



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

February 14, 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. 14-03

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 (6)

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

14-03

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(a)(10)(A) (ii) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

FFY 2014 **(\$4,830.02)**
FFY 2015 **(\$2,157.09)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 2.6-A, Pages 12d, 12h, 12m
Supplement 8a to Attachment 2.6-A, Page 1
Supplement 8b to Attachment 2.6-A, Page 1**

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

**Same (TN 04-01)
Pending (TN 14-02)
Pending (TN 14-01)**

10. SUBJECT OF AMENDMENT: **The SPA proposes to reduce the income limits, eliminate buy-in premiums, and revise the eligibility criteria for the Medicaid Purchase Plan Program which provides coverage to workers with disabilities.**

11. GOVERNOR'S REVIEW (Check One):

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 14, 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 #: 14-03

TITLE: Medicaid Eligibility-Medicaid Purchase Plan Eligibility Changes

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	(\$6,913,938)
2nd SFY	2015	3.0%		62.05%	12	July 2014 - June 2015	(\$3,450,500)
3rd SFY	2016	3.0%		62.05%	12	July 2015 - June 2016	(\$3,554,015)

*#mos-Months remaining in fiscal year

Total Decrease in Cost FFY 2014

SFY 2014 (\$6,913,938) for 6 months January 1, 2014 - June 2014 (\$6,913,938)

SFY 2015 (\$3,450,500) for 12 months July 2014 - June 2015
 (\$3,450,500) / 12 X 3 July 2014 - September 2014 = (\$862,625)
(\$7,776,563)

FFP (FFY 2014) = (\$7,776,563) X 62.11% = (\$4,830,023)

Total Decrease in Cost FFY 2015

SFY 2015 (\$3,450,500) for 12 months July 2014 - June 2015
 (\$3,450,500) / 12 X 9 October 2014 - June 2015 = (\$2,587,875)

SFY 2016 (\$3,554,015) for 12 months July 2015 - June 2016
 (\$3,554,015) / 12 X 3 July 2015 - September 2015 = (\$888,504)
(\$3,476,379)

FFP (FFY 2015)= (\$3,476,379) X 62.05% = (\$2,157,093)

STATE: LOUISIANA

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XV) of the Act

(i) Working Individuals with Disabilities – Basic Coverage Group - TWWIA

In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:

The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

The agency applies the following income and/or resource standard(s):

- The individual must have countable personal income less than 100 percent of the Federal Poverty Level.
- Countable resources must be less than \$10,000.

TN# _____

Approval Date _____

Effective Date _____

Supersedes

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STATE: LOUISIANA

Citation	Condition or Requirement
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1902(a)(10)(A)
(ii)(XVI) of the Act

(i) Working Individuals with Disabilities –
Employed Medically Improved Individuals - TWWIA

In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied:

 The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

 X The agency applies the following income and/or resource standard(s):

- Spousal income and resources shall be counted towards the income and resource limits.

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Supersedes
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Approval Date _____

Effective Date _____

STATE: LOUISIANA

Citation

Condition or Requirement

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

Payment of Premiums or Other Cost Sharing Charges

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

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

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

TN# _____
Supersedes
TN# _____

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Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

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

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

The Bureau of Health Services Financing disregards In-Kind Support and Maintenance as defined by the federal SSI program in the determination of Medicaid eligibility for the following groups: Medically Needy Program [1902(a)(10)(c)], Qualified Medicare Beneficiaries [1902(a)(10)(E)(i)], Specified Low Income Beneficiaries [1902(a)(10)(E)(iii)], Qualified Individuals-I [1902(a)(10)(E)(iv)(I)], and TB Infected Individuals [1902(a)(10)(A)(ii)(XII)].

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# _____ Approval Date _____ Effective Date _____
Supersedes
TN# _____

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)], and Ticket to Work and Work Incentives Improvement Act (TWWIA) Basic Coverage Group [1902(a)(10)(A)(ii)(XV) of the Act]:
 - a. The maximum burial fund exclusion will be increased to \$10,000.
 - b. The cash surrender value of life insurance and burial policies with a combined face value up to \$10,000 will be disregarded.

TN # _____
Supersedes
TN # _____

Effective Date _____

Approval Date _____