



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

**VIA ELECTRONIC MAIL ONLY**

September 23, 2019

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

RE: Louisiana Title XIX State Plan  
Transmittal No. 19-0023

Dear Mr. Brooks:

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. Should you have any questions or concerns regarding this matter, please contact Karen Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Warmly,

By Cindy River, for  
Rebekah E. Gee MD, MPH  
Secretary

Attachments (3)

REG:JS:SSJ

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>19-0023</b>	2. STATE <b>Louisiana</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>October 1, 2019</b>
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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)

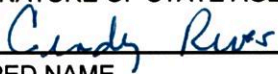
6. FEDERAL STATUTE/REGULATION CITATION <b>Sections 1902(a)(10)(A)(i), 1902(a)(10)(E)(iii) and 1902(a)(10)(E)(iv) of the Social Security Act</b>	7. FEDERAL BUDGET IMPACT a. FFY <b>2020</b> <b>\$171,620</b> b. FFY <b>2021</b> <b>\$893,963</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Supplement 8b to Attachment 2.6-A, Page 2</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (TN 11-07)</b>
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10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing financial eligibility in the Medical Assistance Program in order to disregard all resources in eligibility determinations for all Medicare Savings Programs.**

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor does not review State Plan material.  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO <b>Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4<sup>th</sup> Street P.O. Box 91030 Baton Rouge, LA 70821-9030</b>
13. TYPED NAME <b>Cindy Rives, designee for Rebekah E. Gee MD, MPH</b>	
14. TITLE <b>Secretary</b>	
15. DATE SUBMITTED <b>September 23, 2019</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME	22. TITLE

23. REMARKS

LA TITLE XIX SPA

TRANSMITTAL #: 19-0023

TITLE: Medicaid Eligibility - Medicare Savings Programs

EFFECTIVE DATE: October 1, 2019

FISCAL IMPACT:  
Increase

year	% inc.	fed. match	*# mos	range of mos.	dollars
2020		%	6	January 2020 - June 2020	\$171,123
2021	0.00%		12	July 2020 - June 2021	\$1,075,352
2022	0.00%		12	July 2021 - June 2022	\$2,070,720

\*#mos- SFY 2020 Includes a 3 month lag for new recipients

Total Increase or Decrease Cost FFY 2020

SFY 2020	\$171,123	for	6	months	January 2020 - June 2020	\$171,123
	\$171,123 /		6 X	3	July 2020 - September 2020	\$85,562
						<u>\$256,685</u>

FFP (FFY 2020 ) =

66.86%

X

\$171,620

Total Increase or Decrease Cost FFY 2021

SFY 2021	\$1,075,352	for	12	months	July 2020- June 2021	\$13,310,860
	\$1,075,352 /		12 X	9	October 2020 - June 2021	\$806,514

FFP (FFY 2021 ) =

=

\$517,680

\$1,324,194

FFP (FFY

2021 ) =

\$1,324,194

X

67.51%

\$893,963

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

MORE LIBERAL METHODS OF TREATING RESOURCES  
UNDER SECTION 1902(r)(2) OF THE ACT

- 4) The agency will comply with the mandatory provisions under Section 1917 of the Social Security Act as amended by the Deficit Reduction Act of 2005.
- 5) In determining eligibility for Qualified Medicare Beneficiary [1902(a)(10)(E)(i)], Specified Low Income Beneficiary [1902(a)(10)(E)(iii)], and Qualifying Individuals [1902(a)(10)(E)(iv), the following treatment of resources shall apply:

**All resources shall be disregarded.**

- 6) The agency disregards all resources in determining Medicaid eligibility for the following:
  - a. Qualified Children and Pregnant Women eligible under 1902(a)(10)(A)(i)(III)
  - b. Reasonable classifications of children eligible that the state covers under 42 CFR 435.222