

# LA - Submission Package - LA2024MS0005O - (LA-24-0028) - Administration

Summary   Reviewable Units   News   Related Actions



CMS-10434 OMB 0938-1188

## Package Information

**Package ID** LA2024MS0005O  
**Program Name** N/A  
**SPA ID** LA-24-0028  
**Version Number** 1  
**Submitted By** Najah Freeman

**Submission Type** Official  
**State** LA  
**Region** Dallas, TX  
**Package Status** Submitted  
**Submission Date** 12/23/2024  
**Regulatory Clock** 90 days remain  
**Review Status** Review 1

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | LA2024MS00050 | LA-24-0028

## Package Header

**Package ID** LA2024MS00050  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** LA-24-0028  
**Initial Submission Date** 12/23/2024  
**Effective Date** N/A

**Reviewable Unit Instructions**

## State Information

**State/Territory Name:** Louisiana

**Medicaid Agency Name:** Louisiana Department of Health

## Submission Component

☒ State Plan Amendment

☒ Medicaid  
☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | LA2024MS0005O | LA-24-0028

Package Header

Package ID	LA2024MS0005O	SPA ID	LA-24-0028
Submission Type	Official	Initial Submission Date	12/23/2024
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		
Reviewable Unit Instructions			

SPA ID and Effective Date

SPA ID LA-24-0028

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/31/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | LA2024MS0005O | LA-24-0028

## Package Header

Package ID	LA2024MS0005O	SPA ID	LA-24-0028
Submission Type	Official	Initial Submission Date	12/23/2024
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		
Reviewable Unit Instructions			

## Executive Summary

**Summary Description Including Goals and Objectives** The purpose of this SPA is to attest to mandatory annual state reporting of the Child Core Set and behavioral health measures on the Adult Core Set, in compliance with Centers for Medicare and Medicaid requirements.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

### Federal Statute / Regulation Citation

42 CFR 437.10 through 42 CFR 437.15  
42 CFR 431.16

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | LA2024MS0005O | LA-24-0028

## Package Header

**Package ID** LA2024MS0005O  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** LA-24-0028  
**Initial Submission Date** 12/23/2024  
**Effective Date** N/A

### Reviewable Unit Instructions

## Governor's Office Review

- ☐ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☒ Other

**Describe** The Governor does not review State Plan material.

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Administration | LA2024MS00050 | LA-24-0028

CMS-10434 OMB 0938-1188

The submission includes the following:

- ☐ Administration
- ☐ Organization
- ☐ General Administration

☐ Reporting

Reviewable Unit Name	Included in Another Source Type Submission Package	
Reporting		NEW

- ☐ Eligibility
- ☐ Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | LA2024MS00050 | LA-24-0028

## Package Header

<b>Package ID</b>	LA2024MS00050	<b>SPA ID</b>	LA-24-0028
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Reviewable Unit Instructions

Indicate whether public comment was solicited with respect to this submission.

- ☒ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | LA2024MS00050 | LA-24-0028

## Package Header

Package ID	LA2024MS00050	SPA ID	LA-24-0028
Submission Type	Official	Initial Submission Date	12/23/2024
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

### Reviewable Unit Instructions

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- ☒ Yes  
☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- ☒ Yes  
☐ No

☐ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

☐ All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
11/13/2024	Tribal notification sent via electronic mail to Louisiana Tribal contacts.


☐ All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
11/13/2024	Tribal notification sent via electronic mail to Louisiana Tribal contacts.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

☐ All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Tribal Notice - State Plan Amendment - Core Sets	11/13/2024 3:17 PM EST	

Indicate the key issues raised (optional)

- ☐ Access  
☐ Quality  
☐ Cost  
☐ Payment methodology  
☐ Eligibility  
☐ Benefits  
☐ Service delivery



☐ Other issue

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 12/23/2024 12:19 PM EST*