 27, 2023	17. DATE APPROVED July 28, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023	19. SIGNATURE OF APPROVING OFFICIAL  DeBoy -S <small>Date: 2023.07.28 07:10:34 -04'00'</small>
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy	21. TITLE OF APPROVING OFFICIAL On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services

22. REMARKS

7.4. B Temporary Extension to the Disaster Relief Policies for COVID-19 National Emergency

Effective May 12, 2023 until May 12, 2024, the agency temporarily extends the following elections(s) of Section 7.4 approved on April 20, 2020, in disaster relief SPA LA TN 22-0004 of the State Plan:

Payments

X The agency makes the following adjustments to payments currently covered in the State plan:

The State respectfully requests to extend the following provision(s):

To address the COVID-19 public health emergency, the State respectfully requests to adjust rates in the physician benefit to reimburse ambulance service providers who provide allowable services on site, without transport, while under the supervision of a licensed physician.