

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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May 23, 2022

Mr. Patrick Gillies  
Medicaid Executive 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 22-0003

Dear Mr. Gillies:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0003. This amendment proposes to implement coverage of community health workers (CHW) services to address health related chronic diseases.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.6, 42 CFR 440.130(d) and 42 CFR 447.200-205. This letter is to inform you that Louisiana Medicaid SPA 22-0003 was approved on May 23, 2022, with an effective date of February 12, 2022.

If you have any questions, please contact Tobias Griffin at 214-767-7725 or via email at [tobias.griffin@cms.hhs.gov](mailto:tobias.griffin@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

cc: Billy Bob Farrell, Branch Manager  
Karen Barnes, LA Department of Health

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

1. TRANSMITTAL NUMBER <b>22-0003</b>	2. STATE <b>LA</b>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE <del>January 1, 2022</del> <b>February 12, 2022</b>	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>85,292</u> b. FFY <u>2023</u> \$ <u>162,129</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <del>Attachment 3.1-A, Item 6, Pages 8-9</del> <b>Attachment 3.1-A, Item 13d, Page 11g</b> <b>Attachment 3.1-A, Item 13d, Page 11h (new page)</b> <del>Attachment 3.1-B, Page 1</del> <del>Attachment 4.19-B, Item 6, Page 10</del> <b>Attachment 4.19-B, Item 13d, Page 4b</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same (TN 19-0030)</b>  <del>Same (TN 18-0003)</del> <del>Same (TN 05-27)</del> <b>Same (TN 18-0024)</b>

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 440.60**  
**42 CFR 440.130 (d)**  
**42 CFR 447.200-205**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$ 85,292  
b. FFY 2023 \$ 162,129

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

9. SUBJECT OF AMENDMENT **The purpose of this SPA is to implement coverage of community health worker (CHW) services to address health related chronic diseases.**

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

The Governor does not review State Plan material.

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

**Ruth Johnson, designee for Dr. Courtney N. Phillips**

13. TITLE

**Secretary**

14. DATE SUBMITTED

**February 28, 2022**

15. RETURN TO

**Patrick Gillies, Medicaid Executive Director  
Louisiana Department of Health  
628 North 4<sup>th</sup> Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030**

**FOR CMS USE ONLY**

16. DATE RECEIVED February 28, 2022

17. DATE APPROVED  
May 23, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
February 12, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Program Operations

22. REMARKS **The State requests a pen and ink change to boxes 4, 5, 7, and 8.**

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:

**Unlicensed Professionals**

Unlicensed professionals (UPs) of addiction services must meet at least one of the following qualifications:

1. Masters Prepared Behavioral Health Professional that has not obtained full licensure privileges and is participating in ongoing professional supervision;
2. Certified Addiction Counselor (CAC) registered with the Addictive Disorders Regulatory Authority (ADRA);
3. Registered Addiction Counselor (RAC) registered with ADRA; or
4. Counselor-in-training (CIT) registered with ADRA.

Unlicensed professionals perform the following services under the supervision of a physician or LMHP:

1. Participate in conducting orientation;
2. Participate in discharge planning as appropriate; and
3. Provide support to the treatment team where applicable, while only providing assistance allowable under the auspices of and pursuant to the scope of the individual's license.

**Community Health Worker Services**

Community health worker services must be recommended by a licensed provider to promote the maximum reduction of physical or mental disability and restoration of beneficiaries to their best possible functional level. Ordering practitioners are limited to licensed physician, a licensed advanced practice registered nurse (APRN) or a licensed PA with an established clinical relationship with the beneficiary.

Effective for dates of service on or after January 1, 2022, the Medicaid program shall cover services rendered to beneficiaries by qualified Community Health Workers (CHW).

A. Provider Qualifications

A qualified CHW is an individual who:

1. Has completed state-recognized training curricula approved by the Louisiana Community Health Worker Workforce Coalition; or
2. Has 3,000 hours of documented work experience as a CHW.

B. Covered Services

1. Health promotion and coaching. This can include assessment and screening for health-related social needs, setting goals and creating an action plan, on-site observation of beneficiaries' living situations, and providing information and/or coaching in an individual or group setting.

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:

2. Care planning with the beneficiary and their healthcare team as part of a person-centered approach to improve health by meeting a beneficiary's situational health needs and health-related social needs, including time-limited episodes of instability and ongoing secondary and tertiary prevention, is essential to this care delivery.
3. Health system navigation and resource coordination services, including helping to engage, re-engage, or ensure patient follow-up in primary care; routine preventive care; adherence to treatment plans; and/or self-management of chronic conditions.

C. Coverage Limitations

1. Services will only be covered up to two hours per day and ten hours per month, per beneficiary. This limit may be exceeded based on medical necessity.
2. Group services are limited to eight unique beneficiaries at one time.

The following services are not covered:

1. Insurance enrollment and insurance navigator assistance;
2. Case management; and
3. Directly providing transportation for a beneficiary to and from services.

Services must be ordered by a physician, advanced practice registered nurse (APRN), or physician assistant (PA) with an established clinical relationship with the beneficiary. Services must be rendered under the general supervision of a physician, APRN, or PA.

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:

**Exclusions**

The following shall be excluded from Medicaid reimbursement:

1. Components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual;
2. Services provided at a work site which are not directly related to treatment of the recipient's needs;
3. Any services or components of services of which the basic nature is to supplant housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry services); and
4. Services provided in an institution for mental disease (IMD), unless provided through the Code of Federal Regulations "allowed in lieu of", or a U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) approved waiver.
5. Room and board is excluded from any rates provided in a residential setting.

**Community Health Worker Services**

**Reimbursement Methodology**

The Medicaid program shall reimburse for services rendered to qualified beneficiaries by qualified Community Health Workers (CHW).

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of CHW services. The agency's fee schedule rate was set as of January 1, 2022, and may be found on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com).