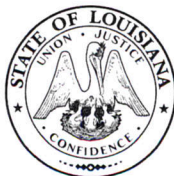


**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

**VIA ELECTRONIC MAIL ONLY**

June 16, 2017

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. 17-0010

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.

Warmly,

A handwritten signature in blue ink, appearing to read "Rebekah E. Gee", is written over a blue circular stamp.

Rebekah E. Gee MD, MPH  
Secretary

Attachments (2)

REG:JS:JH

**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 PAGE NUMBER OF THE SUPERSEDED PLAN  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:

18. DATE APPROVED:

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

State: Louisiana

Citation	Condition or Requirement
1932(a)(2) 42 CFR 438.50(d)	<p>6. Describe how the state identifies the following groups who are exempt from mandatory enrollment into managed care: <i>(Examples: usage of aid codes in the eligibility system, self- identification).</i></p> <p>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.</p>
42 CFR 438.50	<p>F. <u>List other eligible groups (not previously mentioned) who will be exempt (excluded) from mandatory enrollment.</u></p> <p>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.</p> <p>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):</p> <p>Individuals who:</p> <ul style="list-style-type: none"> <li>• reside in an ICF/IID (Adults);</li> <li>• receive services through the Program of All-Inclusive Care for the Elderly (PACE);</li> <li>• 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);</li> <li>• are partially dual eligible;</li> <li>• receive coverage under Louisiana's Take Charge Plus program; or</li> <li>• 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.</li> </ul>

TN \_\_\_\_\_  
 Supersedes  
 TN \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_