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## LA - Submission Package - LA2019MS0001O - (LA-19-0023) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, TX 75202

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### Division of Medicaid and Children's Health Operations

December 20, 2019

Cindy Rives  
Acting State Medicaid Director  
Louisiana Department of Health  
628 North 4th Street  
Baton Rouge, LA, LA 70802

Re: Approval of State Plan Amendment LA-19-0023

Dear Cindy Rives:

On October 30, 2019, the Centers for Medicare and Medicaid Services (CMS) received Louisiana State Plan Amendment (SPA) LA-19-0023 to amend the provisions governing financial eligibility in the Medical Assistance Program in order to disregard all resources in eligibility determinations for all Medicare Savings Programs..

We approve Louisiana State Plan Amendment (SPA) LA-19-0023 on December 20, 2019 with an effective date(s) of October 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Tobias Griffin at [tobias.griffin@cms.hhs.gov](mailto:tobias.griffin@cms.hhs.gov).

Sincerely,  
Bill Brooks  
Director  
Regional Operations Group  
Division of Medicaid and Children's Health Operations

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## LA - Submission Package - LA2019MS0001O - (LA-19-0023) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Approval Letter](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

### Package Information

**Package ID** LA2019MS0001O  
**Program Name** N/A  
**SPA ID** LA-19-0023  
**Version Number** 4  
**Submitted By** MARJORIE JENKINS  
**Package Disposition** 

**Submission Type** Official  
**State** LA  
**Region** Dallas, TX  
**Package Status** Approved  
**Submission Date** 10/30/2019  
**Approval Date** 12/20/2019 5:08 AM EST

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

### Package Header

**Package ID** LA2019MS00010  
**Submission Type** Official  
**Approval Date** 12/20/2019  
**Superseded SPA ID** N/A

**SPA ID** LA-19-0023  
**Initial Submission Date** 10/30/2019  
**Effective Date** 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 | LA2019MS00010 | LA-19-0023

Package Header

**Package ID** LA2019MS00010  
**Submission Type** Official  
**Approval Date** 12/20/2019  
**Superseded SPA ID** N/A

**SPA ID** LA-19-0023  
**Initial Submission Date** 10/30/2019  
**Effective Date** N/A

SPA ID and Effective Date

**SPA ID** LA-19-0023

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	10/1/2019	New
Non-MAGI Methodologies	10/1/2019	New
Mandatory Eligibility Groups	10/1/2019	LA-16-0004
Qualified Medicare Beneficiaries	10/1/2019	LA-11-07
Qualified Disabled and Working Individuals	10/1/2019	LA-11-07
Specified Low Income Medicare Beneficiaries	10/1/2019	LA-11-07
Qualifying Individuals	10/1/2019	LA-11-07
Optional Eligibility Groups	10/1/2019	LA-14-0028

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

Package Header

Package ID LA2019MS00010
Submission Type Official
Approval Date 12/20/2019
Superseded SPA ID N/A

SPA ID LA-19-0023
Initial Submission Date 10/30/2019
Effective Date 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 disregard all resources in eligibility determinations for all Medicare Savings Programs.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

Table with 3 columns: Federal Fiscal Year, Amount. Rows for 2020 (\$171620) and 2021 (\$893963).

Federal Statute / Regulation Citation

Sections 1902(a)(1)(A)(i), 1902(a)(1)(E)(iii)
1902(a)(1)(E)(iv) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Table with 2 columns: Name, Date Created. Row: 19-0023 Fiscal Worksheet, 9/26/2019 12:34 PM EDT.

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

Package Header

**Package ID** LA2019MS00010  
**Submission Type** Official  
**Approval Date** 12/20/2019  
**Superseded SPA ID** N/A

**SPA ID** LA-19-0023  
**Initial Submission Date** 10/30/2019  
**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.

### Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | LA2019M500010 | LA-19-0023

CMS-10434 OMB 0938-1188

**The submission includes the following:**

- Administration
- Eligibility
  - Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

Reviewable Unit Name	In cl ud ed in An ot he r Su b mi ssi on Pa ck ag e	Source Type
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability		<input type="radio"/> APPROVED

MAGI-Based Methodologies

Non-MAGI Methodologies

Reviewable Unit Name	In cl ud ed in An ot he r Su b mi ssi on Pa ck ag e	Source Type
Non-MAGI Methodologies		<input type="radio"/> APPROVED

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

Income/Resource Standards

Mandatory Eligibility Groups

Reviewable Unit Name	In cl ud ed in An ot he r Su b mi ssi on Pa ck ag e	Source Type
Mandatory Eligibility Groups		<input type="radio"/> APPROVED

Optional Eligibility Groups

Reviewable Unit Name	In cl ud ed in An ot he r Su b mi ssi on Pa ck ag e	Source Type
Optional Eligibility Groups		<input type="radio"/> APPROVED

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

## Medicaid State Plan Eligibility

### Income/Resource Methodologies

#### Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

#### Package Header

<b>Package ID</b>	LA2019MS00010	<b>SPA ID</b>	LA-19-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	10/30/2019
<b>Approval Date</b>	12/20/2019	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	New User-Entered		

#### A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

- 1. SSA Eligibility Determination State (1634 State)  
The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.
- 2. State Eligibility Determination (SSI Criteria State)  
The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.
- 3. State Eligibility Determination (209(b) State)  
The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

#### B. Additional information (optional)



## Medicaid State Plan Eligibility

### Income/Resource Methodologies

#### Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

#### Package Header

<b>Package ID</b>	LA2019MS00010	<b>SPA ID</b>	LA-19-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	10/30/2019
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<b>Superseded SPA ID</b>	New User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

#### A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

#### B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

Yes

No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS0001O | LA-19-0023

Package Header

**Package ID** LA2019MS0001O  
**Submission Type** Official  
**Approval Date** 12/20/2019  
**Superseded SPA ID** New  
User-Entered

**SPA ID** LA-19-0023  
**Initial Submission Date** 10/30/2019  
**Effective Date** 10/1/2019

C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

Package Header

Package ID LA2019MS00010
Submission Type Official
Approval Date 12/20/2019
Superseded SPA ID New
User-Entered

SPA ID LA-19-0023
Initial Submission Date 10/30/2019
Effective Date 10/1/2019

D. Family Size

- 1. The family size of an individual for whom the SSI income and resource methodologies are used...
2. The family size of an individual for whom the AFDC income and resource methodologies are used...
3. The state defines family size for one or more of the following FPL eligibility groups...
4. The state uses the same definition of family size for the selected FPL eligibility groups...
5. For the selected FPL eligibility groups, family size is defined as follows:

Table with 2 columns: Name of other definition, Description. Row: Family Opportunity Act Children with a Disability, The Department defines family unit as the following members living in the household: applicant/enrollee child(ren) with disabilities, natural or legal parent(s) and siblings under age 19...

### Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

#### Package Header

**Package ID** LA2019MS00010  
**Submission Type** Official  
**Approval Date** 12/20/2019  
**Superseded SPA ID** New  
User-Entered

**SPA ID** LA-19-0023  
**Initial Submission Date** 10/30/2019  
**Effective Date** 10/1/2019

#### E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
- No

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS0001O | LA-19-0023

Package Header

**Package ID** LA2019MS0001O  
**Submission Type** Official  
**Approval Date** 12/20/2019  
**Superseded SPA ID** New  
User-Entered

**SPA ID** LA-19-0023  
**Initial Submission Date** 10/30/2019  
**Effective Date** 10/1/2019

F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

**Package Header**

**Package ID** LA2019MS00010  
**Submission Type** Official  
**Approval Date** 12/20/2019  
**Superseded SPA ID** New  
User-Entered

**SPA ID** LA-19-0023  
**Initial Submission Date** 10/30/2019  
**Effective Date** 10/1/2019

**G. Additional Information (optional)**

## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

#### Package Header

**Package ID** LA2019MS00010  
**Submission Type** Official  
**Approval Date** 12/20/2019  
**Superseded SPA ID** LA-16-0004  
 System-Derived

**SPA ID** LA-19-0023  
**Initial Submission Date** 10/30/2019  
**Effective Date** 10/1/2019

#### Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

##### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" 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
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

#### Package Header

**Package ID** LA2019MS00010  
**Submission Type** Official  
**Approval Date** 12/20/2019  
**Superseded SPA ID** LA-16-0004  
 System-Derived

**SPA ID** LA-19-0023  
**Initial Submission Date** 10/30/2019  
**Effective Date** 10/1/2019

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

#### Families and Adults

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Adult Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

#### 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 - Mandatory Coverage

#### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | LA2019M50001O | LA-19-0023

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

#### Package Header

**Package ID** LA2019M50001O

**SPA ID** LA-19-0023

**Submission Type** Official

**Initial Submission Date** 10/30/2019

**Approval Date** 12/20/2019

**Effective Date** 10/1/2019

**Superseded SPA ID** LA-11-07

User-Entered

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS0001O | LA-19-0023

Package Header

Package ID LA2019MS0001O
Submission Type Official
Approval Date 12/20/2019
Superseded SPA ID LA-11-07
User-Entered

SPA ID LA-19-0023
Initial Submission Date 10/30/2019
Effective Date 10/1/2019

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
No

The less restrictive income methodologies are:

General income disregard:

Table with 2 columns: Name of disregard, Description. Row: In-kind Support and Maintenance, In-kind support and maintenance as defined by the federal SSI program...

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS0001O | LA-19-0023

#### Package Header

**Package ID** LA2019MS0001O  
**Submission Type** Official  
**Approval Date** 12/20/2019  
**Superseded SPA ID** LA-11-07  
User-Entered

**SPA ID** LA-19-0023  
**Initial Submission Date** 10/30/2019  
**Effective Date** 10/1/2019

#### C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

#### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

#### E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

**Package Header**

**Package ID** LA2019MS00010  
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**Superseded SPA ID** LA-11-07  
User-Entered

**SPA ID** LA-19-0023  
**Initial Submission Date** 10/30/2019  
**Effective Date** 10/1/2019

**F. Additional Information (optional)**

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualified Disabled and Working Individuals

MEDICAID | Medicaid State Plan | Eligibility | LA2019M50001O | LA-19-0023

Working individuals with a disability, with income equal to or less than 200% of the FPL, who are entitled to Medicare Part A under section 1818A, and who qualify for payment of Medicare Part A premiums.

#### Package Header

<b>Package ID</b>	LA2019M50001O	<b>SPA ID</b>	LA-19-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	10/30/2019
<b>Approval Date</b>	12/20/2019	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	LA-11-07 User-Entered		

The state covers the mandatory qualified disabled and working individuals group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to purchase a premium to enroll for hospital insurance benefits under part A of title XVIII (Medicare Part A) pursuant to section 1818A (hospital insurance benefits for disabled individuals who have exhausted other entitlement).
2. Have income and resources at or below the standard for this group.
3. Are not otherwise eligible for medical assistance.

#### B. Financial Methodologies

SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

#### C. Income Standard Used

The amount of the income standard for this group is 200% FPL.

#### D. Resource Standard Used

The resource standard is two times the standard used in the SSI program.

#### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part A premiums.

Qualified Disabled and Working Individuals

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS0001O | LA-19-0023

**Package Header**

**Package ID** LA2019MS0001O  
**Submission Type** Official  
**Approval Date** 12/20/2019  
**Superseded SPA ID** LA-11-07  
User-Entered

**SPA ID** LA-19-0023  
**Initial Submission Date** 10/30/2019  
**Effective Date** 10/1/2019

**F. Additional Information (optional)**

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | LA2019M50001O | LA-19-0023

Individuals with income greater than 100% and less than or equal to 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

#### Package Header

<b>Package ID</b>	LA2019M50001O	<b>SPA ID</b>	LA-19-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	10/30/2019
<b>Approval Date</b>	12/20/2019	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	LA-11-07 User-Entered		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income and resources at or below the standard for this group.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS0001O | LA-19-0023

Package Header

Package ID LA2019MS0001O
Submission Type Official
Approval Date 12/20/2019
Superseded SPA ID LA-11-07
User-Entered

SPA ID LA-19-0023
Initial Submission Date 10/30/2019
Effective Date 10/1/2019

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
No

The less restrictive income methodologies are:

General income disregard:

Table with 2 columns: Name of disregard, Description. Row: In-kind Support and Maintenance, In-kind support and maintenance as defined by the federal SSI program...

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.



### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

#### Package Header

**Package ID** LA2019MS00010  
**Submission Type** Official  
**Approval Date** 12/20/2019  
**Superseded SPA ID** LA-11-07  
User-Entered

**SPA ID** LA-19-0023  
**Initial Submission Date** 10/30/2019  
**Effective Date** 10/1/2019

#### C. Income Standard Used

Family income must be above 100% FPL and at or below 120% FPL.

#### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

#### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS0001O | LA-19-0023

**Package Header**

**Package ID** LA2019MS0001O  
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User-Entered

**SPA ID** LA-19-0023  
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**Effective Date** 10/1/2019

**F. Additional Information (optional)**

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | LA2019M50001O | LA-19-0023

Individuals with income between 120% and 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

#### Package Header

**Package ID** LA2019M50001O  
**Submission Type** Official  
**Approval Date** 12/20/2019  
**Superseded SPA ID** LA-11-07  
User-Entered

**SPA ID** LA-19-0023  
**Initial Submission Date** 10/30/2019  
**Effective Date** 10/1/2019

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income and resources at or below the standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS0001O | LA-19-0023

Package Header

Package ID LA2019MS0001O
Submission Type Official
Approval Date 12/20/2019
Superseded SPA ID LA-11-07
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SPA ID LA-19-0023
Initial Submission Date 10/30/2019
Effective Date 10/1/2019

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
No

The less restrictive income methodologies are:

General income disregard:

Table with 2 columns: Name of disregard, Description. Row: In-kind Support and Maintenance, In-kind support and maintenance as defined by the federal SSI program...

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

### Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

#### Package Header

**Package ID** LA2019MS00010  
**Submission Type** Official  
**Approval Date** 12/20/2019  
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**SPA ID** LA-19-0023  
**Initial Submission Date** 10/30/2019  
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#### C. Income Standard Used

Family income must be above 120% FPL and at or below 135% FPL.

#### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

#### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

**Package Header**

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**F. Additional Information (optional)**

## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

#### Package Header

**Package ID** LA2019MS00010  
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**SPA ID** LA-19-0023  
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#### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input checked="" 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 type="checkbox"/>	<input type="radio"/>	NEW
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 type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
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"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
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 | LA2019MS00010 | LA-19-0023

Package Header

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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

Table with 6 columns: Eligibility Group Name, Covered In State Plan, Include RU In Package, Included in Another Submission Package, Source Type. Rows include Medically Needy Pregnant Women and Medically Needy Children under Age 18.

Aged, Blind and Disabled

Table with 6 columns: Eligibility Group Name, Covered In State Plan, Include RU In Package, Included in Another Submission Package, Source Type. Row includes Protected Medically Needy Individuals Who Were Eligible in 1973.

2. Optional Medically Needy:

Families and Adults

Table with 6 columns: Eligibility Group Name, Covered In State Plan, Include RU In Package, Included in Another Submission Package, Source Type. Rows include Medically Needy Reasonable Classifications of Individuals under Age 21 and Medically Needy Parents and Other Caretaker Relatives.

Aged, Blind and Disabled

Table with 6 columns: Eligibility Group Name, Covered In State Plan, Include RU In Package, Included in Another Submission Package, Source Type. Row includes Medically Needy Populations Based on Age, Blindness or Disability.



### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2019MS00010 | LA-19-0023

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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

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