

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

~~SUPPLEMENT 1 TO ATTACHMENT 2.6-A~~
Page 1
OMB No.: 0938-

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

State: LOUISIANA

INCOME ELIGIBILITY LEVELS

~~A. MANDATORY CATEGORICALLY NEEDY~~

~~1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:~~

Family Size	Need Standard	Payment Standard	Maximum Payment Amounts
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See Louisiana Revision : Supplement 1 Attachment 2.6-A
Pages 1(a) and 1(b)

~~2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:~~

~~Effective April 1, 1990, based on the following percent of the official Federal income poverty level--~~

~~133 percent~~ _____ percent (no more than 185 percent)
(specify)

~~Family Size~~

~~Income Level~~ *April 1, 1991 income levels.

~~1~~

~~\$ 734~~

~~2~~

~~\$ 985~~

~~3~~

~~\$ 1,235~~

~~4~~

~~\$ 1,486~~

~~5~~

~~\$ 1,736~~

* Add \$251 for each additional household member.

TN No. 91-26
Supersedes _____ Approval Date MAY 21 1992 Effective Date OCT 01 1991
TN No. Page 1 (88-07) & Page 2
(91-19) 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Superseded by 13-49: see Section 2.8 Modified Adjusted Gross Income (MAGI)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'VD <u>OCT 01 1991</u>	
DATE EFF <u>MAY 21 1992</u>	
HCFA 179 <u>91-26</u>	

Revision: LOUISIANA
DECEMBER 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 1(a)

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

State: LOUISIANA

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

~~1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:~~

~~URBAN AREAS~~

~~(Orleans, Jefferson, East Baton Rouge, St. Bernard Parishes)~~

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
1	\$ 245.00	\$ 72	\$ 72
2	472.00	138	138
3	658.00	190	190
4	809.00	234	234
5	955.00	277	277
6	1,089.00	316	316
7	1,217.00	352	352
8	1,347.00	391	391
9	1,471.00	427	427
10	1,595.00	462	462
11	1,731.00	501	501
12	1,870.00	540	540
13	2,005.00	580	580
14	2,146.00	620	620
15	2,291.00	662	662
16	2,444.00	707	707
17	2,564.00	741	741
18	2,727.00	789	789

~~For households exceeding 18 persons, the amount for the number ^{is} excess of 18 is added to the amount for 18 persons.~~

TN No. 91-26 Approval Date MAY 21 1992 Effective Date OCT 01 1991
Supersedes 88-07, p. 1
TN No. 88-07, p. 1

Superseded by 13-49: see Section 2.8 Modified Adjusted Gross Income (MAGI)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'VD	<u>OCT 01 1991</u>	
DATE EFF	<u>MAY 21 1992</u>	
HCFA 179	<u>91-26</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

INCOME ELIGIBILITY LEVELS

~~A. MANDATORY CATEGORICALLY NEEDY~~

~~1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:~~

~~RURAL AREAS~~

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Amounts</u>
1	\$ 225.00	\$ 66	\$ 66
2	422.00	\$123	\$123
3	599.00	\$174	\$174
4	747.00	\$217	\$217
5	889.00	\$259	\$259
6	1,022.00	\$296	\$296
7	1,154.00	\$334	\$334
8	1,282.00	\$373	\$373
9	1,405.00	\$408	\$408
10	1,531.00	\$444	\$444
11	1,667.00	\$482	\$482
12	1,802.00	\$521	\$521
13	1,950.00	\$564	\$564
14	2,093.00	\$606	\$606
15	2,236.00	\$647	\$647
16	2,379.00	\$689	\$689
17	2,596.00	\$729	\$729
18	2,668.00	\$771	\$771

~~For households exceeding 18 persons, the amount for the number in excess of 18 is added to the amount for 18 persons.~~

~~TN No. 91-26 Approval Date MAY 21 1992 Effective Date OCT 01 1991~~
~~Supersedes 88-07, p. 1~~
~~TN No. 88-07, p. 1~~

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 APV'D <u>OCT 01 1991</u>	
DATE EFF <u>MAY 21 1992</u>	
HCFA 179 <u>91-26</u>	

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

State: LOUISIANA

INCOME ELIGIBILITY LEVELS

A. ~~MANDATORY CATEGORICALLY NEEDY (Continued)~~

- 3. ~~For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.~~
- 4. ~~For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.~~

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

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

27
 per 7/29 call
 with HCFA

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

~~INCOME ELIGIBILITY LEVELS (continued)~~

~~B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL~~

1. Pregnant Women and Infants

~~The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902 (1)(2) of the Act are as follows:~~

~~Based on 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).~~

<u>Family Size</u>	<u>Income Level *</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

SUPERSEDES: TN 91-23

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 03-10</u>	

* ~~Income level - Federal income poverty level adjusted annually in April to reflect the most current adjustments as published in the Federal Register.~~

TN No. 03-10 Approval Date 5-20-03 Effective Date 1-1-03

Supersedes

TN No. 91-23

HCFA ID: 7985E

Superseded by 13-49: see Section 2.8 Modified Adjusted Gross Income (MAGI)

Effective date January 1, 2014

State: LOUISIANA

OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES
RELATED TO THE SUPPLEMENTAL SECURITY INCOME (SSI)
FEDERAL BENEFIT RATE

1. Individuals in institutions who are eligible under a special income level
(42 CFR 435.231)

X The State allows eligibility for individuals with income that
does not exceed 300 percent of the SSI Federal benefit rate.*

X The State has elected to allow eligibility for individuals
with income at an amount lower than 300 percent of the SSI
Federal benefit rate.**

Effective Date:

Amount

April 1, 1994

\$ Equal to the SSI
Federal benefit rate

* For individuals in nursing homes and ICFs/MR

** For individuals in acute medical institutions

STATE <u>Louisiana</u>	A
DATE REC'D <u>7-5-94</u>	
DATE APPV'D <u>8-2-94</u>	
DATE EFF <u>4-1-94</u>	
HCFA 179 <u>94-20</u>	

TN No. 94-20 Approval Date 8/2/94 Effective Date 4/1/94
Supersedes
TN No. 91-27

State: Louisiana

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on ** percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>**</u>
<u>2</u>	\$ <u>**</u>
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

If an individual receives a Title II benefit, any amount 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 beginning of the month following the date of publication.

** The percentage of poverty equal to the SSI Federal Benefit Rate in effect as of January 1st each year for an individual or a couple.

State: Louisiana
Date Received: 14 February, 2014
Date Approved: 13 May, 2014
Date Effective: 9 February, 2014
Transmittal Number: 14-04

TN No. 14-04
Supersedes
TN No. 14-01

Approval Date 5/13/14

Effective Date 2/9/14

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

INCOME ELIGIBILITY LEVELS (Continued)

QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: 85 percent _____ percent (no more than 100)

Eff. Jan. 1, 1990: 90 percent _____ percent (no more than 100)

Eff. Jan. 1, 1991: 100 percent of the annual Federal Poverty Level as published in the Federal Register.

Eff. Jan. 1, 1992: 100 percent

QUALIFIED DISABLED WORKING INDIVIDUALS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified disabled working individuals under the provisions of section 1905(a) of the Act are as follows: 200% of the federal poverty level as published in the Federal Register.

Case No. 92-14 Approval Date 7/23/92 Effective Date 4/1/92
Project No. 91-27

STATE <u>Louisiana</u>	A	ECFA ID: 7088E
DATE REC'D <u>6-23-92</u>		
DATE APPV'D <u>7-23-92</u>		
DATE EFF <u>4-1-92</u>		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.* Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>1</u> months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for <u>1</u> months	Amount by which Column (4) exceeds limits specified in 42 CFR
<input type="checkbox"/> urban only		435.1007 ^{1/2}		435.1007 ^{1/2}
<input checked="" type="checkbox"/> urban & rural				
1	\$ 100	\$	\$ 92	\$
2	\$ 192	\$	\$ 167	\$
3	\$ 258	\$	\$ 233	\$
4	\$ 317	\$	\$ 292	\$

For each additional person, add:

\$ _____ \$ _____ \$ _____ \$ _____

The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

Effective August 1, 1985, the AFDC Flat Grant amount for appropriate family size is multiplied by 12, then multiplied by 133 1/3% rounded up to the next highest multiple of \$100, then divided by 12.

*The amounts listed above are applicable to all Medically Needy Groups. These amounts are applied monthly for LTC applicants. For all other medically needy applicants, the amounts are multiplied by 3 and applied quarterly.

STATE	<u>LA</u>
DATE RECD	<u>9-30-97</u>
DATE APVD	<u>12-12-97</u>
DATE EFF	<u>7-1-97</u>
HCFA 179	<u>97-16</u>

TN No. 97-16
Supersedes TN No. 96-15
Approval Date 12-12-97
Effective Date 7-1-97

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY*

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>1</u> months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ^{1/}	Net income level for persons living in rural areas for <u>1</u> months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ^{2/}
	<input type="checkbox"/> urban only			
	<input checked="" type="checkbox"/> urban & rural			
5	\$ 375	\$	\$ 350	\$
6	\$ 425	\$	\$ 400	\$
7	\$ 475	\$	\$ 450	\$
8	\$ 525	\$	\$ 500	\$
9	\$ 575	\$	\$ 550	\$
10	\$ 617	\$	\$ 600	\$

For each additional person, add: \$

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

Effective August 1, 1985, the AFDC Flat Grant amount for appropriate family size is multiplied by 12, then multiplied by 133 1/3%, rounded up to the next highest multiple of \$100, then divided by 12.

*The amounts listed above are applicable to all Medically Needy Groups. These amounts are applied monthly for LTC applicants. For all other medically needy applicants, the amounts are multiplied by 3 and applied quarterly.

STATE	<u>LA</u>	A
DATE RECD	<u>9-30-97</u>	
DATE APPL	<u>12-12-97</u>	
DATE EFF	<u>7-1-97</u>	
HCFA 177	<u>97-16882</u>	

TN No. 97-16 Approval Date 12-12-97 Effective Date 7-1-97
 Supersedes 96-15
 TN No. 96-15 HCFA ID: 7985E