

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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February 12, 2014

Our Reference: SPA LA 13-57

Ms. Ruth Kennedy, State Medicaid Director  
Department of Health and Hospitals  
Bienville Building  
628 North 4<sup>th</sup> Street  
Post Office Box 91030  
Baton Rouge, LA 70821-9030

Attn: Darlene Adams  
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 13-57. This SPA disregards the income of children age 6-18 up to 142 percent of the Federal Poverty Level.

Transmittal Number 13-57 is approved with an effective date of December 31, 2013 as requested. A copy of the HCFA-179, Transmittal No. 13-57 dated December 27, 2013 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at [ford.blunt@cms.hhs.gov](mailto:ford.blunt@cms.hhs.gov) or by phone at (214) 767-6381.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks" with a stylized flourish at the end.

Bill Brooks  
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**13-57**

2. STATE

**Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

**December 31, 2013**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

**Section 1902(r)(2) (a)(10)(A)(i)(VII)**

7. FEDERAL BUDGET IMPACT:

FFY 2014 **\$0.0**

FFY 2015 **\$0.0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Supplement 8a to Attachment 2.6 A, Page 1~~

~~Supplement 8a to Attachment 2.6 A, Page 2~~

Supplement 8a to Attachment 2.6-A, Page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable):

~~Same (TN 08-04)~~

~~None (New page)~~

None (New page)

10. SUBJECT OF AMENDMENT: **The SPA proposes to disregard the income of children age 6-18 up to 142 percent of the Federal Poverty Level.**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

**The Governor does not review state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

**Kathy H. Kliebert**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**December 27, 2013**

16. RETURN TO:

**J. Ruth Kennedy, Medicaid Director  
State of Louisiana  
Department of Health and Hospitals  
628 N. 4<sup>th</sup> Street  
PO Box 91030  
Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **27 December, 2013**

18. DATE APPROVED: **12 February, 2014**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**31 December, 2013**

20. SIGNATURE OF REGIONAL OFFICIAL:

*Bill Brooks for*

21. TYPED NAME:

**Bill Brooks**

22. TITLE: **Associate Regional Administrator  
Division of Medicaid and Children's Health**

23. REMARKS: **The State requests pen and ink changes to Blocks 6, 8, and 9 as noted above.**

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

SUPPLEMENT 8a to ATTACHMENT 2.6-A  
Page 3  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

MORE LIBERAL METHODS OF TREATING INCOME  
UNDER SECTION 1902 (r) (2) OF THE ACT\*

Section 1902 (f) State

Non-Section 1902 (f) State

For children age 6-18 eligible under 1902 (a)(10)(A)(i)(VII) of the Act. A block income disregard between the current net income standard of 100% FPL and a gross income standard of 142% FPL.

State: Louisiana  
Date Received: 12/27/13  
Date Approved: 2/12/14  
Date Effective: 12/31/13  
Transmittal Number: LA 13-57

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TN# 13-57 Approval Date 2/12/14 Effective Date 12/31/13  
Supersedes  
TN# None (New page)