

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street
Dallas, Texas 75202



Division of Medicaid & Children's Health

31 January, 2018

Reference: **SPA – LA 17-0039**
(Optional Targeted Low-Income Children)

Ms. Jen Steele
Louisiana Department of Health
628 North 4th Street
Baton Rouge, Louisiana 70821-9030

Dear Ms. Steele:

This is to acknowledge receipt of State's Withdraw Letter Dated 19 January, 2018, noting Withdrawal of State Plan Transmittal No.17-0039. This action is reflected on the enclosed CMS-179. For your convenience, we are enclosing copies of the material withdrawn. If you have any questions, please call Cheryl Rupley at 214-767-6278.

Sincerely,

A handwritten signature in black ink that reads "Marsha Marks". The signature is written in a cursive, flowing style.

Marsha Marks, Health Insurance Specialist
Centers for Medicare & Medicaid Services
Division of Medicaid and Child Health

Enclosures:
State's Withdraw Letter Dated 1-19-18
Copies of Withdrawn Material



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

January 19, 2018

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. 17-0039 Optional Targeted Low-Income Children**

Please refer to the above proposed State Plan amendment (SPA) submitted under transmittal number (TN) 17-0039 with an effective date of December 28, 2017. The SPA proposed to adopt provisions governing Medicaid eligibility to increase the maximum income standard for the Optional Targeted Low-Income Children coverage group up to 250 percent of the federal poverty level, to incorporate cost-sharing provisions and to incorporate revisions for the transition of the LaCHIP children to this coverage group.

After further consultation with CMS, the Department has determined that it is no longer necessary to pursue this State Plan amendment and requests that LA SPA TN 17-0039 be withdrawn from consideration.

Sincerely,

Darlene Adams Budgewater

Jen Steele
Medicaid Director

JS/KHB/MJ



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

December 29, 2017

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. 17-0039

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.

Warmly,

A handwritten signature in blue ink, appearing to read "Rebekah E. Gee".

Rebekah E. Gee MD, MPH
Secretary

Withdrawn per State's Letter Dated 1-19-2018

Attachments (3)

REG:JS:MJ

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

17-0039

2. STATE

Louisiana

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

4. PROPOSED EFFECTIVE DATE

December 28, 2017

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:

**1902(a)10)(A)(ii)(XIV)
42 CFR 435.229 and 435.4
1905(u)(2)(B)**

7. FEDERAL BUDGET IMPACT:

a. FFY **2018** **\$158,592,619**
b. FFY **2019** **\$203,432,875**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

S54

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

Same (TN 13-49)

Withdrawn per State's Letter Dated 1-19-2018

10. SUBJECT OF AMENDMENT: **The SPA proposes to adopt provisions governing Medicaid eligibility to increase the maximum income standard for the Optional Targeted Low-Income Children coverage group up to 250 percent of the federal poverty level, to incorporate cost-sharing provisions and to incorporate revisions for the transition of the LaCHIP children to this coverage group.**

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:

Rebekah E. Gee MD, MPH

14. TITLE:

Secretary

15. DATE SUBMITTED:

December 29, 2017

16. RETURN TO:

**Jen Steele, Medicaid Director
State of Louisiana
Department of Health
628 North 4th Street
P.O. 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:

Withdrawn per State's Letter Dated 1-19-2018

LA TITLE XIX SPA
 TRANSMITTAL #: 17-0039
 TITLE: Optional Targeted Low-Income Children
 EFFECTIVE DATE: December 1, 2017

FISCAL IMPACT:
 Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2018			0.00%	7 December 2017 - June 2018	\$293,508,024
2nd SFY	2019			0.00%	12 July 2018- June 2019	\$311,176,325
3rd SFY	2020			0.00%	12 July 2019 - June 2020	\$318,365,641

*#mos-Months remaining in fiscal year

Total Increase Cost FFY		2018							
SFY	2018	\$293,508,024	for	12	months	July 2017 - June 2018			
		\$293,508,024 /		12 X	7 months	December 2017 - June 2018			\$171,213,014
SFY	2019	\$311,176,325	for	12	months	July 2018- June 2019			
		\$311,176,325 /		12 X	3 months	July 2018 - September 2018	=		<u>\$77,794,081</u>
		FFP (FFY	2018) =			\$249,007,095	X	63.69%	=
Total Increase Cost FFY		2019							
SFY	2019	\$311,176,325	for	12	months	July 2018- June 2019			
		\$311,176,325 /		12 X	9 months	October 2018 - June 2019	=		\$233,382,244
SFY	2020	\$318,365,641	for	12	months	July 2019 - June 2020			
		\$318,365,641 /		12 X	3 months	July 2019 - September 2019	=		<u>\$79,591,410</u>
		FFP (FFY	2019) =			\$312,973,654	X	65.00%	=
									<u>\$203,432,875</u>



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Optional Targeted Low Income Children

S54

1902(a)(10)(A)(ii)(XIV)
42 CFR 435.229 and 435.4
1905(u)(2)(B)

Optional Targeted Low Income Children - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.

Yes No

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

- Individuals qualifying under this eligibility group must not be eligible for Medicaid under any mandatory eligibility group.
- MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes No

The state also covered this eligibility group in the state plan as of March 23, 2010.

Yes No

- Until October 1, 2019, states must include at least those individuals covered as of March 23, 2010, but may cover additional individuals. Effective October 1, 2019, states may reduce or eliminate coverage for this group.
- Individuals are covered under this eligibility group, as follows:

All children under age 18 or 19 are covered:

- Under age 19
- Under age 18

Withdrawn per State's Letter Dated 1-19-2018

The reasonable classification of children covered is:

Income standard used for this classification

Minimum income standard

The income standard for this classification of children must exceed the lowest income standard chosen for children in the age group selected above, under the mandatory Infants and Children under Age 19 eligibility group.

Maximum income standard



Medicaid Eligibility

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

An attachment is submitted.

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

- The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for this classification of children under the Medicaid State Plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- 200% FPL.
- A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
- The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

% FPL

Withdrawn per State's Letter Dated 1-19-2018

- Income standard chosen, which must exceed the minimum income standard

Individuals qualify under the following income standard:

- The maximum income standard.
- The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- If higher than the effective income level used under the state plan as of March 23, 2010, 200% FPL.



Medicaid Eligibility

- If higher than the effective income level used under the state plan as of March 23, 2010, a percentage of the
- FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
 - Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this eligibility group in the state plan as of March 23, 2010.

The income standard for this eligibility group is: % FPL

There is no resource test for this eligibility group.

Presumptive Eligibility

Presumptive eligibility for this group depends upon the selection of presumptive eligibility for the Infants and Children under Age 19 eligibility group. If presumptive eligibility is done for that group, it is done for this group under the same provisions.

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.

Withdrawn per State's Letter Dated 1-19-2018