

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

November 5, 2015

Our Reference: SPA LA 15-0020

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

Attn: Darlene Budgewater
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 15-0020. This state plan amendment (SPA) terminates the Louisiana Health Insurance Premium Payment (LaHIPP) Program due to a budget deficit in state fiscal year 2015-2016.

Transmittal Number 15-0020 is approved with an effective date of December 1, 2015, as requested. A copy of the CMS-179, Transmittal No. 15-0020 dated September 16, 2015 is enclosed along with the approved plan pages.

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

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks
Associate Regional Administrator

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

15-0020

2. STATE

Louisiana

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

4. PROPOSED EFFECTIVE DATE

December 1, 2015

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:

1906 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 **\$ (254.42)**
b. FFY 2017 **\$ (518.63)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Pre-print Page 70
Attachment 4.22-C, Page 1**

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

**Same (TN 09-41)
Same (TN 09-41)**

10. SUBJECT OF AMENDMENT: **The SPA proposes to terminate the Louisiana Health Insurance Premium
Payment (LaHIPP) Program due to a budget deficit in state fiscal year 2015-2016.**

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:

September 16, 2015

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: September 16, 2015

18. DATE APPROVED: November 5, 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

December 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Bill Brooks

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

23. REMARKS:

Revision: HCFA-PM-94-1
FEBRUARY 1994

(MB)

State/Territory: LOUISIANA

Citation

4.22 (continued)

42CFR 433.151 (a)

(f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)

State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

Other appropriate State agency(s):
IV-A
IV-E

Other appropriate agency(s) of another state:

Courts and law enforcement officials.

1902(a) (60) of the Act

(g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.

1906 of the Act

(h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following:

The Secretary's method as provided in the State Method Manual, Section 3910.

State: Louisiana
Date Approved: 11/05/15
Date Received: 09/16/15
Date Effective: 12/1/15
Transmittal Number: LA 15-0020

The State Provides methods for determining cost-effectiveness ATTACHMENT 4.22-C

TN 15-0020
Supersedes
TN 09-0041

Approval Date 11-05-15

Effective Date 12-01-15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Citation

Condition or Requirement

RESERVED

State: Louisiana
Date Approved: 11/05/15
Date Received: 09/16/15
Date Effective: 12/1/15
Transmittal Number: LA 15-0020

TN 15-0020

Approval Date 11-05-15

Effective Date 12-01-15

Supersedes

TN 09-0041

HCFA ID: 7985 E