

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
19-0005

2. STATE
Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
March 20, 2019

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
**Section 1905 of the Social Security Act
42 CFR 440.130d
42 CFR 441.57**

7. FEDERAL BUDGET IMPACT
a. FFY 2019 \$ 0.00
b. FFY 2020 \$ 3,868,520

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Please see attached

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Please see attached

10. **SUBJECT OF AMENDMENT: The purpose of this SPA is to amend the provisions governing school-based medical services covered in the Early and Periodic Screening, Diagnosis and Treatment Program and school-based behavioral health services in order to: 1) add services categorized as 504 plans, individual health plans or otherwise medically necessary in addition to those covered by an individual education plan, to the services available for school-based Medicaid claiming; 2) amend the reimbursement methodology to expand allowable billing providers for direct/therapy and nursing services; and 3) add applied behavioral analysis, personal care services and transportation to allowable Medicaid billing.**

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

Cindy Rives

13. TYPED NAME

Cindy Rives, designee for Rebekah E. Gee MD, MPH

14. TITLE

Secretary

15. DATE SUBMITTED

March 29, 2019

16. RETURN TO

**Jen Steele, Medicaid Director
State of Louisiana
Department of Health
628 North 4th Street
P.O. 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 **The State requestes a pen and ink change to boxes 8 and 9 on the attached addendum to the CMS 179.**

8. Page Number of the Plan Section or Attachment

9. Page Number of the Superseded Plan Section or Attachment (if applicable)

Attachment 3.1-A, Item 4b, Pages 9h and 9h(1)	SAME (TN 15-0024)
Attachment 3.1-A, Item 4b, Pages 9h(2)	NONE – New page
Attachment 3.1-A, Item 4b, Page 18	SAME (TN 10-48)
Attachment 3.1-A, Item 4b, Page 18a	NONE - New page
Attachment 3.1-A, Item 4b, Page 18b	NONE – New page
Attachment 3.1-A, Item 4b, Pages 19-19a	SAME (TN 15-0019)
Attachment 3.1-A, Item 4b, Page 19b	NONE – New page
Attachment 3.1-A, Item 4b, Page 19c, 19d, and 19e	NONE – New pages

Attachment 4.19-B, Item 4b, Pages 1, 1a, and 1b	SAME (TN 14-08)
Attachment 4.19-B, Item 4b, Pages 1c and 1d	SAME (TN 04-16)
Attachment 4.19-B, Item 4b, Pages 1e, 1f, 1g	SAME (TN 04-16)
Attachment 4.19-B, Item 4b, Page 1h	SAME (TN 04-16)
Attachment 4.19-B, Item 4b Pages 3e, 3f, and 3g	SAME (TN 15-0024)
Attachment 4.19-B, Item 4b Page 3h	NONE – New page
Attachment 4.19-B, Item 4b, Page 6	SAME (TN 15-0019)
Attachment 4.19-B, Item 4b, Pages 7-9	SAME (TN 12-02)
Attachment 4.19-B, Item 4b, Pages 9a, 9b, 9c and 9d	NONE – New pages

Attachment 4.19-B, Item 13d, Pages 5-7	SAME (TN 15-0024)
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Attachment 3.1-A, Item 4b, Pages 9h and 9h(1)	Same (TN 15-0024)
Attachment 3.1-A, Item 4b, Page 19	Same (TN 15-0019)
Attachment 3.1-A, Item 4b, Page 19(a) - (remove page)	Same (TN 15-0019)
Attachment 3.1-A, Item 4b, Page 20	Same (TN 15-0040)
Attachment 4.19-B, Item 4b, Pages 1, 1a and 1b	Same (TN 14-08)
Attachment 4.19-B, Item 4b, Pages 1c, 1d, 1e, 1f, 1g and 1h	Same (TN 04-16)
Attachment 4.19-B, Item 4b, Page 1h(1)	None - new page
Attachment 4.19-B, Item 4b, Pages 3e, 3f and 3g - (remove pages)	Same (TN 15-0024)
Attachment 4.19-B, Item 4b, Page 4b (remove page)	Same (TN 11-14)
Attachment 4.19-B, Item 4b, Page 6	Same (TN 15-0019)
Attachment 4.19-B, Item 4b, Pages 7-10 - (remove pages)	Same (TN 12-02)