

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

May 27, 2016

Our Reference: SPA LA 16-0012

Ms. Jen Steele, Interim State Medicaid Director
Department of Health and Hospitals
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attention: Darlene Budgewater

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 16-0012 dated May 4, 2016. This state plan amendment establishes provisions to use the Supplemental Nutritional Assistance Program (SNAP) option for the streamlined enrollment of SNAP recipients who meet the eligibility requirements for the new adult group under Medicaid expansion as authorized under the provisions of the Affordable Care Act.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of July 1, 2016. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at Cheryl.Rupley@cms.hhs.gov.

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

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 16-0012	2. STATE Louisiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

4. PROPOSED EFFECTIVE DATE July 1, 2016

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
1902(e)(13) of the Act


7. FEDERAL BUDGET IMPACT:
a. FFY **2016** **\$0**
b. FFY **2017** **\$0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
New Pages Section 2.1, Pages 11e-11n

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
None – New pages

10. SUBJECT OF AMENDMENT: **The SPA proposes to establish provisions for the use of the Supplemental Nutrition Assistance Program (SNAP) option for streamlined enrollment of SNAP recipients who meet eligibility requirements for the new adult group under Medicaid expansion.**

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:
The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:


13. TYPED NAME:
Rebekah E. Gee MD, MPH

14. TITLE:
Secretary

15. DATE SUBMITTED:
May 4, 2016

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**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **May 4, 2016**

18. DATE APPROVED: **May 27, 2016**

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME: **Bill Brooks**

22. TITLE: **Associate Regional Administrator
Division of Medicaid and Children's Health**

23. REMARKS: **The State requests a pen and ink change to box 8 above per email dated 5/20/2016**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF LOUISIANA

SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

X (f) Using the Income Determination from another Means-Tested Public Benefit Program to Support Medicaid Determinations

(1) **The state elects the option to use income determined by the following means-tested public benefits program(s) to support Medicaid eligibility determinations:**

- SNAP
- TANF
- Other Means-Tested Program: _____

In electing this option, the state assures that it:

- (a) Verifies citizenship and non-citizen status consistent with Medicaid statutory and regulatory requirements in Section 1137 of the Social Security Act, 42 CFR 435.406, and 435.407.
- (b) Complies with Medicaid reporting requirements with respect to participants enrolled through this strategy.
- (c) Provides applicants with program information required under 42 CFR 435.905, such as information about available services and the rights and responsibilities of applicants and beneficiaries.
- (d) Has procedures to ensure that eligible individuals are enrolled in the appropriate Medicaid eligibility group. Description:

For initial automated use of the option, appropriate filters are being applied to the full file of Louisiana SNAP households as of March 31, 2016, to identify and target New Adults exclusively, using Relationship codes (which identify parents of minor children) and SNAP gross income.

As part of the ongoing intake process, applicants who receive SNAP benefits will be assessed to determine if they meet all criteria for using the SNAP income determination to support Medicaid eligibility. If yes, persons applying will be certified in the appropriate eligibility group (Medicaid Case Type) using progression of eligibility:

Child Under Age 19 and Under 138% FPL
 Parent/Caretaker Relative 19% FPL and Below
 Pregnant Woman Under 138% FPL
 New Adult

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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

- (e) Has procedures to ensure that eligible American Indians or Alaska Natives enrolled through this strategy are exempt from cost sharing/and or premiums, consistent with section 1916A(b)(3) of the Social Security Act. Description:

Additional information and verifications are necessary to establish American Indians and Alaska Natives who are exempt from cost sharing. The Important Information Sheet enclosed with Offer Letters will include a statement noting the exemption and advising members of a federally-recognized tribe to contact the toll-free Customer Service Line. Upon verification of tribal membership, their eligibility record and MMIS recipient file will be updated to reflect exempt status.

- (f) Has post-enrollment procedures to ensure assignment of rights to third party benefits and to secure cooperation in establishing medical support as appropriate, per 42 CFR 435.610.

(2) SNAP-Specific Criteria

- (i) The state will use gross income determined by SNAP to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

- Initial application
- Renewal of Medicaid eligibility

In applying this option, all of the following conditions are met:

- (a) All members of the SNAP household are eligible for SNAP, other than for SNAP transitional benefits.
- (b) No one in the SNAP household has any type of income that is excluded in determining gross income for purposes of eligibility for SNAP, but would be included in MAGI-based income.
- (c) No one in the SNAP household is part of a tax household that includes an individual who lives outside the home.
- (d) The SNAP household consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
 - o There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or

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2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

- Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.
- (e) Households with self-employment income are excluded from this option if the state uses a state-specific methodology for treating self-employment income in SNAP.

Does the state use a methodology for treating self-employment income that differs from the standard SNAP methodology?

Yes
 No

- (f) None of the household's income is excluded from gross income as payment of child support for children living outside of the household.

Does the state exclude payment of child support for children from gross income when determining eligibility for SNAP?

Yes, the state adds the amount of child support excluded to the household's SNAP gross income.
 Yes, these families will be excluded from the method.
 No

- (g) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for SNAP. If available, electronic data sources are consulted before paper documentation is requested.

(ii) Collection of Information to Determine Eligibility

- (a) The state collects information to ensure that no one in the SNAP household is part of a tax household that includes an individual who lives outside the home through the following:
- Information is available through electronic data sources.
 - Information is collected on the application or renewal form for the means-tested program.
 - The state agency provides a form to the individual to complete and return.
 - For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed.
 - Other. Description:

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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

- (b) The state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in SNAP gross income. This includes, but may not be limited to income received through an AmeriCorps Education Award not used for educational expenses, or income from a minor dependent child above the applicable tax filing threshold. The status uses the following processes:
 - Information is available through electronic data sources.
 - Information is collected on the application or renewal form for the means-tested program.
 - The state agency provides a form to the individual to complete and return.
 - For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income.
 - Other. Description:

- (c) The state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).
 - The household applies for Medicaid by requesting a Medicaid determination through the application for SNAP.
 - The household applies for Medicaid at its SNAP recertification by requesting a Medicaid determination on the SNAP recertification form.
 - Individuals are sent a separate form for signature and return. The state allows the form to be completed:
 - On paper
 - By telephone
 - Online
 - Through other means. Description: Fax, Scan to E-Mail
 - Not applicable. State has only elected option to use strategy at Medicaid renewal.
 - Other. Description:

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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

(3) TANF-Specific Criteria

- ___ (i) The state will use gross income determined by TANF to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

___ Initial application
___ Renewal of Medicaid eligibility

In applying this option, all of the following conditions are met:

- (a) The state has completed or obtained a study indicating that the state's gross income determination under TANF rules is equal to a MAGI-based determination under the circumstances set forth in the SPA.
- (b) All members of the TANF assistance unit are eligible for TANF.
- (c) No one in the TANF assistance unit has any type of income that is excluded in determining income for purposes of TANF, but would be included in MAGI-based income.
- (d) No one in the TANF assistance unit is part of a tax household that includes an individual who lives outside the home.
- (e) The TANF assistance unit consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
- There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
 - Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.

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2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

- (f) Households with income from stepparents are excluded from this option if the state uses state-specific methodology to exclude any income from stepparents living in the TANF assistance unit.

Does the state exclude any portion of stepparents' income from the household income?

- Yes
- No

- (g) The criteria described under this strategy are applied statewide in states with TANF eligibility requirements that vary by region.

Does the state have TANF eligibility requirements that vary by region?

Yes. Description:

No

- (h) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for TANF. If available, electronic data sources are consulted before paper documentation is requested.

(ii) Collection of Information to Determine Eligibility

The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for TANF. If available, electronic data sources are consulted before paper documentation is requested.

- (a) Describe how the state collects information to ensure that no one in the TANF household is part of a tax household that includes an individual who lives outside the home:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for TANF.
- The state agency provides a form to the individual to complete and return.
- The state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed.

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2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

Other. Description:

(b) Describe how the state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in TANF income:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for the means-tested program.
- The state agency provides a form to the individual to complete and return.
- For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income.
- Other. Description:

(c) Describe how the state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).

- The household applies for Medicaid by requesting a Medicaid determination through the application for TANF.
- The household applies for Medicaid at its TANF recertification by requesting a Medicaid determination on the TANF recertification form.
- Individuals are sent a separate form for signature and return. The state allows the form to be completed:
 - On paper
 - By telephone
 - Online
 - Through other means. Description: _____
- Not applicable. State has only elected option to use strategy at Medicaid renewal.
- Other. Description:

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2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

(4) Criteria for Other Public Means-Tested Benefit Program

___ (i) The state will use gross income determined by _____ to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

- ___ Initial application
- ___ Renewal of Medicaid eligibility

In applying this option, the following conditions are met:

- (a) The state has completed or obtained a study indicating that the state’s gross income determination for the means-tested benefit program described above is equal to a MAGI-based determination under the circumstances set forth in the SPA.
- (b) All members of the household for the [means-tested benefit program name] _____ are eligible for that program.
- (c) No one in the household for the [means tested benefit program] has any type of income that is excluded in determining gross income for purposes of the program, but would be included in MAGI-based income.
- (d) No one in the household for the [means tested benefit program] is part of a tax household that includes an individual who lives outside the home.
- (e) The household for the means-tested benefit program consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
 - There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
 - Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.

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2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

- (f) The household for the means-tested benefit program consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
 - o There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
 - o Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.
- (g) The criteria described under this strategy are applied statewide in states with eligibility requirements for the means-tested program described above that vary by region.

Do the eligibility requirements for the means-tested program vary by region?

Yes. Description:

No

- (h) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for the means-tested program. If available, electronic data sources are consulted before paper documentation is requested.

(ii) Collection of Information to Determine Eligibility

- (a) Describe how the state collects information to ensure that no one in the [means-tested benefit program] household is part of a tax household that includes an individual who lives outside the home:
 - Information is available through electronic data sources.
 - Information is collected on the application or renewal form for the means-tested program.
 - The state agency provides a form to the individual to complete and return.

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- The state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed. Other. Description:

(b) Describe how the state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in total income for the means-tested benefit program:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for the means-tested program.
- The state agency provides a form to the individual to complete and return.
- For renewals only, the state agency p a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income.
- Other. Description:

(c) Describe how the state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).

- The household applies for Medicaid by requesting a Medicaid determination through the application for the means-tested benefit program.
- The household applies for Medicaid at recertification for the means-tested benefit program by requesting a Medicaid determination on the recertification form for the means tested benefit program.
- Individuals are sent a separate form for signature and return. . The state allows the form to be completed:
 - On paper
 - By telephone
 - Online
 - Through other means. Description:

- Not applicable. State has only elected option to use strategy at Medicaid renewal.
- Other. Description:

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