

State Plan Under Title XIX of the Social Security Act

State: Louisiana

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on 01/28/2014. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

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| State: Louisiana Date Approved: 05/05/16 Date Received: 03/31/16 Date Effective: 07/01/16 Transmittal Number: LA 16-0009 |
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Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

| Covered Populations Within New Adult Group | | Applicable Population Adjustment | | | |
|--|---|--|----------------|-----------------------|-------------------|
| Population Group | Relevant Population Group Income Standard | Resource Proxy | Enrollment Cap | Special Circumstances | Other Adjustments |
| | <p>For each population group, indicate the lower of:</p> <ul style="list-style-type: none"> The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or 133% FPL. <p>If a population group was not covered as of 12/1/09, enter "Not covered".</p> | <p>Enter "Y" (Yes), "N" (No), or "NA" in the appropriate column to indicate if the population adjustment will apply to each population group. Provide additional information in corresponding attachments.</p> | | | |
| A | B | C | D | E | F |
| Parents/Caretaker Relatives | Attachment A, Column C, Line 1 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan. | No | No | No | No |
| Disabled Persons, non-institutionalized | Attachment A, Column C, Line 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan. | Yes | No | No | No |
| Disabled Persons, institutionalized | Attachment A, Column C, Line 3 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan. | No | No | No | No |
| Children Age 19 or 20 | Not Covered | N/A | N/A | N/A | N/A |
| Childless Adults | Not Covered | N/A | N/A | N/A | N/A |
| | | | | | |

Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

- Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.
- Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

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- Applies existing state data from periods before January 1, 2014.
- Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. An enrollment cap adjustment is applied by the state (complete items 2 through 4).
- An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
 - Yes. The combined enrollment cap adjustment is described in Attachment C
 - No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:
 - Applies a special circumstances adjustment(s).
 - Does not apply a special circumstances adjustment.
2. The state:
 - Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
 - Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

The state:

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- Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated _____.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

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 4 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.

Most Recent Updated Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan**

LOUISIANA

12/12/2013

| | Population Group | Net standard as of 12/1/09 | Converted standard for FMAP claiming | Same as converted eligibility standard? (yes, no, or n/a) | Source of information in Column C (New SIPP conversion or Part 1 of approved state MAGI conversion plan) | Data source for Conversion (SIPP or state data) | |
|---|---|----------------------------|--------------------------------------|---|--|---|------|
| | A | B | C | D | E | F | |
| Conversions for FMAP Claiming Purposes | | | | | | | |
| 1 | Parents/Caretaker Relatives - Medically Needy | | | | | | |
| | Dollar standards by family size | | | | | | |
| | 1 | * | \$108 | | | | |
| | 2 | * | \$193 | | | | |
| | 3 | * | \$264 | | | | |
| | 4 | * | \$328 | | | | |
| | 5 | * | \$391 | | | | |
| | 6 | * | \$446 | | | | |
| | 7 | * | \$501 | | | | |
| | 8 | * | \$556 | | | | |
| | 9 | * | \$611 | | | | |
| | 10 | * | \$664 | | | | |
| | 11 | * | \$722 | | | | |
| | 12 | * | \$777 | | | | |
| | 13 | * | \$837 | | | | |
| | 14 | * | \$895 | | | | |
| | 15 | * | \$956 | | no | new SIPP conversion | SIPP |
| | 16 | * | \$1,022 | | | | |
| | 17 | * | \$1,075 | | | | |
| | 18 | * | \$1,140 | | | | |
| | 19 | * | \$1,231 | | | | |
| | 20 | * | \$1,321 | | | | |
| | 21 | * | \$1,393 | | | | |
| | 22 | * | \$1,456 | | | | |
| | 23 | * | \$1,514 | | | | |
| | 24 | * | \$1,569 | | | | |
| | 25 | * | \$1,624 | | | | |
| | 26 | * | \$1,679 | | | | |
| | 27 | * | \$1,734 | | | | |
| | 28 | * | \$1,789 | | | | |
| | 29 | * | \$1,844 | | | | |
| | 30 | * | \$1,899 | | | | |
| add-on | | \$50 | \$55 | | | | |
| 2 | Noninstitutionalized Disabled Persons | 100% | 103% | n/a | new SIPP conversion | SIPP | |
| | % FBR | | | | | | |
| 3 | Institutionalized Disabled Persons | 300% | 300% | n/a | ABD conversion template | n/a | |
| | SSI FBR% | | | | | | |
| 4 | Children Age 19-20 | n/a | n/a | n/a | n/a | n/a | |
| 5 | Childless Adults | n/a | n/a | n/a | n/a | n/a | |
| | FPL % (limited benefits) | | | | | | |

n/a: Not applicable.

* The converted standards for medically needy parents/caretaker relatives are a weighted average of urban and rural standards. The original add-on amount is identical between urban and rural areas.

**The numbers in this summary chart will be updated automatically in the case of modification in the CMS approved MAGI Conversion Plan.

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Resource Criteria Proxy Methodology

Louisiana’s December 2009 Medicaid State Plan included resource limits in the eligibility group that provided coverage for disabled person (non-institutionalized). The State will apply a resource proxy that accounts for denials due to excess resource for this population group.

Louisiana pulled the most recent data prior to January 1, 2014 for the total number of all applications approved in this group (January 2012 through December 2013). The State also pulled the data for the number of all applications that were denied in this group for having excess resources for the months of January 2012 through December 2013. The number denied applications provided below are those the State can specifically identify that a resource determination was made. The vast majority of other denials for this group were due to excess income, disability not met, and failure to provide information; therefore, the state cannot determine whether a resource determination was made prior to denying for the other reason.

All data was pulled from the State’s eligibility determination system which is the source of record for eligibility decisions. Total application counts for this group were used in the calculation; this does not represent a sample.

Based on this data, we took the average number of denials for excess resources in the months of January 2012 through December 2013 for the non-institutionalized (ABD) disabled and divided it by the total number of applications granted in this category, plus the number of denials to calculate the resource proxy (see below).

Resource Proxy for the Disabled, Non-Institutionalized

| Month | Applications Approved | Applications Denied - Excess Resources | Month | Applications Approved | Applications Denied - Excess Resources |
|----------------|-----------------------|--|-------------------------------|-----------------------|--|
| January 2012 | 466 | 50 | January 2013 | 608 | 47 |
| February 2012 | 612 | 52 | February 2013 | 590 | 50 |
| March 2012 | 570 | 58 | March 2013 | 578 | 57 |
| April 2012 | 496 | 51 | April 2013 | 787 | 64 |
| May 2012 | 601 | 63 | May 2013 | 641 | 43 |
| June 2012 | 495 | 65 | June 2013 | 511 | 4 |
| July 2012 | 642 | 56 | July 2013 | 692 | 46 |
| August 2012 | 399 | 56 | August 2013 | 558 | 48 |
| September 2012 | 527 | 53 | September 2013 | 545 | 45 |
| October 2012 | 672 | 24 | October 2013 | 690 | 42 |
| November 2012 | 620 | 59 | November 2013 | 429 | 18 |
| December 2012 | 513 | 34 | December 2013 | 415 | 21 |
| | | | Average (Jan 2012 - Dec 2013) | 569 | 46 |
| | | | | C1 | C2 |
| | | | | | 7.491702229% |
| | | | | | Resource Proxy = C2/(C1+C2) |

Attachment D

Louisiana proposes to use proxy methodology to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be newly eligible for coverage in the Adult Expansion Group (435.119) and for the newly eligible FMAP under section 1905(y) of the Act, if the State completed a redetermination.

Louisiana assures that the benefit package provided for all individuals through the postpartum extension complies with section 1937 of the Act, including the provision of essential health benefits (EHBs), no treatment limitations that are more restrictive than the Alternative Benefit Plan (ABP) benefit package, compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA), and the absence of cost sharing for preventive services meeting the definition of an EHB.

Based upon Calendar Years 2018 and 2019, LDH will document the total number of members closed in the Pregnancy/Post-Partum group (435.116) and the number of members who transitioned to the Adult Group within 10 months of the expiration of their pregnancy coverage (60 day post-partum). We will also review the duration of those members who transitioned to the Adult Group, identifying the average number of months the individual maintained eligibility through the extended 10-month period.

The proxy percentage will be determined as follows:

| # of Members in Pregnancy/Post-Partum Group (435.116) who Transitioned to Adult Group as newly eligible (435.119) Within 10 months of the Expiration of Pregnancy/Post-Partum Group Eligibility During Calendar Years 2018 and 2019 | Divided By (÷) | Total # of Members whose coverage ended in Pregnancy/Post-Partum Group During Calendar Years 2018 and 2019 | Multiplied by (X) | Percent of time members of the Pregnancy/Post-Partum Group remained in Adult Group in the 10 month post-partum period | Equals (=) | Proxy Percentage for Claiming |
|---|-----------------------|--|--------------------------|---|-------------------|-------------------------------|
| 23,755 | Divided By (÷) | 42,629 | Multiplied by (X) | .77 | Equals (=) | 43% |

1. On a monthly basis, identify the individuals in day 61 – 365 of postpartum coverage and the per member per month (PMPM) payments paid to the managed care organizations for this identified population.
2. Apply the derived proxy percentage to the actual PMPM spend for the identified population.
3. On quarterly basis, reclass the proxy cost for the identified population from the regular FMAP reporting line to the expansion FMAP reporting line.

Transition Methodologies

Louisiana currently operates an 1115 Waiver for The Greater New Orleans Community Health Connection (GNOCHC) program. The waiver was implemented in 2010 and only provides limited ambulatory benefits. This population does not count as a covered adult group that would effect FMAP claiming because all GNOCHC enrollees are eligible for the enhanced FMAP. Since there are no individuals in this waiver who would not qualify as part of the new adult group, there are no special FMAP adjustments associated with their transition out of the 1115 Waiver.

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