TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: LOUISIANA
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR 457.40(b))

/s/ Jen Steele ~~February 15, 2019~~July 10, 2019
Jen Steele, Medicaid Director, Louisiana Department of Health

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Jen Steele Position/Title: Medicaid Director
Bureau of Health Services Financing

Name: ~~Jarrod Coniglio~~Jennifer Katzman Position/Title: Medicaid Deputy Director
Bureau of Health Services Financing

*Disclosure. 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 0938-1148 (CMS-10398 #34). The time required to complete this information collection is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Amendment 24
LA SPA TN 19-0022
CHIP Disaster Eligibility and Enrollment
Effective date: July 10, 2019
Provisions for implementing temporary adjustments to eligibility and enrollment policies for application and redetermination, cost sharing, enrollment fees and prior authorization requirements for children in families living in Federal Emergency Management Agency (FEMA) or governor-declared disaster areas at the time of the disaster event. In the event of a disaster, the State will notify the Centers for Medicare & Medicaid Services (CMS) of the intent to provide these temporary adjustments, the effective dates of such adjustments, and the parishes/areas impacted by the disaster.

1.4- TC **Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.
On ~~November 20, 2018~~July 16, 2019, a tribal notification with a summary of the State's intent to ~~comply with the Centers for Medicare and Medicaid Services' 2016 Final Rule~~ seek approval from CMS to implement temporary adjustments to eligibility and enrollment policies for application and redetermination, cost-sharing, enrollment fees and prior authorization requirements for children in families living in Federal Emergency Management Agency (FEMA) or governor-declared disaster areas at the time of the disaster event, was sent to the five federally recognized tribes. The seven-day comment period for the tribal notification ended ~~on November 27, 2018~~July 23, 2019.

Section 2. General Background and Description of State Approach to Child Health Coverage and Coordination (Section 2102 (a)(1)-(3)) and (Section 2105)(c)(7)(A)-(B))

2.1. Describe the extent to which, and manner in which, children in the state, including targeted low-income children and other classes of children, by income level and other relevant factors, such as race and ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, make a distinction between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). **(42 CFR 457.80(a))**

Phase I:

1) **On July 31, 1998, Louisiana submitted a proposal to implement a State Children's Health Insurance Program, which expanded Medicaid coverage to uninsured children who were at least six years of age but under 19 years of age in families with incomes at or below 133 percent of the federal poverty level (FPL).**

   The expansion was to serve an estimated additional 28,350 children. Louisiana implemented this expansion on November 1, 1998.

documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.

4.2. The state assures that it has made the following findings with respect to the eligibility standards in its plan: **(Section 2102)(b)(1)(B)) (42CFR 457.320(b))**

4.2.1. ☒ These standards do not discriminate on the basis of diagnosis.

4.2.2. ☒ Within a defined group of covered targeted low-income children, these standards do not cover children of higher income families without covering children with a lower family income.

4.2.3. ☒ These standards do not deny eligibility based on a child having a pre-existing medical condition.

4.3. Describe the methods of establishing eligibility and continuing enrollment. **(Section 2102)(b)(2)) (42CFR 457.350)**

The methods of establishing eligibility and continuing enrollment will be the same as under Title XIX except for citizenship.

In the event of a FEMA or governor-declared disaster, the State will notify CMS of the intent to provide temporary adjustments to its eligibility and enrollment policies, the effective dates of such adjustments, and the parishes/areas impacted by the disaster.

In the event of a FEMA or governor-declared disaster and at the State's discretion, enrollees may be granted eligibility and receive services beyond their certification period.

In the event of a FEMA or governor-declared disaster and at the State's discretion, enrollees may be provided additional time to submit a renewal or verification.

In the event of a FEMA or governor-declared disaster and at the State's discretion, eligibility verification requirements may be waived at application and renewal. The State may allow self-attestation to complete the eligibility determination, in accordance with 42 CFR 457.380.

In the event of a FEMA or governor-declared disaster and at the State's discretion, the State may waive or delay collection of enrollment fees in accordance with Sections 8.2.1 and 8.2.3.

Such measures will be recorded in the case notes of the eligibility record.

4.3.1 Describe the state's policies governing enrollment caps and waiting lists (if any). **(Section 2106(b)(7)) (42CFR 457.305(b))**

☒ Check here if this section does not apply to your state.

6.1.4.7. ☒ Other. (Describe)
The state will use the Medicaid network of providers but offer the limited benefit package outlined in the separate program and offer the same benefits package except for LaCHIP Phase IV children. LaCHIP Phase IV for unborn child coverage mirrors the benefit package offered through Title XIX program in Louisiana.

Guidance: All forms of coverage that the State elects to provide to children in its plan must be checked. The State should also describe the scope, amount and duration of services covered under its plan, as well as any exclusions or limitations. States that choose to cover unborn children under the State plan should include a separate section 6.2 that specifies benefits for the unborn child population. (Section 2110(a)) (42 CFR, 457.490)

If the state elects to cover the new option of targeted low income pregnant women, but chooses to provide a different benefit package for these pregnant women under the CHIP plan, the state must include a separate section 6.2 describing the benefit package for pregnant women. (Section 2112)

6.2. The State elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42 CFR 457.490)
For the unborn child, the State covers pregnancy related services and services that if not treated could complicate the pregnancy, i.e., the State covers the same services that it covers for the SOBRA pregnant women category in the Medicaid State Plan.
Exception: Sterilization procedures are not covered for the SCHIP unborn child group.
The services checked below are generally covered for Medicaid categorically needy eligibles and are potentially covered for the SCHIP unborn child group, depending on the need of the recipient. Louisiana Medicaid program rules apply; examples include benefit limits, extension of benefit limit procedures, prior authorization requirements, age limits, etc.

The State may waive the prior authorization requirements for services for children in families living in FEMA or governor-declared disaster areas at the time of the disaster event.

6.2.1. ☒ Inpatient services (Section 2110(a)(1))
6.2.1.1 Unborn - Louisiana Medicaid program rules apply; examples include benefit limits, extension of benefit limit procedures, prior authorization requirements, age limits, etc.

6.2.2. ☒ Outpatient services (Section 2110(a)(2))
6.2.2.1 Unborn - Louisiana Medicaid program rules apply; examples include benefit limits, extension of benefit limit procedures, prior

available for children with asthma and diabetes.

7.2. Describe the methods used, including monitoring, to assure: **(2102(a)(7)(B)) (42CFR 457.495)**

7.2.1 Access to well-baby care, well-child care, well-adolescent care and childhood and adolescent immunizations. **(Section 2102(a)(7)) (42CFR 457.495(a))**
The methods used to assure access to well-baby care, well-child care, well-adolescent care and childhood and adolescent immunizations, as appropriate, are the same as under Title XIX for unborn children in LaCHIP Phase IV.

7.2.2 Access to covered services, including emergency services as defined in 42 CFR 457.10. **(Section 2102(a)(7)) 42CFR 457.495(b))**
The methods used to assure access to covered services, including emergency services as defined in 42 CFR are the same as under Title XIX for unborn children in LaCHIP Phase IV.

7.2.3 Appropriate and timely procedures to monitor and treat enrollees with chronic, complex, or serious medical conditions, including access to an adequate number of visits to specialists experienced in treating the specific medical condition and access to out-of-network providers when the network is not adequate for the enrollee's medical condition. **(Section 2102(a)(7)) (42CFR 457.495(c))**
The methods used to assure access to appropriate and timely procedures to monitor and treat enrollees with chronic, complex, or serious medical conditions, including access to an adequate number of visits to specialists experienced in treating the specific medical condition and access to out-of-network providers when the network is not adequate for the enrollee's medical condition are the same as under Title XIX for unborn children covered in LaCHIP Phase IV.

Children between 200-300 percent FPL with chronic, complex or serious medical conditions will also be eligible for the optional Family Opportunity Act program being implemented concurrently with LaCHIP Phase V. This program will have the same methods to assure access as Medicaid, as it is a Title XIX program.

7.2.4 Decisions related to the prior authorization of health services are completed in accordance with state law **or,** in accordance with the medical needs of the patient, within 14 days after the receipt of a request for services. **(Section 2102(a)(7)) (42CFR 457.495(d))**
Decisions related to the prior authorization of health services are completed within 14 days after the receipt of a request for services, in accordance with Title XIX for unborn children covered in LaCHIP Phase IV.

The State may waive the prior authorization requirements for services for

children in families living in FEMA or governor-declared disaster areas at the time of the disaster event.

Section 8. Cost-Sharing and Payment

☐ Check here if the State elects to use funds provided under Title XXI only to provide expanded eligibility under the State's Medicaid plan, and continue on to Section 9.

8.1. Is cost-sharing imposed on any of the children covered under the plan? (42 CFR 457.505) Indicate if this also applies for pregnant women. (CHIPRA #2, SHO # 09-006, issued May 11, 2009)

8.1.1. ☒ Yes
In the event of a FEMA or governor-declared disaster and at the State's discretion, the State may waive cost sharing for families living in FEMA or governor-declared disaster areas at the time of a disaster event.

8.1.2. ☒ No, skip to question 8.8. **Unborn children covered in LaCHIP Phase IV**

8.1.1-PW ☐ Yes
8.1.2-PW ☒ No, skip to question 8.8.

Guidance: It is important to note that for families below 150 percent of poverty, the same limitations on cost sharing that are under the Medicaid program apply. (These cost-sharing limitations have been set forth in Section 1916 of the Social Security Act, as implemented by regulations at 42 CFR 447.50 - 447.59). For families with incomes of 150 percent of poverty and above, cost sharing for all children in the family cannot exceed 5 percent of a family's income per year. Include a statement that no cost sharing will be charged for pregnancy-related services. (CHIPRA #2, SHO # 09-006, issued May 11, 2009) (Section 2103(e)(1)(A)) (42 CFR 457.505(a), 457.510(b) and (c), 457.515(a) and (c))

8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge by age and income (if applicable) and the service for which the charge is imposed or time period for the charge, as appropriate. (Section 2103(e)(1)(A)) (42 CFR 457.505(a), 457.510(b) and (c), 457.515(a) and (c))

8.2.1. ☒ Premiums:
$50 per month per family where family income is from 201 up to and including, 250 percent of the federal poverty level (FPL)

In the event of a FEMA or governor-declared disaster and at the State's discretion, the State may waive or delay collection of premiums at initial application or renewal for families living in FEMA or governor-declared

disaster areas at the time of a disaster event. If the State elects to delay collection of premiums, eligible individuals will be enrolled prior to payment of the premium.

8.2.2. ☐ Deductibles:

8.2.3. ☐ Coinsurance or copayments:

8.2.4. ☐ Other:

8.2-DS ☐ **Supplemental Dental** (CHIPRA # 7, SHO # #09-012 issued October 7, 2009) For children enrolled in the dental-only supplemental coverage, describe the amount of cost-sharing, specifying any sliding scale based on income. Also describe how the State will track that the cost sharing does not exceed 5 percent of gross family income. The 5 percent of income calculation shall include all cost-sharing for health insurance and dental insurance. (Section 2103(e)(1)(A)) (42 CFR 457.505(a), 457.510(b), and (c), 457.515(a) and (c), and 457.560(a)) Please update Sections 1.1-DS, 4.1-DS, 4.2-DS, 6.2-DS, and 9.10 when electing this option.

8.2.1-DS ☐ Premiums:

8.2.2-DS ☐ Deductibles:

8.2.3-DS ☐ Coinsurance or copayments:

8.2.4-DS ☐ Other:

8.3. Describe how the public will be notified, including the public schedule, of this cost sharing (including the cumulative maximum) and changes to these amounts and any differences based on income. (Section 2103(e)(1)(A)) (42 CFR 457.505(b))

The cost sharing information is explained to potential enrollees through the application, which includes a chart of income eligibility and premium payment amounts. This information is also prominently displayed on the LaCHIP website. If changes are necessary to the cost sharing requirements, all current enrollees are notified by letter of the changes and the effective dates. Public hearings are held to allow the public to comment on any proposed changes to cost sharing.

Guidance: The State should be able to demonstrate upon request its rationale and justification regarding these assurances. This section also addresses limitations on payments for certain expenditures and requirements for maintenance of effort.

8.4. The State assures that it has made the following findings with respect to the cost sharing in its plan: (Section 2103(e))

than the predominant level of that type which is applied by the State to medical/surgical benefits within the same classification. (42 CFR 457.496(d)(2)(i))

Guidance: If there is no single level of a type of financial requirement that exceeds the one-half threshold, the State may combine levels within a type of financial requirement such that the combined levels are applied to at least half of all medical/surgical benefits within a classification; the predominant level is the least restrictive level of the levels combined to meet the one-half threshold. (42 CFR 457.496(d)(3)(i)(B)(2))

8.5. Describe how the state will ensure that the annual aggregate cost sharing for a family does not exceed five percent of such family's income for the length of the child's eligibility period in the State. Include a description of the procedures that do not primarily rely on a refund given by the state for overpayment by an enrollee: **(Section 2103(e)(3)(B)) (42CFR 457.560(b) and 457.505(e))**

Because there will no longer be co-pays, the maximum amount that a family would pay for coverage is $600 per year for premiums. This will never exceed the five percent cost sharing required for 200 percent FPL.

8.6 Describe the procedures the state will use to ensure American Indian (as defined by the Indian Health Care Improvement Act of 1976) and Alaska Native children will be excluded from cost sharing. **(Section 2103(b)(3)(D)) (42CFR 457.535)**

All Louisiana Medicaid and SCHIP applications request ethnicity information on each applicant. No cost sharing is imposed on those children who are verified to be a member of a federally recognized tribe. The applicant's statement on the application form is sufficient to exempt the child from any cost-sharing obligations.

8.7 Please provide a description of the consequences for an enrollee or applicant who does not pay a charge. **(42CFR 457.570 and 457.505(c))**

Applicants will not be enrolled in LaCHIP Phase V until they pay for the first month's premium. They will not receive access to benefits and will subsequently be notified that their eligibility is ending due to failure to pay. Premiums are due by the tenth of each month. If payment is not received by the tenth of the month a notice is generated notifying the responsible party that coverage will be terminated if payment is not received by the twenty-first of the month. Non-payment of premium results in disenrollment effective 60 days after the due date.

In the event of a FEMA or governor-declared disaster and at the State's discretion, the State may waive or delay collection of premiums in accordance with Sections 8.1.1 and 8.2.1.

8.7.1 Please provide an assurance that the following disenrollment protections are