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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 13-56

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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

February 12, 2014

Our Reference: SPA LA 13-56

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 Adams Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 13-56. This SPA excludes all income when determining eligibility for pregnant minors.

Transmittal Number 13-56 is approved with an effective date of December 31, 2013 as requested. A copy of the HCFA-179, Transmittal No. 13-56 dated December 27, 2013 is enclosed along with the approved plan pages.

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

Sincerely,

Bill Brooks Associate Regional Administrator

Enclosures

	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	13-56	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	December 31, 2013			
5. TYPE OF PLAN MATERIAL (Check One):				
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	SIDERED AS NEW PLAN	MENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate Transmittal for each	ch amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	0.000.000		
Section 1902(r)(2) 42 CFR 435.222	FFY <u>2014</u>	<u>\$0.0</u>		
	FFY <u>2015</u>	<u>\$0.0</u>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):			
Attachment 2.2-A, Page 13a	Same (TN 91-23)			
Supplement 1 to Attachment 2.2-A, Page 1	Same (TN 91-23)			
Supplement 8a to Attachment 2.6-A, Page 2	None (New Page)			
Supplement ou to remainment 2.0 rs, ruge 2	Trone (Frew Fage)			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Kathy H. Kliebert 14. TITLE: Secretary	16. RETURN TO: J. Ruth Kennedy, Medicaid State of Louisiana Department of Health and 628 N. 4th Street			
	PO Box 91030			
15. DATE SUBMITTED:	PO Box 91030 Baton Rouge, LA 70821-9	030		
15. DATE SUBMITTED: December 27, 2013	Baton Rouge, LA 70821-9	030		
15. DATE SUBMITTED: December 27, 2013 FOR REGIONAL OF	Baton Rouge, LA 70821-9			
15. DATE SUBMITTED: December 27, 2013 FOR REGIONAL OF 17. DATE RECEIVED: 27 December, 2013 PLAN APPROVED – ONI	FICE USE ONLY 18. DATE APPROVED: 12 Februa E COPY ATTACHED	ry, 2014		
15. DATE SUBMITTED: December 27, 2013 FOR REGIONAL OF 17. DATE RECEIVED: 27 December, 2013 PLAN APPROVED – ONI	Baton Rouge, LA 70821-9 FICE USE ONLY 18. DATE APPROVED: 12 Februa	ry, 2014		
15. DATE SUBMITTED: December 27, 2013 FOR REGIONAL OF 17. DATE RECEIVED: 27 December, 2013 PLAN APPROVED – ONI 19. EFFECTIVE DATE OF APPROVED MATERIAL: 31 December, 2013	FICE USE ONLY 18. DATE APPROVED: 12 Februa E COPY ATTACHED	ry, 2014 FICIAL:		

FORM HCFA-179 (07-92)

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 to ATTACHMENT 2.2-A

AUGUST 1991

Page 1 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ___LOUISIANA___

REASONABLE CLASSIFICATION OF INDIVIDUALS UNDER THE AGE OF 21, 20, 19 AND 18

42 CFR 435.222

Pregnant women under age 19.

State: Louisiana

Date Received: 12/27/13
Date Approved: 2/12/14
Date Effective: 12/31/13

Transmittal Number: LA 13-56

TN# 13-56 Approval Date 2/12/14 Effective Date 12/31/13 Supersedes

TN#____91-23

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 8a to ATTACHMENT 2.6-A AUGUST 1991 Page 2 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: ___LOUISIANA___ MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902 (r) (2) OF THE ACT* Section 1902 (f) State \boxtimes Non-Section 1902 (f) State All income is disregarded for the reasonable classification under 42 CFR 435.222 of pregnant women under the age of 19, as defined on Supplement 1 to Attachment 2.2-A Page 1. State: Louisiana Date Received: 12/27/13 Date Approved: 2/12/14 Date Effective: 12/31/13 Transmittal Number: LA 13-56

TN# 13-56 Approval Date 2/12/14 Effective Date 12/31/13
Supersedes
TN# New Page

Revision: HCFA-PM-91-4 (E

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A Page 13a

OMB No.: 0938-

		State: LOUISIANA
Agency*	Citations	Groups Covered

B. Optional Groups Others Than the Medically Needy

(Continued)

- X (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 18). Inpatient psychiatric services for individuals under age 18 are provided under this plan.
- X____ (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

State: Louisiana

Date Received: 12/27/13
Date Approved: 2/12/14
Date Effective: 12/31/13

Transmittal Number: LA 13-56

TN#	13-56	Approval Date	2/12/14	Effective Date _	12/31/13	_
Super	sedes					
TN#	91-23					