DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-01-16 Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

APR 0 8 2014

Ruth Kennedy Medicaid Director Department of Health and Hospitals PO Box 91030 Baton Rouge, LA 70821-9030

Dear Ms. Kennedy:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your Children's Health Insurance Program (CHIP) state plan amendment (SPA) number LA-14-0002, submitted on January 17, 2014, and related Modified Adjusted Gross Income (MAGI) Eligibility, with an effective date of January 1, 2014.

In SPA number LA-14-0002, page CS15 provides assurance that the state will apply methodologies based on MAGI for all separate CHIP covered groups, using the approved MAGI conversion plan income thresholds. The state indicates on page CS7 that it will cover targeted low-income children, and indicates on page CS9 that it will cover children from conception to birth when the mother is not eligible for Medicaid. Page CS13 indicates that the state elects to cover as deemed newborns children born to mothers enrolled as targeted low-income children in CHIP. A copy of the approved CS15 is attached and should be incorporated within a separate subsection under section 4.3 of the state's approved CHIP state plan. A copy of the approved CS7 and CS9 are attached and together supersede the current Geographic Area, Age and Income sections 4.1.1, 4.1.2 and 4.1.3 of the current CHIP state plan. A copy of the approved CS13 is attached and should be incorporated within a separate subsection under section 4.3 of the state's approved CHIP state plan.

Your title XXI project officer is Ms. Victoria Collins. She is available to answer questions concerning this amendment. Ms. Collins' contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid and CHIP Services 7500 Security Boulevard, Mail Stop S2-01-16 Baltimore, MD 21244-1850

Telephone: (410) 786-2167 Facsimile: (410) 786-5943

E-mail: Victoria.Collins@cms.hhs.gov

Page 2 – Ms. Ruth Kennedy

Official communications regarding program matters should be sent simultaneously to Ms. Collins and to Mr. Bill Brooks, Associate Regional Administrator in our Dallas Regional Office. Mr. Brooks' address is:

Centers for Medicare & Medicaid Services Division of Medicaid and Children's Health Operations 1301 Young Street, Room 714 Dallas, TX 75202

If you have additional questions, please contact Ms. Barbara K. Richards, Acting Director, Division of State Coverage Programs at (410) 786-5920. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerely,

Eliot Fishman

Gline sihn

Director

Enclosures

cc:

Bill Brooks, ARA, CMS Region VI



SPA# LA-14-0002

CHIP Eligibility

OMB Control Number: 0938-1148 Expiration date: 10/31/2014

Separate Child Health Insurance Program MAGI-Based Income Methodologies	CS15
2102(b)(1)(B)(v) of the SSA and 42 CFR 457.315	
The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covbelow, and consistent with 42 CFR 457.315 and 435.603(b) through (i).	ered groups, as described
In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before Dobased income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled rewhichever is later.	ecember 31, 2013, MAGI- enewal of eligibility,
If the state covers pregnant women, in determining family size for the eligibility determination of a preg as herself plus each of the children she is expected to deliver.	enant woman, she is counted
In determining family size for the eligibility determination of the other individuals in a household that in	ncludes a pregnant woman:
• The pregnant woman is counted just as herself.	
C The pregnant woman is counted just as herself, plus one.	
The pregnant woman is counted as herself, plus the number of children she is expected to delive	er.
Financial eligibility is determined consistent with the following provisions:	
When determining eligibility for new applicants, financial eligibility is based on current monthly incom	e and family size.
When determining eligibility for current beneficiaries, financial eligibility is based on:	
© Current monthly household income and family size.	
Projected annual household income for the remaining months of the current calendar year and fa	mily size.
In determining current monthly or projected annual household income, the state will use reasonable met	hods to:
	size.
Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of every individual included in the individual's household.	of the MAGI-based income of
Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.	
The CHIP Agency certifies that it has submitted and received approval for the conversion for all ser income standards to MAGI-equivalent standards.	parate CHIP covered group
An attachment is submitted.	

PRA Disclosure Statement
APR 0 8 2014

Approval Date:

Effective Date: January 1, 2014

Page 1 of 2



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 50 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.

Approval Date: ____ APR 0 8 2014



	4					ontrol Number: 0938-1148 xpiration date: 10/31/2014
		l Health Insur rgeted Low-In				CS7
2102(b)	(1)(B)(v) c	of the SSA and 42	CFR 457.310, 31	5 and 320		
Targ	geted Low	-Income Children	- Uninsured chil	dren under age 19 who	se household income is within stand	dards established by the
✓	The CHIP	Agency operates t	his covered group	in accordance with the	following provisions:	
Age						
Mu	st be under	age 19.				
Income	Standards					
Inc	come stanc	lards are applied st	atewide. Yes			
	Statewide Begin wit	h lowest age range te that the lower bedren for the same a	s first.		ighest standard used for Medicaid p Up to & including (% FPL)	poverty-
	+	0	19	212	250	x
					lanation. Include the age ranges fo aving different income standards.	reach
Special	Program fo	or Children with D	isabilities			
				n with disabilities?	io	
			I	PRA Disclosure Sta	tement	
						

Approval Date: _____ APR 0 8 2014

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OMB Control Number: 0938-1148

Expiration date: 10/31/	2014
eparate Child Health Insurance Program ligibility - Coverage From Conception to Birth	CS9
2 CFR 457.10	
Coverage From Conception to Birth - Coverage from conception to birth when the mother is not eligible for Medicaid.	
▼ The CHIP Agency operates this covered group in accordance with the following provisions:	
ge Standard	
From conception through birth.	
Does the state have an additional age definition or other age-related conditions? No	
come Standards	
Income standards are applied statewide. Yes	
Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income standard or a county income standard?	o
Statewide Income Standard	
The statewide income standard is: From zero up to 209 % FPL	
Exempted from requirement of providing or applying for a Social Security Number.	
Exempted from requirement of verifying citizenship status.	

PRA Disclosure Statement

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Approval Date:	APR 0 8 2014	Effective Date: January 1, 201
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		Page 1 of 1



SPA# LA-14-0002

CHIP Eligibility

OMB Control Number: 0938-1148 Expiration date: 10/31/2014

CS13 Cligibility - Deemed Newborns
ection 2112(e) of the SSA and 42 CFR 457.360
Deemed Newborns - Children born to targeted low-income pregnant women are deemed to have applied for and be eligible for CHIP or Medicaid until the child turns one.
✓ The state operates this covered group in accordance with the following provisions:
■ The child was born to an eligible targeted low-income pregnant woman under section 2112 of the SSA.
The child is deemed to have applied for and been found eligible for CHIP or Medicaid, as appropriate, as of the date of the child's birth, and remains eligible without regard to changes in circumstances until the child's first birthday.
The state elects the following option(s):
The state elects to cover as a deemed newborn a child born to a mother who is covered as a targeted low-income child under the state's separate CHIP on the date of the newborn's birth.
The state elects to recognize a child's deemed newborn status from another state and provides benefits in accordance with the requirements of section 2112(e) of the SSA.
The state elects to cover as a deemed newborn a child born to a mother who is covered under Medicaid or CHIP through the authority of the state's section 1115 demonstration on the date of the newborn's birth.

PRA Disclosure Statement

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