

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

March 26, 2014

Our Reference: SPA LA 13-0052-MM4

Ms. Ruth Kennedy, State Medicaid Director
Department of Health and Hospitals
628 North 4th St.
P.O. Box 91030
Baton Rouge, LA 70821-9030

Attention: Darlene York
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed your request to amend the Louisiana State Plan submitted under Transmittal No. 13-0052-MM4, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 27, 2013. This Modified Adjusted Gross Income (MAGI) SPA amendment converts the Single State Agency section of state plan to the Medicaid Model Data Lab (MMDL) format. This SPA also updates the Single State Agency's delegation and processes for appeals and eligibility determinations.

We conducted our review of your submittal according to the applicable federal regulations and guidelines. Before we can continue processing this amendment, we need additional or clarifying information. Since the plan is the basis for Federal financial participation, it is important that the plan's language be clear and unambiguous. Therefore, we have the following questions/concerns regarding TN 13-0052-MM4.

A1

ICA Waiver Section

1. In the box requesting a description of the "organizational structure/nature and extent of responsibility being delegated":
 - a. Please inform us if there is a written agreement in place between the Division of Administrative Law (DAL) and the Department of Health and Hospitals (DHH). If yes, please inform if the written agreement describes the responsibilities between the two parties required in federal regulations at 431, subpart E. If there is no written agreement in place, please describe any other written documentation in state

statute, regulations, or policies that describe the roles and responsibilities of each agency with respect to adjudicating Medicaid fair hearings.

- b. Please describe the extent of DHH's review of DAL's decisions. Can the Department overturn findings of fact or only overturn legal conclusions limited to the proper application of federal or state Medicaid law or policy? If the Department also overturns findings of fact, please describe and or provide some scenarios where the state might decide to do so.
 - c. Finally, please clarify if the appellant has an opportunity to request a review (even if not *de novo*) from DHH, can he/she express disagreement with the decision and/or present evidence about why he or she might disagree with the decision?
 - d. Please clarify if DAL makes decisions for all applicant and beneficiary fair hearings. We note that the state only refers to applicants and enrollees; enrollees usually imply individuals enrolled in managed care plans. We seek to clarify if the state is also using DAL to hear fair hearings of any fee-for-service beneficiary issues. If yes, please clarify by including the term "beneficiary" in this box to explain the organizational arrangement/nature and extent of authority being delegated.
2. Establishing a review process. Please clarify if the state will use the process outlined above to also review OMEA appeals decisions.

A2

Medicaid Agency Description

1. Please list the division responsible for reviewing DAL's fair hearing decisions and describe the division's role in that review.
2. Eligibility Field Operations. In the description of your Eligibility Field Operations, please include additional detail on the relationship between the regional divisions and DHH, e.g., are the regional divisions apart of DHH, are regional staff employees of DHH.

Entities that conduct eligibility determinations

1. Please clarify for which populations the Title IV-A agency makes eligibility determinations.

Entities that conduct fair hearings

1. OMEA. We do not need this level of detail about OMEA. Please delete the second paragraph of the OMEA description.

Attachments

Statement related to the OMEA Memorandum of Agreement (MOA)

When you respond to this request for additional information and resubmit the SPA into the Medicaid Model Data Lab (MMDL), please submit the statement related to the OMEA MOA that CMS sent the state on 3/19/14.

Superseding pages document

Additionally, when you resubmit the SPA into MMDL, please review for accuracy, and submit the superseding pages document that CMS sent the state on 3/19/14.

We are requesting this additional/clarifying information under provisions of Section 1915(f) of the Social Security Act. This has the effect of stopping the 90-day time frame for CMS to take action on the material. A new 90-day time frame will not begin until we receive your response to this request.

We ask that you formally respond to this RAI via the Dallas Regional Office SPA/Waiver e-mail address at [SPA Waivers Dallas R05@cms.hhs.gov](mailto:SPA_Waivers_Dallas_R05@cms.hhs.gov). The original signed response should also be sent to the Dallas Regional Office. Please note that resubmitting the SPA solely through MMDL will not be considered a formal response to this RAI.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, if we have not received the State's formal response to our request for additional information within 90 days from the date of this letter, we will initiate disapproval action on the amendment.

If you have any questions regarding this letter, please contact Ford Blunt at 214-767-6381 by phone or by email at ford.blunt@cms.hhs.gov.

Sincerely,

Bill Brooks
Associate Regional Administrator