

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) LA: 24-0018**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

October 17, 2024

Kimberly Sullivan  
Medicaid Executive Director  
Louisiana Medicaid Program  
Louisiana Department of Health  
Bureau of Health Services  
Financing 628 North Fourth Street  
Post Office Box 91030  
Baton Rouge, Louisiana 70821-9030

RE: Louisiana TN 24-0018

Dear Medicaid Executive Director Kimberly Sullivan:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Louisiana state plan amendment (SPA) to Attachment 4.19B 24-0018, which was submitted to CMS on September 19 2024. Effective November 20, 2024, this SPA amends the provisions governing the Pharmacy Benefits Management Program in order to align the language relative to vaccine administration and fees with CMS requirements.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of November 20, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at via email at: [Monica.Neiman@cms.hhs.gov](mailto:Monica.Neiman@cms.hhs.gov).

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

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

|                                                                                                   |                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. TRANSMITTAL NUMBER<br><b>24-0018</b>                                                           | 2. STATE<br><b>LA</b>                                                                                                                                                                         |
| 3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT                            |                                                                                                                                                                                               |
| 4. PROPOSED EFFECTIVE DATE<br><b>November 20, 2024</b>                                            |                                                                                                                                                                                               |
| 5. FEDERAL STATUTE/REGULATION CITATION<br><br><b>42 CFR 447.201</b>                               | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)<br>a. FFY <b>2024</b> <del>5</del> <del>\$0</del> <b>\$1,200,098</b><br>b. FFY <b>2025</b> <del>6</del> <del>\$0</del> <b>\$1,807,884</b> |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br><br><b>Attachment 4.19-B, Item 6, Page 11</b> | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br><b>Same (TN 20-0002)</b>                                                                                       |


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

9. SUBJECT OF AMENDMENT  
**The purpose of this SPA is to amend the provisions governing the Pharmacy Benefits Management Program in order to align the language relative to vaccine administration and fees with Centers for Medicaid and Medicare (CMS) requirements.**

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  
**Michael Harrington, MBA, MA**

13. TITLE  
**Secretary**

14. DATE SUBMITTED  
**September 19, 2024**

15. RETURN TO  
**Kimberly Sullivan, J.D.  
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  
**September 19, 2024**

17. DATE APPROVED  
**October 17, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**November 20, 2024**

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
**Todd McMillion**

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Reimbursement Review.**

22. REMARKS  
**On October 1, 2024, the State made a pen and ink change to box 6.**

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 Remedial | <u>Pharmacists</u> |
| 42 CFR 447.201 | Care and Services    |                    |

**Medication Administration**

**Reimbursement Methodology**

Reimbursement to pharmacies for immunization administration (intramuscular, subcutaneous or intranasal) performed by qualified pharmacists, is a maximum of \$15.22.

The maximum reimbursement for counseling for vaccines, when the counseling criteria is met and documented, is \$19.72.

Vaccines for beneficiaries aged 19 and over, shall be reimbursed at wholesale acquisition cost (WAC) or billed charges, whichever is the lesser amount.

Reimbursement for a dispensing fee will not be allowed when an administration fee is paid.