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State/Territory Name Louisiana

State Plan Amendment (SPA) #: 25-0004-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 28, 2025

Kimberly Sullivan
Medicaid Executive Director
State of Louisiana Department of Health
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) LA-25-0004-A

Dear Medicaid Executive Director Sullivan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number LA-25-0004-A. The purpose of this SPA is to amend the provisions governing the Medicaid Purchase Plan to increase the income limit and countable resources and to adjust the premium structure accordingly.

We have conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that the Louisiana Medicaid SPA LA-25-0004-A was approved on August 28, 2025, with an effective date of April 1, 2025.

If you have any questions, please contact Cecilia Williams at 410-786-2539 or via email at Cecilia.Williams@cms.hhs.gov.

Sincerely,

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Najah Freeman
Keuna Franklin
Krystal Ceasor
Marjorie Jenkins

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
25-0004-A

2. STATE
LA

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

**1916 and 1916A of the Social Security Act
42 CFR 447.50-57**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY **2025** **\$958,815**
b. FFY **2026** **\$4,376,281**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6-A, Page 12o

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Same (TN 04-01)

9. SUBJECT OF AMENDMENT

The purpose of this SPA is to amend the provisions governing the Medicaid Purchase Plan in order to increase the income limit and countable resources.

10. GOVERNOR'S REVIEW (Check One)

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

The Governor does not review State Plan material.

11. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO

12. TYPED NAME

Drew Maranto, designee for Bruce D. Greenstein

13. TITLE

Undersecretary

14. DATE SUBMITTED

August 4, 2025

**Kimberly Sullivan, J.D.
Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030**

FOR CMS USE ONLY

16. DATE RECEIVED

June 10, 2025

17. DATE APPROVED

August 28, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

STATE: LOUISIANA

Citation	Condition or Requirement
1902(a)(10)(A) (ii), (XV), and 1916(g) of the Act (cont.)	<u>Payment of Premiums or Other Cost Sharing Charges</u> For the Basic Coverage Group, the agency’s premium or other cost-sharing charges, and how they are applied, are described below:

Premiums will be assessed monthly based on monthly countable income as follows:

Countable Income	Monthly Premium
Equal to or less than 150% of FPL	\$0
Greater than 150% but equal to or less than 200% of FPL	\$131

If an individual has access to any health insurance coverage at no cost to the individual, the individual is required to enroll in that insurance in order to participate in Louisiana’s Medicaid Purchase Plan (TWWIIA Basic Coverage Group).