

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

February 11, 2016

Our Reference: SPA LA 15-0037

Ms. Jen Steele, Interim State Medicaid Director
Department of Health and Hospitals
628 North 4th St.
P.O. Box 91030
Baton Rouge, LA 70821-9030

Attention: Darlene Budgewater

Dear Ms. Steele:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 15-0037. The State Plan Amendment (SPA) amends the provision governing Rural Health Centers (RHC) service limits in order to remove the limits for Medicaid recipients 21 years of age and older.

Transmittal Number 15-0037 is approved with an effective date of January 1, 2016 as requested. A copy of the CMS-179, Transmittal No. 15-0037 dated November 18, 2015 is enclosed along with the approved plan pages.

If you have any questions regarding this letter, please contact Ford Blunt at 214-767-6381 by phone or by email at ford.blunt@cms.hhs.gov.

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:

15-0037

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
Attachment 3.1-A, Item 2b Page 2
Attachment 3.1-A, Item 2b Page 2b (Remove page)

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

SAME(TN 11-03)
SAME (TN 11-03)
SAME (TN 11-39)

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
 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: **November 18, 2015**

18. DATE APPROVED: **February 11, 2016**

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.**
12-17-15 The State requests pen and ink change to boxes 8 and 9 as indicated above.
12-23-15 The State requests a pen and ink change to box 8 as indicated above.

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:

CITATION
P.L. 101-239
Sect. 6404

Medical and Remedial
Care and Services
Item 2.b.

RURAL HEALTH CLINIC SERVICES

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

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 covered in the State plan.
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. Services will be provided based on medical necessity.
 - b. Provider Participation Standards
 - (1) In order to receive Medicaid reimbursement, a qualified RHC must have a DSMT program that meets the quality standards of one of the following accreditation organizations:
 - (a) the American Diabetes Association;
 - (b) the American Association of Diabetes Educators; or
 - (c) the Indian Health Service.

State: Louisiana
Date Approved: 02/11/16
Date Received: 11/18/15
Date Effective: 1/1/16
Transmittal Number: LA 15-0037

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:

- (2) All DSMT programs must adhere to the national standards for diabetes self-management education.
 - (a) Each member of the instructional team must:
 - (i) be a certified diabetes educator (CDE) certified by the National Certification Board of Diabetes Educators; or
 - (ii) have recent didactic and experiential preparation in education and diabetes management.
 - (b) At a minimum, the instructional team must consist of one of the following professionals who is a CDE:
 - (i) a registered dietician;
 - (ii) a registered nurse; or
 - (iii) a pharmacist.
 - (c) All members of the instructional team must obtain the nationally recommended annual continuing education hours for diabetes management.

State: Louisiana
Date Approved: 02/11/16
Date Received: 11/18/15
Date Effective: 1/1/16
Transmittal Number: LA 15-0037