

Jeff Landry
GOVERNOR



Bruce D. Greenstein
SECRETARY

State of Louisiana

Louisiana Department of Health

Office of the Secretary

September 29, 2025

Courtney Miller, Director
CMS/Center for Medicaid and CHIP Services
Medicaid & CHIP Operations Group
601 East 12th Street, Room 355
Kansas City, Missouri 64106

RE: Louisiana Title XIX State Plan
Transmittal No. 25-0012

Dear Ms. Miller:

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,

DocuSigned by:

Drew Maranto

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Drew Maranto, designee for Bruce D. Greenstein
Undersecretary

Attachments (2)

DM:KF

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

1. TRANSMITTAL NUMBER
25-0012

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, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 435.211
42 CFR 435.230

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Section 2 – MMDL and MACPro System – Approvals
– MACPro – Eligibility – Optional Coverage
Attachment 2.2A Page 9c (remove page)
Attachment 2.2A Pages 12 - 13a (remove pages)
Attachment 2.2A Pages 15 - 18a (remove pages)
Attachment 2.6A Supplement 6 (remove page)**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same (25-0004)

9. SUBJECT OF AMENDMENT

The purpose of the SPA is to amend provisions governing Optional State Supplement (OSS) by increasing the monthly limit amount for personal care needs from \$8 to \$15 to better support long-term care (LTC) members with personal expenses not covered by facility fees.

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

DocuSigned by:

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12. TYPED NAME

Drew Maranto, designee for Bruce D. Greenstein

13. TITLE

Undersecretary

14. DATE SUBMITTED

September 29, 2025

15. RETURN TO

**Drew Maranto
Undersecretary / Interim 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

LA - Submission Package - LA2025MS0005O - (LA-25-0012) - Eligibility

- Summary
- Reviewable Units
- News
- Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	LA2025MS0005O	Submission Type	Official
Program Name	N/A	State	LA
SPA ID	LA-25-0012	Region	Dallas, TX
Version Number	1	Package Status	Pending

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | LA2025MS0005O | LA-25-0012

Individuals who receive an optional state supplementary payment.

Package Header

Package ID	LA2025MS0005O	SPA ID	LA-25-0012
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2025
Superseded SPA ID	New		
	User-Entered		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for SSI.
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | LA2025MS0005O | LA-25-0012

Package Header

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Approval Date	N/A	Effective Date	7/1/2025
Superseded SPA ID	New		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- ☐ Yes
- ☒ No

2. The state covers the following classifications:

- ☐ a. All individuals age 65 or older.
- ☐ b. All individuals who have blindness.
- ☐ c. All individuals who have a disability.
- ☒ d. Individuals in domiciliary facilities or other group living arrangements who are age 65 or older.
- ☒ e. Individuals in domiciliary facilities or other group living arrangements who have blindness.
- ☒ f. Individuals in domiciliary facilities or other group living arrangements who have a disability.
- ☐ g. Individuals receiving a federally-administered optional state supplement that meets the conditions specified in sections C. and D.
- ☐ h. Individuals in additional classifications specified by the Secretary.
- ☐ i. Reasonable groups of individuals receiving a state-administered optional state supplement that meets the conditions specified in sections C. and D.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | LA2025MS0005O | LA-25-0012

Package Header

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C. Optional State Supplement Program

1. The optional state supplement program is administered:
- ☐

a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- ☐

b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- ☒

c. Solely by the state.
2. Payments under the optional state supplement program are:
- a. Based on need and paid in cash on a regular basis;

b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and

c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | LA2025MS0005O | LA-25-0012

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D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:
- a. Varies by political subdivision.
☐ Yes
☒ No
 - b. Varies by payment classification.
☐ Yes
☒ No

Income Standard	
Individual	Couple
\$15.00	\$30.00

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | LA2025MS0005O | LA-25-0012

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E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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