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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 14-15

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

January 22, 2015

Our Reference: SPA LA 14-0015

Ms. Ruth Kennedy, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attn: Darlene Budgewater
Jodie Hebert

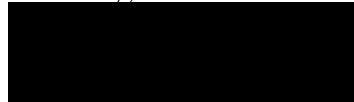
Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 14-0015. The state plan makes individuals receiving hospice services mandatory participants in BAYOU HEALTH and individuals receiving home and community based waiver services voluntary participants.

Transmittal Number 14-0015 is approved with an effective date of July 20, 2014 as requested. A copy of the HCFA-179, Transmittal No. 14-0015 dated September 30, 2014 is enclosed along with the approved plan pages.

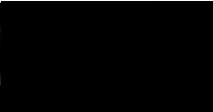

If you have any questions, please contact Ford Blunt III at ford.blunt@cms.hhs.gov or by phone at (214) 767-6381.

Sincerely,



Bill Brooks
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 14-15	2. STATE Louisiana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 20, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1932(a)(4) of Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$0 b. FFY 2015 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F, Pages 4, 4a, 5, 7 and 10 Attachment 3.1-F, Page 8 and 8a Attachment 3.1-F, Page 12		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 11-21) remove pages 7a and 12a Same (TN 12-57) Same (TN 12-65)	
10. SUBJECT OF AMENDMENT: The SPA proposes to make individuals receiving hospice services mandatory participants in BAYOU HEALTH and individuals receiving home and community based waiver services voluntary participants.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review state plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE AGENCY OFFICIAL: 		16. RETURN TO: J. Ruth Kennedy, Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Kathy H. Kliebert			
14. TITLE: Secretary			
15. DATE SUBMITTED: September 30, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 30, 2014		18. DATE APPROVED: January 22, 2015	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 20, 2014		20. SIGNATURE AGENCY OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			

State: Louisiana

Citation	Condition or Requirement
1932(a)(1)(A) 42 CFR 438.6(c) 42 CFR 438.50(c)(6)	6. <u>X</u> The state assures that all applicable requirements of 42 CFR 438.6(c) for payments under any risk contracts will be met.
1932(a)(1)(A) 447.362 42 CFR 438.50(c)(6)	7. <u>N/A</u> The state assures that all applicable requirements of 42 CFR 447.362 for 42 CFR payments under any non-risk contracts will be met.
45 CFR 74.40	8. <u>X</u> The state assures that all applicable requirements of 45 CFR 92.36 for procurement of contracts will be met.

D. Eligible groups

- 1932(a)(1)(A)(i) 1. List all eligible groups that will be enrolled on a **mandatory basis**.
- Children (under 19 years of age) including those eligible under Section 1931 poverty-level related groups and optional groups of older children;
 - Parents, including those eligible under Section 1931 and optional groups of caretaker relatives;
 - CHIP (Title XXI) children enrolled in Medicaid-expansion CHIP (LaCHIP Phase I, II, & III);
 - CHIP (Title XXI) unborn option (Phase 4)
 - Pregnant Women: Individuals whose basis of eligibility is pregnancy, who are only eligible for pregnancy-related services, and whose eligibility extends 60 days after the end of the pregnancy;
 - Uninsured women under the age of 65 who have been screened through the Centers for Disease Control National Breast and Cervical Cancer Early Detection Program and identified as being in need of treatment for breast and/or cervical cancer, including pre-cancerous conditions and early stage cancer, and are not otherwise eligible for Medicaid;
 - Non-dually eligible Aged, Blind & Disabled Adults age 19 or older (note: dual eligibles are exempt and children are voluntary as noted below).
 - Individuals and families who have more income than is allowed for Medicaid eligibility, but who meet the standards for the Regular Medically Needy Program.
 - Individuals receiving hospice services who are not otherwise excluded because of their status as a Medicare dual eligible recipient, or a resident of a long-term care facility (nursing facility or intermediate care facility for persons with intellectual disabilities).

2. Mandatory exempt groups identified in 1932(a)(1)(A)(i) and 42 CFR 438.50.

Use a check mark to affirm if there is **voluntary enrollment** of any of the following mandatory exempt groups.

- 1932(a)(2)(B)
42 CFR 438(d)(1) i. Recipients who are also eligible for Medicare
- If enrollment is voluntary, describe the circumstances of enrollment.
(Example: Recipients who become Medicare eligible during mid-enrollment, remain eligible for managed care and are not disenrolled into fee-for-service.)

State: Louisiana

Citation	Condition or Requirement
1932(a)(2)(C) 42 CFR 438(d)(2)	<p>ii. <u>X</u> An Indian Health program or urban Indian program operated by a tribe or tribal organization under a contract, grant, cooperative agreement or compact with the Indian Health Service.</p> <p>All enrollees are informed through required member materials that if they are a member of a federally recognized Tribe they may self-identify, provide documentation of Tribal membership, and request disenrollment through the enrollment broker.</p>
1932(a)(2)(A)(i) 42 CFR 438.50(d)(3)(i)	iii. <u>X</u> Children under the age of 19 years, who are eligible for Supplemental Security Income (SSI) under title XVI.
1932(a)(2)(A)(iii) 42 CFR 438.50(d)(3)(ii)	<p>iv. <u>N/A</u> Children under the age of 19 years who are eligible under 1902(e)(3) of the Act.</p> <p>v. <u>X</u> Individuals who receive home and community-based waiver services.</p>

Note: Voluntary enrollment is allowed under the CCN Program.

State: Louisiana
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TN# 11-0021

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State: Louisiana

Citation

Condition or Requirement

Louisiana does not cover these optional groups.

1932(a)(2)(A)(v)
42 CFR 438.50(3)(iii) Children under the age of 19 years who are in foster care or other out-of-home placement.1932(a)(2)(A)(iv)
42 CFR 438.50(3)(iv) Children under the age of 19 years who are receiving foster care or adoption assistance under title IV-E.1932(a)(2)(A)(ii)
42 CFR 438.50 (3)(v) Children under the age of 19 years who are receiving services through a family-centered, community based, coordinated care system that receives grant funds under section 501(a)(1)(D) of title V, and is defined by the state in terms of either program participation or special health care needs.E. Identification of Mandatory Exempt Groups1932(a)(2)
42 CFR 438.50(d)

- Describe how the state defines children who receive services that are funded under section 501(a)(1)(D) of title V. (*Examples: children receiving services at a specific clinic or enrolled in a particular program.*)

The State defines the above referenced children as those children receiving services at a Children's Special Health Services (CSHS) clinic Operated by the Louisiana Department of Public Health.

1932(a)(2)
42 CFR 438.50(d)

- Place a check mark to affirm if the state's definition of title V children is determined by:

i. program participation (**receipt of services at a CSHS clinic**),
 ii. special health care needs, or
 iii. both

1932(a)(2)
42 CFR 438.50(d)

- Place a check mark to affirm if the scope of these title V services is received through a family-centered, community-based, and coordinated care system.

i. yes
 ii. no

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Citation	Condition or Requirement
1932(a)(2) 42 CFR 438.50(d)	<p data-bbox="511 262 1438 346">6. Describe how the state identifies the following groups who are exempt from mandatory enrollment into managed care: <i>(Examples: usage of aid codes in the eligibility system, self-identification).</i></p> <p data-bbox="511 388 1438 451">The following Medicaid and/or CHIP recipients are excluded from participation in a CCN and cannot voluntarily enroll in a CCN.</p> <p data-bbox="511 483 1438 514">Individuals who:</p> <ul data-bbox="511 514 1438 1123" style="list-style-type: none"> • are both Medicaid and Medicare recipients (identified by Medicare Indicator in the MMIS recipient file); • reside in a long-term care facility (nursing facility or intermediate care facility for persons with intellectual disabilities); • receive services through the Program of All-Inclusive Care for the Elderly (PACE); • have a limited period of eligibility such as eligibility through the Spend-down Medically Needy Program or Emergency Services Only; • are participants in the Take Charge Family Planning Waiver Program; • are eligible through the Tuberculosis Infected Individual Program; or • are enrolled in the Louisiana Health Insurance Premium Payment (LaHIPP) Program.
42 CFR 438.50	<p data-bbox="511 1144 1438 1207">F. <u>List other eligible groups (not previously mentioned) who will be exempt (excluded) from mandatory enrollment.</u></p> <ul data-bbox="511 1207 1438 1480" style="list-style-type: none"> • Individuals under the age of 21 otherwise eligible for Medicaid who are listed on the New Opportunities Waiver (NOW) Request for Services Registry, also known as Chisholm Class Members; • For purposes of these provisions, Chisholm class members shall be defined as those children identified in the Melanie Chisholm, et al vs. Kathy Kliebert (or her successor) class action litigation.

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Citation	Condition or Requirement
42 CFR 438.50	G. <u>List all other eligible groups who will be permitted to enroll on a voluntary basis</u> N/A
1932(a)(4) 42 CFR 438.50	H. <u>Enrollment process.</u> 1. Definitions i. An existing provider-recipient relationship is one in which the provider was the main source of Medicaid services for the recipient during the previous year. This may be established through state records of previous managed care enrollment or fee-for-service experience, or through contact with the recipient. ii. A provider is considered to have "traditionally served" Medicaid recipients if it has experience in serving the Medicaid population.
1932(a)(4) 42 CFR 438.50	2. State process for enrollment by default. Describe how the state's default enrollment process will preserve: i. the existing provider-recipient relationship (as defined in H.1.i). As part of the financial Medicaid and LaCHIP application process, applicants may be given the option to indicate their preferred choice of CCN and PCP. If the choice of CCN and PCP is not indicated on the new enrollee file transmitted by DHH to the Enrollment Broker, the Enrollment Broker shall contact the enrollee to request their choice of CCN and PCP. The Enrollment Broker shall encourage the continuation of any existing satisfactory provider/patient relationship with their current PCP who is in a CCN. Enrollment Broker staff will be available by telephone to assist program enrollees. Program enrollees will be offered multilingual enrollment materials or materials in alternative formats, large print, and/or Braille when needed. The enrollment broker shall assist the Medicaid enrollee with the selection of a CCN that meets the enrollee's needs by explaining in a non-biased manner the criteria that may be considered when selecting a CCN. If no CCN choice is made, the enrollment broker will utilize available information about relationships with existing PCPs in the assignment process. Medicaid potential enrollees who are eligible for CCN, excluding those whose Medicaid eligibility is predicated upon determination of pregnancy, will have thirty (30) calendar days from the postmark date that an enrollment form is sent to them by the Enrollment Broker to select a CCN. Pregnant recipients with Medicaid eligibility limited to prenatal, delivery, and post-partum services will immediately be automatically assigned to a CCN by the enrollment broker. All members of a family unit will be encouraged to select the same CCN. With the implementation of the CCNs in a geographic service area, enrollees will be given the chance to choose a CCN. Enrollees have 90 days from the initial date of enrollment into a CCN in which they may change the CCN for any reason. If the enrollee does not request disenrollment from the CCN within 90 days, the enrollee will be locked-in to the CCN for up to 12 months, or until their next open enrollment period unless they are disenrolled for cause.

State: Louisiana

Citation	Condition or Requirement
ii.	<p>the relationship with providers that have traditionally served Medicaid recipients (as defined in H.2.ii).</p> <p>All CCNs will contract with providers who have traditionally served Medicaid recipients and will be available for choice and default assignment. Preexisting relationships are a factor in the auto-assignment algorithm.</p> <p>Recipients who fail to choose a CCN shall be automatically assigned to a CCN by the enrollment broker and the CCN shall be responsible to assign the member to a PCP if a PCP is not selected at the time of enrollment into the CCN.</p> <p>Recipients of home and community-based services shall be exempt from automatic assignment to a CCN.</p>

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State: Louisiana

Citation	Condition or Requirement
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v.	Describe the default assignment algorithm used for auto-assignment. <i>(Examples: ratio of plans in a geographic service area to potential enrollees, usage of quality indicators.)</i>
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Mandatory CCN participants that fail to select a CCN and voluntary participants that do not exercise their option not to participate in the CCN program within the minimum 30 day window, with the exception of recipients of home and community-based services, shall be auto-assigned to a CCN.

Potential enrollees are auto-assigned based on the State's algorithm taking into consideration:

- **The member's previous CCN;**
- **Inclusion in the CCN provider network of the member's historic provider as identified by Medicaid claims history;**
- **If the provider with which the member has a historic provider relationship contracts with more than one CCN, the member will be assigned to a CCN with which the provider contracts, on a round robin basis;**
- **If the provider with which the family member has a current or historic provider relationship contracts with more than one CCN, the member will be assigned to a CCN with which that provider contracts, on a round robin basis;**
- **If neither the member nor a family member has a current or historic provider relationship, the member will be auto-assigned to a CCN with one or more PCPs accepting new patients in the member's parish of residence, on a round robin basis subject to CCN capacity; and**
- **Beginning in October 2014, the CCN's quality measures will be factored into the algorithm for automatic assignment.**

vi.	Describe how the state will monitor any changes in the rate of default assignment. <i>(Example: usage of the Medical Management Information System (MMIS), monthly reports generated by the enrollment broker)</i>
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The State will use regular reports generated by the enrollment broker to monitor CCN choice rates, auto-assignments, and disenrollments.

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1932(a)(4)
 42 CFR 438.50

I. State assurances on the enrollment process

Place a check mark to affirm the state has met all of the applicable requirements of choice, enrollment, and re-enrollment.

1. The state assures it has an enrollment system that allows recipients who are already enrolled to be given priority to continue that enrollment if the MCO or PCCM does not have capacity to accept all who are seeking enrollment under the program.

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Citation	Condition or Requirement
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1932(a)(5)(D)
1905(t)

L. List all services that are excluded for each model (MCO & PCCM)

The following services are excluded from coverage under the CCN-P Model:

- **Dental;**
- **ICF/DD Services*;**
- **Personal Care Services;**
- **Nursing Facility Services*;**
- **Individualized Education Plan (IEP) Services provided by a school district and billed through the intermediate school district, or school-based services funded with certified public expenditures (these services are not provided by OPH certified school-based health clinics);**
- **Specialized Behavioral Health;**
- **Targeted Case Management Services including Nurse Family Partnership; and**
- **Services provided through DHH's Early-Steps Program (Individuals with Disabilities Education Act (IDEA) Part C Program Services)**

***Individuals receiving these services are excluded from enrollment or will be disenrolled from the CCN-P.**

Medicaid state plan covered services other than primary care case management services are covered and reimbursed outside of the CCN through the Medicaid fee-for-service payment system or other managed care programs. The CCN-S is responsible for authorizing all State plan covered service, except:

- **Services provided through DHH's Early Step Services (IDEA Part C Program Services)**
- **Dental Services**
- **Personal Care Services (EPSDT and LT-PCS)**
- **Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Services***
- **Non-Emergency Transportation**
- **School-based Individualized Education Plan (IEP) Services provided by a school district and billed through the intermediate school district**
- **Nursing Facility Services***
- **Specialized Behavioral Health Services**
- **Targeted Case Management**
- **Durable Medical Equipment and certain supplies**
- **Prosthetics and orthotics**

***Individuals receiving these services are excluded from enrollment or will be disenrolled from the CCN-S.**