



State of Louisiana
Louisiana Department of Health
Office of the Secretary

March 17, 2023

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. 23-0010

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:UN

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	1. TRANSMITTAL NUMBER 23-0010	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 July 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.201 and 447.304	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>39,680,429</u> b. FFY <u>2025</u> \$ <u>31,928,355</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Item 4b, Page 1i Attachment 3.1-A, Item 4b, Page 7 (new page) Attachment 3.1-A, Page 4 Attachment 3.1-B, Page 4	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 08-26) Same (TN 90-03) Same (TN 97-17) Delete pages: Attachment 4.19-B, Item 4b, page 1j (TN 10-04) Attachment 4.19-B, Item 4b, page 1k (TN 10-45) Attachment 4.19-B, Item 4b, page 1l (TN 10-72) Attachment 4.19-B, Item 4b, page 1.1(a) (TN 13-35)	


9. SUBJECT OF AMENDMENT **The purpose of this SPA is to amend provisions governing Early and Periodic Screening Diagnostic and Treatment dental services, in order to link dental services to the Louisiana Medicaid fee schedule.**

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 March 17, 2023	

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 #: 23-0010

TITLE: EPSDT Dental Services

EFFECTIVE DATE: July 1, 2023

FISCAL IMPACT:

Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2024			0.00%	12 July 2023 - June 2024	\$47,182,437
2nd SFY	2025			0.00%	12 July 2024- June 2025	\$47,182,437
3rd SFY	2026			0.00%	12 July 2025 - June 2026	\$47,182,437

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2024

SFY 2024 \$47,182,437 for 12 months July 2023 - June 2024 \$47,182,437

SFY 2025 \$47,182,437 for 12 months July 2024- June 2025
 \$47,182,437 / 12 X 3 July 2023 - September 2023 = \$11,795,609
\$58,978,046

FFP (FFY 2024) = \$58,978,046 X 67.28% = \$39,680,429

Total increase or decrease cost FFY 2025

SFY 2025 \$47,182,437 for 12 months July 2024- June 2025
 \$47,182,437 / 12 X 9 October 2023 - June 2024 = \$35,386,828

SFY 2026 \$47,182,437 for 12 months July 2025 - June 2026
 \$47,182,437 / 12 X 3 July 2024 - September 2024 = \$11,795,609
\$47,182,437

FFP (FFY 2025)= \$47,182,437 X 67.67% = \$31,928,355

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Dental Services

Louisiana Medicaid provides coverage of dental services to beneficiaries under 21 years of age. Covered dental service categories are as follows:

- (a) Category I – Diagnostic and preventive
- (b) Category II – Basic dental
- (c) Category III – Major dental
- (d) Category IV – Orthodontic

STATE OF LOUISIANA

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

I. Dental Services

Effective for dates of service on or after July 1, 2023, EPSDT dental services shall be reimbursed based on the Louisiana Medicaid fee schedule.

The reimbursement rates in the fee schedule target aggregate reimbursement by dental service category, equal to a specific percentage of the 2022 National Dental Advisory Services (NDAS) Comprehensive Fee Report 70th percentile, as listed within subparts (a) through (d).

- (a) Category I dental service rates for diagnostic and preventive services are established at approximately 57.2 percent of the NDAS.
- (b) Category II dental service rates for basic dental services are established at approximately 52.9 percent of the NDAS.
- (c) Category III dental service rates for major dental services are established at approximately 61.2 percent of the NDAS.
- (d) Category IV dental service rates for orthodontic services are established at approximately 38.5 percent of the NDAS.

Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and private providers of EPSDT dental services. All rates in the fee schedule are published on the Medicaid provider website at www.lamedicaid.com.

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AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDICAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

Provided: No limitations With limitations*

10. Dental services.

Provided: No limitations With limitations*

11. Physical therapy and related services.

a. Physical therapy

Provided: No limitations With limitations*

b. Occupational therapy.

Provided: No limitations With limitations*

c. Services for individuals with speech, hearing and language disorders provided by or under supervision of a speech pathologist or audiologist.

Provided: No limitations With limitations*

State: LOUISIANA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): All Groups Listed Under C, of Attachment 2.2-A

6. Private duty nursing services.

Provided: No limitations With limitations*

7. Clinic services.

Provided: No limitations With limitations*

8. Dental services.

Provided: No limitations With limitations*

9. Physical therapy and related services.

a. Physical therapy

Provided: No limitations With limitations*

b. Occupational therapy.

Provided: No limitations With limitations*

c. Services for individuals with speech, hearing and language disorders provided by or under supervision of a speech pathologist or audiologist.

Provided: No limitations With limitations*

10. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in disease of the eye or by an optometrist.

a. Prescribed drugs.

Provided: No limitations With limitations*

b. Dentures.

Provided: No limitations With limitations*

* Description provided on attachment: 3 . 1 - A