



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Non-Financial Eligibility	
Citizenship and Non-Citizen Eligibility	
S89	
1902(a)(46)(B) 8 U.S.C. 1611, 1612, 1613, and 1641 1903(v)(2),(3) and (4) 42 CFR 435.4 42 CFR 435.406 42 CFR 435.956	State: Louisiana Date Received: 27 December, 2013 Date Approved: 6 March, 2014 Date Effective: 31 December, 2013 Transmittal Number: LA 13-54
Citizenship and Non-Citizen Eligibility	
<p>The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.</p> <p><input checked="" type="checkbox"/> The state provides Medicaid eligibility to otherwise eligible individuals:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Who are citizens or nationals of the United States; and<input checked="" type="checkbox"/> Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and<input checked="" type="checkbox"/> Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, and 956. <p>The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.</p> <p>The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>The date benefits are furnished is:</p> <ul style="list-style-type: none"><input checked="" type="radio"/> The date of application containing the declaration of citizenship or immigration status.<input type="radio"/> The date the reasonable opportunity notice is sent.<input type="radio"/> Other date, as described:	

State: Louisiana

Date Received: 27 December, 2013

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Transmittal Number: LA 13-54



Medicaid Eligibility

The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).

☒ Yes ☐ No

The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

☐ Yes ☒ No

☒ An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

☒ An individual is considered to be lawfully present in the United States if he or she:

1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));
3. Is a non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
4. Is a non-citizen who belongs to one of the following classes:
 - ☒ Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;
 - ☒ Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
 - ☒ Granted employment authorization under 8 CFR 274a.12(c);
 - ☒ Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
 - ☒ Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
 - ☒ Granted Deferred Action status;
 - ☒ Granted an administrative stay of removal under 8 CFR 241;
 - ☒ Beneficiary of approved visa petition who has a pending application for adjustment of status;
5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C. 1231, or under the Convention Against Torture who -
 - ☒ Has been granted employment authorization; or
 - ☒ Is under the age of 14 and has had an application pending for at least 180 days;
6. Has been granted withholding of removal under the Convention Against Torture;
7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);
8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));



Medicaid Eligibility

10. **Exception:** An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.

☐ Other

The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:



☐ Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;

☐ Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State: Louisiana
Date Received: 27 December, 2013
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Transmittal Number: LA 13-54

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	A. General Conditions of Eligibility
	Each individual covered under the plan:
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

STATE <u>Louisiana</u>	A
DATE REC'D <u>APR 06 1992</u>	
DATE APV'D <u>MAY 14 1992</u>	
DATE EFF <u>APR 01 1992</u>	
HCFA 179 <u>92-07</u>	

TN No. 92-07
Supersedes 91-23
Approval Date MAY 14 1992 Effective Date APR 01 1992

Strikethroughs superseded by 13-49 Modified Adjusted Gross Income (MAGI)

State: Louisiana

Citation	Condition or Requirement
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(I) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
42 CFR 435.402	3. Is residing in the United States and
	a. Is a citizen;
P.L. 104-193	b. Is a member of one of the following mandatory qualified alien groups:
	1) qualified aliens who were in the United States prior to August 22, 1996, whether or not receiving Medicaid on that date; and are members of any of the following groups:
	<ul style="list-style-type: none"> ◀ lawful permanent residents to whom 40 qualifying quarters of Social Security can be credited; ◀ refugees until 7 years after the date of the alien's entry into the United States; ◀ asylees until 7 years after the grant of asylum; ◀ aliens who have had deportation withheld under section 243(h) of the INA until 7 years after the grant of withholding; and ◀ honorably discharged veterans who fulfill the minimum active-duty service requirements, aliens on active duty in the United States armed forces, the spouse or unmarried dependent child(ren) of such individual, and the unremarried surviving spouse of a deceased honorably discharged veteran; ◀ aliens with Cuban or Haitian entrance status until 7 years from grant of status.
	2) qualified aliens entering the United States on or after August 22,

STATE	LA	A
DATE BCD	12-31-97	
DATE	3-3-98	
DATE	12-21-97	
ACPA	97-26	

TN No. 97-26

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Effective Date 12-21-97

Supersedes

TN No. 97-03

Strikethroughs superseded by TN 13-52 (see MAGI update at front of this section)

State: Louisiana

Citation	Condition or Requirement
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~~1996, who are members of any of the following groups:~~

- ~~◀ refugees for 7 years from date of entry;~~
- ~~◀ asylees for 7 years from date of entry;~~
- ~~◀ aliens whose deportation has been withheld under section 423(h) of the INA for 7 years from grant of withholding;~~
- ~~◀ honorably discharged veterans who fulfill the minimum active duty service requirements, aliens on active duty in the United States' armed forces, the spouse or unmarried dependent child(ren) of such individuals, and the unremarried surviving spouse of a deceased honorably discharged veteran;~~
- ~~◀ aliens granted Cuban or Haitian entrance status until 7 years from grant of status.~~

~~3) Native Americans born in Canada who have at least 50% Native American blood who enter and reside in the United States.~~

42 CFR 435.403
1902(b) of the Act

~~4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.~~

~~— State has the interstate residency agreement with the following states:~~

~~— State has open agreement(s).~~

~~— Not applicable; no residency requirement.~~

STATE	<u>LA</u>	A
DATE REC'D	<u>3-18-98</u>	
DATE ACT'D	<u>5-11-98</u>	
DATE EFF	<u>1-1-98</u>	
HCFA 179	<u>98-08</u>	

TN No. 98-01

Approval Date 5-11-98

Effective Date 1-1-98

Supersedes

TN No. 97-26

Strikethroughs superseded by TN 13-52 & 13-53 (see MAGI update at front of this section)

State/Territory: LOUISIANA

Citation	Condition or Requirement
42 CFR 435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, * intermediate care facilities , or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. <input type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145 1912 of the Act	6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

*nursing facilities and intermediate care
facilities for the mentally retarded,

TN No. 91-34 Approval Date 4/23/92 Effective Date 1/1/87
Supersedes
TN No. 91-23

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-30-91</u>	
DATE APPV'D <u>4-23-92</u>	
DATE EFF <u>1/1/87</u>	
HCFA 179 <u>91-34</u>	

State/Territory: LOUISIANA

Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

/X/ Assignment of rights is automatic because of State law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number), except for aliens seeking medical assistance for the treatment of an emergency medical condition under section 1903(v)(2) of the Social Security Act (section 1137(f)).

TN No.

91-34

Supersedes

Approval Date

4/23/92

Effective Date

11/5/90

TN No.

91-23

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>12-30-92</u>	
DATE APP'V'D	<u>4-23-92</u>	
DATE EFF	<u>11-5-90</u>	
HCFA 179	<u>91-34</u>	

Revision: ~~HCFA PH 91-4~~ (BPD)
~~AUGUST 1991~~

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OMB No.: 0938-

State: LOUISIANA

Citation	Condition or Requirement
1902(c)(2)	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

TN No. 91-23
Superseded
TN No. New Page Approval Date APR 02 1992 Effective Date OCT 01 1991

HCFA ID: 7985E

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

STATE <u>Louisiana</u>	A
DATE REC'D <u>DEC 05 1991</u>	
DATE APP'D <u>APR 02 1992</u> <u>OCT 01 1991</u>	
DATE EFF <u>91-23</u>	
HCFA 179 <u>91-23</u>	

State/Territory: LOUISIANA

Citation

Condition or Requirement

1906 of the Act 10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TN No. 91-29

Supersedes

Approval Date

JUN 11 1993

Effective Date

JAN 01 1991

TN No. None-New Page

HCFA ID: 7985E

STATE <u>Louisiana</u>	A
DATE REC'D <u>DEC 30 1991</u>	
DATE APPV'D <u>JUN 11 1993</u>	
DATE EFF <u>JAN 01 1991</u>	
HCFA 179 <u>91-29</u>	

Revision: HCFA-PM-97-2
December 1997

ATTACHMENT 2.6-A
Page 4
OMB No. 0938-0673

State: LOUISIANA

Citation

Condition or Requirement

**B. Posteligibility Treatment of Institutionalized
Individuals' Incomes**

**1. The following items are not considered in the
posteligibility process:**

1902(o) of
the Act

a. SSI and SSP benefits paid under §1611(e)(1)(E)
and (G) of the Act to individuals who receive care
in a hospital, nursing home, SNF, or ICF.

Bondi v
Sullivan (SSI)

b. Austrian Reparation Payments (pension (reparation)
payments made under §500 - 506 of the Austrian
General Social Insurance Act). Applies only if
State follows SSI program rules with respect to
the payments.

1902(r)(1) of
the Act

c. German Reparations Payments (reparation payments
made by the Federal Republic of Germany).

105/206 of
P. L. 100-383

d. Japanese and Aleutian Restitution Payments.

1. (a) of
P.L. 103-286

e. Netherlands Reparation Payments based on Nazi, but
not Japanese, persecution (during World War II).

10405 of
P.L. 101-239

f. Payments from the Agent Orange Settlement Fund
or any other fund established pursuant to the
settlement in the In re Agent Orange product
liability litigation, M.D.L. No. 381 (E.D.N.Y.)

6(h)(2) of
P.L. 101-426

g. Radiation Exposure Compensation.

12005 of
P. L. 103-66

h. VA pensions limited to \$90 per month under
38 U.S.C. 5503.

STATE	<i>Louisiana</i>
DATE REC'D	<i>6-16-98</i>
DATE APP'D	<i>9-10-98</i>
DATE EFF	<i>5-1-98</i>
HCFA 179	<i>98-10</i>
<i>A</i>	

TN No. 98-10
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TN No. 93-26

Revision: HCFA-PM-97-2
December 1997

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Page 4a
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State: LOUISIANA

Citation	Condition or Requirement
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1924 of the Act
435.725
435.733
435.832

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.

- a. Aged, blind, disabled:
Individuals \$ 38.00
Couples \$ 76.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- b. AFDC related:
Children \$ 30.00
Adults \$ 30.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- c. Individual under age 21 covered in the plan as specified in Item B. 7. of Attachment 2.2 -A.
\$ 30.00

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STATE	LOUISIANA
DATE RECD	6-16-98
DATE / PWD	9-10-98
DATE EFF	5-1-98
EXPIRY	98-10

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TN No. 93-26

State: LOUISIANA

Citation

Condition or Requirement

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

3. In addition to the amounts under item 2, the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:

a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

 The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.

 The poverty level component is calculated using a percentage greater than the applicable percentage, equal to %, of the official poverty level (still subject to maximum maintenance needs standard).

 x The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

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STATE	Louisiana
DATE	6-16-98
DATE	9-10-98
DATE	5-1-98
DATE	98-10

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TN No. SUPERSEDES: NONE - NEW PAGE

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State: LOUISIANA

Citation	Condition or Requirement
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In determining any excess shelter allowance, utility expenses are calculated using:

- _____ the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or
- _____ the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.

b. The monthly income allowance for other dependent family members living with the community spouse is:

- ☒ one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924 (d)(3)(B)) exceeds the dependent family member's monthly income.

_____ a greater amount calculated as follows:

The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):

c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:

- (i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
- (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.)

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STATE	LOUISIANA
DATE REC'D	6-16-98
DATE APVD	9-10-98
DATE TO	5-1-98
HCFA 19	98-10

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TN No. 98-10 SUPERSEDES: NONE (NEW PAGE)

Revision: HCFA-PM-97-2
December 1997

ATTACHMENT 2.6-A
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State: LOUISIANA

Citation	Condition or Requirement
435.725 435.733 435.832	<p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <ul style="list-style-type: none"><input type="radio"/> AFDC level; or<input type="radio"/> Medically needy level. <p>(Check one)</p> <ul style="list-style-type: none"><input type="radio"/> AFDC levels in Supplement 1<input checked="" type="radio"/> Medically needy level in Supplement 1<input type="radio"/> Other: \$ _____ <p>b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:</p> <ul style="list-style-type: none">(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)
435.725 435.733 435.832	<p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p>

A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:

STATE	<u>Louisiana</u>
DATE REC'D	<u>6-16-98</u>
DATE AP'D	<u>9-10-98</u>
TE EFF	<u>5-1-98</u>
HCFA 179	<u>98-10</u>

☒ Yes

☐ No

(the applicable amount is shown on page 5a.)

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December 1997

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Page 5a
OMB No. 0938-0673

State: LOUISIANA

Citation	Condition or Requirement
_____	Amount for maintenance of home is: \$ _____
_____	Amount for maintenance of home is the actual maintenance costs not to exceed \$ _____
_____	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
_____	Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.

STATE <u>Louisiana</u>	A
DATE REC'D <u>6-16-98</u>	
DATE APPL'D <u>9-10-98</u>	
DATE REP <u>5-1-98</u>	
HCFA # <u>98-10</u>	

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.711 435.721, 435.831	<p>C. <u>Financial Eligibility</u></p> <p>For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.</p> <p>For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.</p> <p>Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level—pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act—and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.</p>

STATE <u>Louisiana</u>	A
DATE REC'D <u>APR 06 1992</u>	
DATE APP'VD <u>MAY 14 1992</u>	
DATE EFF <u>APR 01 1992</u>	
HCFA 179 <u>92-07</u>	

TN No. 92-87
Superseded
TN No. 91-23 Approval Date MAY 14 1992 Effective Date APR 01 1992

Strikethroughs superseded by 13-49 Modified Adjusted Gross Income (MAGI)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: LOUISIANA

Citation(s)

Condition or Requirement

- X Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
- Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
- X Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
- X Supplement 5a to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility for individuals with incomes related to federal poverty guidelines.
- X Supplement 6 to ATTACHMENT 2.6-A specifies the standards for optional state supplementary payments.
- X Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy who are covered under requirements more restrictive than SSI permitted under section 1902(f) of the Act.
- X Supplement 8a to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
- X Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
- X Supplement 9 to ATTACHMENT 2.6-A specifies the methods for treatment of transfers of assets for less than fair market value and the treatment of trusts per Section 1917 (c) and (d) of the Act.
- X Supplement 9a to ATTACHMENT 2.6-A specifies the methods for treatment of disposal of assets for less than fair market value per section 1917 (c) of the Act.

A	
STATE	LOUISIANA
DATE REC'D	6-16-98
DATE APWD	9-8-98
DATE EFF	4-1-98
HCFA 171	98-07

TN# 9809 Approval Date: 9-8-98 Effective Date 4-1-98
 Supersedes
 TN# 95-23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: LOUISIANA

Citation(s)

Condition or Requirement

- X Supplement 10 to ATTACHMENT 2.6-A specifies the methods for treatment of the undue hardship provisions for transfer of assets per section 1917(c)(2)(D) of the Act.
- X Supplement 12 to ATTACHMENT 2.6-A specifies the methods for treatment of variations from the basic personal needs allowance.
- X Supplement 13 to ATTACHMENT 2.6-A specifies the method for determining eligibility for institutionalized individuals who have spouses living in the community per section 1924 of the Act.
- X Supplement 14 to ATTACHMENT 2.6-A specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under §1902(z)(1) of the Act.
- X Supplement 15 to ATTACHMENT 2.6-A specifies the methods for determining eligibility for optional groups of qualified aliens.
- X Supplement 16 to ATTACHMENT 2.6-A specifies the methods for determining eligibility for low income families and children per section 1931 of the Act.

STATE	<u>Louisiana</u>	A
DATE RECD	<u>6-16-98</u>	
DATE ASSYD	<u>9-10-98</u>	
DATE EFF	<u>5-1-98</u>	
HCEFA 179	<u>98-10</u>	

TN# 98-10 Approval Date: 9-10-98 Effective Date 5-1-98

Supersedes 20 47

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r)(2) of the Act	1. Methods of Determining Income a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children). (1) In determining countable income for AFDC-related individuals, the following methods are used: y (a) The methods under the State's approved AFDC plan only; or (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A. (2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) the Act	(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.

STATE <u>Louisiana</u>	A
DATE REC'D <u>APR 06 1992</u>	
DATE APPV'D <u>MAY 14 1992</u>	
DATE EFF <u>APR 01 1992</u>	
HCFA 179 <u>92-07</u>	

TN No. 92-07

Superseded

TN No. Item 1a. Page 7

Approval Date MAY 14 1992

Effective Date APR 01 1992

Strikethroughs superseded by 13-49
Modified Adjusted Gross Income (MAGI)

Attachment 2.6-A, 91-23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.721, 435.831, and 1902(m)(1)(B), (m)(4) and 1902(r)(2) of the Act	<p>b. <u>Aged individuals.</u> In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used:</p> <p><u> </u> The methods of the SSI program only.</p> <p><u> X </u> The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMNT 2.6-A.</u></p>

SUPERSEDES TN 92-07

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-28-04</u>	
DATE APPV'D <u>3-3-05</u>	
DATE EFF <u>11-21-04</u>	
HCFA 179 <u>LA 04-24</u>	

TN No: 04-24
Supersedes
TN No. 92-07

Approval Date 3-3-05

Effective Date 11-21-04

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

State: LOUISIANA

ATTACHMENT 2.6-A
Page 8
OMB No.: 0938-

Citation

Condition or Requirement

- ☐ For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
- ☐ For institutional couples, the methods specified under section 1611(e)(5) of the Act.
- ☐ For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.
- ☐ For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--
 - SSI methods only.
 - SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.
 - Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

TN No. 91-13
Superseded 87-24
TN No. 87-24

Approval Date APR 02 1992

Effective Date OCT 01 1991

HCFA ID: 7985E

STATE	<i>Louisiana</i>	A
DATE REC'D	DEC 05 1991	
DATE APP'VD	APR 02 1992	
DATE EFF	OCT 01 1991	
HCFA ID	91-23	

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

ATTACHMENT 2.6-A
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OMB NO.: 0938-

State: LOUISIANA

Citation(s)	Condition or Requirement
42 CFR 435.721, 435.831, and 1902(m)(1)(B), (m)(4) and 1902(r)(2) of the Act	<p>c. <u>Blind individuals.</u> In determining countable income for blind individuals, the following methods are used:</p> <p>— The methods of the SSI program only.</p> <p><u>X</u> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>— For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>, and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>— For institutional couples, the methods specified under section 1611(e)(5) of the Act.</p> <p>— For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A.</u></p> <p>— For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements - -</p> <p>— SSI methods only.</p> <p>— SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>— Methods more restrictive and/ or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p>

LOUISIANA TN 91-23

STATE <u>LOUISIANA</u>	A
DATE REC'D <u>12-28-04</u>	
DATE APP'D <u>3-3-05</u>	
DATE EFF <u>11-21-04</u>	
HCFA 179 <u>LA 04-24</u>	

TN No: 04-24

Approval Date 3-3-05

Effective Date 11-21-04

Supersedes

TN No. 91-23

HCFA ID: 7985E

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

ATTACHMENT 2.6-A
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State: LOUISIANA

Citation(s)	Condition or Requirement
	In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
42 CFR 435.721, 435.831, and 1902(m)(1)(B), (m)(4) and 1902(r)(2) of the Act	d. <u>Disabled individuals.</u> In determining countable income for disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used: ___ The methods of the SSI program. <u>X</u> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> ___ For institutional couples: the methods specified under section 1611(e)(5) of the Act. ___ For optional State supplement recipients under §435.230: income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A.</u> ___ For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6 A;</u> and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>
STATE <u>Louisiana</u> DATE REC'D <u>12-28-04</u> DATE APPV'D <u>3-3-05</u> DATE EFF <u>11-21-04</u> HCFA 179 <u>LA 04-24</u>	<div style="border: 1px solid black; padding: 5px; display: inline-block;">A</div> SUPERSEDES TN <u>91-23</u>

TN No: 04-24
Supersedes
TN No. 91-23

Approval Date 3-3-05

Effective Date 11-21-04

HCFA ID: 7985E

Revision: HCFA-PH-91-4 (BPD)
AUGUST 1991

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OMB No.: 0938-

State: LOUISIANA

Citation	Condition or Requirement
—	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--
—	SSI methods only.
—	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
—	Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are specified in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

TN No. 91-23 Approval Date APR 02 1992 Effective Date OCT 01 1991
Superseded 89-23
TN No. 89-23

HCFA ID: 7985E

STATE <u>Louisiana</u>	A
DATE REC'D <u>DEC 05 1991</u>	
DATE APP'D <u>APR 02 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-23</u>	

~~STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT~~

~~State:~~ LOUISIANA

~~ELIGIBILITY CONDITIONS AND REQUIREMENTS~~

Citation(s)	Condition or Requirement
1902(1)(3)(E) and 1902(r)(2) of the Act	e. Poverty level pregnant women, infants, and children. For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii) (IX) of the Act— (1) The following methods are used in determining countable income: — The methods of the State's approved AFDC plan. — The methods of the approved title IV-E plan. <u>X</u> The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A. — The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

~~SUPERSEDES: TN~~ 92-07

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-26-03</u>	
DATE APP'D <u>5-20-03</u>	
DATE EFF <u>1-1-03</u>	
HCFA 179 <u>LA 03-11</u>	

~~TN No.~~ 03-11 ~~Approval Date~~ 5-20-03 ~~Effective Date~~ 1-1-03
~~Supersedes~~

~~TN No.~~ 92-07

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act	(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f. <u>Qualified Medicare beneficiaries.</u> In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used: <u>X</u> The methods of the SSI program only. — SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> — For institutional couples, the methods specified under section 1611(e)(5) of the Act.

STATE <u>Louisiana</u>	A
DATE REC'D <u>APR 06 1992</u>	
DATE APP'VD <u>MAY 14 1992</u>	
DATE EFF. <u>APR 01 1992</u>	
HCFA 179 <u>92-07</u>	

TN No. 92-07 Approval Date MAY 14 1992 Effective Date APR 01 1992
Superseded
TN No. 91-23

Strikethroughs superseded by 13-49 Modified Adjusted Gross Income (MAGI)

State: LOUISIANA

Citation

Condition or Requirement

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

g. (1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

STATE <u>Louisiana</u>	A
DATE REC'D <u>MAR 16 1993</u>	
DATE APP'D <u>AUG 06 1993</u>	
DATE EFF <u>JAN 01 1993</u>	
HCFA 179 <u>93-09</u>	

TN No. 93-09
Supersedes 92-07 Approval Date AUG 06 1993 Effective Date JAN 01 1993
TN No. 92-07

Revision:

ATTACHMENT 2.6-A

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OMB No.:

STATE: LOUISIANA

Citation	Condition or Requirement
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1902(a)(10)(A)
(ii)(XIII) of the Act

(i) Working Individuals with Disabilities - BBA

In determining countable income and resources for working individuals with disabilities under the BBA, the following methodologies are applied:

_____ The methodologies of the SSI program.

_____ The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 (income) and/or Supplement 5(resources) to attachment 2.6-A.

_____ The agency uses more liberal income and/or resource methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to attachment 2.6-A.

SUPERSEDES: NONE - NEW PAGE

STATE <u>Louisiana</u>	A
DATE REC'D <u>17 Dec 03</u>	
DATE APP'D <u>6 Feb 04</u>	
DATE EFF <u>1 Jan 04</u>	
HCFA 179 <u>04-01</u>	

TN# 04-01

Approval Date 6 Feb 04

Effective Date 1 Jan 04

Supersedes
SUPERSEDES: NONE - NEW PAGE
TN#

Revision:

ATTACHMENT 2.6-A

Page 12d

OMB No.:

STATE: LOUISIANA

Citation	Condition or Requirement
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1902(a)(10)(A)
(ii)(XV) of the Act

(i) Working Individuals with Disabilities – Basic Coverage Group - TWWIIA

In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:

_____ The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

X The agency applies the following income and/or resource standard(s):

- The individual must have countable income less than 100 percent of the Federal Poverty Level.
- Countable resources must be less than \$10,000.

State: Louisiana
Date Received: 14 February, 2014
Date Approved: 13 May, 2014
Date Effective: 1 January, 2014
Transmittal Number: 14-03

TN# 14-03
Supersedes
TN# 04-01

Approval Date 5/13/14

Effective Date 1/1/14

Revision:

ATTACHMENT 2.6-A

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OMB No.:

STATE: LOUISIANA

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XV) of the Act (cont.)

Income Methodologies

In determining whether an individual meets the income standard described above, the agency uses the following methodologies:

- ☐ The income methodologies of the SSI program.
- ☐ The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to attachment 2.6-A.
- ☒ The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

SUPERSEDES: NONE - NEW PAGE

STATE <u>Louisiana</u>	A
DATE REC'D <u>17 Dec 03</u>	
DATE APPV'D <u>6 Feb 04</u>	
DATE EFF <u>1 Jan 04</u>	
HCFA 179 <u>04-01</u>	

TN# 04-01

Approval Date 6 Feb 04

Effective Date 1 Jan 04

SUPERSEDES: NONE - NEW PAGE

TN#

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ATTACHMENT 2.6-A

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OMB No.:

STATE: LOUISIANA

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XV) of the Act (cont.)

Resource Methodologies

In determining whether an individual meets the resource standard described above, the agency uses the following methodologies:

Unless one of the following items is checked the agency, under the authority of section 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement funds and accounts, such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.

_____ The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.

_____ The agency disregards funds held in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.

SUPERSEDES. NONE - NEW PAGE

STATE <u>Louisiana</u>	A
DATE REC'D <u>17 Dec 03</u>	
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DATE EFF <u>1 Jan 04</u>	
HCFA 179 <u>04-01</u>	

TN# 01-01

Approval Date 6 Feb 04

Effective Date 1 Jan 04

SUPERSEDES. NONE - NEW PAGE
TN# _____

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OMB No.:

STATE: LOUISIANA

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	<input type="checkbox"/> The agency does not disregard funds in retirement accounts.
	<input checked="" type="checkbox"/> The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.
	<input type="checkbox"/> The agency uses the resource methodologies of the SSI program.
	<input type="checkbox"/> The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.

SUPERSEDES: NONE - NEW PAGE

STATE <u>Louisiana</u>	A
DATE REC'D <u>17 Dec 03</u>	
DATE APP'D <u>6 Feb 04</u>	
DATE EFF <u>1 Jan 04</u>	
HCFA 179 <u>04-01</u>	

TN# 04-01 Approval Date 6 Feb 04

Effective Date 1 Jan 04

SUPERSEDES: NONE - NEW PAGE

TN# _____

Revision:

ATTACHMENT 2.6-A

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OMB No.:

STATE: LOUISIANA

Citation	Condition or Requirement
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1902(a)(10)(A)
(ii)(XVI) of the Act

(i) Working Individuals with Disabilities –
Employed Medically Improved Individuals - TWWIA

In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied:

_____ The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

_____ The agency applies the following income and/or resource standard(s):

SUPERSEDES: NONE - NEW PAGE

STATE <u>Louisiana</u>	A
DATE REC'D <u>17 Dec 03</u>	
DATE APP'D <u>6 Feb 04</u>	
DATE EFF <u>1 Jan 04</u>	
HCFA 179 <u>04-01</u>	

TN# 04-01

Approval Date 6 Feb 04

Effective Date 1 Jan 04

~~SUPERSEDES~~ SUPERSEDES: NONE - NEW PAGE

TN# _____

Revision:

ATTACHMENT 2.6-A

Page 12i

OMB No.:

STATE: LOUISIANA

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XVI) of the Act (cont.)

Income Methodologies

In determining whether an individual meets the income standard described above, the agency uses the following methodologies:

- _____ The income methodologies of the SSI program.
- _____ The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to attachment 2.6-A.
- _____ The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

SUPERSEDES: NONE - NEW PAGE

STATE <u>Louisiana</u>	A
DATE RECD <u>17 Dec 03</u>	
DATE APP'D <u>6 Feb 04</u>	
DATE EFF <u>1 Jan 04</u>	
HCFA 179 <u>04-01</u>	

TN# 04-01

Approval Date 6 Feb 04

Effective Date 1 Jan 04

SUPERSEDES: NONE - NEW PAGE

TN# _____

Revision:

ATTACHMENT 2.6-A

Page 12j

OMB No.:

STATE: LOUISIANA

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XVI) of the Act (cont.)

Resource Methodologies

In determining whether an individual meets the resource standard described above, the agency uses the following methodologies:

Unless one of the following items is checked the agency, under the authority of section 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement funds and accounts, such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.

_____ The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.

_____ The agency disregards funds held in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.

SUPERSEDES: NONE - NEW PAGE

STATE <u>Louisiana</u>	A
DATE REC'D <u>17 Dec 03</u>	
DATE APP'D <u>6 Feb 04</u>	
DATE EFF <u>1 Jan 04</u>	
HCFA 179 <u>04-01</u>	

TN# 04-01

Approval Date 6 Feb 04

Effective Date 1 Jan 04

SUPERSEDES: NONE - NEW PAGE
TN# _____

Revision:

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Page 12k

OMB No.:

STATE: LOUISIANA

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	<p>_____ The agency does not disregard funds in retirement accounts.</p> <p>_____ The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.</p> <p>_____ The agency uses the resource methodologies of the SSI program.</p> <p>_____ The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.</p>

SUPERSEDES NONE - NEW PAGE

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~~SUPERSEDES~~ NONE - NEW PAGE

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OMB No.:

STATE: LOUISIANA

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) and 1905(v)(2) of the Act	<u>Definition of Employed – Employed Medically Improved Individuals - TWWIIA</u> — The agency uses the statutory definition of “employed”, i.e., earning at least the minimum wage, and working at least 40 hours per month. — The agency uses an alternative definition of “employed” that provides for substantial and reasonable threshold criteria for hours of work, wages, or other measures. The agency’s threshold criteria are described below:

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Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XIII), (XV), (XVI), and 1916(g) of the Act	<p><u>Payment of Premiums or Other Cost Sharing Charges</u></p> <p>For individuals eligible under the BBA eligibility group described in No. 26 on page 23g of Attachment 2.2-A.</p> <p>_____ The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below:</p> <ul style="list-style-type: none">• Effective January 1, 2014, buy-in premiums shall be eliminated from the Medicaid Purchase Plan Program.

State: Louisiana
Date Received: 14 February, 2014
Date Approved: 13 May, 2014
Date Effective: 1 January, 2014
Transmittal Number: 14-03

TN# 14-03
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Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XIII), (XV), (XVI),
and 1916(g) of the Act (cont.)

For individuals eligible under the Basic Coverage Group described in No. 27 on page 23g of Attachment 2.2-A, and the Medical Improvement Group described in No. 28 on page 23g of Attachment 2.2-A:

NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums.

X The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.

The premiums or other cost-sharing charges, and how they are applied, are described on page 12n.

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Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XIII), (XV), (XVI),
and 1916(g) of the Act (cont.)

Payment of Premiums or Other Cost Sharing Charges

For the Basic Coverage Group and the Medical Improvement Group, the agency's premium or other cost-sharing charges, and how they are applied, are described below:

Premiums will be assessed monthly based on monthly countable income as follows:

Countable Income

Monthly Premium

Less than 150% of FPL	\$0
Equal to or greater than 150% but less than 200% of FPL	\$80
Equal to or greater than 200% but less than 250% of FPL	\$110

If an individual has access to any health insurance coverage at no cost to the individual, the individual is required to enroll in that insurance in order to participate in Louisiana's Medicaid Purchase Plan (TWWIIA Basic Coverage Group). The calculation for determining countable income for the premium payment allows a deduction for any other health insurance premiums paid by the individual

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SUPERSEDES: NONE - NEW PAGE
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Citation	Condition or Requirement
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1902(a)(10)(A)
(ii)(XIX) of the Act

Income Standards

_____ The agency uses the family income standard of 300% of federal poverty level;

X The agency uses the family income standard of less than 300% of the federal poverty level.

Specify the income standard 150%

_____ The agency uses a family income standard higher than 300% of the federal poverty level, (no federal financial participation is provided for benefits to families above 300% FPL).

Specify the income standard _____

Resource Standards

Under this provision agencies may not impose resource standards or asset tests in determining eligibility.

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HCFA 179	<u>07 - 30</u>	

TN# 07-30Approval Date 11 Feb 08Effective Date 31 Oct 07

Supersedes

~~SUPERSEDES~~: NONE - NEW PAGE

TN# _____

STATE: LOUISIANA

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XIX) of the Act (cont.)Income Methodologies

In determining whether a family meets the income standard described above, the agency uses the following methodologies.

☐ The income methodologies of the SSI program.

☐ The agency uses methodologies for treatment of income that is more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.

☒ The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

The agency 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).

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DATE EFF	<u>21 Oct 07</u>
HCFA 179	<u>07-30</u>

A

TN# 07-30Approval Date 11 Feb 08Effective Date 21 Oct 07

Supersedes

TN# ~~SUPERSEDES~~: NONE - NEW PAGE

STATE: LOUISIANA

Citation

Condition or Requirement

1902(cc) of the Act
and 1903(a)Interaction with Employer Sponsored Family Coverage

For individuals eligible under the FOA eligibility group described in No. 29 on page 23h of Attachment 2.2-A:

The agency requires parents to enroll in available group health plans through their employers if the plan qualifies under Section 2791(a) of the Public Health Service Act and the employer contributes at least 50 percent of the total cost of annual premiums for such coverage.

If such coverage is obtained, the agency (subject to the payment of premiums described in Attachment 2.6-A, pages 12s and t) reduces any premium imposed by the State by an amount that reasonably reflects the premium contribution made by the parent for private coverage on behalf of a child with a disability; and treats such coverage as a third party liability.

_____ The agency provides for payment of all or some portion of the annual premium for the employer-provided private family coverage that the parent is required to pay. Any payments made by the State are considered, for purposes of section 1903(a), to be payments for medical assistance.

The agency pays _____ percent of the premium.

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Citation	Condition or Requirement
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1902(a)(10)(A)(ii)(XIX), 1916(i)
and 1902(cc)(2)(A)(ii)(I)
of the Act

Payment of Premiums

For individuals eligible under the FOA eligibility group described in No. 29 on page 23h of Attachment 2.2-A:

- ☐ The agency does not require the payment of premiums for Medicaid coverage.
- ☒ The agency requires payment of premiums on a sliding scale based on income. The premiums, and how they are applied, are described below:

NOTE: Amounts paid for premiums for Medicaid, required family coverage, and other cost-sharing may not exceed 5% of a family's income for families up to 200% FPL and 7.5% of a family's income for families above 200% and up to 300% FPL.

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<u>Family's Gross Income</u>	<u>Amount of Premium</u>
Between 0% and 200% FPL	No premium
Between 201% and 250% FPL	\$30.00 per month
Between 251% and 300% FPL	\$35.00 per month

If a parent living in the household pays for other creditable insurance that covers the child(ren) with disabilities, the monthly premium must be reduced to:

- \$12.00 for families with income between 201% - 250% FPL.
- \$15.00 for families with income between 251% - 300% FPL.

NOTE - In no case will the premium be reduced to less than zero.

~~SUPERSEDES~~: NONE - NEW PAGETN# 07-30Approval Date 11 Feb 08Effective Date 21 Oct 07

Supersedes

TN#

~~SUPERSEDES~~: NONE - NEW PAGE

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Citation	Condition or Requirement
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1902(a)(10)(A)(ii)(XIX), 1916(i)
and 1902(cc)(2)(A)(ii)(I)
of the Act

Payment of Premiums
(Continued)

NOTE: A State may not require prepayment of premiums and may not terminate eligibility of a child for medical assistance on the basis of failure to pay a premium until the failure to pay continues for at least 60 days from the date on which the premium was past due.

NOTE: The State may waive payment of any such premium in any case where the State determines that requiring payment would create an undue hardship.

~~SUPERSEDES~~ NONE - NEW PAGE

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Revision: HCFA-FM-91-4 (BPD)
AUGUST 1991
State: LOUISIANA

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OMB No.: 0938-

Citation	Condition or Requirement
1902(k) of the Act	<p>2. Medicaid Qualifying Trusts</p> <p>In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.</p> <p><u>LX</u> The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. <u>Supplement 10 of ATTACHMENT 2.6-A</u> specifies what constitutes an undue hardship.</p>
1902(a)(10) of the Act	<p>3. Medically needy income levels (MNILs) are based on family size.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, <u>Supplement 1</u> so indicates.</p>

TN No. 91-23 Approval Date APR 02 1992 Effective Date OCT 01 1991
Supersedes 87-24
TN No. 87-24 HCFA ID: 7985E

STATE	<u>Louisiana</u>
DATE REC'D	<u>DEC 05 1991</u>
DATE APP'D	<u>APR 02 1992</u>
DATE EFF	<u>OCT 01 1991</u>
HCFA 179	<u>91-23</u>

A

State: LOUISIANA

Citation	Condition or Requirement
42 CFR 435.732, 435.831	4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only
	a. <u>Medically Needy</u>
*institutionalized **non-institutionalized	(1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of either <u>1*</u> or <u>3**</u> month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.
	(2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
	(a) Health insurance premiums, deductibles and coinsurance charges.
	(b) Expenses for necessary medical and remedial care not included in the plan.
	(c) Expenses for necessary medical and remedial care included in the plan.
	— Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

1902(a)(17) of the
Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 97-16
Supersedes
TN No. 96-15

Approval Date 12-12-97 Effective Date 7-1-97

HCFA ID: 7985E

STATE	LA
DATE REC'D	9-30-97
DATE ADM.	12-12-97
DATE E.F.	7-1-97
HCFA NO.	97-16
	A

Citation	Condition or Requirement
NOT APPLICABLE b. <u>Categorically Needy - Section 1902 (f) States</u> 42 CFR 435.732	<p>The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:</p> <ol style="list-style-type: none">(1) Any SSI benefit received.(2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.(3) Increases in QASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.(4) Other deductions from income described in this plan at <u>Attachment 2.6-A, Supplement 4</u>.(5) Incurred expenses for necessary medical and remedial services recognized under State law.
1902(a)(17) of the Act, P.L. 100-203	<p>Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.</p>

TN No. 91-23
Superseded
TN No. 87-24

Approval Date APR 02 1992

Effective Date OCT 01 1991

HCFA ID: 7985E

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DATE EFF <u>OCT 01 1991</u>	
HCFA 177 <u>91-23</u>	

State: LOUISIANA

Citation	Condition or Requirement
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5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

(1) In determining countable resources for AFDC-related individuals, the following methods are used:

(a) The methods under the State's approved AFDC plan; and

■ (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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DATE REC'D <u>12-28-01</u>	
DATE APP'D <u>02-22-02</u>	
DATE EFF <u>11-21-01</u>	
HCFA 1-70 <u>LA-01-16</u>	

TN No. 01-16

Supersedes

Approval Date 02-22-02

Effective Date 11-21-01

TN No. 91-23

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Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

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OMB No.: 0938-

State: LOUISIANA

<u>Citation</u>	<u>Condition or Requirement</u>
	5. <u>Methods for Determining Resources</u>
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r) of the Act	<p>b. <u>Aged individuals</u>. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency uses the following methods for the treatment of resources:</p> <p>— The methods of the SSI program.</p> <p><u>X</u> SSI methods and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2.6-A</u>.</p> <p>— Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. <u>Supplement 5 to ATTACHMENT 2.6-A</u> describes the more restrictive methods and <u>Supplement 8b to ATTACHMENT 2.6-A</u> specifies the more liberal methods.</p>

SUPERSEDES: TN- 91-23

STATE <u>Louisiana</u>	A
DATE REC'D <u>9-29-03</u>	
DATE APP'VD <u>12-4-03</u>	
DATE EFF. <u>8-21-03</u>	
HCFA 179 <u>03-30</u>	

TN No: 03-30
Supersedes
TN No. 91-23

Approval Date 12-4-03 Effective Date 8-21-03

HCFA ID: 7985E

Revision: HCFA-PM-91-4
 AUGUST 1991

(BPD)

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1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B), and
1902(r) of the
Act

c. Blind individuals. For blind individuals
the agency uses the following methods for
treatment of resources:

- ☐ The methods of the SSI program.
- ☒ SSI methods and/or any more liberal
 methods described in Supplement 8b to
 ATTACHMENT 2.6-A.
- ☐ Methods that are more restrictive and/or
 more liberal than those of the SSI
 program. Supplement 5 to
 ATTACHMENT 2.6-A describes the
 more restrictive methods and Supplement
 8b to ATTACHMENT 2.6-A specifies the
 more liberal methods.

In determining relative financial responsibility,
the agency considers only the resources of
spouses living in the same household as available
to spouses and the resources of parents as
available to children living with parents until the
children become 21.

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SUPERSEDES: TN- 91-23

TN No: 03-30
Supersedes
TN No. 91-23

Approval Date 12-4-03 Effective Date 8-21-03

HCFA ID: 7985E

State: LOUISIANA

Citation	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and (C), and 1902(r)(2) of the Act	d. <u>Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act. The agency uses the following methods for the treatment of resources:</u> — The methods of the SSI program. <u>X</u> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> — Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in <u>Supplement 5 to ATTACHMENT 2.6-A</u> and more liberal methods are specified in <u>Supplement 8b to ATTACHMENT 2.6-A.</u> In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(1)(3) and 1902(r)(2) of the Act	e. <u>Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.</u> The agency uses the following methods in the treatment of resources: — The methods of the SSI program only. — The methods of the SSI program and/or any more liberal methods described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.

SUPERSEDES: TN- 91-23

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DATE EFF	<u>8-21-03</u>
HCFA 179	<u>03-30</u>

TN No: 03-30 Approval Date 12-4-03 Effective Date 8-21-03
Supersedes
TN No. 91-23 HCFA ID: 7985E

Strikethroughs superseded by 13-49 Modified Adjusted Gross Income (MAGI)

Revision: HCFA-FM-91-4 (BPD)
AUGUST 1991

State: LOUISIANA

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Page 19
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Citation	Condition or Requirement
	Methods that are more liberal than those of SSI. The more liberal methods are specified in Supplement 5a or Supplement 5b to ATTACHMENT 2.6-A.
	X Not applicable. The agency does not consider resources in determining eligibility.
	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(l)(3) and 1902(r)(2) of the Act	f. Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act.
	The agency uses the following methods for the treatment of resources:
	The methods of the State's approved AFDC plan.
1902(l)(3)(C) of the Act	Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(l)(3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A.
1902(r)(2) of the Act	Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 5a or Supplement 5b to ATTACHMENT 2.6-A.
	X Not applicable. The agency does not consider resources in determining eligibility.

TN No. 91-23
Supersedes 8903
TN No.

Approval Date APR 02 1992

Effective Date OCT 01 1991

HCFA ID: 7985E

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

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>DEC 05 1991</u>	
DATE APP'D	<u>APR 02 1992</u>	
DATE EFF	<u>OCT 01 1991</u>	
HCFA 179	<u>91-23</u>	

~~STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT~~

State: LOUISIANA

~~ELIGIBILITY CONDITIONS AND REQUIREMENTS~~

Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	g. 1. Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act. The agency uses the following methods for the treatment of resources: — The methods of the State's approved AFDC plan. — Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A. — Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8b to ATTACHMENT 2.6-A. y Not applicable. The agency does not consider resources in determining eligibility. In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(1)(3)(C) of the Act	
1902(r)(2) of the Act	

STATE	<u>Louisiana</u>	A
DATE RECD	<u>APR 06 1992</u>	
DATE APPVD	<u>MAY 14 1992</u>	
DATE EFF	<u>APR 01 1992</u>	
HCFA 177	<u>92-07</u>	

TN No. 92-07
Superseded by 13-49: see Section 2.8 Modified Adjusted Gross Income (MAGI)
TN No. 91-23 Approval Date MAY 14 1992 Effective Date APR 01 1992

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	g. 2. <u>Poverty level children under section 1902(a)(10)(A)(i)(VII)</u> The agency uses the following methods for the treatment of resources: <input type="checkbox"/> The methods of the State's approved AFDC plan. <input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in Supplement 5a of ATTACHMENT 2.6-A. <input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8a to ATTACHMENT 2.6-A. <input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility. In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(1)(3)(C) of the Act	
1902(r)(2) of the Act	

STATE <u>Louisiana</u>	A
DATE REC'D <u>APR 06 1992</u>	
DATE APP'D <u>MAY 14 1992</u>	
DATE EFF <u>APR 01 1992</u>	
HCFA 179 <u>92-07</u>	

TN No. 92-07
Superseded by None-New Page Approval Date MAY 14 1992 Effective Date APR 01 1992
TN No. None-New Page

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

State: LOUISIANA

Citation	Condition or Requirement
1905(p)(1) (C) and (D) and 1902(r)(2) of- the Act	5. h. <u>For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act the agency uses the following methods for treatment of resources:</u> — The methods of the SSI program only. <u>X</u> The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>
1905(s) of the Act	i. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902(u) of the Act	j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources: — The methods of the SSI program only. — More restrictive methods applied under section 1902(f) of the Act as described in <u>Supplement 5 to Attachment 2.6-A.</u>

SUPERSEDES: TN- 91-23

STATE	<u>Louisiana</u>
DATE REC'D	<u>9-29-03</u>
DATE APP'D	<u>12-4-03</u>
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TN No. 91-23

Approval Date 12-4-03 Effective Date 8-21-03

HCFA ID: 7985E

State: LOUISIANA

Citation	Condition or Requirement
1902(a)(10)(E)(iii) of the Act	<p>k. <u>Specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act--</u></p> <p>The agency uses the same method as in 5.h. of Attachment 2.6-A.</p> <p>6. Resource Standard - Categorically Needy</p> <p>a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:</p> <p>___ Same as SSI resource standards.</p> <p>___ More restrictive.</p> <p>The resource standards for other individuals are the same as those in the related cash assistance program.</p> <p>b. Non-1902(f) States (except as specified under items 6.c. and d. below)</p> <p>The resource standards are the same as those in the related cash assistance program.</p> <p>Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.</p>

STATE <u>Louisiana</u>	A
DATE REC'D <u>JUL 07 1993</u>	
DATE APV'D <u>AUG 06 1993</u>	
DATE EFF <u>APR 01 1993</u>	
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TN No. 93-21 Approval Date AUG 06 1993 Effective Date APR 01 1993
Superseded
TN No. None - New Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3)(A), (B) and (C) of the Act	<p>c. For pregnant women covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.</p> <p>— Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which is no more restrictive than the standard under the SSI program;</p> <p>X— No. The agency does not apply a resource standard to these individuals.</p> <p>For infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.</p> <p>— Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p>X— No. The agency does not apply a resource standard to these individuals.</p>
1902(1)(3)(A) and (C) of the Act	<p>d. For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.</p> <p>— Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p>X— No. The agency does not apply a resource standard to these individuals.</p>

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TN No.

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STATE	<u>Louisiana</u>
DATE REC'D	<u>APR 06 1992</u>
DATE APPV'D	<u>MAY 14 1992</u>
DATE EFF	<u>APR 01 1992</u>
HCFA 177	<u>92-07</u>

A

State: LOUISIANA

Citation	Condition or Requirement
1902(1)(3)(A) and (C) of the Act	e. For children covered under the provisions of section 1902(a)(10)(A)(i)(VII) of the Act, the agency applies a resource standard. Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan. x No. The agency does not apply a resource standard to these individuals.
1902(m)(1)(C) and (m)(2)(B) of the Act	N/A f. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is: Same as SSI resource standards. Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy). Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.

TN No. 92-87
Superseded Item e, Page 21, Approval Date MAY 14 1992 Effective Date APR 01 1992
TN No. Attachment 2.6-A

Attachment 2.6-A, Item e
Page 21a - 91-23
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7/29/92

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>APR 06 1992</u>	
DATE APP'D	<u>MAY 14 1992</u>	
DATE LIT	<u>APR 01 1992</u>	
HCFA 179	<u>92-07</u>	

Strikethroughs superseded by 13-49 Modified Adjusted Gross Income (MAGI)

State: LOUISIANA

Citation(s)	Condition or Requirement
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7. Resource Standard - Medically Needy

1902(a)(10)(C)(i)
of the Act

a. Resource standards are based on family size.

b. A single standard is employed in determining resource
resource eligibility for all groups.

— c. In 1902(f) States, the resource standards are more restrictive than in
7.b. above for--

- Aged
— Blind
— Disabled

Supplement 2 to ATTACHMENT 2.6-A specifies the resource
standards for all covered medically needy groups. If the agency
chooses more restrictive levels under 7.c., Supplement 2 to
ATTACHMENT 2.6-A so indicates.

1902(a)(10)(E),
1905(p)(1)(D), 1905(p)(2)(B)
and 1860D-14(a)(3)(D)
of the Act8. Resource Standard - Qualified Medicare Beneficiaries,
Specified Low-Income Medicare Beneficiaries and
Qualified Individuals

For Qualified Medicare Beneficiaries covered under section
1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare
Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and
Qualified Individuals covered under 1902(a)(10)(E)(iv) of the Act, the
resource standard is three times the SSI resource limit, adjusted annually
by the increase in the Consumer Price Index (CPI).

SUPERSEDES: TN 01-16

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>1-26-10</u>	
DATE APP'VD	<u>4-27-10</u>	
DATE EFF	<u>1-1-10</u>	
HCFA 179	<u>10-01</u>	

TN # 10-01
Supersedes TN # 01-16Effective Date 1-1-10Approval Date 4-27-10

Revision:

Attachment 2.6-A
Page 22a

State: LOUISIANA

Citation(s)	Condition or Requirement
1902(a)(10)(E)(ii), 1905(s) and 1860D-14(a)(3)(D) of the Act	9. Resource Standard - Qualified Disabled and Working Individuals For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.
1902(u) of the Act	10. For COBRA continuation beneficiaries, the resource standard is: <input type="checkbox"/> Twice the SSI resource standard for an individual. <input type="checkbox"/> More restrictive standard as applied under section 1902(f) of the Act as described in <u>Supplement 8 to Attachment 2.6-A</u> .

STATE	<u>Louisiana</u>
DATE REC'D	<u>1-26-10</u>
DATE APP'D	<u>4-27-10</u>
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TN # 10-01 Effective Date 1-1-10
Supersedes TN # SUPERSEDES: NONE - NEW PAGE

Approval Date 4-27-10

State: LOUISIANA

Citation

Condition or Requirement

1902(u) of the Act

10. Excess Resources

- a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

Any excess resources make the individual ineligible.

- b. Categorically Needy Only

X This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.

- c. Medically Needy

Any excess resources make the individual ineligible.

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>JUL 07 1993</u>	
DATE AP'D	<u>AUG 06 1993</u>	
DATE EFF	<u>APR 01 1993</u>	
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TN No. 91-23

Approval Date APR 06 1993

Effective Date APR 01 1993

State: LOUISIANA

Citation	Condition or Requirement
42 CFR 435.914	<p>11. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare Beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p><u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related.</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p><u> </u> Aged, blind, disabled. <u> </u> AFDC-related.</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p><u> </u> Aged, blind, disabled. <u> </u> AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..</p> <p><u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related.</p>

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Supersedes 89-08/817-24 Approval Date
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STATE <u>Louisiana</u>	A
DATE REC'D <u>DEC 05 1991</u>	
DATE APP'D <u>APR 02 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-23</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1920(b)(1) of the Act	(3) For presumptive eligibility period for pregnant women only. Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6 A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
SUPERSEDES: TN- <u>92-07</u>	
1902(e)(8) and 1905(a) of the Act	<u>x</u> b. For the qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for - - <u>x</u> 12 months <u> </u> 6 months <u> </u> <u> </u> months (no less than 6 months and no more than 12 months)

STATE Louisiana
DATE REC'D 6-25-08
DATE APP'D 8-11-08
DATE EFF 4-21-08
HCFA 179 08-10

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TN No. 08-10
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Approval Date 8-11-08

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March 1995

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State: LOUISIANA

Citation	Condition or Requirement
1902(a)(18) and 1902(f) of Act	<p>12. Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</p> <p>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A</u>.</p>
1917(c)	<p>13. Transfer of Assets - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.</p> <p>Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9(a) to ATTACHMENT 2.6-A</u>, except in instances where the agency determines that the transfer rules would work an undue hardship.</p>
1917(d)	<p>14. Treatment of Trusts - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.</p> <p>The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts;</p> <p>The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of <u>Miller</u> trusts.</p> <p>The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in <u>Supplement 10 to ATTACHMENT 2.6-A</u>.</p>

STATE <u>Louisiana</u>	A
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DATE APP'D <u>MAY 11 1995</u>	
DATE EFF <u>JAN 01 1995</u>	
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December 1997

ATTACHMENT 2.6-A
Page 26a
OMB No.: 0938-0673

State: LOUISIANA

Citation	Condition or Requirement
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1924 of the Act	15. xxx The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.
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When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

☒ the maximum standard permitted by law;

☐ the minimum standard permitted by law; or

☐ a standard that is an amount between the minimum and the maximum.

STATE <u>Louisiana</u>	A
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DATE ADJ'D <u>9-10-98</u>	
DATE EFF <u>5-1-98</u>	
HCFA 179 <u>98-10</u>	

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9-10-98

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5-1-98

TN No.

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