Revision: HCFA-PM-91-4 AUCUST 1991

(BPD)

ATTACHMENT 2.2-A

State:

LOUISIANA

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Groups Covered Agency* Citation(s) B. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.230 <u>/</u>/ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act. 435,100 The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is --Based on need and paid in cash on a regular . basis. Equal to the difference between the b. individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in the State. d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income. All aged individuals. (1) (2) All blind individuals. (3) All disabled individuals.

TN No. 01-13 Supersedes Approval Date TN No. 86-24	APR 0 2 1991	Effective Date OCT 01 1991
		HCFA ID: 7983E

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Agency*	Citation(s)			Groups Covered
		B. Optional (Continu	Group	s Other Than the Medically Needy
		-	(4)	Aged individuals in domiciliary facilities or other group living
42 C	FR 435.230	_	(5)	arrangements as defined under SSI. Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	`	\ -	(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
			(7)	Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		_	(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		_	(9)	Individuals in additional classifications approved by the Secretary as follows:

TN No. U1-03
Superseder 26 Approval Date APR 0 2 1992

Effective DateOCT 01 1991

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-: Agency*	Citation(s)	Groups	Covered
		Optional Groups Other T (Continued)	han the Medically Needy
		The supplement varies i subdivisions according	n income standard by political to cost-of-living differences.
		Yes.	
		No.	
		The standards for optio payments are listed in 2.6-A.	onal State supplementary Supplement 6 of <u>ATTACHMENT</u>
			* 1
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Supersede	86-26 Appro	APR 6 2 1992	Effective Date OCT 01 199
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Revision: HCFA-PM-91-4R ATTACHMENT 2.2-A (BPD) AUGUST 1991 Page 17 OKB MO.: 0938-State: LOUISIANA Groups Covered Citation(s) Agency* B. Optional Groups Other Than the Medically Needy (Continued) <u>/</u>/ 11. Section 1902(f) States and SSI criteria States 42 CFR 435. Z30 without agreements under section 1616 or 1634 435.121 1902(a)(10) of the Act. (A) (11) (XI) The following groups of individuals who receive of the Act a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is -a. Based on need and paid in cash on a regular basis. b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in each classification and available on a Statewide basis. d. Paid to one or more of the classifications of individuals listed below: (1) All aged individuals. (2) All blind individuals. (3) All disabled individuals.

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Effective DateOCT 01 1991
HCFA ID: 7983E

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DATE SEF
HCFA 179 91-23

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 18 LOUISIANA ONTB NO.: 0938-State: Agency* Citation(s) Groups Covered Optional Groups Other Than the Medically Needy (Continued) Aged individuals in domiciliary (4) facilities or other group living arrangements as defined under SSI. Blind individuals in domiciliary (5) facilities or other group living arrangements as defined under SSI. Disabled individuals in domiciliary (6) facilities or other group living arrangements as defined under SSI. Individuals receiving federally administered optional State supplement (7) that meets the conditions specified in 42 CFR 435.230. Individuals receiving a State (8) administered optional State supplement that meets the conditions specified in 42 CFR 435.230. Individuals in additional classifications approved by the Secretary as follows:

Supersed Approval Date
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APR u 2 1992

Effective Date OCT 01 1991

HCFA ID: 7983E

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Agency*	Citation(s)		Groups Covered
		B. Optional Gr (Continued)	oups Other Than the Medically Needy
		politi	pplement varies in income standard by cal subdivisions according to f-living differences.
	\	_	Yes
			No
		paymen	andards for optional State supplementary ts are listed in Supplement 6 of MENT 2.6-A.
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