



Louisiana Department of Health Office of the Secretary

October 31, 2025

Courtney Miller, Director CMS/Center for Medicaid and CHIP Services Medicaid & CHIP Operations Group 601 East 12th Street, Room 355 Kansas City, Missouri 64106

RE: Louisiana Title XXI State Plan Transmittal No. 25-0022

Dear Ms. Miller:

The purpose of this SPA is to amend the provisions governing the Children's Health Insurance Program (CHIP) eligibility determinations, to transition from a Federally-Facilitated Marketplace (FFM) Determination state whereas the state delegated authority to the FFM to make final eligibility decisions, to an FFM Assessment state whereas the FFM makes a preliminary assessment of eligibility and the State makes the final decision.

I have reviewed and approved the enclosed Louisiana Title XXI State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan. Should you have any questions or concerns regarding this matter, please contact Marjorie Jenkins at (225) 342-3881 or via email at <a href="Marjorie.Jenkins@la.gov">Marjorie.Jenkins@la.gov</a>.

Tribal notification around this State Plan action was issued to the Tribes on October 20, 2025, with the comment period ending on November 19, 2025.

Sincerely,

—Docusigned by: Drew Makainto

Drew Maranto, Undersecretary

Interim Medicaid Executive Director

Attachment (2)

DM:KC

### 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/Drew Maranto.

Drew Maranto Undersecretary/Interim 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: Drew Maranto Position/Title: Undersecretary/Interim Medicaid

**Executive Director** 

Bureau of Health Services Financing

Name: <u>Tangela Womack</u> Position/Title: <u>Medicaid Deputy Director</u>

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 21244-185

#### LOUISIANA TITLE XXI STATE PLAN

#### **Revised October 2025**

#### **Amendment 35**

#### LA SPA TN 25-0005-A

#### CHIP - Services to Incarcerated Youth

Pursuant to the services for incarcerated youth requirements described in section 5121 of the Consolidated Appropriations Act, 2023, this SPA implements required coverage for incarcerated youth in the Children's Health Insurance Program (CHIP).

Effective Date: January 1, 2025

**Implementation date:** January 1, 2025

#### **Amendment 36**

#### **LA SPA TN 25-0015**

#### **CHIP – Substitution of Coverage**

The purpose of this SPA is to amend form CS20 in order to remove the waiting period for those beneficiaries who had private insurance within the 90 days prior to application.

This change is in accordance with CMS Final Rule 89 FR 22780.

Effective Date: June 3, 2025

Implementation date: June 3, 2025

#### **Amendment 37**

#### LA SPA TN 25-0015-A

#### **CHIP – Substitution of Coverage**

The purpose of this SPA is to amend the provisions governing the Children's Health Insurance Program (CHIP) in order to remove the waiting period for those beneficiaries who had private insurance within the 90 days prior to application. This change is in accordance with CMS Final Rule 89 FR 22780.

Effective Date: June 3, 2025

Implementation date: June 3, 2025

#### **Amendment 38**

#### **LA SPA TN 25-0022**

#### **CHIP – Federally-Facilitated Marketplace Assessments**

The purpose of this SPA is to amend the provisions governing CHIP eligibility determinations, to transition from a Federally-Facilitated Marketplace (FFM) Determination state whereas the state delegated authority to the FFM to make final eligibility decisions, to an FFM Assessment state whereas the FFM makes a preliminary assessment of eligibility and the State makes the final decision.

Effective Date: October 1, 2025

**Implementation date:** October 1, 2025

# **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 October 20, 2025, notification was sent to the tribes around the State's intent to seek approval from CMS to amend the provisions governing the CHIP eligibility determinations, to transition from an FFM determination state to an FFM assessment state.

TN <u>25-0022</u> Approval Date: Effective Date: October 1, 2025

In the event of a state or federally declared disaster or public health emergency, the State may modify the tribal consultation process by shortening the number of days

#### LOUISIANA TITLE XXI STATE PLAN Revised October 2025

before submission of the SPA and/or conducting consultation after submission of the SPA. The duration of the provisions may not exceed the duration of the state or federal disaster period.



Procedures include:

# **CHIP Eligibility**

State Name: Louisiana	OMI	B Control Number: 0938-1148
Transmittal Number: <u>LA</u> - <u>25</u> - <u>0022</u>		
Separate Child Health Insurance Program General Eligibility - Eligibility Processing		CS24
2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR 457,	subpart C	
The CHIP Agency meets all of the requirements of 42 enrollment.	2 CFR 457, subpart C for application processing, el	ligibility screening and
Application Processing		
Indicate which application the agency uses for individuals modified adjusted gross income standard:	applying for coverage who may be eligible based	on the applicable
The single, streamlined application developed by Care Act.	the Secretary in accordance with section 1413(b)(	(1)(A) of the Affordable
An alternative single, streamlined application dev section 1413(b)(1)(B) of the Affordable Care Act	veloped by the state and approved by the Secretary t.	in accordance with
An at	tachment is submitted.	
1	iple human service programs approved by the Secr mative application used only for insurance affordal programs.	* . *
An	attachment is submitted.	
The agency's procedures permit an individual, or auth the internet website described in CFR 457.340(a), by		
The agency accepts applications in the following other	er electronic means.	
Add Name of method	Description	Remove
Add Fax	Received by fax transmission	Remove
Screen and Enroll Process		
The CHIP Agency has coordinated eligibility and enror application, periodic redeterminations, and follow-up income children are provided CHIP coverage and that other insurance affordability programs.	eligibility determinations. The procedures ensure t	hat only targeted low-



## **CHIP Eligibility**

	Screening of application to identify all individuals eligible or potentially eligible for CHIP or other insurance affordability programs; and					
	Income eligibility test, with calculation of household income consistent with 42 CFR 457.315 for individuals identified as potentially eligible for Medicaid or other insurance affordability programs based on household income; and					
	Screening process for individuals who may qualify for Medicaid on a basis other than having household income at or belo applicable MAGI standard, based on information in the single streamlined application.	w the				
	e CHIP agency has entered into an arrangement with the Exchange to make eligibility determinations for advanced emium tax credits in accordance with section 1943(b)(2) of the SSA.	No				
edete	edetermination Processing					
<b>✓</b>	Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 457.343:	SS				
	■ Once every 12 months.					
	Without requiring information from the individual if able to do so based on reliable information contained in the individual account or other more current information available to the agency.	idual's				
	If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs adding information to complete the redetermination, it provides the individual with a pre-populated renewal form containing information already available.					
creeni	ing by Other Insurance Affordability Programs					
<b>V</b>	The CHIP Agency provides assurance that it has adopted procedures to accept and process electronic accounts of individus creened as potentially eligible for CHIP by other insurance affordability programs in accordance with the requirements of CFR 457.348(b) and to determine eligibility in accordance with 42 CFR 457.340 in the same manner as if the application been submitted directly to, and processed by the state.	f 42				
	The CHIP Agency elects the option to accept CHIP eligibility decisions made by the Exchange or other agencies administ insurance affordability programs as provided in 42 CFR 457.348 and to furnish CHIP in accordance with requirements of CFR 457.340 to the same extent and in the same manner as if the applicant had been determined by the state to be eligible CHIP.	42				
1	e CHIP Agency has entered into an agreement with agencies administering other insurance affordability programs to fulfill uirements of 457.348(b) and will provide this agreement to the Secretary upon request.	the				

#### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours 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 comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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