

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**

---

December 7, 2016

Our Reference: SPA LA 16-0017

Ms. Jen Steele, State Medicaid Director  
Department of Health and Hospitals  
628 North 4<sup>th</sup> St.  
Post Office Box 91030  
Baton Rouge, LA 70821-9030

Attention: Darlene Budgewater

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 16-0017 dated September 13, 2016. This state plan amendment revises the provisions governing Rural Health Clinics (RHCs) in order to allow certified medical assistants to apply fluoride varnish under the direction of a certified physician, and to establish training requirements for appliers of fluoride varnish.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of September 20, 2016. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at [Cheryl.Rupley@cms.hhs.gov](mailto:Cheryl.Rupley@cms.hhs.gov).

Sincerely,

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

Bill Brooks  
Associate Regional Administrator

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
**16-0017**

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  
**September 20, 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**  
b. FFY 2017 **\$0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
**Attachment 3.1-A, Item 2b, Page 2b**  
**Attachment 3.1- A, Item 2b, Page 3**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (*If Applicable*):  
**Same (TN 11-0039) Remove Page**  
**None (New Page)**

10. SUBJECT OF AMENDMENT **The purpose of this SPA is to revise the provisions governing Rural Health Clinics (RHCs) in order to allow certified medical assistants to apply fluoride varnish under the direction of a certified physician, and to establish training requirements for applicers of fluoride varnish.**

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:

13. TYPED NAME:  
**Rebekah E. Gee MD, MPH**

**Jen Steele, Medicaid Director**  
**State of Louisiana**  
**Louisiana Department of Health**  
**628 N. 4<sup>th</sup> Street**  
**P.O. Box 91030**  
**Baton Rouge, LA 70821-9030**

14. TITLE:  
**Secretary**

15. DATE SUBMITTED:  
**September 13, 2016**

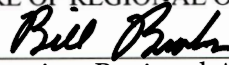
**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **September 13, 2016**

18. DATE APPROVED: **December 7, 2016**

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**September 20, 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:

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

---

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

6. Fluoride Varnish Applications

Effective for dates of service on or after September 20, 2016 the Department shall provide coverage for fluoride varnish applications to recipients under the age of 21 years based on medical necessity when performed in the RHC.

Fluoride varnish applications shall be reimbursed when performed in the RHC by:

- a. the appropriate dental providers;
- b. physicians;
- c. physician assistants;
- d. nurse practitioners;
- e. registered nurses;
- f. licensed practical nurses; or
- g. certified medical assistants.

1. All participating staff must review the Smiles for Life training module for fluoride varnish and successfully pass the post assessment. All staff involved in the varnish application must be deemed as competent to perform the service by the RHC.

State: Louisiana  
Date Received: 13 September, 2016  
Date Approved: 7 December, 2016  
Date Effective: 20 September, 2016  
Transmittal Number: 16-0017