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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: LA-16-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Louisiana consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

 $\label{link-to-state} \begin{tabular}{ll} Link to state title XXI state plans and amendments: $$ \underline{http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html $$ \underline{http://medicaid.gov/Medicaid-CHIP-Program-Information.html}$$$

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



Children and Adults Health Programs Group

JUL 0 7 2016

Ms. Jen Steele, Medicaid Director Department of Health and Hospitals Bienville Building 628 North 4th Street P. O. Box 91030 Baton Rouge, LA 70821-9030

Dear Ms. Steele:

I am pleased to inform you that your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), LA-16-0002, submitted on April 21, 2016, has been approved. The SPA has an effective date of July 1, 2016.

The SPA LA-16-0002 is approved to amend the provisions governing the Federally Facilitated Marketplace (FFM) eligibility determinations. Through this SPA, Louisiana will accept CHIP eligibility determinations made by the FFM. A copy of the approved CS24 state plan page is attached to be incorporated into the current CHIP state plan.

Your title XXI project officer is Ms. Kathleen Connors de Laguna. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Connors de Laguna's contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid and CHIP Services 7500 Security Boulevard Mail Stop S2-01-16 Baltimore, MD 21244-1850 Telephone: (410) 786-2256

Fax: (410) 786-5882

E-mail: Kathleen.Connorsdelaguna@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Connors de Laguna and Mr. Bill Brooks, Associate Regional Administrator (ARA) in our Dallas Regional Office. Mr. Brooks' address is:

Page 2 – Ms. Jen Steele

Division of Medicaid and Children's Health Operations Centers for Medicare & Medicaid Services 1301 Young Street, Rm. 714 Dallas, TX 75202

If you have additional questions please contact Mr. Manning Pellanda, Director, Division of State Coverage Programs at (410) 786-5143.

Anne Marie Costello
Director

Enclosure

cc:

Bill Brooks, Associate Regional Administrator, Region VI, Dallas

LA.2638.R00.00 - Jul 01, 2016

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Children's Health Insurance Program Eligibility: Summary Page

State/Territory Louisiana

name: 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.

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- ✓ Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

07/01/2016 (mm/dd/yyyy)

Federal Statute/Regulation Citation

2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR 457, subpart C

Federal Budget Impact

■ This SPA has a budget impact.

Total budget impact:

State Funds: \$

Federal Funds: \$

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 209 out of 200

The SPA proposes to amend the provisions governing Medicaid eligibility in order to return to a determination state and accept Medicaid eligibility determinations made by the Federally Facilitated Marketplace.

Signature of State Agency Official

Submitted By: Roberta Diaz

Last Revision Jun 20, 2016

Date:

Submit Date: Apr 21, 2016

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CONTINUE



CHIP Eligibility

State Name: Louisiana		OMB Control Number: 0938-1148
Transmittal Number: LA - 16 - 0002		Expiration date: 10/31/2014
Separate Child Health Insurance Progra General Eligibility - Eligibility Processin		CS24
2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFI	R 457, subpart C	
The CHIP Agency meets all of the requirement enrollment.	ts of 42 CFR 457, subpart C for app	elication processing, eligibility screening and
Application Processing	a	
Indicate which application the agency uses for indiversely modified adjusted gross income standard:	viduals applying for coverage who	may be eligible based on the applicable
The single, streamlined application developed Care Act.	ped by the Secretary in accordance	with section 1413(b)(1)(A) of the Affordable
An alternative single, streamlined application section 1413(b)(1)(B) of the Affordable Ca	ion developed by the state and apprare Act.	roved by the Secretary in accordance with
·	An attachment is submitted.	
An alternative application used to apply fo agency makes readily available the single of individuals seeking assistance only through	or alternative application used only	approved by the Secretary, provided that the for insurance affordability programs to
	An attachment is submitted.	
		alf of the individual, to submit an application via an and other commonly available electronic means.
The agency accepts applications in the following	ng other electronic means.	
Other electronic means:		
Name of method		Description
♣ Fax	Received by fax transmission	×
Screen and Enroll Process		
The CHIP Agency has coordinated eligibility a application, periodic redeterminations, and followincome children are provided CHIP coverage a other insurance affordability programs.	ow-up eligibility determinations. T	he procedures ensure that only targeted low-
Procedures include:		
SPA# LA-16-0002 Appr	roval Date:July 7, 2016	Effective Date: July 1, 2016

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CHIP Eligibility

	Screening of application to identify all individuals eligible or potentially eligible for CHIP or other insurance affordability programs; and		
	Income eligibility test, with calculation of household income consistent with 42 CFR 457.315 for individuals identified as potentially eligible for Medicaid or other insurance affordability programs based on household income; and		
	Screening process for individuals who may qualify for Medicaid on a basis other than having household income at or below the applicable MAGI standard, based on information in the single streamlined application.		
	the CHIP agency has entered into an arrangement with the Exchange to make eligibility determinations for advanced emium tax credits in accordance with section 1943(b)(2) of the SSA.		
edete	rmination Processing		
√	Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 457.343:		
	Once every 12 months.		
	Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.		
	If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.		
creen	ing by Other Insurance Affordability Programs		
	The CHIP Agency provides assurance that it has adopted procedures to accept and process electronic accounts of individuals screened as potentially eligible for CHIP by other insurance affordability programs in accordance with the requirements of 42 CFR 457.348(b) and to determine eligibility in accordance with 42 CFR 457.340 in the same manner as if the application had been submitted directly to, and processed by the state.		
×	The CHIP Agency elects the option to accept CHIP eligibility decisions made by the Exchange or other agencies administering insurance affordability programs as provided in 42 CFR 457.348 and to furnish CHIP in accordance with requirements of 42 CFR 457.340 to the same extent and in the same manner as if the applicant had been determined by the state to be eligible for CHIP.		
	Check all Insurance Affordability Programs that apply:		
	□ The Exchange		
	Medicaid Medicaid		
	Other Insurance Affordability Program		
	e CHIP Agency has entered into an agreement with agencies administering other insurance affordability programs to fulfill the quirements of 457.348(b) and will provide this agreement to the Secretary upon request.		

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CHIP Eligibility

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 50 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.20140415

Approval Date:_______ _ Effective Date: July 1, 2016______ _ Effective Date: July 1, 2016

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