



State of Louisiana
Louisiana Department of Health
Office of the Secretary

March 14, 2023

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
601 East 12th Street, Room 0300
Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan
Transmittal No. 23-0002

Dear Mr. Scott:

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.
Should you have any questions or concerns regarding this matter, please contact Karen
Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Sincerely,


A handwritten signature in cursive script, appearing to read "Ruth Johnson".

_____, for

Dr. Courtney N. Phillips
Secretary

Attachments (3)

CNP:TAL:UN

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 23-0002	2. STATE LA
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICE DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 1902(r)2 of the Social Security Act		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>3,418,555</u> b. FFY <u>2024</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 8b to Attachment 2.6-A, Page 2		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 19-0023)	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing financial eligibility in the Medical Assistance program in order to adopt additional resource disregards under Section 1902(r)(2) of the Social Security Act.			
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 45%;"><div><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</div><div><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</div><div><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</div></div><div style="width: 50%;"><div><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.</div></div></div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Tara A. LeBlanc, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips			
13. TITLE Secretary			
14. DATE SUBMITTED March 14, 2023			
FOR CMS USE ONLY			
16. DATE RECEIVED		17. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL		21. TITLE OF APPROVING OFFICIAL	
22. REMARKS			

LA TITLE XIX SPA
TRANSMITTAL #: 23-0002
TITLE: Medicaid Eligibility-Resource Methodology
EFFECTIVE DATE: January 1, 2023

FISCAL IMPACT:
Increase

	year	% inc.	fed. match		*# mos	range of mos.	dollars
1st SFY	2023			0.00%	6	January, 2023 - June 2023	\$5,081,087
2nd SFY	2024			0.00%	12	July 2023- June 2024	\$0
3rd SFY	2025			0.00%	12	July 2024 - June 2025	\$0

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2023

SFY	2023	\$5,081,087	for	6	months	January, 2023 - June 2023	\$5,081,087
SFY	2024	\$0	for	12	months	July 2023- June 2024	
		\$0 /		12 X 3		July 2023 - September 2023	= \$0
							<u>\$5,081,087</u>

FFP (FFY 2023) = \$5,081,087 X 67.28% = \$3,418,555

Total increase or decrease cost FFY 2024

SFY	2024	\$0	for	12	months	July 2023- June 2024	
		\$0 /		12 X 9		October 2023 - June 2024	= \$0
SFY	2025	\$0	for	12	months	July 2024 - June 2025	
		\$0 /		12 X 3		July 2024 - September 2024	= \$0
							<u>\$0</u>

FFP (FFY 2024)= \$0 X 67.67% = \$0

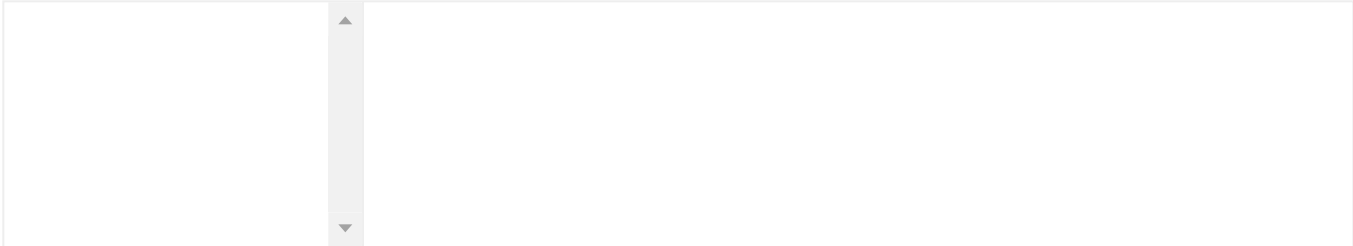
LA - Submission Package - LA2023MS0001O - (LA-23-0002) - Eligibility

- Summary
- Reviewable Units
- News
- Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	LA2023MS0001O	Submission Type	Official
Program Name	N/A	State	LA
SPA ID	LA-23-0002	Region	Dallas, TX
Version Number	1	Package Status	Pending



Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	LA-19-0023		
	System-Derived		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

- ☒

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.
- ☐

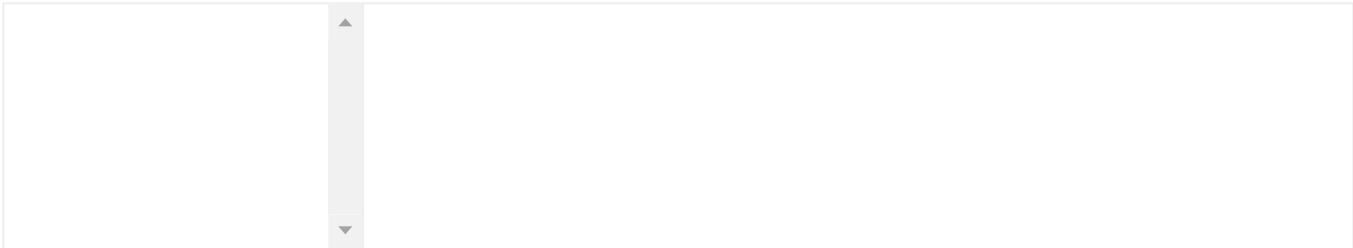
2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.
- ☐

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)



Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

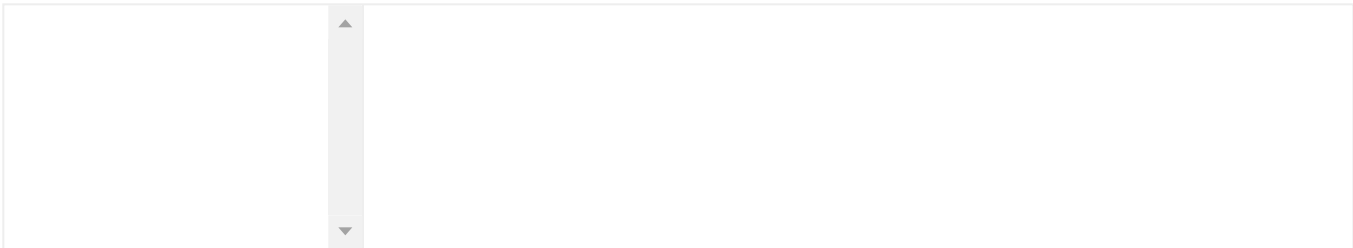
B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

☒ Yes

☐ No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.



Non-MAGI Methodologies

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C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

- a.The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:
- i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

(1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.

(2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.
-
- Non-MAGI Methodologies
- MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002
- Package Header
- | | | | |
|-------------------|----------------|-------------------------|------------|
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| | System-Derived | | |
- D. Family Size
1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

a. The individual applying, or

b. If the individual lives together with his or her spouse, the individual applying and the spouse, or

c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

Yes

No

a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)

b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)

c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)

d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)

e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)

f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)

g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)

h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)

4. The state uses the same definition of family size for the selected FPL eligibility groups.

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- ☒ Yes
- ☐ No

5. For the selected FPL eligibility groups, family size is defined as follows:

- ☐ a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.
- ☒ b. The state uses another definition of family.

Name of other definition:	Description:
Family Opportunity Act Children with a Disability	The Department defines family unit as the following members living in the household: applicant/enrollee child(ren) with disabilities, natural or legal parent(s) and siblings under age 19 (not including step parents or step siblings).

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- ☒ Yes
- ☐ No

2. The election to use MAGI-like methodologies is described on the RU for each applicable eligibility group.

3. The MAGI-like methodology is consistent with 42 CFR 435.603(b) through (f) with respect to definitions, household income, and definition of household, except:

- a. The agency elects to use the MAGI definition of parent when considering the financial responsibility of relatives, which includes natural or biological parents, as well as adopted parents and stepparents.

☒ Yes

☐ No
- b. Less restrictive methodologies can be used, as described in section B.
- c. The financial responsibility requirements for relatives are applicable, as described in section C.
- d. The countable income deductions for the medically needy are applicable, when the MAGI-like methodologies are applied to the medically needy, as described in section F.

Non-MAGI Methodologies

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F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

- 1. Amounts that would be deducted in determining eligibility under SSI.
- 2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

Package Header

Package ID LA2023MS0001O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID LA-23-0002
Initial Submission Date N/A
Effective Date N/A

A. Income Level Used

1. The state employs a single income level for the medically needy.
2. The income level varies based on differences between shelter costs in urban and rural areas.

☒ Yes
☐ No

The areas in which the level varies are:

Name of area:	Description:
Urban	Within a metropolitan statistical area.
Rural	Outside of a metropolitan statistical area.

3. The level used is:

Urban

Household size	Standard
1	\$100.00
2	\$192.00
3	\$258.00
4	\$317.00
5	\$375.00
6	\$425.00
7	\$475.00
8	\$525.00
9	\$575.00
10	\$617.00

The state uses an additional incremental amount for larger household sizes.

☐ Yes
☒ No

The dollar amounts increase automatically each year

☐ Yes
☒ No

Rural

Household size	Standard
1	\$92.00
2	\$167.00
3	\$233.00
4	\$292.00
5	\$350.00

The state uses an additional incremental amount for larger household sizes.

☐ Yes
☒ No

The dollar amounts increase automatically each year

☐ Yes
☒ No

Household size	Standard
6	\$400.00
7	\$450.00
8	\$500.00
9	\$550.00
10	\$600.00

Medically Needy Income Level

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B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

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C. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- ☒ a. One budget period of:

☐ i. 6 months

☐ ii. 5 months

☐ iii. 4 months

☒ iv. 3 months

☐ v. 2 months

☐ vi. 1 month
- ☐ b. More than one budget period, as described below:

2. The state includes part or all of the retroactive period in the budget period.

- ☒ Yes

☐ No

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.

b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.

c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.

d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.
2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

☐ Yes

☒ No
3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spenddown)

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C. Timeframe of Deduction of Expenses

- In determining incurred expenses to be deducted from income, the state deducts:
1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

a. Eligible expenses incurred during the budget period, whether paid or unpaid.

b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.

c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:

☐ i. At any time prior to the budget period.

☐ ii. Prior to the third month before the month of application, but no earlier than:

☒ iii. No earlier than the third month before the month of application.
2. For prospective budget period(s), the state deducts:

a. Eligible expenses incurred during the budget period, whether paid or unpaid.

b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.

c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spenddown)

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D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- ☐ 1. By the type of service, in the following order:

a. Premiums, deductibles, coinsurance and co-payments.

b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.

c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.

d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- ☒ 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- ☐ 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spenddown)

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E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- ☐ Yes
- ☒ No

Handling of Excess Income (Spenddown)

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F. Spenddown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- ☐ Yes
- ☒ No

Handling of Excess Income (Spenddown)

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.

2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

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B. Resource Level Used

The level used is:

Household size	Standard
1	\$2000.00
2	\$3000.00

The state uses an additional incremental amount for larger household sizes.

- ☒ Yes
- ☐ No

Incremental Amount:
\$25.00

Medically Needy Resource Level

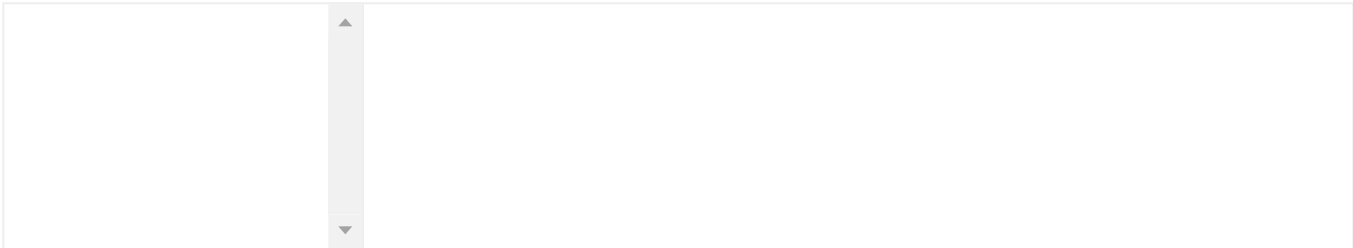
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C. Additional Information (optional)

Unspent settlement funds from the case of Nancy Anderson, et al. v. Bob Dean Jr., et al. will be disregarded from resources when determining eligibility of Medicaid beneficiaries who received proceeds from the class settlement.



Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	LA-19-0023		
	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

☒ Yes ☐ No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Individuals Deemed To Be Receiving SSI

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Individuals who would be eligible for SSI, but for certain OASDI increases.

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

The state covers mandatory individuals who would be eligible for SSI, but for an increase related to Social Security, in accordance with the following provisions:

A. Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA Increases Since April, 1977

1. Individuals qualifying under this eligibility group must meet all of the following criteria:
- a. Currently receive OASDI benefits;

b. Received SSI or state supplement in the past but became ineligible for these payments after April, 1977; and

c. Would still be eligible for SSI or state supplement if the amount of OASDI cost-of-living increases paid under section 215(i) of the Act since the individual lost SSI or state supplement were deducted from current OASDI benefits.
2. Individuals receiving only state supplement qualify for this group.
- ☒ Yes

☐ No

Individuals Deemed To Be Receiving SSI

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

B. Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security

1. Individuals qualifying under this eligibility group must be widows or widowers with a disability who meet all of the following criteria:
- a. Are at least age 60;

b. Are not entitled to hospital insurance benefits under Medicare Part A; and

c. Become ineligible for SSI or state supplement because of mandatory application (under section 1611(e)(2)) for and receipt of widow's or widower's social security disability benefits under section 202(e) or (f) of the Act.
2. Individuals receiving only state supplement qualify for this group.
- ☒ Yes

☐ No

Individuals Deemed To Be Receiving SSI

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

C. Adult Children with Disabilities

Individuals qualifying under this eligibility group must meet the following criteria:

1. Had blindness or a disability before the age of 22;
2. Are at least age 18;
3. Lost eligibility for SSI because they became entitled, based on their disability or blindness, to OASDI child's benefits under section 202(d) of the Act, or because they received an increase to those benefits;
4. Would be eligible for SSI, if not for their OASDI benefits or the increase in those benefits.

Individuals Deemed To Be Receiving SSI

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

D. Financial Methodologies

SSI methodologies are used in calculating household income.

Individuals Deemed To Be Receiving SSI

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
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Submission Type

Official

Approval Date

N/A

Superseded SPA ID

N/A

Initial Submission Date

N/A

Effective Date

N/A

E. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID

LA2023MS0001O

Submission Type

Official

Approval Date

N/A

Superseded SPA ID

LA-21-0024

SPA ID

LA-23-0002

Initial Submission Date

N/A

Effective Date

N/A

System-Derived

A. Options for Coverage



The state provides Medicaid to specified optional groups of individuals.

☒ Yes ☐ No
















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

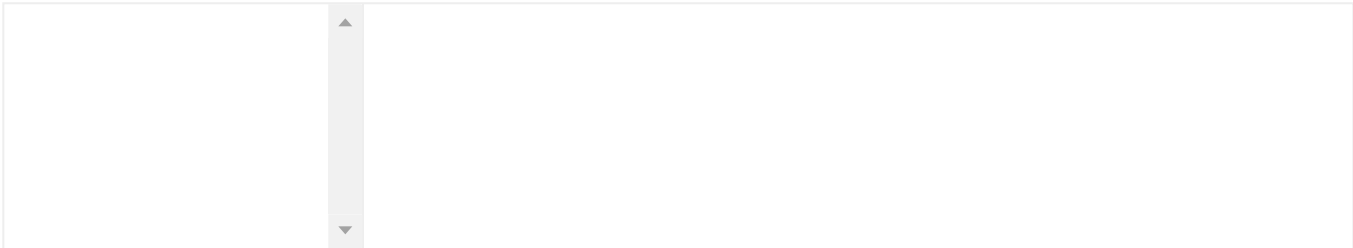
Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals with Tuberculosis		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW



Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	LA-21-0024		
	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

☒ Yes ☐ No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	LA-21-0024		
	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are in a medical institution.
2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
- ☒ a. SSI
- ☒ b. Optional State Supplement
- ☒ c. AFDC

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- ☒ Yes
- ☐ No

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
2. In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:
- ☒ a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

☐ b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable income.
- ☐ Yes

☒ No
4. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ Lump sums are disregarded as a resource.
 - ☒ Proceeds from a settlement
 - ☒ Specified type of lump sum:

Name of lump sum type:	Description:
Unspent settlement funds received in class action lawsuit, Nancy Anderson, et al. v. Bob Dean Jr., et al., 24th Judicial District Court, Parish of Jefferson, No. 820-839.	Unspent funds received as a class member, pursuant to the class settlement in the case of Nancy Anderson, et al. v. Bob Dean Jr., et al., 24th Judicial District Court, Parish of Jefferson, No. 820-839, shall be excluded from resources.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

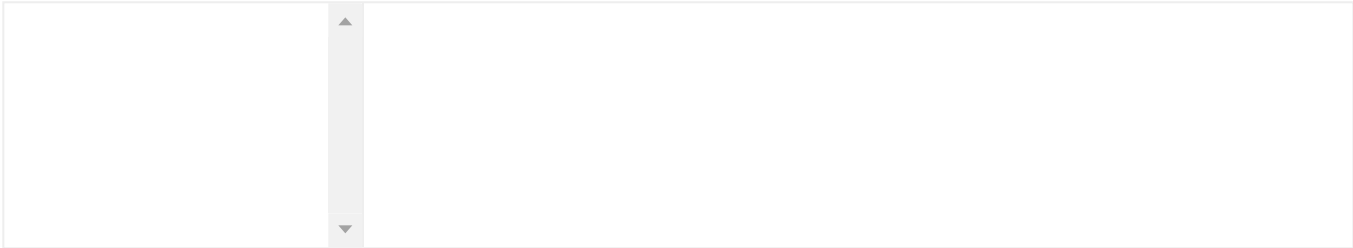
Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

F. Additional Information (optional)



Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

Package Header

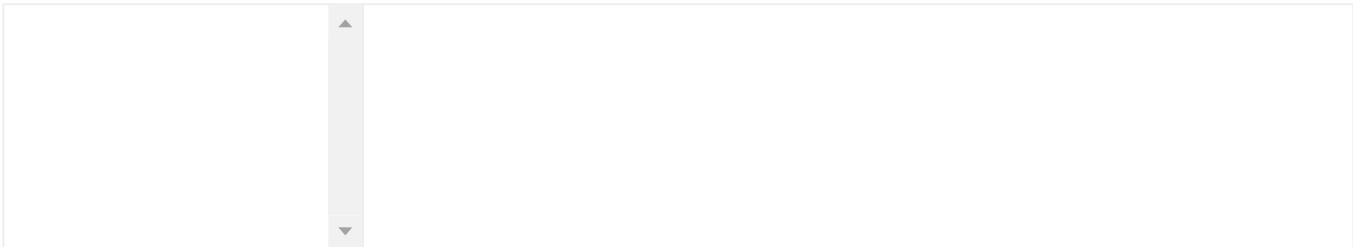
Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

The state operates the Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would be eligible for Medicaid if in a medical institution.
2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
 - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
 - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
3. Will receive the waived services.



Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

B. Income and Resource Methodologies

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.
2. Less restrictive methodologies are used in calculating countable income.

☐ Yes

☒ No

3. Less restrictive methodologies are used in calculating countable resources.

☒ Yes

☐ No

The less restrictive resource methodologies are:

- ☒ Lump sums are disregarded as a resource.
- ☒ Proceeds from a settlement
- ☒ Specified type of lump sum:

Name of lump sum type:	Description:
Unspent settlement funds received in class action lawsuit, Nancy Anderson, et al. v. Bob Dean Jr., et al., 24th Judicial District Court, Parish of Jefferson, No. 820-839.	Unspent funds received as a class member, pursuant to the class settlement in the case of Nancy Anderson, et al. v. Bob Dean Jr., et al., 24th Judicial District Court, Parish of Jefferson, No. 820-839, shall be excluded from resources.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

D. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have been in a medical institution for at least 30 consecutive days.
2. Have income at or below a standard described in section D.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

B.Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- ☒ Yes
- ☐ No

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

C. Financial Methodologies

1. In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
2. In calculating household resources, the methodologies of the most closely related cash assistance program are used Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable resources.
- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ Lump sums are disregarded as a resource.
- ☒ Proceeds from a settlement
- ☒ Specified type of lump sum:

Name of lump sum type:	Description:
Unspent settlement funds received in class action lawsuit, Nancy Anderson, et al. v. Bob Dean Jr., et al., 24th Judicial District Court, Parish of Jefferson, No. 820-839.	Unspent funds received as a class member, pursuant to the class settlement in the case of Nancy Anderson, et al. v. Bob Dean Jr., et al., 24th Judicial District Court, Parish of Jefferson, No. 820-839, shall be excluded from resources.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

D. Income Standard Used

- The income standard for this group is:
- ☒ 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- ☐ 2. Other lower income level

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

E.Resource Standard Used

The resource standard for this group is the one used for the most closely-related cash assistance program.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

F.Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Individuals who would be eligible for Medicaid under institutional rules and who participate in the PACE program.

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A

Approval Date N/A
Superseded SPA ID N/A

Effective Date N/A

The state operates the PACE Participants eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would be eligible for one or more of the following Medicaid eligibility groups if in a medical institution:
- ☒ a. Individuals in Institutions Eligible under a Special Income Level

☒ b. Age and Disability-related Poverty Level

☐ c. Medically Needy Individuals

☐ d. Individuals Eligible for but Not Receiving Cash Assistance

☐ e. Other eligibility group(s):
2. Are enrolled in a Program of All-Inclusive Care for the Elderly (PACE) program under a PACE program agreement.
3. Require, or will require in the absence of the continued provision of PACE services, the level of care furnished by a nursing facility.

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID LA2023MS0001O

Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

SPA ID LA-23-0002

Initial Submission Date N/A

Effective Date N/A

B. Financial Methodologies

The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID LA2023MS0001O

Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

SPA ID LA-23-0002

Initial Submission Date N/A

Effective Date N/A

C. Income and Resource Standards

1. The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

2. An individual's gross income may not exceed 300% of the SSI federal benefit rate.

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

D. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Individuals who are age 65 or older or who have a disability, with income no higher than 100% FPL.

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

The state covers the optional Age and Disability-Related Poverty Level eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following condition(s):

a. Are age 65 or older; or
b. Have a disability.
2. Have income and resources at or below the standard for this group.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- ☒ Yes
- ☐ No

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

C. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☐ Yes
- ☒ No

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

a. The state uses the same less restrictive resource methodologies for all individuals covered.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ Lump sums are disregarded as a resource.

☒ Specified type of lump sum:

Name of lump sum type:	Description:
Unspent settlement funds received in class action lawsuit, Nancy Anderson, et al. v. Bob Dean Jr., et al., 24th Judicial District Court, Parish of Jefferson, No. 820-839.	Unspent funds received as a class member, pursuant to the class settlement in the case of Nancy Anderson, et al. v. Bob Dean Jr., et al., 24th Judicial District Court, Parish of Jefferson, No. 820-839, shall be excluded from resources.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

D. Income Standard Used

The income standard for this eligibility group is:

- ☐

1. 100% FPL
- ☒

2. A lower percent of the FPL:
- 75.00% FPL

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

E. Resource Standard Used

The resource standard used is:

- 1. The resource limit for the SSI program; or
- 2. The resource limit used in the state's medically needy program, if higher.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

F. Additional Information (optional)

The percentage of poverty equal to the SSI Federal Benefit Rate in effect as of January 1st of each year for an individual or couple.

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Individuals between ages 16 and 64 with a disability, who have earned income.

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
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Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- 1. Are at least age 16 but less than 65 years of age.
- 2. Have earned income.
- 3. But for earned income, meet the SSI definition of disability.
- 4. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☐ Yes
- ☒ No

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ Lump sums are disregarded as a resource.
 - ☒ Proceeds from a settlement
 - ☒ Specified type of lump sum:

Name of lump sum type:	Description:
Unspent settlement funds received in class action lawsuit, Nancy Anderson, et al. v. Bob Dean Jr., et al., 24th Judicial District Court, Parish of Jefferson, No. 820-839.	Unspent funds received as a class member, pursuant to the class settlement in the case of Nancy Anderson, et al. v. Bob Dean Jr., et al., 24th Judicial District Court, Parish of Jefferson, No. 820-839, shall be excluded from resources.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

C. Income Standard Used

The income standard for this group is:

- ☐ 1. No income standard

☒ 2. A percentage of the federal poverty level:

☐ 3. A percentage of the SSI Federal Benefit Rate:

☐ 4. A dollar amount

☐ 5. Other
- FPL 100.00%

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

D. Resource Standard Used

The resource standard for this group is:

- ☐ 1. No resource standard

☐ 2. SSI resource standard

☒ 4. A dollar amount higher than the SSI resource standard
- Single Individual \$10000.00

Couple \$10000.00

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
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Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A

Approval Date N/A
Superseded SPA ID N/A

Effective Date N/A

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- 1.Meet at least one of the following:
- a. Are age 65 or older;

b. Have blindness; or

c. Have a disability.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID LA2023MS0001O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID LA-23-0002
Initial Submission Date N/A
Effective Date N/A

B. Individuals Covered

The state covers the following populations:

- ☒ 1. Individuals age 65 or older
- ☒ 2. Individuals with blindness
- ☒ 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID LA2023MS0001O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID LA-23-0002
Initial Submission Date N/A
Effective Date N/A

C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- ☒ Yes
- ☐ No

2. The financial methodology used is:

- a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. Less restrictive methodologies are used in calculating countable income.

☐ Yes ☒ No
- c. Less restrictive methodologies are used in calculating countable resources.

☒ Yes ☐ No

The less restrictive resource methodologies are:

- ☒ Lump sums are disregarded as a resource.
- ☒ Proceeds from a settlement
- ☒ Specified type of lump sum:

Name of lump sum type:	Description:
Unspent settlement funds received in class action lawsuit, Nancy Anderson, et al. v. Bob Dean Jr., et al., 24th Judicial District Court, Parish of Jefferson, No. 820-839.	Unspent funds received as a class member, pursuant to the class settlement in the case of Nancy Anderson, et al. v. Bob Dean Jr., et al., 24th Judicial District Court, Parish of Jefferson, No. 820-839, shall be excluded from resources.

Medically Needy Populations Based on Age, Blindness or Disability

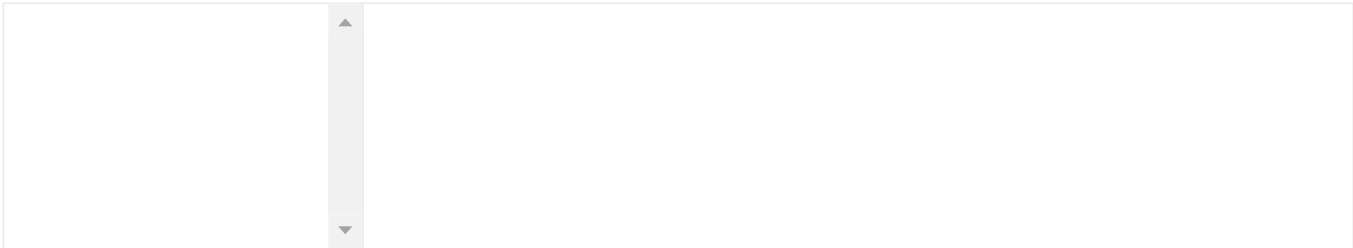
MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID	LA2023MS0001O	SPA ID	LA-23-0002
Submission Type	Official	Initial Submission Date	N/A
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Superseded SPA ID	N/A		

D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.



Medically Needy Populations Based on Age, Blindness or Disability

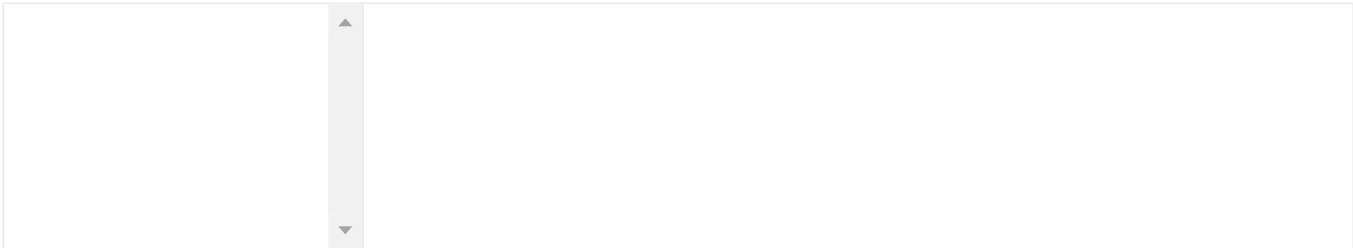
MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

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Superseded SPA ID	N/A		

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.



Medically Needy Populations Based on Age, Blindness or Disability

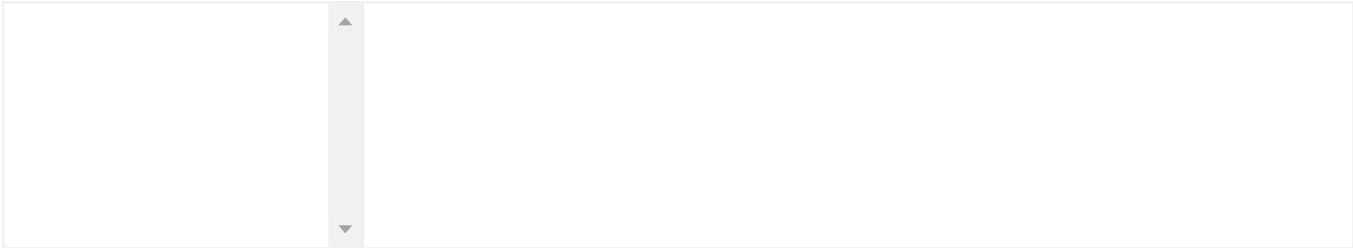
MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

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Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.



Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

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Superseded SPA ID	N/A		

G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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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