

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 13, 2014

Our Reference: SPA LA 13-0055-MM7

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 13-0055-MM7. This MAGI state plan submitted in the Medicaid Model Data Lab (MMDL) specifies options for presumptive eligibility conducted by hospitals according to the Patient Protection and Affordable Care Act (PPACA) and 42 Code of Federal Regulations (CFR) 435.1110.

Transmittal Number 13-0055-MM7 is approved with an effective date of January 1, 2014 as requested. A copy from the MMDL of the HCFA-179, Transmittal No. 13-0055-MM7 dated December 27, 2013 is enclosed along with the approved plan pages in MMDL format.

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

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks
Associate Regional Administrator

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-13-0055

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.1110

Federal Budget Impact

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

Subject of Amendment

This SPA adopts provisions to allow the State to provide Medicaid coverage for individuals who have been determined by qualified hospitals to meet presumptive eligibility criteria.

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 SPAs.

Signature of State Agency Official

Submitted By:

Darlene Adams

Last Revision Date:

Mar 18, 2014

Submit Date:

Dec 27, 2013

State: Louisiana

Date Received: 12-27-13

Date Approved: 3-13-14

Date Effective: 1-1-14

Transmittal Number: 13-55-MM7

Printed Name: BILL BROOKS



Title: Associate Regional Administrator; Div of Medicaid & Children's Health



Medicaid Eligibility

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

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

Yes No

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A qualified hospital is a hospital that:

Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

Pregnant Women

Infants and Children under Age 19

Parents and Other Caretaker Relatives

Adult Group, if covered by the state

Individuals above 133% FPL, under Age 65, if covered by the state

Individuals Eligible for Family Planning Services, if covered by the state

Former Foster Care Children

Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

Other Family/Adult groups:

Eligibility groups for individuals age 65 and over

Eligibility groups for individuals who are blind

Eligibility groups for individuals with disabilities

Other Medicaid state plan eligibility groups

Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.

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Medicaid Eligibility

Yes No

Select one or both:

- The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards: 70% of those individuals determined presumptively eligible also submit a regular application

- The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards: 85% of those who filed an application before the end of the presumptive period are determined eligible for Medicaid

- The presumptive period begins on the date the determination is made.

- The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- Periods of presumptive eligibility are limited as follows:

No more than one period within a calendar year.

No more than one period within two calendar years.

No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

Yes No

- The presumptive eligibility determination is based on the following factors:

The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

State residency

Citizenship, status as a national, or satisfactory immigration status

- The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

TN: 13-55-MM7 Approved: 3/13/14
Supersedes: None Page 2 of 3

Effective: 1/1/14

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Medicaid Eligibility

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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Medicaid Eligibility

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

Presumptive Eligibility by Hospitals	S21
42 CFR 435.1110	
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<input checked="" type="radio"/> Yes <input type="radio"/> No	
<input checked="" type="checkbox"/> The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:	
<input checked="" type="checkbox"/> A qualified hospital is a hospital that:	
<input checked="" type="checkbox"/> Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.	
<input checked="" type="checkbox"/> Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.	
Assists individuals in completing and submitting the full application and understanding any documentation requirements.	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
<input checked="" type="checkbox"/> The eligibility groups or populations for which hospitals determine eligibility presumptively are:	
<input checked="" type="checkbox"/> Pregnant Women	State: Louisiana Date Received: 12-27-13 Date Approved: 3-13-14 Date Effective: 1-1-14 Transmittal Number: 13-55-MM7
<input checked="" type="checkbox"/> Infants and Children under Age 19	
<input checked="" type="checkbox"/> Parents and Other Caretaker Relatives	
<input checked="" type="checkbox"/> Adult Group, if covered by the state	
<input checked="" type="checkbox"/> Individuals above 133% FPL under Age 65, if covered by the state	
<input checked="" type="checkbox"/> Individuals Eligible for Family Planning Services, if covered by the state	
<input checked="" type="checkbox"/> Former Foster Care Children	
<input checked="" type="checkbox"/> Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state	
<input type="checkbox"/> Other Family/Adult groups:	
<input type="checkbox"/> Eligibility groups for individuals age 65 and over	
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