

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

February 13, 2014

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 14-02

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,



Kathy H. Kliebert
Secretary

Attachments (4)

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

14-02

2. STATE

Louisiana

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

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

4. PROPOSED EFFECTIVE DATE

January 1, 2014

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)

7. FEDERAL BUDGET IMPACT:

FFY 2014 **(\$10,358.70)**

FFY 2015 **(\$14,177.02)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A Page 20
Supplemental 1 to Attachment 2.6- A Page 3
Supplemental 8a to Attachment 2.6-A Page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Same as (TN 03-10)
Same as (TN 03-10)
Pending (TN 14-01)

10. SUBJECT OF AMENDMENT: **The SPA proposes to provide health care coverage under the Medicaid State Plan through the LaMOMS Program to pregnant women with family income up to 133 percent of the federal poverty level. For applicants with income above 133 percent of the federal poverty level, 5 percent of the federal poverty level shall be disregarded from their income.**

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:

February 13, 2014

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #: 14-02

TITLE: Medicaid Eligibility LaMOMS Program-Eligibility Changes for Pregnant Women

EFFECTIVE DATE: January 1, 2014

FISCAL IMPACT:

Decrease

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2014		62.11%	6	January 1, 2014 - June 2014	(\$11,008,571)
2nd SFY	2015	3.0%	62.05%	12	July 2014 - June 2015	(\$22,677,656)
3rd SFY	2016	3.0%	62.05%	12	July 2015 - June 2016	(\$23,357,986)

*#mos-Months remaining in fiscal year

Total Decrease in Cost FFY 2014

SFY 2014 (\$11,008,571) for 6 months January 1, 2014 - June 2014 (\$11,008,571)

SFY 2015 (\$22,677,656) for 12 months July 2014 - June 2015
 (\$22,677,656) / 12 X 3 July 2014 - September 2014 = (\$5,669,414)
(\$16,677,985)

FFP (FFY 2014) = (\$16,677,985) X 62.11% = (\$10,358,696)

Total Decrease in Cost FFY 2015

SFY 2015 (\$22,677,656) for 12 months July 2014 - June 2015
 (\$22,677,656) / 12 X 9 October 2014 - June 2015 = (\$17,008,242)

SFY 2016 (\$23,357,986) for 12 months July 2015 - June 2016
 (\$23,357,986) / 12 X 3 July 2015 - September 2015 = (\$5,839,497)
(\$22,847,739)

FFP (FFY 2015) = (\$22,847,739) X 62.05% = (\$14,177,022)

State: LOUISIANA

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
	1902(e)(3) of the Act	<input type="checkbox"/> 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902 (e)(3)(B) of the Act. <u>Supplement 3 to ATTACHMENT 2.2-A</u> describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.
	1902(a)(10) (A)(ii)(IX) and 1902(l) of the Act	<input type="checkbox"/> 14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and unborn child or infant, and who meet the resource standards specified in <u>Supplement 2 to ATTACHMENT 2.6-A</u> : <input type="checkbox"/> a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and <input type="checkbox"/> b. Infants under one year of age.

TN No. _____
Supersedes
TN No. _____

Approval Date _____

Effective Date _____

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

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 3
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: LOUISIANA

INCOME ELIGIBILITY LEVELS (continued)

B. RESERVED

TN No. _____ Approval Date _____ Effective Date _____
Supersedes
TN No. _____

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 Working Individuals – TWWIA Basic Coverage Group-

- Only the income and needs of the individual with the disability who is applying for or receiving coverage will be considered in determining eligibility.
- There will be no deeming of spousal income.
- Disregards In-Kind Support and Maintenance as defined by the federal SSI program.

The Bureau of Health Services Financing disregards In-Kind Support and Maintenance as defined by the federal SSI program in the determination of Medicaid eligibility for the following groups: Medically Needy Program [1902(a)(10)(c)], Qualified Medicare Beneficiaries [1902(a)(10)(E)(i)], Specified Low Income Beneficiaries [1902(a)(10)(E)(iii)], Qualified Individuals-I [1902(a)(10)(E)(iv)(I)], TB Infected Individuals [1902(a)(10)(A)(ii)(XII)], and
For Family Opportunity Act [1902(a)(10)(A)ii(XIX)] -

If applicable, all other SSI income exclusions and disregards will be applied to the family income.

An income disregard of \$85 will be applied to total gross (earned and unearned) family income and then half of the remaining income will be disregarded.

*More liberal methods may not result in exceeding gross income limitations under section 1903 (f).

TN# _____ Approval Date _____ Effective Date _____
Supersedes
TN# _____