

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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September 7, 2017

Our Reference: SPA LA 17-0010

Ms. Jen Steele, State Medicaid Director  
Department of Health and Hospitals  
628 North 4<sup>th</sup> St.  
Post Office Box 91030  
Baton Rouge, LA 70821-9030

Attention: Karen Barnes

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 17-0010 dated June 15, 2017. This state plan amendment proposes to exclude the Louisiana Health Insurance Premium Payment (LaHIPP) enrollees from participation in managed care for physical and behavioral health.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of April 20, 2017. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at [Cheryl.Rupley@cms.hhs.gov](mailto:Cheryl.Rupley@cms.hhs.gov).

Sincerely,

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

Bill Brooks  
Associate Regional Administrator

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**17-0010**

2. STATE

**Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

**April 20, 2017**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

**Section 1932(a)(1)(A) of the Social Security Act**

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 **\$0**

b. FFY 2018 **\$0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1-F, Page 7**

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 PAGE NUMBER OF THE SUPERSEDED PLAN  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

**Same (TN 16-0003)**

10. SUBJECT OF AMENDMENT: **The SPA proposes to exclude the Louisiana Health Insurance Premium Payment (LaHIPP) enrollees from participation in managed care for physical and behavioral health.**

11. 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.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

**Rebekah E. Gee MD, MPH**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**June 16, 2017**

16. RETURN TO:

**Jen Steele, Medicaid Director**

**State of Louisiana**

**Department of Health**

**628 North 4<sup>th</sup> Street**

**P.O. Box 91030**

**Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

June 16, 2017

18. DATE APPROVED:

September 7, 2017

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 20, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bill Brooks

22. TITLE: Associate Regional Administrator

Division of Medicaid & Children's Health

23. REMARKS:

State: Louisiana

Citation	Condition or Requirement
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1932(a)(2)  
42 CFR 438.50(d)

6. Describe how the state identifies the following groups who are exempt from mandatory enrollment into managed care: (*Examples: usage of aid codes in the eligibility system, self-identification*).

Individuals exempt from mandatory enrollment in managed care under the Section 1932(a) State Plan option can be identified by aid code, program participation and other identifiers. These exempt individuals are mandatorily enrolled in managed care under the Section 1915(b) waiver.

42 CFR 438.50 F. List other eligible groups (not previously mentioned) who will be exempt (excluded) from mandatory enrollment.

Individuals exempt from mandatory enrollment in managed care under the Section 1932(a) State Plan option are mandatorily enrolled in managed care under the Section 1915(b) waiver unless exempt as described in the 1915(b) waiver.

The following Medicaid and/or Children's Health Insurance Program (CHIP) recipients are excluded altogether from participation in a Healthy Louisiana Managed Care Organization (MCO):

Individuals who:

- reside in an ICF/IID (Adults);
- receive services through the Program of All-Inclusive Care for the Elderly (PACE);
- have a limited period of eligibility such as eligibility through the Spend-down Medically Needy Program or Emergency Services Only (excluding individuals in a presumptive eligibility period);
- are partially dual eligible;
- receive coverage under Louisiana's Take Charge Plus program; or
- are enrolled in the Louisiana Health Insurance Premium Payment (LaHIPP) program, with the exception of recipients who are enrolled in LaHIPP and receive their behavioral health and transportation services through MCOs.

State: Louisiana  
Date Received: 6-16-17  
Date Approved: 9-7-17  
Date Effective: 4-20-17  
Transmittal Number: 17-0010

TN 17-0010  
Supersedes  
TN 16-0003

Approval Date 9-07-17

Effective Date 4-20-17