

§3103. Recipient Participation

A. The following Medicaid recipients shall be mandatory participants in coordinated care networks:

1. categorically needy individuals:

a. children up to 19 years of age and their parents who are eligible under §1931 of the Social Security Act (hereafter referred to as the Act) as poverty-level related groups or optional groups of older children and caretaker relatives;

b. qualified pregnant women and children who are eligible under §1902 and §1905 of the Act;

c. aged, blind and disabled adults over the age of 19 who are eligible under §1619, §1634, §1902 and §1905 of the Act. These individuals may be receiving cash payments through Supplemental Security Income (SSI) or have lost SSI eligibility due to a Social Security cost-of-living adjustment (COLA) or entitlement for, or an increase in Retirement, Survivors or Disability Insurance (RSDI) benefits;

d. uninsured women under the age of 65 who have been screened through the Centers for Disease Control National Breast and Cervical Cancer Early Detection Program and identified as being in need of treatment for breast and/or cervical cancer, including pre-cancerous conditions and early stage cancer, and are not otherwise eligible for Medicaid;

e. uninsured women who are eligible through the Louisiana Children's Health Insurance Program (LaCHIP) prenatal option;

f. children under the age of 19 enrolled in the LaCHIP Affordable Care Plan (phase 5); and

2. medically needy individuals:

a. individuals and families who have more income than is allowed for Medicaid eligibility, but who meet the standards for the Regular Medically Needy Program; and

3. individuals receiving hospice services who are not otherwise excluded because of their status as a Medicare

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dual eligible recipient, or a resident of a long-term care facility (nursing facility or intermediate care facility for persons with intellectual disabilities).

B. Voluntary Participants

1. Participation in a CCN is voluntary for:

a. individuals who are Native Americans/Alaskan Natives and members of a federally recognized tribe except when the managed care organization or primary care case management entity is:

i. the Indian Health Service; or

ii. an Indian health program or urban Indian program operated by a tribe or tribal organization under a contract, grant, cooperative agreement or compact with the Indian Health Service;

b. children under 19 years of age who are:

i. eligible under §1902(e)(3) of the Act and receiving supplemental security income (SSI);

ii. in foster care or other out-of-home placement;

iii. receiving foster care or adoption assistance;

iv. receiving services through a family-centered, community-based coordinated care system that receives grant funds under §501(a)(1)(D) of title V, and is defined by the department in terms of either program participation or special health care needs; or

v. enrolled in the Family Opportunity Act Medicaid Buy-In Program;

c. individuals who receive home and community-based waiver services; and

d. children under the age of 21 who are listed on the new opportunities waiver request for services registry. These children are identified as Chisholm class members.

i. For purposes of these provisions, Chisholm class members shall be defined as those children identified in the *Melanie Chisholm, et al vs. Kathy Kliebert* (or her successor) class action litigation.

2. Chisholm class members and home and community-based waiver recipients shall be exempt from the auto-assignment process and must proactively seek enrollment into an available health plan.

C. The enrollment broker will ensure that all participants are notified at the time of enrollment that they may request disenrollment from the CCN at any time for cause.

D. Participation Exclusion

1. The following Medicaid and/or CHIP recipients are excluded from participation in a CCN and cannot voluntarily enroll in a CCN. Individuals who:

a. are both Medicare and Medicaid recipients;

b. reside in a long-term care facility (nursing facility or intermediate care facility for persons with intellectual disabilities);

c. receive services through the Program of All-Inclusive Care for the Elderly (PACE);

d. have a limited period of eligibility such as eligibility through the Spend-down Medically Needy Program or emergency services only;

e. are participants in the Take Charge Family Planning Waiver Program;

f. are eligible through the Tuberculosis Infected Individual Program; or

g. are enrolled in the Louisiana Health Insurance Premium Payment (LaHIPP) Program.

h. - h.i. Reserved.

E. The department reserves the right to institute a medical exemption process for certain medically high risk recipients that may warrant the direct care and supervision of a non-primary care specialist on a case by case basis.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1573 (June 2011), amended LR 40:310 (February 2014), LR 40:1096 (June 2014), LR 40:2258 (November 2014).