

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

February 27, 2018

Our Reference: SPA LA 17-0025

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

Attention: Karen Barnes

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 17-0025 dated December 6, 2017. This state plan amendment amends the provisions governing Express Lane Eligibility (ELE) by removing certain agencies from the eligibility determinations process, in compliance with the requirements of the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of December 20, 2017. 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

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

1. TRANSMITTAL NUMBER:
17-0025

2. STATE
Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
December 20, 2017

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 2018 **\$0**
b. FFY 2019 **\$0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Section 2.1, Page 11b
Section 2.1, Page 11c
Section 2.1, Page 11d

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
Same (TN 09-49)
Same (TN 09-49)
Same (TN 09-49)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing Express Lane Eligibility (ELE) by removing certain agencies from the eligibility determinations process, in compliance with the requirements of the U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.**

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:

December 6, 2017

16. RETURN TO:

Jen Steele, Medicaid Director
State of Louisiana
Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

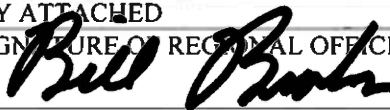
17. DATE RECEIVED: December 6, 2017

18. DATE APPROVED: February 27, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
December 20, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Bill Brooks

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

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

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

1902(e)(13) of X(e) Express Lane Option. This option is effective through September 30, 2017. If the statutory authority for express lane eligibility is reauthorized, this option will continue under the new authority provided that it continues to meet the statutory requirements. The Medicaid State agency elects the Act option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before February 4, 2009 or after September 30, 2013.

- (1) The Express Lane option is applied to:

Initial determinations	Redeterminations
<u>X</u> Both	
- (2) A child is defined as younger than age:

<u>X</u> 19	20	21
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- (3) Effective December 20, 2017, the following public agencies are approved by the Medicaid State agency as Express Lane agencies:

- Food and Nutrition Act of 2008 through an agreement with the Department of Children and Family Services, Office of Economic Stability.

State: Louisiana
 Date Received: 12-6-17
 Date Approved: 02-27-18
 Date Effective: 12-20-17
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

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

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

The earned income disregards, child care deductions and child care payments outside the home will not be used for Express Lane Eligibility determinations. Eligibility components determined from the Supplemental Nutrition Assistance Program (SNAP) file: income, SSN, age, residence and identity.

- (5) Check off which option is used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI.
 - (a) Screening threshold established by the Medicaid agency as:
 - (i) ___ percentage of the Federal poverty level which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points: specify _____; or
 - (ii) ___ percentage of the Federal poverty level (that reflects the value of any differences between income methodologies of Medicaid and the Express Lane); or
 - (b) Temporary enrollment pending screen and enroll.

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SECTION 2 – COVERAGE AND ELIGIBILITY

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

(c) State’s regular screen and enroll process for CHIP.

(6) Check off if the State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child’s or family’s affirmative consent to the child’s Medicaid enrollment.

(7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by state income tax records or returns.

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