

**MODEL APPLICATION TEMPLATE FOR  
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT  
STATE 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,

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(David W. Hood, Secretary - Louisiana Department of Health and Hospitals, Date Signed)  
Designee of the Governor of the State

submits the following amendment (#2) to the approved State Child Health Plan for the State Children's Health Program and hereby agrees to administer the program in accordance with the provisions of the State Child Health Plan, the requirements of Title XXI and XIX of the Act and all applicable Federal regulations and other official issuances of the Department.

*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 0938-0707. The time required to complete this information collection is estimated to average 160 hours (or minutes) 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 any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, P.O. Box 26684, Baltimore, Maryland 21207 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.*

**Section 2. General Background and Description of State Approach to Child Health Coverage  
(Section 2102 (a)(1)-(3)) and (Section 2105)(c)(7)(A)-(B))**

- 2.1. Describe the extent to which, and manner in which, children in the state including targeted low-income children and other classes of children, by income level and other relevant factors, such as race and ethnicity and geographic location, currently have creditable health coverage (as defined in section 2110(c)(2)). To the extent feasible, make a distinction between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements).

Louisiana chose to target children who are six years of age but under **19** years and who are from families with incomes at or below **133** percent of the federal poverty level (FPL) for Phase I of LaCHIP. Health benefits coverage *is* provided to these children through a Medicaid expansion that will cover children who are between ages 6 and up to **19** years and who are from families with incomes above the March **31,1997** Medicaid eligibility standard and at or below **133** percent of the FPL. The expansion will serve an estimated additional **28,350** children. Louisiana implemented this expansion on November **1,1998**.

In Phase II of LaCHIP, children birth up to **19** years of age and who are from families with incomes greater than **133%** but equal to or less than **150%** of the federal poverty level will be targeted. Health benefits coverage will be provided to these children through a Medicaid expansion that will cover children who are between birth and up to **19** years of age and who are from families with incomes above **133** percent but equal to or less than **150** percent of the FPL. The expansion will serve an estimated additional **10,725** children. Louisiana will implement this Phase II LaCHIP Medicaid expansion on October **1,1999**.

*Phase III of LaCHIP will expand eligibility to children from birth up to 19 years of age who are from families with incomes up to 200 percent of the FPL. Health benefits coverage will be provided to these children through an expansion of Medicaid eligibility. A total enrollment of 22,575 is projected. Phase III implementation is scheduled for January 1, 2001.*

**Children Below 200% FPL - See attached Exhibit 2.**

As denoted on this Exhibit, a large proportion of uninsured children tend to be in the higher age group of **14** through **18** years. The majority of children are estimated to be in Metropolitan Statistical Areas (MSAs). The numbers on the revised Exhibit **2.1**. do not include “under insured” children except those whose insurance does not meet the definition of a “creditable health insurance plan.”

Little is known about children with privately provided creditable coverage. There is only one private foundation, Blue Cross/Blue Shield’s Caring Program for Children which provides limited health services coverage to children in the state who may otherwise be uninsured. This does not meet the definition of creditable coverage as denoted in attached letter (Exhibit 2.1a). Prior to implementation of Phase I of LaCHIP, participation was limited to children below 133% of FPL and less than 1,000 children were covered. Upon implementation of LaCHIP Phase I, the Caring Program for Children then increased its threshold to 150% of FPL and currently 187 children are covered and there is a limit of 200 enrollees. The only creditable public coverage available is Medicaid. However, much care is provided to the uninsured by the State’s public hospital system which functions as a “safety net” system.

2.2. Describe the current state efforts to provide or obtain creditable health coverage for uncovered children by addressing: (Section 2102)(a)(2)

2.2.1. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in public health insurance programs (i.e. Medicaid and state-only child health insurance):

Louisiana currently outstations Medicaid eligibility workers at the State’s eleven public disproportionate share hospitals. In addition, Louisiana *has* more than 300 certified Medicaid Application Centers throughout the state that offer opportunities for assistance in applying for Medicaid for children at locations other than the “welfare office”. These include Community Action Agencies, Head Start, School-based Health Centers, churches and other faith-based organizations and health care providers, etc. (A complete current listing of Medicaid application centers is available for review.)

Eligibility for cash assistance (Temporary Assistance for Needy Families known in Louisiana as Family Income Temporary Assistance Program-FITAP) is determined by the Department of Social Services (DSS), Office of Family Security. The Department of Health and Hospitals has a memorandum of understanding with DSS to determine initial and ongoing Medicaid eligibility using 7/16/96 eligibility criteria for applicants determined eligible for cash assistance. Applications rejected because of income and resources are referred on-line to DHH for exploration of Medicaid eligibility. Individuals who lose eligibility for cash assistance receive an additional month of Medicaid eligibility while they are referred to BHSF to determine continuing eligibility for

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Medicaid only. Possible eligibility in all Medicaid Programs is evaluated before Medicaid is terminated.

The Maternal and Child Health Section of the Office of Public Health also provides referrals to Medicaid via its Women, Infants and Children (WIC) and prenatal clinics as well as a toll-free hotline through which they try to link callers with available resources for medical and social services.

- 2.2.2. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in health insurance programs that involve a public-private partnership:

Louisiana’s Department of Health and Hospitals is not directly involved in a public-private partnership concerning health insurance for children, but makes referrals to the private “Caring Program for Children” as appropriate. A denied Medicaid or LaCHIP application is necessary to qualify for the program.

- 2.3. Describe how the new State Title XXI program(s) is(are) designed to be coordinated with such efforts to increase the number of children with creditable health coverage so that only eligible targeted low-income children are covered:  
(Section 2102)(a)(3)

Given that the first two phases of Title **XXI** were expansions of Medicaid coverage up to 133% and 150% of FPL, problems with “crowd out” were not significant. *While Phase III eligibles may have a greater access to insurance coverage, it is anticipated that the number who avail themselves of this will be minimal, Closures or rejections due to insurance coverage are identified in the eligibility system.* The shortened application for Title **XXI** Medicaid expansion includes a question on whether the applicant has insurance and the State will continue to pursue the availability of insurance from the absent parent. In addition, provisions which require a three month gap in insurance coverage were incorporated into the Title XXI Medicaid expansion policy (as noted in the Title XIX State Plan change for LaCHIP Medicaid expansion). This provision includes the following hardship exemptions:

- 1) Loss of employment due to a lay-off, down-sizing, resignation, firing, etc.;
- 2) Death of the parent whose employment provided access to dependent coverage;

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- 3) Change of employment to an employer that does not provide **an** option for dependent coverage;
- 4) Discontinuation of health benefits for all employees of the applicant's employer;
- 5) Expiration of coverage periods established by the Consolidated Omnibus Reconciliation Act of 1985 (**COBRA**) **or**
- 6) Termination of health benefits due to a long term disability of the parent whose employment provided access to dependent coverage.

Section 5. Outreach and Coordination (Section 2102(c))

Describe the procedures used by the state to accomplish:

- 5.1. Outreach to families of children likely to be eligible for assistance or under other public or private health coverage to inform them of the availability of, and to assist them in enrolling their children in such a program: **(Section 2102(c)(1))**

*As designed*, our outreach *plan* is *constructed* to identify, inform, and help enroll both Title **XIX (Medicaid)** and Title **XXI (SCHIP)** eligible children. The application form, verification requirements and documentation requirements for Title XIX and Title XXI are exactly the same, and the difference in the programs is transparent to the applicant. We are using the name LaCHIP in our marketing and outreach for all children under age 19 in order to minimize confusion between LaCHIP and CHAMP, and make the enrollment process seamless for the applicant.

**OUTREACH PLAN DEVELOPMENT**

Our plans for Phase **III** outreach are based on the following:

- *analysis of outreach efforts in the first two years of LaCHIP implementation.*
- *initial* recommendations of the LaCHIP Task Force and the LaCHIP Task Force’s Outreach Subcommittee
- *continuing* review of research, studies and reports related to outreach and enrollment
- collaboration with the Office of Public Health (OPH) *who continues to administer Louisiana’s Covering Kids Project, funded by the Robert Wood Johnson Foundation*
- outreach plans from Bureau of Health Services Financing (BHSF) Regional Outreach Workgroups consisting of Medicaid eligibility field staff

**COORDINATION OF OUTREACH EFFORTS WITH TITLE V**

The Office of Public Health, Section of Maternal and Child Health, has received a grant of nearly \$1 million from the Robert Wood Johnson Foundation (RWJF) for Louisiana’s “Covering Kids Initiative” which assists in outreach to uninsured Children. We are closely coordinating with OPH to ensure that the “Covering Kids Initiative” complements and fills in the gaps in LaCHIP outreach initiatives. The OPH initiative includes two pilots, the first targeting service industry employers in the Greater New Orleans area and a second through St. Francis Cabrini Hospital in Central Louisiana. Additional components include a statewide public relations campaign, development of

outreach materials for limited English proficient populations, former TANF recipients and other specific target populations.

OPH administers the State's Title V Block Grant which includes outreach programs to pregnant women and children, and they have shared their expertise and successful methods in conducting outreach. OPH operates WIC Clinics in 108 different locations throughout the state and oversees 32 School Based Health Centers. Each of these locations has been designated as a LaCHIP Application Assistance Site and formal training has been conducted for over **350** employees to enable them to assist applicants in completing the application form and gather necessary verifications. We will continue our collaboration with OPH in jointly developing outreach strategies involving WIC Clinics, School Based Health Clinics, and Children's Special Health Services Clinics.

#### FIELD STAFF INVOLVEMENT

*As a Medicaid expansion, our 800+ Medicaid eligibility employees located throughout the state have proven themselves to be an invaluable resource in outreach efforts.* We provided extensive training to Medicaid eligibility field staff regarding the importance of outreach and the role of each employee in achieving our enrollment goals. *Continued internal marketing of our objective to increase Medicaid enrollment is an integral part of our outreach plan.* BHSF eligibility field staff is divided into nine geographical regions within the state. Each region has a Regional Outreach Workgroup, consisting of caseworkers, supervisors and managers, who have developed and implemented outreach plans, tailored to the demographics and unique needs within each region.

This "bubbleup" (rather than "trickle down") strategy has resulted in field staff at the local level having a greater commitment to reaching the current unenrolled eligible children as well as the new eligibles resulting from LaCHIP. Field staff has "ownership" in the process, as they have developed and recommended their own outreach strategies. Giving regional field staff the opportunity for significant input and active involvement has resulted in enthusiasm and participation in initial outreach efforts, as well as many innovative and creative ideas.

The Regional Outreach Workgroups completed much background work in identifying stakeholders and compiling comprehensive data/ mailing lists in their geographic areas. Contacts have been made and agreements reached with merchants, employers, libraries, post offices, district Social Security Offices, banks, discount stores, fast food restaurants, physician's offices, pharmacies, schools, churches, and other community organizations to distribute applications, display posters, and promote LaCHIP enrollment. *Outreach Reports are submitted by each region, summarizing the previous month's outreach activities.*

## MAJOR ADMINISTRATIVE CHANGES

As a prerequisite to outreach efforts, the Agency exercised federal options to streamline and simplify the enrollment process, making it more user friendly, and removing existing barriers. These modifications represent the foundation of our outreach strategy, and are intended to minimize the “welfare” stigma and facilitate enrollment while maintaining the integrity of the programs. We have taken major steps to create an environment in which one can enroll in LaCHIP while maintaining privacy and dignity.

### One Sheet Application Form

A simple one sheet (front *and* back) application form which requires only information deemed essential, was designed for both Title XIX and Title XXI enrollment. The new form is intended to be completed by the applicant rather than the interviewer. *The application has been revised several times, with the most recent revision dated April 2000, at which point we increased the size from 8 ½ x 11 inches to 8 ½ x 14 inches to provide further clarity.* The application form can be mailed or faxed to the Central LaCHIP Processing Office, as well as submitted at any of our local BHSF Offices and *more than* 300 out-stationed Medicaid Application Centers. Application forms can be requested by telephone, and the design of the application as a tri-fold brochure makes widespread distribution of the application form itself practical. *In conjunction with the launch of Phase III of LaCHIP, we are planning to update the cover and include additional graphics and information.* Copies of the Application Form in Adobe Acrobat format can be downloaded and/or printed from the Louisiana DHH Internet web site (<http://www.dhh.state.la.us/medicaid/LaCHIP/index.htm>).

### No Application Interview Required

Neither a face-to-face interview nor telephone interview is required to apply for Title XIX and Title XXI for children. While Louisiana currently has a network of *more than* 300 outstationed Medicaid Application Centers at which application can be made for children, the application process prior to LaCHIP implementation was designed to have the application form completed by the interviewer. We removed this potential barrier and feature in our marketing that the enrollment process is “new,” “easy,” and that an interview is not required.

### Fewer Verification Resuirements

Verification requirements for poverty level children were reconsidered, and we discontinued requesting verifications that are not mandatory, such as copies of Social Security cards and verification of assets. *Effective July 1, 2000, verification for the eligibility factors of residence, age, relationship, citizenship, and household*

*composition is not required, unless determined by the eligibility examiner to be questionable.* While Louisiana had no assets test for poverty level children and pregnant women, verification of assets had been routinely requested for all applications so that the information was available for consideration in the Medically Needy Program (which has an assets test), in the event the applicant was ineligible for a poverty level program.

Procedures for processing applications now incorporate follow-up by telephone and/or mail when essential verification (income) is not received. Eligibility examiners have been trained to be pro-active in obtaining verifications and to deny applications for non-receipt of verification only if eligibility cannot otherwise

Rev.\*\* be established.

#### Central LaCHIP Processing Office

We have established a Central Processing Office in Baton Rouge with 20 employees to process mail-in applications for poverty level children. Application forms and other marketing materials are printed with a single address and fax number. We initially anticipated that with the changes in verification and documentation requirements, average processing time for LaCHIP applications would be significantly less than the previous average processing time for Medicaid applications. Because of the amount of follow up required to obtain information missing from the simplified application form and essential verification which was not submitted, this has not been the case. We have found that it takes as long, if not longer, to process a simplified application as a regular Medicaid application. Our goal is for caseworkers to produce decisions within 45-days of receipt of the application, with a minimum number of denials for procedural reasons, while maintaining the integrity of the program.

Central Processing Office staff has been trained to regard excellent Customer Service as a vital part of their job performance. Employees assist callers who have not yet filed an official application in determining whether they are income eligible, suggest possible methods of verifying income, answer questions regarding LaCHIP covered services and make appropriate referrals.

#### 12 Month Continuous Eligibility

Children are certified for 12-months continuous eligibility regardless of increases in income and/or changes in household size. This is anticipated to reduce “churning” and provide continuity of care.

#### OVERALL MARKETING STRATEGY

The key messages used in social marketing to all segments of the primary target audience are simple–

- Applying for LaCHIP is easy
- Preventive health care is important

- Heath insurance is available to thousands of currently unenrolled children under age 19 in Louisiana
- Children in working families and two parent households can be eligible for LaCHIP
- Help with the enrollment process is readily available

We are maintaining a single “look” (logo, slogan, color) throughout all our marketing materials, using the primary colors in our logo of red, blue, and green, and the symbol of an apple. We plan to use focus groups as well as pre-testing and post-testing in the development of Phase ~~ZZ~~printed materials—brochures, leaflets, posters, direct mailings—to identify the most effective messages and to assure that the materials are culturally and linguistically appropriate for our target audiences. We will maintain a single logo throughout all our marketing materials.

We *intend to launch the LaCHIP Phase III* Outreach Campaign with a mass mailing to organizations and agencies which provide services to *families with household incomes between 150 percent and 200 percent of the FPL*, (our secondary target audience). The mailing *will* consist of a presentation type portfolio announcing LaCHIP Phase ~~ZZ~~*expansion to 200 percent of the FPL and the* simplified procedure for applying for children’s health insurance coverage. The packet *will* include an introductory letter soliciting support, a poster, brochures, applications, a Rolodex card (with toll free hotline and fax numbers, e-mail address, mailing address for applications), a promotional item to be determined, and a postcard for ordering additional materials.

**SPECIAL MARKETING TO SEGMENTS OF THE PRIMARY TARGET AUDIENCE**

For marketing purposes, we have segmented the primary target audience and *are* emphasizing specific messages for each segment. Special strategies and initiatives have been implemented or are planned for each of these segments of the primary target audience.

**7. Adolescents, Teens & Their Parents**

The 15‘through 18year old age group *presents special challenges, as Louisiana did not cover children born before October 1, 1983 in its pre-SCHIP Medicaid Program at 100 percent of the FPL*. We intend to develop *additional* age appropriate posters and brochures to reach this group, and will market to them directly *as* well as to key individuals who influence them: middle school and high school personnel (principals, teachers counselors, coaches, school nurses), family planning clinics, providers of services to homeless and runaway youth and substance abuse programs, and mentors.

*One version of the 834,000 LaCHIP Flyers which was included with School Free Lunch applications in August 2000, was designed with graphics to appeal specifically to teens and adolescents rather than younger children. Recognizing the*

*high drop-out rate in Louisiana schools, we are pursuing ways to reach school drop-outs, including local recreation centers, which serve as a meeting place for this group in many towns.*

2. Low Income Working Parents

*We anticipate that for children eligible under Phase III (income from 150 percent to 200 percent of the FPL, low income working parents will be the primary target audience. Marketing materials clearly stress that many children with a working parent or parents are eligible for LaCHIP. We will continue to direct marketing efforts toward employers in small firms and the service industry who frequently do not offer health insurance coverage for dependents and work with their Human Resource personnel to distribute applications with paychecks, display posters and applications in employee lounges and otherwise educate employees regarding LaCHIP.*

3. Current and Former TANF Recipients

*The special marketing message for current and former TANF recipients is that the time limits on cash assistance are not applicable to LaCHIP. Assurances need to be given that receipt of LaCHIP does not count against the TANF 60-month lifetime maximum. The key secondary target audience for this group is "Find Work" Case Managers and organizations active in training TANF recipients and placing them in the workforce. Because TANF and Medicaid functions are handled by different Departments and usually not located in the same office, outreach to this population requires close collaboration with the Department of Social Services and both the Central Office and local level. Colorful posters targeting current and former TANF recipients have been printed and are currently displayed in TANF Offices throughout the state.*

4. Immigrants & Limited English Proficient Individuals

*The LaCHIP application form will be available in both Spanish and Vietnamese before Phase III implementation in January 2001. The Agency has arranged for translation services through AT&T Language Services for all our application processing offices, and the availability of this service will be featured in marketing materials and on our Internet web page. Culturally appropriate posters and leaflets will be designed for the Spanish speaking and Vietnamese communities. Additional out-stationed Application Centers within the Spanish speaking and Vietnamese communities will be actively recruited. The identified secondary target audience for this segment includes Associated Catholic Charities, the Asian American Society and other social service organizations.*

5. Grandparents & Other Kin Care givers

*This segment consists of children who are being cared for by grandparents or other relatives because of incarceration of the mother, substance abuse, neglect or*

abandonment. Many of these grandparents/non-parent relatives are not aware that their income is not considered in determining eligibility for the child.

*We have worked closely with Councils on Aging and Social Security Offices throughout the State to assist in informing kin caregivers of the differences in eligibility for Medicaid compared to other need based programs (Food Stamps, TANF: 1) it is not necessary to have legal custody of a child to apply for coverage; 2) income of kin caregiver is not counted in determining eligibility, and 3) if the caregiver does not choose to cooperate with Support Enforcement Services, the child's Medicaid eligibility is not affected. In conjunction with Phase III, we anticipate working with CBO's and the faith community to assist with outreach to kin.*

6. Homeless or At Risk of Homelessness

We have identified those organizations and groups who already work with homeless families and runaway youth, including Healthcare for the Homeless, UNITY for the Homeless, Society of St. Vincent dePaul, Multi Service Center for the Homeless, YWCA, and Legacy Project. Also included in this secondary target audience are the Homeless Liaisons for parish school systems and participants in the Emergency Shelter Grant Program.

7. Children With Special Needs

*We anticipate negotiating a six-month \$50,000 contract with Families Helping Families Resource Centers to assist with outreach and enrollment of children under age 19 on the MR/DD Waiver Waiting List who are not currently receiving Medicaid*  
We have arranged with Office of Citizens with Developmental Disabilities (OCDD) to provide LaCHIP applications to parents applying for services for developmentally delayed children and with Office of Public Health (OPH) to provide applications in their Special Health Services Clinics for medically fragile and disabled children.

8. "Healthy" Children

We recognize that parents may fail to apply for coverage for children who are not sick. Marketing messages for this target audience emphasize the importance of preventive care and the merit of enrolling children before a health crisis occurs. Our outreach includes not only health related community events, but the different other fairs and festivals which families attend such as the Catfish Festival, Oyster Festival, and Parish Sheriffs Annual Fun Day. We are actively seeking to establish public-private partnerships with hospitals and professional medical associations to market LaCHIP in their wellness campaigns.

9. Native Americans

We are coordinating enrollment for Native Americans through the tribal liaison workers for Medicaid Services. In addition to Louisiana's four federally recognized

Native American tribes -- Biloxi-Tunica, Coushatta, Jena Band of Choctaw, and Chitimacha, --we have identified additional groups of Native Americans. These include the United Houmas Nation and the Biloxi Chitimacha Confederation of Muskogees who have agreed to distribute brochures and applications to their members. We continue to assure throguh this coordinated effort that every Native American family with children is mailed or given an application form and provided assistance in applying.

10. Migrant Children

We make special efforts to identify those children whose parents are mobile and employed in the agricultural and fishing industries. Most Louisiana parish school systems have Migrant Advocates, *who assist* in informing these families about LaCHIP. Also, the Department of Agriculture can provide the names of employers who hire migrant workers. Marketing to this segment emphasizes the confidentiality of the enrollment process, addresses recent “publiccharge” clarifications, and allay fears that undocumented immigrant status of the parents will be reported.

11. Lower Mississippi Delta Region and Other Rural Residents

Special marketing considerations are required for residents of the Lower Mississippi Delta Region. Much of this region is rural and there is a disproportionately high level of poverty in this, as well as other rural areas of Louisiana. Transportation barriers are of even greater significance to this population and the mail-in application process is stressed.

*The remaining unenrolled eligibles will require different methods. Churches are highly trusted in towns and communities within the Delta Region. In addition, the high school drop out rate is very high, andfor many, school based outreach is not an option. We are planning to contract with the Louisiana Chapter of the National Conference of Black Mayors to conduct specialized outreach involving the faith-based community recreation centersfrequented by dropouts.*

SECONDARY TARGET AUDIENCE IDENTIFIED

We will continue to concentrate marketing efforts on our secondary target audience as well as those individuals who have contact with and who are influencers of our primary target audience. This secondary target audience includes agencies, organizations, and individuals who already receive federal and/or state funds to provide health and social services to children and families.

*Public, Parochial and Charter Schools*

*Through collaboration with the Department of Education, a LaCHIP flyer has been attached to free lunch applications distributed to all students at the beginning of the school year. Theflyerfeatures the tollfree telephone number and is intended to create awareness of LaCHIP and advise the caregiver how to request an application/applyfor*

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*LaCHIP. This has been very effective, with over 800,000 distributed in August 2000. Plans are to continue statewide distribution of the LaCHIP flyer annually.*

*Applications are distributed through school nurses, guidance counselors, coaches, School Based Health Centers and periodically sent home with all students in selected parishes or schools. Presentations are given at school board meetings, PTA meetings and other school events. In addition, each parish school system has a Migrant Education Coordinator and Homeless Coordinator with whom we are working.*

#### Louisiana State Departments & Agencies

DHH Office of Public Health and its clinics (WIC, Family Planning, Children's Special Services)

DHH Office for Citizens with Developmental Disabilities

DHH Office of Mental Health

DHH Office of Addictive Disorders

DSS Office of Family Support (TANF, Child Support Enforcement, Food Stamps, Subsidized Child Care)

DSS Office of Community Services (Protective Services, Subsidized Adoption)

DSS Office of Vocational Rehabilitation

Office of Women's Services

Department of Employment and Training (Job Corps, JTPA)

Department of Agriculture

Department of Corrections

Department of Insurance

Office of Rural Development

Office of Urban Affairs

#### Providers of Health & Social Services

*Providers of health and social services include Rural Health Clinics, Federally Qualified Health Center, physician offices, hospitals, disproportionate share hospitals, Community Action Agencies, and Head Start. A LaCHIP training segment and materials have been developed, and will be included in the 12000 Medicaid Provider Workshops which will be held in ten different cities across the state in September 2000 and October 2000.*

#### Community Based Recipients of Federal Grants

We have identified recipients of federal grants who provide services in local communities to segments of the primary target population. Such grants are given by the Department of Housing & Urban Development, Department of Labor, Department of Education, Department of Health and Human Services (including the Social Security Administration), Department of the Interior, Department of the Treasury, Small Business Administration and Department of Agriculture. These projects are frequently announced by news releases to local newspapers and include programs such as Upward Bound, summer feeding programs for children, Cooperative Extension Service initiatives and university-sponsored summer workshops for high school health instructors. As these are

identified, we provide LaCHIP introductory packets and request their assistance in helping to enroll eligible children.

**APPLICATION FORM DISTRIBUTION**

The shortened application form and its design as a tri-fold brochure makes wide distribution of the application itself highly practical. During Phase 1, over 3500 acrylic “take one” holders have been distributed along with applications. The holder is “refillable” and includes the message “If empty, call [toll free number] for an application.” Application form displays have been placed in a wide variety of non-traditional locations including Child Support Enforcement Offices, Unemployment Offices, Grocery Stores, Pharmacies (locally owned as well as major chains Rite Aid, Eckerds, Walgreens, and Winn Dixie), Health Clinics, Housing Authority Offices, Day Care Centers, Financial Aid Offices at Vocational Schools, Colleges, and Universities, State and Federal Legislator’s Offices, Libraries, School Health Clinics, Employee Lounges, Credit Counseling Offices, Laundromats, Driver’s License Offices, U.S. Post Offices, McDonald’s, and Wal-Mart.

**TOLL FREE TELEPHONE AND FAX LINES**

We have established a toll-free hotline (1-877-2LaCHIP/252-2447) where callers can receive additional information, assistance in completing the application and determine application status. In addition, applications/verifications can be faxed to a toll-free number (1-877-LAFAXUS/523-2987). The toll free fax number *is also* given to employers when we request that income verification be faxed, in an effort to lessen employer resistance to providing verification by fax.

*A voice messaging feature has been added, which gives callers the option to leave a message requesting an application be mailed the next business day. This feature is available 24 hours/7 days a week; callers still have the option to speak with an agency representative during normal business hours. All calls to the toll free number are categorized, and identified by parish/region of origin for purposes of analysis.*

**MEDIA**

We have made and will continue to make use of *free* media, with our objectives being 1) to announce expanded eligibility, 2) to advise target and secondary populations of the *simple* application process and, 3) to dispel common myths regarding Medicaid such as children must be receiving “welfare” in order to qualify. We have worked in conjunction with the DHH Bureau of Communications and Inquiry to issue press releases to daily and weekly newspapers throughout the state, submit articles to the Louisiana Medicaid Provider Newsletter and other periodicals, and arrange for appearances on radio and television talk shows. Local cable stations and local newspapers have run public service announcements. *Local outreach staff has been very effective in arranging LaCHIP coverage on television news, talk, and special interest shows and radio talk shows.*

*To launch Phase III, we intend to use paid media, with paid spots on television and radio, billboards, and possibly public transit advertising in larger metropolitan areas.*

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#### OUT-STATIONED APPLICATION CENTERS

The state Medicaid program currently has contract Application Centers with out-stationed workers where applications can be made for children at *more than* 300 locations throughout the state.

With the redesign of the application form and elimination of the interview requirement, the role of contract out-stationed workers in completing applications for coverage for children has changed significantly. The new focus is disseminating the application form, encouraging potential eligibles to apply and providing assistance to families in the process. The Application Centers continue to provide one-on-one assistance to applicants who need help in completing the application form. Application Centers receive partial reimbursement of administrative costs (\$14) only if all verification necessary to establish eligibility accompanies the simplified application.

#### INTERNET WEB SITE

We have created an initial Internet Web Page for LaCHIP on the DHH Website (<http://www.dhh.state.la.us/medicaid/LaCHIP/index.htm>) which contains a “downloadable” application and brochure as well as frequently asked questions on LaCHIP.

#### SPEAKERS BUREAUS

Outreach Coordinators *have been designated* in each of the nine geographic Regions *who* coordinate *speaking* appearances within the region to promote LaCHIP to both primary and secondary target audiences. Each Region has been provided an LCD projector and laptop PC to enable them to do presentations with Microsoft Powerpoint, and staff has received training in Powerpoint software. Local staffs have been trained and provided with talking points, transparencies and audience handouts.

We continue to actively seek opportunities to give presentations to professional organizations such as social workers, school nurses, educators and PTA's, tenant meetings, ministerial alliance meetings, and service and civic organizations including Big Brother/Big Sisters, Kiwanis Club, Knights of Columbus, Lions Club and Jaycees.

#### COMMUNITY EVENTS

Portable displays *promoting LaCHIP are displayed* at Health Fairs, kindergarten registrations, festivals, and other community events such as Back to School Expos which are frequented by the target audience. The displays *are* colorful and visually appealing and designed to increase awareness of the programs. Application forms and business reply envelopes *are* distributed and assistance offered in completing the application form. Promotional items containing the LaCHIP logo and toll free number are distributed at these events, including coloring books, crayons, pencils with apple shaped eraser top, rulers, frisbees, *stadium cups, pens*, and water bottles.

## OUTREACH MONITORING

The application form includes an optional question “Wheredid you get this application form? *A second optional question was added to the April 2000 revision of the application: ‘How did you hear about LaCHIP?’*” We have used this information to determine geographical areas for which additional resources and outreach efforts are required. Since we did not have a breakdown by parish of the number of uninsured children, we established a pro-rata share of the enrollment goal for each parish, based on their pre-LaCHIP enrollment of poverty level children. This “goal” has helped us to compare performance of regions and parishes within regions, as well as given the local staff a concrete goal to work toward in their outreach efforts. A healthy competitiveness has developed in which regions want to keep pace with the frontrunners.

Each Region submits a monthly *summary* of outreach activity for the previous month. The reports include locations where applications were distributed and the number distributed, speaking engagements, copies of newspaper articles from within the region, and other outreach related activities.

We will continue to actively research successful outreach strategies and “best practices” in other states and make adjustments to achieve our goal of enrolling eligible children in the LaCHIP Program.

**5.2.** Coordination of the administration of this program with other public and private health insurance programs: (Section 2102(c)(2))

Since Louisiana’s Title XXI chosen option for Phases I, II, and III is a Medicaid expansion and there are no other state-only insurance programs enrolling children, there is no need for a referral mechanism at this time. Coordination with the private/public partnership of the Caring for Kids Program has occurred with training of outstationed eligibility workers and the staff of Medicaid Application Centers regarding such availability as has already been addressed in Section 5.1.

*Prior to implementation of Phase I of LaCHIP*, the Blue Cross Caring for Children Program provided health insurance coverage to approximately **1000** children in households with income below **133%** of poverty who *were* not eligible for Medicaid. With implementation of LaCHIP, these children *became* eligible for Medicaid. We coordinated with the Caring for Children program to distribute LaCHIP applications to this population and assist the families in enrolling in LaCHIP. Caring for Children *has raised their income limit to 150% of the federal poverty level* and continues to provide coverage to children who are income ineligible for Medicaid and LaCHIP. *At present, approximately 187 children are covered by the Caring for Children program (there is a current limit of 200 children).* The program will be discontinued upon implementation of Phase II of LaCHIP.

Section 9. Strategic Objectives and Performance Goals for the Plan Administration (Section 2107)

9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2))

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9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3))

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Louisiana’s strategic objectives are outlined below. For the sake of clarity and flow, performance goals, measures and data/information sources are included under the objective they support rather than in their own separate sections. Our strategic objectives address the issues which the State Children’s Health Insurance Program legislation was passed to address. While they have been formulated for our Medicaid expansion, they also would be applicable to additional phases for children’s health insurance under Title XXI which the State may undertake in the future, dependent upon legislative approval and funding.

**STRATEGIC OBJECTIVE I:**

Through an outreach effort *began* in November, 1998, to identify 72,512 uninsured children eligible for Medicaid coverage under either Title XIX or Title XXI by October 31,1999, an additional 10,725 by September 30,2000; *and an additional 22,575 by December 31,2001*; and thereby reduce the number and proportion of uninsured children in the state

**Performance Goal 1.1.**

Outreach and market to the families of uninsured children eligible under either Medicaid provisions in effect prior to April 1, 1997 or LaCHIP-Phase I(<133% FPL).

**Performance Measures:**

- Number of LaCHIP applications distributed and those returned for processing by October 31,1999
- Number of calls to the toll-free LaCHIP Helpline by October 31,1999

**Performance Goal 1.2.**

Outreach and market to the families of uninsured children covered by LaCHIP- Phase II (>133% FPL but <150% FPL).

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Performance Measures:

- Number of LaCHIP applications distributed and those returned for processing from October 1,1999 through September 30,2000
- Number of calls to the toll-free LaCHIP Helpline from October 1, 1999 through September 30,2000
- *Number of LaCHIP applications distributed and those returned for processing from October 1,2000 through September 30,2001*
- *Number of calls to the toll-free LaCHIP Helpline from October 1, 2000 through September 30,2001*

Performance Goal 13.

Conduct a minimum of five specific outreach initiatives in the first year of LaCHIP.

Performance Measure

- Number of targeted public information campaigns for LaCHIP *Phase III* eligibles *and unenrolled Medicaid eligibles in Federal fiscal year 2001.*

STRATEGIC OBJECTIVE 11:

To determine eligibility and, by *December 31,2001* ,enroll *80 percent* of all eligible children as Medicaid recipients under either Title XIX or Title XXI Medicaid expansion.

Performance Goal 11.1.

Outreach and determine eligibility for *80 percent* of all uninsured children potentially eligible for Medicaid or Title XXI Medicaid expansion.

Performance Measures

- Percentage of uninsured children enrolled in Title XIX and Title XXI Medicaid expansion (71.6% by 10/31/99 and *75%* by 9/30/2000 *and 80% by 9/30/2001*)
- Number of children enrolled as Title XIX (29,412) and Title XXI LaCHIP Phase I Medicaid expansion (28,350) eligibles by 10/31/99

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- *Number of children enrolled as Title XIX (359,457) and Title XXI LaCHIP (Phases I-III) Medicaid expansion (41,450) eligibles by 12/31/2001*
- Average processing time
- Percent of applications approved
- Increase in percentage of Medicaid-eligible children enrolled
- Reduction in percentage of uninsured children

**STRATEGIC OBJECTIVE 111:**

To improve access to medical care in the most appropriate setting for children.

**Performance Goal 111.1.**

To reduce inappropriate access to health care for children via emergency room visits for treatment of non-emergent conditions.

**Performance Measure:**

Frequency of top ten non-emergent conditions seen in emergency rooms and billed to Medicaid as compared to a baseline.

**STRATEGIC OBJECTIVE IV:**

To establish “health homes” for children under the Medicaid/LaCHIP programs.

**Performance Goal IV.1.**

To recruit and orient physicians for participation as primary care physicians in managed care programs such as CommunityCARE, Enhanced CommunityCARE and Louisiana Health Access(HMO pilot) programs.

**Performance Measure:**

- Number and percent of Medicaid primary care physicians participating in “health home” programs such as CommunityCARE, Enhanced CommunityCARE and Louisiana Health Access (HMO pilot).

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- Number and percent of Medicaid children enrolled in CommunityCARE, Enhanced CommunityCARE and Louisiana Health Access (HMO pilot), thereby having a usual source of care available to them.

**STRATEGIC OBJECTIVE V:**

Increase access to preventive care for LaCHIP enrolled children.

**Performance Goal V.1.**

Achieve immunization levels for children enrolled in LaCHIP equal to those for an age-comparable group(s) of children enrolled in non-expansion Medicaid.

**Performance Measure:**

Percent of non-expansion Medicaid children versus LaCHIP Medicaid children, for specified age groups, receiving all recommended immunizations.

**STRATEGIC OBJECTIVE VI:**

Improve management of chronic health conditions among LaCHIP enrolled children.

**Performance Goal VI.1.**

Decrease instances of hospital-based crisis care for asthma among LaCHIP enrolled children through dissemination of effective patient education and disease management strategies to physicians.

**Performance Measure:**

- Number of emergency room visits for asthma
- Number of inpatient admissions for asthma

9.3. Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the state's performance, taking into account suggested performance indicators as specified below or other indicators the state develops: (Section 2107(a)(4)(A),(B))

Louisiana will measure performance by establishing a baseline for each performance goal through various methods including: conducting a baseline population-based survey; using State vital records, hospital discharge and claims information; and using other Medicaid and non-Medicaid databases that provide relevant information. For each performance

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**goal, the method(s) of measurement will be established and reports will be generated to monitor on an ongoing basis, Louisiana’s progress toward meeting the goal.**

Check the applicable suggested performance measurements listed below that the state plans to use: (Section 2107(a)(4))

- 9.3.1.  The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.
- 9.3.2.  The reduction in the percentage of uninsured children.
- 9.3.3.  The increase in the percentage of children with a usual source of care.
- 9.3.4.  The extent to which outcome measures show progress on one or more of the health problems identified by the state.
- 9.3.5.  HEDIS Measurement Set relevant to children and adolescents younger than 19.
- 9.3.6.  Other child appropriate measurement set. List or describe the set used.

Rev.\*\*

**LaCHIP shall utilize quality indicators for the appropriate age group comparable to those scheduled for Louisiana Health Access, the Medicaid managed care pilot; and CommunityCARE, the primary care case management (PCCM) program, as noted below.**

- 9.3.7.  If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:
  - 9.3.7.1.  Immunizations
  - 9.3.7.2.  Well child care
  - 9.3.7.3.  Adolescent well visits
  - 9.3.7.4.  Satisfaction with care
  - 9.3.7.5.  Mental health
  - 9.3.7.6.  Dental care
  - 9.3.7.7.  Other, please list: See attached EXHIBIT 9.3.7.7

9.3.8.  Performance measures for special targeted populations.

9.4.  The state assures it will collect all data, maintain records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1))

9.5.  The state assures it will comply with the annual assessment and evaluation required under Section 10.1. and 10.2. (See Section 10) Briefly describe the state’s plan for these annual assessments and reports. (Section 2107(b)(2))

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**The state will comply with the required annual assessments and reports, as well as the evaluation required in March, 2000. In the first year of the program, Louisiana will focus on gaining complete demographic characteristics of children in families**

Family Voices, Louisiana Health Care Campaign, Mental Health Parity, Mental Health Association; health care providers such as Louisiana State Medical Society, Louisiana Primary Care Association, Louisiana Chapter of American Academy of Pediatrics, Louisiana Dental Association, Louisiana School Nurses' Organization and Office of Public Health; and academic centers such as Louisiana State University Medical Center, Tulane Medical School and Ochsner School of Medicine as well as HCFA and Dr. Kenneth Thorpe, Institute for Health Services Research, Tulane University School of Public Health. Task Force members were also encouraged to present their conceptual design(s) from their respective organization or department.

The LaCHIP Task Force reviewed the three options available for a SCHIP under Title **XXI**:

12. A Title XXI Medicaid (expansion) model
13. A State-designed private insurance program model
14. A combination program

After examining the various options, the LaCHIP Task Force recommended the following actions be taken:

1. Program Design

That the Department of Health and Hospitals pursue a phased-in Title XXI combination program over three years:

1. First Year - a Medicaid expansion model for children (six years' to 19 years) up to 133% of the Federal Poverty Level; and
2. Second Year - a Medicaid expansion model for children (birth to 19 years) up to 150% of the Federal Poverty Level; and
3. Third Year - a private insurance model for children (birth to 19 years from 150% to 200% of the Federal Poverty Level.

In May, 1998, the Louisiana Legislature in its First Extraordinary Session of 1998, passed Senate Bill 78, designated as Act 128, which authorizes implementation of LaCHIP up to the 133% of FPL. The Department of Health and Hospitals is the designated agency to administer the LaCHIP program. Further legislation in the 1999 Regular Session (Senate Bill 256) authorizes the Department to implement Phases

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<sup>1</sup> Children birth to six years whose family income is below 133% FPL are currently Medicaid eligible

II (up to 150% FPL) and III (up to 200% FPL) provided the Legislature appropriates sufficient funds in the General Appropriations bill of the applicable legislative session and performance indicators are included in the General Appropriations bill. *Act 11 of the Second Extraordinary Session of 2000 authorized funds for the expansion of LaCHIP to include children under age 19 in families with incomes up to 200 percent of the federal poverty level.*

2. Outreach Efforts

That the Department of Health and Hospitals implement enrollment outreach initiatives for both the currently unenrolled Medicaid eligibles (birth to 19 years) as well as the “new” LaCHIP Medicaid eligibles. Such outreach initiatives are to include media notices of where and how to apply for LaCHIP, printed posters and flyers for distribution at public hospitals and clinics as well as community and rural health centers and recruitment of all FQHCs and Head Start Application Centers to become Medicaid Application Centers.

In June, 1998, a workgroup was formed to develop the Outreach Plan. This workgroup included representatives from the LaCHIP Task Force and many advocacy and provider groups as well as representatives from all four federally recognized Indian tribes in Louisiana -- **Biloxi-Tunica, Coushatta, Jena Band of Choctaw, and Chitimacha (see attached Exhibit 9.9.1 for list of Outreach Subcommittee members).**

3. Enrollment

That innovative methods be instituted to address existing barriers to applying for medical assistance including:

1. That the Department of Health and Hospitals enhance and streamline the Medicaid enrollment process by developing a shortened application form as well as permit mail-in of applications and relaxation of some of the verification requirements
2. That the possibilities of one year guaranteed Medicaid eligibility and three month presumptive eligibility be further explored.

4. Access

**That the Department of Health and Hospitals explore the feasibility of primary care physicians’ (PCPs) reimbursement rates being increased to ensure health care access to a “health home” for Medicaid eligibles, including Title XXI eligibles.**

- 9.10. Provide a budget for this program. Include details on the planned use of funds and sources of the non-Federal share of plan expenditures. (Section 2107(d))

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A financial form for the budget is being developed, with input from all interested parties, for states to utilize.

**See attached EXHIBIT 9.10 for projected budget for LaCHIP.**

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Calculation of Uninsured Children'

MEDICAID ELIGIBLES

Uninsured Children Age Groups	#Medicaid Eligible	Enrolled in Medicaid	Eligible But Not Enrolled	75% Target Rate of Enrollment <sup>2</sup>	Needed to Reach 75%
Birth to 6 years	148,128	106,420	41,700	111,096	4,676
6 to 14 years	191,136	119,036	<del>72,100</del>	<del>143,352</del>	<del>24,316</del>
14 through 18 yrs.	53,319	24,819	<del>28,500</del>	<del>39,989</del>	<del>15,170</del>
<b>TOTAL</b>	<b>392,583</b>	<b>250,275</b>	<b>142,300</b>	<b>294,437</b>	<b>44,162*</b>

\*It is anticipated that 2/3 (**29,512**) of the unenrolled Medicaid eligibles will be enrolled in the first year with the remaining 1/3 (14,750) enrolling in the 2<sup>nd</sup> year for a total of 44,162.

Uninsured Children Age Groups	#LaCHIP Eligibles @ 133% FPL	75% Target Rate of Enrollment	#LaCHIP Eligibles @ 150% FPL	75% Target Rate of Enrollment	#LaCHIP Eligibles @ 200% FPL	75% Target Rate of Enrollment
Birth to 6 years	0	0	5,000	3,750	6,351	4,763
6 to 14 years	5,100	3,825	6,300	4,725	3,182	2,387
14 through 18 yrs.	32,700	24,525	3,000	2,250	4,067	3,050
<b>TOTAL</b>	<b>37,800</b>	<b>28,350</b>	<b>14,300</b>	<b>10,725</b>	<b>13,600</b>	<b>10,200</b>

<sup>1</sup> Above data is based on calculations from available census data by Kenneth E. Thorpe, Ph.D., Tulane University School of Public Health, Institute for Health Services Research

<sup>2</sup> 75% participation is the estimated maximum participation rate based on Dr. Thorpe's information.

## OTHER QUALITY INDICATORS

### 1. General

The following quality indicators: immunizations, EPSDT screenings, continuity/coordination of care and access to primary care and mental health services will be utilized to evaluate the impact of LaCHIP. DHH will collect claims data (or encounter data from health plans) in order to monitor the following quality indicators in an effort to establish baseline data for comparison purposes:

### 2. Immunizations

**Phase I:** Percentage of 13 year-olds who have received all of the appropriate immunizations by their 13<sup>th</sup> birthdays for tetanus-diphtheria booster (Td), measles, mumps, rubella (MMR-2), Hepatitis B (Hep B) and varicella (VZV) if they have not yet contracted the disease, provided in accordance with the AAP and EPSDT guidelines to LaCHIP eligibles as compared to non-LaCHIP eligibles.

Calculation:

- (1) Total number of adolescents who turned thirteen during the reporting year and who were continuously enrolled for 12 months or 320 of the 365 days of the year.
- (2) Total number of adolescents who had received the above four immunizations prior to turning age thirteen.
- (3) Rate equals the number of thirteen-year olds who have received above four immunizations prior to turning age thirteen divided by the total number of children who turned thirteen during the reporting year and who were continuously enrolled for 12 months or 320 of the 365 days of the year.

**Phase II:** Percentage of 2 year-olds who have received all of the appropriate immunizations for diphtheria, pertussis, tetanus (DPT), polio (OPV), measles, mumps, rubella (MMR), Hemophilus influenzae type b (Hib), Hepatitis B (Hep B) and varicella (VZV) provided in accordance with the AAP and EPSDT guidelines to LaCHIP eligibles as compared to non-LaCHIP eligibles.

Calculation:

- (1) Total number of children who turned two during the reporting year and who were continuously enrolled for 12 months or 320 of the 365 days of the year.
- (2) Total number of children who have had at least four DPTs, at least three OPVs, at least one MMR and one Hib occurring by or after the first birthday and prior to turning age two.

- (3) Rate of two-year olds who have received four DPTs, three OPVs, one MMR and one Hib is defined as the total number of children who have had at least four DPTs, at least three OPVs, at least one *MMR* and one +Hib occurring by or after the first birthday and prior to turning age two divided by the total number of children who turned two during the reporting year and who were continuously enrolled for 12 months or 320 of the 365 days of the year.

**3. Continuity/Coordination of Care by Primary Care Physicians**

The Department will identify all LaCHIP eligibles who were enrolled throughout the preceding quarter and report the percentage of LaCHIP eligibles who have an identified primary care provider. Primary care physicians shall include physicians in the specialties of general practice, family practice, general pediatrics, general internal medicine, general internal medicine and pediatrics, and obstetrics/gynecology. Each enrollee in a managed care program such as CommunityCARE, Enhanced CommunityCARE or Louisiana Health Access-Region 3 shall have an identified primary care physician.

**4. Child Member Access**

**Phase I:**

- a. Indicators for age six years and over

LaCHIP children who were enrolled with Medicaid shall have had one or more ambulatory or preventive care encounters with a primary care physician as specified in the EPSDT periodicity schedule for the following population groups equal to that for the non-LaCHIP Medicaid eligibles:

- (1) Age 6 through 14 years of age and
- (2) Age 15 through 18 years of age

- b. EPSDT Screening Ratio Indicator for 6 years through 18 years.

The percent of LaCHIP children who were enrolled with Medicaid had preventive health screening provided by a primary care physician in accordance with the EPSDT periodicity schedule for the following age groups as compared to a comparable non-LaCHIP population.

- (1) Six through fourteen years
- (2) Fifteen through eighteen years

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**Phase 11:**

- a. Indicators for age six years and under

LaCHIP children who were enrolled with Medicaid shall have had one or more ambulatory or preventive care encounters with a primary care physician as specified in the EPSDT periodicity schedule for the following population groups equal to that for the non-LaCHIP Medicaid eligibles:

- (1) Ages birth through 24 months and
- (2) 25 months thorough 5 years of age

- b. EPSDT Screening Ratio Indicator for birth through 5 years.

The percent of LaCHIP children who were enrolled with Medicaid had preventive health screening provided by a primary care physician in accordance with the EPSDT periodicity schedule for the following age groups as compared to a comparable non-LaCHIP population.

- (1) Birth to one year
- (2) One through five years

**1. Mental Health Services/Access**

Mental health problems are under-diagnosed and often go untreated; an estimated 7.5 million children and adolescents nationally are severely incapacitated from mental disorders, yet less than one in eight receives necessary treatment. The Medicaid program should include a sufficient number of qualified mental health/chemical dependency service providers to meet the need for the target population within the state.

Indicators:

- 1. Number or percentage of LaCHIP enrollees receiving mental health assessment and diagnosis.
- b. Number and percentage of licensed mental health providers available and enrolled in the Medicaid program.