



State of Louisiana
Louisiana Department of Health
Office of the Secretary

August 5, 2022

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
601 East 12th Street, Room 0300
Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan
Transmittal No. 22-0017

Dear Mr. Scott:

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.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ruth Johnson".

_____ for
Dr. Courtney N. Phillips
Secretary

Attachments (3)

CNP:TAL:SSJ


<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	1. TRANSMITTAL NUMBER 22-0017	2. STATE LA
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE March 11, 2021	
5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(4)(F) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2022 \$40,261 b. FFY 2023 \$74,963	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 7.7-B, Pages 1-3	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to demonstrate compliance with the American Rescue Plan Act provisions that require states to cover COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19.

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 	15. RETURN TO Tara A. LeBlanc, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips	
13. TITLE Secretary	
14. DATE SUBMITTED August 5, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED	17. DATE APPROVED
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
22. REMARKS	

LA TITLE XIX SPA

TRANSMITTAL #: 22-0017

TITLE: American Rescue Plan Act COVID-19 Testing

EFFECTIVE DATE: March 11, 2021

FISCAL IMPACT:

Increase

	year	% inc.	fed. match		*# mos	range of mos.	dollars
1st SFY	2021			0.00%	3.6	March 11, 2021 - June 2021	\$34,123
2nd SFY	2022			0.00%	12	July 2021- June 2022	\$102,370
3rd SFY	2023			0.00%	12	July 2022 - June 2023	\$133,716

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2021

SFY 2021 \$34,123 for 3.6 months March 11, 2021 - June 2021 \$34,123

SFY 2022 \$102,370 for 12 months July 2021- June 2022
 \$102,370 / 12 X 3 = July 2021 - September 2021 = \$25,593
\$59,716

FFP (FFY 2021) = \$59,716 X 67.42% = \$40,261

Total increase or decrease cost FFY 2022

SFY 2022 \$102,370 for 12 months July 2021- June 2022
 \$102,370 / 12 X 9 = October 2021 - June 2022 = \$76,778

SFY 2023 \$133,716 for 12 months July 2022 - June 2023
 \$133,716 / 12 X 3 = July 2022 - September 2022 = \$33,429
\$110,207

FFP (FFY 2022)= \$110,207 X 68.02% = \$74,963

COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

X The state assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

X The state assures that such coverage:

1. Includes all types of FDA authorized COVID-19 tests;
2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
3. Is provided to the optional COVID-19 group if applicable; and
4. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Please describe any limits on amount, duration or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

Reimbursement

X The state assures that it has established state plan rates for COVID-19 testing consistent with the CDC definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 testing for each applicable Medicaid benefit:

<p>Attachment 4.19-A, Item 1, Page 15 Attachment 4.19-B, Item 9, Page 4a</p>
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X The state is establishing rates for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

X The state's rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the:

____ Medicare national average, OR

X Associated geographically adjusted rate.

____ The state is establishing a state specific fee schedule for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location :

<p>www.lamedicaid.com</p>

X The state's fee schedule is the same for all governmental and private providers.

The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:

Additional Information (Optional):

____ The payment methodologies for COVID-19 testing for providers listed above are described below:

***PRA Disclosure Statement** under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*

TN 22-0017

Approval Date _____

Effective Date: March 11, 2021

Supersedes

TN: None- New Page