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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 16-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page(s)

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

July 6, 2016

Our Reference: SPA LA 16-0010
CORRECTED LETTER

Ms. Jen Steele, Interim State Medicaid Director
Department of Health and Hospitals
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attention: Darlene Budgewater

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 16-0010 dated April 21, 2016. This state plan amendment amends the provisions governing Medicaid eligibility in order to return to a determination state and accept Medicaid eligibility determinations made by the Federally Facilitated Marketplace.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of July 1, 2016. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at Cheryl.Rupley@cms.hhs.gov.

Sincerely,



for

Bill Brooks
Associate Regional Administrator

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.

16-0010

Proposed Effective Date

07/01/2016

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 431.10; 431.11; 431.12; 431.50

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$ 0.00
Second Year	2017	\$ 0.00

Subject of Amendment

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.

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 does not review State Plan material.

Signature of State Agency Official

Submitted By:

Karen Barnes

Last Revision Date:

Apr 21, 2016

Submit Date:

Apr 21, 2016

Date Received: 21 April, 2016

Date Approved: 28 June, 2016

Date Effective: 1 July, 2016

Signature of Approving Official



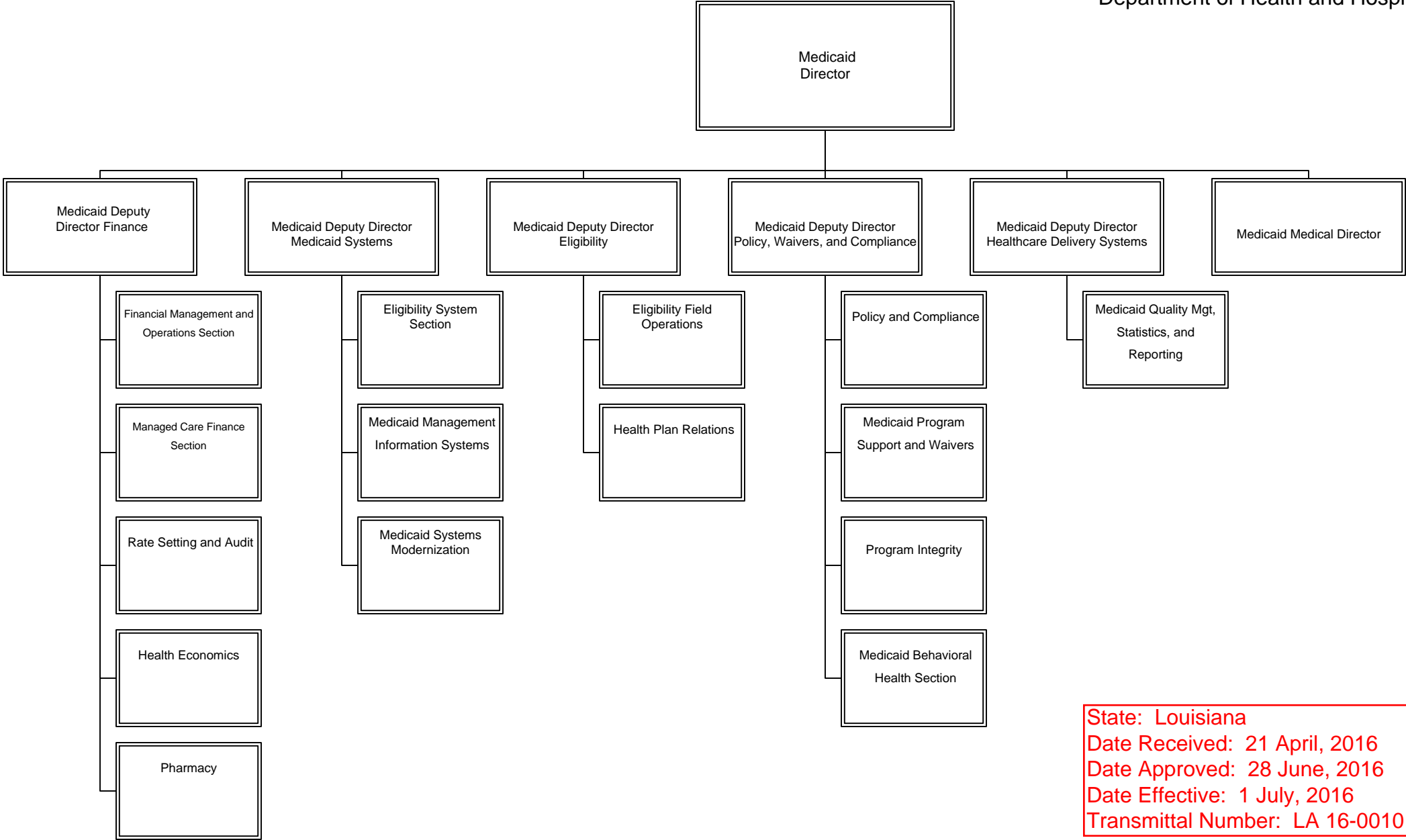
for

Printed Name and Title:

Bill Brooks, Associated Regional Administrator
Division of Medicaid and Children's Health

Bureau of Health Services Financing

Department of Health and Hospitals



State: Louisiana
Date Received: 21 April, 2016
Date Approved: 28 June, 2016
Date Effective: 1 July, 2016
Transmittal Number: LA 16-0010



Medicaid Administration

State Name:

OMB Control Number: 0938-1148

Transmittal Number: LA - 16 - 0010

Expiration date: 10/31/2014

State Plan Administration Designation and Authority

A1

42 CFR 431.10

State: Louisiana

Date Received: 4-21-16

Date Approved: 6-28-16

Date Effective: 7-1-16

TN: LA 16-0010

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- ☐ Title IV-A Agency
- ☒ Health
- ☐ Human Resources
- ☐ Other

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

☐ Yes ☒ No

☒ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

☐ Yes ☒ No

☒ Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.



Medicaid Administration

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Supersedes TN: 15-0016

The waivers are still in effect.

☒ Yes ☐ No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY): 06/18/14

The type of responsibility delegated is (check all that apply):

- ☐ Determining eligibility
- ☒ Conducting fair hearings
- ☐ Other

State: Louisiana

Date Received: 4-21-16

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Name of state agency to which responsibility is delegated:

Division of Administrative Law (DAL)

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

LDH delegates its authority to conduct fair hearings to the DAL. The parties acknowledge that the authority is to conduct the entire Medicaid fair hearing function and issue a recommended decision regarding all applicant, beneficiary, and provider appeal cases as defined in a written Memorandum of Understanding.

In the MOU, the DAL also agrees to comply with any and all federal / state notice and hearing requirements contained in the Code of Federal Regulations 42 CFR Section 431, subpart E, the Louisiana Revised Statutes (and the rules properly promulgated there under) and the Louisiana Medicaid State Plan and subsequent amendments.

LDH retains the right to review all DAL Medicaid recipient appeals. The State's review will be limited to the proper application of Federal and State Medicaid law and regulations; any changes to any such DAL recipient appeal decision will be made only pursuant to a conclusion of law regarding the proper application of Federal and State Medicaid law and regulations.

DAL acknowledges and agrees that it will act as a neutral and impartial decision-maker on behalf of the Medicaid agency in recommending decisions for all Medicaid cases that will comply with all applicable federal and state laws, rules, regulations, policies, and guidance governing the Medicaid program.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

LDH retains oversight of the State Plan and has established a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by DAL.

LDH ensures that every applicant and enrollee is informed, in writing, of the fair hearing process and how to contact either agency to obtain information about fair hearings and that DAL will comply with all applicable federal and state laws, rules, regulations, policies, and guidance governing the Medicaid program.

Add

☐ The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.



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The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- ☒ The Medicaid agency
- ☒ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☒ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- ☒ The Medicaid agency
- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☒ The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- ☒ Medicaid agency
- ☐ Title IV-A agency
- ☐ An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- ☒ Medicaid agency
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☒ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Name of entity:

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

☒ Yes ☐ No

State Plan Administration Organization and Administration

State: Louisiana
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A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Louisiana Department of Health (LDH) is the single State agency designated to administer the Medicaid Program under title XIX of the Social Security Act. The Bureau of Health Services Financing (BHSF) is the agency within LDH that is responsible for administering the State's Medicaid program and is responsible for determining the following: 1) eligibility policy and criteria,



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service coverage, and payment policies for the Medicaid and CHIP programs; 2) ensuring the State's health care programs maximize federal funding to finance health care services for the indigent; 3) developing effective methods for managing the utilization of health care services and the cost of care in the State's programs; and 4) analyzing existing health care financing policies to ensure that they promote efficient, effective, and economical provisions of care.

BHSF is headed by the State Medicaid Director, who with an executive management team of five (5) Deputy Directors and a Medical Director, provide management, policy direction, strategic and financial planning for the agency as well as disseminating work assignments and coordinating operations for attainment of agency goals and objectives. The five Deputy Directors are as follows:

1) Medicaid Deputy Director of Finance - Financial Management/Operations; Managed Care Finance; Rate Setting and Audits; Health Economics; Pharmacy:

Responsible for the oversight and management of the financial aspects of the Medical Vendor Administration (the budgetary operations for BHSF) including the Medical Vendor Payments and Administration budgets; Managed Care Finance; contracts; Rate Setting and Audits; Health Economics and Pharmacy sections.

2) Medicaid Deputy Director of Medicaid Systems - Eligibility Systems Section; MMIS; Medicaid Systems Modernization:

Responsible for system administration pertaining to payment of claims, Medicaid eligibility data, and administration of Third Party Liability programs and systems. Responsibilities include management of the Fiscal Intermediary contract, Eligibility Systems maintenance and support contract, Third Party Liability and other administrative contracts; Medicaid Systems Modernization section.

3) Medicaid Deputy Director of Eligibility- Eligibility Field Operations; Health Plan Relations:

Responsible for the initial determination and redetermination of eligibility for all Medicaid and CHIP populations, except those determined by the single state IV-A agency and the Federal agency administering the SSI program, at office locations throughout the State; administers the Medicaid Eligibility Quality Control program; and handles Eligibility Field Operations which is divided into eight regional divisions specializing in certain eligibility functions such as initial eligibility determination of MAGI, Non-MAGI, or Long-term care groups and redetermination of eligibility. These regional divisions are state employees within LDH. Health plan relations coordinates provider and member support and maintains a customer support call center.

4) Medicaid Deputy Director of Policy, Waivers & Compliance- Policy and Compliance; Program Supports and Waivers; Behavioral Health; Program Integrity:

Responsible for maintaining the Medicaid State Plan and Administrative Rules governing eligibility, scope of benefits, and reimbursement policies; developing policy for, and managing, services and programs administered and/or monitored by LDH; as well as ensuring coordination and consistency among health care reimbursement policies developed by the various administrative sections within LDH; and ensuring compliance with state and federal regulations. Responsibilities also include oversight and management of all aspects of the Medicaid supports and waiver programs, Behavioral Health section and Program Integrity section.

5) Medicaid Deputy Director of Healthcare Delivery Systems- Medicaid Quality Management, Statistics and Reporting:

Responsible for ensuring the efficient, effective delivery of quality health care services to individuals served by programs administered by BHSF through informed benefit design; utilization management; continuous program evaluation, quality measurement and improvement practices. These responsibilities encompass preventive, acute, and chronic/long-term care services delivered through both the managed care and fee-for-service delivery systems.

The LDH Administrative Review Unit (ARU) is the section within LDH responsible for reviewing legal conclusions for appeal decisions made by the DAL. Additionally, the head of the ARU is the liaison with the DAL. LDH actively works with the DAL to ensure all aspects of the Medicaid fair hearing process comply fully with all federal and state regulations and policy. The relationship between LDH and the DAL is very professional and cooperative, with common goals of protection of the individual's fair hearing rights and full compliance with the 90 day federal time limit for issuance of a final decision.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.



Medicaid Administration

LA 16-0010

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Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The state's executive branch consist of the governor and nine other state elected officers. Under the governor there are 14 departments/divisions which carry out day-to-day operations of state government and/or provide services to Louisiana citizens. These make up the governor's Cabinet. The Cabinet leaders are appointed by (with the approval of the legislature), and report directly to, the governor.

LDH, the single state Medicaid agency, provides health and medical services for uninsured and medically indigent persons. The Division of Administration, which includes the Division of Administrative Law (DAL), is responsible for conducting Medicaid fair hearings and is the central management and administrative support agency for the State. The Department of Children and Family Services (DCFS), which is the state's Title IV-A agency, administers social services programs such as the food stamp program, child welfare, and other public assistance programs. All of these entities are in the governor's Cabinet.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- ☒ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Department of Children and Family Services is the single state agency under Title IV-A. Within DCFS, the Child Welfare Division makes Medicaid eligibility determinations for children who receive adoption assistance and foster care payments.

The Child Welfare Division determines adoption assistance and foster care payments for children under Title IV-E of the Social Security Act and for whom Medicaid must be provided under 42 CFR 435.145, Children with Non-IV-E Adoption Assistance group under 42 CFR 435.227, and Reasonable Classification of Individuals under Age 21 placed in foster care homes by public agencies under 42 CFR 435.222.

Remove

Type of entity that determines eligibility:

- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☒ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Federally-Facilitated Marketplace (FFM) will be determining eligibility for Medicaid for groups of individuals whose income eligibility is determined based on MAGI income methodology and who apply through the FFM. The FFM will not be assigning an individual who is determined eligible for Medicaid whose income eligibility is determined using MAGI methodology to a specific eligibility group, determining cost-sharing (if applicable), or assigning a benefit package – functions that will be performed by the single state agency.



Medicaid Administration

Remove

Type of entity that determines eligibility:

- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☒ The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☒ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

HHS Appeals entity will conduct Medicaid fair hearings for individuals whose Medicaid eligibility has been determined and found ineligible for Medicaid by the Federally-facilitated Marketplace (FFM). These will be individuals whose income eligibility is determined based on MAGI income methodology and who applied for health coverage through the FFM.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

☐ Yes ☒ No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- ☐ Counties
- ☐ Parishes
- ☐ Other

Are all of the local subdivisions indicated above used to administer the state plan?

☐ Yes ☐ No

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State Plan Administration
Assurances

A3



Medicaid Administration

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42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

- ☒ The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- ☒ All requirements of 42 CFR 431.10 are met.
- ☒ There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- ☒ The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- ☒ There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- ☒ There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- ☒ When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- ☒ The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

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.

V.20141203