

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | LA2019M500010 | 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

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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

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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.

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#### 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

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**F. Additional Information (optional)**