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**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: LA 13-54 MM6**

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- 2) CMS 179 Form
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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**

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March 6, 2014

Our Reference: SPA LA 13-0054-MM6

Ms. Ruth Kennedy, State Medicaid Director  
Department of Health and Hospitals  
Bienville Building  
628 North 4<sup>th</sup> 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 13-0054-MM6. This MAGI state plan submitted in the Medicaid Model Data Lab (MMDL) affirms citizenship regulations, specifies reasonable opportunity options, and specifies policy options related to immigrant eligibility in accordance with the Patient Protection and Affordable Care Act (PPACA).

Transmittal Number 13-0054-MM6 is approved with an effective date of December 31, 2013 as requested. A copy from the MMDL of the HCFA-179, Transmittal No. 13-0054-MM6 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](mailto:ford.blunt@cms.hhs.gov) or by phone at (214) 767-6381.

Sincerely,

A black rectangular box redacting 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-13-0054

Proposed Effective Date

12/31/2013

(mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(a)(46)(B), 8 U.S.C. 1611-1613 and 1641, 1903(v)(2), (3) and (4), 42 CFR 435.4, 42 CFR 435.406, 42 CFR 435.956

Federal Budget Impact

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

Subject of Amendment

This SPA affirms the State's citizenship regulations, specifies reasonable opportunity options, and specifies policy options related to immigrant eligibility.

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:

Jan 31, 2014

Submit Date:

Dec 27, 2013

Date Received: 27 December, 2013

Date Approved: 6 March, 2014

Date Effective: 31 December, 2013

Transmittal Number: LA 13-54 MM6

Printed Name and Title:

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



## Medicaid Eligibility

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

Non-Financial Eligibility Citizenship and Non-Citizen Eligibility	State: Louisiana Date Received: 27 December, 2013 Date Approved: 6 March, 2014 Date Effective: 31 December, 2013 Transmittal Number: LA 13-54	S89
<p>1902(a)(46)(B) 8 U.S.C. 1611, 1612, 1613, and 1641 1903(v)(2),(3) and (4) 42 CFR 435.4 42 CFR 435.406 42 CFR 435.956</p> <p><b>Citizenship and Non-Citizen Eligibility</b></p> <p>The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.</p> <p><input checked="" type="checkbox"/> The state provides Medicaid eligibility to otherwise eligible individuals:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Who are citizens or nationals of the United States; and</li><li><input type="checkbox"/> Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and</li><li><input type="checkbox"/> Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(cc) of the SSA and 42 CFR 435.406, and 956.</li></ul> <p>The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.</p> <p>The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>The date benefits are furnished is:</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> The date of application containing the declaration of citizenship or immigration status.</li><li><input type="radio"/> The date the reasonable opportunity notice is sent.</li><li><input type="radio"/> Other date, as described:</li></ul>		

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Effective Date: 12/31/13

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State: Louisiana

Date Received: 27 December, 2013

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Date Effective: 31 December, 2013

Transmittal Number: LA 13-54



## Medicaid Eligibility

The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).

☒ Yes ☐ No

The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

☐ Yes ☒ No

☒ An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

☒ An individual is considered to be lawfully present in the United States if he or she:

1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));
3. Is a non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
4. Is a non-citizen who belongs to one of the following classes:
  - ☒ Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;
  - ☒ Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
  - ☒ Granted employment authorization under 8 CFR 274a.12(c);
  - ☒ Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
  - ☒ Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
  - ☒ Granted Deferred Action status;
  - ☒ Granted an administrative stay of removal under 8 CFR 241;
  - ☒ Beneficiary of approved visa petition who has a pending application for adjustment of status;
5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C. 1231, or under the Convention Against Torture who -
  - ☒ Has been granted employment authorization; or
  - ☒ Is under the age of 14 and has had an application pending for at least 180 days;
6. Has been granted withholding of removal under the Convention Against Torture;
7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);
8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));

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## Medicaid Eligibility

10. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.

☐ Other

The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following

☒ individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:

☐ Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;

☐ Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).

### 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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