



State of Louisiana
Louisiana Department of Health
Office of the Secretary

March 26, 2025

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
601 East 12th Street, Room 0300
Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan
Transmittal No. 25-0004

Dear Mr. Scott:

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.
Should you have any questions or concerns regarding this matter, please contact Marjorie
Jenkins at (225) 342-3881 or via email at Marjorie.Jenkins@la.gov.

Sincerely,

A handwritten signature in blue ink that reads "Drew Maranto".

Drew P. Maranto
Interim Secretary

Attachments (3)

DM:KS:KF

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

1. TRANSMITTAL NUMBER 25-0004 / 25-0004-A	2. STATE LA
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE April 1, 2025	
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 Section 2 – MMDL and MACPro System Approvals - MACPro – Eligibility Groups – Optional Coverage Attachment 2.6-A, Page 12o	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 23-0028) Same (TN 04-01)

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447 Subpart B

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 P. Maranto

13. TITLE
Interim Secretary

14. DATE SUBMITTED
March 27, 2025

15. RETURN TO
**Kimberly Sullivan, J.D.
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	17. DATE APPROVED
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE: LOUISIANA

<u>Citation</u>	<u>Condition or Requirement</u>
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1902(a)(10)(A)
(ii)(XIII), (XV), (XVI),
and 1916(g) of the Act (cont.)

Payment of Premiums or Other Cost Sharing Charges

For the Basic Coverage Group and the Medical Improvement 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).