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

May 13, 2014

Our Reference: SPA LA 14-03

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 14-03. The SPA reduces the income limits, eliminates buy-in premiums, and revises the eligibility criteria for the Medicaid Purchase Plan Program which provides coverage to workers with disabilities.

Transmittal Number 14-03 is approved with an effective date of January 1, 2014 as requested. A copy of the HCFA-179, Transmittal No. 14-03 dated February 14, 2014 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 Broke

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193 2. STATE
STATE PLAN MATERIAL	14-03	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: SOCIAL SECURITY ACT (MED	TITLE XIX OF THE
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CONS	IDERED AS NEW PLAN AM	MENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN 6. FEDERAL STATUTE/REGULATION CITATION:	NDMENT (Separate Transmittal for each	h amendment)
Section 1902(a)(10)(A) (ii) of the Social Security Act	7. FEDERAL BUDGET IMPACT: FFY 2014 FFY 2015	(\$4,830.02) (\$2,157.09)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER SECTION OR ATTACHMENT (
Attachment 2.6-A, Pages 12d, 12h , 12m Supplement 8a to Attachment 2.6-A, Page 1 Supplement 8b to Attachment 2.6-A, Page 1	Same (TN 04-01) Pending (TN 14-02) 01 Pending (TN 14-01)	
10. SUBJECT OF AMENDMENT: The SPA proposes to reduce revise the eligibility criteria for the Medicaid Purchase Pladisabilities. 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	n Program which provides cover. □ OTHER, AS SPECIFIED: The Governor does not revie	age to workers with
12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME:	16. RETURN TO: J. Ruth Kennedy, Medicaid	Director
Kathy H. Kliebert	State of Louisiana	28 200 2
14. TITLE:	Department of Health and H	lospitals
Secretary	PO Box 91030	
15. DATE SUBMITTED:	Baton Rouge, LA 70821-90	20
February 14, 2014		30
17. DATE RECEIVED: 14. Enhancement 2014		
14 February, 2014	18. DATE APPROVED: 13 May,	2014
PLAN APPROVED – ONE		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 January, 2014	20. SIGNA Bill Boh	ICIAL:
21. TYPED NAME:	22. TITLE: Associate Region	onal Administrato
	Division of Medicaid &	Children's Health
23. REMARKS: The State requests a pen and ink change to I	Blocks 8 and 9 as per e-mail dated	4/15/14.

Revision:

ATTACHMENT 2.6-A Page 12d OMB No.:

STATE: LOUISIANA

Citation	Condition or Requirement			
1902(a)(10)(A) (ii)(XV) of the Act	(i)	Working Individuals with Disabilities – Basic Coverage Group - TWWIIA In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied: The agency does not apply any income or resource standard. NOTE: If the above option is chosen, no further eligibility-related options should be elected. X The agency applies the following income and/or resource standard(s): The individual must have countable income less than 100 percent of the Federal Poverty Level. Countable resources must be less than \$10,000.		
		State: Louisiana Date Received: 14 February, 2014 Date Approved: 13 May, 2014 Date Effective: 1 January, 2014 Transmittal Number: 14-03		

TN# 14-03 Supersedes TN# 04-01

Approval Date 5/13/14

Effective Date 1/1/14

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7/	CATOIOII.	

ATTACHMENT 2.6-A Page 12m OMB No.:

STATE: LOUISIANA

Citation	Condition or Requirement			
1902(a)(10)(A) (ii)(XIII), (XV), (XVI), and 1916(g) of the Act	Payment of Premiums or Other Cost Sharing Charges			
	For individuals eligible under the BBA eligibility group			
	described in No. 26 on page 23g of Attachment 2.2-A.			
	 The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below: Effective January 1, 2014, buy-in premiums shall be eliminated from the Medicaid Purchase Plan Program. 			

State: Louisiana

Date Received: 14 February, 2014
Date Approved: 13 May, 2014
Date Effective: 1 January, 2014
Transmittal Number: 14-03

TN#	14-03	Approval Date	5/13/14	Effective Date 1/1/14
Supers	edes 04-01			

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	Page	PLEMENT 8a to ATTACHMENT 2.6-A 1 No.: 0938-
	STATE PLAN U	UNDER TITLE	XIX OF THE SO	CIAL SECURITY ACT
		State:	LOUISIANA	- ÿ
			HODS OF TREA 1902 (r) (2) OF T	
☐ Sec	tion 1902 (f) State		\boxtimes	Non-Section 1902 (f) State
	defined by the fede following groups: Beneficiaries [190]	eral SSI program Medically Need 2(a)(10)(E)(i)], S	in the determinat y Program [1902(Specified Low Inc	In-Kind Support and Maintenance as ion of Medicaid eligibility for the (a)(10)(c)], Qualified Medicare ome Beneficiaries (02(a)(10)(E)(iv)(I)].
	exclusions and dis	regards will be a d to total gross (applied to the fan (earned and unear] - If applicable, all other SSI income nily income. An income disregard of med) family income and then half of
*More lib	eral methods may no	ot result in excee	ding gross income	e limitations under section 1903 (f).
			State: L	
				ceived: 14 February, 2014
				proved: 13 May, 2014
				ective: 1 January, 2014 ttal Number: 14-03

TN# 14-03 Approval Date 5/13/14 Effective Date 1/1/14
Supersedes
TN# 14-01

Revision: Revised: HCFA-PM-91-4 (BPD)

November 1989

SUPPLEMENT 8b TO ATTACHMENT 2.6-A

Page 1

OMB No: 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	LOUISIANA
State.	LOUISIANA

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT*

Section 190	f) State Non-Section 1902 (f) State		
1)	RESERVED		
2)	An annuity meeting the criteria contact Item D, is not considered a resource CFR 435.236.	ained in in detern	Supplement 9 to Attachment 2.6-A, Page 1d mining eligibility for individuals under 42
Needy Pro medical in individuals consecutiv standard [I Improvem	Needy Program [1902(a)(10)(C)], the medical institution for at least 30 continuity in the individuals receiving home and composed consecutive days with gross income standard [1902(a)(10)(A)(ii)(VI)], and the individuals received the individual received	e speciansecutive munity lethat doe not ricke	pased waiver services for at least 30 s not exceed 300 percent of the SSI income

- a. The maximum burial fund exclusion will be increased to \$10,000.
- b. The cash surrender value of life insurance and burial policies with a combined face value up to \$10,000 will be disregarded.

State: Louisiana

Date Received: 14 February, 2014
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TN#_	14-03	Approval Date	5/13/14	Effective Date	1/1/14
Supers	edes				
TN#	14-01				