## **Table of Contents**

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 16-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Suite 833 Dallas, Texas 75202



## DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

December 7, 2016

Our Reference: SPA LA 16-0017

Ms. Jen Steele, State Medicaid Director Department of Health and Hospitals 628 North 4<sup>th</sup> St. Post Office Box 91030 Baton Rouge, LA 70821-9030

Attention: Darlene Budgewater

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 16-0017 dated September 13, 2016. This state plan amendment revises the provisions governing Rural Health Clinics (RHCs) in order to allow certified medical assistants to apply fluoride varnish under the direction of a certified physician, and to establish training requirements for appliers of fluoride varnish.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of September 20, 2016. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at <a href="mailto:Cheryl.Rupley@cms.hhs.gov">Cheryl.Rupley@cms.hhs.gov</a>.

Sincerely,

Bill Brooks Associate Regional Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		
STATE PLAN MATERIAL	16-0017	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: T	TITLE XIX OF THE
	SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	C 4 1 20 2016	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	September 20, 2016	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS		ENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENI		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	00
42 CFR 440 Subpart B	a. FFY <u>2016</u> b. FFY <u>2017</u>	<u>\$0</u> \$0
42 CFR 447 Subpart A	D. FF 1 <u>2017</u>	<u>\$0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER	
	SECTION OR ATTACHMENT (If Applicable):	
Attachment 3.1-A, Item 2b, Page 2b	Same (TN 11-0039) Remove Page	
Attachment 3.1- A, Item 2b, Page 3	None (New Page)	
	Hone (New 1 age)	
a certified physician, and to establish training requirem  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	ents for appliers of fluoride variable	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		state plan material.
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Jen Steele, Medicaid Director	
13. TYPED NAME:	State of Louisiana	
Rebekah E. Gee MD, MPH	Louisiana Department of Health	
14. TITLE:	628 N. 4th Street	ealth
Secretary	P.O. Box 91030	ealth
15. DATE SUBMITTED:	F.O. DOX 71030	ealth
September 13, 2016	Baton Rouge, LA 70821-90	
September 13, 2016 FOR REGIONAL OFF	Baton Rouge, LA 70821-90 ICE USE ONLY	
FOR REGIONAL OFF 17. DATE RECEIVED: September 13, 2016	Baton Rouge, LA 70821-90 ICE USE ONLY 18. DATE APPROVED: December	30
FOR REGIONAL OFF  17. DATE RECEIVED: September 13, 2016  PLAN APPROVED – ONE	Baton Rouge, LA 70821-90 ICE USE ONLY 18. DATE APPROVED: December COPY ATTACHED	<b>30</b> • 7, 2016
FOR REGIONAL OFF 17. DATE RECEIVED: September 13, 2016	Baton Rouge, LA 70821-90 ICE USE ONLY 18. DATE APPROVED: December	<b>30</b> • 7, 2016
FOR REGIONAL OFF  17. DATE RECEIVED: September 13, 2016  PLAN APPROVED – ONE  19. EFFECTIVE DATE OF APPROVED MATERIAL: September 20, 2016  21. TYPED NAME:	Baton Rouge, LA 70821-90 ICE USE ONLY 18. DATE APPROVED: December COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF	7, 2016
FOR REGIONAL OFF  17. DATE RECEIVED: September 13, 2016  PLAN APPROVED – ONE  19. EFFECTIVE DATE OF APPROVED MATERIAL:	Baton Rouge, LA 70821-90 ICE USE ONLY 18. DATE APPROVED: December COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE: Associate Regional Adr	7, 2016 ICIAL:
FOR REGIONAL OFF  17. DATE RECEIVED: September 13, 2016  PLAN APPROVED – ONE  19. EFFECTIVE DATE OF APPROVED MATERIAL: September 20, 2016  21. TYPED NAME:	Baton Rouge, LA 70821-90 ICE USE ONLY 18. DATE APPROVED: December COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF	7, 2016 ICIAL:

## AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

> 6. Fluoride Varnish Applications

> > Effective for dates of service on or after September 20, 2016 the Department shall provide coverage for fluoride varnish applications to recipients under the age of 21 years based on medical necessity when performed in the RHC.

> > Fluoride varnish applications shall be reimbursed when performed in the RHC by:

- the appropriate dental providers;
- physicians; b.
- physician assistants;
- nurse practitioners; d.
- registered nurses;
- f. licensed practical nurses; or
- certified medical assistants. g.
- 1. All participating staff must review the Smiles for Life training module for fluoride varnish and successfully pass the post assessment. All staff involved in the varnish application must be deemed as competent to perform the service by the RHC.

State: Louisiana

Date Received: 13 September, 2016 Date Approved: 7 December, 2016 Date Effective: 20 September, 2016

09-20-16

Transmittal Number: 16-0017

12-07-16 TN 16-0017 Approval Date Effective Date