



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

March 30, 2023

James G. Scott, Director  
Division of Program Operations  
Medicaid & CHIP Operations Group  
601 East 12<sup>th</sup> Street, Room 0300  
Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan  
Transmittal No. 23-0004

Dear Mr. Scott:

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.  
Should you have any questions or concerns regarding this matter, please contact Karen  
Barnes at (225) 342-3881 or via email at [Karen.Barnes@la.gov](mailto:Karen.Barnes@la.gov).

Sincerely,

A handwritten signature in cursive script, appearing to read "Ruth Johnson".

\_\_\_\_\_, for  
Dr. Courtney N. Phillips  
Secretary

Attachments (2)

CNP:TAL:UN

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

1. TRANSMITTAL NUMBER  
**23-0004**

2. STATE  
**LA**

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

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 435.150**  
**1902(a)(10)(A)(i)(IX)**  
**Section 1002(a) of the SUPPORT Act**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$0  
b. FFY 2024 \$0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**S33**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Same (TN 17-0017)**

9. SUBJECT OF AMENDMENT

**The purpose of this SPA is to adopt provisions in Section 1002(a) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act that amend section 1902(a)(10)(A)(i)(IX) of the Social Security Act, to require states to cover individuals who have aged out of foster care from another state, and eliminate the requirement that an individual not be eligible for another mandatory eligibility group (other than the Adult Group) in order to be eligible for the former foster care children (FFCC) group.**

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  
**Ruth Johnson, designee for Dr. Courtney N. Phillips**

13. TITLE  
**Secretary**

14. DATE SUBMITTED  
**March 30, 2023**

15. RETURN TO

**Tara A. LeBlanc, Medicaid Executive Director**  
**Louisiana Department of Health**  
**628 North 4<sup>th</sup> Street**  
**P.O. Box 91030**  
**Baton Rouge, LA 70821-9030**

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

# LA - Submission Package - LA2023MS0002O - (LA-23-0004) - Eligibility

- Summary
- Reviewable Units
- News
- Related Actions

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	LA2023MS0002O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	LA
<b>SPA ID</b>	LA-23-0004	<b>Region</b>	Dallas, TX
<b>Version Number</b>	1	<b>Package Status</b>	Pending

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0002O | LA-23-0004

## Package Header

<b>Package ID</b>	LA2023MS0002O	<b>SPA ID</b>	LA-23-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## State Information

<b>State/Territory Name:</b>	Louisiana	<b>Medicaid Agency Name:</b>	Louisiana Department of Health
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## Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0002O | LA-23-0004

Package Header

Package ID	LA2023MS0002O	SPA ID	LA-23-0004
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID LA-23-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2023	New
Former Foster Care Children	1/1/2023	LA-17-0017

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0002O | LA-23-0004

Package Header

Package ID	LA2023MS0002O	SPA ID	LA-23-0004
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

**Summary Description Including Goals and Objectives** The purpose of this SPA is to expand eligibility to individuals who were in foster care from other states, who reach age 18 on or after January 1, 2023, and to simplify eligibility determinations and enrollment processes for this population, in accordance with Section 1002(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

Federal Statute / Regulation Citation

42 CFR 435.150  
1902(a)(10)(A)(i)(IX)  
Section 1002(a) of the SUPPORT Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0002O | LA-23-0004

Package Header

**Package ID** LA2023MS0002O  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** LA-23-0004  
**Initial Submission Date** N/A  
**Effective Date** N/A

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 | Eligibility | LA2023MS0002O | LA-23-0004

CMS-10434 OMB 0938-1188

The submission includes the following:

- ☐ Administration
- ☒ Eligibility

☐ Income/Resource Methodologies

☐ Income/Resource Standards

☒ Mandatory Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Mandatory Eligibility Groups	<div><div></div>APPROVED</div>

☐ Optional Eligibility Groups

☐ Non-Financial Eligibility

☐ Eligibility and Enrollment Processes
- ☐ Benefits and Payments



# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0002O | LA-23-0004

## Package Header

<b>Package ID</b>	LA2023MS0002O	<b>SPA ID</b>	LA-23-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

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 | Eligibility | LA2023MS0002O | LA-23-0004

## Package Header

Package ID	LA2023MS0002O	SPA ID	LA-23-0004
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

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:
2/28/2023	Electronic submission of tribal notification with a comment period ending March 30, 2023.

☒ All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
2/28/2023	Electronic submission of tribal notification with a comment period ending March 30, 2023.

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

Date of consultation:	Method of consultation:
2/28/2023	Electronic submission of tribal notification with a comment period ending March 30, 2023.

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	
23-0004 Tribal Notice	3/15/2023 12:33 PM EDT	

Indicate the key issues raised (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost

- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0002O | LA-23-0004

### Package Header

Package ID	LA2023MS0002O	SPA ID	LA-23-0004
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	New		
	User-Entered		

### Mandatory Coverage



A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0002O | LA-23-0004

## Package Header

Package ID	LA2023MS0002O	SPA ID	LA-23-0004
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	New		
	User-Entered		

B. The state elects the Adult Group, described at 42 CFR 435.119.

☒ Yes ☐ No

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS00020 | LA-23-0004

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

### Package Header

Package ID	LA2023MS00020	SPA ID	LA-23-0004
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	LA-17-0017		
	User-Entered		

The state covers the mandatory former foster care children group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 26
2. Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
3. Are described under either Section B. or C.

### B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- b. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- ☐ a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- ☐ b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- ☐ c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

### C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- ☐ a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- ☐ b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- ☐ c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0002O | LA-23-0004

Package Header

Package ID	LA2023MS0002O	SPA ID	LA-23-0004
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	LA-17-0017		
	User-Entered		

D. Additional Information (optional)



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 3/28/2023 3:04 PM EDT*