

## **Table of Contents**

**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. 4<sup>th</sup> 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](mailto:Cecilia.Williams@cms.hhs.gov).

Sincerely,

**Shantrina  
Roberts**

Shantrina Roberts, Acting Director  
Division of Program Operations

Digitally signed by Shantrina  
Roberts  
Date: 2025.08.28 10:46:18  
-04'00'

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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.**

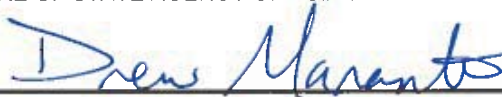
10. GOVERNOR'S REVIEW (Check One)

- ☐ 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



12. TYPED NAME  
**Drew Maranto, designee for Bruce D. Greenstein**

13. TITLE  
**Undersecretary**

14. DATE SUBMITTED  
**August 4, 2025**

15. RETURN TO

**Kimberly Sullivan, J.D.  
Medicaid Executive Director  
Louisiana Department of Health  
628 North 4<sup>th</sup> 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  
**Shantrina Roberts**  
Digitally signed by Shantrina Roberts  
Date: 2025.08.28 10:47:09 -04'00'

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.)

Payment of Premiums or Other Cost Sharing Charges

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).