



State of Louisiana
Louisiana Department of Health
Office of the Secretary

May 10, 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. 23-0017

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,


_____, for
Stephen R. Russo, JD
Executive Counsel
Director of Legal Audit and Regulatory Compliance

Attachments (2)

CNP:TAL:KC

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER 23-0017	2. STATE LA
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE May 12, 2023	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	

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

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX of the Social Security Act

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
**Section 7 – General Provisions
7.4.C Page 1 Temporary Policies in Effect Following the
COVID-19 National Emergency**

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to amend the provisions governing Targeted Case Management in order to extend the suspension of face-to-face requirements as approved in disaster relief SPA 20-0006, through November 11, 2023.

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
Pam Diez, designee for Stephen R. Russo, JD

13. TITLE
**Executive Counsel
Director of Legal Audit and Regulatory Compliance**

14. DATE SUBMITTED
May 10, 2023

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**

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

7.4. C Temporary Policies in Effect Following the COVID-19 National Emergency

Effective May 12, 2023 until November 11, 2023, the agency temporarily extends the following elections(s) of Section 7.4 approved on June 26, 2020 in disaster relief SPA LA TN 20-0006 of the State Plan with modifications:

Benefits

X The agency makes the following adjustments to benefits currently covered in the State plan:

Effective May 12, 2023, until November 11, 2023, the agency temporarily implements the following change to the State Plan:

Allow suspension of face-to-face requirements for support coordinators in the Targeted Case Management program.