

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:

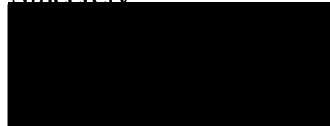
We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 09-49. This amendment allows the State to use findings from specified public agencies to evaluate a child's initial eligibility for enrollment or renewal for the Medicaid/LaCHIP program.

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

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 Application, Determination of Eligibility and Furnishing Medicaid
(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 20 21
- (3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

Food and Nutrition Act of 2008 through an agreement with the Department of Social Services Office of Family Support and Richard B. Russell National School Lunch Act through an agreement with the Department of Education.

SUPERSEDES: NONE - NEW PAGE

STATE <u>Louisiana</u>	A
DATE REC'D <u>11-19-09</u>	
DATE APPV'D <u>1-22-2010</u>	
DATE EFF <u>10-10-09</u>	
HCFA 179 <u>09-49</u>	

TN No. 09-49

Supersedes

Approval Date 1-22-2010

Effective Date 10-10-09

TN No. 09-49
SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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SECTION 2 - COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

The earned income disregards, child care deductions and child care payments outside the home will not be used for express lane eligibility determinations.
 Eligibility components determined from SNAP file: income, SSN, age, residence and identity.
 Eligibility components determined from School lunch file: income, age, residence and identity.

- (5) Check off which option is used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI.

A	
STATE <u>Louisiana</u>	
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- (a) Screening threshold established by the Medicaid agency as:
 - (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
 - (ii) ___ percentage of the Federal poverty level (that reflects the value of any differences between income methodologies of Medicaid and the Express Lane); or
- (b) Temporary enrollment pending screen and enroll.

SUPERSEDES: NONE - NEW PAGE

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2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

(c) State's regular screen and enroll process for CHIP.

(6) Check off if the State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollment.

(7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.

STATE <u>Louisiana</u>	A
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