



**State of Louisiana**  
Department of Health and Hospitals  
Office of the Secretary

**VIA ELECTRONIC MAIL ONLY**

May 23, 2014

Bill Brooks  
Associate Regional Administrator  
Division of Medicaid & Children's Health  
DHHS/Centers for Medicare and Medicaid Services  
1301 Young Street, Room #833  
Dallas, Texas 75202

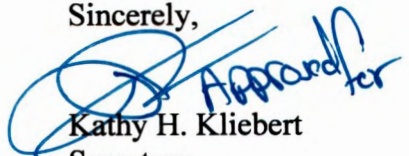
Dear Mr. Brooks:

**RE: Louisiana Title XIX State Plan  
Transmittal No. 14-13**

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,

  
Kathy H. Kliebert  
Secretary

Attachments (2)

KHK/JRK/DA

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**14-13**

2. STATE

**Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

**July 1, 2014**

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

**1927(d) of Social Security Act**

7. FEDERAL BUDGET IMPACT:

a. FFY 2014      **\$ 2,688.96**

b. FFY 2015      **\$ 2,216.87**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1-A Item 4c, Page 1  
Attachment 4.19-B, Item 4.c**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (*If Applicable*):

**Same (TN 13-17)  
Same (TN 74-15)**

10. SUBJECT OF AMENDMENT: **The SPA proposes to adopt provisions to establish a new optional eligibility group under the Medicaid State Plan to provide coverage for family planning services and supplies to eligible men and non-pregnant women.**

11. 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.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

**Kathy H. Kliebert**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**May 23, 2014**

16. RETURN TO:

**J. Ruth Kennedy, Medicaid Director  
State of Louisiana  
Department of Health and Hospitals  
628 N. 4<sup>th</sup> Street  
PO Box 91030  
Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

**LOUISIANA TITLE XIX STATE PLAN**

**TRANSMITTAL #:** 14-13

**TITLE:** 14-13 Family Planning Services (Transition from Waiver to SP)

**EFFECTIVE DATE:** July 1, 2014

**FISCAL IMPACT:**  
Increase

	year	% inc.	fed. match		*# mos	range of mos.	dollars
1st SFY	2014				62.11%	12 July 2014 - June 2015	\$3,442,828
2nd SFY	2015	3.0%			62.05%	12 July 2015 - June 2016	\$3,546,113
3rd SFY	2016	3.0%			62.05%	12 July 2016 - June 2017	\$3,652,496

\*#mos-Months remaining in fiscal year

**Total Increase in Cost FFY 2014**

SFY 2014 \$3,442,828 for 12 months July 2014 - June 2015 \$3,442,828

SFY 2015 \$3,546,113 for 12 months July 2015 - June 2016  
 \$3,546,113 / 12 X 3 = July 2014 - September 2014 = \$886,528  
\$4,329,356

**FFP (FFY 2014 ) = \$4,329,356 X 62.11% = \$2,688,963**

**Total Increase in Cost FFY 2015**

SFY 2015 \$3,546,113 for 12 months July 2015 - June 2016  
 \$3,546,113 / 12 X 9 = October 2014 - June 2015 = \$2,659,585

SFY 2016 \$3,652,496 for 12 months July 2016 - June 2017  
 \$3,652,496 / 12 X 3 = July 2015 - September 2015 = \$913,124  
\$3,572,709

**FFP (FFY 2015 ) = \$3,572,709 X 62.05% = \$2,216,866**

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 AS FOLLOWS:

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**1905(a)(4)(c)**  
**Family Planning Services**

**Covered Services**

The primary goals of family planning services are to increase access to services which will allow improved reproductive and physical health, improved perinatal outcomes, and reduction in the number of unintended pregnancies. Medicaid covered family planning services include:

1. Seven office visits per year for physical examinations or necessary re-visits as it relates to family planning or family planning-related services;
2. Contraceptive counseling (including natural family planning), education, follow-ups and referrals;
3. Laboratory examinations and tests for the purposes of family planning and management of sexual health;
4. Pharmaceutical supplies and devices to prevent conception, including all methods of contraception approved by the Federal Food and Drug Administration; and
5. Male and female sterilization procedures and follow up tests provided in accordance with 42 CFR 441, Subpart F.

Family planning-related services include the diagnosis and treatment of sexually transmitted diseases or infections, regardless of the purpose of the visit at which the disease or infection was discovered.

Medicaid covered family planning-related services include:

1. Diagnostic procedures, drugs and follow-up visits to treat a sexually transmitted disease, infection or disorder identified or diagnosed at a family planning visit (other than HIV/AIDS or hepatitis);
2. Annual family planning visits for individuals, both males and females of child bearing age, which may include:
  - a. A comprehensive patient history;
  - b. Physical, including breast exam;
  - c. Laboratory tests; and
  - d. Contraceptive counseling;
3. Vaccine to prevent cervical cancer;
4. Treatment of major complications from certain family planning procedures; and
5. Transportation services

**Service Delivery**

Family Planning services may be delivered through any enrolled Medicaid provider whose scope of practice includes family planning services.

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 IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Citation

Medical and Remedial Care and Services  
Item 4.c.

Family Planning Services and supplies are reimbursed as follow:

- A. All Medicaid providers, including federally qualified health centers, rural health clinics and tribal 638 facilities, shall be reimbursed according to the established fee-for-service rates published in the Medicaid fee schedule for family planning services.