

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 14-01**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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May 13, 2014

**Our Reference: SPA LA 14-01**

Ms. Ruth Kennedy, State Medicaid Director  
Department of Health and Hospitals  
Bienville Building  
628 North 4<sup>th</sup> Street  
Post Office Box 91030  
Baton Rouge, LA 70821-9030

Attn: Darlene Adams  
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 14-01. The SPA terminates the Disability Medicaid Program due to budget constraints and repeals associated provisions of the State's May 2008 rule.

Transmittal Number 14-01 is approved with an effective date of January 1, 2014 as requested. A copy of the HCFA-179, Transmittal No. 14-01 dated February 12, 2014 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at [ford.blunt@cms.hhs.gov](mailto:ford.blunt@cms.hhs.gov) or by phone at (214) 767-6381.

Sincerely,

A black rectangular redaction box covers the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**14-01**

2. STATE

**Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

**January 1, 2014**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

**Section 1902(r)(2)**

7. FEDERAL BUDGET IMPACT:

FFY **2014**

**(\$45,654.75)**

FFY **2015**

**(\$62,483.58)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Supplement 8a to Attachment 2.6-A, Page 1  
Supplement 8b to Attachment 2.6-A, Page 1  
Supplement 1 to Attachment 2.6-A, Page 5  
Attachment 2.2-A, Page 22  
Section 2.5 (Pre-print 15)**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable):

**Supersedes (TN 08-04)**

**Supersedes (TN 11-07)**

**Supersedes (TN 07-11)**

**Supersedes (TN 07-11)**

**Supersedes (TN 07-11)**

10. SUBJECT OF AMENDMENT: **The SPA proposes to terminate the Disability Medicaid Program due to budget constraints and repeal the associated provisions of the May 2008 Rule.**

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

**The Governor does not review state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

**Kathy H. Kliebert**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**February 12, 2014**

16. RETURN TO:

**J. Ruth Kennedy, Medicaid Director  
State of Louisiana  
Department of Health and Hospitals  
628 N. 4<sup>th</sup> Street  
PO Box 91030  
Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

**12 February, 2014**

18. DATE APPROVED:

**13 May, 2014**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**1 January, 2014**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

**Bill Brooks**

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

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

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

- 1) The Bureau of Health Services Financing disregards the first 15 percent of monthly gross income under the federal poverty level standards when determining Medicaid eligibility for low-income pregnant women.
- 2) For Working Individuals – TWWIA Basic Coverage Group-
  - Only the income and needs of the individual with the disability who is applying for or receiving coverage will be considered in determining eligibility.
  - There will be no deeming of spousal income.
  - Disregards In-Kind Support and Maintenance as defined by the federal SSI program.
- 3) The Bureau of Health Services Financing disregards In-Kind Support and Maintenance as defined by the federal SSI program in the determination of Medicaid eligibility for the following groups: Medically Needy Program [1902(a)(10)(c)], Qualified Medicare Beneficiaries [1902(a)(10)(E)(i)], Specified Low Income Beneficiaries [1902(a)(10)(E)(iii)], Qualified Individuals-I [1902(a)(10)(E)(iv)(I)], TB Infected Individuals [1902(a)(10)(A)(ii)(XII)],
- 4) For Family Opportunity Act [1902(a)(10)(A)ii(XIX)] -

If applicable, all other SSI income exclusions and disregards will be applied to the family income.

An income disregard of \$85 will be applied to total gross (earned and unearned) family income and then half of the remaining income will be disregarded.

\*More liberal methods may not result in exceeding gross income limitations under section 1903 (f).

TN# 14-01 Approval Date 5-13-14  
Supersedes  
TN# 08-04 Effective Date: 1-1-14

State: Louisiana  
Date Received: 2-12-2014  
Date Approved: 5-13-2014  
Date Effective: 1-1-2014  
Transmittal Number: 14-01



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)],
  - 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.
- 4) For Working Individuals – TWWIIA 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 # 14-01  
Supersedes  
TN # 11-07

Effective Date 1-1-14  
Approval Date: 5-13-14

State: Louisiana  
Date Received: 2-12-2014  
Date Approved: 5-13-2014  
Date Effective: 1-1-2014  
Transmittal Number: 14-01

Revision: HCFA-PM-92-1  
February 1992

(MB)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A  
Page 5 (Reserved)

State: Louisiana

State: Louisiana  
Date Received: 2-12-2014  
Date Approved: 5-13-2014  
Date Effective: 1-1-2014  
Transmittal Number: 14-01

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TN No. 14-01  
Supersedes  
TN No. 07-11

Approval Date 5-13-14

Effective Date 1-1-14

HCFA ID: 7985E

State: Louisiana

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

1902(a)  
(ii)(X)  
and 1902(m)  
(1) and (3)  
of the Act

☐

16. Individuals- -

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6 A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6 A.

State: Louisiana  
Date Received: 2-12-2014  
Date Approved: 5-13-2014  
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TN No. 14-01  
Supersedes  
TN No. 07-11

Approval Date 5-13-14

Effective Date 1-1-14

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)  
August 1991

OMB No. 0938-

State: Louisiana

Citation

42 CFR

435.121

435.540(b)

435.541

2.5

Disability

All of the requirements of 42 CFR 435.540 and 435.541 are met.  
The State uses the same definition of disability used under the SSI  
Program unless a more restrictive definition of disability is specified  
in Attachment 2.2A, Page 6a, (Item A.13.b) of this plan.

1902(v) of the Act

State: Louisiana  
Date Received: 2-12-2014  
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TN No. 14-01  
Supersedes  
TN No. 07-11

Approval Date 5-13-14

Effective Date 1-1-14

HCFA ID: 7982E