

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

February 12, 2014

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 14-01

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,



Kathy H. Kliebert
Secretary

Attachments (5)

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

14-01

2. STATE

Louisiana

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

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*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(r)(2)

7. FEDERAL BUDGET IMPACT:

FFY 2014

(\$45,654.75)

FFY 2015

(\$62,483.58)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

**Supersedes (TN 08-04)
Supersedes (TN 11-07)
Supersedes (TN 07-11)
Supersedes (TN 07-11)
Supersedes (TN 07-11)**

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

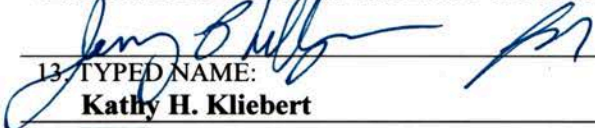
11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Kathy H. Kliebert

14. TITLE:

Secretary

15. DATE SUBMITTED:

February 12, 2014

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #: 14-01

TITLE: Medicaid Eligibility-Disability Medicaid Program Termination

EFFECTIVE DATE: January 1, 2014

FISCAL IMPACT:

Decrease

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2014		62.11%	6	January 1, 2014 - June 2014	(\$48,518,998)
2nd SFY	2015	3.0%	62.05%	12	July 2014 - June 2015	(\$99,949,136)
3rd SFY	2016	3.0%	62.05%	12	July 2015 - June 2016	(\$102,947,610)

*#mos-Months remaining in fiscal year

Total Decrease in Cost FFY 2014

SFY 2014 (\$48,518,998) for 6 months January 1, 2014 - June 2014 (\$48,518,998)

SFY 2015 (\$99,949,136) for 12 months July 2014 - June 2015
 (\$99,949,136) / 12 X 3 = July 2014 - September 2014 = (\$24,987,284)
(\$73,506,282)

FFP (FFY 2014)= (\$73,506,282) X 62.11% = (\$45,654,752)

Total Decrease in Cost FFY 2015

SFY 2015 (\$99,949,136) for 12 months July 2014 - June 2015
 (\$99,949,136) / 12 X 9 = October 2014 - June 2015 = (\$74,961,852)

SFY 2016 (\$102,947,610) for 12 months July 2015 - June 2016
 (\$102,947,610) / 12 X 3 = July 2015 - September 2015 = (\$25,736,903)
(\$100,698,755)

FFP (FFY 2015)= (\$100,698,755) X 62.05% = (\$62,483,577)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

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

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

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

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

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

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

TN# _____
Supersedes
TN# _____

Approval Date _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

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

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

- 1) The agency disregards all resources in determining Medicaid eligibility for the following:
 - a. Families & children related Medically Needy as defined by 1902(a)(10)(C), including
 - i. Children as defined by 1905(a)(i),
 - ii. Parents/caretaker relatives as defined by 1905(a)(ii), and
 - iii. Pregnant women as defined by 1905(a)(viii).
- 2) An annuity meeting the criteria contained in Supplement 9 to Attachment 2.6-A, Page 1d, Item D, is not considered a resource in determining eligibility for individuals under 42 CFR 435.236.
- 3) The following will apply in the determination of Medicaid eligibility for the Medically Needy Program [1902(a)(10)(C)], TB infected individuals [1902(a)(10)(A)(ii)(XII)], the special income level group (individuals in a medical institution for at least 30 consecutive days [1902(a)(10)(A)(ii)(V)]) and individuals receiving home and community based waiver services for at least 30 consecutive days with gross income that does not exceed 300 percent of the SSI income standard [1902(a)(10)(A)(ii)(VI)],
 - a. The maximum burial fund exclusion will be increased to \$10,000.
 - b. The cash surrender value of life insurance and burial policies with a combined face value up to \$10,000 will be disregarded.
- 4) For Working Individuals – TWWIIA Basic Coverage Group-
 - Legal spouse's share of community property and spouse's separate assets will be disregarded.
 - All life insurance policies will be disregarded.
 - Medical Savings accounts will be disregarded.
 - All retirement accounts will be disregarded, including private retirement accounts, such as IRA's and other individual accounts, and employer sponsored retirement accounts such as 401K plans, Keogh and employer pension plans.

TN # _____
Supersedes
TN # _____

Effective Date _____

Approval Date _____

Revision: HCFA-PM-92-1
February 1992

(MB)

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

State: Louisiana

TN No. _____
Supersedes
TN No. _____

Approval Date _____

Effective Date _____

HCFA ID: 7985E

State: Louisiana

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

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

16. Individuals- -

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

TN No. _____
Supersedes
TN No. _____

Approval Date _____

Effective Date _____

HCFA ID: 7983E

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

OMB No. 0938-

State: Louisiana

Citation
42 CFR
435.121
435.540(b)
435.541

2.5 Disability

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

1902(v) of the Act

TN No. _____
Supersedes
TN No. _____

Approval Date _____

Effective Date _____

HCFA ID: 7982E