



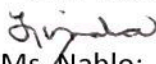
State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

February 18, 2014

Ms. Linda Nablo, CHIP Director
Centers for Medicare and Medicaid Services
MS2-01-16
7500 Security Blvd
Baltimore, MD 21244

Re: CHIP State Plan Amendment TN 14-0001 CH


Dear Ms. Nablo:

Attached for your review and consideration is a CHIP State Plan Amendment containing changes for Louisiana's separate CHIP Program. The SPA proposes to expand coverage of LaCHIP prenatal care services to include pregnant women with income between 138 percent and 214 percent of the federal Poverty Level.

Please do not hesitate to contact our Policy and Compliance Section Chief, Darlene Adams, at (225) 342-3881 if you need additional information.

Sincerely,



J. Ruth Kennedy
Medicaid Director

JRK/DA/rd

Reimbursement Rate Reduction for LaCHIP Affordable Plan Dental Services

Transmittal Number (TN) 13-01 CH
Date Amendment Submitted: September 9, 2013
Effective Date of TN 13-01 CH: August 1, 2013
Date Amendment Approved: December 5, 2013

LaCHIP Prenatal Care Services. Eligibility Criteria.
Transmittal Number (TN) 14-0001
Effective Date: January 1, 2014
Date Amendment Submitted: February 18, 2014
Date Amendment Approved:

Section 2. General Background and Description of State Approach to Child Health Coverage and Coordination (Section 2102 (a)(1)-(3)) and (Section 2105)(c)(7)(A)-(B))

- 2.1. Describe the extent to which, and manner in which, children in the state, including targeted low-income children and other classes of children, by income level and other relevant factors, such as race and ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, make a distinction between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). (42 CFR 457.80(a))

Phase I:

- 1) **On July 31, 1998, Louisiana submitted a proposal to implement a State Children's Health Insurance Program, which expanded Medicaid coverage to uninsured children who were at least six years of age but under 19 years of age in families with incomes at or below 133 percent of the federal poverty level (FPL).**

The expansion was to serve an estimated additional 28,350 children. Louisiana implemented this expansion on November 1, 1998.

Phase II:

- 2) **On June 30, 1999, Louisiana submitted a state plan amendment to expand Medicaid coverage to children between birth and up to 19 years of age in families with incomes above 133 percent and at or below 150 percent of the FPL. The expansion was to serve an estimated additional 10,725 children. Louisiana implemented this Phase II LaCHIP Medicaid expansion on October 1, 1999.**

Phase III:

- 3) **On December 18, 2000, Louisiana submitted a state plan amendment to further expand Medicaid eligibility to children from birth up to 19 years of age in families with incomes up to 200% FPL.**

- 4.1.3. Conception through Birth
Income:


LaCHIP Medicaid Expansion (Equal to or Less than 200% FPL) To be eligible for the Medicaid expansion, a child must live in a family whose income is at or below 200% FPL, after allowing the following Medicaid eligibility monthly deductions: \$90 per working individual, the first \$50 of voluntary or court-ordered child support received for the entire income unit, all court ordered child support paid by a member of the income unit to someone outside the home, up to \$200 paid child care per child under age 2 and up to \$175 paid child care for children over the age of 2.

For an unborn child enrolled in **LaCHIP Phase IV**, family income (counting the unborn in the family unit) must be at or below ~~200%~~ 214% of the Federal Poverty Level and the family otherwise ineligible for Title XIX Medicaid benefits.

The four income deductions mentioned above in the definition of how income is treated for the LaCHIP Medicaid Expansion program (\$90 per working individual, the first \$50 of voluntary or court-ordered child support received for the entire income unit, all court-ordered child support paid by a member of the income unit to someone outside the home, up to \$200 paid child care per child under age 2 and up to \$175 paid child care for children over the age of 2) are the same that are utilized for the LaCHIP Phase IV eligibility groups in order to most efficiently comply with the screen and enroll requirement of this State Plan.

For LaCHIP Phase V, the state will disregard income amounts above 200 percent FPL up to 250% FPL. Thus the effective income eligibility level will be 250% FPL. No standard Medicaid income deductions will be applied to this group of eligibles above 200 percent FPL of gross income.

- 4.1.4. Resources (including any standards relating to spend downs and disposition of resources):
- 4.1.5. Residency (so long as residency requirement is not based on length of time in state): Applicants must be residents of Louisiana.
- 4.1.6. Disability Status (so long as any standard relating to disability status does not restrict eligibility):
- 4.1.7. Access to or coverage under other health coverage: LaCHIP Medicaid expansion and Prenatal option enrollees cannot have other creditable health insurance. LaCHIP Phase V enrollees

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-0001	2. STATE Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: FFY <u>2014</u> \$12,719.00 FFY <u>2015</u> \$17,294.48	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 5 and 12		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: The SPA proposes to expand coverage of LaCHIP prenatal care services to include pregnant women with income between 138 percent and 214 percent of the Federal Poverty Level (FPL).			
11. GOVERNOR'S REVIEW (Check One): <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			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		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	
13. TYPED NAME: Kathy H. Kliebert			
14. TITLE: Secretary			
15. DATE SUBMITTED: February 17, 2014			
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:			

LOUISIANA TITLE XXI STATE PLAN

TRANSMITTAL #: 14-0001

TITLE: SCHIP Prenatal Care Services

EFFECTIVE DATE: January 1, 2014

FISCAL IMPACT:
Increase

year	# mos	range of mos.	SFY Total dollars
2014	6	January 1, 2014 - June 2014	\$11,549,566
2015	12	July 2014 - June 2015	\$23,792,106
2016	12	July 2015 - June 2016	\$23,792,106

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2014

State Fiscal Year 2014 \$11,549,566 for 6 months January 1, 2014 - June 2014 \$11,549,566
Federal Fiscal Year

State Fiscal Year 2015 \$23,792,106 for 12 months July 2014 - June 2015
Federal Fiscal Year \$23,792,106 / 12 X 3 = July 2014 - September 2014 \$5,948,027
\$17,497,593

FFP (FFY 2014) = \$17,497,593 X 72.69% = \$12,719,000

Total Increase in Cost FFY 2015

State Fiscal Year 2015 \$23,792,106 for 12 months July 2014 - June 2015
Federal Fiscal Year \$23,792,106 / 12 X 9 = October 2014 - June 2015 \$17,844,080

State Fiscal Year 2016 \$23,792,106 for 12 months July 2015 - June 2016
Federal Fiscal Year \$23,792,106 / 12 X 3 = July 2015 - September 2015 \$5,948,027
\$23,792,107

FFP (FFY 2015) = \$23,792,107 X 72.69% = \$17,294,483