#### State/Territory name: Louisiana Transmittal Number: Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered. Type of SPA: MAGI Eligibility & Methods XXI Medicaid Expansion Establish 2101(f) Group ✓ Eligibility Processing Non-Financial Eligibility **Proposed Effective Date** 04/20/2016 (mm/dd/yyyy) Federal Statute/Regulation Citation 2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR 457, subpart C Federal Budget Impact This SPA has a budget impact. Total budget impact: State Funds: Federal Funds: \$ Subject of Amendment Please provide a brief summary of SPA changes. The SPA proposes to amend the provisions governing Medicaid eligibility in order to return to a determination state and accept Medicaid eligibility determinations made by the Federally Facilitated Marketplace. Signature of State Agency Official Submitted By: Karen Barnes Apr 21, 2016 Last Revision Date:

Apr 21, 2016

Children's Health Insurance Program Eligibility: Summary Page

Submit Date:



# **CHIP Eligibility**

State Name: Louisiana	OMB Control Number: 0938-1148
Transmittal Number: LA - 16 - 0002	Expiration date: 10/31/2014
Separate Child Health Insurance Progra General Eligibility - Eligibility Processing	
2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR	457, subpart C
The CHIP Agency meets all of the requirements enrollment.	of 42 CFR 457, subpart C for application processing, eligibility screening and
Application Processing	
Indicate which application the agency uses for indiv modified adjusted gross income standard:	iduals applying for coverage who may be eligible based on the applicable
The single, streamlined application develop Care Act.	bed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable
An alternative single, streamlined applicati section 1413(b)(1)(B) of the Affordable Ca	on developed by the state and approved by the Secretary in accordance with re Act.
	An attachment is submitted.
	r multiple human service programs approved by the Secretary, provided that the or alternative application used only for insurance affordability programs to a such programs.
	An attachment is submitted.
The agency's procedures permit an individual, of the internet website described in CFR 457.340(	or authorized person acting on behalf of the individual, to submit an application via a), by telephone, via mail, in person and other commonly available electronic means.
The agency accepts applications in the following	g other electronic means.
Other electronic means:	
Name of method	Description
<b>→</b> Fax	Received by fax transmission
Screen and Enroll Process	
application, periodic redeterminations, and follow	nd enrollment screening procedures in place that are applied at time of initial ow-up eligibility determinations. The procedures ensure that only targeted low-up that enrollment is facilitated for applicants found to be potentially eligible for
Procedures include:	



# **CHIP Eligibility**

	Screening of application to identify all individuals eligible or potentially eligible for CHIP or other insurance affordability programs; and
	Income eligibility test, with calculation of household income consistent with 42 CFR 457.315 for individuals identified as potentially eligible for Medicaid or other insurance affordability programs based on household income; and
	Screening process for individuals who may qualify for Medicaid on a basis other than having household income at or below the applicable MAGI standard, based on information in the single streamlined application.
	the CHIP agency has entered into an arrangement with the Exchange to make eligibility determinations for advanced emium tax credits in accordance with section 1943(b)(2) of the SSA.
Redete	rmination Processing
1	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 457.343:
	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.
Screen	ing by Other Insurance Affordability Programs
	The CHIP Agency provides assurance that it has adopted procedures to accept and process electronic accounts of individuals screened as potentially eligible for CHIP by other insurance affordability programs in accordance with the requirements of 42 CFR 457.348(b) and to determine eligibility in accordance with 42 CFR 457.340 in the same manner as if the application had been submitted directly to, and processed by the state.
	The CHIP Agency elects the option to accept CHIP eligibility decisions made by the Exchange or other agencies administering insurance affordability programs as provided in 42 CFR 457.348 and to furnish CHIP in accordance with requirements of 42 CFR 457.340 to the same extent and in the same manner as if the applicant had been determined by the state to be eligible for CHIP.
	Check all Insurance Affordability Programs that apply:
	▼ The Exchange
	Medicaid
	Other Insurance Affordability Program
□ Th	the CHIP Agency has entered into an agreement with agencies administering other insurance affordability programs to fulfill the quirements of 457.348(b) and will provide this agreement to the Secretary upon request.



### **CHIP Eligibility**

#### 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 50 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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