



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

**VIA ELECTRONIC MAIL ONLY**

December 16, 2019

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

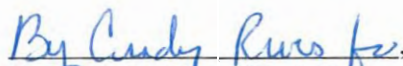
RE: Louisiana Title XIX State Plan  
Transmittal No. 19-0030

Dear Mr. Brooks:

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.  
Should you have any questions or concerns regarding this matter, please contact Karen  
Barnes at (225) 342-3881 or via email at [Karen.Barnes@la.gov](mailto:Karen.Barnes@la.gov).

Warmly,

  
Rebekah E. Gee MD, MPH  
Secretary

Attachments (3)

REG:JS:MVJ

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

1. TRANSMITTAL NUMBER <b>19-0030</b>	2. STATE <b>Louisiana</b>
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE <b>January 20, 2020</b>	

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

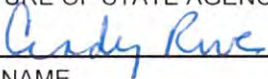
5. TYPE OF PLAN MATERIAL (Check One)  
 NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION  <b>Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (Support Act)</b>	7. FEDERAL BUDGET IMPACT a. FFY <b>2020</b> <b>\$ 7,884,114</b> b. FFY <b>2021</b> <b>\$12,249,862</b>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 3.1-A, Item 13d, Pages 11b and 11c Attachment 4.19-B Item 13d, Page 4b(1)</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>None – new pages None – new page</b>

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to adopt provisions governing medication-assisted opioid use disorder (OUD) treatment in opioid treatment programs, for Medicaid-eligible recipients ages 18 and over, diagnosed with OUD.**

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 <b>Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4<sup>th</sup> Street P.O. Box 91030 Baton Rouge, LA 70821-9030</b>
13. TYPED NAME <b>Cindy Rives, designee for Rebekah E. Gee MD, MPH</b>	
14. TITLE <b>Secretary</b>	
15. DATE SUBMITTED <b>December 16, 2019</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME	22. TITLE

23. REMARKS



STATE OF LOUISIANA

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 BELOW:

### **Treatment of Opioid Use Disorder in Opioid Treatment Programs**

#### **Citation**

Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)

Effective January 20, 2020, the Medicaid Program provides coverage for medically necessary medication-assisted treatment (MAT) delivered in opioid treatment programs, including but not limited to, methadone treatment, to all Medicaid-eligible adults and children with opioid use disorder (OUD).

#### **Recipient Qualifications**

Medicaid-eligible recipients must:

1. Be at least 18 years old, unless the recipient has consent from a parent or legal guardian, if applicable; and
2. Meet the federal requirements regarding admission to the opioid treatment program.

#### **Covered Services**

The following services provided by opioid treatment programs shall be reimbursed under the Medicaid program:

1. The administration and dispensing of medications; and
2. Treatment phases 1 through 5:
  - i. Initial treatment;
  - ii. Early stabilization;
  - iii. Maintenance treatment;
  - iv. Medically supervised withdrawal from synthetic narcotic with continuing care (when applicable); and
  - v. Required withdrawal (when applicable).

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TN \_\_\_\_\_  
Supersedes  
TN \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

STATE OF LOUISIANA

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 BELOW:

**Provider Responsibilities**

1. Each opioid treatment program shall enter into a contract with the managed care organizations (MCOs) and the coordinated system of care (CSoC) contractor in order to receive reimbursement for Medicaid covered services.
2. Opioid treatment programs shall deliver all services in accordance with federal and state laws and regulations.
3. Opioid treatment programs must be licensed in accordance with state laws and regulations, in addition to operating within their scope of practice license.
4. Opioid treatment programs shall retain all records necessary to fully disclose the extent of services provided to recipients for five years from the date of service and furnish such records, and any payments claimed for services, to the Medicaid program upon request.
5. Opioid treatment programs shall maintain compliance with state and federal regulatory authorities for operation including, but not limited to, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Drug Enforcement Administration (DEA), and the State Opioid Treatment Authority.

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TN \_\_\_\_\_  
Supersedes  
TN \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**Treatment of Opioid Use Disorder in Opioid Treatment Programs**

**CITATION**

Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)

**Reimbursement Methodology**

Reimbursement rates for opioid treatment programs shall be a bundled rate included in the Specialized Behavioral Health fee schedule, as determined by the Department.