

# LA - Submission Package - LA2020MS00050 - (LA-20-0012) - Eligibility

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[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

[All Reviewable Units](#)

[Submission - Medicaid State Plan](#)

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2020MS00050 | LA-20-0012

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CMS-10434 OMB 0938-1188

Not Started In Progress Complete

### Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | LA2020MS00050 | <b>SPA ID</b>                  | LA-20-0012 |
| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | N/A        |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | N/A           |                                |            |

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### State Information

**State/Territory Name:** Louisiana

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

[Collapse](#)

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

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### Submission Type

- Official Submission Package
- Draft Submission Package

Selecting Official Submission Package means that the official 90-day review period will start upon submission.

**Allow this official package to be viewable by other states?**

- Yes
- No

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### Key Contacts

| Name              | Title              | Phone Number  | Email Address           | Program  |
|-------------------|--------------------|---------------|-------------------------|----------|
| Jenkins, Marjorie | Program Manager 1B | (225)219-3596 | Marjorie.Jenkins@la.gov | Medicaid |

[Collapse](#)

### SPA ID and Effective Date

**SPA ID** LA-20-0012

[Collapse](#)

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|-----------------|-------------------------|-------------------|
| Application     | 1/1/2021                | LA-18-0027        |

### Executive Summary

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**Summary Description Including Goals and Objectives** The purpose of this SPA is to update the electronic Medicaid application to include question(s) around the proposed Section 1115 Waiver, Act 421 Children's Medicaid Option. The Act 421 Children's Medicaid Option is a program through which children with disabilities can access Medicaid-funded services regardless of their parents' income. The program furnishes Medicaid benefits to children with disabilities whose assets cannot exceed \$2000 and who are otherwise ineligible for such benefits because the income of their household exceeds state-established limits for Medicaid eligibility.

### Dependency Description

[Collapse](#)

**Description of any dependencies between this submission package and any other submission package undergoing review**

### Disaster-Related Submission

[Collapse](#)

**This submission is related to a disaster**

- Yes
- No

### Federal Budget Impact and Statute/Regulation Citation

[Collapse](#)

#### Federal Budget Impact

|        | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First  | 2021                | \$0    |
| Second | 2022                | \$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 |              |

## Governor's Office Review

Collapse

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

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

## Authorized Submitter

Collapse

The following information will be provided by the system once the package is submitted to CMS.

### Name of Authorized Submitter

Phone number

Email address

### Authorized Submitter's Signature

I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

≡ [All Reviewable Units](#)

← [Submission - Summary](#) | [Submission - Public Comment](#) →

## Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | LA2020MS00050 | LA-20-0012

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**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"/>                  | APPROVED    |

Presumptive Eligibility

Benefits and Payments

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[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

[All Reviewable Units](#)

[← Submission - Public Comment](#) | [Application →](#)

## Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | LA2020MS00050 | LA-20-0012

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CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

### Package Header

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| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | N/A        |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | N/A           |                                |            |

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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, as described in the state consultation plan.

- 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, and in accordance with the state consultation plan, 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

|   |  |
|---|--|
| <b>Date of solicitation/consultation:</b> | <b>Method of solicitation/consultation:</b>  |
| 9/30/2020                                 | The tribes were notified via email on September 30, 2020, with comment period ending October 30, 2020. |

All Urban Indian Organizations


|   |  |
|---|--|
| <b>Date of solicitation/consultation:</b> | <b>Method of solicitation/consultation:</b>  |
| 9/30/2020                                 | The tribes were notified via email on September 30, 2020, with comment period ending October 30, 2020. |

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

|                              |  |
|------------------------------|--|
| <b>Date of consultation:</b> | <b>Method of consultation:</b>   |
| 9/30/2020                    | The tribes were notified via email on September 30, 2020, with comment period ending October 30, 2020. |

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           |   |
|--|------------------------|---|
| Revised Tribal Notice - State Plan Amendments (10.29.20) | 12/11/2020 9:17 AM EST |  |

Indicate the key issues raised (optional)

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

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[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

**Package ID** LA2020MS00050  
**Program Name** N/A  
**SPA ID** LA-20-0012  
**Version Number** 1

**Submission Type** Official  
**State** LA  
**Region** Dallas, TX  
**Package Status** Pending

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | LA2020MS00050 | LA-20-0012

## Package Header

**Package ID** LA2020MS00050  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** LA-20-0012  
**Initial Submission Date** N/A  
**Effective Date** N/A

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

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[← All Reviewable Units](#)

[← Submission - Tribal Input](#)

## Medicaid State Plan Eligibility

### General Eligibility Requirements

### Application

MEDICAID | Medicaid State Plan | Eligibility | LA2020MS00050 | LA-20-0012

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| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | 1/1/2021   |
| <b>Superseded SPA ID</b> | LA-18-0027    |                                |            |
|                          | User-Entered  |                                |            |

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### A. MAGI Paper Application

[Collapse](#)

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

### B. MAGI Online Application

[Collapse](#)


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

Medicaid Electronic Application

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

| Document Name ↓                 | Date Created            | ↓   |
|---------------------------------|-------------------------|---|
| Medicaid Electronic Application | 12/17/2020 10:14 AM EST |  |

- 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


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

[Collapse](#)

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            |   |
|--------------------------------------|-------------------------|---|
| Louisiana Medicaid Paper Application | 12/17/2020 10:24 AM 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

Louisiana Medicare Savings Program (MSP) Application

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

| Document Name ↓                                      | Date Created            | ↓   |
|--|-------------------------|---|
| Louisiana Medicare Savings Program (MSP) Application | 12/17/2020 10:37 AM EST |  |

- 3. One or more applications used to apply for multiple human service programs
- 4. Other alternative applications

### D. Other than MAGI - Online Application


[Collapse](#)

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="#">Medicaid Electronic Application</a> | 12/17/2020 10:29 AM 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**

Louisiana Medicare Savings Program (MSP) Application

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

| Document Name ↓  | Date Created            | ↓   |
|--|-------------------------|---|
| <a href="#">Louisiana Medicare Savings Program (MSP) Application</a> | 12/17/2020 10:38 AM EST |  |

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

- 4. Other alternative applications

**E. Additional Information (optional)**

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