

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

June 14, 2023

Mrs. Tara LeBlanc
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 23-0011

Dear Mrs. LeBlanc:

Enclosed please find a corrected approval package for your Louisiana State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0011. This SPA amends provisions governing adult dentures services in order to link reimbursement rates to the Louisiana Medicaid fee schedule, was originally approved on June 9, 2023. The approval package sent to Louisiana included the following error:

- Incorrect Attachment 4.19-B, Item 12.b, Page 1 was included; this package contains the correct page.

The enclosed corrected package contains the original signed letter, the CMS-179, and the corrected SPA pages.

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at Tobias.Griffin@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

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

June 9, 2023

Mrs. Tara LeBlanc
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 23-0011

Dear Mrs. LeBlanc:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0011. This amendment proposes to amend the provisions governing adult dentures services in order to link reimbursement rates to the Louisiana Medicaid fee schedule.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 447, 1905(a)(10) Dental and 1905(a)(12) Denture. This letter is to inform you that Louisiana Medicaid SPA 23-0011 was approved on June 9, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at tobias.griffin@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink that reads 'James G. Scott'.

Digitally signed by
James G. Scott -S
Date: 2023.06.09
11:03:03 -05'00'

James G. Scott, Director
Division of Program Operations

cc: Mandy Strom, Acting Branch Manager
Karen Barnes, LA Department of Health

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	1. TRANSMITTAL NUMBER 23-0011	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 1905(a)(10) Dental 1905(a)(12) Denture	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>7,460,191</u> b. FFY <u>2025</u> \$ <u>6,002,749</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Item 12b, Page 1 Attachment 3.1-B, Page 4	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 13-34) Same (TN 97-17)	


9. SUBJECT OF AMENDMENT **The purpose of this SPA is to amend provisions governing adult dentures services in order to link reimbursement rates 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 March 17, 2023	17. DATE APPROVED June 9, 2023
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2023.06.09 11:03:36 -05'00'
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 box 5.**

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

CITATION Medical and
42 CFR 447 Remedial Care and
 Services
 Item 12b

Dentures

1. Methods of Payment

Effective for dates of service on and after July 1, 2023, the reimbursement for adult denture services shall be based on the Louisiana Medicaid fee schedule, which targets aggregate reimbursement equal to approximately 61.2 percent of the 2022 National Dental Advisory Services (NDAS) Comprehensive Fee Report 70th percentile. Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and private providers of adult denture services. Payments for adult denture and related approved services as defined at Attachment 3.1A and 3.1B pages, shall be paid based on rates in the fee schedule posted on the Medicaid provider website at www.lamedicaid.com.

2. Standards for Payment

Only the services of dentists who are licensed by the State Board of Dental Examiners are reimbursed.

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