



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 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

42 CFR 447 Subpart B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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)**

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

Citation

Condition or Requirement

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%

\$131

but equal to or less than 200% of FPL

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 (TWWIA Basic Coverage Group).