

Revision: HCFA-PM-92-1 (MB)
FEBRUARY 1992

16-17

State: LOUISIANA

Citation(s)

42 CFR
435.10 and
Subparts G & H
1902(a)(10)(A)(i)
(III), (IV), (V),
(VI), and (VII),
1902(a)(10)(A)(ii)
(IX), 1902(a)(10)
(A)(ii)(X), 1902
(a)(10)(C),
1902(f), 1902(l)
and (m),
1905(p) and (s),
1902(r)(2),
and 1920

2.6 Financial Eligibility

- (a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

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
Supersedes 91-23 Approval Date MAY 14 1992 Effective Date APR 01 1992