



State of Louisiana
Louisiana Department of Health
Office of the Secretary

June 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 XXI State Plan
Transmittal No. 24-0005

Dear Mr. Scott:

The purpose of this SPA is to comply with 12 months continuous eligibility requirements for children under the age of 19 in CHIP established by the Consolidated Appropriation Act, 2023.

I have reviewed and approved the enclosed Louisiana Title XXI State Plan material and recommend it for adoption and inclusion in the body of the State Plan.

Tribal notification around this State Plan action was issued to the Tribes on January 24, 2024, with the comment period ending on January 31, 2024. No comments were received in response to the notice.

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,

A handwritten signature in blue ink that reads "Michael Harrington".

Michael Harrington, MBA, MA
Secretary

Attachments (2)

RLA:KS:KC

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/Kimberly Sullivan, J.D.

Kimberly Sullivan, J.D. Medicaid Executive 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: Kimberly Sullivan, J.D.

Position/Title: Medicaid Executive Director
Bureau of Health Services Financing

Name: Brian Bennett

Position/Title: Medicaid Deputy Director
Bureau of Health Services Financing

Disclosure Statement This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Amendment 30

LA SPA TN 22-0001

CHIP - American Rescue Plan (ARP) Act Coverage

The purpose of this SPA is to demonstrate compliance with the American Rescue Plan Act provisions that require states to cover treatment (including treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP.

Effective date: March 11, 2021

Amendment 31

LA SPA TN 23-0042

CHIP – Mandatory Coverage of Age-Appropriate Vaccines

The purpose of this SPA is, in accordance with section 11405 of the Inflation Reduction Act, to cover-age appropriate vaccines approved by the U.S. Food and Drug Administration (FDA) and administered in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost sharing.

Effective date: October 1, 2023

Implementation date: October 1, 2023

Amendment 32

LA SPA TN 24-0005

CHIP – Continuous Eligibility

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 in the Children’s Health Insurance Program (CHIP).

Effective Date: January 1, 2024

Implementation date: January 1, 2024

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 January 24, 2024, notification of the State’s intent to seek approval from CMS to demonstrate compliance with the Consolidated Appropriations Act (CAA) 2023, that requires states to provide continuous eligibility to children in the Children’s Health Insurance Program (CHIP), was submitted to the Louisiana Tribes.

TN 24-0005 Approval Date: _____ **Effective Date:** January 1, 2024

In the event of a state or federally declared disaster or public health emergency, the State may modify the tribal consultation process by shortening the number of days before submission of the SPA and/or conducting consultation after submission of the SPA. The duration of the provisions may not exceed the duration of the state or federal disaster period.

Guidance: States may only require the SSN of the child who is applying for coverage. If SSNs are required and the State covers unborn children, indicate that the unborn children are exempt from providing a SSN. Other standards include, but are not limited to presumptive eligibility and deemed newborns.

- 4.1.9.1 States should specify whether Social Security Numbers (SSN) are required.
Louisiana requires a SSN as a condition of eligibility, with the following exceptions:
- a. **Individuals refusing to obtain a SSN because of well-established religious objections;**
 - b. **Individuals who are not eligible for an SSN; or**
 - c. **Individuals who are issued an SSN only for a valid non-work purpose.**

Provision of non-applicants' SSN is optional.

Unborn children are exempt from providing a SSN.

Guidance: States should describe their continuous eligibility process and populations that can be continuously eligible.

- 4.1.9.2 Continuous eligibility
A child's eligibility may not be terminated during a continuous eligibility period, regardless of any changes in circumstances, unless:
- (1) **The child attains the maximum age specified in 4.1.2 of this section;**
 - (2) **The child or child's representative requests a voluntary termination of eligibility;**
 - (3) **The child ceases to be a resident of the State;**
 - (4) **The agency determines that eligibility was erroneously granted at the most recent determination, redetermination or renewal of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative;**
 - (5) **The child dies; or**
 - (6) **The child becomes eligible for Medicaid.**

- 4.1-PW **Pregnant Women Option** (section 2112)- The State includes eligibility for one or more populations of targeted low-income pregnant women under the plan. Describe the population of pregnant women that the State proposes to cover in this section. Include all eligibility criteria, such as those described in the above categories (for instance, income and resources) that will be applied

to this population. Use the same reference number system for those criteria (for example, 4.1.1-P for a geographic restriction). Please remember to update sections 8.1.1-PW, 8.1.2-PW, and 9.10 when electing this option.

Guidance: States have the option to cover groups of “lawfully residing” children and/or pregnant women. States may elect to cover (1) “lawfully residing” children described at section 2107(e)(1)(J) of the Act; (2) “lawfully residing” pregnant women described at section 2107(e)(1)(J) of the Act; or (3) both. A state electing to cover children and/or pregnant women who are considered lawfully residing in the U.S. must offer coverage to all such individuals who meet the definition of lawfully residing, and may not cover a subgroup or only certain groups. In addition, states may not cover these new groups only in CHIP, but must also extend the coverage option to Medicaid. States will need to update their budget to reflect the additional costs for coverage of these children. If a State has been covering these children with State only funds, it is helpful to indicate that so CMS understands the basis for the enrollment estimates and the projected cost of providing coverage. Please remember to update section 9.10 when electing this option.

4.1- LR

Lawfully Residing Option (Sections 2107(e)(1)(J) and 1903(v)(4)(A); (CHIPRA # 17, SHO # 10-006 issued July 1, 2010) Check if the State is electing the option under section 214 of the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) regarding lawfully residing to provide coverage to the following otherwise eligible pregnant women and children as specified below who are lawfully residing in the United States including the following:

A child or pregnant woman shall be considered lawfully present if he or she is:

- (1) A qualified alien as defined in section 431 of PRWORA (8 U.S.C. §1641);
- (2) An alien in nonimmigrant status who has not violated the terms of the status under which he or she was admitted or to which he or she has changed after admission;
- (3) An alien who has been paroled into the United States pursuant to section 212(d)(5) of the Immigration and Nationality Act (INA) (8 U.S.C. §1182(d)(5)) for less than 1 year, except for an



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: LA - 24 - 0005

Separate Child Health Insurance Program General Eligibility - Continuous Eligibility

CS27

2107(e)(1)(K) of the SSA and 42 CFR 457.342 and 435.926; 2107(e)(1)(J) and 1902(e)(16) of the SSA

Mandatory 12-Month Postpartum Continuous Eligibility in CHIP for States Electing This Option in Medicaid

At state option in Medicaid, states may elect to provide continuous eligibility for an individual's 12-month postpartum period consistent with section 1902(e)(16) of the SSA. If elected under Medicaid, states are required to provide the same continuous eligibility and extended postpartum period for pregnant individuals in its separate CHIP. A separate CHIP cannot implement this option if not also elected under the Medicaid state plan.

State elected the Medicaid option to provide continuous eligibility through the 12- month postpartum period

The state assures the extended postpartum period available to pregnant targeted low-income children or targeted low-income pregnant women under section 2107(e)(1)(J) of the SSA is provided consistent with the following provisions:

- Individuals who, while pregnant, were eligible and received services under the state child health plan or waiver shall remain eligible throughout the duration of the pregnancy (including any period of retroactive eligibility) and the 12-month postpartum period, beginning on the day the pregnancy ends and ending on the last day of the 12th month consistent with paragraphs (5) and (16) of section 1902(e) of the SSA

Continuous eligibility is provided to targeted low-income children who are pregnant or targeted low-income pregnant women (if applicable) who are eligible for and enrolled under the state child health plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:

- The individual or representative requests voluntary disenrollment.
- The individual is no longer a resident of the state.
- The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to the individual.
- The individual dies.

Unlike continuous eligibility for children, states providing the 12-month postpartum period may not end an individual's continuous eligibility due to becoming eligible for Medicaid.

- Consistent with section 2107(e)(1)(J) of the SSA, the state assures that continuous eligibility is provided through an individual's pregnancy and 12-month postpartum period regardless of an individual becoming eligible for Medicaid.

Benefits provided during the 12-month postpartum period must be the same scope of comprehensive services consistent with the benefit package elected by the state under section 2103(a) of the SSA that is available to targeted low-income children and/or targeted low-income pregnant women and may include additional benefits as described in Section 6 of the CHIP state plan.



CHIP Eligibility

Mandatory Continuous Eligibility for Children

The CHIP Agency must provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, for a 12-month continuous eligibility period.

Consistent with section 2107(e)(1)(K) of the SSA, the state assures that continuous eligibility is provided to its targeted low-income children for a duration of 12 months, regardless of any changes in circumstances, unless:

- The child attains age 19.
- The child or child's representative requests voluntary disenrollment.
- The child is no longer a resident of the state.
- The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative.
- The child dies.
- The child becomes eligible for Medicaid.

The state elects to provide coverage to the from-conception-to-end-of-pregnancy (FCEP) population (otherwise known as the "unborn").

The state assures continuous eligibility for the FCEP population is provided in the same manner as continuous eligibility for other targeted low-income children, except for the duration of the continuous eligibility period.

The duration of continuous eligibility for the FCEP population depends on whether a state enrolls the birthing parent into Medicaid for coverage of labor and delivery or pays for the delivery under CHIP. The state conducts at least one of the following actions upon birth of the child:

CHIP pays for labor and delivery and the state screens the child for potential eligibility for Medicaid.

Emergency Medicaid pays for labor and delivery and the state deems the newborn eligible for Medicaid and ends the continuous eligibility period in CHIP.

PRA Disclosure Statement

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. The time required to complete this information collection is estimated to average 50 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 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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