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LA - Submission Package - LA2023MS0003O - (LA-23-0028) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, KS 64106



Center for Medicaid & CHIP Services

December 13, 2023

Stephen Russo
Secretary
Louisiana Department of Health
628 N. Fourth Street
P.O. Box 629
Baton Rouge, LA 70802-0629

Re: Approval of State Plan Amendment LA-23-0028

Dear Stephen Russo,

On September 28, 2023, the Centers for Medicare and Medicaid Services (CMS) received Louisiana State Plan Amendment (SPA) LA-23-0028, in which the state proposed to include new resource disregards in its state plan for purposes of determining financial eligibility for certain Medicaid eligibility groups.

We approve Louisiana State Plan Amendment (SPA) LA-23-0028 with an effective date of July 20, 2023.

If you have any questions regarding this amendment, please contact Tobias Griffin at (214)767-4425, tobias.griffin@cms.hhs.gov.

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

LA - Submission Package - LA2023MS0003O - (LA-23-0028) - Eligibility

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Approval Letter
- News
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CMS-10434 OMB 0938-1188

Package Information

Package ID	LA2023MS0003O	Submission Type	Official
Program Name	N/A	State	LA
SPA ID	LA-23-0028	Region	Dallas, TX
Version Number	2	Package Status	Approved
Submitted By	MARJORIE JENKINS	Submission Date	9/28/2023
Package Disposition		Approval Date	12/13/2023 1:28 PM EST

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0003O | LA-23-0028

Package Header

Package ID	LA2023MS0003O	SPA ID	LA-23-0028
Submission Type	Official	Initial Submission Date	9/28/2023
Approval Date	12/13/2023	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Louisiana	Medicaid Agency Name:	Louisiana Department of Health
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Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0003O | LA-23-0028

Package Header

Package ID	LA2023MS0003O	SPA ID	LA-23-0028
Submission Type	Official	Initial Submission Date	9/28/2023
Approval Date	12/13/2023	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID LA-23-0028

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	7/20/2023	LA-23-0002
Individuals Eligible for Cash Except for Institutionalization	7/20/2023	LA-23-0002
Individuals in Institutions Eligible under a Special Income Level	7/20/2023	LA-23-0002
Age and Disability-Related Poverty Level	7/20/2023	LA-23-0002
Ticket to Work Basic	7/20/2023	LA-23-0002
Medically Needy Populations Based on Age, Blindness or Disability	7/20/2023	LA-23-0002

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0003O | LA-23-0028

Package Header

Package ID	LA2023MS0003O	SPA ID	LA-23-0028
Submission Type	Official	Initial Submission Date	9/28/2023
Approval Date	12/13/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives 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.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

Federal Statute / Regulation Citation

Section 1902(r)(2) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS00030 | LA-23-0028

Package Header

Package ID	LA2023MS00030	SPA ID	LA-23-0028
Submission Type	Official	Initial Submission Date	9/28/2023
Approval Date	12/13/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

<div><div></div>No comment</div> <div><div></div>Comments received</div> <div><div></div>No response within 45 days</div> <div><div></div>Other</div>	<div><div>Describe</div>The Governor does not review State Plan material.</div>
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Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS00030 | LA-23-0028

CMS-10434 OMB 0938-1188

The submission includes the following:

☐ Administration

☒ Eligibility

☐ Income/Resource Methodologies

☐ Income/Resource Standards

☐ Mandatory Eligibility Groups

☒ Optional Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Optional Eligibility Groups	APPROVED

☐ Non-Financial Eligibility

☐ Eligibility and Enrollment Processes

☐ Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0003O | LA-23-0028

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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

Upload copies of public notices and other documents used

Name	Date Created	
23-0028 Public Notice	7/18/2023 3:04 PM EDT	

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 | LA2023MS0003O | LA-23-0028

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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, as described in the state consultation plan.

- ☒ 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, and in accordance with the state consultation plan, 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
- ☐ 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:
4/26/2023	Tribal notification sent via electronic mail to Louisiana Tribal contacts.

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	
23-0028 Tribal Notice	7/18/2023 3:10 PM EDT	

Indicate the key issues raised (optional)

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

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS00030 | LA-23-0028

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Superseded SPA ID	LA-23-0002		
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
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

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input 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"/>	APPROVED
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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"/>	APPROVED
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"/>	APPROVED
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 | LA2023MS00030 | LA-23-0028

Package Header

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Superseded SPA ID	LA-23-0002		
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"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0003O | LA-23-0028

Package Header

Package ID	LA2023MS0003O	SPA ID	LA-23-0028
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Superseded SPA ID	LA-23-0002		
	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 | LA2023MS0003O | LA-23-0028

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

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Superseded SPA ID	LA-23-0002		
	System-Derived		

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 | LA2023MS0003O | LA-23-0028

Package Header

Package ID	LA2023MS0003O	SPA ID	LA-23-0028
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Superseded SPA ID	LA-23-0002		
	System-Derived		

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 | LA2023MS0003O | LA-23-0028

Package Header

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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.

- ☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Accumulated resources	Income that would have otherwise been part of an individual's liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelfth month following the first full redetermination of the beneficiary's eligibility conducted after March 31, 2023.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0003O | LA-23-0028

Package Header

Package ID	LA2023MS0003O	SPA ID	LA-23-0028
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	System-Derived		

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 | LA2023MS0003O | LA-23-0028

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F. 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 | LA2023MS0003O | LA-23-0028

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

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Superseded SPA ID	LA-23-0002		
	System-Derived		

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 | LA2023MS0003O | LA-23-0028

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Superseded SPA ID	LA-23-0002		
	System-Derived		

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 | LA2023MS0003O | LA-23-0028

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	System-Derived		

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:

☒ The state uses a less restrictive methodology with respect to resources set aside for burial.

☒ A higher amount is disregarded:

Amount: \$10000.00

☒ The value of a countable life insurance policy is disregarded.

Description of disregard: The cash surrender value of life insurance and burial policies with a combined face value up to \$10,000 will be disregarded.

☒ 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.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Accumulated Resources	Income that would have otherwise been part of an individual's liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelfth month following the first full redetermination of the beneficiary's eligibility conducted after March 31, 2023.

- ☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0003O | LA-23-0028

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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 | LA2023MS0003O | LA-23-0028

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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 | LA2023MS0003O | LA-23-0028

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F.Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0003O | LA-23-0028

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

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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 | LA2023MS0003O | LA-23-0028

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	System-Derived		

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 | LA2023MS0003O | LA-23-0028

Package Header

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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.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Accumulated Resources	Income that would have otherwise been part of an individual's liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility

Name of resource type:	Description:
	treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelfth month following the first full redetermination of the beneficiary's eligibility conducted after March 31, 2023.

Age and Disability- Related Poverty Level

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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

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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

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F. Additional Information (optional)

Notwithstanding the indication above that Louisiana uses 75 percent of Federal Poverty Level (FPL) as the income standard, the state uses an income standard of 100 percent of the Supplemental Security Income (SSI) Federal Benefit Rate (FBR) for this group.

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0003O | LA-23-0028

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

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

Ticket to Work Basic

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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

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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:

☒ The state uses a less restrictive methodology with respect to resources set aside for burial.

☒ A higher amount is disregarded:

Amount: \$10000.00

☒ The value of a countable life insurance policy is disregarded.

Description of disregard: The cash surrender value of life insurance and burial policies with a combined face value up to \$10,000 shall be disregarded.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Accumulated Resources	Income that would have otherwise been part of an individual's liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelfth month following the first full redetermination of the beneficiary's eligibility conducted after March 31, 2023.

Ticket to Work Basic

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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

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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

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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

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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 | LA2023MS0003O | LA-23-0028

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

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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 | LA2023MS0003O | LA-23-0028

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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

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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

The less restrictive income methodologies are:

☒ A specified type of income is disregarded:

Name of income type:	Description:
In-kind Support and Maintenance Income	In-kind Support and Maintenance income is disregarded.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ The state uses a less restrictive methodology with respect to resources set aside for burial.

☒ A higher amount is disregarded:

Amount: \$10000.00

☒ The value of a countable life insurance policy is disregarded.

Description of disregard: The cash surrender value of life insurance and burial policies with a combined face value up to \$10,000 shall be disregarded.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Accumulated Resources	Income that would have otherwise been part of an individual's liability

Name of resource type:	Description:
	for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelfth month following the first full redetermination of the beneficiary's eligibility conducted after March 31, 2023.

☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Medically Needy Populations Based on Age, Blindness or Disability

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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

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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

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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

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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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