

Medicaid State Plan Eligibility

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Medicaid State Plan Eligibility:LA.0679.R00.00

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TN 13-52

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Medicaid Administration

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

State Plan Administration Designation and Authority

A1

42 CFR 431.10

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

Type of Agency

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



Medicaid Administration

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

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

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration



Medicaid Administration

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

The Department of Health and Hospitals (DHH) is the single state agency designated by state law to administer the Title XIX (Medicaid) State Plan. Within DHH, the Office of Management and Finance and more specifically the Bureau of Health Services Financing (BHSF) agency is responsible for the operation and management of the Louisiana Medical Assistance Program, which is known as the Medicaid Program, to provide necessary health services to the citizens of Louisiana. The organizational structure of the BHSF consists of a Director and several Deputy Directors overseeing different sections that perform particular functions associated with the following areas: managed care, eligibility operations, policy and compliance, financial management and operations, and fiscal intermediary and systems management. Medicaid eligibility determinations for all coverage groups are made by state level staff housed in a small number of parish and regional offices. Recommended decisions made by the Division of Administrative Law for fair hearing regarding all applicant, enrollee and provider appeal cases are reviewed by the Administrative Review Unit located within the Office of Management and Finance who has final authority to reject, modify, or approve the decision on behalf of DHH.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

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 offices. 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. DHH, the single state Medicaid agency, the Division of Administration, which includes the Division of Administrative Law (DAL), and the Department of Family and Children Services, which is the state's Title IV-A agency and houses the adoption assistance and foster care programs are all 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 (DCFS) is the single state agency under Title IV-A. Within DCFS, the Economic Stability section and the Child Welfare Division make eligibility determinations for Medicaid. Economic Stability administers the Title IV-A program and determines eligibility for the Temporary Assistance for Needy Families (TANF) Block Grant. Recipients of TANF are deemed to meet the Medicaid criteria of individuals covered under 1931(b) of the Social Security Act so long as TANF requirements are more restrictive than eligibility under the Medicaid State Plan.

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.

Remove

Type of entity that determines eligibility:



Medicaid Administration

- ☐ 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.

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.

OMEA 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.

OMEA will receive, populate and route the appeals case file; verify evidence; obtain missing or additional information; determine validity; render informal resolution decisions; schedule appeals hearings; and issue the hearing officer's appeal decision. A hearing officer will conduct and review the appeal de novo, and renders a decision based on the evidence from the hearing and the case file. The hearing officer must be someone who has no prior knowledge of the appeal before him or her.

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?



Medicaid Administration

☐ Yes ☐ No

State Plan Administration Assurances

A3

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.20130917

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT ATTACHMENT 1.1-A
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Bureau of Legal Services Certification

I certify that the:

Department of Health and Hospitals, Office of the Secretary is
the single state agency responsible for :

☒ administering the plan.

The legal authority under which the agency administers the plan on a
statewide basis is:

LA. R. S. 36:254D
(statutory citation)

☐ supervising the administration of the plan by local political
subdivisions.

The legal authority under which the agency supervises administration
of the plan on a Statewide basis is contained in:

(statutory citation)

The agency's legal authority to make rules and regulations that are
binding on the political subdivisions administering the plan is:

(statutory citation)

3-14-90
DATE

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>3-19-90</u>	
DATE APP'V'D	<u>5-15-92</u>	
DATE EFF	<u>1-1-90</u>	
HCFA 179	<u>90-07</u>	

Charles F. Costello

Signature

General Counsel, Bureau of Legal
Services, Department of Health of
Hospitals

Title

TN 90-07 Supersedes TN 89-37 Approval Date 5/15/92 Effective Date 1/1/90

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-13-0052

Proposed Effective Date
 12/31/2013 (mm/dd/yyyy)

Federal Statute/Regulation Citation
 42 CFR 431.10

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

Subject of Amendment
 This SPA establishes the designated single state agency responsible for the administration of the Medicaid program in Louisiana.

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: Dec 27, 2013
 Submit Date: Dec 27, 2013