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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 24-0001

This file contains the following documents in the order listed:

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

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

September 17, 2024

Kimberly Sullivan, J.D.
Medicaid Executive Director
Louisiana Department of Health
628 N 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) – 24-0001

Dear Medicaid Executive Director Sullivan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0001. This amendment proposes to adopt provisions governing incurred medical and remedial care expenses in the determination of financial eligibility for the Medical Assistance Program in order to deduct expenses incurred for necessary medical and remedial care, subject to the reasonable limits, from the individual's income when calculating patient liability to an institution and to limit the time institutions have to report these expenses.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 435 Subparts H and I. This letter informs you that Louisiana's Medicaid SPA TN 24-0001 was approved on September 17, 2024, with an effective date of January 20, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Louisiana State Plan.

If you have any questions, please contact Tobias Griffin at (214) 767-4425 or via email at Tobias.Griffin@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Marjorie Jenkins, LA Department of Health

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 24-0001	2. STATE LA
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3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 20, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 435 Subparts H and I

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **2024** **\$0**
b. FFY **2025** **\$0**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

***Supplement 3 to Attachment 2.6-A , Page 1 (New Page)**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to adopt provisions governing incurred medical and remedial care expenses in the determination of financial eligibility for the Medical Assistance Program in order to deduct expenses incurred for necessary medical and remedial care, subject to the reasonable limits, from the individual's income when calculating patient liability to an institution and to limit the time institutions have to report these expenses.

10. 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	

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
**Michael Harrington, MBA, MA designee for
Ralph L. Abraham, M.D.**

13. TITLE
Secretary

14. DATE SUBMITTED
March 26, 2024

15. RETURN TO

**Kimberly Sullivan, J.D.
Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030**

FOR CMS USE ONLY

16. DATE RECEIVED
March 26, 2024

17. DATE APPROVED
September 17, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 20, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

*** Box #7: The State authorized Pen and Ink change on 9/17/24***

State: LOUISIANA

Reasonable Limits on Amounts for Necessary Medical or Remedial Care
Recognized Under State Law but Not Covered Under the State Plan

Citation

42 CFR 435 Subparts H and I

Reasonable Limits

1. For medically necessary care, services, and items not paid under the Medicaid State Plan or, if covered under the Medicaid State Plan, denied due to service limitations. The medical or remedial care must be:
 - a. recognized under state law;
 - b. medically necessary as verified by an independent licensed physician or medical director; and
 - c. incurred no earlier than three months preceding the month in which it is reported to the state.
2. The medical or remedial care cannot be:
 - a. for cosmetic or elective purposes, except when medically necessary as verified by an independent licensed physician or medical director; and/or
 - b. for payment of a medical or dental service plan that has not been approved by the Louisiana Department of Insurance in accordance with the Louisiana Insurance Code or is sold by an entity not licensed by the Louisiana Department of Insurance to engage in the business of making contracts of insurance in the state of Louisiana.
3. The deduction for medical and remedial care expenses that were incurred as a result of imposition of transfer of assets penalty period is limited to \$0.
4. The deduction for medical and remedial care expenses that were incurred as a result of the individual's equity interest in the home, exceeding the limit established under 42 U.S.C. §1396p(f), is limited to \$0.