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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 24-0027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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

February 25, 2025

Ms. Kimberly Sullivan, J.D.
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) 24-0027

Dear Medicaid Executive Director Sullivan:

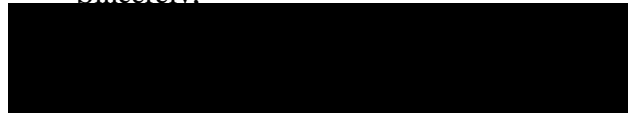
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0027. This amendment proposes to amend the provisions governing opioid treatment programs in order to expand the types of eligible practitioners who can treat individuals and prescribe medications in medication-assisted treatment (MAT).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.13(d). This letter informs you that Louisiana's Medicaid SPA TN 24-0027 was approved on February 25, 2025, effective November 13, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Louisiana State Plan.

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

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Mandy Strom, Branch Manager
Marjorie Jenkins, LA Department of Health

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER 24-0027 | 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 November 13, 2024 | |
| 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130(d) | | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>0</u> b. FFY <u>2026</u> \$ <u>0</u> | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 13d, Pages 11b, 11d- 11e | | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 19-0030) | |

9. SUBJECT OF AMENDMENT

The purpose of this SPA is to amend the provisions governing opioid treatment programs in order to expand the types of eligible practitioners who can treat individuals and prescribe medications in medication-assisted treatment (MAT).


10. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

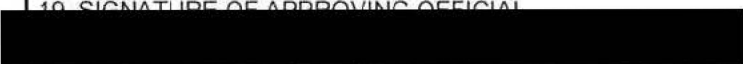
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
The Governor does not review State Plan material.

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| 11. SIGNATURE OF STATE AGENCY OFFICIAL  | 15. RETURN TO Kimberly Sullivan, J.D. Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030 |
| 12. TYPED NAME Michael Harrington, MBA, MA | |
| 13. TITLE Secretary | |
| 14. DATE SUBMITTED December 3, 2024 | |

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|--|---|
| FOR CMS USE ONLY | |
| 16. DATE RECEIVED December 3, 2024 | 17. DATE APPROVED February 25, 2025 |

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|---|---|
| PLAN APPROVED - ONE COPY ATTACHED | |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL November 13, 2024 | 19. SIGNATURE OF APPROVING OFFICIAL  |
| 20. TYPED NAME OF APPROVING OFFICIAL James G. Scott | 21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations |
| 22. REMARKS | |

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 ARE DESCRIBED BELOW:

Treatment of Opioid Use Disorder in Opioid Treatment Programs

Citation

42 CFR 440.130(d)

The Medicaid program provides coverage for medically necessary medication-assisted treatment (MAT) delivered in opioid treatment programs, including but not limited to, methadone treatment, to all Medicaid-eligible adults and children with opioid use disorder (OUD).

Covered Services

The following services provided by opioid treatment programs shall be reimbursed under the Medicaid program:

- A. The administration and dispensing of medications; and
- B. Treatment phases 1 through 4:
 - 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 recipient's response to medication;
 - b. Provides at least four individual counseling sessions;
 - c. Revises the treatment plan within 30 days to include input by all disciplines, the recipient and significant others; and
 - d. Conducts random monthly drug screen tests.
 - 3. Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time. The provider shall:
 - a. Perform random monthly drug screen tests until the client has negative drug screen tests for 90 consecutive days as well as random testing for alcohol when indicated;

STATE OF LOUISIANA

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MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

Staffing Requirements

Individuals providing services must be licensed in accordance with state laws and regulations, in addition to operating within their scope of practice license.

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

Medical Director

The Medical Director shall be a licensed physician with a current, valid unrestricted license to practice in the state of Louisiana and provide the following services:

1. Decrease the dose to accomplish gradual, but complete withdrawal, only when requested by the recipient;
2. Provide medically approved and medically supervised assistance for withdrawal, only when requested by the recipient;
3. Participate in the documentation of reviews of treatment plan every 90 days in the first two years of treatment; and
4. Participate in discharge planning.

Pharmacist or Dispensing Physician

Pharmacist or Dispensing Physician shall have a current, valid unrestricted license to practice in the state of Louisiana and provide the following services:

1. Dispense all medications;
2. Work collaboratively with the Medical Director to decrease the dose to accomplish gradual, but complete withdrawal, only when requested by the recipient;
3. Contribute to the development of the initial treatment plan;
4. Contribute to the documentation for the treatment plan review every 90 days in the first two years of treatment; and
5. Document response to treatment in progress notes at least every 30 days.

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
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Opioid Treatment Program (OTP) Practitioner

The OTP practitioner shall be a physician, APRN, nurse practitioner, or physician assistant. The OTP Practitioner shall have a current, valid unrestricted license to practice in the state of Louisiana and provide the following services:

1. Prescribe medications;
2. Monitor the client's response to medications;
3. Evaluate the client's use of medication and treatment from the program and other sources;
4. Contribute to the development of the initial treatment plan;
5. Contribute to the documentation regarding the response to treatment for treatment plan reviews;
6. Contribute to the documentation for the treatment plan review every 90 days in the first two years of treatment;
7. Conduct drug screens; and
8. Participate in discharge planning.

Nursing Staff

Nursing staff shall have a current, valid and unrestricted nursing license in the State of Louisiana and provide the following services:

1. Administer medications;
2. Monitor the client's response to medications;
3. Evaluate the client's use of medication and treatment from the program and other sources;
4. Document response to treatment in progress notes at least every 30 days;
5. Contribute to documentation for the treatment plan review every 90 days in the first two years of treatment;
6. Conduct drug screens; and
7. Participate in discharge planning.