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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 25-0013

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

November 3, 2025

Drew Maranto
Interim Medicaid Executive Director
State of Louisiana Department of Health
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) LA-25-0013

Dear Interim Medicaid Executive Director Maranto:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number LA-25-0013, which proposes to amend provisions governing personal needs allowance (PNA) by increasing the monthly limit amount for personal care needs to better support long-term care (LTC) members with personal expenses not covered by facility fees.

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-25-0013 was approved on November 3, 2025, with an effective date of July 1, 2025.

If you have any questions, please contact Cecilia Williams at (410) 786-2539 or via email at Cecilia.Williams@cms.hhs.gov.

Sincerely,

Nicole M. Mcknight -S

Digitally signed by Nicole M. Mcknight -S
Date: 2025.11.03 14:57:18 -05'00'

Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Najah Freeman
Keuna Franklin
Krystal Ceasor
Marjorie Jenkins

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: **25-0013**

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 435.725
42 CFR 435.733
42 CFR 435.832
Section 1924 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **2025** **$ 473,548**
b. FFY **2026** **$ 1,887,790**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 2.6-A, Page 4a
Supplement 12 to Attachment 2.6-A, Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Same (98-10)
Same (98-10)

9. SUBJECT OF AMENDMENT
The purpose of the SPA is to amend provisions governing personal needs allowance (PNA) by increasing the monthly limit amount for personal care needs 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:
Drew Maranto
F2B21E16F2284B1...

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

13. TITLE
Undersecretary

14. DATE SUBMITTED
September 19, 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
September 22, 2025

17. DATE APPROVED
November 3, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL
Nicole M. Mcknight -S
Digitally signed by Nicole M. Mcknight -S
Date: 2025.11.03 14:58:13 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL
On Behalf of Courtney Millier, MCOG Director

22. REMARKS

Instructions on Back

State: LOUISIANA

Citation	Condition or Requirement

1924 of the Act
435.725
435.733
435.832

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than $45 for individuals and $90 for couples for all institutionalized persons.

a. Aged, blind, disabled:
Individuals $ 45.00
Couples $ 90.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC related:
Children $ 30.00
Adults $ 30.00

For the following persons with a greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate, identifies the organizational unit which determines that a criterion is met.

c. Individual under age 21 covered in the plan as specified in Item B.7. of Attachment 2.2-A. $ 30.00

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

* SSI-related aged, blind, or disabled individuals in psychiatric facilities: $45.00

SSI-related aged, blind, or disabled couples in psychiatric facilities: $90.00

For individuals receiving a VA pension limited to $90 per month under section 8003 of P.L. 101-508, the personal needs allowance (PNA) is the greater of the amount permitted to be paid under section 8003 (up to $90) and the amount specified in this section.

Old age recipients in nursing home and psychiatric facilities who were "grandfathered" into SSI and who were already in nursing homes: $45.00

** The first $65 and 1/2 of the remainder of earned income is disregarded for beneficiaries in intermediate care facilities for individuals with intellectual disabilities (ICF/IID) who are in sheltered workshop activity and for beneficiaries in ICF/IID whose physician's plan of care prescribes a self-employment activity as a therapeutic or rehabilitative measure. Earned income and PNA cannot exceed the current SSI standard payment amount for a non-institutionalized individual.