

Records / Submission Packages - Your State

LA - Submission Package - LA2023MS0001O - (LA-23-0002) - Eligibility

Summary Reviewable Units Versions Correspondence Log **Approval Letter** News Related Actions

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

June 27, 2023

Stephen Russo
Secretary
Louisiana Department of Health
628 North 4th Street
Kansas City, KS 64106
Baton Rouge, LA, LA 70802

Re: Approval of State Plan Amendment LA-23-0002

Dear Stephen Russo,

On March 30, 2023, the Centers for Medicare and Medicaid Services (CMS) received Louisiana State Plan Amendment (SPA) LA-23-0002, in which the state proposed to adopt additional resource disregards under the authority of section 1902(r)(2) of the Social Security Act.

We approve Louisiana State Plan Amendment (SPA) LA-23-0002 with an effective date(s) of January 01, 2023.

If you have any questions regarding this amendment, please contact Tobias Griffin at 214-767-4425 or via email at tobias.griffin@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services


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LA - Submission Package - LA2023MS0001O - (LA-23-0002) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID LA2023MS0001O
Program Name N/A
SPA ID LA-23-0002
Version Number 4
Submitted By MARJORIE JENKINS
Package Disposition 

Submission Type Official
State LA
Region Dallas, TX
Package Status Approved
Submission Date 3/30/2023
Approval Date 6/27/2023 5:59 PM EDT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID LA2023MS0001O
Submission Type Official
Approval Date 06/27/2023
Superseded SPA ID N/A

SPA ID LA-23-0002
Initial Submission Date 3/30/2023
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 | LA2023MS0001O | LA-23-0002

Package Header

Package ID LA2023MS0001O
Submission Type Official
Approval Date 06/27/2023
Superseded SPA ID N/A

SPA ID LA-23-0002
Initial Submission Date 3/30/2023
Effective Date N/A

SPA ID and Effective Date

SPA ID LA-23-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	1/1/2023	LA-97-16
Handling of Excess Income (Spenddown)	1/1/2023	LA-97-16
Medically Needy Resource Level	1/1/2023	LA-01-16
Optional Eligibility Groups	1/1/2023	LA-21-0024
Individuals Eligible for Cash Except for Institutionalization	1/1/2023	LA-96-15
Individuals in Institutions Eligible under a Special Income Level	1/1/2023	LA-94-20, LA-09-40
PACE Participants	1/1/2023	LA-04-06
Age and Disability-Related Poverty Level	1/1/2023	LA-91-23, 14-04
Ticket to Work Basic	1/1/2023	LA-04-01, 14-03
Medically Needy Populations Based on Age, Blindness or Disability	1/1/2023	LA03-30,09-40,97-12,14-03

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS00010 | LA-23-0002

Package Header

Package ID LA2023MS00010	SPA ID LA-23-0002
Submission Type Official	Initial Submission Date 3/30/2023
Approval Date 06/27/2023	Effective Date N/A
Superseded SPA ID 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	\$3418555
Second	2024	\$0

Federal Statute / Regulation Citation

1902(r)2 of the Social Security 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 | LA2023MS0001O | LA-23-0002

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
- Eligibility
 - Income/Resource Methodologies
 - Income/Resource Standards

AFDC Income Standards

Medically Needy Income Level

Reviewable Unit Name	Included in Another Source Type Submission Package
Medically Needy Income Level	APPROVED

Handling of Excess Income (Spenddown)

Reviewable Unit Name	Included in Another Source Type Submission Package
Handling of Excess Income (Spenddown)	APPROVED

Medically Needy Resource Level

Reviewable Unit Name	Included in Another Source Type Submission Package
Medically Needy Resource Level	APPROVED

Mandatory Eligibility Groups

Optional Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Optional Eligibility Groups	APPROVED

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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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
- Public Hearing or Meeting
- Other method

Select the type of website

- Website of the State Medicaid Agency or Responsible Agency
Date of Posting: Jan 3, 2023
Website URL: <https://ldh.la.gov/news/6872>
- Website for State Regulations
- Other

Upload copies of public notices and other documents used

Name	Date Created	
23-0002 Public Notice	1/25/2023 9:54 AM EST	

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 | LA2023MS0001O | LA-23-0002

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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

Date of solicitation/consultation:	Method of solicitation/consultation:
12/22/2022	Tribal notification sent via electronic mail to Louisiana Tribal contacts.

All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
12/22/2022	Tribal notification sent via electronic mail to Louisiana Tribal contacts.

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:
12/22/2022	Tribal notification sent via electronic mail to Louisiana Tribal contacts.

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
23-0002 Tribal Notice	1/25/2023 10:53 AM EST

Indicate the key issues raised (optional)

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

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

Package ID LA2023MS0001O
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Superseded SPA ID LA-97-16
 User-Entered

SPA ID LA-23-0002
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Effective Date 1/1/2023

A. Income Level Used

- The state employs a single income level for the medically needy.
- The income level varies based on differences between shelter costs in urban and rural areas.

- Yes
 No

The areas in which the level varies are:

Name of area:	Description:
Urban	Within a metropolitan statistical area.
Rural	Outside of a metropolitan statistical area.

- The level used is:

Urban

Household size	Standard
1	\$100.00
2	\$192.00
3	\$258.00
4	\$317.00
5	\$375.00
6	\$425.00
7	\$475.00
8	\$525.00
9	\$575.00
10	\$617.00

The state uses an additional incremental amount for larger household sizes.

- Yes
 No

The dollar amounts increase automatically each year

- Yes
 No

Rural

Household size	Standard
1	\$92.00
2	\$167.00
3	\$233.00
4	\$292.00
5	\$350.00
6	\$400.00
7	\$450.00
8	\$500.00
9	\$550.00
10	\$600.00

The state uses an additional incremental amount for larger household sizes.

- Yes
 No

The dollar amounts increase automatically each year

- Yes
 No

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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	User-Entered		

B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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C. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Package Header

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If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- a. One budget period of:
- b. More than one budget period, as described below:
 - i. Community budget period
 - ii. Institutional budget period

Length of budget period:

- (1) 6 months
- (2) 5 months
- (3) 4 months
- (4) 3 months
- (5) 2 months
- (6) 1 month

- iii. Other budget period

Name of other budget period:	Length of budget period:	Description:
Non-institutionalized	(4) 3 months	The State uses a 3-month budget period for non-institutionalized individuals.

2. The state includes part or all of the retroactive period in the budget period.

- Yes
- No

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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B. Types of Eligible Expenses

- In determining incurred expenses to be deducted from income, the state includes:
 - Medicare, Medicaid, and other health insurance premiums and enrollment fees.
 - Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
 - Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
 - Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.
- The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.
 Yes
 No
- Incurring expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS00010 | LA-23-0002

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C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
 - i. At any time prior to the budget period.
 - ii. Prior to the third month before the month of application, but no earlier than:
 - iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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	User-Entered		

D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spendedown)

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E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- Yes
- No

Handling of Excess Income (Spendedown)

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F. Spendedown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes
- No

Handling of Excess Income (Spenddown)

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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Package ID	LA2023MS0001O	SPA ID	LA-23-0002
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Superseded SPA ID	LA-01-16		
	User-Entered		

A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS00010 | LA-23-0002

Package Header

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User-Entered

SPA ID LA-23-0002
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B. Resource Level Used

The level used is:

Household size	Standard
1	\$2000.00
2	\$3000.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

Incremental Amount:
\$25.00

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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C. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS00010 | LA-23-0002

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Superseded SPA ID LA-21-0024	
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 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 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 checked="" 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	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Services Who Are Otherwise Eligible for HCBS Waivers					

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS00010 | LA-23-0002

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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 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 checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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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 | LA2023MS0001O | LA-23-0002

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

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Submission Type	Official	Initial Submission Date	3/30/2023
Approval Date	06/27/2023	Effective Date	1/1/2023
Superseded SPA ID	LA-96-15		
	User-Entered		

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 | LA2023MS0001O | LA-23-0002

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Superseded SPA ID	LA-96-15		
	User-Entered		

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 | LA2023MS00010 | LA-23-0002

Package Header

Package ID LA2023MS00010	SPA ID LA-23-0002
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User-Entered

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:

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.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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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 | LA2023MS0001O | LA-23-0002

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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 | LA2023MS0001O | LA-23-0002

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

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Superseded SPA ID	LA-94-20, LA-09-40		
	User-Entered		

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 | LA2023MS0001O | LA-23-0002

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SPA ID LA-23-0002
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Effective Date 1/1/2023

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 | LA2023MS0001O | LA-23-0002

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C. Financial Methodologies

- In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
- 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.
- 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.

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

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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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

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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F.Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Individuals who would be eligible for Medicaid under institutional rules and who participate in the PACE program.

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Superseded SPA ID	LA-04-06		
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The state operates the PACE Participants eligibility group in accordance with the following provisions:

A. Characteristics

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

1. 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):
2. Are enrolled in a Program of All-Inclusive Care for the Elderly (PACE) program under a PACE program agreement.
3. Require, or will require in the absence of the continued provision of PACE services, the level of care furnished by a nursing facility.

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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Superseded SPA ID	LA-04-06		
	User-Entered		

B. Financial Methodologies

The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS00010 | LA-23-0002

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Superseded SPA ID	LA-04-06		
	User-Entered		

C. Income and Resource Standards

1. The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.
2. An individual's gross income may not exceed 300% of the SSI federal benefit rate.

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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Superseded SPA ID	LA-04-06		
	User-Entered		

D. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

Individuals who are age 65 or older or who have a disability, with income no higher than 100% FPL.

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Superseded SPA ID	LA-91-23, 14-04		
	User-Entered		

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

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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User-Entered

SPA ID LA-23-0002
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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

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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SPA ID LA-23-0002
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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.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS00010 | LA-23-0002

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Effective Date 1/1/2023

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 | LA2023MS0001O | LA-23-0002

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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 | LA2023MS0001O | LA-23-0002

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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 | LA2023MS0001O | LA-23-0002

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

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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 | LA2023MS00010 | LA-23-0002

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SPA ID LA-23-0002
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Effective Date 1/1/2023

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 | LA2023MS0001O | LA-23-0002

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User-Entered	

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.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | LA2023MS0001O | LA-23-0002

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

FPL 100.00%

Ticket to Work Basic

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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 | LA2023MS0001O | LA-23-0002

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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

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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 | LA2023MS0001O | LA-23-0002

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

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	User-Entered		

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

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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

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User-Entered	

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 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

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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

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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

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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

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G. Additional Information (optional)

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