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 6, 2014

Our Reference: SPA LA 13-0054-MM6

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

Attn: Darlene Adams Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 13-0054-MM6. This MAGI state plan submitted in the Medicaid Model Data Lab (MMDL) affirms citizenship regulations, specifies reasonable opportunity options, and specifies policy options related to immigrant eligibility in accordance with the Patient Protection and Affordable Care Act (PPACA).

Transmittal Number 13-0054-MM6 is approved with an effective date of December 31, 2013 as requested. A copy from the MMDL of the HCFA-179, Transmittal No. 13-0054-MM6 dated December 27, 2013 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at <u>ford.blunt@cms.hhs.gov</u> or by phone at (214) 767-6381.

Sincerely,

Bill Brooks

Associate Regional Administrator

Bill Broke

Enclosures

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-13-0054 **Proposed Effective Date** 12/31/2013 (mm/dd/yyyy) Federal Statute/Regulation Citation 1902(a)(46)(B), 8 U.S.C. 1611-1613 and 1641, 1903(v)(2), (3) and (4), 42 CFR 435.4, 42 CFR 435.406, 42 CFR 435.956 Federal Budget Impact Federal Fiscal Year Amount First Year \$ 0.00 2014 \$ 0.00 Second Year 2015 Subject of Amendment This SPA affirms the State's citizenship regulations, specifies reasonable opportunity options, and specifies policy options related to immigrant eligibility. Governor's Office Review O Governor's office reported no comment O Comments of Governor's office received

Describe:

O 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:

Jan 31, 2014 Submit Date: Dec 27, 2013 Date Received: 27 December, 2013

Date Approved: 6 March, 2014

Date Effective: 31 December, 2013 Transmittal Number: LA 13-54 MM6

Printed Name and Title:

Bill Brooks, Associate Regional Administrator Division of Medicaid & Children's Health



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

	OMB Expiration date:	10/31/201
Non-Financial Eligibility		S89
Clitzenship and Non-Citizen Eligibility	State: Louisiana	
1902(a)(46)(B)		
8 U.S.C. 1611, 1612, 1613, and 1641	Date Received: 27 December, 2013	
1903(v)(2),(3) and (4) 42 CFR 435.4	Date Approved: 6 March, 2014	
42 CFR 435.406	Date Effective: 31 December, 2013	
42 CFR 435.956	Transmittal Number: LA 13-54	
Citizenship and Non-Citizen Eligibility		N
	tionals of the United States and certain non-citizens consistent with requirem	ents of 42
CFR 435.406, including during a reasonable of satisfactory immigration status.	pportunity period pending verification of their citizenship, national status or	
The state provides Medicaid eligibility to	otherwise eligible individuals:	
■ Who are citizens or nationals of the U	nited States; and	
Who are qualified non-citizens as defi	ned in section 431 of the Personal Responsibility and Work Opportunity	
Reconciliation Act (PRWORA) (8 U.S.	S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (ation 403 of PRWORA (8 U.S.C. §1613); and	(8 U.S.C.
Who have declared themselves to be of	citizens or nationals of the United States, or an individual having satisfactory	
	le opportunity period pending verification of their citizenship, nationality or	
satisfactory immigration status consist and 956.	tent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR	435.406.
The reasonable opportunity period be received by the individual.	gins on and extends 90 days from the date the notice of reasonable opportuni	ity is
1	of the reasonable opportunity period if the individual is making a good faith any necessary documentation, or the agency needs more time to complete the	
C Yes @ No		
The agency begins to furnish benefits earlier than the date the notice is rece	s to otherwise eligible individuals during the reasonable opportunity period or ived by the individual.	n a date
€ Yes C No		
The date benefits are furnished is	s:	
The date of application of	containing the declaration of citizenship or immigration status.	
The date the reasonable of	opportunity notice is sent.	
Other date, as described:		

State: Louisiana

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Medicaid Eligibility

The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).
€ Yes C No
The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.
C Yes 6 No
An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.
An individual is considered to be lawfully present in the United States if he or she:
1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (defined in 8 U.S.C. 1101(a)(17));
3. Is a non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
4. Is a non-citizen who belongs to one of the following classes:
Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;
Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization:
■ Granted employment authorization under 8 CFR 274a.12(c):
Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended:
Under Deferred Enforced Departure (DED) in accordance with a decision made by the President:
■ Granted Deferred Action status;
■ Granted an administrative stay of removal under 8 CFR 241:
Beneficiary of approved visa petition who has a pending application for adjustment of status:
5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231, or under the Convention Against Torture who -
Has been granted employment authorization; or
Is under the age of 14 and has had an application pending for at least 180 days:
6. Has been granted withholding of removal under the Convention Against Torture:
7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);
8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
 Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));



Medicaid Eligibility

	10. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.
	☐ Other
V	The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:
	Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;
	Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).

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.

State: Louisiana

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