

RESIDENCE

I-1900

I-1910 REQUIREMENT

The agency must provide Medicaid to eligible residents of Louisiana including residents who are absent from the state. Refer to N-400, Out of State Medical Care.

For purposes of this section, institution means an institution that is organized to provide medical care, including nursing and convalescent care and is licensed and authorized under State law to provide such care. Refer to I-900 for policy relative to incarcerated individuals.

An individual is considered incapable of stating intent if the individual:

- Has an I.Q. of 49 or less or has a mental age of 7 or less, based on tests acceptable to the mental retardation agency in the State;
- Is judged legally incompetent, or
- Is found incapable of stating intent based on medical documentation obtained from a physician, psychologist, or other person licensed by the State in the field of mental retardation/mental health.

Determine state of residence using the following criteria or conditions.

1) Placement by a state in an out-of-state institution:

- Any agency of a state, including an entity recognized under state law as being under contract with the state for such purposes, that arranges for an individual to be placed in an institution located in another state, is recognized as acting on behalf of the state in making placement. The state arranging or actually making the placement is considered as the individual's state of residence ***irrespective of the individual's intent or ability to state intent***. If an individual is placed in a Louisiana institution by another state then that state is the individual's state of residence.

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- Any action beyond providing information to the individual and the individual's family constitutes arranging or making a state placement.

The following actions do not constitute state placement:

- Providing basic information to individuals about another state's Medicaid program.
- Assisting an individual in locating an institution in another state, provided the individual is capable of stating intent and independently decides to move.

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- 2) For individuals of any age who are receiving a state supplementary payment (SSP), the state of residence is the state paying the SSP.
- 3) For individuals of any age who are receiving Federal payments for foster care and adoption assistance under Title IV-E of the Social Security Act, the state of residence is the state where the child lives.

I-1910.1 Individuals Under Age 21

- 1) For any competent individual who is capable of stating intent and emancipated from his or her parents or married, the state of residence is the state where the individual is living with the intention to remain there permanently or for an indefinite period.
- 2) For any non-institutionalized individual whose Medicaid eligibility is based on blindness or disability, the state of residence is the state in which the individual is living.

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- 3) *For any non-institutionalized individual, the ** state of residence is **:*
- *Where the individual is living, other than on a temporary basis, or*
 - *Where the caretaker is a resident.*
- 4) For any institutionalized individual who is neither married nor emancipated, the state of residence is:
- The parent's or legal guardian's state of residence at the time of placement;
 - The current state of residence of the parent or legal guardian who files the application; or
 - The state of residence of the individual or party who files an application, if the individual has been abandoned by his or her parent(s), does not have a legal guardian and is institutionalized in that state.

I-1910.2 Individuals Age 21 and Over

- 1) For any non-institutionalized individual, the state of residence is the state where the individual is:
- Living with the intention to remain permanently for an indefinite period, or if incapable of stating intent, where the individual is living; or
 - Living and in which the individual entered with a job commitment or seeking employment (whether or not currently employed).

Note:

Homeless families are considered to meet the residence requirement if the above factors are met.

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- 2) For any institutionalized individual who became incapable of stating intent before age 21, the state of residence is:
- That of the parent applying for Medicaid on the individual's behalf, if the parents reside in separate states ***(if a legal guardian has been appointed and parental rights are terminated, the state of residence of the guardian is used instead of the parent's);***
 - The parent's or legal guardian's state of residence at the time of placement ***(if a legal guardian has been appointed and parental rights are terminated, the state of residence of the guardian is used instead of the parent's);***
 - The current state of residence of the parent or legal guardian who files the application if the individual is institutionalized in that state ***(if a legal guardian has been appointed and parental rights are terminated, the state of residence of the guardian is used instead of the parent's);*** or
 - The state of residence of the individual or party who files an application, if the individual has been abandoned by his or her parents, does not have a legal guardian and is institutionalized in that state.
- 3) For any institutionalized individual who became incapable of stating intent at or after age 21, the state of residence is the state in which the individual is physically present, ***except where another state makes placement.***
- 4) For any other institutionalized individual ***capable of stating intent***, the state of residence is the state where the individual is living with the intention to remain permanently or for an indefinite period.

I-1911 CHANGE IN RESIDENCY

A person cannot receive Medicaid coverage as a member of more than one household or in more than one parish or state. For applicants who **were** recently covered by Medicaid, verify the effective date of closure or removal from the certification prior to determining current eligibility.

When a Medicaid recipient moves from another state to Louisiana with intent to remain, he may be certified for Louisiana Medicaid before the effective month of closure in the former state when the former state is unable to terminate eligibility because of administrative technicalities if:

- the former state indicates that it will not pay services incurred in Louisiana, and
- the recipient provides a written statement to both states that he wishes to have Medicaid terminated in the former state effective the month of the move, and
- the former state notifies Louisiana that it will discontinue issuance of Medicaid cards and whether it will be able to intercept cards issued prior to the actual closure, and
- Louisiana **** asks that** the recipient turn over any cards received from the former state.

When a Medicaid recipient moves to another state with intent to remain in the other state, send the appropriate notice and close the case as soon as systems limitations allow. If the other state inquires about **Louisiana's** payment of out-of-state bills, ****** including out-of-state LTC nursing care, advise the other state that Louisiana will not pay any out-of-state claims after the date the recipient moved.

When SSA makes a change in state residence for an SSI recipient, the change is effective the month following the month the change occurred. This date is shown on SDX information as the "Residence Begin Date". If the individual requests Medicaid in Louisiana for the month prior to the Residence Begin Date, he may be certified for Louisiana Medicaid if the four conditions listed above are met.

I-1912 TEMPORARY VISITS OUT OF STATE

Recipients do not lose their residence status because of temporary absences from the state when the recipient has the intent to return to Louisiana. The recipient will continue to receive Medicaid benefits while visiting out of state. When residency is established in another state, the recipient is no longer eligible for Medicaid in Louisiana.

Emergency LTC nursing care received in an out-of-state facility by a Louisiana Medicaid recipient, temporarily absent from the state with intent to return to Louisiana, can be paid only if the admission is approved by the BHSF Health Standards Section.

Note:

A recipient may not be able to use the Louisiana ****Medicaid card** while he is temporarily out of state.

I-1913 INTERSTATE RESIDENCY AGREEMENTS

Louisiana terminated its interstate residency agreements with the states listed below effective September 1, 1997. At that time, any resident receiving Medicaid under the terms of the agreement will continue to be considered a resident of Louisiana for purposes of Medicaid eligibility as long as there is no break in the institutional status.

Alabama	Maryland
Arkansas	Minnesota
California	New Mexico
Florida	Ohio
Georgia	Tennessee
Iowa	Texas
Kansas	Wisconsin
Kentucky	

Louisiana terminated its interstate residency agreement with Mississippi effective November 1, 1993. Recipients who became eligible under the provisions of the interstate agreement with Mississippi through October 31, 1993 shall continue to meet Louisiana state residency requirements unless and until they move out of Louisiana with intent to reside in another state.

I-1914 INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE (ICAMA)

When a state signs the Interstate Compact on Adoption and Medical Assistance, it agrees to assume Medicaid responsibility for children who are:

- covered by an Adoption Subsidy Agreement,
- adopted by someone residing in another state, and
- otherwise Medicaid eligible in the original state of residence.

These cases are handled by OCS. If the agency representative receives an application or request for assistance for a child adopted from an ICAMA state, refer the applicant to OCS.

The following states have signed ICAMA:

Arkansas	Missouri
Colorado	Nebraska
Delaware	Nevada
Georgia	New Hampshire
Hawaii	New Mexico
Kansas	Oklahoma
Kentucky	Rhode Island
Louisiana	Utah
Maine	West Virginia
Massachusetts	Wisconsin
Minnesota	

I-1915 INQUIRIES CONCERNING RESIDENCE

Refer all inquiries received from other states concerning applicants or currently certified individuals for whom Louisiana residence is indicated to the Program Specialist by memorandum. If there is an existing parish record for the individual, provide:

- a summary of Louisiana residence data, including any inclusive dates of previous Louisiana Medicaid eligibility, and
- any data concerning the individual's competence and date he was determined incompetent.

I-1920 VERIFICATION**Non-Institutionalized Individual**

Accept the applicant/recipient's declaration of state of residency during the interview. Verify state of residency only when questionable.

Physical residence shall be verified ***if questionable*** at application or when a change of address is reported. Rent, mortgage, or utility receipts are acceptable forms of verification of physical residency. Collateral contacts with the landlord, neighbors, or relatives or scheduled home visits are secondary sources of verification.

Institutionalized Individual**Verify physical residence in the LTC facility by BHSF Form 148.**

If the applicant/recipient has lived in Louisiana for an extended period of time accept the applicant/recipient's declaration of state of residency unless questionable.

If the applicant/recipient entered Louisiana from another state and is present in the State to receive needed medical or supportive care, evaluate the permanency of the relocation to Louisiana. ***The applicant/recipient must have intent to remain in Louisiana upon discharge.***

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The following questions should be asked to help determine if applicants meet Louisiana residency requirements:

- ***If applicant is under 21:***
 - ***Is applicant married or emancipated? (If yes, verify)***
 - ***If not married or emancipated, what is the state of residence of the parent or legal guardian? (Document address and relationship)***

Ask the following questions to all applicants:

- ***Has applicant previously been a resident of Louisiana?***
- ***Where does client's immediate family live (spouse, children, siblings, etc.)?***
- ***Why did the applicant choose to enter a NF in Louisiana?***
- ***Does the applicant know what state he/she is in?***
- ***Is the applicant capable of stating intent to remain in Louisiana? If so, get statement in writing. If not, at what age was the applicant first unable to state intent? (Date of accident, at birth, due to recent illness, etc.)***
- ***Does the applicant's family know what state he/she is in?***
- ***Is the applicant on a waiting list for a NF bed in another state?***
- ***Who arranged or assisted in placing the individual in the NF?***
- ***Did the applicant come to a Louisiana NF from a hospital, NF or directly from their home in another state?***
- ***If applicant came from a NF:***
 - ***Were they private pay, Medicaid or VA contract?***

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- Was applicant SSI eligible in another state?
- Where were they living before being admitted to the NF?
- Does the applicant own his/her home? If so, where is home located? If not, did applicant ever own his/her home? If yes, explain if home was disposed of within the last five years.

Does applicant own any real property in another state?

Did the applicant enter a Louisiana NF because a NF bed was not available or types of services needed were not available in the previous state of residence?

- If applicant discharged from NF, where would the applicant live? Who would the applicant live with and how would his/her needs be met?
- If a vacancy becomes available in the state of previous residence, would the applicant return to that state?

Individual with a Community Spouse

Ask the following questions in addition to the previous questions if the applicant has a community spouse:

- What is the community spouse's state of residence?
- Does the spouse visit? How often?
- Is the spouse actively involved in the patient's plan of care? How does the spouse assist in his care? (Accompanies to medical appointments, keeps bills paid up to date, etc.)
- Are any other family members involved in the patient's day-to-day care?
- Where is the patient's income going? To the NF or the spouse?
- Ask the spouse, if the institutionalized spouse is discharged, what plans does the community spouse have for the patient's care?
- ***If applicant/recipient is incapable of stating intent ask the spouse where will the applicant/recipient live when discharged?***

I-1930 DOCUMENTATION

Document and file a copy of the verification.