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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 26-0015

This file contains the following documents in the order listed:

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

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

October 7, 2026

Seth J. Gold
Medicaid Executive Director
State of Louisiana Department of
Health
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 79821-9030

Re: Louisiana State Plan Amendment (SPA) – 26-0015

Dear Medicaid Executive Director Gold:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0015. This amendment will remove the date of December 31, 2026, sunset from the LA SPA TN 25-0005 to confirm compliance with Section 5121 of the Consolidated Appropriation Act, 2023 (CAA, 2023).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and in compliance with 1902(a) (84)(D) of the Social Security Act. This letter informs you that Louisiana's Medicaid SPA TN 26-0015 was approved on October 7, 2026, with an effective date of July 1, 2026.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Louisiana State Plan.

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

Sincerely,



Megan K. Buck, Director
Division of Program Operations

Enclosures

cc: Marjorie Jenkins
Keuna Franklin

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

1. TRANSMITTAL NUMBER
26-0015

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
July 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(84)(D) of the Social Security Act

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-M, Page 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Same (TN 25-0005)

9. SUBJECT OF AMENDMENT

The purpose of this SPA is to remove the December 31, 2026 sunset date from the LA SPA TN 25-0005 in order to confirm compliance with Section 5121 of the Consolidated Appropriation Act, 2023 (CAA, 2023).

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



12. TYPED NAME

Albert Simien, designee for Bruce D. Greenstein

13. TITLE

Undersecretary

14. DATE SUBMITTED

September 16, 2026

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

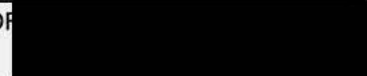
16. DATE RECEIVED
September 16, 2026

17. DATE APPROVED
October 7, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL
Megan K. Buck

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Additional information provided (optional):

☐ No

☒ Yes [provide below]

The State may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g. unexpected release or short-term stays). The State will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including the mandatory 30-days of targeted case management, screening, and diagnostic services.

The State will maintain clear documentation in its internal operational plan indicating which carceral facility/facilities are furnishing required services during the pre-release period but not enrolling in or billing Medicaid. This information is available to CMS upon request.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 26-0015

Supersedes TN: 25-0005

Approval Date: October 7, 2026

Effective : July 1, 2026