DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1301 Young Street, Room 833 Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

January 22, 2010

Our Reference: SPA-LA-09-49

Mr. Jerry Phillips, State Medicaid Director Department of Health and Hospitals Bienville Building 628 North 4th Street Post Office Box 91030 Baton Rouge, LA 70821-9030

Dear Mr. Phillips:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 09-49. This amendment allows the State to use findings from specified public agencies to evaluate a child's initial eligibility for enrollment or renewal for the Medicaid/LaCHIP program.

In the future, when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's tribal consultation process for that SPA. Pursuant to section 1902 (a) (73) of the Act added by section 5006 (e) of the Recovery and Reconstruction Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state.

Transmittal Number 09-49 is approved with an effective date of October 10, 2009 as requested. A copy of the HCFA-179, Transmittal No. 09-49 dated November 12, 2009 is enclosed along with the approved plan pages.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely

Bill Brooks
Associate Regional Administrator

Enclosures

EPARTMENT OF HEALTH AND HUMAN SERVICES EALTH CARE FINANCING ADMINISTRATION	·	FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	09-49	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	October 10, 2009	
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	SIDERED AS NEW PLAN 🛛 AN	MENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for eac	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	#4 200 CO
1902(e)(13) of the Act	a. FFY <u>2010</u> b. FFY <u>2011</u>	<u>\$1,388.69</u> \$1,147,24
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None (New Pages)	
Preprint Pages 11b-11d		
rreprint rages 110-110	None (New Tages)	
,		
10. SUBJECT OF AMENDMENT: The purpose of this amendrexpedite identification and enrollment of uninsured chil		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☑ OTHER, AS SPECIFIED: The Governor does not revie	w state plan material.
12. SIGNATURI	16. RETURN TO:	
	State of Louisiana	
13. TYPED NAME:	Department of Health and l	Hospitals
Alan Leviné	628 N. 4 th Street	•
14. TITLE: Secretary	PO Box 91030	
15. DATE SUBMITTED:	Baton Rouge, LA 70821-90)30
November 12, 2009	<u> </u>	
FOR REGIONAL OF		
17. DATE RECEIVED:	18. DATE APPROVED: 22 JANUAN	1,2010
PLAN APPROVED – ON		1) 00.0
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATU	IAL:
10 October 2009		T
21. TYPED NAME:	22. TITLE: Associate Be	gional Admini
Bill Brooks	22. TITLE: Associate Be Div of Medicais	0 = Children - 1
	JI OF MEALOTIC	1
23. REMARKS:		•

Marks, Marsha L. (CMS/SC)

From:

Marks, Marsha L. (CMS/SC)

Sent:

Wednesday, January 27, 2010 9:35 AM

To:

CMS CMSO_508_SPA

Cc:

Rupley, Cheryl A. (CMS/SC); 'Allyson Lamy'; Sampson, Tamara L. (CMS/CMCHO); Carter.

Demetria (CMS/SC)

Subject:

Final Approval Pkg for LA 09-49

Attachments:

SPA-LA-09-49.doc; Final Pkg for LA 09-49.pdf

See Attached:

State: Louisiana

Brief Description: The amendment establishes the Express Lane eligibility option to allow the state to use findings from specified public agencies to evaluate a child's initial eligibility for enrollment or renewal for Medicaid/CHIP program.

Approval Date: 1/22/2010

Effective Date: 10/10/09

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: Louisiana
	SECTION 2 – COVERAGE AND ELIGIBILITY
Citation(s)	
	2.1 <u>Application, Determination of Eligibility and Furnishing Medicaid</u> (Continued)
1902(e)(13) of the Act	X (e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before February 4, 2009 or after September 30, 2013.
	 (1) The Express Lane option is applied to: ☐ Initial determinations ☐ Redeterminations X Both
	(2) A child is defined as younger than age: X 19
	(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:
Office of Family S	Act of 2008 through an agreement with the Department of Social Services apport and National School Lunch Act through an agreement with the Department of
	STATE LOUISIANA
SUPE RSED.	DATE REC'D. 77-77-09 DATE APPV'D 1-22-2010 A DATE EFF 10-10-09 HCFA 179 09-49
TN No. <u>09</u> Supersedes TN No. TN No.	49 Approval Date 1-22-2010 Effective Date 10-10-09 DES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Sta	te:	Louisiana
S	ECTION	2 – COVERAGE AND ELIGIBILITY
Citation(s)		
2.1	Applicat (Continu	ion, Determination of Eligibility and Furnishing Medicaid ned)
(4)	determi differen disregar determi	owing component/components of Medicaid eligibility are ned under the Express Lane option. Also, specify any ces in budget unit, deeming, income exclusions, income ds, or other methodology between Medicaid eligibility nations for such children and the determination under the Lane option.
will not be used for expre Eligibility components de	ss lane eli termined	d care deductions and child care payments outside the home gibility determinations. from SNAP file: income, SSN, age, residence and identity. from School lunch file: income, age, residence and identity.
(5)		ff which option is used to satisfy the Screen and Enroll nent before a child may be enrolled under title XXI.
◀	□ (a)	Screening threshold established by the Medicaid agency as:
2010		☐ (i) percentage of the Federal poverty level which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points: specify ; or
COUISIA 10-10-10-10-10-10-10-10-10-10-10-10-10-1	□ (b)	(ii) percentage of the Federal poverty level (that reflects the value of any differences between income methodologies of Medicaid and the Express Lane); or Temporary enrollment pending screen and enroll.
STATE & DATE REC DATE APP DATE EFF HCFA 179	, ,	UPERSEDES: NONE - NEW PAGE
TN No. <u>09-49</u> Supersedes TN No. <u>SUPERSE</u>		oval Date 1-22-2010 Effective Date 10-10-09

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: Louisiana	WARE TO SERVICE THE SERVICE TH	
	SECTION 2 – COVERAG	GE AND ELIGIBILITY	
Citation(s)			
	2.1 <u>Application, Determination</u> (Continued)	ation of Eligibility and Furnishing Medicaid	
	\underline{X} (c) State's regula	r screen and enroll process for CHIP.	
	without a Medicaid	re elects the option for automatic enrollment application, based on data obtained from other child's or family's affirmative consent to the rollment.	
	Express Lane agency	e elects the option to rely on a finding from a y that includes gross income or adjusted gross ate income tax records or returns.	
SUPER	SEDEC MONTO	STATE LOUISIANA DATE REC'D 11-19-09 DATE APPVD 1-22-2010 DATE EFF 10-10-09 HCFA 179 09-49	A
008 1237	SEDES: NONE - NEW PAGE	College of College and College of	emblecon, MC°S
TN No. 09-4 Supersedes TN No.		22 - 2010 Effective Date 10-10-0	9

SUPERSEDES: NONE - NEW PAGE