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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: LA 13-53 MM5

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

March 6, 2014

Our Reference: SPA LA 13-0053-MM5

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 13-0053-MM5. This MAGI state plan submitted in the Medicaid Model Data Lab (MMDL) allows the State to affirm residency regulations in accordance with the Patient Protection and Affordable Care Act (PPACA). It also addresses interstate agreements and temporary absence in accordance with the PPACA.

Transmittal Number 13-0053-MM5 is approved with an effective date of January 1, 2014 as requested. A copy from the MMDL of the HCFA-179, Transmittal No. 13-0053-MM5 dated December 27, 2013 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,

A black rectangular redaction box covers the signature of 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-13-0053

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.403

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

This SPA affirm's the State's residency regulations and addresses interstate agreements and temporary absence from the state.

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:

The Governor's office does not review State Plan material.

Signature of State Agency Official

Submitted By:

Roberta Diaz

Last Revision Date:

Feb 27, 2014

Submit Date:

Dec 27, 2013

Date Received: 27 December, 2013

Date Approved: 6 March, 2014

Date Effective: 1 January, 2014

Transmittal Number: LA 13-53 MM5

Printed Name and Title:

Bill Brooks, Associate Regional Administrator
Division of Medicaid & Children's Health



Medicaid Eligibility

State: Louisiana
Date Received: 27 December, 2013
Date Approved: 6 March, 2014
Date Effective: 1 January, 2014
Transmittal Number: LA 13-53 MM5

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

Non-Financial Eligibility State Residency

S88

42 CFR 435.403

State Residency

- ☒ The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.
- Individuals are considered to be residents of the state under the following conditions:
- ☐ Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
 - ☐ Intends to reside in the state, including without a fixed address, or
 - ☐ Entered the state with a job commitment or seeking employment, whether or not currently employed.
 - ☐ Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.
 - ☐ Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:
 - ☐ Residing in the state, with or without a fixed address, or
 - ☐ The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.
 - ☐ Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:
 - ☐ Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
 - ☐ Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
 - ☐ If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
 - ☐ Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
 - ☐ Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
 - ☐ Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
 - ☐ IV-E eligible children living in the state, or



Medicaid Eligibility

☐ Otherwise meet the requirements of 42 CFR 435.403.

State: Louisiana
Date Received: 27 December, 2013
Date Approved: 6 March, 2014
Date Effective: 1 January, 2014
Transmittal Number: LA 13-53 MM5

TN: 13-53 Approval Date: 3-6-14
State: Louisiana Page Number S88 2 of 4

Effective Date: 1-1-14

State: Louisiana

Date Received: 27 December, 2013

Date Approved: 6 March, 2014

Date Effective: 1 January, 2014

Transmittal Number: LA 13-53 MM5



Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

☒ Yes ☐ No

☒ The state has interstate agreements with the following selected states:

- | | | | |
|--|---|--|--|
| ☒ Alabama | ☒ Illinois | ☒ Montana | ☒ Rhode Island |
| ☒ Alaska | ☒ Indiana | ☒ Nebraska | ☒ South Carolina |
| ☒ Arizona | ☒ Iowa | ☒ Nevada | ☒ South Dakota |
| ☒ Arkansas | ☒ Kansas | ☒ New Hampshire | ☒ Tennessee |
| ☒ California | ☒ Kentucky | ☒ New Jersey | ☒ Texas |
| ☒ Colorado | ☐ Louisiana | ☒ New Mexico | ☒ Utah |
| ☒ Connecticut | ☒ Maine | ☐ New York | ☒ Vermont |
| ☒ Delaware | ☒ Maryland | ☒ North Carolina | ☒ Virginia |
| ☒ District of Columbia | ☒ Massachusetts | ☒ North Dakota | ☒ Washington |
| ☒ Florida | ☒ Michigan | ☒ Ohio | ☒ West Virginia |
| ☒ Georgia | ☒ Minnesota | ☒ Oklahoma | ☒ Wisconsin |
| ☒ Hawaii | ☒ Mississippi | ☒ Oregon | ☐ Wyoming |
| ☒ Idaho | ☒ Missouri | ☒ Pennsylvania | |

☒ The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply):

- ☒ Are IV-E eligible
- ☐ Are in the state only for the purpose of attending school
- ☐ Are out of the state only for the purpose of attending school
- ☐ Retain addresses in both states
- ☐ Other type of individual

The state has a policy related to individuals in the state only to attend school.

☒ Yes ☐ No

Provide a description of the policy:

Individuals in the state for educational purposes will be considered to reside in the state and therefore meet the residency requirement.

☒ Otherwise meet the criteria of resident, but who may be temporarily absent from the state.



Medicaid Eligibility

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

☒ Yes ☐ No

Provide a description of the definition:

Recipients do not lose their residence status because of temporary absences from the state including for educational purposes when the recipient has the intent to return to Louisiana.

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.

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State: Louisiana Page Number: S88 4 of 4