

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXXIII. Behavioral Health Services

**Subpart 1. Statewide Management
Organization**

Chapter 1. General Provisions

§103. Recipient Participation

A. The following Medicaid recipients shall be mandatory participants in the coordinated behavioral health system of care:

1. Section 1931 Children and Related Populations. These are children eligible under §1931 of the Social Security Act, poverty-level related groups and optional groups of older children;

2. Section 1931 Adults and Related Populations. These are adults eligible under §1931 of the Social Security Act, poverty-level pregnant women and optional groups of caretaker relatives;

3. adults who are blind or have a disability and related populations, age 18 and over;

4. children who are blind or have a disability and related populations, under age 18;

5. aged and related populations, age 65 and older who are not blind, do not have a disability, and are not members of the §1931 Adult Population;

6. children who receive foster care or adoption assistance (Title IV-E), or who are in foster care or who are otherwise in an out-of-home placement; and

7. Title XXI SCHIP (LaCHIP, LaCHIP Phase 2 and LaCHIP Phase 3) populations.

B. Mandatory participants shall be automatically enrolled and disenrollment from the PHIP/SMO is not permitted.

C. Notwithstanding the provisions of Subsection A of this Section, the following Medicaid recipients are excluded from enrollment in the PIHP/SMO:

1. recipients who receive both Medicare and Medicaid benefits;

2. recipients enrolled in the Medicare Beneficiary Programs (QMB, SLMB, QDWI and QI-1);

3. adults who reside in an intermediate care facility for persons with developmental disabilities (ICF/DD);

4. recipients of Refugee Cash Assistance;

5. recipients enrolled in the Regular Medically Needy Program;

6. recipients enrolled in the Tuberculosis Infected Individual Program;

7. recipients who receive emergency services only coverage;

PUBLIC HEALTH—MEDICAL ASSISTANCE

8. recipients eligible through the LaCHIP Affordable Care Plan Program (Phase 5);

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

10. recipients enrolled in the Low Income Subsidy Program;

11. participants in the TAKE CHARGE Family Planning Waiver; and

12. recipients enrolled in the LaMOMS Program.

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 38:361 (February 2012).