DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202

DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

July 15, 2014

Our Reference: SPA LA 14-0028 MM1

Ms. Ruth Kennedy, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attn: Darlene Budgewater
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 14-0028 MM1. The SPA proposes to amend TN 13-0049 and template S59 to establish a new optional eligibility group under the Medicaid State Plan to provide coverage for family planning services and supplies to eligible men and non-pregnant women. This SPA is located in the Medicaid Model Data Lab (MMDL).

Transmittal Number 14-0028 MM1 is approved with an effective date of July 1, 2014 as requested. A copy of the HCFA-179, Transmittal No. 14-0028 MM1 dated May 30, 2014 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at ford.blunt@cms.hhs.gov or by phone at (214) 767-6381.

Sincerely,

Bill Brooks

Bill Brooks
Associate Regional Administrator

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Louisiana**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

LA-14-0028

Proposed Effective Date

07/01/2014 *(mm/dd/yyyy)*

Federal Statute/Regulation Citation

1902(a)(10)(A) (ii)(XXI)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	$ 2688.96
Second Year	2016	$ 2216.87

Subject of Amendment

This SPA amends our TN 13-0049 and template S59 to establish a new optional eligibility group under the Medicaid State Plan to provide coverage for family planning services and supplies to eligible men and non-pregnant women.

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Governor's office review is not required.

Signature of State Agency Official

Submitted By:	**Roberta Diaz**
Last Revision Date:	**Jul 2, 2014**
Submit Date:	**May 30, 2014**

Date Received: 05/30/2014

Date Approved: 07/15/2014

Signature of Regional Official: Bill Brooks

PRINTED NAME and Title: Bill Brooks, Associate Regional Administrator
Division of Medicaid and Children's Health

Medicaid Eligibility

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

Eligibility Groups - Options for Coverage
Individuals Eligible for Family Planning Services **S59**

1902(a)(10)(A)(ii)(XXI)
42 CFR 435.214

Individuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

(●) Yes ( ) No

[✓] The state attests that it operates this eligibility group in accordance with the following provisions:

[■] The individual may be a male or a female.

[■] Income standard used for this group

[■] Maximum income standard

[✓] The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is the highest of the following:

(●) The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.

( ) The state's current effective income level for pregnant women under a Medicaid 1115 demonstration.

( ) The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.

( ) The state's current effective income level for pregnant women under a CHIP 1115 demonstration.

The amount of the maximum income standard is: 133 % FPL

State: Louisiana
Date Received: 30 May 2014
Date Approved: 15 July 2014
Date Effective: 1 July 2014
Transmittal Number: 14-0028 MM1

[■] Income standard chosen

The state's income standard used for this eligibility group is:

(●) The maximum income standard

( ) Another income standard less than the maximum standard allowed.

[■] MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Medicaid Eligibility

- [x] In determining eligibility for this group, the state uses the following household size:
  - [x] All of the members of the family are included in the household
  - [ ] Only the applicant is included in the household
  - [ ] The state increases the household size by one
- [x] In determining eligibility for this group, the state uses the following income methodology:
  - (●) The state considers the income of the applicant and all legally responsible household members (using MAGI-based methodology).
  - ( ) The state considers only the income of the applicant.
- [x] Benefits for this eligibility group are limited to family planning and related services described in the Benefit section.
- [x] Presumptive Eligibility

  The state makes family planning services and supplies available to individuals covered under this group when determined presumptively eligible by a qualified entity.

  ( ) Yes (●) No

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.

V.20131009

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