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AUGUST 1991

OMB No.: 0938-

State: LOUISIANA

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation  
42 CFR  
435.10 and  
Subpart J

2.1 Application, Determination of Eligibility and  
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 91-23 Approval Date APR 02 1991 Effective Date OCT 01 1991  
 Supersedes \_\_\_\_\_  
 TN No. 76-06 HCFA ID: 7982E

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>DEC 05 1991</u>	
DATE APPV'D	<u>APR 02 1992</u>	
DATE EFF.	<u>OCT 01 1991</u>	
HCFA 179	<u>91-23</u>	

Revision: HCFA-PM- 93-2  
MARCH 1993 (MB)

11

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-10-11</u>	
DATE APPV'D <u>6-1-11</u>	
DATE EFF <u>1-1-12</u>	
HCFA 179 <u>11-09</u>	

State/Territory: Louisiana

Citation

- 42 CFR 435.914 1902(a)(34) of the Act                      2.1(b) (1)      Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.
- 1902(e)(8) and 1905(a) of the Act                      (2)      For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after The end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.
- 1902(a)(47) and 1920 of the Act                      \_\_\_\_\_(3)      Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.
- 42 CFR 438.6                      (c)      The Medicaid agency elects to enter into a risk contract --- that complies with 42 CFR 438.6, and that is procured through an open, competitive procurement process that is consistent with 45 CFR Part 92. The risk contract is with (check all that apply):
- \_\_\_\_\_ Qualified under title XIII 1310 of the Public Health Service Act.
  - X   a Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2
  - X   a Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2
  - \_\_\_\_\_ a Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2
  - \_\_\_\_\_ Not applicable.

TN # 11-09  
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State: Louisiana  
 Date Approved: 3/13/14  
 Date Received: 12/27/13  
 Date Effective: 10/1/13  
 TN: LA 13-50



## Medicaid Eligibility

OMB Control Number 0938-1148  
 OMB Expiration date: 10/31/2014

<b>General Eligibility Requirements Eligibility Process</b>	<b>S94</b>
42 CFR 435, Subpart J and Subpart M	
<p><b>Eligibility Process</b></p> <p><input checked="" type="checkbox"/> The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.</p> <p><b>Application Processing</b></p> <p>Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.</p> <p><input checked="" type="checkbox"/> 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</p> <p><input type="checkbox"/> An 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.</p> <div style="border: 1px solid gray; background-color: #cccccc; padding: 2px; text-align: center; margin: 5px 0;">An attachment is submitted.</div> <p><input type="checkbox"/> An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.</p> <div style="border: 1px solid gray; background-color: #cccccc; padding: 2px; text-align: center; margin: 5px 0;">An attachment is submitted.</div> <p>Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:</p> <p><input type="checkbox"/> 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.</p> <div style="border: 1px solid gray; background-color: #cccccc; padding: 2px; text-align: center; margin: 5px 0;">An attachment is submitted.</div> <p><input checked="" type="checkbox"/> An 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.</p> <div style="border: 1px solid gray; background-color: #cccccc; padding: 2px; text-align: center; margin: 5px 0;">An attachment is submitted.</div> <p>The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.</p> <p>The agency also accepts applications by other electronic means:</p> <p><input checked="" type="radio"/> Yes    <input type="radio"/> No</p>	

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## Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
+	Fax	Received by fax transmission	X

- The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

### Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
- Once every 12 months
  - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional
- information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.
- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- Once every 12 months
  - Once every 6 months
  - Other, more often than once every 12 months

### Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between
- Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

### 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 0938-1148. 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.

TN: LA 13-50      Approved: 3/13/14  
 Supersedes None: S94 page 2 of 2

Effective:

Page 2 of 2

State: Louisiana  
 Date Received: 27 December, 2013  
 Date Approved: 26 March, 2014  
 Date Effective: 1 January, 2014  
 Transmittal Number: 13-51 MM3



## Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

### MAGI-Based Income Methodologies

S10

1902(e)(14)  
 42 CFR 435.603

- The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size
- Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

- Yes  No



## Medicaid Eligibility

The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

- Age 19
- Age 19, or in the case of full-time students, age 21

### PRA Disclosure Statement

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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)

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.

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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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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)

(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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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF LOUISIANA

SECTION 2- COVERAGE AND ELIGIBILITY

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

**X (f) Using the Income Determination from another Means-Tested Public Benefit Program to Support Medicaid Determinations**

(1) **The state elects the option to use income determined by the following means-tested public benefits program(s) to support Medicaid eligibility determinations:**

- SNAP
- TANF
- Other Means-Tested Program: \_\_\_\_\_

In electing this option, the state assures that it:

- (a) Verifies citizenship and non-citizen status consistent with Medicaid statutory and regulatory requirements in Section 1137 of the Social Security Act, 42 CFR 435.406, and 435.407.
- (b) Complies with Medicaid reporting requirements with respect to participants enrolled through this strategy.
- (c) Provides applicants with program information required under 42 CFR 435.905, such as information about available services and the rights and responsibilities of applicants and beneficiaries.
- (d) Has procedures to ensure that eligible individuals are enrolled in the appropriate Medicaid eligibility group. Description:

For initial automated use of the option, appropriate filters are being applied to the full file of Louisiana SNAP households as of March 31, 2016, to identify and target New Adults exclusively, using Relationship codes (which identify parents of minor children) and SNAP gross income.

As part of the ongoing intake process, applicants who receive SNAP benefits will be assessed to determine if they meet all criteria for using the SNAP income determination to support Medicaid eligibility. If yes, persons applying will be certified in the appropriate eligibility group (Medicaid Case Type) using progression of eligibility:

Child Under Age 19 and Under 138% FPL  
 Parent/Caretaker Relative 19% FPL and Below  
 Pregnant Woman Under 138% FPL  
 New Adult

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SECTION 2- COVERAGE AND ELIGIBILITY

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

- (e) Has procedures to ensure that eligible American Indians or Alaska Natives enrolled through this strategy are exempt from cost sharing/and or premiums, consistent with section 1916A(b)(3) of the Social Security Act. Description:

Additional information and verifications are necessary to establish American Indians and Alaska Natives who are exempt from cost sharing. The Important Information Sheet enclosed with Offer Letters will include a statement noting the exemption and advising members of a federally-recognized tribe to contact the toll-free Customer Service Line. Upon verification of tribal membership, their eligibility record and MMIS recipient file will be updated to reflect exempt status.

- (f) Has post-enrollment procedures to ensure assignment of rights to third party benefits and to secure cooperation in establishing medical support as appropriate, per 42 CFR 435.610.

**(2) SNAP-Specific Criteria**

- (i) The state will use gross income determined by SNAP to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

- Initial application
- Renewal of Medicaid eligibility

In applying this option, all of the following conditions are met:

- (a) All members of the SNAP household are eligible for SNAP, other than for SNAP transitional benefits.
- (b) No one in the SNAP household has any type of income that is excluded in determining gross income for purposes of eligibility for SNAP, but would be included in MAGI-based income.
- (c) No one in the SNAP household is part of a tax household that includes an individual who lives outside the home.
- (d) The SNAP household consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
  - o There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or

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SECTION 2- COVERAGE AND ELIGIBILITY

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**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

- Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.
- (e) Households with self-employment income are excluded from this option if the state uses a state-specific methodology for treating self-employment income in SNAP.

Does the state use a methodology for treating self-employment income that differs from the standard SNAP methodology?

Yes  
 No

- (f) None of the household's income is excluded from gross income as payment of child support for children living outside of the household.

Does the state exclude payment of child support for children from gross income when determining eligibility for SNAP?

Yes, the state adds the amount of child support excluded to the household's SNAP gross income.  
 Yes, these families will be excluded from the method.  
 No

- (g) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for SNAP. If available, electronic data sources are consulted before paper documentation is requested.

(ii) Collection of Information to Determine Eligibility

- (a) The state collects information to ensure that no one in the SNAP household is part of a tax household that includes an individual who lives outside the home through the following:
- Information is available through electronic data sources.
  - Information is collected on the application or renewal form for the means-tested program.
  - The state agency provides a form to the individual to complete and return.
  - For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed.
  - Other. Description:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF LOUISIANA

SECTION 2- COVERAGE AND ELIGIBILITY

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

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- (b) The state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in SNAP gross income. This includes, but may not be limited to income received through an AmeriCorps Education Award not used for educational expenses, or income from a minor dependent child above the applicable tax filing threshold. The status uses the following processes:
  - Information is available through electronic data sources.
  - Information is collected on the application or renewal form for the means-tested program.
  - The state agency provides a form to the individual to complete and return.
  - For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income.
  - Other. Description:

[Empty rectangular box]

- (c) The state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).
  - The household applies for Medicaid by requesting a Medicaid determination through the application for SNAP.
  - The household applies for Medicaid at its SNAP recertification by requesting a Medicaid determination on the SNAP recertification form.
  - Individuals are sent a separate form for signature and return. The state allows the form to be completed:
    - On paper
    - By telephone
    - Online
    - Through other means. Description: Fax, Scan to E-Mail
  - Not applicable. State has only elected option to use strategy at Medicaid renewal.
  - Other. Description:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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SECTION 2- COVERAGE AND ELIGIBILITY

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**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

**(3) TANF-Specific Criteria**

- \_\_\_ (i) The state will use gross income determined by TANF to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

- \_\_\_ Initial application  
\_\_\_ Renewal of Medicaid eligibility

In applying this option, all of the following conditions are met:

- (a) The state has completed or obtained a study indicating that the state's gross income determination under TANF rules is equal to a MAGI-based determination under the circumstances set forth in the SPA.
- (b) All members of the TANF assistance unit are eligible for TANF.
- (c) No one in the TANF assistance unit has any type of income that is excluded in determining income for purposes of TANF, but would be included in MAGI-based income.
- (d) No one in the TANF assistance unit is part of a tax household that includes an individual who lives outside the home.
- (e) The TANF assistance unit consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
  - o There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
  - o Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.

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SECTION 2- COVERAGE AND ELIGIBILITY

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

- (f) Households with income from stepparents are excluded from this option if the state uses state-specific methodology to exclude any income from stepparents living in the TANF assistance unit.

Does the state exclude any portion of stepparents' income from the household income?

- Yes
- No

- (g) The criteria described under this strategy are applied statewide in states with TANF eligibility requirements that vary by region.

Does the state have TANF eligibility requirements that vary by region?

Yes. Description:

No

- (h) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for TANF. If available, electronic data sources are consulted before paper documentation is requested.

(ii) Collection of Information to Determine Eligibility

The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for TANF. If available, electronic data sources are consulted before paper documentation is requested.

- (a) Describe how the state collects information to ensure that no one in the TANF household is part of a tax household that includes an individual who lives outside the home:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for TANF.
- The state agency provides a form to the individual to complete and return.
- The state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed.

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SECTION 2- COVERAGE AND ELIGIBILITY

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

Other. Description:

(b) Describe how the state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in TANF income:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for the means-tested program.
- The state agency provides a form to the individual to complete and return.
- For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income.
- Other. Description:

(c) Describe how the state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).

- The household applies for Medicaid by requesting a Medicaid determination through the application for TANF.
- The household applies for Medicaid at its TANF recertification by requesting a Medicaid determination on the TANF recertification form.
- Individuals are sent a separate form for signature and return. The state allows the form to be completed:
  - On paper
  - By telephone
  - Online
  - Through other means. Description:

Not applicable. State has only elected option to use strategy at Medicaid renewal.

Other. Description:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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SECTION 2- COVERAGE AND ELIGIBILITY

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**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

**(4) Criteria for Other Public Means-Tested Benefit Program**

\_\_\_ (i) The state will use gross income determined by \_\_\_\_\_ to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

- \_\_\_ Initial application
- \_\_\_ Renewal of Medicaid eligibility

In applying this option, the following conditions are met:

- (a) The state has completed or obtained a study indicating that the state’s gross income determination for the means-tested benefit program described above is equal to a MAGI-based determination under the circumstances set forth in the SPA.
- (b) All members of the household for the [means-tested benefit program name] \_\_\_\_\_ are eligible for that program.
- (c) No one in the household for the [means tested benefit program] has any type of income that is excluded in determining gross income for purposes of the program, but would be included in MAGI-based income.
- (d) No one in the household for the [means tested benefit program] is part of a tax household that includes an individual who lives outside the home.
- (e) The household for the means-tested benefit program consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
  - There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
  - Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF LOUISIANA

SECTION 2- COVERAGE AND ELIGIBILITY

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

- (f) The household for the means-tested benefit program consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
  - o There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
  - o Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.
- (g) The criteria described under this strategy are applied statewide in states with eligibility requirements for the means-tested program described above that vary by region.

Do the eligibility requirements for the means-tested program vary by region?

Yes. Description:

No

- (h) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for the means-tested program. If available, electronic data sources are consulted before paper documentation is requested.

(ii) Collection of Information to Determine Eligibility

- (a) Describe how the state collects information to ensure that no one in the [means-tested benefit program] household is part of a tax household that includes an individual who lives outside the home:
  - Information is available through electronic data sources.
  - Information is collected on the application or renewal form for the means-tested program.
  - The state agency provides a form to the individual to complete and return.

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- The state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed. Other. Description:

(b) Describe how the state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in total income for the means-tested benefit program:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for the means-tested program.
- The state agency provides a form to the individual to complete and return.
- For renewals only, the state agency p a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income.
- Other. Description:

(c) Describe how the state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).

- The household applies for Medicaid by requesting a Medicaid determination through the application for the means-tested benefit program.
- The household applies for Medicaid at recertification for the means-tested benefit program by requesting a Medicaid determination on the recertification form for the means tested benefit program.
- Individuals are sent a separate form for signature and return. . The state allows the form to be completed:
  - On paper
  - By telephone
  - Online
  - Through other means. Description: \_\_\_\_\_

- Not applicable. State has only elected option to use strategy at Medicaid renewal.
- Other. Description:

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