

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 21-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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July 9, 2021

Ms. Tara LeBlanc  
Interim Medicaid Director  
State of Louisiana  
Department of Health  
628 N 4th Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) TN 21-0006

Dear Ms. LeBlanc:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to your state plan, as submitted under transmittal number (TN) 21-0006. This amendment proposes to rescind the temporary election, in section 7.4. Medicaid Disaster Relief for the COVID-19 National Emergency, to automatically extend prior authorization for medications expanded by automatic renewal without clinical review, or time/quantity extensions.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, TN 21-0006 is approved effective April 1, 2021 pursuant to 42 CFR 430.20(b)(3).

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Tobias Griffin at 214-767-4425 or by email at [tobias.griffin@cms.hhs.gov](mailto:tobias.griffin@cms.hhs.gov) if you have any questions about this approval.

Sincerely,

Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>21-0006</b>	2. STATE <b>Louisiana</b>
	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 <del>October 31, 2020</del> <b>April 1, 2021</b>
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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>Title XIX of the Social Security Act</b>	7. FEDERAL BUDGET IMPACT a. FFY <b>2021</b> \$ <b>0</b> b. FFY <b>2022</b> \$ <b>0</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Section 7 – General Provisions 7.4.A.4 Medical Rescissions to the State’s Disaster Relief Policies for the COVID-19 National Public Health Emergency</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>None-New Page Same (TN 20-0021)</b>
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10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to waive or modify certain requirements of Title XIX of the Social Security Act to address the COVID-19 public health emergency, in order to terminate prior authorization for medications expanded by automatic renewal without clinical review, or time/quantity extensions.**

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>Tara A. LeBlanc Interim Medicaid Executive 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>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>	
14. TITLE <b>Secretary</b>	
15. DATE SUBMITTED <b>April 13, 2021</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <b>April 13, 2021</b>	18. DATE APPROVED: <b>July 9, 2021</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>April 1, 2021</b>	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME <b>Anne Marie Costello</b>	22. TITLE <b>Deputy Director Center for Medicaid and CHIP Services</b>

23. REMARKS **The State requests a pen and ink change to boxes 4, 8 and 9.**

**Section 7 General Provisions**

**7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency**

Effective April 1, 2021, the agency rescinds the election at Section D – Benefits, Drug Benefits 6. of section 7.4 (approved on April 20, 2020 in LA SPA TN 20-0004) of the state plan to automatically extend prior authorization for medications expanded by automatic renewal without clinical review, or time/quantity extensions.