



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

VIA ELECTRONIC MAIL ONLY

November 18, 2015

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: Federally Qualified Health Centers- Service Limits
Transmittal No. 15-0034**

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,

A handwritten signature in blue ink, appearing to read "Kathy H. Kliebert".

Kathy H. Kliebert
Secretary

Attachments (2)

KHK:WJR:JH

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

15-0034

2. STATE

Louisiana

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

4. PROPOSED EFFECTIVE DATE

January 01 , 2016

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

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:

42 CFR 440.230

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 ~~\$0:00~~ \$261
b. FFY 2017 ~~\$0:00~~ \$360

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A,-Item 2c, Page 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

SAME (TN 05-39)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing FQHC service limits in order to remove the 12 visits per year limit for Medicaid recipients 21 years of age and older.**

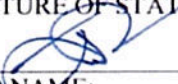
11. GOVERNOR'S REVIEW (Check One):

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:

November 18, 2015

16. RETURN TO:

**J. Ruth Kennedy, Medicaid Director
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
P.O. 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: **The State requests a pen and ink change to box 7 as indicated above.**

LA TITLE XIX SPA
 TRANSMITTAL #: 15-0034
 TITLE: FQHC Service Limits
 EFFECTIVE DATE: January 1, 2016

FISCAL IMPACT:
Increase

1st SFY	2nd SFY	3rd SFY	year	% inc.	fed. match	# mos	range of mos.	dollars
			2016			6	January 1, 2015- June 30, 2016	\$278
			2017	3.0%		12	July 2016- June 2017	\$573
			2018	3.0%		12	July 2017 - June 2018	\$590

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2016
 SFY 2016 \$278 for 6 months January 1, 2015- June 30, 2016 \$278

SFY 2017 \$573 for 12 months July 2016- June 2017
 \$573 / 12 X 3 = \$143
\$421

FFP (FFY 2016) = \$421 X 62.05% = \$261

Total Increase in Cost FFY 2017
 SFY 2017 \$573 for 12 months July 2016- June 2017
 \$573 / 12 X 9 = \$430

SFY 2018 \$590 for 12 months July 2017 - June 2018
 \$590 / 12 X 3 = \$148
\$578

FFP (FFY 2017)= \$578 X 62.21% = \$360

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION
P.L. 101-239
Sect. 6404

Medical and Remedial
Care and Services
Item 2.c.

- B. Other Ambulatory Services
Services other than Core Services which are covered by

Louisiana's Title XIX State Plan, and provided by an
FQHC which meets the same standards as other enrolled
providers.
- C. Effective January 1, 2016, there shall be no limits placed
on the number of federally qualified health center visits
(encounters) payable by the Medicaid program for
eligible recipients.

II. Standards for Participation

- A. The Federally Qualified Health Centers must meet the
following requirements:
1. Receive Public Health Service grant funds under
authority of Section 330 of the Public Health
Services Act or be designated by the Secretary of
the Department of Health and Human Services as
meeting the requirements to receive such a grant;
 2. Comply with all federal, state, and local laws and
regulations applicable to the services provided;
 3. Enroll and be approved for participation in
Louisiana's Title XIX program;
 4. Sign a written provider agreement with the Bureau
of Health Services Financing.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____