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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 23-0043

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 4, 2024

Ms. Kimberly Sullivan
Medicaid Executive Director
Louisiana Department of Health
628 N 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) 23-0043

Dear Director Sullivan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0043. This amendment proposes to cover adult vaccines approved by the U.S. Food and Drug Administration (FDA) and administered in accordance with recommendation by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost sharing.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 11405 of the Inflation Reduction Act (IRA) and 42 CFR 440.130. This letter is to inform you that Louisiana Medicaid SPA 23-0043 was approved on March 4, 2024, with an effective date of October 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 black rectangular redaction box covers the signature of James G. Scott. A small blue arc is visible at the bottom left corner of the redaction box.

Digitally signed by James
G. Scott -S
Date: 2024.03.04 14:45:02
-06'00'

James G. Scott, Director
Division of Program Operations

cc: Falecia Smith, South Branch Manager
Karen Barnes, LA Department of Health

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

1. TRANSMITTAL NUMBER 23-0043	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
October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

**Section 11405 of the Inflation Reduction Act (IRA)
42 CFR 440.130**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **2024** **\$0**
b. FFY **2025** **\$0**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 3.1-A, Item 13c, Page 1
Attachment 3.1-A, Page 6
Attachment 3.1-B, Page 5**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
**Same (TN 17-0018)
Same (TN 17-0018)
Same (TN 97-16)**

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to cover adult vaccines approved by the U.S. Food and Drug Administration (FDA) and administered in accordance with recommendations by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost sharing.

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
Secretary

14. DATE SUBMITTED
December 28, 2023

15. RETURN TO
**Kimberly Sullivan, J.D.
Interim 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
December 28, 2023

17. DATE APPROVED
March 4, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2024.03.04 14:45:30 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

STATE OF LOUISIANA

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

CITATION

42 CFR 440.130

Preventive Services

- A. Adult vaccines and vaccine administration described in section 1905(a)(13)(B) of the Act are covered without cost-sharing. As changes are made to the Advisory Committee on Immunization Practices (ACIP) recommendations, the State will update its coverage and billing codes to comply with those revisions.
- B. All preventive services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF) are covered in accordance with section 4106 of the Affordable Care Act. As changes are made to USPSTF recommendations, the State will update the coverage and billings codes to comply with these revisions.

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

b. Screening services.

Provided: No limitations With limitations*

Not provided.

c. Preventive services.

Provided: No limitations With limitations*

Not provided.

The State assures coverage for approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration, without cost sharing. The State also assures that any changes to the ACIP recommendations will be incorporated into coverage and billing codes as necessary.

d. Rehabilitative services

Provided: No limitations With limitations*

Not provided.

14. Services for individuals ages 65 or older in institutions for mental diseases.

Provided: No limitations With limitations*

Not provided.

a. Nursing Facility services.

Provided: No limitations With limitations*

Not provided.

*Description provided on attachment.

State/Territory: LOUISIANA

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

c. Prosthetic devices.

Provided: No limitations With limitations*

d. Eyeglasses.

Provided: No limitations With limitations*

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

Provided: No limitations With limitations*

b. Screening services.

Provided: No limitations With limitations*

c. Preventive services.

Provided: No limitations With limitations*

The State assures coverage for approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration, without cost sharing. The State also assures that any changes to ACIP recommendations will be incorporated into coverage and billing codes as necessary.

d. Rehabilitative services.

Provided: No limitations With limitations*

14. Services for individuals age 65 or older in institutions for mental disease.

a. Inpatient hospital services.

Provided: No limitations With limitations*

b. Nursing facility services.

Provided: No limitations With limitations*

*Description provided on attachment