DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



#### Children and Adults Health Programs Group

### JUL 0 7 2016

Ms. Jen Steele, Medicaid Director Department of Health and Hospitals Bienville Building 628 North 4th Street P. O. Box 91030 Baton Rouge, LA 70821-9030

Dear Ms. Steele:

I am pleased to inform you that your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), LA-16-0002, submitted on April 21, 2016, has been approved. The SPA has an effective date of July 1, 2016.

The SPA LA-16-0002 is approved to amend the provisions governing the Federally Facilitated Marketplace (FFM) eligibility determinations. Through this SPA, Louisiana will accept CHIP eligibility determinations made by the FFM. A copy of the approved CS24 state plan page is attached to be incorporated into the current CHIP state plan.

Your title XXI project officer is Ms. Kathleen Connors de Laguna. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Connors de Laguna's contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid and CHIP Services 7500 Security Boulevard Mail Stop S2-01-16 Baltimore, MD 21244-1850 Telephone: (410) 786-2256

Fax: (410) 786-5882

E-mail: Kathleen.Connorsdelaguna@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Connors de Laguna and Mr. Bill Brooks, Associate Regional Administrator (ARA) in our Dallas Regional Office. Mr. Brooks' address is:

### Page 2 - Ms. Jen Steele

Division of Medicaid and Children's Health Operations Centers for Medicare & Medicaid Services 1301 Young Street, Rm. 714 Dallas, TX 75202

If you have additional questions please contact Mr. Manning Pellanda, Director, Division of State Coverage Programs at (410) 786-5143.

Singerely

Anne Marie Costello

Director

Enclosure

cc:

Bill Brooks, Associate Regional Administrator, Region VI, Dallas

### Children's Health Insurance Program Eligibility: Summary Page

State/Territory name:	Louisiana			
	(TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission yea eading zeros. The dashes must also be entered.			
16-0002				
Type of SPA: MAGI Eligibility & Me	hods			
XXI Medicaid Expansion Establish 2101(f) Group				
Non-Financial Eligibilit	<i>'</i>			
Proposed Effective Date				
07/01/2016 (mm/	dd/yyyy)			
Federal Statute/Regulation Citation				
2102(b)(3) & 2107(e)(1)(O) of	ne SSA and 42 CFR 457, subpart C			
-				
Federal Budget Impact This SPA has a budget impact				
Total budget impact:				
State Funds:	<b>s</b>			
Federal Funds:	s .			
Subject of Amendment Please provide a brief summar The SPA proposes to amend the Medicaid eligibility determination	y of SPA changes.  provisions governing Medicaid eligibility in order to return to a determination state and accept  ns made by the Federally Facilitated Marketplace.			
Signature of State Agency Official				
Submitted By:	Roberta Diaz			
Last Revision Date:	Jun 20, 2016			
Submit Date:	Apr 21, 2016			



SPA# LA-15-0002

# **CHIP Eligibility**

State Name: Louisiana		OMB Control Number: 0938-114
Transmittal Number: LA - 16 - 0002		Expiration date: 10/31/201-
leparate Child Health Insurance Progra Jeneral Eligibility - Eligibility Processin		CS2
102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR	457, subpart C	
The CHIP Agency meets all of the requirements enrollment.	s of 42 CFR 457, subpart C for application pro	ocessing, eligibility screening and
application Processing	.`	
ndicate which application the agency uses for individual adjusted gross income standard:	riduals applying for coverage who may be elig	rible based on the applicable
The single, streamlined application develop Care Act.	ped by the Secretary in accordance with section	m 1413(b)(1)(A) of the Affordable
An alternative single, streamlined applicati section 1413(b)(1)(B) of the Affordable Ca	on developed by the state and approved by the	e Secretary in accordance with
	An attachment is pubmitted,	
	r multiple human service programs approved or alternative application used only for insurar a such programs.  An attachment is submitted.	
The agency's procedures permit an individual, the internet website described in CFR 457.340		
The agency accepts applications in the following	ng other electronic means.	
Other electronic means:		
Name of method	Description	D.
<b>♣</b> Fax	Received by fax transmission	×
Screen and Enroll Process		
The CHIP Agency has coordinated eligibility a application, periodic redeterminations, and foll income children are provided CHIP coverage a other insurance affordability programs.	ow-up eligibility determinations. The procedu	res ensure that only targeted low-
Procedures include:		
	JUL 0 7 2016	and the second
SPA# LA-16-0002 App	roval Date:	Effective Date: July 1, 2016

Page 1 of 3



## **CHIP Eligibility**

_					
		Screening of application to identify all individuals eligible or potentially eligible for CHIP or other insurance affordability programs; and			
		Income eligibility test, with calculation of household income consistent with 42 CFR 457.315 for individuals identified as potentially eligible for Medicaid or other insurance affordability programs based on household income; and			
		Screening process for individuals who may qualify for Medicaid on a basis other than having household income at or below the applicable MAGI standard, based on information in the single streamlined application.			
		CHIP agency has entered into an arrangement with the Exchange to make eligibility determinations for advanced mium tax credits in accordance with section 1943(b)(2) of the SSA.			
Redetermination Processing					
	7	Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 457.343:			
		Once every 12 months.			
		Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.			
		If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.			
Screening by Other Insurance Affordability Programs					
		The CHIP Agency provides assurance that it has adopted procedures to accept and process electronic accounts of individuals screened as potentially eligible for CHIP by other insurance affordability programs in accordance with the requirements of 42 CFR 457.348(b) and to determine eligibility in accordance with 42 CFR 457.340 in the same manner as if the application had been submitted directly to, and processed by the state.			
	×	The CHIP Agency elects the option to accept CHIP eligibility decisions made by the Exchange or other agencies administering insurance affordability programs as provided in 42 CFR 457.348 and to furnish CHIP in accordance with requirements of 42 CFR 457.340 to the same extent and in the same manner as if the applicant had been determined by the state to be eligible for CHIP.			
		Check all Insurance Affordability Programs that apply:			
		□ The Exchange     □			
		Medicaid			
		Other Insurance Affordability Program			
C	Tī re	ne CHIP Agency has entered into an agreement with agencies administering other insurance affordability programs to fulfill the quirements of 457.348(b) and will provide this agreement to the Secretary upon request.			
_					

Approval Date: JUL 0 7 2016



### **CHIP 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 50 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.20140415

Approval Date: JUL 0 7 2016