



State of Louisiana
Louisiana Department of Health
Office of the Secretary

March 28, 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. 24-0004

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.

Sincerely,


designee for
Ralph L. Abraham, M.D.
Secretary

Attachments (2)

RLA:KS:UN

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

1. TRANSMITTAL NUMBER
24-0004

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, 2024

5. FEDERAL STATUTE/REGULATION CITATION

**Section 1902(e)(12) of the Social Security Act
Section 5112 of the Consolidated Appropriations Act 2023**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

- a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.2-A, Page 23d

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If Applicable)

Same (TN 00-48)

9. SUBJECT OF AMENDMENT

The purpose of this SPA is to add the provision under Section 5112 of the Consolidated Appropriations Act (CAA) 2023, requiring states to provide continuous eligibility to children under the age of 19, to the CMS MACPro system.

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

**Michael Harrington, MBA, MA
Designee for Ralph L. Abraham, M.D.**

13. TITLE

Secretary

14. DATE SUBMITTED

March 28, 2024

15. RETURN TO

**Kimberly Sullivan, J.D.
Medicaid Executive Director
Louisiana Department of Health
628 North 4th 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 - LA2024MS0001O - (LA-24-0004) - Eligibility

- Summary
- Reviewable Units
- News
- Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	LA2024MS0001O	Submission Type	Official
Program Name	N/A	State	LA
SPA ID	LA-24-0004	Region	Dallas, TX
Version Number	1	Package Status	Pending

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2024MS0001O | LA-24-0004

Package Header

Package ID	LA2024MS0001O	SPA ID	LA-24-0004
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Louisiana	Medicaid Agency Name:	Louisiana Department of Health
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Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2024MS0001O | LA-24-0004

Package Header

Package ID	LA2024MS0001O	SPA ID	LA-24-0004
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-24-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Children	1/1/2024	LA-00-48

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

N/A

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2024MS0001O | LA-24-0004

Package Header

Package ID	LA2024MS0001O	SPA ID	LA-24-0004
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 comply with Section 5112 of the Consolidated Appropriations Act (CAA) 2023, which requires states to provide continuous eligibility to children under the age of 19 in Medicaid.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

1902 (e)(12) of the Act
Section 5112 of the Consolidated Appropriations Act, 2023

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2024MS0001O | LA-24-0004

Package Header

Package ID LA2024MS0001O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID LA-24-0004
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 | LA2024MS0001O | LA-24-0004

CMS-10434 OMB 0938-1188

The submission includes the following:

- ☐ Administration
- ☒ Eligibility
 - ☐ Income/Resource Methodologies
 - ☐ Income/Resource Standards
 - ☐ Mandatory Eligibility Groups
 - ☐ Optional Eligibility Groups
 - ☐ Non-Financial Eligibility
 - ☒ Eligibility and Enrollment Processes

- ☐ Eligibility Process
- ☐ Application
- ☐ Presumptive Eligibility
- ☒ Continuous Eligibility for Children

Reviewable Unit Name	Included in Another Submission Package	Source Type
Continuous Eligibility for Children	(NEW

- ☐ Benefits and Payments

- ☐ Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | LA2024MS0001O | LA-24-0004

Package Header

Package ID	LA2024MS0001O	SPA ID	LA-24-0004
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	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 | LA2024MS0001O | LA-24-0004

Package Header

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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:
1/24/2024	Tribal notification sent via electronic mail to Louisiana Tribal contacts.

☒ All Urban Indian Organizations


Date of solicitation/consultation:	Method of solicitation/consultation:
1/24/2024	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

Date of consultation:	Method of consultation:
1/24/2024	Tribal notification sent via electronic mail to Louisiana Tribal contacts.

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 - Twelve Months Continuous Eligibility	2/16/2024 4:28 PM EST	

Indicate the key issues raised (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology

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

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | LA2024MS0001O | LA-24-0004

Package Header

Package ID	LA2024MS0001O	SPA ID	LA-24-0004
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2024
Superseded SPA ID	LA-00-48		
	User-Entered		

The state provides continuous eligibility for children in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

- 1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
- 2. Would remain eligible but for attaining such age.

B. Options for Continuous Eligibility for Children

The state provides continuous eligibility to children.

- ☒ Yes
- ☐ No

1. Continuous eligibility is provided to all children of the following age:

- ☒ a. Under age 19
- ☐ b. Under other age

2. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:

- a. The month that the child's age exceeds the age limit to which this provision applies
- b. The end of the continuous eligibility period, which is:
 - ☒ i. 12 months
 - ☐ ii. Another period of continuous eligibility, not to exceed 12 months

3. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:

- a. The child dies;
- b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
- c. The child ceases to be a resident of the state;
- d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
- e. The child attains the maximum age specified in B.

C. 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.

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