

Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 21-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group / Division of Program Operations
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

December 09, 2021

Patrick Gillies
Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
Baton Rouge, LA, LA 70802

Re: Approval of State Plan Amendment LA-21-0024

Dear Mr. Gillies,

On September 13, 2021, the Centers for Medicare and Medicaid Services (CMS) received Louisiana State Plan Amendment (SPA) LA-21-0024, under which Louisiana proposed to adopt the "Katie Beckett" eligibility group, which serves children who have disabilities and are under the age of 19 and who will receive services in the community instead of an institution.

We approve Louisiana State Plan Amendment (SPA) LA-21-0024 with an effective date(s) of January 01, 2022.

CMS appreciated the opportunity to discuss with Louisiana our informal questions relating to Louisiana's programmatic readiness to begin its coverage of the Katie Beckett eligibility group. CMS plans to maintain regular communications and a collaborative partnership with the state, including the provision of program integrity-related technical assistance and guidance throughout the Katie Beckett eligibility group implementation process as needed.

As part of this partnership, CMS will continue to work with the state to ensure that it demonstrates and provides evidence of its systems performance. As Louisiana completes updates to its eligibility system to include the Katie Beckett Group, please provide to CMS the state's testing plan and results for the updates prior to the new group taking effect on January 1, 2022.

Please also share the monitoring plan for the implementation of this program with CMS once it becomes available. CMS is available to continue to work with the state on the monitoring plan for the implementation of the Katie Beckett group.

If you have any questions regarding this amendment, please contact Tobias Griffin at tobias.griffin@cms.hhs.gov or at 214-767-4425.

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS00030 | LA-21-0024

Package Header

Package ID	LA2021MS00030	SPA ID	LA-21-0024
Submission Type	Official	Initial Submission Date	9/13/2021
Approval Date	12/9/2021	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Louisiana	Medicaid Agency Name:	Louisiana Department of Health
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS0003O | LA-21-0024

Package Header

Package ID LA2021MS0003O
Submission Type Official
Approval Date 12/9/2021
Superseded SPA ID N/A

SPA ID LA-21-0024
Initial Submission Date 9/13/2021
Effective Date N/A

SPA ID and Effective Date

SPA ID LA-21-0024

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2022	LA-19-0023
Children under Age 19 with a Disability	1/1/2022	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS00030 | LA-21-0024

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Superseded SPA ID	N/A		

Executive Summary

Summary Description The purpose of this SPA to provide Medicaid coverage that allows children younger than 19 years old, with disabilities, who are otherwise ineligible for such benefits because their household income exceeds state-established limits for Medicaid eligibility, access to
Including Goals and Objectives Medicaid-funded care in their homes rather than an institution, regardless of their parents' income.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$34861757
Second	2023	\$46557513

Federal Statute / Regulation Citation

1902(e)(3) of the Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS00030 | LA-21-0024

Package Header

Package ID LA2021MS00030
Submission Type Official
Approval Date 12/9/2021
Superseded SPA ID N/A

SPA ID LA-21-0024
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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The Governor does not review State Plan material.

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS00030 | LA-21-0024

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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:


- All Indian Health Programs
 All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
8/9/2021	The Tribes were notified, electronically, on August 9, 2021 with a comment period ending on September 8, 2021.
8/8/2021	The Tribes were notified, electronically, on August 9, 2021 with a comment period ending on September 8, 2021.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Tribal Notice 8.9.21	8/10/2021 10:44 AM EDT	

Indicate the key issues raised (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility
 Benefits
 Service delivery
 Other issue

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS00030 | LA-21-0024

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Superseded SPA ID LA-19-0023	
System-Derived	

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS00030 | LA-21-0024

Package Header

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Superseded SPA ID	LA-19-0023		
	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS00030 | LA-21-0024

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	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS00030 | LA-21-0024

Children under age 19 with a disability who would be eligible if they were in a medical institution (known as Katie Beckett).

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Superseded SPA ID	New User-Entered		

The state operates the Children under Age 19 with a Disability eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 19 and qualify as an individual with a disability under section 1614(a) of the Act.
2. For whom the state has determined the following:
 - a. The individual requires a level of care provided in a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities;
 - b. It is appropriate to provide such care for the child outside such an institution; and
 - c. The estimated cost for the individual's care is not greater than the cost which would otherwise be expended within an appropriate institution.
3. Would be eligible for one or more of the following Medicaid eligibility groups if in a medical institution:
 - a. Individuals in Institutions Eligible under a Special Income Level
 - b. Age and Disability-related Poverty Level
 - c. Medically Needy Individuals
 - d. Individuals Eligible for but Not Receiving Cash Assistance
 - e. Other eligibility group(s):

Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS0003O | LA-21-0024

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B. Financial Methodologies and Standards

1. The income and resource methodologies and standards for the group used to determine institutional eligibility are used for this group.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

Children under Age 19 with a Disability

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C. Cost Effectiveness Determination

1. The cost-effectiveness determination is performed:

- a. Annually
- b. Semi-annually
- c. Other frequency:

2. The calculation is made at the individual level, using the following methodology:

- a. Standard methodology is used.
- b. An alternative methodology is used.

Description:

On an annual basis, each Act 421 Children's Medicaid Option enrollee's expenditures will be measured against the average cost of care in an institution that corresponds to his/her level of care (i.e. hospital, ICF/IID, nursing facility) to ensure that home and community-based care is more cost effective than institutional care.

Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS00030 | LA-21-0024

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D. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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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