

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT 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/ Patrick Gillies  
Patrick Gillies, Medicaid Executive Director, Louisiana Department of Health

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

Name: Kelly Zimmerman Position/Title: Interim Medicaid Deputy Director  
Bureau of Health Services Financing

**Disclosure Statement** This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Amendment 28

LA SPA TN 21-0026

CHIP – Poison Treatment Advice and Prevention

The purpose of this SPA is to utilize the health services initiative option as allowed at 42 CFR 457.10, to support the Louisiana Poison Center at Louisiana State University Health Shreveport, in providing daily, 24-hour emergency telephone treatment advice, referral assistance, and information to manage exposure to poisonous and hazardous substances.

Effective date: July 1, 2021

**1.4- TC**

**Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

**On July 30, 2020, a tribal notification with a summary of the State's intent to seek approval from CMS to utilize the health services initiative option as allowed at 42 CFR 457.10, to support the Louisiana Poison Center at Louisiana State University Health Shreveport, in providing daily, 24-hour emergency telephone treatment advice, referral assistance and information to manage exposure to poisonous and hazardous substances. The comment period for the tribal notification ended August 29, 2020.**

**2.2. Health Services Initiatives- Describe if the State will use the health services initiative option as allowed at 42 CFR 457.10. If so, describe what services or programs the State is proposing to cover with administrative funds, including the cost of each program, and how it is currently funded (if applicable), also update the budget accordingly. (Section 2105(a)(1)(D)(ii)); (42 CFR 457.10)**

Poison Treatment Advice and Prevention

As permitted under section 2105(a)(1)(D)(ii) of the Social Security Act and federal regulations at 42 CFR 457.10, LDH will use CHIP funding for a health services initiative, within the 10 percent federal administrative expenditures cap allowed for states, in accordance with 2105(c)(2)(A) of the Social Security Act. Through the Louisiana State University Health Sciences Center-Shreveport (LSUHSC-S), the funds will support Louisiana Poison Center (LPC) activities impacting children 18 years of age or younger.

The State assures that funding under this HSI will not supplant or match CHIP federal funds with other federal funds, nor will it allow other federal funds to supplant or match CHIP federal funds. The non-federal share of the CHIP funding for the LPC HSI will be provided by LSUHSC-S in the form of certified public expenditures, in accordance with procedures specified by LDH. Projected costs of this program are \$1,220,256.

The LPC serves every Louisiana community, including demographics that are typically underserved, such as uninsured, low income, indigent, and those living in rural areas. It directs attention and resources to “at-risk” children and adolescents, low -income populations, minority, migrant and immigrant communities.

The LPC operates a call center to provide:

1. Emergency telephone treatment advice;
2. Referral assistance; and
3. Information to manage exposure to poisonous and hazardous substances.

A hotline is available to the general public and health care providers needing assistance 24 hours per day, 365 days per year, at no charge to the caller. Calls are answered by Certified Specialists in Poison Information (CSPI). Clinical oversight is provided by experienced Medical Doctors boarded in Emergency Medicine and Medical Toxicology. Translation is available in over 240 languages via Language Line service and via relay service for the deaf and hearing impaired.

The LPC handles approximately 35,000 calls to the hotline per year, gathering information, triaging the patient and providing medical management recommendations to the treating physician. Approximately one-third of all calls received by the LPC are initiated from hospital emergency departments and

intensive care units across the state. The remainder of the calls are primarily from home settings, with a small percentage from other non-healthcare sites.

In 2018, 70 percent of all calls to the LPC involved children under 19 years of age. Children under age six represented 58 percent of all calls to LPC. An estimated one-one-third of all calls relate to children age 0-18 with annual household incomes of \$66,816 or less (250 percent of the FPL for a family of 4). The Kids Count Data Center (2020) website data for 2018, states there are a total of 632,000 children aged 0-18 below 250 percent federal poverty level (FPL) that qualify for either CHIP or Medicaid.

The LPC provides public education programs on poisoning response and prevention. It works closely with schools, healthcare organizations, parenting groups, and childcare providers throughout the state to promote awareness in the identification and treatment of poisoning and hazardous exposures. LPC educates health care providers in management of poisonings and drug overdoses. It offers continuing education courses to help physicians, nurses, first responders and other healthcare providers manage pediatric patients exposed to poisonous materials.

The LPC distributes educational materials throughout the state, free of charge to the public. Materials are available in multiple languages beyond English, as indicated by state demographics, and are disseminated in hard copy and electronic formats, including websites and social media. The LPC will maintain, on its website, links to assist the public in applying for health coverage through Medicaid and CHIP.

**LOUISIANA TITLE XXI STATE PLAN**

**9.10.** Provide a 1-year projected budget. A suggested financial form for the budget is below. 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 expenditures for the separate child health plan, including but not limited to expenditures for targeted low-income children, the optional coverage of the unborn, lawfully residing eligibles, dental services, etc.
  - All cost sharing, benefit, payment, eligibility need to be reflected in the budget.
  
- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.
- Include a separate budget line to indicate the cost of providing coverage to pregnant women.
- States must include a separate budget line item to indicate the cost of providing coverage to premium assistance children.
- Include a separate budget line to indicate the cost of providing dental-only supplemental coverage.
- Include a separate budget line to indicate the cost of implementing Express Lane Eligibility.
- Provide a 1-year projected budget for all targeted low-income children covered under the state plan using the attached form. Additionally, provide the following:
  - Total 1-year cost of adding prenatal coverage
  - Estimate of unborn children covered in year 1

**CHIP Budget**

<b><u>STATE: Louisiana</u></b>	<b><u>FFY Budget</u></b>
<b><u>Federal Fiscal Year</u></b>	<b><u>2022</u></b>
<b><u>State’s enhanced FMAP rate</u></b>	<b><u>81.95%</u></b>
<b><u>Benefit Costs</u></b>	
<b><u>Insurance payments</u></b>	<b><u>0</u></b>
<b><u>Managed care</u></b>	<b><u>\$472,729,528</u></b>
<b><u>per member/per month rate</u></b>	<b><u>0</u></b>
<b><u>Fee for Service</u></b>	<b><u>0</u></b>
<b><u>Total Benefit Costs</u></b>	<b><u>\$472,729,528</u></b>

**LOUISIANA TITLE XXI STATE PLAN**

<b><u>STATE: Louisiana</u></b>	<b><u>FFY Budget</u></b>
<u>(Offsetting beneficiary cost sharing payments)</u>	<u>\$129,002</u>
<b><u>Net Benefit Costs</u></b>	<b><u>\$472,600,526</u></b>
<b><u>Cost of Proposed SPA Changes – Benefit</u></b>	<b><u>\$1,220,256</u></b>
-	
<b><u>Administration Costs</u></b>	
<u>Personnel</u>	<u>\$3,975,329</u>
<u>General administration</u>	<u>\$8,121,432</u>
<u>Contractors/Brokers</u>	<u>\$8,500,555</u>
<u>Claims Processing</u>	<u>\$2,257,552</u>
<u>Outreach/marketing costs</u>	<u>0</u>
<u>Health Services Initiatives</u>	<u>\$1,220,256</u>
<u>Other</u>	<u>0</u>
<b><u>Total Administration Costs</u></b>	<b><u>\$24,075,124</u></b>
<u>10% Administrative Cap</u>	<u>\$52,511,170</u>
-	
<b><u>Cost of Proposed SPA Changes</u></b>	<b><u>\$1,220,256</u></b>
-	
<u>Federal Share</u>	<u>\$407,025,695</u>
<u>State Share</u>	<u>\$89,649,955</u>
<b><u>Total Costs of Approved CHIP Plan</u></b>	<b><u>\$496,675,650</u></b>

**NOTE: Include the costs associated with the current SPA.**

- Amounts above are projections from the May CMS 21B submission with the poison control amount added to total plus an additional 4.34 percent FMAP.
- All amounts above are based on total expenditures. Federal share is 81.95 percent of total.
- Amounts are projections for federal fiscal year, not state fiscal year.

**The Source of State Share Funds: State General Fund**