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State/Territory Name: Louisiana (LA)

State Plan Amendment (SPA) #: LA-25-0025

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Managed Care Group

December 10, 2025

Seth Gold
Medicaid Director
Medicaid Executive Director
Louisiana Department of Health
P.O. Box 629
Baton Rouge, LA 70821-0629

Re: Louisiana State Plan Amendment (SPA) 25-0025

Dear Director Gold:

The Centers for Medicare & Medicaid Services (CMS) completed review of Louisiana's 1932(a) State Plan Amendment (SPA) Transmittal Number 25-0025 submitted on December 3, 2025. The purpose of this SPA is to allow a beneficiary to request disenrollment from a managed care organization (MCOs) without cause up to two times in a calendar year.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that Louisiana Medicaid SPA Transmittal Number 25-0025 is approved effective March 1, 2026.

If you have any questions regarding this amendment, please contact Melanie Benning at (404) 562-7414 or via email at Melanie.Benning@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks
Director
Division of Managed Care Operations

cc: Krystal Ceasor, LA Department of Health
Matthew Rodriguez, Division of Managed Care Operations
Trina Roberts, Division of Managed Care Operations

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

1. TRANSMITTAL NUMBER
25-0025

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
March 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 438.56

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 0
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-F, Page 13

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
Same (18-0007)

9. SUBJECT OF AMENDMENT

The purpose of the SPA is to amend the provisions governing beneficiaries' disenrollment from managed care organizations (MCOs) in order to allow a change in MCO twice in a calendar year.

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

DocuSigned by:



F2B21E16F2284B1...

12. TYPED NAME

Drew Maranto, designee for Bruce D. Greenstein

13. TITLE

Undersecretary

14. DATE SUBMITTED

December 3, 2025

15. RETURN TO

**Seth Gold
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 December 3, 2025

17. DATE APPROVED December 10, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL March 1, 2026

19. SIGNA  AL

20. TYPED NAME OF APPROVING OFFICIAL Bill D. Brooks

21. TITLE OF APPROVING OFFICIAL
Director – Division of Managed Care Operations, CMS

22. REMARKS

State: **LOUISIANA**

1932(a)(4)
42 CFR 438.54

3. State assurances on the enrollment process.

Place a check mark to affirm the state has met all of the applicable requirements of choice, enrollment, and re-enrollment.

42 CFR 438.52

a. ☒ The state assures that, per the choice requirements in 42 CFR 438.52:

- i. Medicaid beneficiaries with mandatory enrollment in an MCO will have a choice of at least two MCOs unless the area is considered rural as defined in 42 CFR 438.52(b)(3);
- ii. Medicaid beneficiaries with mandatory enrollment in a primary care case management system will have a choice of at least two primary care case managers employed by or contracted with the State;
- iii. Medicaid beneficiaries with mandatory enrollment in a PCCM entity may be limited to a single PCCM entity and will have a choice of at least two PCCMs employed by or contracted with the PCCM entity.

42 CFR 438.52

- b. ☐ The state plan program applies the rural exception to choice requirements of 42 CFR 438.52(a) for MCOs in accordance with 42 CFR 438.52(b). Please list the impacted rural counties:

☒ This provision is not applicable to this 1932 State Plan Amendment.

42 CFR 438.56(g)

- c. ☒ The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less.

☐ This provision is not applicable to this 1932 State Plan Amendment.

42 CFR 438.71

- d. ☐ The state assures that all applicable requirements of 42 CFR 438.71 regarding developing and implementing a beneficiary support system that provides support to beneficiaries both prior to and after MCO, PCCM, or PCCM entity enrollment will be met.

1932(a)(4)
42 CFR 438.56

G. Disenrollment.

1. The state will ☒ / will not ☐ limit disenrollment for managed care.
2. The disenrollment limitation will apply for one calendar year. Members may request to transfer to another MCO, without cause, up to two times within the calendar year. After transferring a second time, members will remain in the selected MCO until the end of the calendar year, unless the member has an approved for *cause* request.
3. ☒ The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56.
4. Describe the state's process for notifying the Medicaid beneficiaries of their right to disenroll without cause during the 90 days following the date of their initial enrollment into the MCO, PCCM, or PCCM entity. (*Examples: state generated correspondence, enrollment packets, etc.*)
Medicaid beneficiaries are notified by letter, within two days of approval.
5. Describe any additional circumstances of "cause" for disenrollment (if any).