

H-3400 TAKE CHARGE PLUS**H-3410 GENERAL INFORMATION**

Section 2303 of the Affordable Care Act of 2010 established a new optional Medicaid eligibility group called Take Charge Plus (TCP). On July 1, 2014, Louisiana began offering services to this new eligibility group, with coverage limited to the following family planning-related services:

- Family planning education and counseling;
- Laboratory tests for family planning;
- Medications and supplies, such as: birth control pills, condoms, implants or patches, injections and intrauterine devices (IUDs) **,;
- Voluntary sterilization procedures, such as tubal ligation or vasectomy;
- Seven (7) visits to any approved medical professional in a calendar year. This includes four (4) yearly physical examinations and revisits. Monthly birth control medications are not counted as a visit unless seen by a medical professional;
- Drugs for the treatment of sexually transmitted infections/sexually transmitted diseases (STIs/STDs);
- Drugs for the treatment of certain lower genital tract and genital skin infections as it relates to family planning;
- Vaccine to prevent human papillomavirus (HPV), the virus that causes cervical cancer;
- Treatment of major complications resulting from certain family planning procedures;
- Non-emergency medical transportation (NEMT); and
- Yearly physical examinations and revisits (up to four (4) covered service visits in a calendar year by an approved medical professional).

Eligibility requirements:

- Women or men of any age; and
- Family income at or below 138 percent of the Federal Poverty Level (FPL); and

- Has not previously had a medical procedure that would prevent pregnancy, such as tubal ligation, hysterectomy or vasectomy.

H-3420 ELIGIBILITY DETERMINATION PROCESS

Determine eligibility by applying the following criteria (beginning at H-3420.1). Elements have been listed in the most logical order, but work on all steps simultaneously.

H-3420.1 DETERMINE ASSISTANCE UNIT

The assistance/benefit unit consists of the applicant/enrollee.

H-3420.2 ESTABLISH NON-FINANCIAL ELIGIBILITY

Verify eligibility with regard to the following factors:

- [Assignment of Third Party Rights](#) [I-200](#)
- [Citizenship/Alien Status](#) [I-300](#)
- [Enumeration](#) [I-600](#)
- [Residence](#) [I-1900](#)
- [SES Referral](#) [I-2000](#)

H-3420.3 ESTABLISH NEED

Household composition and countable income for TCP is based on the Modified Adjusted Gross Income (MAGI) methodology. Refer to [I-1550 MAGI Determinations](#).

Compare MAGI-based income to the TCP income standard. Refer to [Z-200 Federal Poverty Income Guidelines](#).

H-3420.4 ELIGIBILITY DECISION

Evaluate all eligibility requirements and verifications received to make the eligibility decision to either reject/close, certify, or extend eligibility.

H-3420.5 CERTIFICATION PERIOD

The certification period may be effective no earlier than three (3) months prior to the application date, provided the individual is otherwise eligible. The twelve (12) month certification period begins with the month of application. The months of retroactive coverage are not included in the twelve (12) month certification period.

**

Note:

If otherwise eligible, an individual may be enrolled in TCP and a limited benefit program such as the Medicare Savings programs (QMB, SLMB, or QI).

Retroactive medical eligibility (RME) shall be explored for the three (3) months prior to the month of application. Refer to [H-1800, Retroactive Medical Eligibility \(RME\)](#).

H-3420.6 NOTICE OF DECISION

Send the notice of decision to the applicant/enrollee.

H-3420.7 RENEWALS

TCP eligibility is reviewed every twelve (12) months. **

Renewal Eligibility Decision

If eligibility is extended, a notice of decision is sent to the enrollee. If eligibility is not extended, an advance notice of decision is sent, advising the enrollee of the proposed action.