



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

December 29, 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. 17-0038

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 "Approved for" with a large flourish.

Rebekah E. Gee MD, MPH
Secretary

Attachments (3)

REG:JS:MJ

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

| | |
|---|------------------------------|
| 1. TRANSMITTAL NUMBER: 17-0038 | 2. STATE Louisiana |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 4. PROPOSED EFFECTIVE DATE December 28, 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:
42 CFR Part 457

7. FEDERAL BUDGET IMPACT:
a. FFY **2018** **\$(242,981,123)**
b. FFY **2019** **\$(305,399,692)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
LaCHIP Final Comprehensive SPA

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
Pages 1 - 58

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing the Louisiana Children's Health Insurance program (LaCHIP) in order to terminate coverage of uninsured children.**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **The Governor does not review State Plan material.**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Rebekah E. Gee MD, MPH

14. TITLE:
Secretary

15. DATE SUBMITTED:
December 29, 2017

16. RETURN TO:
**Jen Steele, Medicaid Director
State of Louisiana
Department of Health
628 North 4th 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:

LA TITLE XXI (CHIP) SPA
 TRANSMITTAL #: 17-0038
 TITLE: State Children's Health Insurance Program Termination of Coverage
 EFFECTIVE DATE: December 1, 2017

FISCAL IMPACT:
 Decrease

| year | % inc. | fed. match | % mos | range of mos. | dollars |
|--------------|--------|------------|-------|---------------------------|-----------------|
| 1st SFY 2018 | | | 7 | December 2017 - June 2018 | (\$293,508,024) |
| 2nd SFY 2019 | 0.00% | | 12 | July 2018- June 2019 | (\$311,176,325) |
| 3rd SFY 2020 | 0.00% | | 12 | July 2019 - June 2020 | (\$318,365,641) |

*#mos-Months remaining in fiscal year

Total Decrease in Cost FFY 2018

SFY 2018 (\$293,508,024) for 12 months
 (\$293,508,024) / 12 X 7 months (\$171,213,014)

SFY 2019 (\$311,176,325) for 12 months
 (\$311,176,325) / 12 X 3 months = (\$77,794,081)
 (\$249,007,095)

FFP (FFY 2018) =

X 97.58% = (\$242,981,123)

Total Decrease in Cost FFY 2019

SFY 2019 (\$311,176,325) for 12 months
 (\$311,176,325) / 12 X 9 months = (\$233,382,244)

SFY 2020 (\$318,365,641) for 12 months
 (\$318,365,641) / 12 X 3 months = (\$79,591,410)
 (\$312,973,654)

FFP (FFY 2019)=

X 97.58% = (\$305,399,692)

LOUISIANA TITLE XXI STATE PLAN

**MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN’S HEALTH INSURANCE PROGRAM**

Preamble

Section 4901 of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act (the Act) by adding a new title XXI, the State Children’s Health Insurance Program (SCHIP). Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner. To be eligible for funds under this program, states must submit a state plan, which must be approved by the Secretary. A state may choose to amend its approved state plan in whole or in part at any time through the submittal of a plan amendment.

This model application template outlines the information that must be included in the state child health plan, and any subsequent amendments. It has been designed to reflect the requirements as they exist in current regulations, found at 42 CFR part 457. These requirements are necessary for state plans and amendments under Title XXI.

The Department of Health and Human Services will continue to work collaboratively with states and other interested parties to provide specific guidance in key areas like applicant and enrollee protections, collection of baseline data, and methods for preventing substitution of Federal funds for existing state and private funds. As such guidance becomes available, we will work to distribute it in a timely fashion to provide assistance as states submit their state plans and amendments.

LOUISIANA TITLE XXI STATE PLAN

MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE 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/ Jen Steele

(Jen Steele, Medicaid Director - Louisiana Department of Health)

submits the following State Child Health Plan for the State Children’s Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved State 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: Jen Steele Position/Title: Medicaid Director,
Bureau of Health Services Financing

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

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 0938-0707. The time required to complete this information collection is estimated to average 160 hours (or minutes) 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 any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, P.O. Box 26684, Baltimore, Maryland 21207 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Effective Date:

Approval Date:

LOUISIANA TITLE XXI STATE PLAN

Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements (Section 2101)

1.1 The state will use funds provided under Title XXI primarily for (Check appropriate box) (42 CFR 457.70):

1.1.1 Obtaining coverage that meets the requirements for a separate child health program (Section 2103); **OR**

1.1.2. Providing expanded benefits under the State’s Medicaid plan (Title XIX); **OR**

1.1.3. A combination of both of the above.

1.2 Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

1.3 Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):

LaCHIP Phase I (Medicaid Expansion SCHIP for children 6-18 between 101- 133% FPL)

Date Plan Submitted: July 31, 1998

Date Plan Approved: October 20, 1998

Effective Date: November 1, 1998

LaCHIP Phase II (Medicaid Expansion SCHIP for children 0-18 between 134-150% FPL)

Date First Amendment Submitted: June 30, 1999

Effective Date of First Amendment: October 1, 1999

LaCHIP Phase III (Medicaid Expansion SCHIP for children 0-18 between 151-200% FPL)

Date Second Amendment Submitted: December 18, 2000

Date Second Amendment Approved: June 6, 2001

Effective Date of Second Amendment: January 1, 2001

LOUISIANA TITLE XXI STATE PLAN

Removal of Waiting Period in Medicaid Expansion SCHIP

Date Third Amendment Submitted: November 27, 2002

Date Third Amendment Approved: February 24, 2003

LaCHIP Phase IV (Creation of Separate SCHIP - Unborn child option)

Date Fourth Amendment Submitted: January 25, 2007

Date Fourth Amendment Approved: April 5, 2007

Effective Date of Fourth Amendment: April 1, 2007

LaCHIP Phase V (Separate SCHIP for children 0-18 between 201-250% FPL)

Effective Date of Fifth Amendment: April 1, 2008

Implementation Date of Fifth Amendment: May 1, 2008

Addition of Robert Wood Johnson Foundation Maximizing Enrollment for Children Grant Funds

The amount of the grant is \$999,926.00, and the grant period is from 2/15/2009 – 2/14/2013.

Effective Date of Sixth Amendment: February 15, 2009

Implementation Date of Sixth Amendment: February 15, 2009

Addition of Prospective Payment Methodology for FQHC's and RHC's LaCHIP Phase V

Effective Date of Seventh Amendment: July 1, 2010

Implementation Date of Seventh Amendment: July 1, 2010

Addition of Dental Benefit for LaCHIP Phase V

Effective Date of Eighth Amendment: February 1, 2012

Implementation Date of Eighth Amendment: February 1, 2012

Amendment number ninth: Withdrawn

Amendment number tenth: Withdrawn

Reduction of Dental Reimbursement Fees for EPSDT Dental Services for Phase V

Effective Date of Amendment number eleventh: July 1, 2012

Implementation Date of Amendment number eleventh: July 1, 2012

LaCHIP Phase V Benefits Administration Changes

Effective Date of Twelfth Amendment: January 1, 2013

Implementation Date of Twelfth Amendment: January 1, 2013

LOUISIANA TITLE XXI STATE PLAN

Reimbursement Rate Reduction for LaCHIP Affordable Plan Dental Services

Transmittal Number (TN) 13-01 CH

Date Amendment Submitted: September 9, 2013

Effective Date of TN 13-01 CH: August 1, 2013

Date Amendment Approved: December 5, 2013

Termination of LaCHIP Phases 1-3 and Phase 5

Transmittal Number (TN) 17-0038

Date Amendment Submitted: December 29, 2017

Effective Date of TN 17-0038: December 28, 2017

Date Amendment Approved:

Section 2. General Background and Description of State Approach to Child Health Coverage and Coordination (Section 2102 (a)(1)-(3)) and (Section 2105)(c)(7)(A)-(B))

2.1. Describe the extent to which, and manner in which, children in the state, including targeted low-income children and other classes of children, by income level and other relevant factors, such as race and ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, make a distinction between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). (42 CFR 457.80(a))

2.2. Describe the current state efforts to provide or obtain creditable health coverage for uncovered children by addressing: (Section 2102)(a)(2) (42CFR 457.80(b))

2.2.1. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in public health insurance programs (i.e., Medicaid and state-only child health insurance):

Louisiana currently outstations Medicaid eligibility workers. In addition, Louisiana has certified Medicaid Application Centers (MACs) throughout the state that offer opportunities for assistance in applying for Medicaid for children. A complete current listing of Medicaid application centers is available for review.

Eligibility for cash assistance (Temporary Assistance for Needy Families known in Louisiana as Family Income Temporary Assistance Program-FITAP) is determined by the Department of Children and Family Services (DCFS), Office of Economic Stability. The Department of Health has a memorandum of understanding with DCFS to determine initial and ongoing Medicaid eligibility using July 16, 1996 eligibility criteria for applicants determined eligible for cash assistance. Applicants denied because of income

LOUISIANA TITLE XXI STATE PLAN

and resources are referred on-line to LDH for exploration of Medicaid eligibility. Individuals who lose eligibility for cash assistance receive an additional month of Medicaid eligibility while they are referred to BHSF to determine continuing eligibility for Medicaid only. Possible eligibility in all Medicaid programs is evaluated before Medicaid is terminated.

- 2.2.2. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in health insurance programs that involve a public-private partnership:

Louisiana’s Department of Health is not directly involved in a public-private partnership concerning health insurance for children but made referrals to the private “Caring Program for Children” as appropriate until the program was discontinued. A denied Medicaid application was necessary to qualify for the program. .

2007 legislation to expand health coverage [Act 407] included a provision that the Department work to develop a premium assistance program. With the Medicaid expansion SCHIP program, the State uses Section 1906 authority to provide premium reimbursement for families who have employer-sponsored insurance available when cost effectiveness can be established.

- 2.3. Describe the procedures the state uses to accomplish coordination of SCHIP with other public and private health insurance programs, sources of health benefits coverage for children, and relevant child health programs, such as title V, that provide health care services for low-income children to increase the number of children with creditable health coverage. *(Previously 4.4.5.)*
(Section 2102)(a)(3) and 2102(c)(2) and 2102(b)(3)(E)) (42CFR 457.80(c))

Coordination with Medicaid

The same application form is used to apply for Medicaid and LaCHIP. Applicants are first evaluated for eligibility for Title XIX programs, then for Title XXI, but the process is transparent to applicants.

Section 3. Methods of Delivery and Utilization Controls (Section 2102)(a)(4))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state’s Medicaid plan, and continue on to Section 4.

- 3.1. Describe the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Include a description of the choice of financing and the methods for assuring delivery of the insurance products and

LOUISIANA TITLE XXI STATE PLAN

delivery of health care services covered by such products to the enrollees, including any variations. (Section 2102)(a)(4) (42CFR 457.490(a))

The methods of delivery for enrollees covered under the unborn option in LaCHIP Phase IV of the State's separate child health program will be the same as under Title XIX.

- 3.2. Describe the utilization controls under the child health assistance provided under the plan for targeted low-income children. Describe the 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) (42CFR 457.490(b))

Utilization control mechanisms are in place for the LaCHIP program to ensure that children use only health care that is appropriate, medically necessary, and/or approved by the State or the participating health plan. In addition, policies are in place to assure that necessary care is delivered in a cost-effective and efficient manner according to the vendors' medical necessity definition.

Before being approved for participation in the LaCHIP program, health plan vendors must develop and have in place utilization review policies and procedures, demand management, and disease state management mechanisms. Provider networks approved for the LaCHIP program are accepted based on evidence of the vendors' provider credentialing policies, provider accessibility, cost-effectiveness, and efficiency.

Each LaCHIP authorizing state agency has a utilization review mechanism particular to that agency. Services approved for LaCHIP are those which are developmentally necessary and/or physically necessary. Reviewing the appropriate use of services is part of the case manager's duties.

Section 4. Eligibility Standards and Methodology (Section 2102(b))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 5.

- 4.1. The following standards may be used to determine eligibility of targeted low-income children for child health assistance under the plan. Please note whether any of the following standards are used and check all that apply. If applicable, describe the criteria that will be used to apply the standard. (Section 2102)(b)(1)(A) (42CFR 457.305(a) and 457.320(a))

4.1.1. Geographic area served by the Plan: Statewide

4.1.2. Age: Children through the age of 18 years will be eligible for Medicaid Expansion SCHIP as well as the Separate SCHIP,

LOUISIANA TITLE XXI STATE PLAN

except for those unborn children whose coverage is limited to Conception through Birth

4.1.3.

Income:

For an unborn child enrolled in **LaCHIP Phase IV**, the CHIP agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, consistent with 42 CFR 457.315 and 435.603(b) through (i). Family income (counting the unborn in the family unit) must be at or below 200% of the Federal Poverty Level and the family otherwise ineligible for Title XIX Medicaid benefits.

4.1.4.

Resources (including any standards relating to spend downs and disposition of resources):

4.1.5.

Residency (so long as residency requirement is not based on length of time in state): Applicants must be residents of Louisiana.

4.1.6.

Disability Status (so long as any standard relating to disability status does not restrict eligibility):

4.1.7.

Access to or coverage under other health coverage: LaCHIP Medicaid expansion and Prenatal option enrollees cannot have other creditable health insurance. LaCHIP Phase V enrollees cannot have other creditable health insurance **or** have access to the state employee health benefits plan.

4.1.8.

Duration of eligibility: The duration of 12 months without regard to changes in income or household composition. Coverage will end prior to 12 months of coverage if the child is found ineligible at random review or at audit, turns age 19, moves from the state or obtains creditable health insurance. For unborn children, the duration of eligibility is from the month of conception or the first month of eligibility following conception, whichever is later, through the month of birth.

4.1.9.

Other standards (identify and describe): Children whose family's income is greater than 200% FPL will be subject to a period of uninsurance defined as 12 months prior to enrollment, except as specified in 4.4.4.2

4.2. The state assures that it has made the following findings with respect to the eligibility standards in its plan: (Section 2102)(b)(1)(B)) (42CFR 457.320(b))

4.2.1.

These standards do not discriminate on the basis of diagnosis.

4.2.2.

Within a defined group of covered targeted low-income children, these standards do not cover children of higher income families without covering children with a lower family income.

4.2.3.

These standards do not deny eligibility based on a child having a pre-existing medical condition.

4.3. Describe the methods of establishing eligibility and continuing enrollment.

LOUISIANA TITLE XXI STATE PLAN

(Section 2102)(b)(2)) (42CFR 457.350)

The methods of establishing eligibility and continuing enrollment will be the same as under Title XIX except for citizenship.

4.3.1 Describe the state's policies governing enrollment caps and waiting lists (if any). (Section 2106(b)(7)) (42CFR 457.305(b))

Check here if this section does not apply to your state.

4.4. Describe the procedures that assure that:

4.4.1. Through the screening procedures used at intake and follow-up eligibility determination, including any periodic redetermination, that only targeted low-income children who are ineligible for Medicaid or not covered under a group health plan or health insurance coverage (including a state health benefits plan) are furnished child health assistance under the state child health plan. (Section 2102)(b)(3)(A)) (42CFR 457.350(a)(1) and 457.80(c)(3))

At eligibility determination and redetermination, applications are reviewed for coverage under a group health plan or health insurance coverage, for access to a state employee health benefits plan, and for Medicaid eligibility prior to enrollment in the Title XXI separate child health program.

4.4.2. The Medicaid application and enrollment process is initiated and facilitated for children found through the screening to be potentially eligible for medical assistance under the state Medicaid plan under Title XIX. (Section 2102)(b)(3)(B)) (42CFR 457.350(a)(2))

Screening procedures identify any applicant or enrollee who would be potentially eligible for Medicaid prior to enrollment in the Title XXI separate child health program.

4.4.3. The State is taking steps to assist in the enrollment in SCHIP of children determined ineligible for Medicaid. (Sections 2102(a)(1) and (2) and 2102(c)(2)) (42CFR 431.636(b)(4))

Any applicant who is ineligible for Medicaid and appears eligible for the separate child health program is automatically reviewed for separate child health program eligibility.

4.4.4.1. Coverage provided to children in families at or below 200% FPL: describe the methods of monitoring substitution.

Applications and renewals request information about coverage under a group health plan or private health

LOUISIANA TITLE XXI STATE PLAN

insurance policy. For the prenatal option, we have no waiting period as our intent is to provide and expedite prenatal care for the unborn child.

- 4.4.4.2. Coverage provided to children in families over 200% and up to 250% FPL: describe how substitution is monitored and identify specific strategies to limit substitution if levels become unacceptable.
- 4.4.4.3. Coverage provided to children in families above 250% FPL: describe how substitution is monitored and identify specific strategies in place to prevent substitution.
- 4.4.4.4. If the state provides coverage under a premium assistance program, describe:

The minimum period without coverage under a group health plan, including any allowable exceptions to the waiting period.

The minimum employer contribution.

The cost-effectiveness determination.

LOUISIANA TITLE XXI STATE PLAN

Section 5. Outreach (Section 2102(c))

Describe the procedures used by the state to accomplish:

Outreach to families of children likely to be eligible for child health assistance or other public or private health coverage to inform them of the availability of the programs, and to assist them in enrolling their children in such a program: (Section 2102(c)(1)) (42CFR 457.90)

The application form, verification requirements and documentation requirements for Title XIX and Title XXI are the same, and the difference in the programs is transparent to the applicant. The enrollment process is seamless for the applicant.

Application assistance is provided through MACs. Medicaid Application Centers are community-based and faith-based organizations that provide assistance to individuals and families and provide application assistance through face to face interviews. The MACs have been very successful at reaching potential enrollees who lack computer access and are unable to travel to a Medicaid office and enabling those individuals to apply for health assistance. There are 633 MACs currently under contract to provide application assistance in the state. This includes Federally Qualified Health Centers and School-based Health Clinics.

The Medicaid Eligibility Outstation project was initiated in March 2016. This partnership with private and public medical facilities allows Medicaid eligibility analysts to be housed at host sites. This improves the access of families to information about health assistance.

Section 6. Coverage Requirements for Children's Health Insurance (Section 2103)

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 7.

6.1. The state elects to provide the following forms of coverage to children: (Check all that apply.) (42CFR 457.410(a))

- 6.1.1. Benchmark coverage; (Section 2103(a)(1) and 42 CFR 457.420)
- 6.1.1.1. FEHBP-equivalent coverage; (Section 2103(b)(1))
(If checked, attach copy of the plan.)
- 6.1.1.2. State employee coverage; (Section 2103(b)(2)) (If checked, identify the plan and attach a copy of the benefits description.)

LOUISIANA TITLE XXI STATE PLAN

The benefits package limitations is outlined in Article 3 of the Preferred Provider Organization Plan Document, 2007-2008 (See Addendum 1).

- 6.1.1.3. HMO with largest insured commercial enrollment (Section 2103(b)(3)) (If checked, identify the plan and attach a copy of the benefits description.)
- 6.1.2. Benchmark-equivalent coverage; (Section 2103(a)(2) and 42 CFR 457.430). Specify the coverage, including the amount, scope and duration of each service, as well as any exclusions or limitations. Please attach a signed actuarial report that meets the requirements specified in 42 CFR 457.431. See **instructions.**
- 6.1.3. Existing Comprehensive State-Based Coverage; (Section 2103(a)(3) and 42 CFR 457.440) [Only applicable to New York; Florida; Pennsylvania] Please attach a description of the benefits package, administration, date of enactment. If existing comprehensive state-based coverage is modified, please provide an actuarial opinion documenting that the actuarial value of the modification is greater than the value as of 8/5/97 or one of the benchmark plans. Describe the fiscal year 1996 state expenditures for existing comprehensive state-based coverage.
- 6.1.4. Secretary-Approved Coverage. (Section 2103(a)(4)) (42 CFR 457.450)
- 6.1.4.1. Coverage the same as Medicaid State plan
- 6.1.4.2. Comprehensive coverage for children under a Medicaid Section 1115 demonstration project
- 6.1.4.3. Coverage that either includes the full EPSDT benefit or that the state has extended to the entire Medicaid population
- 6.1.4.4. Coverage that includes benchmark coverage plus additional coverage
- 6.1.4.5. Coverage that is the same as defined by existing comprehensive state-based coverage
- 6.1.4.6. Coverage under a group health plan that is substantially equivalent to or greater than benchmark coverage through a benefit-by-benefit comparison (Please provide a sample of how the comparison will be done)
- 6.1.4.7. Other (Describe) The state will use the Medicaid network of providers but offer the limited benefit package outlined in the separate program and offer the same benefits package except for

LOUISIANA TITLE XXI STATE PLAN

LaCHIP Phase IV children. LaCHIP Phase IV for unborn child coverage mirrors the benefit package offered through Title XIX program in Louisiana.

- 6.2. The state elects to provide the following forms of coverage to children:
(Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)

For the unborn child, the State covers pregnancy related services and services that if not treated could complicate the pregnancy, i.e., the State covers the same services that it covers for the SOBRA pregnant women category in the Medicaid State Plan.

Exception: Sterilization procedures are not covered for the SCHIP unborn child group. The services checked below are generally covered for Medicaid categorically needy eligibles and are potentially covered for the SCHIP unborn child group, depending on the need of the recipient. Louisiana Medicaid program rules apply.

- 6.2.1. Inpatient services (Section 2110(a)(1))
6.2.1.1 Unborn - Louisiana Medicaid program rules apply; examples include benefit limits, extension of benefit limit procedures, age limits, etc.
- 6.2.2. Outpatient services (Section 2110(a)(2))
6.2.2.1 Unborn - Louisiana Medicaid program rules apply; examples include benefit limits, extension of benefit limit procedures, age limits, etc.
- 6.2.3. Physician services (Section 2110(a)(3))
- 6.2.4. Surgical services (Section 2110(a)(4))
- 6.2.5. Clinic services (including health center services) and other ambulatory health care services (Section 2110(a)(5))
- 6.2.6. Prescription drugs (Section 2110(a)(6))
- 6.2.7. Over-the-counter medications (Section 2110(a)(7))
Limited to unborn children covered in LaCHIP Phase IV.
- 6.2.8. Laboratory and radiological services (Section 2110(a)(8))
- 6.2.9. Pre-natal care and pre-pregnancy family services and supplies (Section 2110(a)(9))

LOUISIANA TITLE XXI STATE PLAN

- 6.2.10. Inpatient mental health services, other than services described in 6.2.18., but including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Section 2110(a)(10))
6.2.10.1 Unborn - Louisiana Medicaid program rules apply; examples include benefit limits, extension of benefit limit procedures, age limits, etc.
- 6.2.11. Outpatient mental health services, other than services described in 6.2.19, but including services furnished in a state-operated mental hospital and including community-based services (Section 2110(a)(11))
6.2.11.1 Unborn - Louisiana Medicaid program rules apply; examples include benefit limits, extension of benefit limit procedures, age limits, etc.
- 6.2.12. 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))
- 6.2.13. Disposable medical supplies (Section 2110(a)(13))
- 6.2.14. Home and community-based health care services (See instructions) (Section 2110(a)(14))
- 6.2.15. Nursing care services (See instructions) (Section 2110(a)(15))
- 6.2.16. 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))
- 6.2.17. Dental services (Section 2110(a)(17))
LaCHIP Phase IV has the same benefit as outlined in the Medicaid State Plan. Please reference Appendix A: EPSDT Dental Program Fee Schedule for full list of services.
- 6.2.18. Inpatient substance abuse treatment services and residential substance abuse treatment services (Section 2110(a)(18))
6.2.18.1 Unborn - Louisiana Medicaid program rules apply; examples include benefit limits, extension of benefit limit procedures, prior authorization requirements, age limits, etc.
- 6.2.19. Outpatient substance abuse treatment services (Section 2110(a)(19))
6.2.19.1 Unborn - Louisiana Medicaid program rules apply;

LOUISIANA TITLE XXI STATE PLAN

examples include benefit limits, extension of benefit limit procedures, prior authorization requirements, age limits, etc.

- 6.2.20. Case management services (Section 2110(a)(20))
- 6.2.21. Care coordination services (Section 2110(a)(21))
- 6.2.22. Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))
- 6.2.23. Hospice care (Section 2110(a)(23))
- 6.2.24. Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (See instructions) (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.
- 6.2.25. Premiums for private health care insurance coverage (Section 2110(a)(25))
- 6.2.26. Medical transportation (Section 2110(a)(26))
- 6.2.27. Enabling services (such as transportation, translation, and outreach services) (See instructions) (Section 2110(a)(27))
- 6.2.28. Any other health care services or items specified by the Secretary and not included under this section (Section 2110(a)(28))
- 6.2.-D The state will provide dental coverage to children through one of the following. Dental services provided to children eligible for dental-only supplemental services must receive the same dental services as provided to otherwise eligible CHIP children (Section 2103(a)(5):
- 6.2.1.-D State Specific Dental Benefit Package. The State assures dental services represented by the following categories of common dental terminology (CDT) codes are included in the dental benefits for LaCHIP Phase V:
1. Diagnostic (CDT codes: D0100-D0999) (must follow periodicity schedule)
 2. Preventive (CDT codes: D1110-D1206) (must follow periodicity schedule)
 3. Restorative (CDT codes: D2000-D2999)
 4. Endodontic (CDT codes: D3000-D3999)
 5. Periodontic (CDT codes: D4000-D4999)

LOUISIANA TITLE XXI STATE PLAN

- 6. Prosthodontic (CDT codes: D5000-5899 and D5900-D5999 and D6200-D6999)
- 7. Oral and Maxillofacial Surgery (CDT codes: D7000-D7999)
- 8. Orthodontics (CDT codes: D8000-D8999)
- 9. Adjunctive General Services (CDT codes: D9000-D9999)

6.2.1.1.-D Periodicity Schedule. Please select and include a description.
 Medicaid
 American Academy of Pediatric Dentistry
 Other nationally recognized periodicity schedule:
(Please Specify) _____

6.2.2.-D Benchmark coverage; (Section 2103(c)(5), 42 CFR 457.410 and 42 CFR 457.420) States must, in accordance with 42 CFR 457.410, provide coverage for dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions if these services are not provided in the chosen benchmark package.

6.2.3.-D FEHBP-equivalent coverage; (Section 2103(c)(5)(C)(i)) (If checked, attach a copy of the dental supplemental plan benefits description and the applicable CDT codes. If the necessary dental services are not provided, please also include a description of, and the CDT code(s) for, the required service(s).)

6.2.4.-D State employee coverage; (Section 2103(c)(5)(C)(ii)) (If checked, identify the plan and attach a copy of the benefits description and the applicable CDT codes. If the necessary dental services are not provided, please also include a description of, and the CDT code(s) for, the required service(s).)

6.2.5.-D HMO with largest insured commercial enrollment (Section 2103(c)(5)(C)(iii)) (If checked, identify the plan and attach a copy of the benefits description and the applicable CDT codes. If the necessary dental services are not provided, please also include a description of, and the CDT code(s) for, the required service(s).)

6.3 The state assures that, with respect to pre-existing medical conditions, one of the following two statements applies to its plan: (42CFR 457.480)

6.3.1. The state shall not permit the imposition of any pre-existing medical condition exclusion for covered services (Section 2102(b)(1)(B)(ii)); **OR**

6.3.2. The state contracts with a group health plan or group health

LOUISIANA TITLE XXI STATE PLAN

insurance coverage, or contracts with a group health plan to provide family coverage under a waiver (see Section 6.4.2. of the template). Pre-existing medical conditions are permitted to the extent allowed by HIPAA/ERISA (Section 2103(f)). Please describe: *Previously 8.6*

- 6.4 **Additional Purchase Options.** If the state wishes to provide services under the plan through cost effective alternatives or the purchase of family coverage, it must request the appropriate option. To be approved, the state must address the following: (Section 2105(c)(2) and (3)) (42 CFR 457.1005 and 457.1010)

6.4.1. **Cost-Effective Coverage.** Payment may be made to a state in excess of the 10% limitation on use of funds for payments for: 1) other child health assistance for targeted low-income children; 2) expenditures for health services initiatives under the plan for improving the health of children (including targeted low-income children and other low-income children); 3) expenditures for outreach activities as provided in section 2102(c)(1) under the plan; and 4) other reasonable costs incurred by the state to administer the plan, if it demonstrates the following (42CFR 457.1005(a)):

6.4.1.1. Coverage provided to targeted low-income children through such expenditures must meet the coverage requirements above; **describe the coverage provided by the alternative delivery system. The state may cross reference section 6.2.1 - 6.2.28.** (Section 2105(c)(2)(B)(i)) (42CFR 457.1005(b))

6.4.1.2. The cost of such coverage must not be greater, on an average per child basis, than the cost of coverage that would otherwise be provided for the coverage described above. **Describe the cost of such coverage on an average per child basis.** (Section 2105(c)(2)(B)(ii)) (42CFR 457.1005(b))

6.4.1.3. The coverage must be provided through the use of a community-based health delivery system, such as through contracts with health centers receiving funds under section 330 of the Public Health Service Act or with hospitals such as those that receive disproportionate share payment adjustments under section 1886(c)(5)(F) or 1923 of the Social Security Act. **Describe the community-based delivery system.** (Section 2105(c)(2)(B)(iii)) (42CFR 457.1005(a))

6.4.2. **Purchase of Family Coverage.** Describe the plan to purchase family coverage. Payment may be made to a state for the purpose of family coverage under a group health plan or health insurance coverage that

LOUISIANA TITLE XXI STATE PLAN

includes coverage of targeted low-income children, if it demonstrates the following: (Section 2105(c)(3)) (42CFR 457.1010)

- 6.4.2.1. Purchase of family coverage is cost effective relative to the amounts that the state would have paid to obtain comparable coverage only of the targeted low-income children involved; and **(Describe the associated costs for purchasing the family coverage relative to the coverage for the low income children.)** (Section 2105(c)(3)(A)) (42CFR 457.1010(a))
- 6.4.2.2. The state assures that the family coverage would not otherwise substitute for health insurance coverage that would be provided to such children but for the purchase of family coverage. (Section 2105(c)(3)(B)) (42CFR 457.1010(b))
- 6.4.2.3. The state assures that the coverage for the family otherwise meets title XXI requirements. (42CFR 457.1010(c))

LOUISIANA TITLE XXI STATE PLAN

Section 7. Quality and Appropriateness of Care

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state’s Medicaid plan, and continue on to Section 8.

7.1. Describe the methods (including external and internal monitoring) used to assure the quality and appropriateness of care, particularly with respect to well-baby care, well-child care, and immunizations provided under the plan. (2102(a)(7)(A)) (42CFR 457.495(a))

The methods used to assure quality and appropriateness of care are the same as under Title XIX.

Will the state utilize any of the following tools to assure quality?
(Check all that apply and describe the activities for any categories utilized.)

7.1.1. Quality standards

7.1.2. Performance measurement

The following HEDIS measures will be tracked on a quarterly basis:

- Well child visits for children in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th and 6th years of life
- Use of appropriate medications for children with asthma
- Children and adolescents’ access to primary care practitioners
- Childhood immunization status
- Adolescent well-care visits

7.1.3. Information strategies – parent surveys and claims data will be used

7.1.4. Quality improvement strategies – Disease Management program is available for children with asthma and diabetes.

7.2. Describe the methods used, including monitoring, to assure: (2102(a)(7)(B)) (42CFR 457.495)

7.2.1 Access to well-baby care, well-child care, well-adolescent care and childhood and adolescent immunizations. (Section 2102(a)(7)) (42CFR 457.495(a))

The methods used to assure access to well-baby care, immunizations, as appropriate, are the same as under Title XIX for unborn children in LaCHIP Phase IV.

7.2.2 Access to covered services, including emergency services as defined in 42 CFR 457.10. (Section 2102(a)(7)) 42CFR 457.495(b))

The methods used to assure access to covered services, including emergency services as defined in 42 CFR are the same as under Title XIX for unborn children in LaCHIP Phase IV.

LOUISIANA TITLE XXI STATE PLAN

- 7.2.3 Appropriate and timely procedures to monitor and treat enrollees with chronic, complex, or serious medical conditions, including access to an adequate number of visits to specialists experienced in treating the specific medical condition and access to out-of-network providers when the network is not adequate for the enrollee's medical condition. (Section 2102(a)(7)) (42CFR 457.495(c))

The methods used to assure access to appropriate and timely procedures to monitor and treat enrollees with chronic, complex, or serious medical conditions, including access to an adequate number of visits to specialists experienced in treating the specific medical condition and access to out-of-network providers when the network is not adequate for the enrollee's medical condition are the same as under Title XIX for unborn children covered in LaCHIP Phase IV.

- 7.2.4 Decisions related to the prior authorization of health services are completed in accordance with state law **or**, in accordance with the medical needs of the patient, within 14 days after the receipt of a request for services. (Section 2102(a)(7)) (42CFR 457.495(d))

Decisions related to the prior authorization of health services are completed within 14 days after the receipt of a request for services, in accordance with Title XIX for unborn children covered in LaCHIP Phase IV.

LOUISIANA TITLE XXI STATE PLAN

Section 8. Cost Sharing and Payment (Section 2103(e))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state’s Medicaid plan, and continue on to Section 9.

8.1. Is cost sharing imposed on any of the children covered under the plan? (42CFR 457.505)

8.1.1. YES – Children Covered in LaCHIP Phase V8.1.2. NO, skip to question 8.8. – Unborn children covered in LaCHIP Phase IV

8.2. Describe the amount of cost sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge and the service for which the charge is imposed or time period for the charge, as appropriate. (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c))

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)(B)) (42CFR 457.505(b))

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)) (42CFR 457.530)

8.4.2. No cost sharing applies to well-baby and well-child care, including age-appropriate immunizations. (Section 2103(e)(2)) (42CFR 457.520)

8.4.3 No additional cost sharing applies to the costs of emergency medical services delivered outside the network. (Section 2103(e)(1)(A)) (42CFR 457.515(f))

8.5. Describe how the state will ensure that the annual aggregate cost sharing for a family does not exceed 5 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))

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)

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))

8.7.1 Please provide an assurance that the following disenrollment protections are being applied:

State has established a process that gives enrollees reasonable notice of and an opportunity to pay past due premiums,

LOUISIANA TITLE XXI STATE PLAN

- copayments, coinsurance, deductibles or similar fees prior to disenrollment. (42CFR 457.570(a))
- The disenrollment process affords the enrollee an opportunity to show that the enrollee's family income has declined prior to disenrollment for non-payment of cost-sharing charges. (42CFR 457.570(b))
- In the instance mentioned above, that the state will facilitate enrolling the child in Medicaid or adjust the child's cost-sharing category as appropriate. (42CFR 457.570(b))
- The state provides the enrollee with an opportunity for an impartial review to address disenrollment from the program. (42CFR 457.570(c))
- 8.8 The state assures that it has made the following findings with respect to the payment aspects of its plan: (Section 2103(e))
- 8.8.1. No Federal funds will be used toward state matching requirements. (Section 2105(c)(4)) (42CFR 457.220)
- 8.8.2. No cost sharing (including premiums, deductibles, copays, coinsurance and all other types) will be used toward state matching requirements. (Section 2105(c)(5)) (42CFR 457.224) (Previously 8.4.5)
- 8.8.3. No funds under this title will be used for coverage if a private insurer would have been obligated to provide such assistance except for a provision limiting this obligation because the child is eligible under the this title. (Section 2105(c)(6)(A)) (42CFR 457.626(a)(1))
- 8.8.4. Income and resource standards and methodologies for determining Medicaid eligibility are not more restrictive than those applied as of June 1, 1997. (Section 2105(d)(1)) (42CFR 457.622(b)(5))
- 8.8.5. No funds provided under this title or coverage funded by this title will include coverage of abortion except if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest. (Section 2105(c)(7)(B)) (42CFR 457.475)
- 8.8.6. No funds provided under this title will be used to pay for any abortion or to assist in the purchase, in whole or in part, for coverage that includes abortion (except as described above). (Section 2105(c)(7)(A)) (42CFR 457.475)

Section 9. Strategic Objectives and Performance Goals and Plan Administration (Section 2107)

- 9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42CFR 457.710(b))
See Section 9.2
- 9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))

LOUISIANA TITLE XXI STATE PLAN

Louisiana's strategic objectives are outlined below. For the sake of clarity and flow, performance goals, measures and data/information sources are included under the objective they support rather than in their own separate sections.

Objective I:

Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in CHIP by processing applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

Strategies:

1.1 Maximize the use of data and technology to produce efficiencies that facilitate the (re)enrollment of eligible individuals, ensure program integrity, and improve customer service in the context of budget pressures and decreased administrative resources.

1.2 Increase enrollment and retention by removing barriers.

1.3 Simplify the application and renewal process.

Performance Indicators:

- Percentage of Medicaid applications received online
- Number of certified Medicaid Application Centers
- Percentage of applications for pregnant women approved within 5 calendar days
- Percentage of applications for LaCHIP approved within 15 calendar days
- Number of individuals enrolled in all LaCHIP programs
- Number of applications taken annually

- 9.3. Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the state's performance, taking into account suggested performance indicators as specified below or other indicators the state develops:

(Section 2107(a)(4)(A),(B)) (42CFR 457.710(d))

Check the applicable suggested performance measurements listed below that the state plans to use: (Section 2107(a)(4))

- 9.3.1. The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.
- 9.3.2. The reduction in the percentage of uninsured children.
- 9.3.3. The increase in the percentage of children with a usual source of care.
- 9.3.4. The extent to which outcome measures show progress on one or more of the health problems identified by the state.

LOUISIANA TITLE XXI STATE PLAN

- 9.3.5. HEDIS Measurement Set relevant to children and adolescents younger than 19.
- 9.3.6. Other child appropriate measurement set. List or describe the set used.
- 9.3.7. If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:
 - 9.3.7.1. Immunizations
 - 9.3.7.2. Well-child care
 - 9.3.7.3. Adolescent well visits
 - 9.3.7.4. Satisfaction with care
 - 9.3.7.5. Mental health
 - 9.3.7.6. Dental care
 - 9.3.7.7. Other, please list:
- 9.3.8. Performance measures for special targeted populations.

LOUISIANA TITLE XXI STATE PLAN

- 9.4. The state assures it will collect all data, maintain records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1)) (42CFR 457.720)
The State assures it will collect all data, maintain all records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires.
- 9.5. The state assures it will comply with the annual assessment and evaluation required under Section 10. Briefly describe the state's plan for these annual assessments and reports. (Section 2107(b)(2)) (42CFR 457.750)
The State complies with the required annual assessments and reports.
- 9.6. The state assures it will provide the Secretary with access to any records or information relating to the plan for purposes of review of audit. (Section 2107(b)(3)) (42CFR 457.720)
- 9.7. The state assures that, in developing performance measures, it will modify those measures to meet national requirements when such requirements are developed. (42CFR 457.710(e))
- 9.8. The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e)) (42CFR 457.135)
- 9.8.1. Section 1902(a)(4)(C) (relating to conflict of interest standards)
- 9.8.2. Paragraphs (2), (16) and (17) of Section 1903(i) (relating to limitations on payment)
- 9.8.3. Section 1903(w) (relating to limitations on provider donations and taxes)
- 9.8.4. Section 1132 (relating to periods within which claims must be filed)
- 9.9. Describe the process used by the state to accomplish involvement of the public in the design and implementation of the plan and the method for insuring ongoing public involvement. (Section 2107(c)) (42CFR 457.120(a) and (b))
On-going public involvement is assured by the interaction of the eligibility field staff in their communities as well as executive management's presentations to various legislative committees, providers and community groups. Any proposed expansion of coverage for the uninsured or amendment of program policy would require the promulgation of administrative rules in compliance with the Administrative Procedures Act, which includes public hearings as part of the normal rulemaking process. The program also responds to correspondence and calls regarding the LaCHIP program.

LOUISIANA TITLE XXI STATE PLAN

- 9.9.1 Describe the process used by the state to ensure interaction with Indian Tribes and organizations in the state on the development and implementation of the procedures required in 42 CFR 457.125. (Section 2107(c)) (42CFR 457.120(c))

Representatives from all four federally recognized Indian tribes in Louisiana were included on the workgroup that developed the Outreach plan. In addition, outreach coordinators worked with and continue to maintain contact with the various tribes by making presentations as requested. Application centers have been set up in areas where tribe members receive medical services. Four tribal liaisons also maintain contact with tribal leaders on an on-going basis.

- 9.9.2 For an amendment relating to eligibility or benefits (including cost sharing and enrollment procedures), please describe how and when prior public notice was provided as required in §457.65(b) through (d).

The state has not amended policies relating to eligibility or benefits as described in 42 CFR 457.65(b) through (d) that eliminate or restrict eligibility or benefits. Any future changes meeting these criteria will be promulgated under the state's rulemaking process as described in the Administrative Procedures Act.

- 9.10. Provide a 1-year projected budget. A suggested financial form for the budget is attached. The budget must describe: (Section 2107(d)) (42CFR 457.140)
- Planned use of funds, including:
 - Projected amount to be spent on health services;
 - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
 - Assumptions on which the budget is based, including cost per child and expected enrollment.
 - Projected sources of non-Federal plan expenditures, including any requirements for cost sharing by enrollees.

LOUISIANA TITLE XXI STATE PLAN

Section 10. Annual Reports and Evaluations (Section 2108)

- 10.1. Annual Reports. The state assures that it will assess the operation of the state plan under this Title in each fiscal year, including: (Section 2108(a)(1),(2)) (42CFR 457.750)
- 10.1.1. The progress made in reducing the number of uncovered low-income children and report to the Secretary by January 1 following the end of the fiscal year on the result of the assessment, and
- 10.2. The state assures it will comply with future reporting requirements as they are developed. (42CFR 457.710(e))
- 10.3. The state assures that it will comply with all applicable Federal laws and regulations, including but not limited to Federal grant requirements and Federal reporting requirements.
- 10.3-D Specify that the State agrees to submit yearly the approved dental benefit package and to submit quarterly the required information on dental providers in the state to the Human Resources and Services Administration for posting on the Insure Kids Now! website.

Section 11. Program Integrity (Section 2101(a))

- Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue to Section 12.
- 11.1 The state assures that services are provided in an effective and efficient manner through free and open competition or through basing rates on other public and private rates that are actuarially sound. (Section 2101(a)) (42CFR 457.940(b))
- 11.2. The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e)) (42CFR 457.935(b)) *The items below were moved from section 9.8. (Previously items 9.8.6. - 9.8.9)*
- 11.2.1. 42 CFR Part 455 Subpart B (relating to disclosure of information by providers and fiscal agents)
- 11.2.2. Section 1124 (relating to disclosure of ownership and related information)
- 11.2.3. Section 1126 (relating to disclosure of information about certain convicted individuals)
- 11.2.4. Section 1128A (relating to civil monetary penalties)
- 11.2.5. Section 1128B (relating to criminal penalties for certain additional charges)
- 11.2.6. Section 1128E (relating to the National health care fraud and abuse data collection program)

LOUISIANA TITLE XXI STATE PLAN

Section 12. Applicant and enrollee protections (Sections 2101(a))

- Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan.

Eligibility and Enrollment Matters

- 12.1 Please describe the review process for **eligibility and enrollment** matters that complies with 42 CFR 457.1120.
The review process for eligibility and enrollment matters is the same as the Medicaid Fair Hearing process.

Health Services Matters

- 12.2 Please describe the review process for **health services matters** that comply with 42 CFR 457.1120.
The State assures that the state laws or regulations are consistent with the intent of 42 CFR 457.1130(b). This grievance process for health service matters is provided by the insurance vendor and is in compliance with state laws, the Employee Retirement Income Security Act of 1974 (ERISA), and all other applicable regulations of the Department of Labor Procedures. The review process for eligibility and enrollment matters is the same as the Medicaid Fair Hearing process for unborn children covered in LaCHIP Phase IV.

Premium Assistance Programs

- 12.3 If providing coverage through a group health plan that does not meet the requirements of 42 CFR 457.1120, please describe how the state will assure that applicants and enrollees have the option to obtain health benefits coverage other than through the group health plan at initial enrollment and at each redetermination of eligibility.