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



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

March 6, 2014

Our Reference: SPA LA 13-0053-MM5

Ms. Ruth Kennedy, State Medicaid Director Department of Health and Hospitals Bienville Building 628 North 4th Street Post Office Box 91030 Baton Rouge, LA 70821-9030

Attn: Darlene Adams Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 13-0053-MM5. This MAGI state plan submitted in the Medicaid Model Data Lab (MMDL) allows the State to affirm residency regulations in accordance with the Patient Protection and Affordable Care Act (PPACA). It also addresses interstate agreements and temporary absence in accordance with the PPACA.

Transmittal Number 13-0053-MM5 is approved with an effective date of January 1, 2014 as requested. A copy from the MMDL of the HCFA-179, Transmittal No. 13-0053-MM5 dated December 27, 2013 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at <u>ford.blunt@cms.hhs.gov</u> or by phone at (214) 767-6381.

Sincerely,

Bill Brooks

Associate Regional Administrator

Bill Buch

Enclosures

Signature of State Agency Official

Submitted By: Roberta Diaz

Last Revision Date: Feb 27, 2014

Submit Date: Dec 27, 2013 Date Received: 27 December, 2013

Date Approved: 6 March, 2014

Date Effective: 1 January, 2014 Transmittal Number: LA 13-53 MM5

Bill Broke

Printed Name and Title:

Bill Brooks, Associate Regional Administrator Division of Medicaid & Children's Health



Medicaid Eligibility

OMB Control Number 0938-1148

Non-Financial Eligibility	OMB Expiration date: 10/31/2	
State Residency	s	
42 CFR 435.403		
State Residency		
The state provides Medicaid to otherwise eligible residents of the state, includi certain conditions.	ing residents who are absent from the state under	
Individuals are considered to be residents of the state under the following cond	fitions;	
Non-institutionalized individuals age 21 and over, or under age 21, capable married, if the individual is living in the state and:	e of indicating intent and who are emancipated or	
Intends to reside in the state, including without a fixed address, or		
 Entered the state with a job commitment or seeking employment, when 	ther or not currently employed.	
Individuals age 21 and over, not living in an institution, who are not capable which they live.		
Non-institutionalized individuals under 21 not described above and non IV-	-E beneficiary children:	
Residing in the state, with or without a fixed address, or	Harden Andreas Control of Antonio Anto	
The state of residency of the parent or caretaker, in accordance with 42 resides.	CFR 435.403(h)(1), with whom the individual	
Individuals living in institutions, as defined in 42 CFR 435.1010, including indicating intent before age 21 and individuals under age 21 who are not em	foster care homes, who became incapable of nancipated or married:	
Regardless of which state the individual resides, if the parent or guardia resides in the state, or	an applying for Medicaid on the individual's behalf	
Regardless of which state the individual resides, if the parent or guardia placement, or	an resides in the state at the time of the individual's	
If the individual applying for Medicaid on the individual's behalf reside institutionalized individual's parent(s) were terminated and no guardian institutionalized in the state.	s in the state and the parental rights of the has been appointed and the individual is	
Individuals living in institutions who became incapable of indicating intent a unless another state made the placement.	at or after age 21, if physically present in the state.	
Individuals who have been placed in an out-of-state institution, including for	ster care homes, by an agency of the state.	
Any other institutionalized individual age 21 or over when living in the state institution by another state.		
■ IV-E eligible children living in the state, or		

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Medicaid Eligibility

Otherwise meet the requirements of 42 CFR 435.403.

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Medicaid Eligibility

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⊠ Alaska	e. The state of th		
	⊠ Indiana		South Carolina
	⊠ Iowa	Nevada Nevada	South Dakota
	⊠ Kansas	New Hampshire	□ Tennessee
⊠ California	⊠ Kentucky	New Jersey	□ Texas
⊠ Colorado	☐ Louisiana	New Mexico	□ Utah
Connecticut	Maine Maine	☐ New York	∨ Vermont
□ Delaware □	Maryland	North Carolina	
District of Columbia		North Dakota	
	Michigan Michigan	Ohio	West Virginia
□ Georgia	Minnesota	○ Oklahoma	
	Mississippi	○ Oregon	☐ Wyoming
□ Idaho	Missouri	□ Pennsylvania	
Are IV-E eligible	the purpose of attending sche		y):
☐ Are out of the state only ☐ Retain addresses in both ☐ Other type of individual	states	ad askerd	
☐ Are out of the state only ☐ Retain addresses in both	i states iduals in the state only to atte	nd school.	



Medicaid Eligibility

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

Provide a description of the definition:

Recipients do not lose their residence status because of temporary absences from the state including for educational purposes when the recipient has the intent to return to Louisiana.

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.

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