

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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December 14, 2015

**Our Reference: SPA LA 15-0034**

Ms. Ruth Kennedy, State Medicaid Director  
Department of Health and Hospitals  
Bienville Building  
628 North 4<sup>th</sup> Street  
Post Office Box 91030  
Baton Rouge, LA 70821-9030

Attn: Darlene Budgewater  
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number (TN) 15-0034. This state plan amendment (SPA) revises 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.

Transmittal Number 15-0034 is approved with an effective date of January 1, 2016, as requested. A copy of the CMS-179, Transmittal No. 15-0034 dated November 18, 2015 is enclosed along with the approved plan pages.

If you have questions, please contact Ford Blunt III at [ford.blunt@cms.hhs.gov](mailto:ford.blunt@cms.hhs.gov) or by phone at (214) 767-6381.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks  
Associate Regional Administrator

**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**

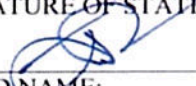
7. FEDERAL BUDGET IMPACT:  
a. FFY 2016      ~~\$0:00~~ \$261  
b. FFY 2017      ~~\$0:00~~ \$360

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       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      **The Governor does not review state plan material.**  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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. 4<sup>th</sup> Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030**


**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **November 18, 2015**

18. DATE APPROVED: **December 14, 2015**

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**January 1, 2016**

20. SIGNATURE OF REGIONAL OFFICIAL:  


21. TYPED NAME:  
**Bill Brooks**

22. TITLE: **Associate Regional Administrator  
Division of Medicaid and Children's Health**

23. REMARKS: **The State requests a pen and ink change to box 7 as indicated above.**

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.

State: Louisiana  
Date Approved: 12/14/15  
Date Received: 11/18/15  
Date Effective: 1/1/16  
Transmittal Number: LA 15-0034