

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop: S2-26-12  
Baltimore, Maryland 21244-1850



Ruth Kennedy  
Medicaid Director  
State of Louisiana  
Department of Health and Hospitals  
628 North 4<sup>th</sup> Street  
Baton Rouge, LA 70802

SEP 30 2013

Dear Ms. Kennedy:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved a one-year temporary extension of the component of the Louisiana's Greater New Orleans Community Health Connection (GNOCHC) section 1115 demonstration (Project No. 11-W-00252/6) that ensures the continued provision of services to residents with incomes at or below 100 percent of the federal poverty line. We approved this one-year temporary extension in order to not disrupt such coverage as the state continues to consider other coverage options. The demonstration will continue to receive federal financial participation at the state's regular federal medical assistance percentage (FMAP) and is now set to expire on December 31, 2014.

This demonstration project is subject to the limitations specified in the enclosed lists of waiver and expenditure authorities. The state may deviate from Medicaid state plan requirements only to the extent those requirements have been specifically waived or, with respect to expenditure authorities, listed as not applicable to expenditures for demonstration populations and other services not covered under the state plan. As agreed, in light of the coverage options that will be available to residents of Louisiana beginning in January 1, 2014, as of that date the demonstration will be limited to certain adults with incomes under 100 percent of the federal poverty level. We will continue to work with you on a transition plan to facilitate a seamless transfer of coverage for those currently enrolled in the demonstration with incomes above that level.

The approval of the GNOCHC extension is conditioned upon continued compliance with the enclosed special terms and conditions (STCs) defining the nature, character, and extent of anticipated federal involvement in the project. The award is subject to our receiving your written acknowledgement of the award and acceptance of these STCs within 30 days of the date of this letter.

Written acceptance should be sent to your project officer, Ms. Terri Fraser. Ms. Fraser's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
Division of State Demonstrations and Waivers  
7500 Security Boulevard, Mailstop: S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410) 786-5573  
Email: [Terri.Fraser@cms.hhs.gov](mailto:Terri.Fraser@cms.hhs.gov)

Official communications regarding program matters should be sent simultaneously to Mr. Bill Brooks, Associate Regional Administrator, in our Dallas Regional Office. Mr. Brook's contact information is as follows:

Centers for Medicare & Medicaid Services  
1301 Young Street, Room 714  
Dallas, TX 75202  
Telephone: (214) 767-6495  
Email: [Bill.Brooks@cms.hhs.gov](mailto:Bill.Brooks@cms.hhs.gov)

If you have questions regarding this correspondence, please contact Mr. Eliot Fishman, Director, Children and Adults Health Programs Group, Center for Medicaid & CHIP Services, at (410) 786-5647. We look forward to continuing to work with you and your staff on the GNOCHC demonstration.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Mann".

Cindy Mann  
Director

Enclosures

cc: Bill Brooks, Associate Regional Administrator, Region VI  
Eliot Fishman, Children and Adults Health Programs Group Director, CMCS