



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

September 24, 2018

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 18-0015

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.

Warmly,

A handwritten signature in blue ink that reads "Rebekah E. Gee".

Rebekah E. Gee MD, MPH
Secretary

Attachments (2)

REG:JS:MJ

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

18-0015

2. STATE

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

August 25, 2018

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 438.108

42 CFR 447.60

7. FEDERAL BUDGET IMPACT:

a. FFY **2019** **\$0.00**

b. FFY **2020** **\$0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pre-print, Section 4.18, Page 55

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (*If Applicable*):

Same (TN 11-09)

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the Medicaid State Plan provisions governing managed care to make technical changes to incorporate cost sharing requirements for managed care enrollees in order to align these provisions with those currently in place for the collection of co-payments for covered prescription drugs under the Medicaid fee-for-service delivery model. The technical changes in this SPA will also align these provision with the State's current administrative rules and operational practices governing cost sharing and managed care for physical and behavioral health.**

11. 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.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Rebekah E. Gee

13. TYPED NAME:

Rebekah E. Gee MD, MPH

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 24, 2018

16. RETURN TO:

Jen Steele, Medicaid Director

State of Louisiana

Department of Health

628 North 4th Street

P.O. Box 91030

Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: LOUISIANA

Citation 4.18(b)(2) (Continued)

42 CFR 447.51
through
447.58

(iii) All services furnished to pregnant women.
women.

☐ Not applicable. Charges apply for services to
pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a
hospital, long-term care facility, or other medical institution,
if the individual is required, as a condition of receiving
services in the institution to spend for medical care costs all
but a minimal amount of his or her income required for
personal needs.

(v) Emergency services if the services meet the requirements in
42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to
individuals of childbearing age.

(vii) Services furnished by a managed care organization, health
insuring organization, prepaid inpatient health plan, or
prepaid ambulatory health plan in which the individual is
enrolled, unless they meet the requirements of 42 CFR
447.60.

42 CFR 438.108
42 CFR 447.60

☒ Managed care enrollees are charged
deductibles, coinsurance rates, and copayments in an
amount equal to the State Plan service cost-sharing.

☐ Managed care enrollees are not charged deductibles,
coinsurance rates, and copayments.

1916 of the Act,
P.L. 99-272,
(Section 9505)

(viii) Services furnished to an individual receiving
hospice care, as defined in section 1905(o) of
the Act.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____