

State: LOUISIANA

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

42 CFR 435.210 1902(a) (10)(A)(ii) and 1905(a) of the Act	<input type="checkbox"/>	1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.
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☐ The plan covers all individuals as described above.

☐ The plan covers only the following group or groups of individuals:

☐ Aged
☐ Blind
☐ Disabled
☐ ~~Caretaker relatives~~
☐ ~~Pregnant women~~

XIX 42 CFR 435.211	<input checked="" type="checkbox"/>	2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.
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*Agency that determines eligibility for coverage.

TN No. 96-15 Approval Date 6/28/96 Effective Date 7/1/96
Superseded
TN No. 91-23 HCFA ID: 7983E

Strike outs superseded by 13-49: see Section 2.8 Modified Adjusted Gross Income (MAGI)
Effective date January 1, 2014

STATE	<u>Louisiana</u>
DATE REC'D	<u>JUN 18 1996</u>
DATE APP'D	<u>JUN 26 1996</u>
DATE EFF	<u>JUL 01 1996</u>
HCFA 179	<u>96-15</u>
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