

Medicaid State Plan Eligibility**LA.0676.R00.01 - Jul 01, 2014**[Home](#)[Logout](#)[Finder](#)[Report Detail](#)[Help](#)**Medicaid State Plan Eligibility:LA.0676.R00.01**

Document Title: MAGI-Based Eligibility Groups (SPA Group 1)
Type of Request: amendment
Report Status: SUBMITTED
Draft ID: LA.04.00.01
Submission Date: May 30, 2014

14-0028

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Medicaid State Plan Eligibility: General Information

General Information**File Management****Tribal Input****Summary (CMS179)**

State/Territory name: Louisiana
Transmittal Number: LA-14-0028

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

MAGI-Based Eligibility Groups (SPA Group 1)

Description:

Character Count: 196 out of 2000

This submission amends the LA Medicaid State Plan to incorporate the MAGI income standard for SPA Group 1 -
MAGI-Based Eligibility Groups (S14,S25,S28,S30,S32,S33,S50, S51,S52,S53,S54,S55,S57,S59)

Populations Covered:

Mandatory Coverage:

- ☐ Parents and Other Caretaker Relatives
- ☒ Pregnant Women
- ☒ Infants and Children under Age 19
- ☒ Adult Group
- ☒ Former Foster Care Children

Options for Coverage:

- ☒ Individuals above 133% FPL
- ☒ Optional Coverage of Parents and Other Caretaker Relatives
- ☒ Reasonable Classification of Individuals under Age 21
- ☒ Children with Non IV-E Adoption Assistance
- ☒ Optional Targeted Low Income Children
- ☒ Individuals with Tuberculosis
- ☒ Independent Foster Care Adolescents
- ☒ Individuals Eligible for Family Planning Services

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Form S59: Eligibility Groups - Options for Coverage: Individuals Eligible for Family Planning Services

Form Description:

Character Count: 70 out of 2000

Optional Coverage of Individuals Eligible for Family Planning
Services**Uploaded Form:**

Date Uploaded: 05/28/2014

S59 - Family Planning.pdf

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Medicaid State Plan Eligibility: Summary Page (CMS 179)

General Information**File Management****Tribal Input****Summary (CMS179)**

State/Territory name: Louisiana

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

LA-14-0028

Proposed Effective Date

07/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(a)(10)(A) (ii)(XXI)

Federal Budget Impact

Federal Fiscal Year		Amount
First Year	2015	\$ 2688.96
Second Year	2016	\$ 2216.87

Subject of Amendment

Character Count:225 out of 2000

This SPA amends our TN 13-0049 and template S59 to establish a new optional eligibility group under the Medicaid State Plan to provide coverage for family planning services and supplies to eligible men and non-pregnant women.

Governor's Office Review☐ Governor's office reported no comment☐ Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

☒ Other, as specified

Describe:

Character Count: 41 out of 2000

Governor's office review is not required.

Signature of State Agency Official

Submitted By:	Roberta Diaz
Last Revision Date:	Jul 2, 2014
Submit Date:	May 30, 2014

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Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Individuals Eligible for Family Planning Services

S59

1902(a)(10)(A)(ii)(XXI)
42 CFR 435.214

Individuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

☒ Yes ☐ No

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☐ The individual may be a male or a female.

☐ Income standard used for this group

☐ Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is the highest of the following:

☒ The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.

☐ The state's current effective income level for pregnant women under a Medicaid 1115 demonstration.

☐ The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.

☐ The state's current effective income level for pregnant women under a CHIP 1115 demonstration.

The amount of the maximum income standard is: % FPL

☐ Income standard chosen

The state's income standard used for this eligibility group is:

☒ The maximum income standard

☐ Another income standard less than the maximum standard allowed.

☐ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.



Medicaid Eligibility

☒ In determining eligibility for this group, the state uses the following household size:

- ☒ All of the members of the family are included in the household
- ☐ Only the applicant is included in the household
- ☐ The state increases the household size by one

☒ In determining eligibility for this group, the state uses the following income methodology:

- ☒ The state considers the income of the applicant and all legally responsible household members (using MAGI-based methodology).
- ☐ The state considers only the income of the applicant.

☒ Benefits for this eligibility group are limited to family planning and related services described in the Benefit section.

☒ Presumptive Eligibility

The state makes family planning services and supplies available to individuals covered under this group when determined presumptively eligible by a qualified entity.

☐ Yes ☒ No

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 40 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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