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**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 23-0028**

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- 3) Approved SPA Pages

# 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](mailto: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

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CMS-10434 OMB 0938-1188

## Submission - Summary

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

### Package Header

<b>Package ID</b>	LA2023MS0003O	<b>SPA ID</b>	LA-23-0028
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/28/2023
<b>Approval Date</b>	12/13/2023	<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Superseded SPA ID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 | LA2023MS00030 | LA-23-0028

### Package Header

**Package ID** LA2023MS00030  
**Submission Type** Official  
**Approval Date** 12/13/2023  
**Superseded SPA ID** N/A

**SPA ID** LA-23-0028  
**Initial Submission Date** 9/28/2023  
**Effective Date** 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 | LA2023MS00030 | LA-23-0028

### Package Header

<b>Package ID</b>	LA2023MS00030	<b>SPA ID</b>	LA-23-0028
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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	\$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  
**Submission Type** Official  
**Approval Date** 12/13/2023  
**Superseded SPA ID** N/A

**SPA ID** LA-23-0028  
**Initial Submission Date** 9/28/2023  
**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 12/27/2023 2:20 PM EST*

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CMS-10434 OMB 0938-1188

## Medicaid State Plan Eligibility

### Optional Eligibility Groups

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

#### Package Header

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<b>Superseded SPA ID</b>	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 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
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

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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

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

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### 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 | LA2023MS00030 | LA-23-0028

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

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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 | LA2023MS00030 | LA-23-0028

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## 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 | LA2023MS00030 | 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:

A specified type of resource is disregarded:

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.

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 | LA2023MS00030 | LA-23-0028

## Package Header

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## 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 | LA2023MS00030 | 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 | LA2023MS00030 | LA-23-0028

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

#### Package Header

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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 | LA2023MS00030 | LA-23-0028

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## 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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## 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

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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

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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

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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 | LA2023MS00030 | 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

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## 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

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System-Derived

**SPA ID** LA-23-0028  
**Initial Submission Date** 9/28/2023  
**Effective Date** 7/20/2023

## 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.

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

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

## Package Header

<b>Package ID</b>	LA2023MS0003O	<b>SPA ID</b>	LA-23-0028
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/28/2023
<b>Approval Date</b>	12/13/2023	<b>Effective Date</b>	7/20/2023
<b>Superseded SPA ID</b>	LA-23-0002		
	System-Derived		

## 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 | LA2023MS0003O | LA-23-0028

## Package Header

<b>Package ID</b>	LA2023MS0003O	<b>SPA ID</b>	LA-23-0028
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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

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

## Package Header

<b>Package ID</b>	LA2023MS00030	<b>SPA ID</b>	LA-23-0028
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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 | LA2023MS00030 | LA-23-0028

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

### Package Header

<b>Package ID</b>	LA2023MS00030	<b>SPA ID</b>	LA-23-0028
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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

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

## Package Header

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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

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

## Package Header

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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

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

## Package Header

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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:

**FPL** 100.00%

- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

# Ticket to Work Basic

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

## Package Header

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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

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

## Package Header

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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

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

## Package Header

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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 | LA2023MS00030 | LA-23-0028

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

#### Package Header

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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

## Package Header

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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

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

## Package Header

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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

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

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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 | LA2023MS00030 | LA-23-0028

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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 | LA2023MS00030 | LA-23-0028

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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 | LA2023MS00030 | LA-23-0028

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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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