

Department of Health and Hospitals Office of the Secretary

February 14, 2014

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. 14-04

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.

Sincerely,

Kathy/H./Kliebert

Attachments (2)

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE					
STATE PLAN MATERIAL	14-04	Louisiana					
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)						
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE						
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	February 9, 2014						
5. TYPE OF PLAN MATERIAL (Check One):							
NEW STATE PLAN AMENDMENT TO BE CONS		ENDMENT					
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN 6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	amendment)					
Section 1902(a)(10)(A) (ii) of the Social Security Act	FFY 2014 \$9,628.03						
beeton 1702(a)(10)(11) of the bottai betailty fact	FFY 2015	\$2,157.09					
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER SECTION OR ATTACHMENT (I)						
Attachment 2.2-A, Page 22 Supplement 1 to Attachment 2.6-A, Page 5	Pending (TN 14-01) Pending (TN 14-01)						
10. SUBJECT OF AMENDMENT: This SPA proposes to adopt	provisions to include an optional	coverage group					
under the Medicaid State Plan by implementing the Provis							
Medicaid-only benefits to eligible individuals until such tim	0	•					
assistance application pending with the Social Security Adv							
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 revie	w state plan material.					
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:						
lan Bluller las	J. Ruth Kennedy, Medicaid Director						
13. PYPED NAME:	State of Louisiana						
Kathy H. Kliebert	Department of Health and Hospitals						
14. TITLE:	628 N. 4 th Street						
Secretary	PO Box 91030						
15. DATE SUBMITTED:	Baton Rouge, LA 70821-9030						
February 14, 2014							
FOR REGIONAL OF							
17. DATE RECEIVED:	18. DATE APPROVED:						
PLAN APPROVED – ONE COPY ATTACHED							
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	ICIAL:					
21. TYPED NAME:	22. TITLE:						
23. REMARKS:							

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #: 14-04

TITLE: Medicaid Eligibility-Provisional Medicaid Program

FISCAL IMPACT: Increase

EFFECTIVE DATE: February 9, 2014

1st SFY 2nd SFY 3rd SFY

 year	% inc.	fe	ed. match	*# mos	range of mos.	dollars
2014			62.11%	5	February 9, 2014 - June 2014	\$14,638,949
2015	3.0%		62.05%	12	July 2014 - June 2015	\$3,450,500
2016	3.0%		62.05%	12	July 2015 - June 2016	\$3,554,015

^{*#}mos-Months remaining in fiscal year

Total Dec	rease in (Cost FFY	2014					
SFY	2014	\$14,638,949	for	5	months	February 9, 2014 - June 2014		\$14,638,949
SFY	2015	\$3,450,500 \$3,450,500		12 12 X	months 3	July 2014 - June 2015 July 2014 - September 2014	=	\$862,625 \$15,501,574
			FFP (F	FY 201	4)=	\$15,501,574 X 62.11%	=	\$9,628,028
Total Dec	crease in	Cost FFY	2015					
SFY	2015	\$3,450,500 \$3,450,500	for	12 12 X	months 9	July 2014 - June 2015 October 2014 - June 2015	=	\$2,587,875
SFY	2016	\$3,554,015 \$3,554,015		12 12 X	months 3	July 2015 - June 2016 July 2015 - September 2015	=	\$888,504 \$3,476,379
			FFP (I	FFY 201	5)=	\$3,476,379 X 62.05%	=	\$2,157,093

Revision: HCFA-PM-91-4 (BPD) August 1991

ATTACHMENT 2.2-A Page 22 OMB No. 0938-

State: Louisiana

Agency*	Citation(s)	Optional Groups Other Than the Medically Needy (Continued)					
	В.						
1902(a) (ii)(X) and 1902(m) (1) and (3) of the Act		 a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group. b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6 A for a family of the same size; and c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6 A. d. Who have applied for benefits through the Social Security Administration (SSA) and are awaiting a decision on the pending application. Individuals who would be ineligible for SSI cash assistance due to factors other than excess income and resources or meeting the disability criteria of the program are exempt from the requirement to have a pending application for benefits with the Social Security Administration (SSA). 					
TN No Supersedes TN No	- 	Approval Date Effective Date HCFA ID: 7983E					

Revision:	HCFA-PM-92-1 February 1992	(MB)		LEMENT 1 TO ATTA Page 5	CHMENT 2.6-A		
		State:Louisia	<u>na</u>				
	<u>II</u>	NCOME ELIGIBIL	ITY LEVELS	(Continued)			
3.	Aged and Di	isabled Individuals					
		or determining incom ovisions of section 19		groups of aged and disa Act are as follows:	bled individuals		
	Based on	** percent of the o	fficial Federal in	ncome poverty line.			
	<u>Fam</u>	ily Size		Income I	Income Level		
		1_		\$**			
	_	2		\$**			
	_	3		\$			
	_	4		\$			
	_	5		\$			
If an individual receives a Title II benefit, any amount attributable to the most receincrease in the monthly insurance benefit as a result of a Title II COLA is not coun income during a "transition period" beginning with January, when the Title II beneficially become be received, and ending with the last day of the month following the morpublication of the revised annual Federal poverty level. For individuals with Title II income, the revised poverty levels are not effective unfirst day of the month following the end of the transition period. For individuals not receiving Title II income, the revised poverty levels are effective than the beginning of the month following the date of publication.							
	** The percentage each year for		Benefit Rate in effect a	as of January 1st			
TN No Supersedes TN No.	S	Approval Date		Effective Date			

HCFA ID: 7985E