September 16, 2015

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children’s Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 15-0020

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.

Sincerely,

Kathy H. Kliebert
Secretary

Attachments (3)

KHK:WJR:JH
<table>
<thead>
<tr>
<th><strong>1. TRANSMITTAL NUMBER:</strong></th>
<th>15-0020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2. STATE:</strong></td>
<td>Louisiana</td>
</tr>
<tr>
<td><strong>3. PROGRAM IDENTIFICATION:</strong></td>
<td>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</td>
</tr>
<tr>
<td><strong>4. PROPOSED EFFECTIVE DATE:</strong></td>
<td>December 1, 2015</td>
</tr>
<tr>
<td><strong>5. TYPE OF PLAN MATERIAL (Check One):</strong></td>
<td></td>
</tr>
<tr>
<td>☐ NEW STATE PLAN</td>
<td>☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN</td>
</tr>
<tr>
<td><strong>6. FEDERAL STATUTE/REGULATION CITATION:</strong></td>
<td>1906 of the Social Security Act</td>
</tr>
<tr>
<td><strong>7. FEDERAL BUDGET IMPACT:</strong></td>
<td></td>
</tr>
<tr>
<td>a. FFY 2016</td>
<td>$(254.42)</td>
</tr>
<tr>
<td>b. FFY 2017</td>
<td>$(518.63)</td>
</tr>
<tr>
<td><strong>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</strong></td>
<td>Pre-print Page 70</td>
</tr>
<tr>
<td></td>
<td>Attachment 4.22-C, Page 1</td>
</tr>
<tr>
<td><strong>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</strong></td>
<td>Same (TN 09-41)</td>
</tr>
<tr>
<td></td>
<td>Same (TN 09-41)</td>
</tr>
<tr>
<td><strong>10. SUBJECT OF AMENDMENT:</strong></td>
<td>The SPA proposes to terminate the Louisiana Health Insurance Premium Payment (LaHIPP) Program due to a budget deficit in state fiscal year 2015-2016.</td>
</tr>
<tr>
<td><strong>11. GOVERNOR’S REVIEW (Check One):</strong></td>
<td>☒ OTHER, AS SPECIFIED: The Governor does not review state plan material.</td>
</tr>
<tr>
<td>☐ GOVERNOR’S OFFICE REPORTED NO COMMENT</td>
<td>☐ COMMENTS OF GOVERNOR’S OFFICE ENCLOSED</td>
</tr>
<tr>
<td><strong>12. SIGNATURE OF STATE AGENCY, OFFICIAL:</strong></td>
<td></td>
</tr>
<tr>
<td>Kathy H. Kliebert</td>
<td></td>
</tr>
<tr>
<td><strong>13. TYPED NAME:</strong></td>
<td>Kathy H. Kliebert</td>
</tr>
<tr>
<td><strong>14. TITLE:</strong></td>
<td>Secretary</td>
</tr>
<tr>
<td><strong>15. DATE SUBMITTED:</strong></td>
<td>September 16, 2015</td>
</tr>
<tr>
<td><strong>16. RETURN TO:</strong></td>
<td>J. Ruth Kennedy, Medicaid Director</td>
</tr>
<tr>
<td></td>
<td>State of Louisiana</td>
</tr>
<tr>
<td></td>
<td>Department of Health and Hospitals</td>
</tr>
<tr>
<td></td>
<td>628 N. 4th Street</td>
</tr>
<tr>
<td></td>
<td>PO Box 91030</td>
</tr>
<tr>
<td></td>
<td>Baton Rouge, LA 70821-9030</td>
</tr>
<tr>
<td><strong>FOR REGIONAL OFFICE USE ONLY</strong></td>
<td></td>
</tr>
<tr>
<td><strong>17. DATE RECEIVED:</strong></td>
<td></td>
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<tr>
<td><strong>18. DATE APPROVED:</strong></td>
<td></td>
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<tr>
<td><strong>19. EFFECTIVE DATE OF APPROVED MATERIAL:</strong></td>
<td></td>
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<tr>
<td><strong>20. SIGNATURE OF REGIONAL OFFICIAL:</strong></td>
<td></td>
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<tr>
<td><strong>21. TYPED NAME:</strong></td>
<td></td>
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<tr>
<td><strong>22. TITLE:</strong></td>
<td></td>
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<tr>
<td><strong>23. REMARKS:</strong></td>
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</tbody>
</table>

FORM HCFA-179 (07-92)
## LOUISIANA TITLE XIX STATE PLAN

**TRANSMITTAL #:** 15-0020  
**TITLE:** LaHIPP Termination  
**EFFECTIVE DATE:** December 1, 2015

### FISCAL IMPACT

#### Decrease

<table>
<thead>
<tr>
<th>Year</th>
<th>% Inc.</th>
<th># Mos</th>
<th>Range of Mos</th>
<th>Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st SFY</td>
<td>N/A</td>
<td></td>
<td>December 2015 - June 2016</td>
<td>($402,918)</td>
</tr>
<tr>
<td>2nd SFY</td>
<td>1.03%</td>
<td>6</td>
<td>July 2015 - September 2015</td>
<td>= ($201,459)</td>
</tr>
<tr>
<td>3rd SFY</td>
<td>1.03%</td>
<td>6</td>
<td>July 2016 - September 2016</td>
<td>= ($408,962)</td>
</tr>
</tbody>
</table>

*#mos-Months remaining in fiscal year

### Total decrease in Cost FFY

#### SFY 2016

- ($402,918) for 6 months December 2015 - June 2016
- ($402,918) / 6 X 3 months July 2015 - September 2015

#### SFY 2017

- ($830,011) for 12 months July 2016 - June 2017
- ($830,011) / 12 X 3 months July 2016 - September 2016

#### SFY 2018

- ($854,911) for 12 months July 2017 - June 2018
- ($854,911) / 12 X 3 months July 2017 - September 2017

### FFP (FFY 2016) = ($408,962) X 62.21% = ($254,415)

### FFP (FFY 2017) = ($836,236) X 62.02% = ($518,634)
42CFR 433.151 (a) (f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)

[X] State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

[X] Other appropriate State agency(s):

IV-A

IV-E

[ ] Other appropriate agency(s) of another state:

[ ] Courts and law enforcement officials.

1902(a) (60) of the Act (g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.

1906 of the Act (h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following:

[ ] The Secretary’s method as provided in the State Method Manual, Section 3910.

[ ] The State Provides methods for determining cost-effectiveness ATTACHMENT 4.22-C
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Citation Condition or Requirement

RESERVED

TN Approval Date Effective Date
Supersedes
TN

HCFA ID: 7985 E
NOTICE OF INTENT
Department of Health and Hospitals
Bureau of Health Services Financing

Medicaid Eligibility
Louisiana Health Insurance Premium Payment Program Termination (LAC 50:III.2311)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to repeal LAC 50:III.2311 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Bureau of Health Services Financing repromulgated and clarified the provisions governing the Group Health Insurance Premium Payment Program for inclusion in the Louisiana Administrative Code, and changed the name of the program to the Louisiana Health Insurance Premium Payment Program (LaHIPP) (Louisiana Register, Volume 35, Number 10).

Due to a budgetary shortfall resulting from the funding for LaHIPP being removed from the executive budget in state fiscal year 2016, the department has now determined that it is necessary to terminate this program. The department proposes to repeal the provisions of the June 20, 2009 Rule governing LaHIPP in order to facilitate the program termination.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part III. Eligibility
Subpart 3. Eligibility Groups and Factors
Chapter 23. Eligibility Groups and Medicaid Programs

§2311. Louisiana Health Insurance Premium Payment Program
Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1111 (June 2009), repealed LR 41:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Family Impact Statement
In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

Poverty Impact Statement
In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Provider Impact Statement
In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, but may increase direct or indirect cost to the provider to provide the same level of service due to the termination of Medicaid payment of the patient responsibility amounts for services rendered to recipients covered under group health insurance. The proposed Rule may also have a negative impact on the provider’s ability to provide the same level of service as described in HCR 170 if the reduction in payments adversely impacts the provider’s financial standing.

Public Comments
Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing
A public hearing on this proposed Rule is scheduled for Thursday, September 24, 2015 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Medicaid Eligibility
Louisiana Health Insurance Premium Payment Program Termination

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed rule will result in estimated programmatic savings to the state of $1,066,750 for FY 15-16, $1,888,937 for FY 16-17, and $1,945,605 for FY 17-18. It is anticipated that $432 ($216 SGF and $216 FED) will be expended in FY 15-16 for the state’s administrative expense for promulgation of this proposed rule and $432 ($216 SGF and $216 FED) will be expended in FY 15-16 for the state’s administrative expense for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 62.17 percent in FY 15-16 and 62.07 percent in FY 16-17 and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will reduce revenue collections by approximately $1,753,241 for FY 15-16, $3,091,124 for FY 16-17, and $3,183,858 for FY 17-18. It is anticipated that $216 will be expended in FY 15-16 for the federal administrative expenses.

Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Medicaid Eligibility
Louisiana Health Insurance Premium Payment Program Termination

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IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT

and payments made to a CSoC contractor.

enrolled in CSoC, the non-risk payments shall be continued
system.

for children’s services other than CSoC. For children/youth
establish capitation payments to managed care organizations
remove the provisions governing interim payments, and to
terminology to be consistent with current program
governing PRTFs to: 1) allow an Office of Behavioral

disorders in psychiatric residential treatment facilities

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO
DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL
GROUPS (Summary)

This proposed Rule repeals the provisions governing the
Louisiana Health Insurance Premium Payment (LaHIPP)
program in order to terminate the program as a result of a
budgetary shortfall due to the funding for LaHIPP being
removed from the executive budget in state fiscal year 2016. It
is anticipated that implementation of this proposed rule will
reduce programmatic expenditures in the Medicaid Program by
approximately $2,820,423 for FY 15-16, $4,980,061 for FY 16-
17, and $5,129,463 for FY 17-18.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT
(Summary)

It is anticipated that the implementation of this proposed
rule will not have an effect on competition and employment.

J. Ruth Kennedy
Medicaid Director
15088075

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office of Behavioral Health

Psychiatric Residential Treatment Facilities
(LAC 50:XXXIII.Chapters 101-107)

The Department of Health and Hospitals, Bureau of
Health Services Financing and the Office of Behavioral
Health propose to amend LAC 50:XXXIII.Chapters 101-107
in the Medical Assistance Program as authorized by R.S.
36:254 and pursuant to Title XIX of the Social Security Act.
This proposed Rule is promulgated in accordance with the
provisions of the Administrative Procedure Act, R.S. 49:950 et
seq.

The Department of Health and Hospitals, Bureau of
Health Services Financing provides inpatient behavioral
health services to children with emotional/behavioral
disorders in psychiatric residential treatment facilities
(PRTFs) under the coordinated behavioral health services
system.

The department now proposes to amend the provisions
governing PRTFs to: 1) allow an Office of Behavioral
Health appointed designee to certify providers; 2) revise the
terminology to be consistent with current program
operations; and 3) revise the reimbursement methodology to
remove the provisions governing interim payments, and to
establish capitation payments to managed care organizations
for children’s services other than CSoC. For children/youth
enrolled in CSoC, the non-risk payments shall be continued
and payments made to a CSoC contractor.
VIA ELECTRONIC MAIL ONLY

June 12, 2015

Karen Matthews, Health Director  
Chitimacha Health Clinic  
3231 Chitimacha Trail  
Jeanerette, LA 70544

Anita Molo  
Chitimacha Tribe of Louisiana  
P. O. Box 640  
Jeanerette, LA 70544

Lovelin Poncho, Chairman  
Paula Manuel, Health Director  
Coushatta Tribe of Louisiana  
P. O. Box 818  
Elton, LA 70532

Angela Martin  
Chitimacha Tribe of Louisiana  
P. O. Box 640  
Jeanerette, LA 70544

Marshall Pierite, Chairman  
Misty Hutchby, Health Director  
Tunica-Biloxi Tribe of Louisiana  
P. O. Box 1589  
Marksville, LA 71351-1589

Chief Beverly Cheryl Smith  
Holly Vanhoozen, Health Director  
The Jena Band of Choctaw Indians  
P. O. Box 14  
Jena, LA 71342

Dear Louisiana Tribal Contact:

RE: Notification of Louisiana Medicaid State Plan Amendments

In compliance with the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009, the Department of Health and Hospitals, Bureau of Health Services Financing is taking the opportunity to notify you of State Plan amendments (SPAs) that may have an impact on your tribe.

Attached for your review and comments is a summary of the proposed State Plan amendments. Please provide any comments you may have by June 19, 2015 to Mrs. Darlene Budgewater via email to Darlene.Budgewater@la.gov or by postal mail to:

Department of Health and Hospitals  
Bureau of Health Services Financing  
Medicaid Policy and Compliance  
P.O. Box 91030  
Baton Rouge, LA 70821-9030
Should you have additional questions about Medicaid policy, Mrs. Budgewater will be glad to assist you. You may reach her by email or telephone at (225) 342-3881. Thanks for your continued support of the tribal consultation process.

Sincerely,

[Signature]

J. Ruth Kennedy
Medicaid Director

Attachment (1)

JRK/DB/RJ

c: Ford J. Blunt, III
   Stacey Shuman
Targeted Case Management (TCM) - Department of Children and Family Services (DCFS)
Effective July 1, 2015

The SPA proposes to revise the provisions governing targeted case management in order to adopt provisions for reimbursing DCFS for Medicaid eligible TCM services.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)- School Based Nursing
Effective July 1, 2015

The SPA proposes to revise the provisions governing school-based nursing services covered in the EPSDT program to remove the Individualized Education Plan (IEP) requirement.

Medicaid Eligibility – Louisiana Health Insurance Premium Payment Program (LaHIPP Termination) - Effective July 1, 2015

The SPA proposes to terminate the LaHIPP program and to enroll the program’s participants into the comprehensive Managed Care for Physical and Basic Behavioral Health Program.