

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 25, 2025

Kimberly Sullivan
Medicaid Executive Director
State of Louisiana c/o Department of Health
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) 25-0005

Dear Medicaid Executive Director Sullivan:

The Centers for Medicare & Medicaid Services (CMS) has completed our review of the proposed amendment submitted under transmittal number (TN) LA-25-0005. This plan amendment has a requested effective date of January 01, 2025, and was submitted in order to add (1) mandatory coverage for eligible juveniles who are inmates of a public institution post adjudication of charges in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act), as added by section 5121 of the Consolidated Appropriations Act, 2023, and (2) proposes to add targeted case management services for eligible juveniles.

Section 1902(a)(4) of the Act requires that the state use methods of administration found by the Secretary to be “necessary for the proper and efficient administration of the plan.” Implementing regulation at 42 CFR 430.10 requires that the State Plan be a comprehensive written statement describing the nature and scope of the state’s Medicaid program and that it contains all information necessary for CMS to determine whether the plan can be approved to serve as the basis for federal financial participation (FFP) in the state program.

Before we continue processing this amendment, we need additional or clarifying information.

General Comments/Questions Coverage

1. The state indicated that they are partially ready to implement section 1902(a)(84)(D) of the Act. As CMS previously discussed with the state, CMS will approve the SPA with sunset language and issue a companion letter that documents actions that the state must complete for full readiness and the state’s deadline to complete these actions.

- a. The state previously shared a high-level overview of the actions that the state needs to complete to fully implement section 1902(a)(84)(D) of the Act. Please provide CMS with additional details on each of these activities.
- b. CMS will approve an initial sunset date for states that are partially ready to implement section 1902(a)(84)(D) of the Act of no later than December 31, 2026. Please add the following text to the additional information text box on Attachment 3.1-M, page 2:
 - *“The authority to provide for mandatory coverage for eligible juveniles who are inmates of a public institution post adjudication of charges will cease on December 31, 2026.”*

Targeted Case Management Supplement 1 to Attachment 3.1-A Pages 2-8

1. Page 4: Please check the box to indicate the state will comport with the warm hand off requirement for the duration of the benefit.
2. Page 5, Qualification of Providers: The state has provided qualifications for staff who provide supervision of case management services. Please also specify on the plan page, qualifications for the case managers.

General Questions and Comments Reimbursement

1. May the State please provide the methodology and currently approved plan pages that it will use to reimburse for the targeted case management services described in Section 5121 of the Consolidated Appropriations Act of 2023.
2. Is the State seeking reimbursement for case management only, or does this SPA also seek payment/reimbursement for screening and/or diagnostic activities/services?
 - a. If not, please provide details of how the state is currently paying for these services.
 - b. If yes, please provide 4.19-B pages for review.

We are requesting this additional/clarifying information under provisions of section 1915(f) of the Social Security Act (added by PL 97-35). This has the effect of stopping the 90-day clock for CMS to take action on the material, which would have expired on June 29, 2025. A new 90-day clock will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018, Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA or waiver action. In addition, because this amendment was submitted after January 2, 2001, and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

We ask that you respond to this RAI via the OneMAC portal at <http://onemac.cms.gov>.

If you have any questions, please contact Cecilia Williams at (667) 414-0674 or via email at Cecilia.Williams@cms.hhs.gov.

Sincerely,

Shantrina Roberts

Digitally signed by Shantrina
Roberts
Date: 2025.06.25 15:01:29 -04'00'

Shantrina Roberts, Acting Director
Division of Program Operations