

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>11-07</b>	2. STATE <b>Louisiana</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>July 1, 2011</b> 1 April, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1902(a)(10)(A)(ii)(VIII) and Section 1902(r)(2) of the Social Security Act</b>		7. FEDERAL BUDGET IMPACT: a. FFY <b>2011</b> <b>\$0.00</b> b. FFY <b>2012</b> <b>\$0.00</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Supplement 8b to Attachment 2.6-A, Page 1 Attachment 2.2-A, Page 14 Supplement 8b to Attachment 2.6-A, page 2</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Same (TN 10-01) Same (TN 91-23) Same (TN 10-01)</b>	
10. SUBJECT OF AMENDMENT: <b>The purpose of this amendment is implement clarifying language required by CMS in reference to the C-related children group asset test.</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>The Governor does not review state plan material.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: <b>Bruce D. Greenstein</b>		<b>Don Gregory, Medicaid Director Department of Health and Hospitals 628 N. 4<sup>th</sup> Street PO Box 91030 Baton Rouge, LA 70821-9030</b>	
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>March 3, 2011</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:      3 March, 2011		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 April, 2011		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Bill Brooks		22. TITLE: <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>	
23. REMARKS: * Pen and Ink change made per State's E-mail dated 7 March, 2011 adding Supplement 8b, Attachment 2.6-A, page 2 to the SPA package * Pen and Ink change made per State's E-mail dated 19 April, 2011, changing the effective date of the SPA action.			

Revision: HCFA-PM-91-4 (BPD)  
Revised: November 1989

SUPPLEMENT 8b TO ATTACHMENT 2.6-A  
Page 2  
OMB No: 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

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

- 5) The agency will comply with the mandatory provisions under Section 1917 of the Social Security Act as amended by the Deficit Reduction Act of 2005.
- 6). In determining eligibility for Qualified Medicare Beneficiary [1902(a)(10)(E)(i)], Specified Low Income Beneficiary [1902(a)(10)(E)(iii)], and Qualifying Individuals [1902(a)(10)(E)(iv), the following treatment of resources shall apply:
  - a. The maximum burial fund exclusion is \$10,000;
  - b. All life insurance will be disregarded regardless of cash surrender value; and
  - c. All vehicles will be disregarded regardless of value.
7. The agency disregards all resources in determining Medicaid eligibility for the following:
  - a. Qualified Children and Pregnant Women eligible under 1902(a)(10)(A)(i)(III)
  - b. Reasonable classifications of children eligible that the state covers under 42 CFR 435.222

SUPERSEDES: TN- 10-01

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-3-11</u>	
DATE APP'VD <u>5-31-11</u>	
DATE EFF <u>4-1-11</u>	
HCFA 179 <u>11-07</u>	

TN # 11-07  
Supersedes TN # 10-01

Effective Date 4-1-11

Approval Date 5-31-11

State: LOUISIANA

Agency*	Citation(s)	Groups Covered
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**B. Optional Groups Other Than the Medically Needy (continued)**

1902(a)(10)  
(A)(ii)(VIII)  
of the Act

- 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--
  - a. Was eligible for Medicaid under the State's approved Medicaid plan; or
  - b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of --

- 21
- 20
- 19
- 18

\* The state disregards all resources.

SUPERSEDES: TN- 91-23

STATE <u>Louisiana</u>	<b>A</b>
DATE REC'D. <u>3-3-11</u>	
DATE APPV'D. <u>5-31-11</u>	
DATE EFF. <u>1-1-11</u>	
HCFA 179 <u>11-07</u>	

TN # 11-07  
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Effective Date 1-1-11

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

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

Section 1902 (f) State  Non-Section 1902 (f) State

- 1) The agency disregards all resources in determining Medicaid eligibility for the following:
  - a. Families & children related Medically Needy as defined by 1902(a)(10)(C), including
    - i. Children as defined by 1905(a)(i),
    - ii. Parents/caretaker relatives as defined by 1905(a)(ii), and
    - iii. Pregnant women as defined by 1905(a)(viii).
- 2) An annuity meeting the criteria contained in Supplement 9 to Attachment 2.6-A, Page 1d, Item D, is not considered a resource in determining eligibility for individuals under 42 CFR 435.236.
- 3) The following will apply in the determination of Medicaid eligibility for the Medically Needy Program [1902(a)(10)(C)], TB infected individuals [1902(a)(10)(A)(ii)(XII)], the special income level group (individuals in a medical institution for at least 30 consecutive days [1902(a)(10)(A)(ii)(V)]) and individuals receiving home and community based waiver services for at least 30 consecutive days with gross income that does not exceed 300 percent of the SSI income standard [1902(a)(10)(A)(ii)(VI)], and Disability Medicaid [Optional Group of Aged and Disabled under the FPL covered under 1902(a)(10)(A)(ii)(X)]:
  - a. The maximum burial fund exclusion will be increased to \$10,000.
  - b. The cash surrender value of life insurance and burial policies with a combined face value up to \$10,000 will be disregarded.

A	
STATE	LOUISIANA
DATE REC'D	3-3-11
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- 4) For Working Individuals – TWWIA Basic Coverage Group-
  - Legal spouse's share of community property and spouse's separate assets will be disregarded.
  - All life insurance policies will be disregarded.
  - Medical Savings accounts will be disregarded.
  - All retirement accounts will be disregarded, including private retirement accounts, such as IRA's and other individual accounts, and employer sponsored retirement accounts such as 401K plans, Keogh and employer pension plans.

TN # 11-07 Effective Date 4-1-11 Approval Date 5-31-11  
Supersedes TN # 10-01

SUPERSEDES: TN- 10-01