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**State/Territory Name:** Nqwukcpc

**State Plan Amendment (SPA) #:** NC/47/2244

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- 1) Approval Letter
- 2) State Plan Pages

**Children and Adults Health Programs Group**

January 20, 2026

Seth Gold  
Medicaid Executive Director  
State of Louisiana Department of Health  
Bureau of Health Services Financing  
628 North 4<sup>th</sup> Street, Room 769  
Baton Rouge, LA 70802

Dear Director Gold:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendments (SPA) LA-25-0022, submitted on October 31, 2025, has been approved. The effective date for this SPA is October 1, 2025.

Through this SPA, Louisiana will transition from a Federally-Facilitated Marketplace (FFM) Determination state where the state delegated authority to the FFM to make final eligibility decisions, to an FFM Assessment state where the FFM will make a preliminary assessment of eligibility and the State will make the final decision. A copy of the CS24 state plan page is attached to be incorporated into the current CHIP state plan.

Your Project Officer is Abbie Walsh. She is available to answer your questions concerning this amendment and other CHIP-related matters and can be reached at [Abagail.Walsh@cms.hhs.gov](mailto:Abagail.Walsh@cms.hhs.gov).

If you have additional questions, please contact Mary Beth Hance, Acting Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,  
*/Signed by Jessica Stephens/*

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Jessica Stephens  
Acting Deputy Director

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

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: LOUISIANA  
(Name of State/Territory)

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

/s/Drew MarantoSeth Gold.

Drew MarantoSeth Gold

Undersecretary/Interim Medicaid Executive Director, Louisiana  
Department of Health

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved 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: Drew MarantoSeth Gold

Position/Title: Undersecretary/Interim Medicaid  
Executive Director  
Bureau of Health Services Financing

Name: Tangela Womack

Position/Title: Medicaid Deputy Director  
Bureau of Health Services Financing

**Disclosure Statement** This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-185

**Amendment 35****LA SPA TN 25-0005-A****CHIP – Services to Incarcerated Youth**

Pursuant to the services for incarcerated youth requirements described in section 5121 of the Consolidated Appropriations Act, 2023, this SPA implements required coverage for incarcerated youth in the Children's Health Insurance Program (CHIP).

**Effective Date:** January 1, 2025

**Implementation date:** January 1, 2025

**Amendment 36****LA SPA TN 25-0015****CHIP – Substitution of Coverage**

The purpose of this SPA is to amend form CS20 in order to remove the waiting period for those beneficiaries who had private insurance within the 90 days prior to application.

This change is in accordance with CMS Final Rule 89 FR 22780.

**Effective Date:** June 3, 2025

**Implementation date:** June 3, 2025

**Amendment 37****LA SPA TN 25-0015-A****CHIP – Substitution of Coverage**

The purpose of this SPA is to amend the provisions governing the Children's Health Insurance Program (CHIP) in order to remove the waiting period for those beneficiaries who had private insurance within the 90 days prior to application. This change is in accordance with CMS Final Rule 89 FR 22780.

**Effective Date:** June 3, 2025

**Implementation date:** June 3, 2025

**Amendment 38****LA SPA TN 25-0022****CHIP – Federally-Facilitated Marketplace Assessments**

The purpose of this SPA is to amend the provisions governing CHIP eligibility determinations, to transition from a Federally-Facilitated Marketplace (FFM)

Determination state whereas the state delegated authority to the FFM to make final eligibility decisions, to an FFM Assessment state whereas the FFM makes a preliminary assessment of eligibility and the State makes the final decision.

**Effective Date:** October 1, 2025

**Implementation date:** October 1, 2025

**1.4- TC**

**Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

On October 20, 2025, notification was sent to the tribes around the State's intent to seek approval from CMS to amend the provisions governing the CHIP eligibility determinations, to transition from an FFM determination state to an FFM assessment state.

**TN 25-0022**

**Approval Date:**

**Effective Date: October 1, 2025**

**In the event of a state or federally declared disaster or public health emergency, the State may modify the tribal consultation process by shortening the number of days**

before submission of the SPA and/or conducting consultation after submission of the SPA. The duration of the provisions may not exceed the duration of the state or federal disaster period.



# CHIP Eligibility

State Name: Louisiana

OMB Control Number: 0938-1148

Transmittal Number: LA - 25 - 0022

## Separate Child Health Insurance Program General Eligibility - Eligibility Processing

CS24

2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR 457, subpart C

The CHIP Agency meets all of the requirements of 42 CFR 457, subpart C for application processing, eligibility screening and enrollment.

### Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard:

The single, streamlined application developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act.

An alternative single, streamlined application developed by the state and approved by the Secretary in accordance with section 1413(b)(1)(B) of the Affordable Care Act.

**An attachment is submitted.**

An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

**An attachment is submitted.**

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in CFR 457.340(a), by telephone, via mail, in person and other commonly available electronic means.

The agency accepts applications in the following other electronic means.

Other electronic means:

Add	Name of method	Description	Remove
Add	Fax	Received by fax transmission	Remove

### Screen and Enroll Process

The CHIP Agency has coordinated eligibility and enrollment screening procedures in place that are applied at time of initial application, periodic redeterminations, and follow-up eligibility determinations. The procedures ensure that only targeted low-income children are provided CHIP coverage and that enrollment is facilitated for applicants found to be potentially eligible for other insurance affordability programs.

Procedures include:



# CHIP Eligibility

- Screening of application to identify all individuals eligible or potentially eligible for CHIP or other insurance affordability programs; and
- Income eligibility test, with calculation of household income consistent with 42 CFR 457.315 for individuals identified as potentially eligible for Medicaid or other insurance affordability programs based on household income; and
- Screening process for individuals who may qualify for Medicaid on a basis other than having household income at or below the applicable MAGI standard, based on information in the single streamlined application.

The CHIP agency has entered into an arrangement with the Exchange to make eligibility determinations for advanced premium tax credits in accordance with section 1943(b)(2) of the SSA.

No

## Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 457.343:
  - Once every 12 months.
  - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.

If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

## Screening by Other Insurance Affordability Programs

- The CHIP Agency provides assurance that it has adopted procedures to accept and process electronic accounts of individuals screened as potentially eligible for CHIP by other insurance affordability programs in accordance with the requirements of 42 CFR 457.348(b) and to determine eligibility in accordance with 42 CFR 457.340 in the same manner as if the application had been submitted directly to, and processed by the state.

- The CHIP Agency elects the option to accept CHIP eligibility decisions made by the Exchange or other agencies administering insurance affordability programs as provided in 42 CFR 457.348 and to furnish CHIP in accordance with requirements of 42 CFR 457.340 to the same extent and in the same manner as if the applicant had been determined by the state to be eligible for CHIP.

Check all Insurance Affordability Programs that apply:

- The Exchange
- Medicaid
- Other Insurance Affordability Program

- The CHIP Agency has entered into an agreement with agencies administering other insurance affordability programs to fulfill the requirements of 457.348(b) and will provide this agreement to the Secretary upon request.



# CHIP Eligibility

## PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 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 comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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