

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850



**Children and Adults Health Programs Group**

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February 6, 2026

Seth Gold  
Medicaid Executive Director  
State of Louisiana Department of Health  
Bureau of Health Services Financing  
628 North 4<sup>th</sup> Street, Room 769  
Baton Rouge, LA 70802

Dear Director Gold:

Your Title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) LA-25-0005-A, submitted June 30, 2025, with additional information submitted on January 26, 2026, has been approved. The effective date for this SPA is January 1, 2025.

Through LA-25-0005-A, Louisiana demonstrates compliance with section 5121 of the Consolidated Appropriations Act, 2023 (CAA, 2023) by modifying CHIP eligibility requirements for the treatment of incarcerated youth and providing pre-release services to eligible juveniles. Additionally, the state clarifies its policies for this population related to cost sharing, the delivery system for pre-release services, and the availability of targeted case management services.

Your Project Officer is Abbie Walsh. She is available to answer your questions concerning this amendment and other CHIP-related matters and can be reached at [Abigail.Walsh@cms.hhs.gov](mailto:Abigail.Walsh@cms.hhs.gov).

If you have additional questions, please contact Mary Beth Hance, Acting Director, Division of State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,

A handwritten signature in black ink that reads "Jessica Stephens". The signature is written in a cursive, flowing style.

Jessica Stephens  
Acting Director



# CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: LA - 25 - 0005

## Incarcerated CHIP Beneficiaries

CS31

2102(d) and 2110(b)(7) of the SSA

### Targeted Low-Income Children Who Become Incarcerated

The state assures that it does not terminate eligibility for children enrolled in a separate CHIP because the child is an inmate of a public institution.

States may either suspend CHIP coverage or continue to provide CHIP state plan (or waiver of such plan) services otherwise not covered by the carceral facility to children who are incarcerated. States that elect to suspend CHIP coverage for the duration of a child's incarceration may implement a benefits or eligibility suspension.

The state elects to suspend CHIP coverage for the duration of a child's incarceration

If yes, then check an option below:

- Benefits suspension
- Eligibility suspension

The state assures that it redetermines eligibility for any child prior to their release if it has been longer than 12 months since the child's last redetermination and restores coverage for child health assistance to eligible children upon their release.

Within the 30 days prior to release (or within one week of release, or as soon as practicable after release), the state assures that it  provides eligible children with any screenings, diagnostic services, or case management services that would otherwise be available to children under the CHIP state plan (or waiver of such plan).

Additional information regarding implementation of mandatory provisions of section 5121 of the Consolidated Appropriations Act, 2023 (CAA, 2023), including providing screenings, diagnostic services, or case management services:

State may determine that it is not feasible to provide the required services during the prerelease period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g., unexpected release or short-term stays). The State will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not

Under section 5122 of the CAA, 2023, states may consider otherwise eligible children who are inmates pending disposition of charges as eligible for CHIP and provide all services covered under the CHIP state plan.

The state elects to provide all CHIP state plan benefits (or waiver of such plan) to eligible children who are inmates pending disposition of charges.

### 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.

V.20240322



# CHIP Eligibility

## Children Determined Eligible for CHIP While Incarcerated

Generally, children who apply for CHIP when they are in a carceral facility are not eligible because of the eligibility exclusion for inmates of a public institution under section 2110(b) of the Act. However, section 2110(b)(7) of the Act provides an exception to this eligibility exclusion for children who are within 30 days prior to their release.

- The state assures that they will process any application submitted on behalf of a child and make an eligibility determination for child health assistance upon their release from the institution.
- Children who apply and are found eligible within 30 days prior to their release will be provided screening and diagnostic services, and case management services that are otherwise available under the CHIP state plan (or waiver of such plan).

### 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.

V.20240322

# CHIP Eligibility

Additional information regarding implementation of mandatory provisions of section 5121 of the Consolidated Appropriations Act, 2023 (CAA, 2023), including providing screenings, diagnostic services, or case management services: (*complete text from page 1*)

State may determine that it is not feasible to provide the required services during the prerelease period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g., unexpected release or short-term stays). The State will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including the mandatory screening, and diagnostic services, and case management services consistent with coverage otherwise available under the CHIP State Plan.

**Amendment 35**

**LA SPA TN 25-0005-A**

**CHIP – Services to Incarcerated Youth**

Pursuant to the services for incarcerated youth requirements described in section 5121 of the Consolidated Appropriations Act, 2023, this SPA implements required coverage for incarcerated youth in the Children’s Health Insurance Program (CHIP).

**Effective Date:** January 1, 2025

**Implementation date:** January 1, 2025

**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, 2025, notification of the State’s intent to seek approval from CMS to demonstrate compliance with section 5121 of the Consolidated Appropriations Act, 2023 (CAA, 2023) that requires states to provide coverage for incarcerated youth in the Children’s Health Insurance Program (CHIP) was submitted to the Louisiana Tribes.

TN 25-0005-A

**Approval Date:**

**Effective Date:** January 1, 2025

**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: Utilization control systems are those administrative mechanisms that are designed to ensure that enrollees receiving health care services under the State plan receive only appropriate and medically necessary health care consistent with the benefit package.

Examples of utilization control systems include, but are not limited to: requirements for referrals to specialty care; requirements that clinicians use clinical practice guidelines; or demand management systems (e.g., use of an 800 number for after-hours and urgent care). In addition, the State should describe its plans for review, coordination, and implementation of utilization controls, addressing both procedures and State developed standards for review, in order to assure that necessary care is delivered in a cost-effective and efficient manner. (42 CFR 457.490(b))

If the State does not use a managed care delivery system for any or some of its CHIP populations, describe the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Include a description of:

- The methods for assuring delivery of the insurance products and delivery of health care services covered by such products to the enrollees, including any variations. (Section 2102(a)(4); 42 CFR 457.490(a))
- The utilization control systems designed to ensure that enrollees receiving health care services under the State plan receive only appropriate and medically necessary health care consistent with the benefit package described in the approved State plan. (Section 2102(a)(4); 42 CFR 457.490(b))

Guidance: Only States that use a managed care delivery system for all or some CHIP populations need to answer the remaining questions under Section 3 (starting with 3.1.1.2). If the State uses a managed care delivery system for only some of its CHIP population, the State’s responses to the following questions will only apply to those populations.

**3.1.1.2** Do any of your CHIP populations that receive services through a managed care delivery system receive any services outside of a managed care delivery system?

- No  
 Yes

If yes, please describe which services are carved out of your managed care delivery system and how the State provides these services to an enrollee, such as through fee-for-service. Examples of carved out services may include transportation and dental,

among others. **CHIP populations that are members of the Chisholm Class receive behavioral health services through a managed care delivery system; however, Chisholm Class members may opt out of managed care for physical health services. The State would then provide those physical health services through fee-for-service. Section 5121 pre-release services for CHIP eligible juveniles will be delivered under FFS and, upon release, they will be enrolled with and receive services through a MCO. However, TCM services will continue to be provided through FFS during both the 30-day pre-release and 30-day post-release period to ensure continuity of services with a single case manager.**

**3.1.2 Use of a Managed Care Delivery System for All or Some of the State’s CHIP Populations**

**3.1.2.1** Check each of the types of entities below that the State will contract with under its managed care delivery system, and select and/or explain the method(s) of payment that the State will use:

- Managed care organization (MCO) (42 CFR 457.10)
  - Capitation payment  
Describe population served: **All, with the exception of those in a Prepaid Inpatient Health Plan (PIHP)**
- Prepaid inpatient health plan (PIHP) (42 CFR 457.10)
  - Capitation payment
  - Other (please explain)  
Describe population served: **Children at risk of out of home placement who are in the Coordinated System of Care (CSoC).**

Guidance: If the State uses prepaid ambulatory health plan(s) (PAHP) to exclusively provide non-emergency medical transportation (a NEMT PAHP), the State should not check the following box for that plan. Instead, complete section 3.1.3 for the NEMT PAHP.

- Prepaid ambulatory health plan (PAHP) (42 CFR 457.10)
  - Capitation payment
  - Other (please explain)  
Describe population served:
- Primary care case manager (PCCM) (individual practitioners) (42 CFR 457.10)
  - Case management fee
  - Other (please explain)

- Primary care case management entity (PCCM Entity) (42 CFR 457.10)
  - Case management fee
  - Shared savings, incentive payments, and/or other financial rewards for improved quality outcomes (see 42 CFR 457.1240(f))
  - Other (please explain)

If PCCM entity is selected, please indicate which of the following function(s) the entity will provide (as described in 42 CFR 457.10), in addition to PCCM services:

- Provision of intensive telephonic case management
- Provision of face-to-face case management
- Operation of a nurse triage advice line
- Development of enrollee care plans
- Execution of contracts with fee-for-service (FFS) providers in the FFS program
- Oversight responsibilities for the activities of FFS providers in the FFS program
- Provision of payments to FFS providers on behalf of the State
- Provision of enrollee outreach and education activities
- Operation of a customer service call center
- Review of provider claims, utilization and/or practice patterns to conduct provider profiling and/or practice improvement
- Implementation of quality improvement activities including administering enrollee satisfaction surveys or collecting data necessary for performance measurement of providers
- Coordination with behavioral health systems/providers
- Other (please describe)

3.1.2.2  The State assures that if its contract with an MCO, PAHP, or PIHP allows the entity to use a physician incentive plan, the contract stipulates that the entity must comply with the requirements set forth in 42 CFR 422.208 and 422.210. (42 CFR 457.1201(h), cross-referencing to 42 CFR 438.3(i))

**3.1.3 Nonemergency Medical Transportation PAHPs**

Guidance: Only complete Section 3.1.3 if the State uses a PAHP to exclusively provide non-emergency medical transportation (a NEMT PAHP). If a NEMT PAHP is the only managed care entity for CHIP in the State, please continue to Section 4 after checking the assurance below. If the State uses a PAHP that does not exclusively provide NEMT and/or uses other managed care entities beyond a NEMT PAHP, the State will need to complete the remaining sections within Section 3.

- The State assures that it complies with all requirements applicable to NEMT PAHPs, and through its contracts with such entities, requires

**Limited to unborn children covered in LaCHIP Phase IV.**

- 6.2.8.  Laboratory and radiological services (Section 2110(a)(8))
- 6.2.9.  Prenatal care and pre-pregnancy family services and supplies (Section 2110(a)(9))
- 6.2.10.  Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices) (Section 2110(a)(12))
- 6.2.11.  Disposable medical supplies (Section 2110(a)(13))
- Guidance: Home and community based services may include supportive services such as home health nursing services, home health aide services, personal care, assistance with activities of daily living, chore services, day care services, respite care services, training for family members, and minor modifications to the home.
- 6.2.12.  Home and community-based health care services (Section 2110(a)(14))
- Guidance: Nursing services may include nurse practitioner services, nurse midwife services, advanced practice nurse services, private duty nursing care, pediatric nurse services, and respiratory care services in a home, school or other setting.
- 6.2.13.  Nursing care services (Section 2110(a)(15))
- 6.2.14.  Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest (Section 2110(a)(16))
- 6.2.15.  Dental services (Section 2110(a)(17)) States updating their dental benefits must complete 6.2-DC (CHIPRA # 7, SHO # #09-012 issued October 7, 2009) **LaCHIP Phase IV and LaCHIP Phase V has the same benefit as outlined in Medicaid State Plan. Please reference Appendix A: EPSDT Dental Program Fee Schedule for full list of services.**
- 6.2.16.  Vision screenings and services (Section 2110(a)(24))
- 6.2.17.  Hearing screenings and services (Section 2110(a)(24))
- 6.2.18.  Case management services (Section 2110(a)(20))  
Targeted case management services are available to eligible juveniles up to 19 years of age who are determined eligible for CHIP as a targeted low-income child immediately before becoming an inmate of a public institution or while an inmate of a public institution. The case managers provide services that are identical to Medicaid as defined in 42 CFR 440.169.

- 6.2.19.  Care coordination services (Section 2110(a)(21))
- 6.2.20.  Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))
- 6.2.21.  Hospice care (Section 2110(a)(23))
- Guidance: See guidance for section 6.1.4.1 for a guidance on the statutory requirements for EPSDT under sections 1905(r) and 1902(a)(43) of the Act. If the benefit being provided does not meet the EPSDT statutory requirements, do not check this box.
- 6.2.22.  EPSDT consistent with requirements of sections 1905(r) and 1902(a)(43) of the Act
- 6.2.22.1  The state assures that any limitations applied to the amount, duration, and scope of benefits described in Sections 6.2 and 6.3- BH of the CHIP state plan can be exceeded as medically necessary.
- Guidance: Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic or rehabilitative service may be provided, whether in a facility, home, school, or other setting, if recognized by State law and only if the service is: 1) prescribed by or furnished by a physician or other licensed or registered practitioner within the scope of practice as prescribed by State law; 2) performed under the general supervision or at the direction of a physician; or 3) furnished by a health care facility that is operated by a State or local government or is licensed under State law and operating within the scope of the license.
- 6.2.23.  Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (Section 2110(a)(24))  
**These services are limited to unborn children covered through LaCHIP Phase IV, who would obtain those services through the Medicaid State Plan.**
- 6.2.24.  Premiums for private health care insurance coverage (Section 2110(a)(25))
- 6.2.25.  Medical transportation (Section 2110(a)(26))
- Guidance: Enabling services, such as transportation, translation, and outreach services, may be offered only if designed to increase the accessibility of primary and preventive health care services for eligible low-income individuals.
- 6.2.26.  Enabling services (such as transportation, translation, and outreach services) (Section 2110(a)(27))

## LOUISIANA TITLE XXI STATE PLAN

- 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:**  
For eligible incarcerated youth, premiums are waived during the duration of their carceral stay. Premiums will be required beginning the month the youth is released from the carceral facility. Coverage may terminate only if the premium is at least 60 days past due at the end of the 12-month continuous eligibility period.
- 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))
- 8.4.1.  Cost-sharing does not favor children from higher income families over lower income families. (Section 2103(e)(1)(B)) (42 CFR 457.530)
- 8.4.2.  No cost-sharing applies to well-baby and well-child care, including age-appropriate immunizations. (Section 2103(e)(2)) (42 CFR 457.520)

## LOUISIANA TITLE XXI STATE PLAN

**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. Incarcerated applicants newly enrolling in LaCHIP Phase V are not required to pay the first month's premium to access benefits and premiums will not be required until the individual is released. Coverage may be terminated at the end of the 12-month continuous eligibility period if there are unpaid premiums and it is at least 60 days after the due date. A notice, which provides a 30-day premium grace period, that failure to pay unpaid premiums within the grace period will result in termination of coverage, and the family's right to challenge the proposed termination is sent to the family. If the unpaid premiums are not paid within the 30-day grace period, the family is provided with a termination notice, which complies with the requirements specified in 42 CFR § 457.340(e). If the premiums are paid after the 30-day grace period, but prior to the end of the 12-month continuous eligibility period, coverage will not be terminated for failure to pay premiums. A new enrollment period and continuous eligibility period will begin, provided the individual is otherwise eligible for CHIP.**

**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.**