



Administrator
Washington, DC 20201

JUN - 6 2006

Mr. Jerry Phillips
Acting Director
Louisiana Department of Health and Hospitals
Office of Management & Finance
Bureau of Health Services Financing
1201 Capitol Access Road
P.O. Box 91030
Baton Rouge, LA 70821-9030

Dear Mr. Phillips:

We are pleased to inform you that Louisiana's request for its Section 1115 Family Planning Demonstration, as modified by the Special Terms and Conditions (STCs) accompanying this award letter, has been approved as project number 11-W-00232/6. Under this demonstration, the State will cover family planning services for uninsured women, ages 19 through 44, who are not otherwise eligible for Medicaid, State Children's Health Insurance Program, Medicare, or any other creditable health insurance coverage, and who have family income at or below 200 percent of the Federal poverty level (FPL). Approval for this demonstration is under the authority of section 1115 of the Social Security Act (the Act) and is effective as of the first of the month following this approval for a 5-year period.

Enclosed are the STCs that the State must meet as a condition for approval of this demonstration. These STCs define the nature, character, and extent of Federal involvement in this project. This award letter is subject to our receipt of your written acceptance of the award, including the STCs, within 30 days of the date of this letter.

All requirements of the Medicaid program as expressed in law, regulation, and policy statement not expressly identified as not applicable in this letter, shall apply to the Louisiana family planning Demonstration.

Medicaid Costs Not Otherwise Matchable

Under the authority of section 1115(a)(2) of the Act, the following expenditures that would otherwise not be regarded as expenditures under title XIX of the Act will be regarded as expenditures under the State's title XIX plan. All requirements of the Medicaid statute will be applicable to such expenditure authorities, except those specified below as not applicable to these expenditure authorities. In addition, all requirements in the enclosed STCs will apply to these expenditure authorities.

Expenditures for family planning services for uninsured women, ages 19 through 44, who are not otherwise eligible for Medicaid, SCHIP, Medicare, or any other creditable health insurance coverage, and who have family income at or below 200 percent of the FPL.

Medicaid Requirements Not Applicable to the Medicaid Expenditure Authorities:

All Medicaid requirements apply, except the following:

1. Amount, Duration, and Scope of Services (Comparability)—Section 1902(a)(10)(B)

The State will offer to the demonstration population a benefit package consisting only of approved family planning services.

2. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)—Section 1902(a)(43)(A)

The State will not furnish or arrange for EPSDT services to the demonstration population.

3. Retroactive Coverage—Section 1902(a)(34)

Individuals enrolled in the family planning demonstration program will not be retroactively eligible.

4. Prospective Payment System for Federally Qualified Health Centers and Rural Health Clinics—Section 1902(a)(15)

To enable the State to establish reimbursement levels to these clinics that would compensate them solely for family planning services.

Your project officer is Ms. Tonya Moore, who may be reached at (410) 786-0019. Ms. Moore is available to answer any questions concerning the scope and implementation of the project in your application. Communications regarding program matters, and official correspondence concerning the project, should be submitted to the project officer at the following address:

Centers for Medicare & Medicaid Services
Center for Medicaid and State Operations
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
E-mail: Tonya.Moore@cms.hhs.gov

Official communications regarding program matters should be submitted simultaneously to Ms. Moore and to Mr. Andrew Frederickson, Associate Regional Administrator, in the Dallas Regional Office. Mr. Frederickson's address is:

Centers for Medicare & Medicaid Services
Office of the Regional Administrator
1301 Young Street, Room 714
Dallas, TX 75202

We extend our congratulations to you on this award and look forward to working with you during the course of the demonstration.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark B. McClellan", with a long horizontal flourish extending to the right.

Mark B. McClellan, M.D., Ph.D.

Enclosures

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cc:

Andrew Fredrickson, ARA, CMS Dallas Regional Office