

# LA - Submission Package - LA2021MS00030 - (LA-21-0024) - Eligibility

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

**Package ID** LA2021MS00030  
**Program Name** N/A  
**SPA ID** LA-21-0024  
**Version Number** 1

**Submission Type** Official  
**State** LA  
**Region** Dallas, TX  
**Package Status** Pending

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS0003O | LA-21-0024

## Package Header

**Package ID** LA2021MS0003O  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** LA-21-0024  
**Initial Submission Date** N/A  
**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 | LA2021MS00030 | LA-21-0024

### Package Header

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**SPA ID** LA-21-0024  
**Initial Submission Date** N/A  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** LA-21-0024

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Non-MAGI Methodologies	1/1/2022	LA-19-0023
Optional Eligibility Groups	1/1/2022	LA-19-0023
Children under Age 19 with a Disability	1/1/2022	New

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

# Submission - Summary

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## Executive Summary

**Summary Description Including Goals and Objectives** The purpose of this SPA to provide Medicaid coverage that allows children younger than 19 years old, with disabilities, who are otherwise ineligible for such benefits because their household income exceeds state-established limits for Medicaid eligibility, access to Medicaid-funded care in their homes rather than an institution, regardless of their parents' income.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$34861757
Second	2023	\$46557513

### Federal Statute / Regulation Citation

1902(e)(3) of the Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

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### 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 | LA2021MS00030 | LA-21-0024

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

MAGI-Based Methodologies

Non-MAGI Methodologies

Reviewable Unit Name	Included in Another Submission Package	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

Optional Eligibility Groups

Reviewable Unit Name	Included in Another Submission Package	Source Type
Optional Eligibility Groups	<input type="radio"/>	APPROVED

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS0003O | LA-21-0024

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<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
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### Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

### Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

### Select the type of website

- Website of the State Medicaid Agency or Responsible Agency

**Date of Posting:** Aug 10, 2021


**Website URL:** <http://www.ldh.la.gov/index.cfm/page/3613>

- Website for State Regulations
- Other

Public Hearing or Meeting

Other method

### Upload copies of public notices and other documents used

Name	Date Created	
<a href="#">Act 421 Children_s Medicaid Option Web Posting for Public Comment</a>	8/10/2021 5:36 PM EDT	

### Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

### Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS0003O | LA-21-0024

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<b>Submission Type</b> Official	<b>Initial Submission Date</b> N/A
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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes  
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes  
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:


- All Indian Health Programs  
 All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
8/9/2021	The Tribes were notified, electronically, on August 9, 2021 with a comment period ending on September 8, 2021.
8/8/2021	The Tribes were notified, electronically, on August 9, 2021 with a comment period ending on September 8, 2021.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
<a href="#">Tribal Notice 8.9.21</a>	8/10/2021 10:44 AM EDT	

Indicate the key issues raised (optional)

- Access  
 Quality  
 Cost  
 Payment methodology  
 Eligibility  
 Benefits  
 Service delivery  
 Other issue



# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS0003O | LA-21-0024

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	System-Derived		

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 | LA2021MS0003O | LA-21-0024

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## 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 | LA2021MS0003O | LA-21-0024

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<b>Package ID</b>	LA2021MS0003O	<b>SPA ID</b>	LA-21-0024
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## D. Family Size

- The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:
  - The individual applying, or
  - If the individual lives together with his or her spouse, the individual applying and the spouse, or
  - If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).
- The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).
- The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.
  - Yes
  - No
  - a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)
  - b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)
  - c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)
  - d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)
  - e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)
  - f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)
  - g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)
  - h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)
- The state uses the same definition of family size for the selected FPL eligibility groups.
  - Yes
  - No
- For the selected FPL eligibility groups, family size is defined as follows:
  - a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.
  - b. The state uses another definition of family.

Name of other definition:	Description:
Family Opportunity Act Children	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 (not including step parents or step siblings).

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS0003O | LA-21-0024

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### 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 | LA2021MS0003O | LA-21-0024

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### 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 | LA2021MS0003O | LA-21-0024

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### G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS00030 | LA-21-0024

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	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 <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Optional Coverage of Parents and Other Caretaker Relatives	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Electing COBRA Continuation Coverage	<a href="#">?</a>	<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 <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Individuals Eligible for but Not Receiving Cash Assistance	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
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 | LA2021MS0003O | LA-21-0024

## Package Header

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System-Derived

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**Effective Date** 1/1/2022

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

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS0003O | LA-21-0024

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	System-Derived		

### C. Additional Information (optional)

#### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS00030 | LA-21-0024

Children under age 19 with a disability who would be eligible if they were in a medical institution (known as Katie Beckett).

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<b>Package ID</b>	LA2021MS00030	<b>SPA ID</b>	LA-21-0024
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<b>Superseded SPA ID</b>	New		
	User-Entered		

The state operates the Children under Age 19 with a Disability eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Are under age 19 and qualify as an individual with a disability under section 1614(a) of the Act.
2. For whom the state has determined the following:
  - a. The individual requires a level of care provided in a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities;
  - b. It is appropriate to provide such care for the child outside such an institution; and
  - c. The estimated cost for the individual's care is not greater than the cost which would otherwise be expended within an appropriate institution.
3. Would be eligible for one or more of the following Medicaid eligibility groups if in a medical institution:
  - a. Individuals in Institutions Eligible under a Special Income Level
  - b. Age and Disability-related Poverty Level
  - c. Medically Needy Individuals
  - d. Individuals Eligible for but Not Receiving Cash Assistance
  - e. Other eligibility group(s):

# Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS0003O | LA-21-0024

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## B. Financial Methodologies and Standards

1. The income and resource methodologies and standards for the group used to determine institutional eligibility are used for this group.
2. Less restrictive methodologies are used in calculating countable income.

Yes

No

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

Yes

No

# Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS0003O | LA-21-0024

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User-Entered

## C. Cost Effectiveness Determination

1. The cost-effectiveness determination is performed:

- a. Annually
- b. Semi-annually
- c. Other frequency:

2. The calculation is made at the individual level, using the following methodology:

- a. Standard methodology is used.
- b. An alternative methodology is used.

Description:

On an annual basis, each Act 421 Children's Medicaid Option enrollee's expenditures will be measured against the average cost of care in an institution that corresponds to his/her level of care (i.e. hospital, ICF/IID, nursing facility) to ensure that home and community-based care is more cost effective than institutional care.

# Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | LA2021MS0003O | LA-21-0024

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**Effective Date** 1/1/2022

## D. Additional Information (optional)

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