



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

June 8, 2017

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 Title XIX State Plan
Transmittal No. 17-0018

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.

Warmly,

A handwritten signature in blue ink, appearing to be "Rebekah E. Gee".

Rebekah E. Gee MD, MPH
Secretary

Attachments (3)

REG:JS:JH

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

1. TRANSMITTAL NUMBER: 17-0018	2. STATE Louisiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

4. PROPOSED EFFECTIVE DATE
May 15, 2017

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 447 Subpart C


7. FEDERAL BUDGET IMPACT:
 a. FFY 2017 **\$ 4,517**
 b. FFY 2018 **\$ 7,779**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19- B, Item 5, Page 17

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
None (New Page)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing reimbursement for professional services in the Medical Assistance Program in order to establish provisions governing a one percent Federal Medical Assistance Percentage (FMAP) point increase for the coverage of specific adult vaccines and clinical preventative services provided on a fee-for-service or managed care basis.**

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:
Rebekah E. Gee MD, MPH

14. TITLE:
Secretary

15. DATE SUBMITTED:
June 8, 2017

16. RETURN TO:
**Jen Steele, Medicaid Director
State of Louisiana
Department of Health
628 North 4th Street
PO 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:

LA TITLE XIX SPA
 TRANSMITTAL #: 17-00018
 TITLE: Professional Services Program Enhanced FMAP
 EFFECTIVE DATE: May 15, 2017

FISCAL IMPACT:
Increase

year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY 2017		0.00%	12	July 2016 - June 2017	\$4,031
2nd SFY 2018		0.00%	12	July 2017 - June 2018	\$12,889
3rd SFY 2019		0.00%	12	July 2018 - June 2019	\$10,188

*#mos-Months remaining in fiscal year

Total Increase Cost FFY 2017 \$4,031 for 12 months July 2016 - June 2017 \$4,031

SFY 2018 \$12,889 for 12 months July 2017 - June 2018 = \$3,222
 \$12,889 / 12 X 3 July 2017 - September 2017 = \$7,253

FFP (FFY 2017) = \$7,253 X 62.28% = \$4,517

Total Increase Cost FFY 2018 \$12,889 for 12 months July 2017 - June 2018 = \$9,667
 \$12,889 / 12 X 9 October 2017 - June 2018

SFY 2019 \$10,188 for 12 months July 2018 - June 2019 = \$2,547
 \$10,188 / 12 X 3 July 2018 - September 2018 = \$12,214

FFP (FFY 2018) = \$12,214 X 63.69% = \$7,779

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR
440.50

Preventive Services

Enhanced Federal Medical Assistance Percentage Rate

- A. Effective for dates of service on or after May 15, 2017, the Federal Medical Assistance Percentage (FMAP) rate received by the Department for specified adult vaccines and clinical preventive services shall increase one percentage point of the rate on file as of May 14, 2017.
 - 1. Services covered by this increase are those assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF) and approved vaccines and their administration as recommended by the Advisory Committee on Immunization Practices (ACIP).
 - 2. The increased FMAP rate applies to these qualifying services whether the services are provided on a fee-for-service (FFS) or managed care basis.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____