

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 25-0024**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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February 3, 2026

Seth J. Gold  
Medicaid Executive Director  
State of Louisiana Department of Health  
628 N. 4<sup>th</sup> Street  
PO Box 91030  
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) LA-25-0024

Dear Medicaid Executive Director Gold:


The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number LA-25-0024. This SPA establishes doula services as a covered benefit under the State Plan, including service definitions, provider qualifications, and payment methodologies.

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-25-0024 was approved on February 2, 2026, with an effective date of January 20, 2026.

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

Sincerely,

**WENDY E. HILL  
PETRAS -S**

 Digitally signed by WENDY E.  
HILL PETRAS -S  
Date: 2026.02.03 10:39:48 -08'00'

Wendy E. Hill Petras  
Acting Director, Division of Program Operations

Enclosures

cc: Najah Freeman  
Keuna Franklin  
Krystal Ceasor  
Marjorie Jenkins

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

1. TRANSMITTAL NUMBER  
**25-0024**

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  
**January 20, 2026**

5. FEDERAL STATUTE/REGULATION CITATION

**1902(e)(5) of the Social Security Act  
42 CFR Part 447  
42 CFR 440.130(c)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

- a. FFY 2026 **\$635,243**  
b. FFY 2027 **\$1,712,433**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 3.1-A, Page 13  
Attachment 3.1-A, Item 13c, Page 3 (new page)  
Attachment 4.19-B, Item 13c, Page 2 (new page)**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

**Same (TN 15-0038)**

9. SUBJECT OF AMENDMENT

**The purpose of this SPA is to add doula services to the State Plan, establish what services a doula may provide, qualifications for doulas, and the reimbursement methodology for these services.**

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**

12. TYPED NAME

**Drew Maranto, designee for Bruce D. Greenstein**

13. TITLE

**Undersecretary**

14. DATE SUBMITTED

**December 3, 2025**

15. RETURN TO

**Seth Gold  
Medicaid Executive Director  
Louisiana Department of Health  
628 North 4<sup>th</sup> Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030**

**FOR CMS USE ONLY**

16. DATE RECEIVED

**December 3, 2025**

17. DATE APPROVED

**February 2, 2026**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

**January 20, 2026**

19. SIGNATURE OF APPROVING OFFICIAL

**WENDY E. HILL PETRAS -S** Digitally signed by WENDY E. HILL PETRAS -S  
Date: 2026.02.03 10:38:56 -08'00'

20. TYPED NAME OF APPROVING OFFICIAL

**Wendy E. Hill Petras**

21. TITLE OF APPROVING OFFICIAL

**Acting Director, Division of Program Operations**

22. REMARKS

**Attachment 3.1A: Freestanding Birth Center Services****28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers**

Provided: ☐ No limitations ☒ With limitations ☐ Not licensed or approved

Please describe any limitations:

Stays for delivery at the free-standing birthing centers (FSBC) are typically less than 24 hours and the services rendered for labor and delivery are very limited in comparison to delivery services rendered during inpatient hospital stays. Services shall be provided by the attending practitioner from the time of the pregnant woman's admission through the birth and the immediate postpartum period.

The FSBC shall be located within a ground travel time distance from a general acute care hospital with which the FSBC shall maintain a contractual relationship, including a transfer agreement, that allows for an emergency caesarian delivery to begin within 30 minutes of the decision a caesarian delivery is necessary.

**28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center**

Provided: ☐ No limitations ☒ with limitations (please describe below)

☐ Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Free-standing birthing center staff shall not administer general or epidural anesthesia services.

Please check all that apply:

☒ (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

☒ (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). \*

☒ (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).\*

\*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

Licensed midwives and doulas.

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

**Doula Services**

The Medicaid program provides coverage for doula services to eligible beneficiaries with a pregnancy confirmed by a medical provider. The State notes that doula services must be recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law. Doula services will be used to provide support for eligible beneficiaries throughout the prenatal and postpartum periods.

Provider Qualifications

A. A qualified doula is an individual who:

1. has been trained to provide physical, emotional, and educational support to pregnant and birthing women and their families;
2. has approved registration with the Doula Registry Board; and
3. enrolled as a Louisiana Medicaid provider.

Scope of Services

A. Covered doula services may include:

1. assistance and attendance during labor and after childbirth, including cesarean deliveries;
2. prenatal and postpartum support and education;
3. breastfeeding assistance and lactation support;
4. parenting education; and
5. support for birthing women after the loss of a pregnancy.

B. Coverage limitations:

1. five prenatal visits for up to 90 minutes each;
2. three postpartum visits for up to 90 minutes each;
3. labor and delivery services must be provided in conjunction with prenatal and/or postpartum doula services; and
4. a qualified doula shall not provide medical or midwifery care.

Prenatal and postpartum visits may be exceeded when deemed medically necessary.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(a) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**Doula Services**

The Medicaid program shall provide reimbursement for doula services according to the established fee schedule or billed charges, which is the lesser amount.

Effective for dates of service on or after January 20, 2026, doula services shall be reimbursed based on the appropriate current procedural terminology (CPT) code. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of doula services. The agency's fee schedule rate was set as of January 20, 2026, and is effective for services provided on or after that date. All rates are published on the agency's website at

[www.lamedicaid.com](http://www.lamedicaid.com).