

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

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

February 14, 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. 14-04

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 (2)

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #: 14-04

TITLE: Medicaid Eligibility-Provisional Medicaid Program

EFFECTIVE DATE: February 9, 2014

FISCAL IMPACT:

Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2014		62.11%	5	February 9, 2014 - June 2014	\$14,638,949
2nd SFY	2015	3.0%	62.05%	12	July 2014 - June 2015	\$3,450,500
3rd SFY	2016	3.0%	62.05%	12	July 2015 - June 2016	\$3,554,015

*#mos-Months remaining in fiscal year

Total Decrease in Cost FFY 2014

SFY 2014 \$14,638,949 for 5 months February 9, 2014 - June 2014 \$14,638,949

SFY 2015 \$3,450,500 for 12 months July 2014 - June 2015
 \$3,450,500 / 12 X 3 July 2014 - September 2014 = \$862,625
\$15,501,574

FFP (FFY 2014) = \$15,501,574 X 62.11% = \$9,628,028

Total Decrease in Cost FFY 2015

SFY 2015 \$3,450,500 for 12 months July 2014 - June 2015
 \$3,450,500 / 12 X 9 October 2014 - June 2015 = \$2,587,875

SFY 2016 \$3,554,015 for 12 months July 2015 - June 2016
 \$3,554,015 / 12 X 3 July 2015 - September 2015 = \$888,504
\$3,476,379

FFP (FFY 2015) = \$3,476,379 X 62.05% = \$2,157,093

State: Louisiana

Agency*	Citation(s)	Groups Covered
B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)		
1902(a) (ii)(X) and 1902(m) (1) and (3) of the Act	<input checked="" type="checkbox"/>	<p>16. Individuals- -</p> <ul style="list-style-type: none">a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to <u>ATTACHMENT 2.6 A</u> for a family of the same size; andc. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in <u>ATTACHMENT 2.6 A</u>.d. Who have applied for benefits through the Social Security Administration (SSA) and are awaiting a decision on the pending application. Individuals who would be ineligible for SSI cash assistance due to factors other than excess income and resources or meeting the disability criteria of the program are exempt from the requirement to have a pending application for benefits with the Social Security Administration (SSA).

TN No. _____
Supersedes _____
TN No. _____

Approval Date _____

Effective Date _____

HCFA ID: 7983E

State: Louisiana

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on ** percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>**</u>
<u>2</u>	\$ <u>**</u>
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

If an individual receives a Title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a Title II COLA is not counted as income during a "transition period" beginning with January, when the Title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with Title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving Title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

** The percentage of poverty equal to the SSI Federal Benefit Rate in effect as of January 1st each year for an individual or a couple.

TN No. _____
Supersedes
TN No. _____

Approval Date _____

Effective Date _____

HCFA ID: 7985E