

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

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: Louisiana Rural Health Clinics Service Limits State Plan
Transmittal No. 15-0037**

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:WJR:JH

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
15-0037

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
January 01 , 2016

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 Subpart B
42 CFR 447 Subpart A

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 ~~\$0.00~~ \$392
b. FFY 2017 ~~\$0.00~~ \$538

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A-,Item 2b Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
SAME(TN 11-03)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing RHC service limits in order to remove the limits 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:



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**

13. TYPED NAME:
Kathy H. Kliebert

14. TITLE:
Secretary

15. DATE SUBMITTED:
November 18, 2015

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 #: 15-0037
 TITLE: Rural Health Clinics - 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	\$417
			2017	3.0%		12	July 2016- June 2017	\$859
			2018	3.0%		12	July 2017 - June 2018	\$885

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2016

SFY 2016 \$417 for 6 months January 1, 2015- June 30, 2016 \$417

SFY 2017 \$859 for 12 months July 2016- June 2017
 \$859 / 12 X 3 = \$215
\$632

FFP (FFY 2016) =

SFY 2017 \$859 for 12 months July 2016- June 2017
 \$859 / 12 X 9 = \$644

Total Increase in Cost FFY 2017

SFY 2017 \$859 for 12 months July 2016- June 2017
 \$859 / 12 X 9 = \$644

SFY 2018 \$885 for 12 months July 2017 - June 2018
 \$885 / 12 X 3 = \$221
\$865

FFP (FFY 2017) =

SFY 2018 \$885 for 12 months July 2017 - June 2018
 \$885 / 12 X 3 = \$221
\$865

62.05%

X

\$632

62.21%

X

\$865

\$392

\$538

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.b.

RURAL HEALTH CLINIC SERVICES)

Effective January 1, 2016, there shall be no limits placed on rural health clinic visits (encounters) payable by the Medicaid program for eligible recipients.

Extended services for pregnant women described in Attachment 3.1-A, Item 20a, will not be counted towards these visit limitations.

A. RHC Services

1. Services furnished by a physician, within the scope of practice of his profession under Louisiana law;
2. Services furnished by a:
 - a. Physician assistant;
 - b. Nurse practitioner;
 - c. Nurse midwife;
 - d. Clinical social worker;
 - e. Clinical psychologist; or
 - f. Dentist
3. Services and supplies that are furnished as an incident to professional services by all eligible professionals;
4. Other ambulatory services; and
5. Diabetes self-management training (DSMT) services.
 - a. Effective for dates of service on or after February 21, 2011, the department shall provide coverage of diabetes self-management training (DSMT) services rendered to Medicaid recipients diagnosed with diabetes. The services shall be comprised of one hour of individual instruction and nine hours of group instruction on diabetes self-management.
 - (1) Recipients of DSMT services shall receive up to 10 hours of services during the first 12-month period beginning with the initial training date.

TN# _____
Supersedes
TN# _____

Approval Date _____

Effective _____