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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 14-03

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

May 13, 2014

Our Reference: SPA LA 14-03

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

Attn: Darlene Adams
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 14-03. The SPA reduces the income limits, eliminates buy-in premiums, and revises the eligibility criteria for the Medicaid Purchase Plan Program which provides coverage to workers with disabilities.

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

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

Sincerely,

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

Bill Brooks
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-03	2. STATE Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 January 1, 2014	
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: Section 1902(a)(10)(A) (ii) of the Social Security Act		7. FEDERAL BUDGET IMPACT: FFY <u>2014</u> (\$4,830.02) FFY <u>2015</u> (\$2,157.09)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, Pages 12d, 12h , 12m Supplement 8a to Attachment 2.6-A, Page 1 Supplement 8b to Attachment 2.6-A, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 04-01) Pending (TN 14- 02) 01 Pending (TN 14-01)	
10. SUBJECT OF AMENDMENT: The SPA proposes to reduce the income limits, eliminate buy-in premiums, and revise the eligibility criteria for the Medicaid Purchase Plan Program which provides coverage to workers with disabilities.			
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 The Governor does not review state plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: J. Ruth Kennedy, Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Kathy H. Kliebert			
14. TITLE: Secretary			
15. DATE SUBMITTED: February 14, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 14 February, 2014		18. DATE APPROVED: 13 May, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 January, 2014		20. SIGNA  ICIAL:	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: The State requests a pen and ink change to Blocks 8 and 9 as per e-mail dated 4/15/14.			

STATE: LOUISIANA

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act	<p>(i) <u>Working Individuals with Disabilities – Basic Coverage Group - TWWIIA</u></p> <p>In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:</p> <p><input type="checkbox"/> The agency does not apply any income or resource standard.</p> <p>NOTE: If the above option is chosen, no further eligibility-related options should be elected.</p> <p><input checked="" type="checkbox"/> The agency applies the following income and/or resource standard(s):</p> <ul style="list-style-type: none"> • The individual must have countable income less than 100 percent of the Federal Poverty Level. • Countable resources must be less than \$10,000.

State: Louisiana

Date Received: 14 February, 2014

Date Approved: 13 May, 2014

Date Effective: 1 January, 2014

Transmittal Number: 14-03

Revision:

ATTACHMENT 2.6-A

Page 12m

OMB No.:

STATE: LOUISIANA

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XIII), (XV), (XVI),
and 1916(g) of the Act

Payment of Premiums or Other Cost Sharing Charges

For individuals eligible under the BBA eligibility group described in No. 26 on page 23g of Attachment 2.2-A.

_____ The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below:

- Effective January 1, 2014, buy-in premiums shall be eliminated from the Medicaid Purchase Plan Program.

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

TN# 14-03
Supersedes
TN# 04-01

Approval Date 5/13/14

Effective Date 1/1/14

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

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)], and Qualified Individuals-I [1902(a)(10)(E)(iv)(I)].

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).

State: Louisiana
Date Received: 14 February, 2014
Date Approved: 13 May, 2014
Date Effective: 1 January, 2014
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TN# 14-03 Approval Date 5/13/14 Effective Date 1/1/14
Supersedes
TN# 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) RESERVED
- 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)], 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 Ticket to Work and Work Incentives Improvement Act (TWWIA) Basic Coverage Group [1902(a)(10)(A)(ii)(XV) of the Act]:
 - 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.

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