

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) LA: 25-0001**

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  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

January 15, 2026

Seth J. Gold  
Medicaid Executive Director  
Louisiana Medicaid Program  
Louisiana Department of Health  
Bureau of Health Services  
Financing 628 North Fourth Street  
Post Office Box 91030  
Baton Rouge, Louisiana 70821-9030

RE: Louisiana TN 25-0001

Dear Medicaid Executive Director Seth J. Gold:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Louisiana state plan amendment (SPA) to Attachment 4.19B 25-0001 which was submitted to CMS on June 30, 2025. This plan amendment changes are limited to Personal Care Services (PCS) fee schedules, fee for service reimbursement rates, and adds specific language regarding wage floor and pass-through requirements for Long Term Personal Care service providers.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.



Based upon the information provided by the state, we have approved the amendment with an effective date of April 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at via email at: [Monica.Neiman@cms.hhs.gov](mailto:Monica.Neiman@cms.hhs.gov).

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>25-0001</b>	2. STATE <b>LA</b>
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>April 1, 2025</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 447 Subpart B</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <b>2025</b> <b>\$0</b> b. FFY <b>2026</b> <b>\$0</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-B, Item 26, Page 1</b> <b>Attachment 4.19-B, Item 26, Page 1a</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same (TN 16-0013)</b> <b>Same (TN 21-0011)</b> <b>Attachment 4.19-B, Item 26, Page 1b (deleted)</b>	
9. SUBJECT OF AMENDMENT <b>The purpose of this SPA is to amend the provisions governing personal care services (PCS), in order make the reimbursement rate currently paid to PCS direct service workers <del>under the Home and Community Based Services Waiver CMS-approved Spending Plan</del>, part of the permanent State Plan.</b>			
10. GOVERNOR'S REVIEW (Check One) <div><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</div> <div><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.</div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO <b>Kimberly Sullivan, J.D.</b> <b>Medicaid Executive Director</b> <b>Louisiana Department of Health</b> <b>628 North 4<sup>th</sup> Street</b> <b>P.O. Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>	
12. TYPED NAME <b>Bruce D. Greenstein</b>			
13. TITLE <b>Secretary</b>			
14. DATE SUBMITTED <b>June 30, 2025</b>			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED <b>June 30, 2025</b>		17. DATE APPROVED <b>January 15, 2026</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>April 1, 2025</b>		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL <b>Todd McMillion</b>		21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Reimbursement Review</b>	
22. REMARKS <b>The State made a pen and ink change to box 9 on August 7, 2025.</b>			

STATE OF LOUISIANA

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**Medical and Remedial Care and Services**  
**42 CFR 447, Subpart B**

**Personal Care Services**

**Unit of Reimbursement**

Reimbursement for personal care services shall be a prospective flat rate for each approved unit of service that is provided to the beneficiary. One quarter hour (15 minutes) is the standard unit of service for personal care services. Additional reimbursement shall not be paid for the provision of less than one quarter hour (15 minutes) of service. Additional reimbursement shall not be available for transportation furnished during the course of providing personal care services (PCS).

For services on or after February 1, 2009, the reimbursement rate was reduced by 3.5 percent of the rate on file as of January 31, 2009.

For services on or after August 4, 2009, the fee schedule was posted on August 6, 2009.

PCS provided on or after July 21, 2010, rendered in conjunction with the Pediatric Day Health Care (PDHC) program, reimbursement is made pursuant to the methodology described in Attachment 4.19-B, Item 4b, Early and Periodic Screening, Diagnostic and Treatment.

For services on or after August 1, 2010, the fee schedule was posted on July 29, 2010.

For services on or after January 1, 2011, the fee schedule was posted on January 25, 2011. For services on or after July 1, 2012, the fee schedule was posted on July 10, 2012.

For services provided on or after April 20, 2016, the minimum hourly rate paid to personal care workers was at least the current federal minimum hourly rate. Should a change in the federal minimum hourly rate result in a rate that is above the minimum hourly rate paid to personal care workers, the minimum hourly rate paid to personal care workers will adjust to the federal minimum hourly rate the date that federal rate becomes effective.

The reimbursement rate for PCS shall be increased by \$4.50 per hour. Long-Term PCS providers affected by the \$4.50 per hour rate increase shall pass 70 percent of their rate increases directly to the direct service workers (DSW) in various forms, including a minimum wage floor of \$9 per hour and wage and non-wage benefits for all affected DSWs, regardless of full-time or part-time status.

STATE OF LOUISIANA

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Personal care services for eligible beneficiaries are described in Attachment 3.1-A, Item 26. Personal Care Services.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of personal care services. The agency's fee schedule rate was set as of April 1, 2025 and is effective for services provided on or after that date. Any annual/periodic adjustments to the fee schedule are published on the Medicaid Provider website at [www.lamedicaid.com](http://www.lamedicaid.com).

**Standards for Payment**

Providers shall comply with standards for participation established by the Bureau of Health Services Financing (BHSF) in order to be reimbursed for PCS. There shall be no duplication of services and payment.

**NOTE: Prior authorization is required for personal care services.**