



State of Louisiana
Louisiana Department of Health
Office of the Secretary

February 8, 2022

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
601 East 12th Street, Room 0300
Kansas City, Missouri 64106-2898

**RE: Louisiana Title XIX State Plan
Transmittal No. 22-0009**

Dear Mr. Scott:

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.


Sincerely,

A handwritten signature in cursive script, appearing to read "Courtney Phillips".

_____ for
Dr. Courtney N. Phillips
Secretary

Attachments (2)

CNP:PG:KS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 22-0009	2. STATE LA						
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT							
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2022							
5. FEDERAL STATUTE/REGULATION CITATION Section 1902(e)(16) of the Social Security Act		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>2,965,851</u> b. FFY <u>2023</u> \$ <u>7,858,852</u>							
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT None (New Page)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) None (New Page)							
9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing Medicaid eligibility to extend postpartum eligibility from 60 days to 12 months during the five-year period beginning April 1, 2022, in accordance with Section 9812 of the American Rescue Plan Act of 2021.									
10. GOVERNOR'S REVIEW (Check One) <table style="width:100%; margin-top: 10px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</td> <td style="width: 50%;"><input checked="" type="checkbox"/> OTHER, AS SPECIFIED:</td> </tr> <tr> <td><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</td> <td>The Governor does not review State Plan material.</td> </tr> <tr> <td><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</td> <td></td> </tr> </table>				<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The Governor does not review State Plan material.	<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
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<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The Governor does not review State Plan material.								
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL									
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Patrick Gillies, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030							
12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips									
13. TITLE Secretary									
14. DATE SUBMITTED February 8, 2022									
FOR CMS USE ONLY									
16. DATE RECEIVED		17. DATE APPROVED							
PLAN APPROVED - ONE COPY ATTACHED									
18. EFFECTIVE DATE OF APPROVED MATERIAL		19. SIGNATURE OF APPROVING OFFICIAL							
20. TYPED NAME OF APPROVING OFFICIAL		21. TITLE OF APPROVING OFFICIAL							
22. REMARKS									

LA TITLE XIX SPA

TRANSMITTAL #: 22-0009

TITLE: Twelve Months Postpartum Option

EFFECTIVE DATE: April 1, 2022

FISCAL IMPACT:

Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2022			0.00%	3 April 1, 2022 - June 2022	\$1,459,060
2nd SFY	2023			0.00%	12 July 2022- June 2023	\$11,604,811
3rd SFY	2024			0.00%	12 July 2023 - June 2024	\$11,908,828

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2022

SFY 2022 \$1,459,060 for 3 months April 1, 2022 - June 2022 \$1,459,060

SFY 2023 \$11,604,811 for 12 months July 2022- June 2023
 \$11,604,811 / 12 X 3 July 2022 - September 2022 = \$2,901,203
\$4,360,263

FFP (FFY 2022) = \$4,360,263 X 68.02% = \$2,965,851

Total increase or decrease cost FFY 2023

SFY 2023 \$11,604,811 for 12 months July 2022- June 2023
 \$11,604,811 / 12 X 9 October 2022 - June 2023 = \$8,703,608

SFY 2024 \$11,908,828 for 12 months July 2023 - June 2024
 \$11,908,828 / 12 X 3 July 2023 - September 2023 = \$2,977,207
\$11,680,815

FFP (FFY 2023) = \$11,680,815 X 67.28% = \$7,858,852

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | LA2022MS0001O | LA-22-0009

Package Header

Package ID	LA2022MS0001O	SPA ID	LA-22-0009
Submission Type	Official	Initial Submission Date	2/8/2022
Approval Date	N/A	Effective Date	4/1/2022
Superseded SPA ID	New		
	User-Entered		

Reviewable Unit Instructions

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

- Yes
- No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
 - a. The individual requests voluntary termination of eligibility;
 - b. The individual ceases to be a resident of the state;
 - c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
 - d. The individual dies.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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