



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

December 6, 2017

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

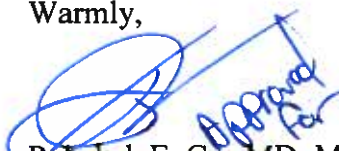
Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 17-0025

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,


Rebekah E. Gee MD, MPH
Secretary

Attachments (2)

REG:JS:MJ

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

1. TRANSMITTAL NUMBER:
17-0025

2. STATE
Louisiana

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN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:

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: Louisiana

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

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

1902(e)(13) of
the Act

X (e) Express Lane Option. The Medicaid State agency elects the 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) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

Temporary Assistance for Needy Families (TANF);
 State program funded under Title IV-D - Child Support Enforcement Services (SES);
 Child Care Development Block Grant Act of 1990; and
 Food and Nutrition Act of 2008 through an agreement with the Department of Children and Family Services Office of Economic Stability.

TN _____ Approval Date _____ Effective Date _____
 Supersedes
 TN _____

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(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.

TN _____ Approval Date _____ Effective Date _____
 Supersedes
 TN _____

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(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.

TN _____ Approval Date _____ Effective Date _____
Supersedes
TN _____