

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

August 24, 2018

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. 18-0012

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 that reads "Rebekah E. Gee".

Rebekah E. Gee MD, MPH
Secretary

Attachments (2)

REG: JS: MJ

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

18-0012

2. STATE

Louisiana

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

4. PROPOSED EFFECTIVE DATE

October 20, 2018

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 447 Subpart E

7. FEDERAL BUDGET IMPACT:

a. FFY **2019** **\$ 0.00**

b. FFY **2020** **\$ 0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-F, Pages 11 and 15

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Same (TN 18-0007)

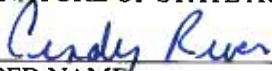
10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing managed care for physical and behavioral health in order to allow managed care organizations to utilize skilled nursing facilities for members who transition from acute care hospital services as a step-down continuum of care and to align the governing authorities with current operations and practices.**

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:

August 24, 2018

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:

State: **LOUISIANA**

Citation Condition or Requirement

Population	V	E	Notes
Other Insurance --Medicaid beneficiaries who have other health insurance		X	
Reside in Nursing Facility or ICF/IID -- Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).		X	Individuals residing in nursing facilities and individuals under age 21 residing in ICFs/IID are mandatory enrollees in Healthy Louisiana for specialized behavioral health, applied behavior analysis (ABA)-based therapy and non-emergency ambulance services only. Skilled nursing facility services may be utilized by members who transition from acute care hospital services as a step-down continuum of care.
Enrolled in Another Managed Care Program --Medicaid beneficiaries who are enrolled in another Medicaid managed care program			N/A
Eligibility Less Than 3 Months --Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program			N/A
Participate in HCBS Waiver --Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).	X		
Retroactive Eligibility --Medicaid beneficiaries for the period of retroactive eligibility.			N/A
Other (Please define):			

1932(a)(4)
 42 CFR 438.54

F. Enrollment Process.

Based on whether mandatory and/or voluntary enrollment are applicable to your program (see E. Populations and Geographic Area and definitions in 42 CFR 438.54(b)), please complete the below:

1. For **voluntary** enrollment: (see 42 CFR 438.54(c))
 - a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(c)(3). **Information is provided in the member handbook that is available on the State's website, the MCO's website and/or by mail.**

States with voluntary enrollment must have an enrollment choice period or passive enrollment. Please indicate which will apply to the managed care program:
 - b. If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(c)(1)(i) and 42 CFR 438.54(c)(2)(i), during which individuals who are subject to voluntary enrollment may make an active choice to enroll in the managed care program, or will otherwise continue to receive covered services through the fee-for-service delivery system.
 - i. Please indicate the length of the enrollment choice period:
90 days

TN _____
 Supersedes
 TN _____

Approval Date _____ Effective Date _____

State: **LOUISIANA**

State Plan-Approved Service Delivered by the MCO	Medicaid State Plan Citation		
	Attachment #	Page #	Item #
17. Chiropractic services	3.1-A	8	4b
18. Rehabilitation therapy services	3.1-A	1 1-2	2a 13d
19. Pharmacy services	3.1-A	1-4	12a
20. Hospice services	3.1-A	1	18
21. Personal care services (Age 0-20)	3.1-A	1	26
22. Pediatric day healthcare services	3.1-A	13-18	4b
23. Audiology services	3.1-A	3	6
24. Ambulatory Surgical Services	3.1-A	2	9
25. Lab and X-ray Services	3.1-A	1	3
26. Emergency and surgical dental services	3.1-A	1	5b
27. Clinic services	3.1-A	1-4	9
28. Pregnancy-related services	3.1-A	1	20a
29. Pediatric and Family Nurse Practitioner services	3.1-A	1	23
30. Licensed mental health professional services	3.1-A	8a 6-7	4b 6
31. FQHC/RHC Services	3.1-A	1-3 1-5	2c 2b
32. ESRD services	3.1-A	1	9
33. Optometrist services	3.1-A	1	5
34. Podiatry services	3.1-A	1	6
35. Rehabilitative services (including Crisis Stabilization)	3.1-A	1-19	13d
36. Respiratory services	3.1-A	40-41	1
37. Applied behavior analysis (ABA)-based therapy services	3.1-A	20	4b
38. Psychiatric Residential Treatment Facility (PRTF) services	3.1-A	1-2	16
39. Skilled nursing facility services for members who transition from acute care hospital services as a step-down continuum of care.	3.1-A	1 1	4a 24d

1932(a)(5)(D)(b)(4) 42 CFR 438.228 J. The state assures that each MCO has established an internal grievance and appeal system for enrollees.

TN _____
 Supersedes
 TN _____

Approval Date _____ Effective Date _____