



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

June 26, 2023

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

RE: Louisiana Title XIX State Plan  
Transmittal No. 23-0013

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](mailto:Karen.Barnes@la.gov).

Sincerely,

  
\_\_\_\_\_, for  
Stephen R. Russo, JD  
Secretary

Attachments (3)

CNP:TAL:KC

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


1. TRANSMITTAL NUMBER <b>23-0013</b>	2. STATE <b>LA</b>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE <b>June 20, 2023</b>	
5. FEDERAL STATUTE/REGULATION CITATION  <b>42 CFR 440.130 (c)</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <b>2023</b> \$ <b>424,407</b> b. FFY <b>2024</b> \$ <b>1,035,627</b>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 3.1-A, Page 2</b> <b>Attachment 3.1-B, Page 1</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same (TN 22-0004)</b> <b>Same (TN 18-0003)</b>

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

9. SUBJECT OF AMENDMENT  
**The purpose of the SPA is to revise the provisions governing the Professional Services program in order to expand coverage for tobacco cessation counseling services to all Medicaid beneficiaries.**

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:  The Governor does not review State Plan material.
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
**Pam Diez, designee for Stephen R. Russo, JD**

13. TITLE  
**Secretary**

14. DATE SUBMITTED  
**June 26, 2023**

15. RETURN TO  
**Tara A. LeBlanc, 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	17. DATE APPROVED
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**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 #: 23-0013  
 TITLE: Tobacco Cessation Counseling  
 EFFECTIVE DATE: June 20, 2023

FISCAL IMPACT:  
Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2023			0.00%	0.33 June 20, 2023 - June 30, 2023	\$245,163
2nd SFY	2024			0.00%	12 July 2023- June 2024	\$1,417,044
3rd SFY	2025			0.00%	12 July 2024 - June 2025	\$1,870,498

\*#mos-months remaining in fiscal year

**Total increase or decrease cost FFY 2023**

SFY	2023	\$245,163	for	0.33	months	June 20, 2023 - June 30, 2023	=	\$245,163	
						<b>\$245,163</b>	<b>X</b>	<b>72.28%</b>	<u>\$177,204</u>
SFY	2024	\$1,417,044	for	12	months	July 2023- June 2024	=	\$354,261	
		\$1,417,044 /		12 X	3	July 2023 - September 2023	=	\$354,261	
						<b>\$354,261</b>	<b>X</b>	<b>69.78%</b>	=
									<u>\$247,203</u>
									<u><b>\$424,407</b></u>

FFP (FFY 2023 )=

**Total increase or decrease cost FFY 2024**

SFY	2024	\$1,417,044	for	12	months	July 2023 - June 2024	=	\$1,062,783	
		\$1,417,044 /		12 X	9	October 2023 - June 2024	=	\$1,062,783	
SFY	2025	\$1,870,498	for	12	months	July 2024 - June 2025	=	\$467,625	
		\$1,870,498 /		12 X	3	July 2024 - September 2024	=	<u>\$467,625</u>	
						<b>\$1,530,408</b>	<b>X</b>	<b>67.67%</b>	=
									<u><b>\$1,035,627</b></u>

FFP (FFY 2024 )=

State/Territory: LOUISIANA

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

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided:  No limitations  With limitations \*

4. b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*Description provided on Attachment 3.1- A, Item 4b.

4. c. Family planning services and supplies for individuals of child-bearing age.

Provided:  No limitations  With limitations\*

4. d. Tobacco Cessation Counseling Services

Provided:  No limitations  With limitations

(i) By, or under the supervision of, the beneficiary's primary care provider or other appropriate healthcare professionals.

(ii) Up to four tobacco cessation counseling sessions per quit attempt, up to two quit attempts per calendar year (maximum of eight counseling sessions per calendar year).

(iii) Limits may be exceeded based on medical necessity.

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided:  No limitations  With limitations\*

Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services."

b. Medical and surgical services furnished by a dentist (in accordance with section I 905(a) (5) (B) of the Act).

Provided:  No limitations  With limitations

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

Provided:  No limitations  With limitations\*

\*Description provided on Attachment.

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S):  
All Groups Listed Under C, of Attachment 2.2-A

The following services are provided.\*

<u>Item No.</u>	<u>Item No.</u>
1. Inpatient hospital services other than those provided in an institution for mental diseases.	7. Home Health Services
2. a. Outpatient hospital services.	a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.	b. Home health aide services provided by a home health agency.
c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the Plan and furnished in a FQHC.	c. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place
3. Other laboratory and X-ray services.	d. Physical therapy, occupational therapy, speech pathology and audiology services.
4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.	9. Clinic services.
b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	12. Prescribed drugs, dentures and prosthetic devices.
c. Family Planning services and supplies for individuals of child-bearing age.	a. Prescribed drugs.
d. Tobacco cessation counseling services:	c. Prosthetic devices.
(i) By, or under the supervision of, the beneficiary's primary care provider or other appropriate healthcare professionals.	13d. Rehabilitative services
(ii) Up to four tobacco cessation counseling sessions per quit attempt, up to two quit attempts per calendar year (maximum of eight counseling sessions per calendar year).	15. Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD) services.
(iii) Limits may be exceeded based on medical necessity.	17. Nurse-midwife services.
5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.	18. Hospice Care
b. Medical and surgical services furnished by dentists (in accordance with section 1905 (a)(5)(B) of the Act).	20. Extended services for pregnant women.
6. a. Podiatrists' services.	a. Pregnancy related and postpartum services for a 60-day period after pregnancy ends.
b. Optometrists' services.	21. Certified pediatric or family nurse practitioners' services.
d.1. CRNAs services.	24. a. Transportation
d.2. Audiologists' services.	d. Nursing facility services provided for patients under 21 years of age.
d.3. Physician Assistants' services.	26. Personal Care Services
d.4. Clinical Nurse Specialists' services.	28. Self-Directed Personal Assistance Services
d.5. Pharmacists-Medication Administration services.	

\*Description provided on Attachment 3.1-A