

**MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

Preamble

Section 4901 of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act (the Act) by adding a new title XXI, the State Children's Health Insurance Program (SCHIP). Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner. To be eligible for funds under this program, states must submit a state plan, which must be approved by the Secretary. A state may choose to amend its approved state plan in whole or in part at any time through the submittal of a plan amendment.

This model application template outlines the information that must be included in the state child health plan, and any subsequent amendments. It has been designed to reflect the requirements as they exist in current regulations, found at 42 CFR part 457. These requirements are necessary for state plans and amendments under Title XXI.

The Department of Health and Human Services will continue to work collaboratively with states and other interested parties to provide specific guidance in key areas like applicant and enrollee protections, collection of baseline data, and methods for preventing substitution of Federal funds for existing state and private funds. As such guidance becomes available, we will work to distribute it in a timely fashion to provide assistance as states submit their state plans and amendments.

Form CMS-R-211

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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 (Newsection 2101(b)))

State/Territory: Louisiana

As a condition ~~for~~ receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

(David Hood, Secretary of the Department of Health and Hospitals, June 28,2002)

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

The following state officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Helene Robinson	Position/Title: Director, Division of Research & Development (Title XXI State Plan/ Financials/Reporting/Quality)
Name: Ruth Kennedy	Position/Title: Deputy Medicaid Director, Bureau of Health Services Financing (Eligibility Operations/Outreach)

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 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: CMS, N2-14-26, Baltimore, Maryland 21244.

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Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements (Section 2101)

1.1 The state will use funds provided under Title XXI primarily for (Check appropriate box) (42 CFR 457.70):

1.1.1 Obtaining coverage that meets the requirements for a separate child health program (Section 2103); **OR**

1.1.2 Providing expanded benefits under the State's Medicaid plan (Title XIX); **OR**

1.1.3 A combination of both of the above.

1.2 Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

The State assures that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS.

1.3 Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR457.130)

The State complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35.

1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):

Effective date: November 1, 1998

Implementation date(s): Phase I, up to 133% FPL, November 1, 1998
Phase II, 133% to 150% FPL, October 1, 1999
Phase III, 150% to 200% FPL, January 1, 2001

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

- 2. 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 42 CFR 457.10). 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). (42 CFR 457.80(a))

Louisiana has chosen to target children who are six years of age but under 19 years of age and who are from families with incomes at or below 133 percent of the federal poverty level (FPL). Health benefits coverage is provided to these children through a Medicaid expansion that covers 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 was anticipated serve an estimated additional 28,350 children. Louisiana implemented this expansion on November 1, 1998.

Children Below 200% FPL - See attached Exhibit 2.1.

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 "underinsured" children except those whose insurance does not meet the definition of a "creditable health insurance plan."

Phase II was implemented on October 1, 1999 for those aged 0 to 19 with a family income between 133% and 150% of the FPL. Based on 75% of an estimated 14,300 target population, an enrollment goal was set at 10,725.

Phase III was implemented on January 1, 2001 for those aged 0 to 19 with a family income between 150% and 200% of the FPL. Based on 40% of an estimated 30,200 target population, an enrollment goal was set at 12,080.

Creditable Coverage

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). Participation is currently limited to

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children below **133%** of FPL and less than **1,000** children are covered. 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) (42CFR 457.80(b))**

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 **400** 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 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.

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Recent LaCHIP outreach activities include:

- 1) Back to School Campaign at **85** locations in August 2001
- 2) Distributing LaCHIP flyers to all public school children and many parochial school children
- 3) Providing "Application Assistor: training to school based health centers
- 4) Entering into interagency agreement with Department of Education that allow LaCHIP outreach and education about the benefits and processes
- 5) Contracting for "Walkers and Talkers Enrollment Initiative" in four parishes
- 6) Participating in fiscal intermediary provider training workshops to inform providers
- 7) Hiring Spanish-language in-house translator to translate materials and attend outreach opportunities
- 8) Awarded six-month grant to conduct outreach to Hispanic community in metropolitan New Orleans
- 9) Providing programs and materials for meetings with Annual 100 Black Men Conferences, Louisiana Chapter National Conference of Black Mayors, Inc., Native American tribal gatherings, and faith-based organizations.
- 10) Providing information packets to headquarters of American, United, U.S. Airways, and Delta airlines following the September 11 tragedies.

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 application is necessary to qualify for the program.

2.3. Describe the procedures the state uses to accomplish coordination of SCHIP with other public and private health insurance programs, sources of health benefits coverage for children, and relevant child health programs, such as title V, that provide health care services for low-income children to increase the number of children with creditable health coverage. *(Previously 4.4.5.)*
(Section 2102)(a)(3) and 2102(c)(2) and 2102(b)(3)(E)) (42CFR 457.80(c))

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1. Coordination with Medicaid

The same one-page application form is used to apply for Medicaid and LaCHIP. Applicants are evaluated for eligibility for Title XIX programs, then for Title XXI .

2. Coordination with private insurance

3) Given that this first phase of the Title XXI is an expansion of Medicaid coverage up to 133% of federal poverty, problems with "crowd out" are not anticipated to be significant. 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.

3. Coordination with Title V

Title V clinics serve Medicaid and LaCHIP eligibles, as well as other children who do are not certified for Title XIX or Title XXI. Clinics are enrolled as Medicaid providers, and bill for services provided to the Title XIX and Title XXI children. Title V funds are reserved for non-Medicaid patients.

4. Coordination with other medical programs

"Caring Program for Children" coordinates with LaCHIP by requiring a notice of ineligibility from LaCHIP or Medicaid as a condition for coverage.

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Section 3. Methods of Delivery and Utilization Controls (Section 2102)(a)(4))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 4.

- 3.1. Describe the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Include a description of the choice of financing and the methods for assuring delivery of the insurance products and delivery of health care services covered by such products to the enrollees, including any variations. (Section 2102)(a)(4) (42CFR 457.490(a))

- 3.2. Describe the utilization controls under the child health assistance provided under the plan for targeted low-income children. Describe the systems designed to ensure that enrollees receiving health care services under the state plan receive only appropriate and medically necessary health care consistent with the benefit package described in the approved state plan. (Section 2102)(a)(4) (42CFR 457.490(b))

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Section 4. Eligibility Standards and Methodology. (Section 2102(b))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 5.

4.1. The following standards may be used to determine eligibility of targeted low-income children for child health assistance under the plan. Please note whether any of the following standards are used and check all that apply. If applicable, describe the criteria that will be used to apply the standard. (Section 2102(b)(1)(A)) (42CFR 457.305(a) and 457.320(a))

- 4.1.1. Geographic area served by the Plan:
- 4.1.2. Age:
- 4.1.3. Income:
- 4.1.4. Resources (including any standards relating to spend downs and disposition of resources):
- 4.1.5. Residency (so long as residency requirement is not based on length of time in state) :
- 4.1.6. Disability Status (so long as any standard relating to disability status does not restrict eligibility):
- 4.1.7. Access to or coverage under other health coverage:
- 4.1.8. Duration of eligibility:
- 4.1.9. Other standards (identify and describe):

4.2. The state assures that it has made the following findings with respect to the eligibility standards in its plan: (Section 2102(b)(1)(B)) (42CFR 457.3200))

- 4.2.1. These standards do not discriminate on the basis of diagnosis.
- 4.2.2. Within a defined group of covered targeted low-income children, these standards do not cover children of higher income families without covering children with a lower family income.
- 4.2.3. These standards do not deny eligibility based on a child having a pre-existing medical condition.

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Model Application Template for the State Children's Health Insurance Program

4.4.4.4. If the state provides coverage under a premium assistance program, describe:

The minimum period without coverage under a group health plan, including any allowable exceptions to the waiting period.

The minimum employer contribution.

The cost-effectiveness determination.

4.4.5. Child health assistance is provided to targeted low-income children in the state who are American Indian and Alaska Native. (Section 2102)(b)(3)(D)) (42 CFR 457.125(a))

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Section 5. Outreach (Section 2102(c))

Describe the procedures used by the state to accomplish:

Outreach to families of children likely to be eligible for child health assistance or other public or private health coverage to inform them of the availability of the programs, and to assist them in enrolling their children in such a program: (Section 2102(c)(1)) (42CFR 457.90)

It is estimated that more than one third of the currently Medicaid eligible children in Louisiana are unenrolled in the program; consequently, our outreach is designed to identify, inform, and help enroll both Title XIX and Title XXI eligible children. The application form, verification requirements and documentation requirements for Title XIX (CHAMP) and Title XXI (LaCHIP) will be exactly the same, and the difference in the programs will be transparent to the applicant. We will use the name LaCHIP in our marketing and outreach for all children under age 19 in order to minimize confusion between LaCHIP and CHAMP.

OUTREACH PLAN DEVELOPMENT

Our plans for outreach are based on the following:

- recommendations of the LaCHIP Task Force and the LaCHIP Task Force's Outreach Subcommittee
- review of research, studies and reports related to outreach and enrollment
- collaboration with the Office of Public Health (OPH) in preparation of Louisiana's proposal for a Robert Wood Johnson Foundation "Covering Kids" grant proposal
- proposed 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 submitted an application to the Robert Wood Johnson Foundation (RWJF) for a grant to conduct outreach to uninsured children. Grant awards are scheduled to be announced before December 1998. We are closely coordinating with OPH to avoid duplicating their proposed outreach initiatives; therefore, decisions on certain outreach methodologies depend on whether OPH is awarded a RWJF grant and the amount of the grant. The OPH grant proposal 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 and extended hotline coverage for evenings and weekends.

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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. 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

We have begun educating field staff in the importance of outreach and the role of each employee in achieving our enrollment goals. BHSF eligibility field staff is divided into nine geographical regions within the state. Each Regional Administrator formed a Regional Outreach Workgroup, consisting of caseworkers, supervisors and managers, to develop a regional outreach plan.

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 recommended their own outreach strategies. Giving Regional field staffs the opportunity for significant input has resulted in enthusiasm and anticipation for initial outreach efforts, as well as many innovative and creative ideas.

The Regional Outreach Workgroups have already completed much background work in identifying stakeholders and compiling comprehensive data/ mailing lists in their geographic areas. Contacts have been made and preliminary agreements reached with merchants, employers, libraries, post offices, district Social Security Offices, banks, physician’s offices, pharmacies, churches, and other community organizations to distribute applications, display posters, and promote LaCHIP enrollment. School boards in some parishes have already agreed to provide a LaCHIP application to every school child along with the required notification (twice per year) of the availability of the free lunch program.

Continued internal marketing of our objective to increase Medicaid enrollment is an integral part of our outreach plan. We plan to use mass communication methods such as group e-mail messages and voice mail broadcasts to educate and inform our field staff, and involve them in local community based outreach initiatives.

MAJOR ADMINISTRATIVE CHANGES

As a prerequisite to outreach efforts, the Agency is exercising 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

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steps to create an environment in which one can enroll in LaCHIP while maintaining privacy and dignity.

Sheet A

A simple one sheet (front & back) application form which requires only information deemed essential, is being 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 form can be mailed or faxed to the Central LaCHIP Processing Office, as well as submitted at any of our local BHSF Offices and nearly 300 out-stationed Medicaid Application Centers. Application forms can be requested by telephone, and the design of the application will make widespread distribution of the application form itself practical. We anticipate that copies of the Application Form in Adobe Acrobat format can be downloaded and/or printed from the DHH/LaCHIP Internet web site.

No Interview Required

Neither a face-to-face interview nor telephone interview will be required to apply for Title XIX and Title XXI for children. While Louisiana currently has a network of nearly 300 Medicaid Application Centers at which application can be made for children, the current application process is designed to have the application form completed by the interviewer. We are removing this potential barrier and will feature in our marketing that the enrollment process is "new," "easy," and that an interview is not required.

Fewer Verification Requirements

Current verification requirements for poverty level children are being reconsidered, and we will discontinue requesting verifications that are not mandatory such as copies of Social Security cards and verification of assets. While Louisiana has no assets test for poverty level children and pregnant women, verification of assets has been routinely requested for all applications so that the information is available for consideration in the Medically Needy Program (which has an assets test), in the event the applicant is ineligible for a poverty level program.

We are negotiating with the Bureau of Vital Statistics to obtain on-line access to birth records for persons born in Louisiana. A prior record on the CLIENT file will be considered acceptable documentation of age as well, eliminating the need to routinely request copies of birth certificates. The birth certificate is the piece of verification that applicants historically have had difficulty producing.

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

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established. Simplification will result in less time required for documentation of case records, freeing up Eligibility Examiners to assist applicants in securing necessary verifications.

Central LaCHIP Processing Office

We are establishing a Central Processing Office in Baton Rouge with **21** employees to process all mail-in applications for poverty level children. Application forms and other marketing materials can be printed with a single address and fax number. With the changes in verification and documentation requirements, we expect that average processing time for LaCHIP applications will be significantly less than the current average processing time for Medicaid applications. Our goal is for caseworkers to produce a high volume of decisions with a minimum number of denials for procedural reasons, while maintaining the integrity of the program.

Central Processing Office staff will be trained to regard excellent Customer Service as a vital part of their job performance. Employees will 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 will be 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 which will be used in social marketing to all segments of the primary target audience are simple—

- * Applying for LaCHIP is easy
- Preventive health care is important
- Health 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 will be using focus groups as well as pre-testing and post-testing in the development of 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 “look”(logo, slogan, color) throughout all our marketing materials.

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We will launch our Outreach Campaign with a mass mailing in mid-October 1998 to organizations and agencies which provide services to children (our secondary target audience). The mailing will consist of a presentation type portfolio announcing LaCHIP and the new 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 will emphasize specific messages for each segment. Special strategies and initiatives are planned for each of these segments of the primary target audience.

1. Adolescents, Teens & Their Parents

The 15 through 18 year old age group represents the greatest number of children who will be eligible under Title XXI expansion. We intend to develop 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.

2. Low Income Working Parents

Marketing materials will clearly stress that many children with a working parent or parents are eligible for LaCHIP, and will include income limits by hour (based on 40 hour work week) and by week, as well as by month. The conversion factor used in determining monthly income has historically been confusing to applicants. Including weekly and hourly income information should help to alleviate this confusion. Income disregards (\$90 standard deduction and child care allowance) will be prominently featured as well. We will direct marketing efforts toward employers in small firms and the service industry who frequently do not offer health insurance coverage for dependents and request that they display posters and applications in employee lounges and educate employees regarding LaCHIP.

3. Current and Former FITAP Recipients

The special marketing message for current and former FITAP recipients is that the time limits on cash assistance are not applicable to LaCHIP. LaCHIP provides the exact same medical coverage for children that they received as a cash assistance recipient. The key secondary target audience for this group is "Find Work" Case

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Managers and organizations active in training FITAP recipients and placing them in the workforce.

4. Immigrants & Limited English Proficient Individuals

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 may not be aware that their income is not considered in determining eligibility for the child. The Office of Community Services (Child Protection Agency) can assist in educating this segment of the target population. We intend to contact the Department of Corrections and get possible referrals **from** incarcerated mothers of these children.

Support Enforcement cooperative requirements are a deterrent to these grandparents and other kin care givers as well. They are reluctant to apply for assistance when a condition has been referral of the absent parent to Support Enforcement. In our marketing message to this population we will stress that the referral need only be for medical support and will de-emphasize the punitive nature of the referral.

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 have identified children on the waiting list for Waiver Programs who are ages 15 through 18, and will mail applications to those children who are not currently Medicaid recipients. Arrangements will be made with OCDD to provide LaCHIP applications to parents applying for services for developmentally delayed children and with OPH to provide applications in their Special Health Services Clinics for medically fragile and disabled children.

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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 will emphasize the importance of preventive care and the merit of enrolling children before a health crisis occurs. Our outreach will include not only health related community events, but the different other fairs and festivals which families attend. We will actively seek 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 are identifying 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 intend to assure that every Native American family with children is mailed or given an application form and provided assistance in applying.

10. Migrant Children

We will 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, whose assistance we will request 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 will emphasize the confidentiality of the enrollment process 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 will be stressed. The secondary target audience will include organizations providing services to this region e.g., the Delta Fund administered by the Foundation for the Mid South, the Macon Ridge Economic Development Region, and Northeast Louisiana Delta Rural Enterprise Community.

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SECONDARY TARGET AUDIENCE IDENTIFIED

We intend to concentrate our initial marketing efforts on our secondary target audience - 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.

Louisiana State Departments & Agencies

- DHH Office of Public Health and its clinics (WIC, Family Planning, Children’s Special Services, School Health Clinics)
- DHH Office for Citizens with Developmental Disabilities
- DHH Office of Mental Health
- DHH Office of Alcohol & Drug Abuse
- DSS Office of Family Support (FITAP, Child Support Enforcement, Food Stamps, Subsidized Child Care)
- DSS Office of Community Services (Protective Services, Subsidized Adoption)
- DSS Office of Vocational Rehabilitation
- Department of Education (Title 1, Migrant Education, Homeless Coordinator, Parish School Boards and School Nurses)
- 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

Rural Health Clinics, Federally Qualified Health Centers, Physician’s Offices, Hospitals, Disproportionate Share Hospitals, Community Action Agencies, Head Start, School Based Health Centers

Community Based Recipients of Federal Grants

We have begun to identify in local communities, recipients of federal grants to provide services 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, 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,

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we will provide LaCHIP introductory packets [see below] and request their assistance in helping to enroll eligible children.

APPLICATION FORM DISTRIBUTION

The shortened application form makes wide distribution of the application itself highly practical. We intend to implement two different styles of standalone application form displays: a stand-up display which can be placed on a table or counter and a display designed to be mounted on a bulletin board or wall. Both styles will be "refillable" and the display will include the message "If empty, call [toll free number] for an application." Also, instructions for ordering refill applications will be printed on a business reply postcard and included.

Application form displays will be placed in a wide variety of non-traditional locations including Cash Assistance (FITAP)/Food Stamp Offices, Child Support Enforcement Offices, Unemployment Offices, Grocery Stores, Pharmacies, 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, and Furniture Rental Stores.

TOLL FREE TELEPHONE AND FAX LINES

We will establish a toll-free hotline(1-888-1LaCHIP or similar) 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 (1-888-FAX-CHIP). The toll free fax number will also be given to employers when we request that income verification be faxed, in an effort to lessen employer resistance to providing verification by fax.

MEDIA

We will make use of the media with our objectives being 1) to announce expanded eligibility, 2) to advise target and secondary populations of the new simpler application process and 3) to dispel common myths regarding Medicaid such as children must be receiving "welfare" in order to qualify. We will coordinate 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 agreed to run public service announcements and write stories related to LaCHIP enrollment efforts as well.

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 nearly 300 locations throughout the state.

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With the redesign of the application form and elimination of the interview requirement, the role of contract out-stationed workers will change from what it has been. The new focus will be disseminating the application form, encouraging potential eligible to apply and providing assistance to families in the process. The Application Centers will help people who need assistance in completing the application forms.

The LaCHIP program will utilize the same outreach and application process that is currently established for the Medicaid program.

INTERNET WEB SITE

We are creating a comprehensive interactive Internet Web Page on the DHH website designed to meet the needs of our primary target audience, secondary target audience, and other stakeholders/interested parties. Information available on the Web Page will include the following-

- * How to apply, toll free telephone and fax numbers
- Application form in Adobe Acrobat format which can be downloaded and/or printed
- Frequently asked questions (*How can I verify my earnings if I don't have my check stubs?*)

(For Other Stakeholders & Interested Parties)

Current data on the number of applications for poverty level children which have been received, approved, denied, reasons for denial

SPEAKERS BUREAUS

Outreach Coordinators have been designated in each of the nine geographic Regions who will coordinate appearances to promote LaCHIP by both primary and secondary target audiences. Local staffs will be trained and provided with talking points, multi-media presentations, transparencies, and audience handouts. We will 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 will be made available to Regional Outreach Coordinators for appearances at Health Fairs, kindergarten registrations, festivals, and other community events such as Back to School Expos which are frequented by the target audience. The display will be colorful and visually appealing and designed to increase awareness of the programs. Application forms and business reply envelopes will be distributed and assistance offered in completing the application form. Promotional items will be

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distributed at these events, and we intend to explore the possibility of corporate sponsorship for promotional items.

OUTREACH MONITORING

We are modifying computer software to allow us to capture information related to the effectiveness of our outreach efforts. The application form will include an optional question "Where did you get this application form?" and applications representing specific segments of the target audience will be identified where possible. We will use this information to determine geographical areas and segments of the target audience for whom additional resources and outreach efforts are required.

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.

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Section 6. Coverage Requirements for Children’s Health Insurance (Section 2103)



Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state’s Medicaid plan, and continue on to Section 7.

6.1. The state elects to provide the following forms of coverage to children: (Check all that apply.) (42CFR 457.410(a))

- 6.1.1. Benchmark coverage; (Section 2103(a)(1) and 42 CFR 457.420)
 - 6.1.1.1. FEHBP-equivalent coverage; (Section 2103(b)(1)) (If checked, attach copy of the plan.)
 - 6.1.1.2. State employee coverage; (Section 2103(b)(2)) (If checked, identify the plan and attach a copy of the benefits description.)
 - 6.1.1.3. HMO with largest insured commercial enrollment (Section 2103(b)(3)) (If checked, identify the plan and attach a copy of the benefits description.)

- 6.1.2. Benchmark-equivalent coverage; (Section 2103(a)(2) and 42 CFR 457.430) Specify the coverage, including the amount, scope and duration of each service, as well as any exclusions or limitations. Please attach a signed actuarial report that meets the requirements specified in 42 CFR 457.431. **See instructions.**

- 6.1.3. Existing Comprehensive State-Based Coverage; (Section 2103(a)(3) and 42 CFR 457.440) [Only applicable to New York; Florida; Pennsylvania] Please attach a description of the benefits package, administration, date of enactment. If “existing comprehensive state-based coverage” is modified, please provide an actuarial opinion documenting that the actuarial value of the modification is greater than the value as of 8/5/97 or one of the benchmark plans. Describe the fiscal year 1996 state expenditures for “existing comprehensive state-based coverage.”

- 6.1.4. Secretary-Approved Coverage. (Section 2103(a)(4)) (42 CFR 457.450)
 - 6.1.4.1. Coverage the same as Medicaid State plan
 - 6.1.4.2. Comprehensive coverage for children under a Medicaid Section 1115 demonstration project
 - 6.1.4.3. Coverage that either includes the full EPSDT benefit or

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that the state has extended to the entire Medicaid population

- 6.1.4.4. Coverage that includes benchmark coverage plus additional coverage
- 6.1.4.5. Coverage that is the same as defined by “existing comprehensive state-based coverage”
- 6.1.4.6. Coverage under a group health plan that is substantially equivalent to or greater than benchmark coverage through a benefit by benefit comparison (Please provide a sample of how the comparison will be done)
- 6.1.4.7. Other (Describe)

6.2. The state elects to provide the following forms of coverage to children:
 (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)

- 6.2.1. Inpatient services (Section 2110(a)(1))
- 6.2.2. Outpatient services (Section 2110(a)(2))
- 6.2.3. Physician services (Section 2110(a)(3))
- 6.2.4. Surgical services (Section 2110(a)(4))
- 6.2.5. Clinic services (including health center services) and other ambulatory health care services. (Section 2110(a)(5))
- 6.2.6. Prescription drugs (Section 2110(a)(6))
- 6.2.7. Over-the-counter medications (Section 2110(a)(7))
- 6.2.8. Laboratory and radiological services (Section 2110(a)(8))
- 6.2.9. Prenatal care and prepregnancy family services and supplies (Section 2110(a)(9))
- 6.2.10. Inpatient mental health services, other than services described in 6.2.18., but including services furnished in a state-operated mental hospital and including residential or other **24-hour** therapeutically planned structural services (Section 2110(a)(10))
- 6.2.11. Outpatient mental health services, other than services described in 6.2.19, but including services furnished in a state-operated mental hospital and including community-based services (Section 2110(a)(11))
- 6.2.12. Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices) (Section 2110(a)(12))

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- 6.2.13. Disposable medical supplies (Section 2110(a)(13))
- 6.2.14. Home and community-based health care services (See instructions) (Section 2110(a)(14))
- 6.2.15. Nursing care services (See instructions) (Section 2110(a)(15))
- 6.2.16. Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest (Section 2110(a)(16))
- 6.2.17. Dental services (Section 2110(a)(17))
- 6.2.18. Inpatient substance abuse treatment services and residential substance abuse treatment services (Section 2110(a)(18))
- 6.2.19. Outpatient substance abuse treatment services (Section 2110(a)(19))
- 6.2.20. Case management services (Section 2110(a)(20))
- 6.2.21. Care coordination services (Section 2110(a)(21))
- 6.2.22. Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))
- 6.2.23. Hospice care (Section 2110(a)(23))
- 6.2.24. Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (See instructions) (Section 2110(a)(24))
- 6.2.25. Premiums for private health care insurance coverage (Section 2110(a)(25))
- 6.2.26. Medical transportation (Section 2110(a)(26))
- 6.2.27. Enabling services (such as transportation, translation, and outreach services (See instructions) (Section 2110(a)(27))
- 6.2.28. Any other health care services or items specified by the Secretary and not included under this section (Section 2110(a)(28))

6.3 The state assures that, with respect to pre-existing medical conditions, one of the following two statements applies to its plan: (42CFR 457.480)

- 6.3.1. The state shall not permit the imposition of any pre-existing medical condition exclusion for covered services (Section 2102(b)(1)(B)(ii)); **OR**
- 6.3.2. The state contracts with a group health plan or group health insurance coverage, or contracts with a group health plan to provide family coverage under a waiver (see Section 6.4.2. of the template). Pre-existing medical conditions are permitted to the extent allowed by HIPAA/ERISA (Section 2103(f)). Please describe: *Previously 8.6*

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6.4 **Additional Purchase Options.** If the state wishes to provide services under the plan through cost effective alternatives or the purchase of family coverage, it must request the appropriate option. To be approved, the state must address the following: (Section 2105(c)(2) and(3)) (42 CFR 457.1005 and 457.1010)

6.4.1. **Cost Effective Coverage.** Payment may be made to a state in excess of the 10% limitation on use of funds for payments for: 1) other child health assistance for targeted low-income children; 2) expenditures for health services initiatives under the plan for improving the health of children (including targeted low-income children and other low-income children); 3) expenditures for outreach activities as provided in section 2102(c)(1) under the plan; and 4) other reasonable costs incurred by the state to administer the plan, if it demonstrates the following (42CFR 457.1005(a)):

6.4.1.1. Coverage provided to targeted low-income children through such expenditures must meet the coverage requirements above; **Describe the coverage provided by the alternative delivery system. The state may cross reference section 6.2.1 - 6.2.28.** (Section 2105(c)(2)(B)(i)) (42CFR 457.1005(b))

6.4.1.2. The cost of such coverage must not be greater, on an average per child basis, than the cost of coverage that would otherwise be provided for the coverage described above.; **Describe the cost of such coverage on an average per child basis.** (Section 2105(c)(2)(B)(ii)) (42CFR 457.1005(b))

6.4.1.3. The coverage must be provided through the use of a community-based health delivery system, such as through contracts with health centers receiving funds under section 330 of the Public Health Service Act or with hospitals such as those that receive disproportionate share payment adjustments under section 1886(c)(5)(F) or 1923 of the Social Security Act. **Describe the community based delivery system.** (Section 2105(c)(2)(B)(iii)) (42CFR 457.1005(a))

6.4.2. **Purchase of Family Coverage.** Describe the plan to purchase family coverage. Payment may be made to a state for the purpose of family coverage under a group health plan or health insurance coverage that includes coverage of targeted low-income children, if it demonstrates the following: (Section 2105(c)(3)) (42CFR 457.1010)

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- 6.4.2.1. Purchase of family coverage is cost-effective relative to the amounts that the state would have paid to obtain comparable coverage **only** of the targeted low-income children involved; and **(Describe the associated costs for purchasing the family coverage relative to the coverage for the low income children.)** (Section 2105(c)(3)(A)) (42CFR 457.1010(a))
- 6.4.2.2. The state assures that the family coverage would not otherwise substitute for health insurance coverage that would be provided to such children but for the purchase of family coverage. (Section 2105(c)(3)(B)) (42CFR 457.1010(b))
- 6.4.2.3. The state assures that the coverage for the family otherwise meets title XXI requirements. (42CFR 457.1010(c))

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Section 7. Quality and Appropriateness of Care

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 8.

7.1. Describe the methods (including external and internal monitoring) used to assure the quality and appropriateness of care, particularly with respect to well-baby care, well-child care, and immunizations provided under the plan. (2102(a)(7)(A)) (42CFR 457.495(a))

Will the state utilize any of the following tools to assure quality?
(Check all that apply and describe the activities for any categories utilized.)

- 7.1.1. Quality standards
- 7.1.2. Performance measurement
- 7.1.3. Information strategies
- 7.1.4. Quality improvement strategies

7.2. Describe the methods used, including monitoring, to assure: (2102(a)(7)(B)) (42CFR 457.495)

7.2.1 Access to well-baby care, well-child care, well-adolescent care and childhood and adolescent immunizations. (Section 2102(a)(7)) (42CFR 457.495(a))

7.2.2 Access to covered services, including emergency services as defined in 42 CFR §457.10. (Section 2102(a)(7)) 42CFR 457.495(b))

7.2.3 Appropriate and timely procedures to monitor and treat enrollees with chronic, complex, or serious medical conditions, including access to an adequate number of visits to specialists experienced in treating the specific medical condition and access to out-of-network providers when the network is not adequate for the enrollee's medical condition. (Section 2102(a)(7)) (42CFR 457.495(c))

7.2.4 Decisions related to the prior authorization of health services are completed in accordance with state law **or**, in accordance with the medical needs of the patient, within 14 days after the receipt of a request for services. (Section 2102(a)(7)) (42CFR 457.495(d))

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Section 8. Cost Sharing and Payment (Section 2103(e))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state’s Medicaid plan, and continue on to Section 9.

8.1. Is cost-sharing imposed on any of the children covered under the plan? (42CFR 457.505)

8.1.1. YES

8.1.2. **NO, skip to question 8.8.**

8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge and the service for which the charge is imposed or time period for the charge, as appropriate. (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c))

- 8.2.1. Premiums:
- 8.2.2. Deductibles:
- 8.2.3. Coinsurance or copayments:
- 8.2.4. Other:

8.3. Describe how the public will be notified, including the public schedule, of this cost-sharing (including the cumulative maximum) and changes to these amounts and any differences based on income. (Section 2103(e)(1)(B)) (42CFR 457.505(b))

8.4. The state assures that it has made the following findings with respect to the cost sharing in its plan: (Section 2103(e))

- 8.4.1. Cost-sharing does not favor children fi-om higher income families over lower income families. (Section 2103(e)(1)(B)) (42CFR 457.530)
- 8.4.2. No cost-sharing applies to well-baby and well-child care, including age-appropriate immunizations. (Section 2103(e)(2)) (42CFR 457.520)
- 8.4.3. No additional cost-sharing applies to the costs of emergency medical services delivered outside the network. (Section 2103(e)(1)(A)) (42CFR 457.515(f))

8.5. Describe how the state will ensure that the annual aggregate cost-sharing for a family does not exceed **5** percent of such family’s income for the length of the child’s eligibility period in the State. Include a description of the procedures that do not primarily rely on a refund given by the state for overpayment by an enrollee: (Section 2103(e)(3)(B)) (42CFR 457.5600) and 457.505(e))

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8.6 Describe the procedures the state will use to ensure American Indian (as defined by the Indian Health Care Improvement Act of 1976) and Alaska Native children will be excluded from cost-sharing. (Section 2103(b)(3)(D)) (42CFR 457.535)

8.7 Please provide a description of the consequences for an enrollee or applicant who does not pay a charge. (42CFR 457.570 and 457.505(c))

8.7.1 Please provide an assurance that the following disenrollment protections are being applied:

- State has established a process that gives enrollees reasonable notice of and an opportunity to pay past due premiums, copayments, coinsurance, deductibles or similar fees prior to disenrollment. (42CFR 457.570(a))
- The disenrollment process affords the enrollee an opportunity to show that the enrollee's family income has declined prior to disenrollment for non payment of cost-sharing charges. (42CFR 457.570(b))
- In the instance mentioned above, that the state will facilitate enrolling the child in Medicaid or adjust the child's cost-sharing category as appropriate. (42CFR 457.570(b))
- The state provides the enrollee with an opportunity for an impartial review to address disenrollment from the program. (42CFR 457.570(c))

8.8 The state assures that it has made the following findings with respect to the payment aspects of its plan: (Section 2103(e))

8.8.1. No Federal funds will be used toward state matching requirements. (Section 2105(c)(4)) (42CFR 457.220)

8.8.2. No cost-sharing (including premiums, deductibles, copays, coinsurance and all other types) will be used toward state matching requirements. (Section 2105(c)(5) (42CFR 457.224) (previously 8.4.5)

8.8.3. No funds under this title will be used for coverage if a private insurer would have been obligated to provide such assistance except for a provision limiting this obligation because the child is eligible under the this title. (Section 2105(c)(6)(A)) (42CFR 457.626(a)(1))

8.8.4. Income and resource standards and methodologies for determining Medicaid eligibility are not more restrictive than those applied as of June 1, 1997. (Section 2105(d)(1)) (42CFR 457.622(b)(5))

8.8.5. No funds provided under this title or coverage funded by this title will

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include coverage of abortion except if necessary to save the life of the mother or if the pregnancy is the result of **an** act of rape or incest. (Section 2105)(c)(7)(B)) (42CFR 457.475)

- 8.8.6. No funds provided under this title will be used to pay for **any** abortion or to assist in the purchase, in whole or in part, for coverage that includes abortion (except as described above). (Section 2105)(c)(7)(A)) (42CFR 457.475)

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Section 9. Strategic Objectives and Performance Goals and 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)) (42CFR 457.710(b))

See Section 9.2

- 9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))

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 to begin in November, 1998, to identify 72,512 uninsured children eligible for Medicaid coverage under either Title XIX or Title XXI Medicaid expansion; 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 not covered by Medicaid provisions effective April 1, 1997 (LaCHIP eligibles).

Performance Measures:

- Number of LaCHIP applications distributed and those returned for processing
- Number of calls to the toll-free LaCHIP Helpline

Performance Goal 1.2.

Outreach and market to the families of uninsured children covered by Medicaid provisions prior to April 1, 1997 (**non-LaCHIP** - Medicaid unenrolled eligibles).

Performance Measures:

- Number of non-LaCHIP applications distributed and those returned for

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Performance Goal I.3.

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

Performance Measures:

- Number of targeted public information campaigns for LaCHIP eligibles
- Number of targeted public information campaigns for unenrolled Medicaid eligibles (non-LaCHIP)

STRATEGIC OBJECTIVE 11:

To determine eligibility and, by July 1,2000, enroll **75%** of all eligible children as Medicaid recipients under either Title XIX or Title XXI Medicaid expansion.

Performance Goal II.1.

Outreach and determine eligibility for **75%** of all uninsured children potentially eligible for Medicaid or Title XXI Medicaid expansion.

Performance Measures

- Percentage (71.6%) of children enrolled in Title XIX and Title XXI Medicaid expansion by 6/30/99
- Number of children enrolled as Title XIX (29,412) and Title XXI Medicaid expansion (28,350) eligibles by 6/30/99
- Average processing time
- Percent of applications approved
- Increase in percentage of Medicaid-eligible children enrolled
- Reduction in percentage of uninsured children

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STRATEGIC OBJECTIVE 11:

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

Performance Goal 11.1.

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-Region 3 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-Region 3.
- Number and percent of Medicaid children enrolled in CommunityCARE, Enhanced CommunityCARE and Louisiana Health Access-Region 3, 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.

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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)) (42CFR 457.710(d))

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 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.

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- 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.
- 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)) (42CFR 457.720)

- 9.5. The state assures it will comply with the annual assessment and evaluation required under Section 10. Briefly describe the state's plan for these annual assessments and reports. (Section 2107(b)(2)) (42CFR 457.750)

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 whose income is below 200% of poverty. The State will seek to collect sufficient baseline data to complete the chart for the State's annual report as proposed in this draft Title XXI plan. Currently, some data is not readily available for the Medicaid population and especially the uninsured population.

Louisiana will also establish the baseline levels for all performance measures established in Section 9 of the Plan. Most performance measures selected by the

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State are related to established data reporting systems. The data for establishing baseline levels will be drawn from existing data sources such as vital records, Medicaid claims data, hospital discharge data and other such sources. Where necessary, Louisiana will supplement existing data sources by conducting a population-based survey.

The first year's annual assessment will report the results of efforts made to establish baseline levels for all measures and will report the State's progress in providing health benefits coverage to both "Medicaid eligible but unenrolled" children and "expanded LaCHIP Medicaid eligibles". In subsequent years, the annual assessment will provide updated information on the performance of all measures. State staff will complete each year's annual assessment and will monitor ongoing progress toward meeting all performance goals.

In the first year of the program, the State will develop specifications for an evaluation of the program. The results of the evaluation will be submitted to the Secretary of DHHS by March **31,2000**. The evaluation will include an assessment of the effectiveness of the State plan in increasing the number of children with creditable health coverage. This evaluation will include a comprehensive examination of the characteristics of children receiving health benefits coverage under the plan and will encompass such factors as ages of children, family income, and the children's health insurance status after their eligibility for the Title XXI program ends.

Through analysis of the patterns of utilization of services under the plan and the effectiveness of the plan as demonstrated through the performance measures established in Section **9**, the evaluation will assess the overall quality and outcome of health benefits coverage provided under the plan. The provision of services, as an expansion of Medicaid will be fully encompassed by all quality control mechanisms in place in Louisiana's Medicaid managed care programs (risk-based and PCCM). The evaluation will also include a complete description of the policy and process established by the State for the Title XXI program. This will include the amount and level of assistance provided by the State and the mechanisms by which such assistance was provided; the service area; any time limits for coverage; the State's choice of health benefits coverage and other methods used for providing child health assistance; and the sources of non-Federal funding used for the program.

The State's plan will be considered effective if it achieves the performance goals established in Sections **9.2.1.** and **9.2.2.**

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- 9.6. The state assures it will provide the Secretary with access to any records or information relating to the plan for purposes of review of audit. (Section 2107(b)(3)) (42CFR 457.720)
- 9.7. The state assures that, in developing performance measures, it will modify those measures to meet national requirements when such requirements are developed. (42CFR 457.710(e))
- 9.8. The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e)) (42CFR 457.135)
- 9.8.1. Section 1902(a)(4)(C) (relating to conflict of interest standards)
- 9.8.2. Paragraphs (2), (16) and (17) of Section 1903(i) (relating to limitations on payment)
- 9.8.3. Section 1903(w) (relating to limitations on provider donations and taxes)
- 9.8.4. Section 1132 (relating to periods within which claims must be filed)
- 9.9. Describe the process used by the state to accomplish involvement of the public in the design and implementation of the plan and the method for insuring ongoing public involvement. (Section 2107(c)) (42CFR 457.120(a) and (b))

BACKGROUND:

Congress in **1997**, passed Public Law **105-33**, to establish a new Title XXI under the Social Security Act called the States' Children's Health Insurance Program (SCHIP). Louisiana's Governor Foster then issued Executive Order No. **97-37** which created a **15** member Task Force to make recommendations regarding all the available options to Louisiana in order to implement a Louisiana Children's Health Insurance Program (LaCHIP). The LaCHIP Task Force was, composed of eight legislators, the Commissioner of Insurance, the Commissioner of Administration, the Secretary and Medical Director of the Department of Health and Hospitals, the Chancellor of LSU Medical Center, the Executive Director of the Children's Cabinet and the Governor's Chief of Staff. This Task Force is the designated forum for input from the public and other interested groups regarding the development and implementation of the LaCHIP program in Louisiana. As such, the LaCHIP Task Force held six meetings to receive information and recommendations from over **25** presenters which included children's advocates such as 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

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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:

- A Title XXI Medicaid (expansion) model
- A State-designed private insurance program model
- 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:

- First Year - a Medicaid expansion model for children (six years' to 19 years) up to 133% of the Federal Poverty Level; and
- Second Year - a Medicaid expansion model for children (birth to 19 years) up to 150% of the Federal Poverty Level; and
- 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.

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

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

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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 99.1 for list of Outreach Subcommittee members).

3. Enrollment

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

- a. 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
- b. 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.

- 9.9.1 Describe the process used by the state to ensure interaction with Indian Tribes and organizations in the state on the development and implementation of the procedures required in 42 CFR §457.125. (Section 2107(c)) (42CFR 457.120(c))

Representatives from all four federally recognized Indian tribes in Louisiana were included on the workgroup that developed the Outreach plan. In addition, outreach coordinators worked with the various tribes by making presentations. Application centers have been set up in areas where tribe members receive medical services.

- 9.9.2 For an amendment relating to eligibility or benefits (including cost sharing and enrollment procedures), please describe how and when prior public notice was provided as required in §457.65(b) through (d).

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The state has not amended policies relating to eligibility or benefits as described in 42 CFR 457.65(b) through (d) that eliminates or restricts eligibility on benefits. Any future changes meeting these criteria will be promulgated under the state's rulemaking process as described in the Administrative Procedures Act.

- 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))

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.

- 9.10. Provide a one year projected budget. A suggested financial form for the budget is attached. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including --
 - Projected amount to be spent on health services;
 - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
 - Assumptions on which the budget is based, including cost per child and expected enrollment.
- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.

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Section 10. Annual Reports and Evaluations (Section 2108)

- 10.1. Annual Reports. The state assures that it will assess the operation of the state plan under this Title in each fiscal year, including: (Section 2108(a)(1),(2)) (42CFR 457.750)
 - 10.1.1. The progress made in reducing the number of uncovered low-income children and report to the Secretary by January 1 following the end of the fiscal year on the result of the assessment, and
- 10.2. The state assures it will comply with future reporting requirements as they are developed. (42CFR 457.710(e))
- 10.3. The state assures that it will comply with all applicable Federal laws and regulations, including but not limited to Federal grant requirements and Federal reporting requirements.

Section 11. Program Integrity (Section 2101(a))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid' plan, and continue to Section 12.

- 11.1 The state assures that services are provided in an effective and efficient manner through free and open competition or through basing rates on other public and private rates that are actuarially sound. (Section 2101(a)) (42CFR 457.940(b))
- 11.2. The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e)) (42CFR 457.935(b)) *The items below were moved from section 9.8. (Previously items 9.8.6.-9.8.9)*
 - 11.2.1. 42 CFR ~~Part~~ **455** Subpart B (relating to disclosure of information by providers and fiscal agents)
 - 11.2.2. Section 1124 (relating to disclosure of ownership and related information)
 - 11.2.3. Section 1126 (relating to disclosure of information about certain convicted individuals)
 - 11.2.4. Section 1128A (relating to civil monetary penalties)
 - 11.2.5. Section 1128B (relating to criminal penalties for certain additional charges)

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- 11.2.6. Section 1128E (relating to the National health care fraud and abuse data collection program)

Section 12. Applicant and enrollee protections (Sections 2101(a))

- Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan.**

Eligibility and Enrollment Matters

12.1 Please describe the review process for **eligibility and enrollment** matters that complies with 42 CFR §457.1120.

The state provides LaCHIP eligibles the same fair hearing procedures provided to Title XIX eligibles. Such procedures meet the requirements of 42 CFR 431.200 through 431.250, and are applicable for eligibility, enrollment and health services matters. See Exhibit 12.1-2 attached for Title XIX State Plan description.

Health Services Matters

12.2 Please describe the review process for **health services matters** that complies with 42 CFR §457.1120.

The state provides LaCHIP eligibles the same fair hearing procedures provided to Title XIX eligibles. Such procedures meet the requirements of 42 CFR 431.200 through 431.250, and are applicable for eligibility, enrollment and health services matters. See Exhibit 12.1-2 attached for Title XIX State Plan description.

Premium Assistance Programs

12.3 If providing coverage through a group health plan that does not meet the requirements of 42 CFR 5457.1120, please describe how the state will assure that applicants and enrollees have the option to obtain health benefits coverage other than through the group health plan at initial enrollment and at each redetermination **of** eligibility.

Not Applicable.

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DEMOGRAPHICS of LaCHIP (TITLE XXI) ELIGIBLES

Exhibit 2.1
Revised 9/24/98

INCOME	1st Phase	2nd Phase	3rd Phase	TOTAL
Age Groups	< 133% FPL	< 150% FPL	< 200% FPL	
Birth to 6 year	0	5,000	15,000	20,000
6 to 14 years	5,100	6,300	7,300	18,700
14 through 18 y	32,700	3,000	7,900	43,600
TOTAL	37,800	14,300	30,200	82,300

CHARACTERISTICS of ELIGIBLES @ 133% FPL

AGE	% Eligibles
Birth to 6 year	0.00%
6 through 10 ye	19.16%
11 through 55 y	18.26%
14 through 18 y	62.58%
TOTAL	100.00%

RACE	% Eligibles
White	47.11%
Black	48.92%
Other	3.98%
TOTAL	100.01%

GENDER	% Eligibles
Male	44.82%
Female	55.18%
TOTAL	100.00%

GEOGRAPHIC	% Eligibles
MSA (Urban)	80.29%
Non-MSA (Rural)	19.71%
TOTAL	100.00%

File: Exhib2.1.123

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

LACHIP Phase III - Projected Budgets FFY2000-2001 through FFY 2004-2005

EXHIBIT 9.10.
12/14/2000

Administrative Costs:	Proj Annual Costs	FFY 2000-01*	FFP (79.37%)	State Match	FFY 2001-2002	FFP (79.21%)	State Match	FFY 2002-2003	FFP (79.21%)	State Match
Personal Services	\$674,380	\$674,380	\$535,255	\$139,125	\$701,355	\$555,543	\$145,812	\$729,409	\$577,765	\$151,644
Operating Expenses	\$56,612	\$56,612	\$44,933	\$11,679	\$58,310	\$46,188	\$12,123	\$60,060	\$47,573	\$12,486
Professional Services	\$0	\$0	\$0	\$0	\$252,350	\$199,896.44	\$52,454	\$259,921	\$205,883	\$54,037
Other Charges	\$47,074	\$47,074	\$37,363	\$9,711	\$100,000	\$79,210	\$20,790	\$100,000	\$79,210	\$20,790
Equipment	\$93,300	\$93,300	\$74,052	\$19,248	\$96,099	\$76,120.02	\$19,979	\$98,982	\$78,404	\$20,578
SUBTOTAL	\$871,366	\$871,366	\$691,603	\$179,763	\$1,200,115	\$956,948	\$251,167	\$1,248,372	\$988,835	\$259,536

* Above figures assume 75% of Title XXI eligibles will apply and be enrolled assuming a start date of January 1, 2001 in FFY2000-01. For subsequent years, inflation factors of 4% for Personal Services and 3% for all other administrative costs except "other charges" were assumed. "Other Charges" costs are for payments to Application Centers, occurring primarily in the first year and decreasing thereafter. FFP match rates are as denoted on charts for each year. (State match is provided via direct appropriation by the Legislature of State General Funds)

Title XXI Program Costs:	Proj # XXI Enrollees	Proj Enrollee Cost/Month**	Proj Annual Costs	FFY 2000-01*	FFP (79.37%)	State Match	FFY 2001-2002	FFP (79.21%)	State Match	FFY 2002-2003	FFP (79.21%)	State Match
Birth thru 5 years	10,388	\$150.92	\$1,812,668	\$4,703,167	\$3,732,904	\$970,263	\$19,471,111	\$15,423,087	\$4,048,044	\$20,152,800	\$15,962,875	\$4,189,925
6 thru 14 years	7,262	\$76.75	\$6,698,302	\$1,672,078	\$1,327,126	\$344,949	\$6,922,393	\$5,483,227	\$1,439,165	\$7,164,676	\$5,675,140	\$1,489,536
15 thru 18 years	4,925	\$170.17	\$10,056,850	\$2,514,213	\$1,995,530	\$518,682	\$10,408,840	\$8,244,842	\$2,163,998	\$10,773,149	\$8,533,411	\$2,239,738
SUBTOTAL	22,575		\$35,567,820	\$8,889,455	\$7,055,560	\$1,833,895	\$36,802,344	\$29,154,136	\$7,651,207	\$38,090,426	\$30,171,426	\$7,919,000
TOTAL			\$36,429,186	\$9,760,821	\$7,747,164	\$2,013,657	\$38,010,458	\$30,108,084	\$7,902,374	\$39,338,797	\$31,160,261	\$8,178,536

*Above program costs were derived from Medicaid costs for a comparable age group and assumes six months in the first Federal Fiscal Year (2000-01). Subsequent years assume a 3.5% (CPI) Inflation factor for program costs.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State LOUISIANA

Citation
42 CFR 431.202
AT-79-29
AT-80-31

4.2 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.

APPROVED BY: DHHS/HCFA/DPO
DATE: 11-19-86
TRANSMITTAL NO: 86-22

TN# 86-22 Approval Date 11-19- Effective Date 10-1-86
Supersedes
TN# 79-28

STATE OF LOUISIANA

GENERAL PROGRAM ADMINISTRATION

CITATION

42 CFR 431.200

through

431.250

4.2 FAIR HEARINGS

The single state agency has an established procedure for fair hearings by which a claimant or provider, except Long Term Care providers, may request an appeal in relation to a claim for medical assistance and medical vendor payment. The fair hearing procedure meets the requirements of 42 CFR 431.200 through 431.250.

NOTE: See Attachment 4.19-D for the Long Term Care Appeals procedure.

1. Claimant Appeals

- A. A claimant or his representative may request a fair hearing to the local Medicaid office or directly to the Department of Health and Hospitals, Bureau of Appeals, within thirty (30) days of receiving adequate and/or timely notice in relation to a change in his eligibility for medical assistance benefits.

All applicants and recipients are informed of the right to request a hearing and the procedure. All hearing requests are directed to the Department of Health and Hospitals, Bureau of Appeals, and are acknowledged upon receipt. The local office prepares a summary of evidence and a copy is provided to the claimant. The claimant is notified ten (10) days in advance of the hearing date and the hearing is scheduled at a time and place convenient to the claimant.

If an issue of fact or judgment is involved, the Hearing Officer determines if the action is to be delayed pending the hearing decision and the claimant is informed of this determination.

STATE	<i>Louisiana</i>
DATE REC'D	JUN 08 1993
DATE APPV'D	JUL 01 1993
DATE EFF	APR 01 1993
HCEA 179	93-18

A

TN# 93-18 Approval Date JUL 01 1993 Effective Date APR 01 1993

TN#

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through
431.250

The claimant can be represented by anyone of his choice. The State Hearing Officer was appointed by the Secretary of the Department of Health and Hospitals to conduct fair hearings for applicants and beneficiaries. The local office staff responsible for the decision attends the hearing and presents facts and policy relating to the issue. The claimant has opportunity to present his evidence, review documents and question any witness. The Hearing Officer may request additional information before a decision is made. When the hearing involves a medical issue, a medical assessment other than that of the person or the persons involved in making the original decision is obtained and made a part of the record if the Hearing Officer or the claimant considers this necessary.

A final hearing decision is made by the Secretary of the Department of Health and Hospitals in accordance with time frames specified by 42 CFR 431.244(f). The decision is the final decision of the Secretary on the issue presented and the claimant is notified of the decision in writing. If a corrected payment is applicable this authorization is made in the decision. The official record is available to the claimant for review. The local office is bound by the hearing decision and action as directed in the decision must be taken within thirty (30) days.

B. Notification and Time Limit to Request a Fair Hearing

1. Reduction, Termination or Discontinuance

- a. **Timely** notice (advance notice of adverse action) is mailed at least ten (10) days before the date of action and shall be given when:

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DATE EFF	APR 01 1993	
HCFA 177	93-18	

TN# 93-18 Approval Date JUL 01 1993 Effective Date APR 01 1993
 Supersedes
 TN# 79-22

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- (1) The client becomes ineligible for a vendor , payment because of increased income or resources above the maximum.
- (2) It is the agency's decision to reduce, terminate, or discontinue either vendor payments or Medicaid eligibility.
- (3) **Medical** assistance is terminated because of SSI discontinuance.

When medical assistance **benefits** are discontinued because of SSI discontinuance, the notice shall give the effective month of closure.

b. If the beneficiary requests a fair hearing within the **ten** (10) day timely notice **period**, the local office: shall not take the action proposed until a decision is rendered after a hearing unless:

- (1) A determination **is made** at the hearing that the sole issue **is** one of state or federal **law** or policy or change in federal or state law or policy.
- (2) A change affecting **the** client's eligibility occurs while the hearing decision **is** pending and the client fails **to** request a hearing after receiving notice **of** the change.

c. In **certain** instances timely notice **is** not necessary **but** adequate notice (a written notice **sent** not later than the date of action) **is** required. The notice includes a statement of what action the agency intends to take, the **reasons** for the intended action,

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DATE EFF <u>APR 01 1993</u>	
HCFA 179 <u>93-18</u>	

TN# 93-18 Approval Date JUL 01 1993 Effective Date APR 01 1993
 Supersedes
 TN# 81-19

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CITATION

42 CFR 431.200

through

431.250

explanation of the individual's right to request a fair hearing, and the circumstances under which assistance is continued. Adequate notice shall be given no later than the date of action when the agency receives a clear, written statement signed **by** a beneficiary that he no longer wishes assistance, or that gives information which requires termination or reduction of assistance, and the beneficiary has indicated in writing that he understands that this must be the consequence of supplying such information.

Timely and adequate notice **are** given **by form**.

A change requiring **only** adequate notice may be made on the date adequate notice is given.

The beneficiary has thirty (30) days from the date that the timely or adequate notice is mailed to request a fair hearing.

The Appeals Bureau shall advise the aggrieved of any rights he or she may have and of procedures required to pursue civil remedies under Judicial Review subsequent to a negative decision by the Bureau.

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DATE REC'D <u>JUN 08 1993</u>	
DATE APP'VD <u>JUL 01 1993</u>	
DATE EFF <u>APR 01 1993</u>	
HCFA 179 <u>93-18</u>	

GN# 93-18 Approval Date JUL 01 1993 Effective Date APR 01 1993
 Supersedes
 TN# 8419

Crosswalk of the Provisions in the Regulation and the SCHIP Template

Location in Template	Description	Regulatory Provision	State Action & Effective Date (A/U)**
Page 2	Signature of Governor or designee.	§457.40(b)	
Page 2*	Name of state officials responsible for the program.	§457.40(c)	
Section 1.1	Program options.	§457.70	
Section 1.2*	Assurance expenditures will not be claimed before state has legislative authority to operate plan/amendment.	§457.40(d)	A 7/1/2002
Section 1.3*	Civil rights assurance.	§457.130	A 7/1/2002
Section 1.4*	Effective & implementation dates.	§457.65	A 7/1/2002
Section 2.1	Extent of creditable coverage.	§457.80(a)	U 7/1/2002
Section 2.2	State efforts to provide or obtain creditable coverage.	§457.80(b)	U 7/1/2002
Section 2.3 - Previously 4.4.5	State efforts to coordinate title XXI with other programs.	§457.80(c)	U 7/1/2002
Section 3.1*	Description of the methods of delivery.	§457.490(a)	N/A
Section 3.2*	Description of the utilization controls.	§457.490(b)	N/A
Section 4.1*	Eligibility standards used by the state.	§457.305(a) §457.320(a)	N/A
Section 4.2	Prohibited eligibility standards.	§457.320(b)	N/A
Section 4.3	Eligibility screening and facilitation of Medicaid enrollment.	§457.350	N/A
Section 4.3.1*	Description of state's policies on enrollment caps & wait lists.	§457.305(b)	N/A
Section 4.4.1*	Description of procedures that assure only targeted low-income children are furnished coverage.	§457.80(c)(3) §457.350(a)(1)	N/A
Section 4.4.2*	Description of procedures that assure Medicaid application process is initiated for children found to be potentially eligible through the screening process.	§457.350(a)(2)	N/A
Section 4.4.3*	Description of procedures that assure SCHIP application process is initiated for children determined ineligible for Medicaid.	§431.636(b)(4)	N/A
Section 4.4.4*	Assurance that coverage provided does not substitute for coverage under group health plans.	§457.805 §457.810(a-c)	N/A
Section 4.4.5*	Provision of child health assistance to AI/AN children.	§457.125(a)	N/A
Section 5*	Description of outreach efforts.	§457.90	U 7/1/2002
Location in	Description	Regulatory	State Action

- Indicates revised section in template (or new requirement added to existing section)
- ** - A - Indicates State has amended this portion of the template
- ** - U - Indicates State has updated this portion of the template
(Effective date is the date on which the state begins to incur costs to implement)

Template		Provision	& Effective Date
Section 6.1*	Health benefits coverage options (benchmark, benchmark equivalent, etc.).	§457.410(a)	N/A
Section 6.1.1	Benchmark coverage	5457.420	N/A
Section 6.1.2	Benchmark-equivalent coverage	§457.430 §457.431	N/A
Section 6.1.3	Existing comprehensive state-based coverage	§457.440	N/A
Section 6.1.4*	Secretary-approved coverage	§457.450	N/A
Section 6.2	Identify the services that will be provided (inpatient services, outpatient services, etc.).	§457.402 5457.490	N/A
Section 6.3* <i>Previously 8.6</i>	Assurances regarding pre-existing condition exclusions.	5457.480	N/A
Section 6.4.1	Cost effective coverage through a community-based health delivery system.	§457.1005(a),(b))	N/A
Section 6.4.2*	Purchase of family coverage.	§457.1010	N/A
Section 7.1	Description of methods used to assure quality and appropriateness of care.	§457.495(a)	N/A
Section 7.2*	Description of methods used to assure access to covered services.	5457.495	N/A
Section 8.1	Does the state impose cost-sharing on any children?	5457.505	N/A
Section 8.2*	Description of the amount of cost-sharing imposed.	5457.505(a) 5457.510(b),(c) 5457.515(a),(c)	N/A
Section 8.3*	Description of public notice regarding cost-sharing.	§457.505(b)	N/A
Section 8.4*	Assurances regarding cost-sharing.	5457.515(f) 5457.520 5457.530	N/A
Section 8.5*	Cumulative cost-sharing maximum (5% cap).	§457.505(e) §457.560(a)	N/A
Section 8.6*	Description of procedures used to ensure AI/AN children will be excluded from cost-sharing.	§457.535	N/A
Section 8.7*	Disenrollment protections.	5457.505(c) 5457.570	N/A
Section 8.8*	Limitations on certain payments for certain expenditures.	5457.220 §457.224 5457.475 §457.622(b)(5) §457.626(a)(1)	N/A
Section 9.1	Description of strategic objectives.	5457.710(b)	
Section 9.2	Performance goals for strategic objectives.	§457.710(c)	
Section 9.3	Description of performance measures.	§457.710(d)	
Location in	Description	Regulatory	State Action

- * - Indicates revised section in template (or new requirement added to existing section)
** -A- Indicates State has amended this portion of the template
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Template		Provision	& Effective Date
Section 9.4	State assurance regarding data collection, records and reports	§457.720	
Section 9.5	Annual Report	§457.750	
Section 9.6	Assurance state will allow access to records for the purpose of audits.	3457.720	
Section 9.7	Assurance state will modify performance measures to meet national requirements.	3457.710(e)	
Section 9.8"	Assurance of compliance with other provisions.	3457.135	A 7/1/2002
Section 9.9*	Public involvement in program development - including public notice for amendments that eliminate or restrict eligibility.	§457.120 §457.65(b-d)	A 7/1/2002
Section 9.10*	Budget	§457.140	N/A
Section 10.1*	Annual reports and evaluations.	3457.750	
Section 10.2	Assurance state will comply with future reporting requirements as they are developed.	§457.710(e)	
Section 10.3	Assurance state will comply with all applicable Federal laws and regulations.		
Section 11.1*	Procurement standards.	§457.940(b)	N/A
Section 11.2* <i>Previously 9.8</i>	Sanctions and related penalties.	§457.935(b)	N/A
Section 12.1*	Description of review process for eligibility and enrollment matters.	3457.1120 §457.1130(a)	A 7/1/2002
Section 12.2"	Description of review process for health services matters.	3457.1120 §457.1130(b)	A 7/1/2002
Section 12.3"	Premium assistance programs.	3457.1120 6457.1190	N/A

- * - Indicates revised section in template (or new requirement added to existing section)
- ** - A - Indicates State has amended this portion of the template
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