

[Records](#) / [Submission Packages](#)


# LA - Submission Package - LA2018MS00080 - (LA-18-0027) - Eligibility

[Summary](#)   [Reviewable Units](#)   [Versions](#)   [Correspondence Log](#)   [Compare Doc Change Report](#)   [Analyst Notes](#)

[Review Assessment Report](#)   [Approval Letter](#)   [RAI](#)   [Transaction Logs](#)   [News](#)   [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	LA2018MS00080	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	LA
<b>SPA ID</b>	LA-18-0027	<b>Region</b>	Dallas, TX
<b>Version Number</b>	6	<b>Package Status</b>	Approved
<b>Submitted By</b>	MARJORIE JENKINS	<b>Submission Date</b>	12/13/2018
<b>Package Disposition</b>		<b>Approval Date</b>	1/8/2020 1:06 PM EST
<b>Priority Code</b>	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, TX 75202



## Division of Medicaid and Children's Health Operations

January 08, 2020

Erin Campbell  
Secretary  
Louisiana Department of Health  
628 North 4th Street  
P.O. Box 91030  
Baton Rouge, LA, LA 70821-9030

Re: Approval of State Plan Amendment LA-18-0027

Dear Erin Campbell:

On December 13, 2018, the Centers for Medicare and Medicaid Services (CMS) received Louisiana State Plan Amendment (SPA) LA-18-0027 to update the electronic Medicaid application that was developed as part of the state's new eligibility and enrollment system..

We approve Louisiana State Plan Amendment (SPA) LA-18-0027 on January 08, 2020 with an effective date(s) of November 13, 2018.

This SPA is acceptable. Therefore, we are approving a revised version of the application that was submitted with SPA 18-0027 with an effective date of March 13, 2019, and acknowledge Louisiana has implemented different versions of this application prior to SPA approval.

Accompanying the approval of SPA 18-0027 is the enclosed companion letter regarding the need for Louisiana to make modifications to its online alternative single streamlined application. Louisiana will provide dates for completion of outstanding changes within 60 days of approval of this SPA, and will implement the revised online application addressing CMS concerns by the dates listed in the companion letter.

Please note that CMS is reviewing the need for the state to collect the detailed marital status options listed on Louisiana's online application and may provide additional guidance to Louisiana about any required changes. Please also note that we have recently received guidance that the practice described on the state's application to have beneficiaries pay back money to the state for bills paid is not permissible. CMS will be issuing further guidance on this issue, and will provide additional guidance to Louisiana about required changes.

Name	Date Created	
<a href="#">Companion to LA 18-0027 Application SPA Approval_JS_TRG</a>	1/6/2020 4:27 PM EST	

If you have any questions regarding this amendment, please contact Tobias Griffin at [tobias.griffin@cms.hhs.gov](mailto:tobias.griffin@cms.hhs.gov).

Sincerely,  
Bill Brooks  
Director  
Regional Operations Group  
Division of Medicaid and  
Children's Health Operations

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

### Package Header

<b>Package ID</b>	LA2018MS00080	<b>SPA ID</b>	LA-18-0027
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/13/2018
<b>Approval Date</b>	1/8/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Louisiana

**Medicaid Agency Name:** Louisiana Department of Health

### Submission Component

State Plan Amendment

Medicaid

CHIP

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

#### Package Header

<b>Package ID</b> LA2018MS00080	<b>SPA ID</b> LA-18-0027
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 12/13/2018
<b>Approval Date</b> 1/8/2020	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

#### SPA ID and Effective Date

**SPA ID** LA-18-0027

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	11/13/2018	LA-13-0050

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

### Package Header

<b>Package ID</b> LA2018MS00080	<b>SPA ID</b> LA-18-0027
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 12/13/2018
<b>Approval Date</b> 1/8/2020	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

### Executive Summary

**Summary Description Including Goals and Objectives** The purpose of this SPA is to update the electronic Medicaid application that was developed as part of the State's new eligibility and enrollment system.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

#### Federal Statute / Regulation Citation

42 CFR 435, Subpart J and Subpart M

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

### Package Header

**Package ID** LA2018MS00080  
**Submission Type** Official  
**Approval Date** 1/8/2020  
**Superseded SPA ID** N/A

**SPA ID** LA-18-0027  
**Initial Submission Date** 12/13/2018  
**Effective Date** N/A

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** The Governor does not review State Plan material.

# Medicaid State Plan Eligibility

## General Eligibility Requirements

### Application

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

### Package Header

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<b>Approval Date</b>	1/8/2020	<b>Effective Date</b>	11/13/2018
<b>Superseded SPA ID</b>	LA-13-0050		
	User-Entered		

### A. MAGI Paper Application

The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary
- 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

## Application

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

### Package Header

<b>Package ID</b>	LA2018MS00080	<b>SPA ID</b>	LA-18-0027
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<b>Approval Date</b>	1/8/2020	<b>Effective Date</b>	11/13/2018
<b>Superseded SPA ID</b>	LA-13-0050		
	User-Entered		

### B. MAGI Online Application






The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

**Name**

Louisiana MAGI Online Application

**Screenshots or other documentation of the online application(s) has been uploaded.**

Document Name	Date Created	
18-0027 Slides 80-86	1/2/2020 12:13 PM EST	
18-0027 Slides 74-79	1/2/2020 12:13 PM EST	
18-0027 Slides 66-73	1/2/2020 12:13 PM EST	
18-0027 Slides 53-65	1/2/2020 12:13 PM EST	
18-0027 Slides 44-52	1/2/2020 12:13 PM EST	
<b>1 - 5 of 11</b>		

- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs



## Application

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

### Package Header


<b>Package ID</b>	LA2018MS00080	<b>SPA ID</b>	LA-18-0027
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<b>Superseded SPA ID</b>	LA-13-0050		
	User-Entered		

### C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

The supplemental form(s) used to collect additional information has been uploaded.


Name	Date Created	
<a href="#">18-0027 Paper Application</a>	1/2/2020 12:14 PM EST	

2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

**Name**

Medicare Savings Program (MSP) Application

**The paper application(s) has been uploaded.**

Document Name	Date Created	
<a href="#">MedicareSavingsProgram Application</a>	12/11/2018 1:05 PM EST	

3. One or more applications used to apply for multiple human service programs

4. Other alternative applications

## Application

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

### Package Header



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<b>Approval Date</b> 1/8/2020	<b>Effective Date</b> 11/13/2018
<b>Superseded SPA ID</b> LA-13-0050	
User-Entered	

### D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

Screenshots or other documentation of the online form(s) used to the collect additional information have been uploaded

Name	Date Created	
<a href="#">SSP Application - Redacted - pgs 1-15</a>	12/7/2018 4:04 PM EST	
<a href="#">SSP Application - Redacted - pgs 16-31</a>	12/7/2018 4:06 PM EST	

2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

**Name**

Medicare Savings Program (MSP) Application

**Screenshots or other documentation of the online application(s) has been uploaded.**

Document Name	Date Created	
<a href="#">MedicareSavingsProgram Application</a>	12/11/2018 1:04 PM EST	

3. One or more application used to apply for multiple human service programs

4. Other alternative applications

## Application

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00080 | LA-18-0027

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<b>Superseded SPA ID</b>	LA-13-0050		
	User-Entered		

### E. Additional Information (optional)

Louisiana is developing a paper application to mirror the electronic version. Applicants are able to apply for non-MAGI programs using the same electronic version as used for MAGI-basis; however, applicants must use the paper application for the specific non-MAGI programs such as the Medicare Savings Program (MSP).

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 0938-1188. The time required to complete this information collection is estimated to average 40 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.

*This view was generated on 1/8/2020 5:31 PM EST*