

LA - Submission Package - LA2018MS0007O - (LA-19-0009) - Eligibility

- Summary
- Reviewable Units
- News
- Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	LA2018MS0007O	Submission Type	Official
Program Name	N/A	State	LA
SPA ID	LA-19-0009	Region	Dallas, TX
Version Number	1	Package Status	Pending

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS0007O | LA-19-0009

Package Header

Package ID	LA2018MS0007O	SPA ID	LA-19-0009
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Louisiana	Medicaid Agency Name:	Louisiana Department of Health
------------------------------	-----------	------------------------------	--------------------------------

Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS0007O | LA-19-0009

Package Header

Package ID	LA2018MS0007O	SPA ID	LA-19-0009
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID LA-19-0009

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Citizenship and Non-Citizen Eligibility	2/1/2019	LA-13-0054

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS0007O | LA-19-0009

Package Header

Package ID	LA2018MS0007O	SPA ID	LA-19-0009
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The purpose of this SPA is to adopt the CHIPRA option which will eliminate the five-year waiting period and provide coverage to lawfully residing children, under the age of 19.

Federal Budget Impact and Statute/Regulation Citation


Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$16904
Second	2020	\$969906

Federal Statute / Regulation Citation

Section 2107(e)(1)(J) of the Social Security Act 42 CFR 457.320(b)(6), (c) and (d)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
19-0009 CMS-179	1/22/2019 3:16 PM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00070 | LA-19-0009

Package Header

Package ID LA2018MS00070
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID LA-19-0009
Initial Submission Date N/A
Effective Date N/A

Governor's Office Review

- ☐ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☒ Other

Describe The Governor does not review State Plan material

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00070 | LA-19-0009

CMS-10434 OMB 0938-1188

The submission includes the following:

- ☐ Administration
- ☐ Eligibility

☐ Income/Resource Methodologies

☐ Income/Resource Standards

☐ Mandatory Eligibility Groups

☐ Optional Eligibility Groups

☐ Non-Financial Eligibility

- ☐ State Residency
- ☐ Citizenship and Non-Citizen Eligibility

Reviewable Unit Name	In cl u d e d in A n o t h e r S u b m i s s i o n P a c k a g e	Source Type
Citizenship and Non-Citizen Eligibility	<input type="radio"/>	CONVERTED

- ☐ Eligibility and Enrollment Processes
- ☐ Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00070 | LA-19-0009

Package Header

Package ID	LA2018MS00070	SPA ID	LA-19-0009
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.


- ☐ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☒ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- ☐ Newspaper Announcement
- ☐ Publication in state's administrative record, in accordance with the administrative procedures requirements
- ☐ Email to Electronic Mailing List or Similar Mechanism
- ☐ Website Notice
- ☐ Public Hearing or Meeting
- ☐ Other method

Date of Publication: Oct 20, 2018

Upload copies of public notices and other documents used

Name	Date Created	
19-0009 Public Notice	1/22/2019 3:23 PM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00070 | LA-19-0009

Package Header

Package ID	LA2018MS00070	SPA ID	LA-19-0009
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- ☒ Yes
- ☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- ☒ Yes
- ☐ No

☐ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

☐ All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
10/19/2018	Electronic Tribal Notification


☐ All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

☐ All Indian Tribes

Date of consultation:	Method of consultation:
10/19/2018	Electronic Tribal Notification

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
19-0009 Tribal Notice	1/22/2019 3:26 PM EST	

Indicate the key issues raised (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Medicaid State Plan Eligibility

Non-Financial Eligibility

Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00070 | LA-19-0009

Package Header

Package ID	LA2018MS00070	SPA ID	LA-19-0009
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	2/1/2019
Superseded SPA ID	LA-13-0054		
	System-Derived		

- ☐ The state provides Medicaid to citizens and nationals of the United States and certain non-citizens who meet all other Medicaid eligibility requirements under the state plan, consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.

A. Citizens, Nationals and Eligible Non-Citizens

The state provides Medicaid eligibility to otherwise eligible individuals:

1. Who are citizens or nationals of the United States; or
2. Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641) or who are non-citizens treated as refugees under other federal statutes for purposes of Medicaid eligibility, subject to the requirements at 8 U.S.C. §1612(b)(2), and are not restricted by section 403 of PRWORA (8 U.S.C. §1613); or who are non-citizens whose eligibility is required by 8 U.S.C. 1612(b)(2)(E) and (F); and
3. Who have declared themselves to be citizens or nationals of the United States, or non-citizens having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, 911, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

- a. The agency provides for an extension of the reasonable opportunity period for non-citizens if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

☐ Yes

☒ No

- ☐ b. When a reasonable opportunity period is provided, the agency furnishes benefits to otherwise eligible individuals on the following date:

The date benefits are furnished is:

- ☒ i. The date of the application containing the declaration of citizenship or immigration status.
- ☐ ii. The first day of the month of application.

Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00070 | LA-19-0009

Package Header

Package ID	LA2018MS00070	SPA ID	LA-19-0009
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	2/1/2019
Superseded SPA ID	LA-13-0054		
	System-Derived		

B. Optional Coverage of Qualified Non-Citizens

The state provides Medicaid coverage to all otherwise-eligible Qualified Non-Citizens whose eligibility is not restricted by section 403 of PRWORA (8 U.S.C. §1613).

- ☒ Yes
- ☐ No

Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00070 | LA-19-0009

Package Header

Package ID	LA2018MS00070	SPA ID	LA-19-0009
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	2/1/2019
Superseded SPA ID	LA-13-0054		
	System-Derived		

C. Coverage of Lawfully Residing Individuals

The state elects the option to provide Medicaid coverage to otherwise eligible individuals, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

☒ Yes

☐ No

☐ 1. Pregnant women

☐ 2. Individuals under a specified age:

☐ a. Individuals under age 21

☐ b. Individuals under age 20

☒ c. Individuals under age 19

3. An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

4. An individual is considered to be lawfully present in the United States if he or she is:

a. A qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);

b. A non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));

c. A non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;

d. A non-citizen who belongs to one of the following classes:

i. Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;

ii. Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;

iii. Granted employment authorization under 8 CFR 274a.12(c);

iv. Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;

v. Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;

vi. Granted Deferred Action status;

vii. Granted an administrative stay of removal under 8 CFR 241;

viii. Beneficiary of approved visa petition who has a pending application for adjustment of status;

e. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C. 1231, or under the Convention Against Torture who:

i. Has been granted employment authorization; or

ii. Is under the age of 14 and has had an application pending for at least 180 days;

f. Has been granted withholding of removal under the Convention Against Torture;

g. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);

h. Is lawfully present in American Samoa under the immigration laws of American Samoa; or

i. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b)).

j. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (a) through (i) of this definition.

☐ k. Other

Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | LA2018MS00070 | LA-19-0009

Package Header

Package ID	LA2018MS00070	SPA ID	LA-19-0009
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	2/1/2019
Superseded SPA ID	LA-13-0054		
	System-Derived		

D. Emergency Coverage

- ☐ The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the Social Security Act and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:
1. Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613(a)

2. Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).

E. Additional Information (optional)

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 0938-1188. 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.

This view was generated on 1/22/2019 3:31 PM EST



LA TITLE XIX SPA
TRANSMITTAL #: 19-0009
TITLE: Medicaid Eligibility - Children's Health Insurance Program Reauthorization Act Option for Lawfully Resident Childre
EFFECTIVE DATE: February 1, 2019

FISCAL IMPACT:
Decrease and Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2019		%	5	February 2019- June 2019	-\$234,796
2nd SFY	2020		0.00%	12	July 2019- June 2020	\$1,043,208
3rd SFY	2021		0.00%	12	July 2020 - June 2021	\$2,744,144

*5 months includes a 1 month claim lag.

Total Increase or Decrease Cost FFY 2019									
SFY	2019	(\$234,796)	for	5	months	February 2019- June 2019			(\$234,796)
SFY	2020	\$1,043,208	for	12	months	July 2019- June 2020			
		\$1,043,208 /		12 X 3		July 2019 - September 2019	=		\$260,802
									<u>\$26,006</u>
		FFP (FFY	2019) =		\$26,006	X	65.00%	=	<u>\$16,904</u>
Total Increase or Decrease Cost FFY 2020									
SFY	2020	\$1,043,208	for	12	months	July 2020 - June 2021			
		\$1,043,208 /		12 X 9		October 2019 - June 2020	=		\$782,406
SFY	2021	\$2,744,144	for	12	months	July 2021 - June 2022			
		\$2,744,144 /		12 X 3		July 2020 - September 2020	=		\$686,036
									<u>\$1,468,442</u>
		FFP (FFY	2020)=		\$1,468,442	X	66.05%	=	<u>\$969,906</u>



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

October 19, 2018

Karen Matthews
Health and Human Services Director
Chitimacha Health Clinic
P.O. Box 640
Charenton, LA 70523

Angela Martin
Chitimacha Tribe of Louisiana
P. O. Box 640
Charenton, LA 70523

Mildred Darden, Clinic Office Supervisor
Chitimacha Tribe of Louisiana
P. O. Box 640
Charenton, LA 70523

Joey Barbry, Chairman
Carl Chapman, Health Director
Tunica-Biloxi Tribe of Louisiana
P. O. Box 1589
Marksville, LA 71351-1589

Lovelin Poncho, Chairman
Paula Manuel, Health Director
Coushatta Tribe of Louisiana
P. O. Box 818
Elton, LA 70532

Chief Beverly Cheryl Smith
Kellye Smith, Health Director
The Jena Band of Choctaw Indians
P. O. Box 14
Jena, LA 71342

Dear Louisiana Tribal Contact:

RE: Notification of Louisiana Medicaid State Plan Amendment

In compliance with the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009, the Louisiana Department of Health, Bureau of Health Services Financing is taking the opportunity to notify you of a State Plan amendment (SPA) that may have an impact on your tribe.

Attached for your review and comments is a summary of the proposed SPA. Please provide any comments you may have by **November 18, 2018**, to Karen Barnes via email at Karen.Barnes@la.gov or by postal mail to:

Louisiana Department of Health
Bureau of Health Services Financing
Medicaid Policy and Compliance
P.O. Box 91030
Baton Rouge, LA 70821-9030

Should you have additional questions about Medicaid policy, Mrs. Barnes will be glad to assist you. You may contact her via email at the email address above or via telephone at (225) 342-3881.

Thank you for your continued support of the tribal consultation process.

Sincerely,



JS Jen Steele
Medicaid Director

Attachment (1)

JS/KB/MJ

c: Cheryl Rupley
Stacey Shuman

State Plan Amendment for Submittal to CMS
Request for Tribal Comments
October 19, 2018

**Medicaid Eligibility – Children’s Health Insurance Program Reauthorization Act
Option of Lawfully Resident Children (CHIPRA)**
Effective date: February 1, 2019

The purpose of this SPA is to adopt the CHIPRA option which will eliminate the five-year waiting period and provide coverage to lawfully residing children.

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

**RULE TITLE: Home and Community-Based
Services Waivers—New Opportunities
Waiver—Complex Care Services**

NOTICE OF INTENT

**Department of Health
Bureau of Health Services Financing**

Medicaid Eligibility

**Children's Health Insurance Program Reauthorization Act
Option for Lawfully Resident Children
(LAC 50:III.2329 and 2523)**

**I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO
STATE OR LOCAL GOVERNMENT UNITS (Summary)**

It is anticipated that implementation of this proposed rule will increase programmatic costs to the state by approximately \$125,373 for FY 18-19, \$1,114,345 for FY 19-20 and \$1,646,113 for FY 20-21. In FY 18-19, the state match requirements shall be met with New Opportunities Waiver (NOW) Fund dollars and utilized to secure federal match to provide the add-on payments for complex care. In FY 19-20 and FY 20-21, the state match requirements shall be met through the Department's budget appropriation from the state general fund. It is anticipated that \$1,296 (\$648 SGF and \$648 FED) will be expended in FY 18-19 for the state's administrative expense for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 64.67 percent in FY 18-19 and 65.79 percent in FY 19-20 and FY 20-21.

**II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE
OR LOCAL GOVERNMENTAL UNITS (Summary)**

It is anticipated that the implementation of this proposed Rule will increase federal revenue collections by approximately \$228,953 for FY 18-19, \$2,143,021 for FY 19-20 and \$3,165,676 for FY 20-21. The proposed rule will also increase revenue collections by approximately \$125,373 in FY 18-19 from the NOW Fund. It is anticipated that \$648 will be collected in FY 18-19 for the federal share of the expense for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 64.67 percent in FY 18-19 and 65.79 percent in FY 19-20 and FY 20-21.

**III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO
DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL
GROUPS (Summary)**

This proposed Rule continues the provisions of the October 20, 2018 Emergency Rule which amended the provisions governing the New Opportunities Waiver (NOW) in order to add complex care to the home and community-based services covered under the NOW, and to align the minimum age requirement for participation with the waiver amendment approved by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). It is anticipated that implementation of this proposed Rule will be beneficial to NOW participants in need of complex medical and behavioral health services. The proposed rule also benefits younger recipients by reducing the participant age limit to align with the approved waiver. This proposed rule will be beneficial to providers of complex care services as a result of the additional reimbursement for these services. It is anticipated that implementation of this proposed rule will increase NOW expenditures by approximately \$353,030 for FY 18-19, \$3,257,366 for FY 19-20 and \$4,811,789 for FY 20-21 due to the additional payments to providers of complex care services.

**IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT
(Summary)**

This rule has no known effect on competition and employment.

Jen Steele
Medicaid Director
1810#059

Evan Brasseaux
Staff Director
Legislative Fiscal Office

The Department of Health, Bureau of Health Services Financing proposes to adopt LAC 50:III.2329 and to repromulgate the provisions of the June 20, 1998 Rule governing Medicaid Eligibility for non-citizens in order to adopt this Rule into LAC 50:III.2523, pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R. S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgated a Rule which adopted provisions to provide regular Medicaid coverage to optional qualified aliens (hereafter referred to as "qualified non-citizens"), who were in the United States prior to August 22, 1996, who meet all eligibility criteria and requiring a five-year waiting period for qualified non-citizens, entering the United States on or after August 22, 1996 (*Louisiana Register*, Volume 24, Number 6).

The Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 provides states with the option to eliminate the five-year waiting period and provide coverage under the Medical Assistance Program to a new eligibility group consisting of children up to age 19 who are lawfully residing in the United States, and for which an enhanced federal medical assistance percentage (FMAP) rate is available.

The Department of Health, Bureau of Health Services Financing hereby amends the provisions governing Medicaid eligibility to adopt the CHIPRA option which will eliminate the five-year waiting period and provide coverage to lawfully residing children. This proposed Rule will also repromulgate the provisions of the June 20, 1998 Rule governing Medicaid eligibility for qualified non-citizens to ensure that these provisions are promulgated in the *Louisiana Administrative Code* in a clear and concise manner.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part III. Eligibility

Subpart 3. Eligibility Groups and Factors

**Chapter 23. Eligibility Groups and Medicaid
Programs**

§2329. Lawfully Resident Children

A. The Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009, Public Law No. 111-3, established provisions which allow states the option of providing Medicaid and Children's Health Insurance Program (CHIP) coverage to children up to age 19 who are lawfully residing in the United States, including those within their first five years of having certain legal status.

B. The department shall utilize the CHIPRA Option under P.L. 111-3 provisions for the enrollment of children, up to age 19, who are lawfully residing in the United States.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

Chapter 25. Eligibility Factors

§2523. Citizenship

A. Qualified Non-Citizens

1. The department hereby adopts criteria for the coverage of qualified non-citizens pursuant to the provisions of §401 of the Personal and Work Opportunity Act of 1996 (P.L. 104-193) as amended by the Balanced Budget Act of 1997 (P.L. 105-33).

2. The department elects to provide regular Medicaid coverage to optional qualified non-citizens who were in the United States prior to August 22, 1996, who meet all eligibility criteria.

3. Qualified non-citizens entering the United States on or after August 22, 1996 are not eligible for Medicaid coverage for five years after entry into the United States.

a. Such qualified non-citizens are eligible for emergency services only.

b. Upon expiration of the five-year period, coverage for regular Medicaid services shall be considered if the qualified non-citizen meets all eligibility criteria.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule may have a positive impact on family functioning, stability and autonomy as described in R.S. 49:972 as it eliminates the waiting period for coverage for lawfully residing children who meet eligibility criteria.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule may have a positive impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973 as it reduces the financial burden on families with lawfully residing children in need of healthcare services by eliminating the waiting period for coverage.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service and no direct or indirect cost to the provider to provide the same level of service. These provisions will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments to Jen Steele, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Steele is responsible for responding to inquiries regarding this proposed Rule.

Public Hearing

A public hearing on this proposed Rule is scheduled for Thursday, November 29, 2018 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing

Rebekah E. Gee MD, MPH
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Medicaid Eligibility

Children's Health Insurance Program Reauthorization Act—Option for Lawfully Resident Children

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed rule will result in estimated state general fund programmatic net savings of \$128,303 for FY 18-19, \$21,909 for FY 19-20 and net costs of \$140,871 for FY 20-21. It is anticipated that \$540 (\$270 SGF and \$270 FED) will be expended in FY 18-19 for the state's administrative expense for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 64.67 percent in FY 18-19, 65.79 percent in FYs 19-20 and 20-21, and an enhanced FMAP rate of 98.27 percent in FY 18-19 and 90.43 percent in FYs 19-20 and 20-21 for the projected CHIP population.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will reduce federal revenue collections by approximately \$105,953 for FY 18-19 and increase revenue collections by approximately \$1,065,117 for FY 20-21 and \$2,603,273 for FY 20-21. It is anticipated that \$270 will be expended in FY 18-19 for the federal administrative expenses for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 64.67 percent in FY 18-19, 65.79 percent in FYs 19-20 and 20-21, and an enhanced FMAP rate of 98.27 percent in FY 18-19 and 90.43 percent in FYs 19-20 and 20-21 for the projected CHIP population.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed rule amends the provisions governing Medicaid eligibility to allow for the option to eliminate the five-year waiting period for Medicaid coverage of lawfully residing children in compliance with the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). The proposed rule also repromulgates the provisions of the June 20, 1998 Rule governing Medicaid eligibility for qualified non-citizens to ensure that these provisions are promulgated in the Louisiana Administrative Code in a clear and concise

manner. This proposed rule will be beneficial to non-citizen recipients as it eliminates the five-year waiting period for providing Medicaid coverage to lawfully residing children. There are no anticipated economic costs or benefits to providers since this proposed rule does not change payments. It is anticipated that implementation of this proposed rule will result in a net reduction in Medicaid programmatic expenditures by approximately \$234,796 for FY 18-19 and a net increase in expenditures by approximately \$1,043,208 for FY 19-20 and \$2,744,144 for FY 20-21 due to the transition of children from fee-for-service to managed care at the enhanced CHIP match rate. The reduction in FY 19-20 is dependent upon the phase in of the total population estimated to be eligible under the CHIPRA option (37 per month). To the extent the take up rate is faster than projected, the savings projected in FY 19 would decrease.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that the implementation of this proposed rule will not have an effect on competition and employment.

Jen Steele
Medicaid Director
1810#060

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health Bureau of Health Services Financing

Nurse Licensure Compact (LAC 48:I.Chapter 88)

The Department of Health, Bureau of Health Services Financing proposes to adopt LAC 48:I.Chapter 88 as authorized by R.S. 36:254 and R.S. 37:1018-1020. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Act 577 of the 2018 Regular Session of the Louisiana Legislature enacted R.S. 37:1018-1020, which directed the Department of Health (LDH) to establish provisions governing the Nurse Licensure Compact, a multi-state compact for nurses to obtain multi-state license privileges, in order to decrease redundancies in the consideration and issuance of nursing licenses, and to provide an opportunity for interstate practice by nurses who meet LDH's uniform licensure requirements. In compliance with the requirements of Act 577, the Department of Health, Bureau of Health Services Financing proposes to adopt provisions governing the Nurse Licensure Compact.

Title 48.

PUBLIC HEALTH—GENERAL

Part I. General Administration

Subpart 3. Licensing and Certification

Chapter 88. Nurse Licensure Compact

§8801. Definitions

Department—the Louisiana Department of Health (LDH), the department.

Health Standards Section (HSS)—the section in LDH responsible for licensing health care facilities and agencies, certifying facilities and agencies applying for participation in the Medicaid (title XIX) and Medicare (title XVIII) programs, and conducting surveys and inspections.

Home State—the party state which is the nurse's primary state of residence.

Licensing Board—a party state's regulatory body responsible for issuing nurse licenses.

Multi-State License—a license to practice as a registered nurse (RN) or a licensed practical nurse/licensed vocational nurse (LPN/LVN) issued by a home state licensing board that authorizes the licensed nurse to practice in all party states under a multi-state licensure privilege.

Multi-State Licensure Privilege—a legal authorization associated with a multistate license permitting the practice of nursing as either an RN or LPN/LVN in a remote state.

Nurse—registered nurse (RN) or licensed practical nurse/licensed vocational nurse (LPN/LVN), as defined by each party state's practice laws.

Nurse Licensure Compact (NLC)—Part V of Chapter 11 of Title 37 of the Louisiana Revised Statutes of 1950, comprised of R.S. 37:1018 through 1020.

Party State—any state that has adopted the Nurse Licensure Compact.

Remote State—a party state other than the home state.

Single-State License—a nurse license issued by a party state that authorizes practice only within the issuing state and does not include a multi-state licensure privilege to practice in any other party state.

State—a state, territory or possession of the United States and the District of Columbia.

State Practice Laws—a party state's laws, rules and regulations that govern the practice of nursing, define the scope of nursing practice and create the methods and grounds for imposing discipline. State practice laws do not include requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 37:1018-1020.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§8803. General Administration

A. Pursuant to R.S. 37:1018-1020 et seq., all health care entities licensed and/or certified by the Health Standards Section of LDH including, but not limited to, those specified in §8803.B.1-25 shall:

1. register with the National Council of State Boards of Nursing's (NCSBN) Nursys e-Notify system; and

2. provide required nurse data for collection of aggregate data from employees on the number and geographic representation of registered nurses (RNs) and licensed practical nurses/licensed vocational nurses (LPNs/LVNs) employed in Louisiana practicing pursuant to a multi-state or single state license, as determined by the Louisiana State Board of Nursing (LSBN) and the Louisiana State Board of Practical Nurse Examiners (LSBPNE).

B. Once registered, the licensed facility/agency, the LSBN and the LSBPNE shall have real-time access to nurse licensure verification including expirations, upcoming renewals and discipline from all nurse licensure compact states. The real-time notifications shall be delivered to employer inboxes automatically and immediately available to the requisite nursing boards prior to an RN or LPN/LVN furnishing any such services in one or more of the following licensed and/or certified health care facilities and agencies: