

Medicaid State Plan Eligibility: General Information

State/Territory name: Louisiana

Transmittal Number: 17-0017

General Information:

Submission Title:

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

17-0017 Medicaid Eligibility - Former Foster Care Adolescents

PDFs superseded by this SPA

(Include Transmittal Number):

TN 13-49 (Same as MAGI template S33)

Description:

The SPA proposes to amend the provisions governing former foster care adolescents in order to terminate the CMS-approved state option to provide Medicaid coverage to youth formerly enrolled in foster care under the responsibility of another state.

Form S28T: Mandatory: Pregnant Women - Territories

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S30: Eligibility Groups - Mandatory Coverage: Infants and Children under Age 19

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S30T: Mandatory: Infants and Children Under Age 19 - Territories

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S32: Eligibility Groups - Mandatory Coverage: Adult Group

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S33: Eligibility Groups - Mandatory Coverage: Former Foster Care Children

Form Description:

The SPA proposes to amend the provisions governing former foster care adolescents in order to terminate the CMS-approved state option to provide Medicaid coverage to youth formerly enrolled in foster care under the responsibility of another state.

Uploaded Form:

Date Uploaded: 05/31/2017

S33 Mandatory Former Foster Care Group.pdf

Support Documents

Document

Form S50: Eligibility Groups - Options for Coverage: Individuals above 133% FPL

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S51: Eligibility Groups - Options for Coverage: Optional Coverage of Parents and Other Caretaker Relatives

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S52: Eligibility Groups - Options for Coverage: Reasonable Classification of Individuals under Age 21

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S53: Eligibility Groups - Options for Coverage: Children with Non IV-E Adoption Assistance

Medicaid State Plan Eligibility: Tribal Input

State/Territory name: Louisiana
 Transmittal Number: 17-0017

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

- This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.
- The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission: Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

Indian Tribes

Indian Tribes	
---------------	--

Indian Health Programs

Indian Health Programs	
------------------------	--

Urban Indian Organization

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Document	
Please provide a short description of this support document: The SPA proposes to amend the provisions governing former foster care adolescents in order to terminate the CMS-approved state option to provide Medicaid coverage to youth formerly enrolled in foster care under the responsibility of another state.	
Uploaded Document Name:	Date Uploaded:
17-0017 Tribal Notice.pdf	

Indicate the key issues raised in Indian consultative activities:

Access

Summarize Comments
 N/A TO ALL CATEGORIES
Summarize Response
 No response received.

Quality

Summarize Comments

Summarize Response

Cost

Summarize Comments

Summarize Response

Payment methodology

Summarize Comments

Summarize Response

Eligibility

Summarize Comments

Summarize Response

Benefits

Summarize Comments

Summarize Response

Service delivery

Summarize Comments

Summarize Response

Other Issue

Medicaid State Plan Eligibility: Summary Page (CMS 179)**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.*

17-0017

Proposed Effective Date

07/20/2017 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.150 1902(a)(10)(A)(i)(IX)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2017	\$ -94620.00
Second Year	2018	\$ -387049.00

Subject of Amendment

The SPA proposes to amend the provisions governing former foster care adolescents in order to terminate the CMS-approved state option to provide Medicaid coverage to youth formerly enrolled in foster care under the responsibility of another state.

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:
The Governor does not review State Plan material.

Signature of State Agency Official

Submitted By: Karen Barnes

Last Revision Date: May 31, 2017

Submit Date: May 31, 2017