

John Bel Edwards
GOVERNOR



Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

March 31, 2016

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 16-0009

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Warmly,

A handwritten signature in blue ink, appearing to read "Approved for" followed by a signature.


Rebekah E. Gee MD, MPH
Secretary

Attachments (5)

REG:WJR:JH

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. TRANSMITTAL NUMBER: 16-0009	2. STATE Louisiana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE July 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.119 AND 42 CFR Part 440, Subpart C		7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$ 0 b. FFY 2017 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 18 to Attachment 2.6 A, Pages 1-6 Attachment A - Summary Info for Part 2 of MAGI Conversion Plan Attachment B - Resource Criteria Proxy Methodology Attachment E - Transition Methodologies		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None - New Pages None - New Page None - New Page None - New Page	
10. SUBJECT OF AMENDMENT: This SPA proposes to adopt the provisions governing the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440, Subpart C.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review state plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Jen Steele, Interim Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Rebekah E. Gee MD, MPH			
14. TITLE: Secretary			
15. DATE SUBMITTED: March 31, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

State Plan Under Title XIX of the Social Security Act

State: _____

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on _____. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

Covered Populations Within New Adult Group		Applicable Population Adjustment			
Population Group	Relevant Population Group Income Standard	Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments
	For each population group, indicate the lower of: <ul style="list-style-type: none">• The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or• 133% FPL. If a population group was not covered as of 12/1/09, enter "Not covered".	Enter "Y" (Yes), "N" (No), or "NA" in the appropriate column to indicate if the population adjustment will apply to each population group. Provide additional information in corresponding attachments.			
A	B	C	D	E	F
Parents/Caretaker Relatives					
Disabled Persons, non-institutionalized					
Disabled Persons, institutionalized					
Children Age 19 or 20					
Childless Adults					

Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

- ☐ Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.
- ☐ Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

- ☐ Applies existing state data from periods before January 1, 2014.
- ☐ Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. ☐ An enrollment cap adjustment is applied by the state (complete items 2 through 4).
- ☐ An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:

☐ Yes. The combined enrollment cap adjustment is described in Attachment C

☐ No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:

☐ Applies a special circumstances adjustment(s).

☐ Does not apply a special circumstances adjustment.
2. The state:

☐ Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).

☐ Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- ☐ Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- ☐ The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

The state:

- ☐ Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- ☐ Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated _____.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- ☐ Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- ☐ Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- ☐ Attachment A – Conversion Plan Standards Referenced in Table 1
- ☐ Attachment B – Resource Criteria Proxy Methodology
- ☐ Attachment C – Enrollment Cap Methodology
- ☐ Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- ☐ Attachment E – Transition Methodologies

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 4 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.

Most Recent Updated Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan**

LOUISIANA

12/12/2013

	Population Group	Net standard as of 12/1/09	Converted standard for FMAP claiming	Same as converted eligibility standard? (yes, no, or n/a)	Source of information in Column C (New SIPP conversion or Part 1 of approved state MAGI conversion plan)	Data source for Conversion (SIPP or state data)
	A	B	C	D	E	F
Conversions for FMAP Claiming Purposes						
1	Parents/Caretaker Relatives - Medically Needy					
	Dollar standards by family size					
	1	*	\$108			
	2	*	\$193			
	3	*	\$264			
	4	*	\$328			
	5	*	\$391			
	6	*	\$446			
	7	*	\$501			
	8	*	\$556			
	9	*	\$611			
	10	*	\$664			
	11	*	\$722			
	12	*	\$777			
	13	*	\$837			
	14	*	\$895			
	15	*	\$956	no	new SIPP conversion	SIPP
	16	*	\$1,022			
	17	*	\$1,075			
	18	*	\$1,140			
	19	*	\$1,231			
	20	*	\$1,321			
	21	*	\$1,393			
	22	*	\$1,456			
	23	*	\$1,514			
	24	*	\$1,569			
	25	*	\$1,624			
	26	*	\$1,679			
	27	*	\$1,734			
	28	*	\$1,789			
	29	*	\$1,844			
	30	*	\$1,899			
	add-on	\$50	\$55			
2	Noninstitutionalized Disabled Persons	100%	103%	n/a	new SIPP conversion	SIPP
	% FBR					
3	Institutionalized Disabled Persons	300%	300%	n/a	ABD conversion template	n/a
	SSI FBR%					
4	Children Age 19-20	n/a	n/a	n/a	n/a	n/a
5	Childless Adults	n/a	n/a	n/a	n/a	n/a
	FPL % (limited benefits)					

n/a: Not applicable.

* The converted standards for medically needy parents/caretaker relatives are a weighted average of urban and rural standards. The original add-on amount is identical between urban and rural areas.

**The numbers in this summary chart will be updated automatically in the case of modification in the CMS approved MAGI Conversion Plan.

Resource Criteria Proxy Methodology

Louisiana's December 2009 Medicaid State Plan included resource limits in the eligibility group that provided coverage for disabled person (non-institutionalized). The State will apply a resource proxy that accounts for denials due to excess resource for this population group.

Louisiana pulled the most recent data prior to January 1, 2014 for the total number of all applications approved in this group (January 2012 through December 2013). "Applications Approved" includes applications that were later denied for reasons other than excess resource. The State also pulled the data for the number of all applications that were denied in this group for having excess resources for the months of January 2012 through December 2013. The number denied applications provided below are those the State can specifically identify that a resource determination was made.

All data was pulled from the State's eligibility determination system which is the source of record for eligibility decisions. Total application counts for this group were used in the calculation; this does not represent a sample.

Based on this data, we took the average number of denials for excess resources in the months of January 2012 through December 2013 for the non-institutionalized (ABD) disabled and divided it by the total number of applications granted in this category, plus the number of denials to calculate the resource proxy (see below).

Resource Proxy for the Disabled, Non-Institutionalized

Month	Applications Approved	Applications Denied - Excess Resources	Month	Applications Approved	Applications Denied - Excess Resources	
Jan-12	1,485	50	Jan-13	2,090	47	
Feb-12	1,663	52	Feb-13	2,073	50	
Mar-12	2,055	58	Mar-13	1,946	57	
Apr-12	1,576	51	Apr-13	2,476	64	
May-12	1,848	63	May-13	691	43	
Jun-12	1,776	65	Jun-13	1,624	4	
Jul-12	2,188	56	Jul-13	2,202	46	
Aug-12	1,761	56	Aug-13	1,786	48	
Sep-12	1,758	53	Sep-13	1,286	45	
Oct-12	2,378	24	Oct-13	1,581	42	
Nov-12	2,046	59	Nov-13	1,111	18	
Dec-12	1,891	34	Dec-13	1,021	21	
			Average (Jan 2012 - Dec 2013)	1,763	46	2.547330600%
				C1	C2	Resource Proxy = C2/(C1+C2)

Transition Methodologies

Louisiana currently operates an 1115 Waiver for The Greater New Orleans Community Health Connection (GNOCHC) program. The waiver was implemented in 2010 and only provides limited ambulatory benefits. This population does not count as a covered adult group that would effect FMAP claiming because all GNOCHC enrollees are eligible for the enhanced FMAP. Since there are no individuals in this waiver who would not qualify as part of the new adult group, there are no special FMAP adjustments associated with their transition out of the 1115 Waiver.

Approved
Other Denials
Asset Denials

July 2008	August 2008	September 2008	October 2008	November 2008	December 2008	January 2009	February 2009	March 2009	April 2009	May 2009	June 2009	July 2009	August 2009	September 2009
397	439	362	711	517	526	553	521	628	574	527	535	619	610	609
1,022	1,089	909	1,297	951	1,039	1,098	1,094	1,347	1,220	1,166	1,300	1475	1511	1580
26	34	22	31	21	26	23	24	37	33	41	43	33	32	25

Avg Approved524

Avg Other Denials1,128

Avg Asset Denials30

Proxy %0.054278

Month	Applications Granted	Applications Denied - Excess Resources
January 2009	553	23
February 2009	521	24
March 2009	628	37
April 2009	574	33
May 2009	527	41
June 2009	535	43
July 2009	619	33
August 2009	610	32
September 2009	609	25
October 2009	670	40
November 2009	533	38
December 2009	523	27
Average	575	33
	C1	C2
		Resource Proxy = C2/(C1+C2)

October 2009	November 2009	December 2009	January 2010	February 2010	March 2010	April 2010	May 2010	June 2010	July 2010	August 2010	September 2010	October 2010	November 2010	December 2010	January 2011	Ferbruary 2011	March 2011
670	533	523	602	554	680	583	597		562	707	699	567	613	685	607	536	628
1786	1515	1256	1672	1420	1739	1535	1533		1643	1971	1969	2010	1959	1977	1754	1664	1891
40	38	27	45	31	31	30	38		42	42	30	42	48	38	34	37	46

575	Avg Approved	598
1362	Avg Other Denials	1547
33	Avg Asset Denials	34
0.054261	Proxy %	0.053237

April 2011	May 2011	June 2011	July 2011	August 2011	September 2011	October 2011	November 2011	December 2011	January 2012	February 2012	March 2012	April 2012	May 2012	June 2012	July 2012	August 2012
507	562	536	658	633	571	590	433	433	466	612	570	496	601	495	642	399
1778	1864	1842	2047	2267	2043	1827	2011	1694	2194	2176	3020	2598	2853	2757	3173	2663
31	42	33	40	56	37	35	36	46	50	52	58	51	63	65	56	56

Avg Approved601

Avg Other Denials1860

Avg Asset Denials39

Proxy %0.060594

Avg Approved547

Avg Other Denials2291

Avg Asset Denials49

Proxy %0.082412

Month	Applications Approved	Applications Denied - Excess Resources	Month	Applications Approved	Applications Denied - Excess Resources	revised 3.14.16
Jan-12	1,485	50	Jan-13	2,090	47	
Feb-12	1,663	52	Feb-13	2,073	50	
Mar-12	2,055	58	Mar-13	1,946	57	
Apr-12	1,576	51	Apr-13	2,476	64	
May-12	1,848	63	May-13	691	43	
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Nov-12	2,046	59	Nov-13	1,111	18	
Dec-12	1,891	34	Dec-13	1,021	21	
			Average (Jan 2012 - Dec 2013)	1,763	46	2.547330600%
				C1	C2	Resource Proxy = C2/(C1+C2)

September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013
527	672	620	513	608	590	578	787	641	511	692	558	545	690	429	415
2347	3674	2941	2645	2978	3072	2931	3249	2989	2393	2860	2627	1944	2398	1434	1448
53	24	59	34	47	50	57	64	43	4	46	48	45	42	18	21

Avg Approved591

Avg Other Denials2921

Avg Asset Denials46

Proxy %0.071644

January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014	Avg
480	430	344	229	190	115	90	100	57	528
1559	67	456	460	477	291	183	54	153	1,781
32	21	16	16	7	0	15	6	1	36

Avg Approved	426	Avg Approved	297	0.063849	Proxy %
Avg Other Denials	1335	Avg Other Denials	748		
Avg Asset Denials	26	Avg Asset Denials	16		
Proxy %	0.057469	Proxy %	0.0518066		