

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **09-40**
2. STATE: **Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
October 1, 2009

5. TYPE OF PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
**Section 6201 of the Deficit Reduction Act of 2005
Sections 1917(b)(1)(C) and 1902(r)(2) of the Soc. Sec. Act**


7. FEDERAL BUDGET IMPACT:
a. FFY 2010 **\$0.00**
b. FFY 2011 **\$0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
*** Pre-print Page 53b
Supplement 8c to Attachment 2.6-A, Pages 1 and 2**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
**Same (TN 95-48)
None (New Page)
None (New Pages)**

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to implement the Long Term Care Insurance Partnership program which provides for the disregard of resources as well as estate recovery disregard in an amount equal to the insurance benefit payments made to or on behalf of an individual who is a beneficiary under a long-term care insurance policy, in accordance with the provisions of Section 6021 of the Deficit Reduction Act 2005.**

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **The Governor does not review state plan material.**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE: 
13. TYPED NAME: **Alan Levine**
14. TITLE: **Secretary**
15. DATE SUBMITTED: **September 16, 2009**

16. RETURN TO:
**State of Louisiana
Department of Health and Hospitals
1201 Capitol Access Road
PO Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **22 September, 2009**
18. DATE APPROVED: **4 November, 2009**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1 October, 2009

20. SIGNATURE: 

21. TYPED NAME: **Bill Brooks**

22. TITLE: **Associate Regional Administrator
Div of Medicaid & Children's Health**

23. REMARKS:
*** Pen + Ink Change made per State's E-mail dated 10 November, 2009.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2) The following more liberal methodology applies to individuals who are
1917(b)(1)(C) eligible for medical assistance under one of the following eligibility groups:

- Individuals in a nursing facility with gross income that does not exceed 300 percent of the SSI income standard as described in 1902(a)(10)(A)(ii)(V).
- Individuals who receive home and community based services with a gross income that does not exceed 300 percent of the SSI income standard as described in 1902(a)(10)(A)(ii)(VI).
- Medically needy aged, blind, and disabled groups as described in 1902(a)(10)(C)(i)(III).

A	
STATE	Louisiana
DATE REC'D	9-22-09
DATE APP'VD	11-04-09
DATE EFF	10-1-09
HCFA 179	09-40

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified State long-term care insurance partnership" policy (partnership policy) as set forth below, is given a resource disregard as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

X

The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State's Insurance Department.

- The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.
- The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model Act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.

SUPERSEDES: NONE - NEW PAGE

TN No. 09-40

Supersedes

Approval Date 11-04-09

Effective Date 10-1-09

TN No.

SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

- The policy was issued no earlier than the effective date of this State plan amendment.
- The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.
- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.
- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.
- The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.
- The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.
- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>9-22-09</u>	
DATE APPV'D	<u>11-04-09</u>	
DATE EFF	<u>10-1-09</u>	
HCFA 179	<u>09-40</u>	

SUPERSEDES: NONE - NEW PAGE

TN No. 09-40

Supersedes

Approval Date 11-04-09

Effective Date 10-1-09

TN No.

SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

1917(b)(1)(C) (4) X If an individual covered under a long-term care insurance policy received benefits for which assets or resources were disregarded as provided for in Attachment 2.6-A, Supplement 8c (State Long-Term Care Insurance Partnership), the State does not seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.

STATE <u>Louisiana</u>	A
DATE REC'D. <u>9-22-09</u>	
DATE APPV'D <u>11-4-09</u>	
DATE EFF. <u>10-1-09</u>	
HCFA 179 <u>09-40</u>	

SUPERSEDES: TN- 95-48

TN No. 09-40
Supersedes 95-48 Approval Date

Effective Date 10-1-09

From: Allyson Lamy [ALLYSON.LAMY@LA.GOV]
Sent: Tuesday, November 10, 2009 8:50 AM
To: Rupley, Cheryl A. (CMS/SC); Marks, Marsha L. (CMS/SC)
Cc: Keydra Singleton
Subject: pen & ink change for TN 09-40

Cheryl/Marsha,

We discovered an error on the Form 179 Boxes 8 and 9. The Pre-print page 53b should replace the TN 95-48 and is not a new page. Please make the change.

Thanks,
Allyson

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

November 4, 2009

Our Reference: SPA-LA-09-40

Mr. Jerry Phillips, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

Dear Mr. Phillips:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 09-40. This amendment implements the Long Term Care (LTC) Insurance Partnership program, providing an exemption from estate recovery to individuals in an amount equal to the benefits paid by certain LTC insurance policies.

Transmittal Number 09-40 is approved with an effective date of October 1, 2009 as requested. A copy of the HCFA-179, Transmittal No. 09-40 dated September 16, 2009 is enclosed along with the approved plan pages.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,



Bill Brooks
Associate Regional Administrator

Enclosures

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Tuesday, November 10, 2009 9:16 AM
To: CMS CMSO_508_SPA; 'ALLYSON LAMY'
Cc: Rupley, Cheryl A. (CMS/SC)
Subject: FW: Approved SPA 09-40 (Correction)
Attachments: Approval Pkg for LA 09-40.pdf; SPA-LA-09-40.doc

There was a correction made to one of the approved pages for LA SPA 09-40. I've attached the corrected pages for your processes. Please see below for the required documentation needed for processing.

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov

From: Marks, Marsha L. (CMS/SC)
Sent: Monday, November 09, 2009 9:48 AM
To: CMS CMSO_508_SPA; 'ALLYSON LAMY'
Cc: Rupley, Cheryl A. (CMS/SC)
Subject: Approved SPA 09-40

See Attached.

State: Louisiana

Brief Description: The State implemented the Long Term Care (LTC) Insurance Partnership program, providing an exemption from estate recovery to individuals in an amount equal to the benefits paid by certain LTC insurance policies. The amendment is in accordance with the provisions of section 6021 of the 2005 Deficit Reduction Act.

Approval Date: 11/4/09

Effective Date: 10/1/09

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov