

Jeff Landry
GOVERNOR



Bruce D. Greenstein
SECRETARY

State of Louisiana

Louisiana Department of Health

Office of the Secretary

September 22, 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. 25-0013

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 (3)

DM:KC

**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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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:


12. TYPED NAME

Drew Maranto, designee for Bruce D. Greenstein

13. TITLE

Undersecretary

14. DATE SUBMITTED

September 22, 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

TITLE: Personal Needs Allowance
EFFECTIVE DATE: July 1, 2025

	FFY	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	FFY TOTAL
1st FFY	2025	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$231,927	\$231,927	\$231,927	\$695,780
2nd FFY	2026	\$231,927	\$231,927	\$231,927	\$231,927	\$231,927	\$231,927	\$231,927	\$231,927	\$231,927	\$231,927	\$231,927	\$231,927	\$2,783,120

Federal	State	FMAP %
\$ 473,548	\$ 222,232	68.06%
\$ 1,887,790	\$ 895,330	67.83%

Instructions:
1) Provide the estimated cost for each federal fiscal year (FFY) month.
2) If there are months with no cost, enter \$0 (please do not leave blank).
3) If estimating monthly costs is not feasible, you may enter the total cost for the year in the FFY TOTAL column.

State: LOUISIANA

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>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:</p> <p>Personal Needs Allowance (PNA) of not less than \$45 for individuals and \$90 for couples for all institutionalized persons.</p> <p>a. Aged, blind, disabled: Individuals \$ <u>45.00</u> Couples \$ <u>90.00</u></p> <p>For the following persons with greater need:</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> 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.</p> <p>b. AFDC related: Children \$ <u>30.00</u> Adults \$ <u>30.00</u></p> <p>For the following persons with a greater need:</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> 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.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B.7. of <u>Attachment 2.2-A</u>, \$ <u>30.00</u></p>

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.