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**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 23-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

June 27, 2023

Stephen Russo  
Secretary  
Louisiana Department of Health  
628 North 4th Street  
Kansas City, KS 64106  
Baton Rouge, LA, LA 70802

Re: Approval of State Plan Amendment LA-23-0002

Dear Stephen Russo,

On March 30, 2023, the Centers for Medicare and Medicaid Services (CMS) received Louisiana State Plan Amendment (SPA) LA-23-0002, in which the state proposed to adopt additional resource disregards under the authority of section 1902(r)(2) of the Social Security Act.

We approve Louisiana State Plan Amendment (SPA) LA-23-0002 with an effective date(s) of January 01, 2023.

If you have any questions regarding this amendment, please contact Tobias Griffin at 214-767-4425 or via email at [tobias.griffin@cms.hhs.gov](mailto:tobias.griffin@cms.hhs.gov).

Sincerely,  
James G. Scott  
Director, Division of Program Operations  
Center for Medicaid & CHIP Services

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

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CMS-10434 OMB 0938-1188

## Submission - Summary

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

### Package Header

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2023
<b>Approval Date</b>	06/27/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Louisiana

**Medicaid Agency Name:** Louisiana Department of Health

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

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

### Package Header

**Package ID** LA2023MS0001O  
**Submission Type** Official  
**Approval Date** 06/27/2023  
**Superseded SPA ID** N/A

**SPA ID** LA-23-0002  
**Initial Submission Date** 3/30/2023  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** LA-23-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	1/1/2023	LA-97-16
Handling of Excess Income (Spenddown)	1/1/2023	LA-97-16
Medically Needy Resource Level	1/1/2023	LA-01-16
Optional Eligibility Groups	1/1/2023	LA-21-0024
Individuals Eligible for Cash Except for Institutionalization	1/1/2023	LA-96-15
Individuals in Institutions Eligible under a Special Income Level	1/1/2023	LA-94-20, LA-09-40
PACE Participants	1/1/2023	LA-04-06
Age and Disability-Related Poverty Level	1/1/2023	LA-91-23, 14-04
Ticket to Work Basic	1/1/2023	LA-04-01, 14-03
Medically Needy Populations Based on Age, Blindness or Disability	1/1/2023	LA03-30,09-40,97-12,14-03

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

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<b>Superseded SPA ID</b>	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	\$3418555
Second	2024	\$0

#### Federal Statute / Regulation Citation

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 | LA2023MS0001O | LA-23-0002

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**Effective Date** N/A

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** The Governor does not review State Plan material.

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.

*This view was generated on 6/28/2023 12:22 PM EDT*

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

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CMS-10434 OMB 0938-1188

## Medicaid State Plan Eligibility

### Income/Resource Standards

#### Medically Needy Income Level

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

#### Package Header

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
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<b>Superseded SPA ID</b>	LA-97-16		
	User-Entered		

#### A. Income Level Used

- The state employs a single income level for the medically needy.
- 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.

- 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

**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
10	\$617.00

## Rural

Household size	Standard
1	\$92.00
2	\$167.00
3	\$233.00
4	\$292.00
5	\$350.00
6	\$400.00
7	\$450.00
8	\$500.00
9	\$550.00
10	\$600.00

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

- Yes  
 No

**The dollar amounts increase automatically each year**

- Yes  
 No

# Medically Needy Income Level

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

## Package Header

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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

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

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## C. Additional Information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Handling of Excess Income (Spendedown)

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

#### Package Header

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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:
- b. More than one budget period, as described below:
  - i. Community budget period
  - ii. Institutional budget period

Length of budget period:

- (1) 6 months
- (2) 5 months
- (3) 4 months
- (4) 3 months
- (5) 2 months
- (6) 1 month

- iii. Other budget period

Name of other budget period:	Length of budget period:	Description:
Non-institutionalized	(4) 3 months	The State uses a 3-month budget period for non-institutionalized individuals.

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

- Yes
- No

## Handling of Excess Income (Spendedown)

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:

- Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- 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 (Spendedown)

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

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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 (Spendedown)

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	User-Entered		

### 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 (Spendedown)

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

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	User-Entered		

### E. Reasonable Limitations

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

- Yes
- No



## Handling of Excess Income (Spendedown)

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

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	User-Entered		

### F. Spendedown Payments Made by Individuals

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

- Yes  
 No

## Handling of Excess Income (Spendedown)

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	User-Entered		

### 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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<b>Superseded SPA ID</b>	LA-01-16		
	User-Entered		

#### 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

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

## Package Header

**Package ID** LA2023MS0001O  
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**Superseded SPA ID** LA-01-16  
User-Entered

**SPA ID** LA-23-0002  
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**Effective Date** 1/1/2023

## 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

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

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## C. Additional Information (optional)

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS00010 | LA-23-0002

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<b>Superseded SPA ID</b>	LA-21-0024		
	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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input 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 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 | LA2023MS00010 | LA-23-0002

## Package Header

**Package ID** LA2023MS00010  
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**Superseded SPA ID** LA-21-0024  
System-Derived

**SPA ID** LA-23-0002  
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## 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<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 ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<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 ?
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED



## Optional Eligibility Groups

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<b>Superseded SPA ID</b>	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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2023
<b>Approval Date</b>	06/27/2023	<b>Effective Date</b>	1/1/2023
<b>Superseded SPA ID</b>	LA-96-15		
	User-Entered		

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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
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<b>Superseded SPA ID</b>	LA-96-15		
	User-Entered		

## 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  
**Submission Type** Official  
**Approval Date** 06/27/2023  
**Superseded SPA ID** LA-96-15  
User-Entered

**SPA ID** LA-23-0002  
**Initial Submission Date** 3/30/2023  
**Effective Date** 1/1/2023

## 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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2023
<b>Approval Date</b>	06/27/2023	<b>Effective Date</b>	1/1/2023
<b>Superseded SPA ID</b>	LA-96-15		
	User-Entered		

## 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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
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<b>Superseded SPA ID</b>	LA-96-15		
	User-Entered		

## 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 | 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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2023
<b>Approval Date</b>	06/27/2023	<b>Effective Date</b>	1/1/2023
<b>Superseded SPA ID</b>	LA-94-20, LA-09-40		
	User-Entered		

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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
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<b>Superseded SPA ID</b>	LA-94-20, LA-09-40		
	User-Entered		

## 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 | LA2023MS00010 | LA-23-0002

## Package Header

<b>Package ID</b>	LA2023MS00010	<b>SPA ID</b>	LA-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2023
<b>Approval Date</b>	06/27/2023	<b>Effective Date</b>	1/1/2023
<b>Superseded SPA ID</b>	LA-94-20, LA-09-40		
	User-Entered		

## 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.

# Individuals in Institutions Eligible under a Special Income Level

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

## Package Header

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
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<b>Superseded SPA ID</b>	LA-94-20, LA-09-40		
	User-Entered		

## 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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
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<b>Superseded SPA ID</b>	LA-94-20, LA-09-40		
	User-Entered		

## 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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
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<b>Superseded SPA ID</b>	LA-94-20, LA-09-40		
	User-Entered		

## 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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2023
<b>Approval Date</b>	06/27/2023	<b>Effective Date</b>	1/1/2023
<b>Superseded SPA ID</b>	LA-04-06		
	User-Entered		

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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
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<b>Approval Date</b>	06/27/2023	<b>Effective Date</b>	1/1/2023
<b>Superseded SPA ID</b>	LA-04-06		
	User-Entered		

### 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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
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<b>Approval Date</b>	06/27/2023	<b>Effective Date</b>	1/1/2023
<b>Superseded SPA ID</b>	LA-04-06		
	User-Entered		

### 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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
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<b>Superseded SPA ID</b>	LA-04-06		
	User-Entered		

### 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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2023
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<b>Superseded SPA ID</b>	LA-91-23, 14-04		
	User-Entered		

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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
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<b>Superseded SPA ID</b>	LA-91-23, 14-04		
	User-Entered		

## 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  
**Submission Type** Official  
**Approval Date** 06/27/2023  
**Superseded SPA ID** LA-91-23, 14-04  
User-Entered

**SPA ID** LA-23-0002  
**Initial Submission Date** 3/30/2023  
**Effective Date** 1/1/2023

## 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  
**Submission Type** Official  
**Approval Date** 06/27/2023  
**Superseded SPA ID** LA-91-23, 14-04  
User-Entered

**SPA ID** LA-23-0002  
**Initial Submission Date** 3/30/2023  
**Effective Date** 1/1/2023

## 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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
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<b>Superseded SPA ID</b>	LA-91-23, 14-04		
	User-Entered		

### 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

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<b>Superseded SPA ID</b>	LA-91-23, 14-04		
	User-Entered		

### 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 | LA2023MS0001O | LA-23-0002

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

### Package Header

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2023
<b>Approval Date</b>	06/27/2023	<b>Effective Date</b>	1/1/2023
<b>Superseded SPA ID</b>	LA-04-01, 14-03		
	User-Entered		

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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
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<b>Superseded SPA ID</b>	LA-04-01, 14-03		
	User-Entered		

### 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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
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<b>Superseded SPA ID</b>	LA-04-01, 14-03		
	User-Entered		

## 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.

## Ticket to Work Basic

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

### Package Header

**Package ID** LA2023MS0001O  
**Submission Type** Official  
**Approval Date** 06/27/2023  
**Superseded SPA ID** LA-04-01, 14-03  
User-Entered

**SPA ID** LA-23-0002  
**Initial Submission Date** 3/30/2023  
**Effective Date** 1/1/2023

### 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

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<b>Superseded SPA ID</b>	LA-04-01, 14-03		
	User-Entered		

### 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

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	User-Entered		

### 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

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<b>Superseded SPA ID</b>	LA-04-01, 14-03		
	User-Entered		

### 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

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2023
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<b>Superseded SPA ID</b>	LA03-30,09-40,97-12,14-03		
	User-Entered		

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

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<b>Superseded SPA ID</b>	LA03-30,09-40,97-12,14-03		
	User-Entered		

## 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 | LA2023MS00010 | LA-23-0002

## Package Header

<b>Package ID</b>	LA2023MS00010	<b>SPA ID</b>	LA-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2023
<b>Approval Date</b>	06/27/2023	<b>Effective Date</b>	1/1/2023
<b>Superseded SPA ID</b>	LA03-30,09-40,97-12,14-03		
	User-Entered		

## 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 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

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

## Package Header

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<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2023
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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

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

## Package Header

<b>Package ID</b>	LA2023MS0001O	<b>SPA ID</b>	LA-23-0002
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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

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

## Package Header

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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

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

## Package Header

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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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