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

April 27, 2010

Our Reference: SPA-LA-10-01

Mr. Don Gregory, 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. Gregory:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 10-01. This state plan amendment implements the provisions of the Medicare Improvements for Patient and Providers Act of 2008 (MIPPA) to increase the resource limit for Qualified Medicaid Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB) and QIs to three times the Supplemental Security Income (SSI) resource limit, adjusted annually by the increase in Consumer Price Index. This state plan amendment also implements a disregard for QMBs, SLMBs, and QIs for certain assets in the eligibility determination process.

In the future, when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's tribal consultation process for that SPA. Pursuant to section 1902 (a) (73) of the Act added by section 5006 (c) of the Recovery and Reinvestment Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state.

Transmittal Number 10-01 is approved with an effective date of January 1, 2010 as requested. A copy of the HCFA-179, Transmittal No. 10-01 dated January 26, 2010 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

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193 2. STATE
STATE PLAN MATERIAL	10-01	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: SOCIAL SECURITY ACT (MEI	TITLE XIX OF THE
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	3
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One):	DEDEC ACAMEMIAN AND MARKET	. (E) (E) (E) (E
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6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	оп итенитен)
1902(r)(2) of the Social Security Act; and	a. FFY 2010	<u>\$1,447.79</u>
MIPPA 2008	b. FFY <u>2011</u>	<u>\$1,551.34</u>
B. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPE	
Sunnlamout Oh to Attachment 2 C A Dece 1	SECTION OR ATTACHMENT	(If Applicable):
Supplement 8b to Attachment 2.6-A, Page 1 Supplement 8b to Attachment 2.6-A, Page 2	Same (TN 07-15) Same (TN 06-13)	
Attachment 2.2-A, Pages 9b, 9b1	Same (TN 93-09)	
Hachment 2.6-A page ZZa	New Page	
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TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	10-01	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: SOCIAL SECURITY ACT (MEI	TITLE XIX OF THE
O: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	}
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2010	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2010	·
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1902(r)(2) of the Social Security Act; and	a. FFY 2010	<u>\$1,447.79</u>
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Attachment 2.2-A, Pages 9b, 9b1	Same (TN 93-09)	
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Attachment 2.6-4 page 22	Same (TN 01-16)	
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3. TYPED NAME:	Department of Health and	Hospitals
Alan Levine 4. TITLE:	628 N. 4th Street	
Secretary	PO Box 91030	
5. DATE SUBMITTED:	Baton Rouge, LA 70821-9	030
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Dated 4-21-10 to Add	ATTACHMENT 2.6-11 P	age 229, New
* Per + Ink Change to ad State's e-maic 3	d Attachment 2.6-A	, page 22 per
states e-maic 3	5-27-2010	/

Marks, Marsha L. (CMS/SC)

From:

Marks, Marsha L. (CMS/SC)

Sent:

Wednesday, April 28, 2010 7:32 AM

To:

CMS CMSO_508 SPA

Cc:

Rupley, Cheryl A. (CMS/SC); 'Allyson Lamy'

Subject:

Approval Pkg for LA 10-01

Attachments:

LA1001APPROVAL.doc, Final Approval Pkg for LA 10-01.pdf

See Attached. Hard copies are being sent by regular mail.

State: Louisiana

Brief Description: This implements provision of Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) to increase the resource limit for Qualified Medicaid Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB) and QIs to three times the Supplemental Security Income (SSI) resource limit. It also implements a disregard for QMBs, SLMBs, and QIs for certain assets in the eligibility determination process.

Approval Date: 27 April, 2010

Effective Date: 1 January, 2010

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

Rupley, Cheryl A. (CMS/SC)

From:

Allyson Lamy [ALLYSON.LAMY@LA.GOV]

Sent:

Monday, March 29, 2010 1:26 PM

To:

Rupley, Cheryl A. (CMS/SC)

Cc:

Darlene Hughes; Diane Batts (DHH); Kyle Viator; Shirley Garland; Sandra Victor; Keydra

Singleton

Subject:

RE: LA 10-01 Questions

Attachments:

10-01 CMS Informal Questions Responses 3.29.10.docx; 10-01 Medicaid Savings Program

(revised submitted per CMS 3.27.10).docx; 10-01 Medicaid Savings Program (revised

submitted per CMS 3.27.10).pdf

We have revised the SPA pages as suggested by CMS. Please see attached responses to the informal questions and the revised pages. Please substitute the attached pages for the pages previously submitted for this SPA (in both Word and pdf versions).

Please let me know if there are any further questions.

Thanks, Allyson

From: Rupley, Cheryl A. (CMS/SC) [mailto:Cheryl.Rupley@cms.hhs.gov]

Sent: Wednesday, March 03, 2010 12:07 PM

To: Allyson Lamy; Keydra Singleton

Cc: Seng, Suzette (CMS/SC) **Subject:** LA 10-01 Questions

Importance: High

Allyson, Keydra,

Attached please find informal questions and page revisions needed for SPA 10-01. Please let me know if you have any questions.

Thanks for your assistance.

Cheryl Rupley
Division of Medicaid and Children's Health
1301 Young St. Rm. 833
Dallas, TX 75202
Phone 214-767-6278
FAX 214-767-0322

CMS Informal questions for TN 10-01

- 1. The Statutory reference for this SPA should be that of the MSP eligibility groups and not of the MIPPA law. Please revise box 6 of the 179. The following statutes correspond with the MSP groups: 1902(a)(10)(E), 1905(p) and 1860D-14(a)(3)(D).
 - Response: Please make a pen and ink change to Box 6 of the Form 179 to change the citation reference from MIPPA 2008 to 1902(a)(10)(E), 1905(p) and 1860D-14(a)(3)(D) of the Act.
- 2. The State has not included the Qualified Individuals group in Attachment 2.2-A, page 9(b), (b1). Please revise. We have attached a draft pre-print the State may use as a reference.
 - <u>Response</u>: We have revised the state plan page. Please substitute the attached revised page for the page previously submitted for this SPA.
- 3. The State has amended the Qualified Working Disabled group, number 26 on page 9b of Attachment 2.2-A, to reflect the resource limit of 3 times the maximum standard under SSI, indexed annually by the increase in the consumer price index. Please revise, the QDWI group was not included in the MIPPA legislation. The resource limit should remain at twice the SSI standard.
 - <u>Response</u>: We have revised the state plan page. Please substitute the attached revised page for the page previously submitted for this SPA.
- 4. The State also needs to amend number 8 on page 22 in Attachment 2.6-A to reflect the increase in the resource standard due to MIPPA. Also, Qualified Individuals (QIs) should be added to the language under number 8. Please submit a revised page.

 Response: We have revised the state plan page. Please make a pen and ink change to Box 8 and 9 on the Form 179 to add Attachment 2.6-A, Page 22 which supersedes
 - to Box 8 and 9 on the Form 179 to add Attachment 2.6-A, Page 22 which supersedes TN 01-16, and Attachment 2.6-A, Page 22a, which is a new page.
- 5. Please add the citations for the following groups: QMB, SLMB and needs to add the citations for the QIs. This needs to be done for the Attachment 2.2-A pages and the Attachment 2.6-A pages that were submitted. Please refer to the attached draft pre-print for the correct citations. (Please refer to the pre-print attached.)

 Response: We have revised the state plan page. Please substitute the attached revised page for the page previously submitted for this SPA.
- 6. Does the State intend to cover QDWIs under this disregard even if MIPPA did not extend to that group?
 - Response: The State does not wish to apply the resource disregards to QDWI since this group was not included in MIPPA, so it was removed as a group to which new resource disregards apply.

Citation(s)		Condition or Requirement
	7.	Resource Standard - Medically Needy
		a. Resource standards are based on family size.
1902(a)(10)(C)(i) of the Act		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 7.b. above for
		AgedBlindDisabled
		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)	8.	Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualified Individuals
of the Act		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 annual by the increase in the Consumer Price Index (CPI).
SUPERSEDES: TN-	- Priormaligos	STATE LOUISIANQ DATE REC'D. 1-26-10 DATE APPV'D 4-27-10 DATE EFF 1-1-10 HGFA 179 10-01

Revision: LA Decei	mber 2001	State:	LOUIS	<u>SIANA</u>	ATTACHMENT 2.6-A Page 22
Citation			Conditi	ion or Requirement	
		7.	Resour	ce Standard - Medical	ly Needy
			a.	Resource standards an	re based on family size.
1902 (a) (10) of the Act	(C) (i)				mployed in determining y for Aged, Blind, and
				In 1902 (f) States, to more restrictive than Aged Blind Disabled	he resource standards are in 7.b. above for
			1	the resource standards needy groups. If t	ACHMENT 2.6-A specifies s for all covered medically he agency chooses more er 7.c., Supplement 2 so
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			section income 1902 (a)	1902 (a) (10) (E) (i) or Medicare beneficiar	neficiaries covered under f the Act and specified low- ies covered under section act, the resource standard is
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STATE LOUISIANO DATE REC'D 12-28 DATE APPV'D 02-23 DATE EFF 11-21- HCFA 179 LA-0	2-02 A		under s resource case of	section 1902 (a) (10) e standard for an ind	orking individuals covered (E) (ii) of the Act, the ividual or a couple (in the spouse) is twice the SSI
TN No. Ol-16 Supersedes TN No. 93-21	Approval Date	02-	27-0	2 Effective Date	11-21-01

Revision:

LA

Revision: Revised:

HCFA-PM-91-4 (BPD)

November 1989

SUPPLEMENT 8b TO ATTACHMENT 2.6-A

Page 1

OMB No: 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT*

		UNDER SECTION 1902(f)(2) OF THE ACT*
	Section 190	2 (f) State Non-Section 1902 (f) State
	1)	The Bureau of Health Services Financing eliminates the consideration of resources in determining Medicaid eligibility for the Low Income Families with Children and child related Medically Needy Programs.
	2)	An annuity meeting the criteria contained in Supplement 9 to Attachment 2.6-A, Page 1d, Item D, is not considered a resource in determining eligibility for individuals under 42 CFR 435.236.
	3)	The following will apply in the determination of Medicaid eligibility for the Medically Needy Program [1902(a)(10)(c)], TB infected individuals [1902(a)(10)(A)(ii)(XII)], the special income level group (individuals in a medical institution for at least 30 consecutive days [1902(a)(10)(A)(ii)(V)]) and individuals receiving home and community based waiver services for at least 30 consecutive days with gross income that does not exceed 300 percent of the SSI income standard [1902(a)(10)(A)(ii)(VI)], and Disability Medicaid [Optional Group of Aged and Disabled under the FPL covered under 1902(a)(10)(A)(ii)(X)]:
		a. The maximum burial fund exclusion will be increased to \$10,000.
		b. The cash surrender value of life insurance and burial policies with a combined face value up to \$10,000 will be disregarded.
	4)	For Working Individuals – TWWIIA Basic Coverage Group-
	·	• Legal spouse's share of community property and spouse's separate assets will be disregarded.
		All life insurance policies will be disregarded.
		Medical Savings accounts will be disregarded.
		 All retirement accounts will be disregarded, including private retirement accounts, such as IRA's and other individual accounts, and employer sponsored retirement accounts such as 401K plans, Keogh and employer pension plans.
I#	10-01	Effective Date 1-1-10 Approval Date 4-27-10

TN # <u>/0-0/</u> Effective Date <u>/-/-/0</u>	Approval Date <u>\$ -27-10</u>
Supersedes TN# <u>07-15</u>	STATE LOUISIANA DATE REC'D 1-26-10
PERSEDES: TN- 07-15	DATE APPLYD 4-27-10 A DATE EFF 1-1-10 HOFA 179 10-01

Revision:

HCFA-PM-91-4 (BPD)

Revised: November 1989

SUPPLEMENT 8b TO ATTACHMENT 2.6-A

Page 2

OMB No: 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT*

- The agency will comply with the mandatory provisions under Section 1917 of the Social Security Act as amended by the Deficit Reduction Act of 2005.
- 6). In determining eligibility for Qualified Medicare Beneficiary [1902(a)(10)(E)(i)], Qualified and Disabled Working Individuals [1902(a)(10)(E)(ii), Specified Low Income Beneficiary [1902(a)(10)(E)(iii)], and Qualified Individuals [1902(a)(10)(E)(iv), the following treatment of resources shall apply:
 - a. The maximum burial fund exclusion is \$10,000;
 - b. All life insurance will be disregarded regardless of cash surrender value; and
 - c. All vehicles will be disregarded regardless of value.

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STATE <u>Louisiona</u> DATE REC'D <u>1-26-/6</u> DATE APPV'D <u>4-27-/0</u> DATE EFF <u>1-1-/0</u> HCFA 179 <u>/0-0/</u>	A	The state of the s
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TN # <u>10-01</u> Effective Date <u>1-1-10</u> Approval Date <u>4-27-10</u> Supersedes TN # <u>06-13</u>

Revision: H	CFA-PM 1ARCH 1		МВ)	STATE <u>Louisiana</u> DATE REC'D. <u>1-26-40</u> DATE APPV'D <u>4-27-10</u> DATE EFF	b
		State:		LOUISIANA	
Agency*	Citati	on(s)		Groups Covered	
	A.	Manda (conti		overage – Categorically Needy and Other Required Special Groups	
1902(a)(10)(E)(i),	25.	Quali	ified Medicare beneficiaries	
1905(p) and 1860D-14(a) of the Act	(3)(D)		a.	Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);	
			b.	Whose income does not exceed 100 percent of the Federal poverty level; and	
			c.	Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the Consumer Price Index (CPI).	
				lical assistance for this group is limited to Medicare cost-sharing as ed in item 3.2 of this plan.)	
902(a)(10)(E		26.	Quali	ified disabled and working individuals	
905(p)(3)(A) 905(s) of the			a.	Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;	
			b.	Whose income does not exceed 200 percent of the Federal poverty level; and	
			c.	Whose resources do not exceed twice the maximum standard under SSI	
			d.	Who are not otherwise eligible for medical assistance under Title XIX of the Act.	
				lical assistance for this group is limited to Medicare Part A iums under section 1818A of the Act.).	
				SUPERSEDES: TN- 93-09	
# /0 -0	01		Effec	ctive Date	

1902(a)(10)(E)(ii),

1905(p)(3)(A)(i), and 1905(s) of the Act

TN # <u>/0 - 0/</u> Supersedes TN # <u>93 - 09</u>

Revision: HCFA-PM-93-2 (MB) MARCH 1993

Attachment 2.2-A Page 9 b 1 OMB NO: 0938-

	S	tate:	LOUISIANA	
Agency*	Citation(s	s)	Groups Covered	
	_	Mandatory Continued)	Coverage – Categorically Need	ly and Other Required Special Groups
	2	7. Spec	ified low-income Medicare b	eneficiaries
		a.		al insurance benefits under Medicare o an enrollment under section 1818A
		. b.	income level in 25.b., but poverty level, and whose	ar years 1993 and 1994 exceeds the is less than 100 percent of the Federal income for calendar years beginning in ent of the Federal poverty level; and
		c.		xceed- three times the maximum ed annually by the increase in the
			dical assistance for this group niums under section 1839 of t	is limited to Medicare Part B he Act.)
				STATE Louisiana DATE REC'D 1-26-10 DATE APPV'D 4-27-10
	SUPERS	SEDES: T	N- <u>93-59</u>	DATE EFF /-1-16 HCFA 179 /0-01
				Approval Date 4-27-10

Revision:

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
of the Act		For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual of 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:
		Twice the SSI resource standard for an individual.
		— More restrictive standard as applied under section 1902(f) of the Act as described in <u>Supplement 8 to Attachment 2.6-A</u> .

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STATE Louisiana	*
DATE REC'D 1-26-16	
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SUPERSEDES: NONE - NEW PAGE