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

October 31, 2016

Our Reference: SPA LA 16-0007

Ms. Jen Steele, State Medicaid Director Department of Health and Hospitals 628 North 4th St. Post Office Box 91030 Baton Rouge, LA 70821-9030

Attention: Darlene Budgewater

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 16-0007 dated June 24, 2016. This state plan amendment adopts the provisions to establish a Medicaid Asset Verification program (AVP) to verify the assets of aged, blind, or disabled applicants for, and recipients of, Medicaid benefits.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of June 20, 2016. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at Cheryl.Rupley@cms.hhs.gov.

Sincerely,

Bill Brooks

Associate Regional Administrator

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TRANSMITTAL AND NOTICE OF APPROVAL OF	1 TD ANGS COMP.	OMB NO. 0938-0193	
	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	16-0007	Louisiana	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: 1 SOCIAL SECURITY ACT (MEDI	TITLE XIX OF THE CAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	June 20, 2016		
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
42 CFR Section 1940(a)	a. FFY <u>2016</u>	<u>\$0</u>	
	b. FFY <u>2017</u>	<u>\$0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	SEDED PLAN	
	SECTION OR ATTACHMENT (If		
Supplement 16 to Attachment 2.6-A, Pages 1 through 3	None – New Pages		
11 mg v 1 mg v 1 mi v ugu 3	Tione Tiew Lages		
10. SUBJECT OF AMENDMENT: The SPA proposes to adop	t provisions to establish a Modica	id Asset	
Verification program (AVP) to verify the assets of aged,	blind or disabled and in the first	nd Asset	
Medicaid benefits.	bund or disabled applicants for,	and recipients of,	
Medicald benefits.			
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S OFFICE REPORTED NO COMMENT	MOTHER AS SPECIFIED.		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	☑ OTHER, AS SPECIFIED:	stata plan matarial	
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review state plan material. The Governor does not review state plan material.			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16 DETUDNICO		
12. SIGNATURE OF CATE AGENCY OFFICIAL:	16. RETURN TO:		
	Jen Steele, Medicaid Director	•	
13. TYPED NAME:	State of Louisiana		
Rebekah E. Gee MD, MPH	Department of Health		
14. TITLE:	628 N. 4 th Street		
Secretary	P.O. Box 91030		
15. DATE SUBMITTED:		0	
June 24, 2016	Baton Rouge, LA 70821-903	0	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 24 June, 2016	18. DATE APPROVED: 31 October, 2016		
PLAN APPROVED – ONE COPY ATTACHED			
	20. SIGNATURA OF REGIONAL OFFICE	TAI:	
20 June, 2016	Bull Broke	CIAL.	
	22. TITLE: Associate Regional Administrator		
Bill Brooks	Associate Regional Administrator Division of Medicaid and Children	a's Health	
	Division of Medicaid and Children	15 11001111	
23. REMARKS:			

State: Louisiana

Date Approved: 10-31-2016 Revision: Date Effective: 6-20-2016

Date Submitted: 6-24-16

Transmittal Number: 16-0007

SUPPLEMENT 16 TO ATTACHMENT 2.6-A

Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

ASSET VERIFICATION SYSTEM

1940(a)

- The Agency will provide for the verification of assets for purposes of 1. determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
 - A. The request and response system must be electronic:
 - Verification inquiries must be sent electronically via the internet or similar means from the Agency to the financial institution (FI).
 - The system cannot be based on mailing paper-based requests. **(2)**
 - The system must have the capability to accept responses (3) electronically.
 - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
 - C. The system must establish and maintain a database of FIs that participate in the Agency's AVS.
 - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the Agency determines that such requests are needed to determine or redetermine the individual's eligibility.
 - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years.

TN 16-0007 Supersedes TN New Page 2.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

ASSET VERIFICATION SYSTEM

System Development			
A	The Agency itself will build and maintain an AVS.		
	In 3 below, describe how the section 1.	ystem will meet the requirements in	
B. <u>X</u>	The Agency will hire the following contractor to build and maintain an AVS.		
	In 3 below, identify the contractor, if known, and describe how the system will meet the requirements in Section 1.		
C	The Agency will be joining a consortium to develop an AVS.		
	In 3 below, identify the States participating in the consortium. Also identify the contractor, if known, who will build and maintain the consortium's AVS, and how the system will meet the requirements in Section 1.		
D	The Agency already has a system in place that meets the requirements for an acceptable AVS:		
	In 3 below, describe how the system meets the requirements in Section 1.		
Е	Other alternative not included in A. – D. above.		
	In 3 below, describe this alternative approach how it will meet the requirements in Section 1.		
		State: Louisiana Date Approved: 10-31-2016 Date Effective: 6-20-2016 Date Submitted: 6-24-16 Transmittal Number: 16-0007	

TN 16-0007 Supersedes TN New Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>LOUISIANA</u>

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation description and other information requested for the implementation approach checked in Section 2.

In order to implement the requirements of an Asset Verification System (AVS), the Louisiana Medicaid Program will incorporate an AVS solution as part of its modernized eligibility and enrollment system. We are currently working with Deloitte on the development and implementation of the system. The AVS solution will meet the requirements of §1040 of P.L. 110-252 and comply with the national standards prescribed by the Health Insurance Portability and Accountability Act of 1996 and the Balanced Budget Act of 1997, and will be kept in compliance with new and modified requirements.

State: Louisiana

Date Approved: 10-31-2016 Date Effective: 6-20-2016 Date Submitted: 6-24-16 Transmittal Number: 16-0007

TN 16-0007