

Louisiana Department of Health Office of the Secretary

March 26, 2024

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

RE: Louisiana Title XIX State Plan

Transmittal No. 24-0001

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.

designee for

Sincerely,

Ralph L. Abraham, M.D./

Secretary

Attachments (2)

RLA:KS:KC

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 24-0001	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 20, 2024	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$0	
42 CFR 435 Subparts H and I	b. FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Supplement 3 to Attachment 2.6-A (New Page)		
determination of financial eligibility for the Medical and remedial care, subject to calculating patient liability to an institution and to ling 10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	the reasonable limits, from the ind	lividual's income wh
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The Governor does not review	State Plan material.
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO	
Midal Aunton	Kimberly Sullivan, J.D. Medicaid Executive Director	
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12. TYPED NAME	Louisiana Department of I	
12. TYPED NAME Michael Harrington, MBA, MA designee for Ralph L. Abraham, M.D.	Louisiana Department of I 628 North 4 th Street	
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12. TYPED NAME Michael Harrington, MBA, MA designee for Ralph L. Abraham, M.D. 13. TITLE Secretary	Louisiana Department of I 628 North 4 th Street P.O. Box 91030	Health
12. TYPED NAME Michael Harrington, MBA, MA designee for Ralph L. Abraham, M.D. 13. TITLE Secretary 14. DATE SUBMITTED	Louisiana Department of I 628 North 4 th Street P.O. Box 91030 Baton Rouge, LA 70821-90	Health
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State: LOUISIANA

Reasonable Limits on Amounts for Necessary Medical or Remedial Care Recognized Under State Law but Not Covered Under the State Plan

Citation 42 CFR 435 Subparts H and I

Reasonable Limits

- 1. For medically necessary care, services, and items not paid under the Medicaid State Plan or, if covered under the Medicaid State Plan, denied due to service limitations. The medical or remedial care must be:
 - a. recognized under state law;
 - b. medically necessary as verified by an independent licensed physician or medical director; and
 - c. incurred no earlier than three months preceding the month in which it is reported to the state.
- 2. The medical or remedial care cannot be:
 - a. for cosmetic or elective purposes, except when medically necessary as verified by an independent licensed physician or medical director; and/or
 - b. for payment of a medical or dental service plan that has not been approved by the Louisiana Department of Insurance in accordance with the Louisiana Insurance Code.
- 3. The deduction for medical and remedial care expenses that were incurred as a result of imposition of transfer of assets penalty period is limited to \$0.
- 4. The deduction for medical and remedial care expenses that were incurred as a result of the individual's equity interest in the home, exceeding the limit established under 42 U.S.C. §1396p(f), is limited to \$0.
- 5. The deduction for medical or remedial care expenses that were incurred during a period when the individual is not subject to patient liability is limited to \$0.