Department of Health and Hospitals Office of the Secretary

VIA ELECTRONIC MAIL ONLY

May 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. 14-14

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. Kliebe

Attachments (2)

KHK/JRK/DA

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	14-14	Ti-i	
		Louisiana	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: T SOCIAL SECURITY ACT (MEDI		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	May 1, 2014		
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSI		ENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2014	\$20 064 04	
42 CFR 438.6	a. FFY 2014 b. FFY 2015	\$ <u>38,864.94</u> \$ <u>95,188.74</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER		
	SECTION OR ATTACHMENT (I)	f Applicable):	
Preprint Page 11	Same (TN 11-09)		
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to	implement a coordinated dental	l services system	
under the Medicaid Program to provide dental services thr	ough a statewide dental benefits	prepaid ambulatory	
health plan (PAHP) administrator.		• •	
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	w state plan material.	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
Deprovad for	I Duth Konnedy Medicaid	Director	
13. TYPED NAME:	J. Ruth Kennedy, Medicaid	Director	
	State of Louisiana		
Kathy H. Kliebert 14. TITLE:	Department of Health and H	iospitais	
Secretary	628 N. 4 th Street		
15. DATE SUBMITTED:	PO Box 91030	• •	
May 14, 2014	Baton Rouge, LA 70821-90	30	
FOR REGIONAL OF	TCF USE ONLY		
	18. DATE APPROVED:		
17. DATE RECEIVED.			
PLAN APPROVED – ONE			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	ICIAL:	
21. TYPED NAME:	22. TITLE:		
23. REMARKS:			
25. REMARKS.			

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #:

14-14

TITLE: Dental Benefits Prepaid Ambulatory Health Plan
EFFECTIVE DATE: May 1, 2014

FISCAL IMPACT: Increase

	year % inc.	fed. matc	h*# mo	S	range of mos.	dollars	
1st SFY	2014		62.11%	2 May 1,	2014 - June 2014	\$24,801,022	
2nd SFY	2015	3.0%	62.05%	12 July 20	014 - June 2015	\$151,093,350	
3rd SFY	2016	3.0%	62.05%	12 July 20	015 - June 2016	\$160,345,982	

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

Total Increase in Cost FFY SFY 2014 \$24,801,022	2014 for 2 months	May 1, 2014 - June 2014	\$24,801,022
SFY 2015 \$151,093,350 \$151,093,350		July 2014 - June 2015 July 2014 - September 2014 =	\$37,773,338 \$62,574,360
	FFP (FFY 2014) =	\$62,574,360 X 62.11% =	\$38,864,935
Total Increase in Cost FFY SFY 2015 \$151,093,350 \$151,093,350		July 2014 - June 2015 October 2014 - June 2015 =	\$113,320,013
SFY 2016 \$160,345,982 \$160,345,982		July 2015 - June 2016 July 2015 - September 2015 =	\$40,086,496 \$153,406,509
	FFP (FFY 2015)=	\$153,406,509 X 62.0:5% =	\$95,188,739

Revision: HCFA-PM- 93-2

MARCH 1993 (MB)

State/Territory:			Louisiana
Citation 42 CFR 435.914 1902(a)(34) of the Act	2.1(b)	(1)	Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A. .
1902(e)(8) and 1905(a) of the Act		(2)	For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after The end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.
1902(a)(47) and 1920 of the Act		_(3)	Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.
42 CFR 438.6	(c)	42 CFR	edicaid agency elects to enter into a risk contract that complies with 438.6, and that is procured through an open, competitive procurement that is consistent with 45 CFR Part 92. The risk contract is with (check apply):
			Qualified under title XIII 1310 of the Public Health Service Act.
	X		a Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2
	<u>X</u>	-	a Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2
	<u>X</u>		a Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2
			Not applicable.
TN # 14-14 Supersedes TN # 11-	<u> </u>		Effective Date May 1, 2014 Approval Date