



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

**VIA ELECTRONIC MAIL ONLY**

May 4, 2016

Bill Brooks  
Associate Regional Administrator  
Division of Medicaid & Children's Health  
DHHS/Centers for Medicare and Medicaid Services  
1301 Young Street, Room #833  
Dallas, Texas 75202

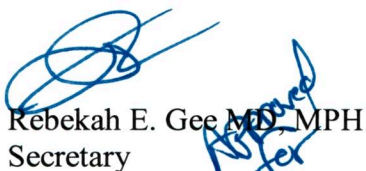
Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan  
Transmittal No. 16-0012

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Warmly,

  
Rebekah E. Gee MD, MPH  
Secretary

Attachments (2)

REG:WJR:JH

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**16-0012**

2. STATE

**Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

**July 1, 2016**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:

**1902(e)(13) of the Act**

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 \$0

b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**New Pages**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable):

**None – New pages**

10. SUBJECT OF AMENDMENT: **The SPA proposes to establish provisions for the use of the Supplemental Nutrition Assistance Program (SNAP) option for streamlined enrollment of SNAP recipients who meet eligibility requirements for the new adult group under Medicaid expansion.**

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

**The Governor does not review state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

**Rebekah E. Gee MD, MPH**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**May 4, 2016**

16. RETURN TO:

**Jen Steele, Interim Medicaid Director  
State of Louisiana  
Department of Health and Hospitals  
628 N. 4<sup>th</sup> Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

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

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

The state elects the option to use income determined by the following public 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:

1. 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.
2. Complies with Medicaid reporting requirements with respect to participants enrolled through this strategy.
3. 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.
4. Has procedures to ensure that eligible individuals are enrolled in the appropriate Medicaid eligibility group. Please describe:

For initial automated use of the option, appropriate filters are being applied to the full file of Louisiana SNAP households as of 3/31/16 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



5. 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.

Please describe:

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.

6. 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.

### ***SNAP-Specific Criteria***

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

- X Initial application
- X Renewal of Medicaid eligibility

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

1. All members of the SNAP household are eligible for SNAP, other than for SNAP transitional benefits.
2. 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.
3. No one in the SNAP household is part of a tax household that includes an individual who lives outside the home.
4. 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:
  - 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.
5. 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.

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

☐ Yes  
☒ No

6. 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

7. 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.

#### Collection of Information to Determine Eligibility

1. Describe how 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:

- ☐ Information is available through electronic data sources.  
☐ Information is collected on the application or renewal form for the means-tested program.  
☒ The state agency sends a form to the individual to complete and return. (Please submit an attachment)  
☐ For renewals only, the state agency sends a renewal notice requesting that the beneficiary notify the agency if household information has changed. (Please submit an attachment).  
☐ Other. Please describe:

2. 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 SNAP gross income. This includes, but may not be limited to income received through an AmeriCorps Education Award income from a minor dependent child above the applicable tax filing threshold:

- ☐ Information is available through electronic data sources.  
☐ Information is collected on the application or renewal form for the means-tested program. (Please submit an attachment)  
☒ The state agency sends a form to the individual to complete and return. (Please submit an attachment)

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- ☐ For renewals only, the state agency sends a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income (Please submit an attachment).
- ☐ Other. Please describe:

3. 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 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. Please describe: Fax, Scan to E-Mail
- ☐ Not applicable. State has only elected option to use strategy at Medicaid renewal.
- ☐ Other. Please describe:

### ***TANF-specific Criteria***

- \_\_\_ 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, the following conditions are met:

1. 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. (Please submit attachment)
2. All members of the TANF assistance unit are eligible for TANF.
3. 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.

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4. No one in the TANF assistance unit is part of a tax household that includes an individual who lives outside the home.
5. 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:
  - 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.
6. 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

7. 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. Please describe:

☐ No

8. 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.

#### Collection of Information to Determine Eligibility

1. Describe how the state collects information to ensure that no one in the TANF assistance unit 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 sends a form to the individual to complete and return. (Please submit an attachment)

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- ☐ For renewals only, the state agency sends a renewal notice requesting that the beneficiary notify the agency if household information has changed. (Please submit an attachment).

☐ Other. Please describe:

4. 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 SNAP gross income. This includes income received through an AmeriCorps Education Award.

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

☐ Other. Please describe:

2. 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 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. Please describe: \_\_\_\_\_
- ☐ Not applicable. State has only elected option to use strategy at Medicaid renewal.
- ☐ Other. Please describe:

#### Collection of Information to Determine Eligibility

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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.

1. 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 sends a form to the individual to complete and return. (Please submit an attachment)
- ☐ The state agency sends a renewal notice requesting that the beneficiary notify the agency if household information has changed.
- ☐ Other. Please describe:

2. 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 sends a form to the individual to complete and return. (Please submit an attachment)
- ☐ For renewals only, the state agency sends a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income (Please submit attachment).
- ☐ Other. Please describe:

3. 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. Please describe: \_\_\_\_\_

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

***Criteria for Other Public Means-Tested Benefit Program***

\_\_\_ The state will use gross income determined by Louisiana **Department of Children and Family Services** to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

Initial application

\_\_\_Renewal of eligibility

In applying this option, the following conditions are met:

1. 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. (Please submit attachment)
2. All members of the household for the [means-tested benefit program name] \_\_\_\_\_ are eligible for that program.
3. 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.
4. 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.
5. 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.
6. 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.

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

     Yes. Please describe:

     No

9. 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.

Collection of Information to Determine Eligibility

1. 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 sends a form to the individual to complete and return. (Please submit an attachment)
- ☐ The state agency sends a renewal notice requesting that the beneficiary notify the agency if household information has changed. Other. Please describe:

4. 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 sends a form to the individual to complete and return. (Please submit an attachment)
- ☐ For renewals only, the state agency sends a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income (Please submit attachment).
- ☐ Other. Please describe:

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

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- ☐ 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. Please describe: \_\_\_\_\_
- ☐ Not applicable. State has only elected option to use strategy at Medicaid renewal.
- ☐ Other. Please describe: