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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 18-0027

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LA - Submission Package - LA2018MS0008O - (LA-18-0027) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	LA2018MS0008O	Submission Type	Official
Program Name	N/A	State	LA
SPA ID	LA-18-0027	Region	Dallas, TX
Version Number	6	Package Status	Approved
Submitted By	MARJORIE JENKINS	Submission Date	12/13/2018
Package Disposition		Approval Date	1/8/2020 1:06 PM EST
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, TX 75202



Division of Medicaid and Children's Health Operations

January 08, 2020

Erin Campbell
Secretary
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA, LA 70821-9030

Re: Approval of State Plan Amendment LA-18-0027

Dear Erin Campbell:

On December 13, 2018, the Centers for Medicare and Medicaid Services (CMS) received Louisiana State Plan Amendment (SPA) LA-18-0027 to update the electronic Medicaid application that was developed as part of the state's new eligibility and enrollment system..

We approve Louisiana State Plan Amendment (SPA) LA-18-0027 on January 08, 2020 with an effective date(s) of November 13, 2018.

This SPA is acceptable. Therefore, we are approving a revised version of the application that was submitted with SPA 18-0027 with an effective date of March 13, 2019, and acknowledge Louisiana has implemented different versions of this application prior to SPA approval.

Accompanying the approval of SPA 18-0027 is the enclosed companion letter regarding the need for Louisiana to make modifications to its online alternative single streamlined application. Louisiana will provide dates for completion of outstanding changes within 60 days of approval of this SPA, and will implement the revised online application addressing CMS concerns by the dates listed in the companion letter.

Please note that CMS is reviewing the need for the state to collect the detailed marital status options listed on Louisiana's online application and may provide additional guidance to Louisiana about any required changes. Please also note that we have recently received guidance that the practice described on the state's application to have beneficiaries pay back money to the state for bills paid is not permissible. CMS will be issuing further guidance on this issue, and will provide additional guidance to Louisiana about required changes.

Name	Date Created	
Companion to LA 18-0027 Application SPA Approval_JS_TRG	1/6/2020 4:27 PM EST	

If you have any questions regarding this amendment, please contact Tobias Griffin at tobias.griffin@cms.hhs.gov.

Sincerely,



Director
Regional Operations Group
Division of Medicaid and
Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

Package Header

Package ID	LA2018MS00080	SPA ID	LA-18-0027
Submission Type	Official	Initial Submission Date	12/13/2018
Approval Date	1/8/2020	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Louisiana

Medicaid Agency Name: Louisiana Department of Health

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

Package Header

Package ID LA2018MS00080	SPA ID LA-18-0027
Submission Type Official	Initial Submission Date 12/13/2018
Approval Date 1/8/2020	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID LA-18-0027

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	11/13/2018	LA-13-0050

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

Package Header

Package ID LA2018MS00080	SPA ID LA-18-0027
Submission Type Official	Initial Submission Date 12/13/2018
Approval Date 1/8/2020	Effective Date N/A
Superseded SPA ID N/A	

Executive Summary

Summary Description Including Goals and Objectives The purpose of this SPA is to update the electronic Medicaid application that was developed as part of the State's new eligibility and enrollment system.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

42 CFR 435, Subpart J and Subpart M

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

Package Header

Package ID LA2018MS00080
Submission Type Official
Approval Date 1/8/2020
Superseded SPA ID N/A

SPA ID LA-18-0027
Initial Submission Date 12/13/2018
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The Governor does not review State Plan material.

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

Package Header

Package ID	LA2018MS00080	SPA ID	LA-18-0027
Submission Type	Official	Initial Submission Date	12/13/2018
Approval Date	1/8/2020	Effective Date	11/13/2018
Superseded SPA ID	LA-13-0050		
	User-Entered		

A. MAGI Paper Application

The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary
- 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

Package Header

Package ID	LA2018MS00080	SPA ID	LA-18-0027
Submission Type	Official	Initial Submission Date	12/13/2018
Approval Date	1/8/2020	Effective Date	11/13/2018
Superseded SPA ID	LA-13-0050		
	User-Entered		

B. MAGI Online Application






The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

Louisiana MAGI Online Application

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created	
18-0027 Slides 80-86	1/2/2020 12:13 PM EST	
18-0027 Slides 74-79	1/2/2020 12:13 PM EST	
18-0027 Slides 66-73	1/2/2020 12:13 PM EST	
18-0027 Slides 53-65	1/2/2020 12:13 PM EST	
18-0027 Slides 44-52	1/2/2020 12:13 PM EST	
		1 - 5 of 11

- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

Package Header


Package ID	LA2018MS00080	SPA ID	LA-18-0027
Submission Type	Official	Initial Submission Date	12/13/2018
Approval Date	1/8/2020	Effective Date	11/13/2018
Superseded SPA ID	LA-13-0050		
	User-Entered		

C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

The supplemental form(s) used to collect additional information has been uploaded.


Name	Date Created	
18-0027 Paper Application	1/2/2020 12:14 PM EST	

2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

Name

Medicare Savings Program (MSP) Application

The paper application(s) has been uploaded.

Document Name	Date Created	
MedicareSavingsProgram Application	12/11/2018 1:05 PM EST	

3. One or more applications used to apply for multiple human service programs

4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

Package Header



Package ID LA2018MS00080	SPA ID LA-18-0027
Submission Type Official	Initial Submission Date 12/13/2018
Approval Date 1/8/2020	Effective Date 11/13/2018
Superseded SPA ID LA-13-0050	
User-Entered	

D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

Screenshots or other documentation of the online form(s) used to the collect additional information have been uploaded


Name	Date Created	
SSP Application - Redacted - pgs 1-15	12/7/2018 4:04 PM EST	
SSP Application - Redacted - pgs 16-31	12/7/2018 4:06 PM EST	

2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

Name

Medicare Savings Program (MSP) Application

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created	
MedicareSavingsProgram Application	12/11/2018 1:04 PM EST	

3. One or more application used to apply for multiple human service programs

4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

Package Header

Package ID	LA2018MS00080	SPA ID	LA-18-0027
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Superseded SPA ID	LA-13-0050		
	User-Entered		

E. Additional Information (optional)

Louisiana is developing a paper application to mirror the electronic version. Applicants are able to apply for non-MAGI programs using the same electronic version as used for MAGI-basis; however, applicants must use the paper application for the specific non-MAGI programs such as the Medicare Savings Program (MSP).

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 0938-1188. 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.

This view was generated on 1/8/2020 5:31 PM EST

Companion Letter to Louisiana SPA 18-0027 – Alternative Online Single Streamlined Application

	Necessary changes to the online alternative single streamlined application	Date by which changes will be completed (state to fill in missing dates within 60 days of SPA approval):
1	The state will remove the question whether someone had moved to the state in the last 12 months.	
2	The question regarding AI/AN status, included for purposes of identifying individuals exempt from premiums or cost-sharing, will be revised to ask whether the applicant is: ‘eligible to receive or has ever received services.’	
3	The Louisiana online system currently requires immigration document type be selected when an eligible immigration status is indicated an applicant is able to proceed through the application. LA will make changes so that individuals who are not able to provide the immigration document type or number are able to proceed through the application, submit it to the state, and provide this information at a later time.	
4	The list of non-citizen statuses an applicant may choose from when attesting to being in an eligible immigration status is not comprehensive and does not allow for an attestation of all eligible statuses. Because of this, an applicant whose status is not in the dropdown list would have to choose between electing a status that is not accurate or not being able to proceed with the application. This is inconsistent with the requirement that applicants provide information under penalty of perjury, and contrary to the notice on providing accurate citizenship and non-citizen information (Power Point of application screen shots at Slide 81). LA will add to the list of non-citizen statuses the option to select “other,” so that if an individual has an immigration status not found on the list, an attestation of eligible immigration status can be made.	
5	<p>The state will make non-taxable income types dynamic to non-MAGI applicants.</p> <p>General- Please note that CMS recently issued State Health Official Letter 19-003 explaining changes to Modified Adjusted Gross Income (MAGI)-based Income Methodologies. The link to that SHO is here https://www.medicaid.gov/federal-policy-guidance/downloads/sho19003.pdf. The state may want to consider this guidance as it makes changes to its application.</p>	
6	The state will make resources questions non-mandatory until after the MAGI determination is made.	

7	The state will include language on the application requesting an applicant's consent to allow the state to use IRS data to verify income.	
8	The application provides notice (at Power Point slide 81) about the requirement to report changes within 10 days. In addition to changes that may affect MAGI eligibility, it requires beneficiaries report "changes in things you own." CMS recommends that the state clarify that the language about assets will only apply to individuals eligible on a non-MAGI basis (in plain language).	

Please submit the revised online application screenshots to CMS for review upon completion of each change identified above. We continue to be available to provide technical assistance. If you have any questions about your applications, please contact Tobias Griffin, tobias.griffin@cms.hhs.gov.