

CMS-10434 OMB 0938-1188

Package Information

Package ID LA2018MS0008O
Program Name N/A
SPA ID LA-18-0027
Version Number 1
Submitted By MARJORIE JENKINS

Submission Type Official
State LA
Region Dallas, TX
Package Status Submitted
Submission Date 12/13/2018
Regulatory Clock 90 days remain
Review Status Review 1

Submission - Summary

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

Package Header

Package ID	LA2018MS00080	SPA ID	LA-18-0027
Submission Type	Official	Initial Submission Date	12/13/2018
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

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

Package ID LA2018MS00080

SPA ID LA-18-0027

Submission Type Official

Initial Submission Date 12/13/2018

Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

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Reviewable Unit	Proposed Effective Date	Superseded SPA ID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

Package ID	LA2018MS00080	SPA ID	LA-18-0027
Submission Type	Official	Initial Submission Date	12/13/2018
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

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 N/A
Superseded SPA ID N/A

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

Reviewable Unit Instructions

Governor's Office Review

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

Describe The Governor does not review State Plan material.

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS0008O | LA-18-0027

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
- Eligibility
 - Income/Resource Methodologies
 - Income/Resource Standards
 - Mandatory Eligibility Groups
 - Optional Eligibility Groups
 - Non-Financial Eligibility
 - Eligibility and Enrollment Processes

Eligibility Process

Application

Reviewable Unit Name	Included in Another Submission Package	Source Type
Application	<input type="radio"/>	CONVERTED

Presumptive Eligibility

Benefits and Payments

Submission - Public Comment

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

Package Header

Package ID	LA2018MS00080	SPA ID	LA-18-0027
Submission Type	Official	Initial Submission Date	12/13/2018
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS0008O | LA-18-0027

Package Header

Package ID	LA2018MS0008O	SPA ID	LA-18-0027
Submission Type	Official	Initial Submission Date	12/13/2018
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
11/28/2018	Electronic tribal notification letter.


All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
11/28/2018	Electronic tribal notification letter.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Tribal Notification - Medicaid Electronic Application 11.28.18	12/5/2018 2:39 PM EST	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

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

Package Header

Package ID	LA2018MS00080	SPA ID	LA-18-0027
Submission Type	Official	Initial Submission Date	12/13/2018
Approval Date	N/A	Effective Date	11/13/2018
Superseded SPA ID	LA-13-0050		
	User-Entered		

Reviewable Unit Instructions

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

Package ID	LA2018MS00080	SPA ID	LA-18-0027
Submission Type	Official	Initial Submission Date	12/13/2018
Approval Date	N/A	Effective Date	11/13/2018
Superseded SPA ID	LA-13-0050		
	User-Entered		

Reviewable Unit Instructions

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
- 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

Package ID	LA2018MS00080	SPA ID	LA-18-0027
Submission Type	Official	Initial Submission Date	12/13/2018
Approval Date	N/A	Effective Date	11/13/2018
Superseded SPA ID	LA-13-0050		
	User-Entered		

Reviewable Unit Instructions

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
- 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

- 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

Package ID	LA2018MS00080	SPA ID	LA-18-0027
Submission Type	Official	Initial Submission Date	12/13/2018
Approval Date	N/A	Effective Date	11/13/2018
Superseded SPA ID	LA-13-0050		
	User-Entered		

Reviewable Unit Instructions

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
- 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

- 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

Package Header

Package ID	LA2018MS00080	SPA ID	LA-18-0027
Submission Type	Official	Initial Submission Date	12/13/2018
Approval Date	N/A	Effective Date	11/13/2018
Superseded SPA ID	LA-13-0050		
	User-Entered		

Reviewable Unit Instructions

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 12/13/2018 4:17 PM EST