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**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 25-0021-A**

This file contains the following documents in the order listed:

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

# LA - Submission Package - LA2025MS0009O - (LA-25-0021-A) - Administration

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Centers for Medicaid and CHIP Services  
601 E. 12th St.  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

January 27, 2026

Seth Gold  
Medicaid Executive Director  
Louisiana Department of Health  
628 North 4th Street  
Baton Rouge, LA, LA 70802

Re: Approval of State Plan Amendment LA-25-0021-A

Dear Medicaid Executive Director Gold,

On October 31, 2025, the Centers for Medicare & Medicaid Services (CMS) received Louisiana State Plan Amendment (SPA) LA-25-0021-A to modify the state's eligibility determination process. The state is transitioning from a Federally-Facilitated Marketplace (FFM) Determination model to an FFM Assessment model.

We approve Louisiana State Plan Amendment (SPA) LA-25-0021-A with an effective date(s) of October 01, 2025.

If you have any questions regarding this amendment, please contact Cecilia Williams at 667-414-0674 or [cecilia.williams@cms.hhs.gov](mailto:cecilia.williams@cms.hhs.gov).

Sincerely,  
Wendy E. Hill Petras  
Acting Director, Division of Program  
Operations  
Center for Medicaid & CHIP Services

# LA - Submission Package - LA2025MS00090 - (LA-25-0021-A) - Administration

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## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | LA2025MS00090 | LA-25-0021-A

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	LA2025MS00090	<b>SPA ID</b>	LA-25-0021-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	10/31/2025
<b>Approval Date</b>	01/27/2026	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Louisiana

**Medicaid Agency Name:** Louisiana Department of Health

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | LA2025MS00090 | LA-25-0021-A

### Package Header

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<b>Approval Date</b>	01/27/2026	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** LA-25-0021-A

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	10/1/2025	LA-16-0010
Intergovernmental Cooperation Act Waivers	10/1/2025	LA-16-0010
Eligibility Determinations and Fair Hearings	10/1/2025	LA-16-0010
Organization and Administration	10/1/2025	LA-16-0010
Single State Agency Assurances	10/1/2025	LA-16-0010

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | LA2025MS00090 | LA-25-0021-A

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<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** The purpose of this SPA is to amend the provisions governing Medicaid eligibility determinations, to transition from a Federally-Facilitated Marketplace (FFM) Determination state to an FFM Assessment state.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	\$0
Second	2027	\$0

#### Federal Statute / Regulation Citation

42 CFR 431.10  
42 CFR 431.11  
42 CFR 431.12  
43 CFR 431.50

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

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### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** The governor does not review State Plan material.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Medicaid State Plan Administration

### Organization

### Designation and Authority

MEDICAID | Medicaid State Plan | Administration | LA2025MS00090 | LA-25-0021-A

CMS-10434 OMB 0938-1188

### Package Header

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<b>Superseded SPA ID</b>	LA-16-0010		
	User-Entered		

### A. Single State Agency

1. State Name: Louisiana

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:

Louisiana Department of Health (LDH)

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

### B. Attorney General Certification:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
<a href="#">Attachment 1.1-A (Clean)</a>	12/16/2025 3:28 PM EST	

### C. Administration of the Medicaid Program

**The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.**

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.
  - a. The single state agency supervises the administration through counties or local government entities.
  - b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.
  - c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

## Designation and Authority

MEDICAID | Medicaid State Plan | Administration | LA2025MS00090 | LA-25-0021-A

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	User-Entered		

### D. Additional information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# LA - Submission Package - LA2025MS00090 - (LA-25-0021-A) - Administration

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## Medicaid State Plan Administration

### Organization

#### Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | LA2025MS00090 | LA-25-0021-A

CMS-10434 OMB 0938-1188

### Package Header

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<b>Superseded SPA ID</b>	LA-16-0010		
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### A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

#### View Waiver Division of Administrative Law (DAL)

**1. Name of state agency to which responsibility is delegated:**

Division of Administrative Law (DAL)

**2. Date waiver granted:**

6/18/2014

**3. The type of responsibility delegated is (check all that apply):**

- a. Conducting fair hearings
- b. Other

**4. The scope of the delegation (i.e. all fair hearings) includes:**

LDH delegates its authority to conduct fair hearings to the DAL. The parties acknowledge that the authority is to conduct the entire Medicaid fair hearing function and issue a recommended decision regarding all applicant and beneficiary cases as defined in a written Memorandum of Understanding (MOU). LDH retains the right to review all DAL Medicaid recipient fair hearings. If LDH does not take any action, the recommended decision converts to a final decision with the passage of time.

In the MOU, the DAL also agrees to comply with any and all federal / state notice and hearing requirements contained in the Code of Federal Regulations 42 CFR Section 431, subpart E, the Louisiana Revised Statutes (and the rules properly promulgated there under), and the Louisiana Medicaid State Plan and subsequent amendments.

The State's review of DAL fair hearing decisions will be limited to the proper application of Federal and State Medicaid law and regulations; any changes to such DAL recipient fair hearing decisions will be made only pursuant to a conclusion of law regarding the proper application of Federal and State Medicaid law and regulations.

DAL acknowledges and agrees that it will act as a neutral and impartial decision-maker on behalf of the Medicaid agency in recommending decisions for all Medicaid cases that will comply with all applicable federal and state laws, rules, regulations, policies, and guidance governing the Medicaid program.

**5. Methods for coordinating responsibilities between the agencies include:**

- a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:

- i. A written agreement between the agencies.
- ii. State statutory and/or regulatory provisions.

**Statutory/regulatory citation(s):**

La. Admin Code. tit. 50, Pt III, § 101  
LA R.S. 49:950 et. seq  
LA R.S. 49:991-999

**6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.**

- Yes
- No

The Medicaid agency only reviews fair hearing decisions issued by the delegated entity with respect to the proper application of federal and state law regulations and policies. The review process is conducted by an impartial official not involved in the initial determination.

**7. Additional methods for coordinating responsibilities among the agencies (optional):**

LDH retains oversight of the State Plan and has established a process to monitor the entire fair hearing process, including the quality and accuracy of the final decisions made by DAL.

LDH ensures that every applicant and enrollee is informed, in writing, of the fair hearing process and how to contact either agency to obtain information about fair hearings and that DAL will comply with all applicable federal and state laws, rules, regulations, policies, and guidance governing the Medicaid program.

# Intergovernmental Cooperation Act Waivers

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## B. Additional information (optional)

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# LA - Submission Package - LA2025MS00090 - (LA-25-0021-A) - Administration

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

## Medicaid State Plan Administration

### Organization

### Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | LA2025MS00090 | LA-25-0021-A

CMS-10434 OMB 0938-1188

### Package Header

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### A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency
- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. Other

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. The Social Security Administration determines Medicaid eligibility for:
  - (1) SSI beneficiaries
  - (2) Optional state supplement recipients
- iv. Other

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

# Eligibility Determinations and Fair Hearings

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## B. Fair Hearings (including any delegations)

- The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
  - The Medicaid agency is responsible for all Medicaid fair hearings.
1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:
- a. Medicaid agency
  - b. State agency to which fair hearing authority is delegated under an Intergovernmental Cooperation Act waiver.
  - d. Delegated governmental agency
3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):
- All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

# Eligibility Determinations and Fair Hearings

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## C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- Yes
- No

## D. Additional information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Medicaid State Plan Administration

### Organization

#### Organization and Administration

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### A. Description of the Organization and Functions of the Single State Agency

#### 1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

**2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)**

#### a. Eligibility Determinations

Medicaid Deputy Director of Eligibility - Eligibility Field Operations; Eligibility Program Operations: Responsible for the determination and redetermination of eligibility for all Medicaid and CHIP populations, except those determined by the single state IV-A agency and the Federal agency administering the SSI program, at office locations throughout the State; administers the Medicaid Eligibility Quality Control program; and handles Eligibility Field Operations which is divided into eight regional divisions specializing in certain eligibility functions such as eligibility determination of MAGI, Non- MAGI, or Long-term care groups and redetermination of eligibility. These regional divisions are state employees within LDH. Eligibility Program Operations coordinates provider and member support and maintains a customer support call center.

#### b. Fair Hearings (including expedited fair hearings)

LDH maintains oversight and authority over all Medicaid fair hearings, including expedited fair hearings. However, LDH has delegated all Medicaid fair hearings to the Division of Administrative Law (DAL), via a waiver under the authority of the Intergovernmental Cooperation Act of 1968. The LDH Administrative Review Unit (ARU) is the section within LDH responsible for reviewing legal conclusions for fair hearing decisions made by the DAL. Additionally, the head of the ARU is the liaison with the DAL. LDH actively works with the DAL to ensure all aspects of the Medicaid fair hearing process comply fully with all federal and state regulations and policy. The relationship between LDH and the DAL is very professional and cooperative, with common goals of protection of the individual's fair hearing rights and full compliance with the 90-day federal time limit for taking final administrative action.

#### c. Health Care Delivery, including benefits and services, managed care (if applicable)

Deputy Director Program Operations & Compliance – Program Operations & Compliance; Quality Improvement, Population Health and Health Equity; Pharmacy: Responsible for ensuring the efficient, effective delivery of quality health care services to individuals served by programs administered by the Bureau of Health Services Financing (BHSF) through informed benefit design; utilization management; continuous program evaluation, quality measurement, and improvement practices. These responsibilities encompass preventive, acute, and chronic/long-term care services delivered through both the managed care and fee-for-service delivery systems.

#### d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

Deputy Director of Policy, Waiver & Public Affairs - Policy and Compliance; Program Supports and Waivers; Public Affairs: Responsible for maintaining the Medicaid State Plan and Administrative Rules governing eligibility, scope of benefits, and reimbursement policies; developing policy for, and managing, services and programs administered and/or monitored by LDH; as well as ensuring coordination and consistency among health care reimbursement policies developed by the various administrative sections within LDH; and ensuring compliance with state and federal regulations. Responsibilities also include oversight and management of all aspects of the Medicaid supports and waiver programs, and the Public Affairs section.

#### e. Administration, including budget, legal counsel

BHSF is the agency within LDH that is responsible for administering the State's Medicaid program. BHSF is headed by the State Medicaid Director, who with an executive management team of five (5) Deputy Directors and a Medical Director, provide management, policy direction, strategic and financial planning for the agency as well as disseminating work assignments and coordinating operations for attainment of agency goals and objectives.

**f. Financial management, including processing of provider claims and other health care financing**

Chief Financial Officer - Managed Care Finance; Rate Setting and Audit: Responsible for the oversight and management of the financial aspects of the Medical Vendor Administration (the budgetary operations for BHSF), including the Medical Vendor Payments and Administration budgets; Managed Care Finance; contracts; and Rate Setting and Audit.

**g. Systems administration, including MMIS, eligibility systems**

Medicaid Deputy Director - Data & Systems - Medicaid Technology Services; Medicaid Enterprise Systems; Medicaid Technology Development; Project Portfolio Management Office and Shared Services; Medicaid Business Analytics: Responsible for system administration pertaining to payment of claims, Medicaid eligibility data, and administration of Third Party Liability programs and systems. Responsibilities include management of the Fiscal Intermediary contract, Eligibility Systems maintenance and support contract, and the Medicaid Enterprise Systems section.

**h. Other functions, e.g., TPL, utilization management (optional)**

**3. An organizational chart of the Medicaid agency has been uploaded:**

Name	Date Created	
<a href="#">General Medicaid Org Chart for 25-0021</a>	12/3/2025 12:03 PM EST	

## Organization and Administration

MEDICAID | Medicaid State Plan | Administration | LA2025MS00090 | LA-25-0021-A

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## B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
The Social Security Administration	Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.
Single state agency under Title IV-A (TANF)	<p>The Department of Children and Family Services is the single state agency under Title IV-A. Within DCFS, the Child Welfare Division makes Medicaid eligibility determinations for children who receive adoption assistance and foster care payments.</p> <p>The Child Welfare Division determines adoption assistance and foster care payments for children under Title IV-E of the Social Security Act and for whom Medicaid must be provided under 42 CFR 435.145, Children with Non-IV-E Adoption Assistance group under 42 CFR 435.227, and Reasonable Classification of Individuals under Age 21 placed in foster care homes by public agencies under 42 CFR 435.222.</p>

## Organization and Administration

MEDICAID | Medicaid State Plan | Administration | LA2025MS00090 | LA-25-0021-A

### Package Header

**Package ID** LA2025MS00090  
**Submission Type** Official  
**Approval Date** 01/27/2026  
**Superseded SPA ID** LA-16-0010  
User-Entered

**SPA ID** LA-25-0021-A  
**Initial Submission Date** 10/31/2025  
**Effective Date** 10/1/2025

### E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):

- Yes  
 No

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Office of Public Health	The Office of Public Health's (OPH) mission is to protect and promote the health and wellness of all individuals and communities in Louisiana. OPH works consistently to fight chronic and communicable disease, and offers preventive health services.
Office of Aging and Adult Services	Office of Aging and Adult Services provides access to quality long-term services and supports for older adults and adults with disabilities in a manner that supports choices, informal caregiving, and effective use of public resources. Long Term-Personal Care Services (LT-PCS) that provide help with activities of daily living for people who qualify for assistance under the program guidelines. Program of All-Inclusive Care for the Elderly (PACE) provides all physical, emotional, social and medical supports needed for people to live at home and have a strong quality of life.
Office of Behavioral Health	The Office of Behavioral Health (OBH) manages and delivers the services and supports necessary to improve the quality of life for citizens with mental illness and addictive disorders.
Office for Citizens with Developmental Disabilities	The Office for Citizens with Developmental Disabilities (OCDD) serves as the Single Point of Entry (SPOE) into the developmental disabilities services system and oversees public and private residential services and other services for people with developmental disabilities.

## Organization and Administration

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### F. Additional information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Medicaid State Plan Administration

### Organization

#### Single State Agency Assurances

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CMS-10434 OMB 0938-1188

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### A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

### B. Additional information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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