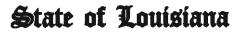
John Bel Edwards GOVERNOR



Rebekah E. Gee MD, MPH



Louisiana Department of Health Office of the Secretary

VIA ELECTRONIC MAIL ONLY

December 29, 2017

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. 17-0039

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.

Warmly, Rebekah E. Gee MD.

Rebekah E. Gee MD, MPH Secretary

Attachments (3)

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LA TITLE XIX SPA TRANSMITTAL #: TITLE: Optiona EFFECTIVE DATE:		1st SFY	2nd SFY	3rd SFY		Tot	SFY		SFY				Tot	SFY		SFY		



Medicaid Eligibility

Eligibility Groups - Options for Coverage S54 Optional Targeted Low Income Children
1902(a)(10)(A)(ii)(XIV) 42 CFR 435.229 and 435.4 1905(u)(2)(B)
Optional Targeted Low Income Children - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.
• Yes 🔿 No
\checkmark The state attests that it operates this eligibility group in accordance with the following provisions:
Individuals qualifying under this eligibility group must not be eligible for Medicaid under any mandatory eligibility group.
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI- Based Income Methodologies, completed by the state.
The state covered this eligibility group in the state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.
• Yes 🔿 No
The state also covered this eligibility group in the state plan as of March 23, 2010.
• Yes 🔿 No
Until October 1, 2019, states must include at least those individuals covered as of March 23, 2010, but may cover additional individuals. Effective October 1, 2019, states may reduce or eliminate coverage for this group.
Individuals are covered under this eligibility group, as follows:
• All children under age 18 or 19 are covered:
• Under age 19
○ Under age 18
○ The reasonable classification of children covered is:
Income standard used for this classification
Minimum income standard
The income standard for this classification of children must exceed the lowest income standard chosen for children in the age group selected above, under the mandatory Infants and Children under Age 19 eligibility group.
Maximum income standard



Medicaid Eligibility

The state certifies that it has submitted and received approval for its converted income standard(s) for this \checkmark classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

- The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- C The state's effective income level for this classification of children under the Medicaid State Plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- C The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- C The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- 200% FPL.
- \bigcirc A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
- The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

250 % FPL

Income standard chosen, which must exceed the minimum income standard

Individuals qualify under the following income standard:

• The maximum income standard.

The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ If higher than the effective income level used under the state plan as of March 23, 2010, 200% FPL.



Medicaid Eligibility

If higher than the effective income level used under the state plan as of March 23, 2010, a percentage of the
Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this eligibility group in the state plan as of March 23, 2010.
The income standard for this eligibility group is: 250 % FPL
There is no resource test for this eligibility group.
Presumptive Eligibility
 Presumptive eligibility for this group depends upon the selection of presumptive eligibility for the Infants and Children under Age 19 eligibility group. If presumptive eligibility is done for that group, it is done for this group under the same provisions.

PRA Disclosure Statement

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 40 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.