

Agency Budget Request

FISCAL YEAR 2026–2027



Louisiana Department of Health
306 — Medical Vendor Payments



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Signature Page

BUDGET REQUEST

Fiscal Year Ending June 30,2027

NAME OF DEPARTMENT / AGENCY: Louisiana Department of Health (09)
BUDGET UNIT: Medical Vendor Payments (MVP)
SCHEDULE NUMBER: 09-306
TELEPHONE NUMBER: (225) 342-9500

PHYSICAL ADDRESS: 628 N. Fourth Street
P.O. Box 91030, Baton Rouge, Louisiana
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WE HEREBY CERTIFY THAT THE STATEMENTS AND FIGURES ON THE ACCOMPANYING FORMS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

HEAD OF DEPARTMENT: <u><i>Drew Maranto</i></u> PRINTED NAME/TITLE: <u>for Bruce Greenstein, Secretary</u> DATE: <u>10/29/25</u> EMAIL ADDRESS: <u>Bruce.Greenstein@LA.GOV</u>	HEAD OF BUDGET UNIT: <u><i>Drew Maranto</i></u> PRINTED NAME/TITLE: <u>Drew Maranto, Interim Executive Director</u> DATE: <u>10/29/25</u> EMAIL ADDRESS: <u>Drew.Maranto@LA.GOV</u>
PROGRAM CONTACT PERSON: _____ TITLE: _____ TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____	FINANCIAL CONTACT PERSON: <u>Pam Diez</u> TITLE: <u>Medicaid Chief Operating Officer/Chief Financial Officer</u> TELEPHONE NUMBER: <u>(225) 342-6917</u> EMAIL ADDRESS: <u>pam.diez@la.gov</u>

Operational Plan

STATE OF LOUISIANA
Operational Plan Form
Department Goals

DEPARTMENT NUMBER AND NAME: MVP - MVP

DEPARTMENT MISSION:

The mission of the Louisiana Department of Health is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana.

DEPARTMENT GOALS:

In order to fulfill its mission, the Louisiana Department of Health intends to:

1. Provide quality services
2. Protect and promote health
3. Develop and stimulate services by others
4. Utilize available resources in the most effective manner

STATE OF LOUISIANA
Operational Plan Form
Agency Goals

AGENCY NUMBER AND NAME: 306 - Medical Vendor Payments

AGENCY MISSION:

Our mission is to provide the right health care at the right time, reducing health disparities, and improving overall health outcomes in Louisiana.

AGENCY GOALS:

Goal I

To make comprehensive, coordinated care and quality health services available to all who qualify

Goal II

To increase access to community-based services as an alternative to institutional care

Goal III

To reduce the per capita cost of care by balancing health care and prevention spending

STATEMENT OF AGENCY STRATEGY FOR DEVELOPMENT OF HUMAN RESOURCE POLICIES THAT ARE HELPFUL AND BENEFICIAL TO WOMEN AND FAMILIES:

MVP is dedicated to the development and implementation of human resource policies that are helpful and beneficial to women and families and demonstrates its support through the following human resource policies: the Family Medical Leave Policy (8108-930), the Sexual Harassment Policy (8143-02) and the Equal Employment Opportunity Policy (8116-77). In addition, the allowance of flexibility in work schedules and the availability of Dependent Day Care Spending Accounts assist both women and their families. MVP also supports Act 1078 by insuring the provision of healthcare services to women and families.

STATE OF LOUISIANA
Operational Plan Form
Program Goals

PROGRAM NUMBER AND NAME: 3061 - Payments to Private Providers

PROGRAM AUTHORIZATION:

The Constitution of Louisiana (1974) Article 12, Section 8, declares that the Legislature may establish a system of economic and social welfare, unemployment compensation, and public health. Louisiana Revised Statutes 36:251 et seq., gives the Louisiana Department of Health (LDH) Secretary authority to direct and be responsible for the Medical Assistance Program, Title XIX of the Social Security Act, and the authority to act as the sole agent of the state or, in necessary cases, designate one of the offices within the department or its assistant secretary to cooperate with the federal government and with other state and local agencies in the administration of federal funds granted to the state or directly to the department or an office thereof to aid in the furtherance of any function of the department or its offices, including funding for the Medical Assistance Program. The Balanced Budget Act of 1997 (BBA) (Public Law 105-33), as amended by recent technical amendments (Public Law 105-100, signed into law on November 19, 1997).

PROGRAM MISSION:

The mission of Payments to Private Providers is to administer a high-performing Medicaid program that maximizes high-value care and minimizes waste, paying for value over volume of services, and ensuring compliance with federal and state requirements regarding medically necessary services for eligible individuals.

PROGRAM GOALS:

- I. To reduce health care costs by providing comprehensive coordinated care that balances health care and prevention spending
- II. To increase access to community-based services as an alternative to institutional care

PROGRAM ACTIVITY:

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3061 - Payments to Private Providers

PROGRAM ACTIVITY 1: Medicaid Managed Care

Louisiana's Medicaid managed care program is responsible for providing high-quality, innovative, and cost-effective health care to Medicaid recipients.

The Medicaid managed care objectives include:

- Improve access to care.
 - Improve care coordination.
 - Increase emphasis on disease prevention and the early diagnosis and management of chronic conditions.
 - Improve health outcomes and quality of care.
 - Supporting innovation and a culture of continuous quality improvement in Louisiana.
 - Decreasing fragmentation and increasing integration across providers and care settings particularly for enrollees with behavioral health needs.
-
- Aligning financial incentives and building shared capacity to improve health care quality through data and collaboration.
 - Minimizing wasteful spending, unnecessary utilization, and fraud.

Today, Louisiana Medicaid serves approximately 35 percent of the state's population. Six (6) statewide Managed Care Organizations (MCOs), one (1) Behavioral Health Prepaid Inpatient Health Plan (PIHP), and two (2) Dental Prepaid Ambulatory Health Plans (PAHPs) pay for health care services for more than 90 percent of the Louisiana Medicaid population. The Louisiana Medicaid Managed Care program is a full risk-bearing, MCO health care delivery system responsible for providing specified Medicaid core benefits and services. An MCO assumes full risk for the cost of core benefits and services under the Contract and incurs loss if the cost of furnishing these core benefits and services exceeds the payment received for providing these services. The Louisiana Department of Health (LDH) establishes a Per Member per Month (PMPM) actuarially sound risk-adjusted rate for MCO payments. The rates are not subject to negotiation or dispute resolution. These managed care entities (MCEs) pay for Medicaid benefits and services included in the Louisiana Medicaid State Plan, state statutes and administrative rules, and Medicaid policy and procedure manuals. In addition, these MCEs also provide specified value-added Medicaid benefits and services.

In December 2015, LDH integrated specialized behavioral health services into the managed care program in an effort to improve care coordination for enrollees and facilitate provision of whole-person health care. Louisiana also continues to administer the Coordinated System of Care (CSoc), a single behavioral health PIHP to help children with behavioral health challenges that are at risk for out-of-home placement. Wraparound support and other services assist children with staying in or returning to their home.

The Dental Benefit Program (DPB) coordinates dental care for Medicaid recipients. The DBP provides children with preventive and diagnostic services such as regular exams and sealants as well as therapeutic services to treat dental medical problems. Adults receive denture services and comprehensive oral exams.

PROGRAM ACTIVITY 2: Long-Term Services and Supports

In 1981, the Federal Government created Title XIX, Home and Community-Based Services (HCBS), in order to provide home and community-based services to the elderly and persons with physical disabilities, developmental and intellectual disabilities, and/or mental illnesses. Since this act made an exception to the traditional Medicaid requirements, it requires states to seek waivers to offer these services. Waivers allow states to provide specific HCBS to target populations with the intent of preventing unnecessary institutionalization. Each HCBS waiver must be cost neutral or the costs to provide these services must be less than the average per capita cost of institutional care. These waiver programs allow Louisiana residents to receive Medicaid State Plan benefits while having greater flexibility to choose the services and supports that best suit their needs. They also allow individuals to preserve their independence by staying out of institutional settings and maintaining ties to families and friends.

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3062 - Payments to Public Providers

PROGRAM AUTHORIZATION:

The Constitution of Louisiana (1974) Article 12, Section 8, declares that the Legislature may establish a system of economic and social welfare, unemployment compensation, and public health. Louisiana Revised Statutes 36:251 et seq., gives the Louisiana Department of Health (LDH) Secretary authority to direct and be responsible for the Medical Assistance Program, Title XIX of the Social Security Act, and the authority to act as the sole agent of the state or, in necessary cases, designate one of the offices within the department or its assistant secretary to cooperate with the federal government and with other state and local agencies in the administration of federal funds granted to the state or directly to the department or an office thereof to aid in the furtherance of any function of the department or its offices, including funding for the Medical Assistance Program. The Balanced Budget Act of 1997 (BBA) (Public Law 105-33), as amended by recent technical amendments (Public Law 105-100, signed into law on November 19, 1997).

PROGRAM MISSION:

The mission of Payments to Public Providers is to administer the Medicaid Program to ensure operations are in accordance with federal and state statutes regarding medically necessary services to eligible recipients.

PROGRAM GOALS:

I. To provide cost effective and medically appropriate Medicaid covered services through public providers.

PROGRAM ACTIVITY:

This activity provides access to care through state and local governmental providers of healthcare services, including some services not readily available in the private sector, such as services provided to individuals with severe mental illness (Eastern Louisiana Mental Health System, Central Louisiana State Hospital) and developmental disabilities (Pinecrest Services and Supports Center).

With the privatization of the Louisiana State University hospitals and clinics through Public-Private Partnerships, payments to public providers previously made to those entities shifted to the Payments to Private Providers' activity. Remaining public providers include the LDH Office of Public Health, which bills for services provided at local health units, and Local Education Authorities (LEAs) that provide health care services to children attending public schools.

School-based services can improve access to care for children who may have difficulty in receiving services in a physician's office or clinic. This will result in earlier identification of certain medical conditions leading to earlier intervention. The school nurse will make necessary referrals to a physician when appropriate and assist the child's family in making that appointment. School nurses must coordinate with the student's Medicaid managed care entity to assure continuity and coordination of care.

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3063 - Medicare Buy-Ins & Supplements

PROGRAM AUTHORIZATION:

The Constitution of Louisiana (1974) Article 12, Section 8, declares that the Legislature may establish a system of economic and social welfare, unemployment compensation, and public health. Louisiana Revised Statutes 36:251 et seq., gives the Louisiana Department of Health (LDH) Secretary authority to direct and be responsible for the Medical Assistance Program, Title XIX of the Social Security Act, and the authority to act as the sole agent of the state or, in necessary cases, designate one of the offices within the department or its assistant secretary to cooperate with the federal government and with other state and local agencies in the administration of federal funds granted to the state or directly to the department or an office thereof to aid in the furtherance of any function of the department or its offices, including funding for the Medical Assistance Program. The Balanced Budget Act of 1997 (BBA) (Public Law 105-33), as amended by recent technical amendments (Public Law 105-100, signed into law on November 19, 1997).

PROGRAM MISSION:

The mission of the Buy-Ins & Supplements Program is to purchase health care services through the payment of premiums to other entities on behalf of certain Louisiana Medicaid and CHIP enrollees. This program has two major components:

1. Medicare Buy-Ins and Supplements is the federal program, which allows states to purchase Medicare coverage for individuals with limited income and resources by paying their monthly Medicare Part A and/or B premiums. By doing so, the state provides medical insurance protection to individuals with limited income and resources. For those individuals dually eligible for Medicaid and Medicare, it has the effect of transferring some medical costs for this population from the Title XIX Medicaid program, which is partially state financed, to the Title XVIII Medicare program, which is fully financed by the federal government. Federal matching money is available through the Medicaid program to assist states with the premium payments for Medicare buy-in enrollees.
2. Louisiana Health Insurance Premium Payment (LaHIPP) is a program authorized under the authority of Section 1906 of the Social Security Act that may reimburse all or a portion of an employer sponsored insurance (ESI) or individual market premium on behalf of a Medicaid recipient, if purchasing such insurance is determined to be more cost effective than having Medicaid as the primary payer of medical expenses. Medicaid may also pay the out of pocket expenses (co-pays and deductibles) for LaHIPP eligibles enrolled in ESI or individual market coverage.

PROGRAM GOALS:

- I. Medicaid cost avoidance through Buy-Ins (paying premiums) for Medicare and Medicaid dual eligibles.
- II. To reduce Medicaid expenditures for Medicaid enrollees through reimbursement of employee's share of paid premiums for employer-based or individual market health insurance when cost effective to do so.

PROGRAM ACTIVITY:

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3063 - Medicare Buy-Ins & Supplements

PROGRAM ACTIVITY 1: Medicare Savings Program for Low-Income Seniors & Persons with Disabilities

The ultimate aim of the Medicare Savings Program (MSP) is to improve the health of its beneficiaries. Reducing financial barriers to healthcare can lead to better health outcomes, and expanding access to healthcare improves health status and mortality for those with the lowest incomes. The MSP has been shown to improve access to medical care services. Utilization of all medical service types is greater for MSP enrollees than for eligible non-enrollees, even when accounting for differences in health status and other characteristics. Data has shown that MSP enrollment increases access to preventative and primary care through use of outpatient hospital services and a higher frequency of office visits.

PROGRAM ACTIVITY 2: Louisiana Health Insurance Premium Payment (LaHIPP) Program

The Louisiana Health Insurance Premium Payment (LaHIPP) Program Activity focuses on ensuring access to affordable and appropriate care to Medicaid & LaCHIP eligibles and their families who have access to Employer Sponsored Insurance (ESI) or individual market coverage. LDH reinstituted the LaHIPP program in April 2017 after it was retired in 2015. LaHIPP reimburses eligible Medicaid recipients for some costs related to ESI or individual market coverage, including premiums, copays, and deductibles when the provider bills Medicaid secondary. The program aims to reduce Medicaid costs by making it more affordable for eligible individuals to maintain private insurance coverage.

LaHIPP reduces the number of uninsured Louisiana residents and establishes a third party resource as the primary payer of medical expenses to reduce Medicaid costs, assuring that Medicaid pays only after the responsible third party has met its legal obligation to pay.

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3064 - Uncompensated Care Costs

PROGRAM AUTHORIZATION:

The Constitution of Louisiana (1974) Article 12, Section 8, declares that the Legislature may establish a system of economic and social welfare, unemployment compensation, and public health. Louisiana Revised Statutes 36:251 et seq., gives the Louisiana Department of Health (LDH) Secretary authority to direct and be responsible for the Medical Assistance Program, Title XIX of the Social Security Act, and the authority to act as the sole agent of the state or, in necessary cases, designate one of the offices within the department or its assistant secretary to cooperate with the federal government and with other state and local agencies in the administration of federal funds granted to the state or directly to the department or an office thereof to aid in the furtherance of any function of the department or its offices, including funding for the Medical Assistance Program. The Balanced Budget Act of 1997 (BBA) (Public Law 105-33), as amended by recent technical amendments (Public Law 105-100, signed into law on November 19, 1997).

PROGRAM MISSION:

The mission of the Uncompensated Care Costs (UCC) Program is to encourage hospitals and providers to serve uninsured and indigent clients. Because of UCC, the client's quality and access to medical care is improved. Louisiana's disproportionate share hospital (DSH) cap allotment provides federal funding to cover a portion of qualifying hospitals' costs of treating uninsured and Medicaid patients.

PROGRAM GOALS:

To encourage qualifying providers (LSU facilities/public providers, LDH Office of Behavioral Health, and qualifying private hospitals) to provide access to medical care for the uninsured and those eligible for Medicaid with Medicaid reimbursement lower than the cost of service.

PROGRAM ACTIVITY:

PROGRAM ACTIVITY 1: Uncompensated Care Costs (UCC) Program

Without access to care, the uninsured population is likely to experience poorer health outcomes because they may not receive recommended screenings and follow-up care for urgent medical conditions. Delaying or forgoing needed medical care increases overall health care costs either incurred because uninsured patients are more likely to be in an emergency room or hospitalized for avoidable medical conditions. High bills that uninsured patients incur can permanently jeopardize their family's financial security. The Uncompensated Care Costs Program also funds a significant portion of the cost of training physicians in Louisiana hospitals, which results in long-term increased access to primary, preventive and specialty care for all citizens.

STATE OF LOUISIANA

Operational Plan Form

Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 306 - Medical Vendor Payments

PROGRAM ID: 3061 - Payments to Private Providers

PM OBJECTIVE: 3061-01 - Through the Medicaid Managed Care activity, increase budget predictability while providing for service delivery model of high quality medically necessary health services, avoiding unnecessary duplication of services and low value care.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other):

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
25602	K	Percentage of Medicaid enrollees enrolled in a managed care model	P	84	84	84	84	83	0	0
25603	K	Percentage of Medicaid enrollee expenditures under a managed care model	P	81	79	81	81	80	0	0
Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information						
				Performance Indicator Values						
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025		
25604	G	Annual amount of premium taxes paid by Medicaid managed care plans	D	511,575,725.26	558,951,030.75	673,291,916.96	747,171,533.17	703,821,603		

STATE OF LOUISIANA
Operational Plan Form
Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 306 - Medical Vendor Payments

PROGRAM ID: 3061 - Payments to Private Providers

PM OBJECTIVE: 3061-02 - Through the Medicaid Managed Care activity, increase preventative and primary healthcare use, thereby improving quality health outcomes, and patient experience for Louisiana Medicaid members.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other):

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
3061004	K	Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year.	P	0	0	50	50	50	0	0
3061005	K	Percentage of enrolled children ages one through under age 21 who received at least two dental topical fluoride applications within the measurement year.	P	0	0	18	18	18	0	0
3061006	K	Percentage of enrolled children who have ever received a sealant on a permanent first molar tooth.	P	0	0	17	17	50	0	0
Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information						
				Performance Indicator Values						
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025		
26113	G	Percentage increase in adults' access to preventive/ambulatory health services for Medicaid Managed Care members	P	79.1	75.91	73.65	74.25	78.09		
3061001	G	Percentage of well care visits for children in the first 15 months of age	P	Not Available	Not Available	Not Available	64.44	64.83		
3061002	G	Percentage of well care visits for children 15 to 30 months of age	P	Not Available	Not Available	Not Available	70.1	72.42		
3061003	G	Percentage of child and adolescent well care visits	P	Not Available	Not Available	Not Available	51.39	54.58		

STATE OF LOUISIANA

Operational Plan Form

Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 306 - Medical Vendor Payments

PROGRAM ID: 3061 - Payments to Private Providers

PM OBJECTIVE: 3061-03 - Through the Long-Term Services and Supports Activity, ensure the HCBS program remains in compliance with state and federal requirements so that Medicaid can continue to increase access for HCBS recipients.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
26589	K	Percentage of providers compliant with the State's EVV standard	P	90	92	90	90	90	0	0
26590	K	Percentage of LTSS recipients receiving Home and Community Based Services	P	45	51	50	50	50	0	0

STATE OF LOUISIANA
Operational Plan Form
Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 306 - Medical Vendor Payments

PROGRAM ID: 3062 - Payments to Public Providers

PM OBJECTIVE: 3062-01 - Through the Payment to Public Providers activity, to track utilization of services provided to local school systems including nursing services which allow for important medical screenings to be provided by these school systems with Medicaid reimbursement.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other):

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
24092	K	Number of Local Education Agencies participating in School Nursing Services	N	99	106	99	99	99	0	0
25580	K	Number of unduplicated recipients Receiving School Nursing Services from Local Education Agencies	N	191,000	102,613	191,000	191,000	191,000	0	0
Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information						
				Performance Indicator Values						
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025		
25582	G	Number of school nurses in participating Local Education Agencies	N	710	865	895	893	895		

STATE OF LOUISIANA

Operational Plan Form

Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 306 - Medical Vendor Payments

PROGRAM ID: 3063 - Medicare Buy-Ins & Supplements

PM OBJECTIVE: 3063-01 - The Medicare Savings Program for Low-Income Seniors & Persons with Disabilities activity will avoid more expensive costs that would otherwise be funded by Medicaid by ensuring that eligible low-income senior citizens do not forego health coverage due to increasing Medicare premiums that make maintaining coverage increasingly difficult.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other):

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
2266	K	Total savings (cost of care less premium cost) for Medicare benefits	D	1,375,000,000	616,308,678	1,253,500,000	1,253,500,000	1,253,500,000	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025
2261	G	Total number of recipients (Part A)	N	9,774	10,036	10,737	129,190	11,678
2262	G	Total number of recipients (Part B)	N	226,267	236,420	244,823	2,768,999	225,487
2263	G	Total number of Buy-In eligibles (Part A & B) (Modified from Strategic Plan)	N	236,041	246,456	255,560	2,898,189	237,562
2264	G	Buy-In Expenditures (Part A)	D	53,840,382.2	53,365,720	58,968,692	60,751,709	65,291,896
2265	G	Buy-In Expenditures (Part B)	D	394,148,584.5	449,516,136	489,031,837	473,332,454	455,612,950

STATE OF LOUISIANA

Operational Plan Form

Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 306 - Medical Vendor Payments

PROGRAM ID: 3063 - Medicare Buy-Ins & Supplements

PM OBJECTIVE: 3063-02 - Each year, the Louisiana Health Insurance Premium Payment (LaHIPP) program will assist eligible Medicaid enrollees and their families in purchasing private health insurance through an employer or the individual market while maintaining Medicaid/LaCHIP coverage as a secondary payer of medical expenses for Medicaid enrollees, resulting in reduced cost to the state.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other):

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
22327	K	Number of cases added in LaHIPP	N	1,000	58	500	500	500	0	0
24099	K	LaHIPP Total Savings	D	4,000,000	547,527	2,000,000	2,000,000	2,000,000	0	0
26593	K	Number of Medicaid enrollees with private coverage paid by LaHIPP	N	2,100	471	1,050	1,050	1,050	0	0
26594	K	Number of non-Medicaid family members with private coverage paid by LaHIPP	N	1,200	166	500	500	500	0	0

STATE OF LOUISIANA

Operational Plan Form

Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 306 - Medical Vendor Payments

PROGRAM ID: 3064 - Uncompensated Care Costs

PM OBJECTIVE: 3064-01 - Through the Uncompensated Care Costs activity, to encourage hospitals and other providers to provide access to medical care for the uninsured.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
17040	S	Total DSH funds collected in millions	D	446.1	202.3	303.6	303.6	303.6	0	0
17041	K	Total federal funds collected in millions	D	286.3	139.8	205.9	205.9	205.9	0	0
17042	S	Total State Match in millions	D	159.8	62.5	97.7	97.7	97.7	0	0

Budget Request Overview

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	2,178,584,751	2,494,809,223	2,486,707,020	(8,102,203)	(0.32)%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	183,308,182	230,513,518	192,764,983	(37,748,535)	(16.38)%
FEES & SELF-GENERATED	394,555,454	870,061,609	685,565,153	(184,496,456)	(21.20)%
STATUTORY DEDICATIONS	1,384,789,286	1,854,654,780	1,782,589,100	(72,065,680)	(3.89)%
FEDERAL FUNDS	12,425,269,024	16,607,196,594	15,400,826,778	(1,206,369,816)	(7.26)%
TOTAL MEANS OF FINANCING	\$16,566,506,697	\$22,057,235,724	\$20,548,453,034	\$(1,508,782,690)	(6.84)%

Fees and Self-Generated

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated Revenues	394,555,454	870,061,609	685,565,153	(184,496,456)	(21.20)%
Total:	\$394,555,454	\$870,061,609	\$685,565,153	\$(184,496,456)	(21.20)%

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Louisiana Medical Assistance Trust Fund	1,005,122,766	1,100,261,324	1,016,381,639	(83,879,685)	(7.62)%
Medicaid Trust Fund for the Elderly	—	1,741,651	1,741,651	—	—
Disability Services Fund	—	2,388,500	2,388,500	—	—
New Opportunities Waiver (NOW) Fund	38,005,661	43,348,066	43,348,066	—	—
Hospital Stabilization Fund	290,730,088	648,232,241	660,046,246	11,814,005	1.82%
Community Options Waiver Fund	2,665,632	12,081,168	12,081,168	—	—
Louisiana Fund	22,464,291	20,686,731	20,686,731	—	—
Health Excellence Fund	25,800,848	25,915,099	25,915,099	—	—
Total:	\$1,384,789,286	\$1,854,654,780	\$1,782,589,100	\$(72,065,680)	(3.89)%

Agency Expenditures

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	16,292,575,428	21,706,341,805	20,197,559,115	(1,508,782,690)	(6.95)%
Debt Service	—	—	—	—	—
Interagency Transfers	273,931,269	350,893,919	350,893,919	—	—
TOTAL OTHER CHARGES	\$16,566,506,697	\$22,057,235,724	\$20,548,453,034	\$(1,508,782,690)	(6.84)%
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$16,566,506,697	\$22,057,235,724	\$20,548,453,034	\$(1,508,782,690)	(6.84)%

Cost Detail

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
State General Fund	2,178,584,751	2,494,809,223	2,486,707,020	(8,102,203)
Interagency Transfers	183,308,182	230,513,518	192,764,983	(37,748,535)
Fees & Self-generated Revenues	394,555,454	870,061,609	685,565,153	(184,496,456)
Louisiana Medical Assistance Trust Fund	1,005,122,766	1,100,261,324	1,016,381,639	(83,879,685)
Medicaid Trust Fund for the Elderly	—	1,741,651	1,741,651	—
Disability Services Fund	—	2,388,500	2,388,500	—
New Opportunities Waiver (NOW) Fund	38,005,661	43,348,066	43,348,066	—
Hospital Stabilization Fund	290,730,088	648,232,241	660,046,246	11,814,005
Community Options Waiver Fund	2,665,632	12,081,168	12,081,168	—
Louisiana Fund	22,464,291	20,686,731	20,686,731	—
Health Excellence Fund	25,800,848	25,915,099	25,915,099	—
Federal Funds	12,425,269,024	16,607,196,594	15,400,826,778	(1,206,369,816)
Total:	\$16,566,506,697	\$22,057,235,724	\$20,548,453,034	\$(1,508,782,690)

Other Charges

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	21,706,341,805	20,197,559,115	(1,508,782,690)
5610003	OTHER PUBLIC ASST	1,286,437	—	—	—
5610015	LOC AID-MEDICAID PMT	14,875,798,986	—	—	—
5620034	MISC-CANCELLATIONS	(813,772)	—	—	—
5620037	MISC-AUDT ADJ MIX-PD	4,656,170,558	—	—	—
5620038	MISC-RECOVERIES	(2,657,429)	—	—	—
5620039	MISC-REBATE-MEDICAID	(6,250,207)	—	—	—
5620041	MISC-THIRD PARTY ADJ	(6,219,522)	—	—	—
5620042	MISC-ADT ADJ MXD-REC	(3,470,642)	—	—	—
5620043	MISC-RECOUP-STINST	(3,093,676,451)	—	—	—
5620045	MISC-CASULTY INS-REC	(1,015,106)	—	—	—
5620047	MISC-VOLUNTARY RELAT	(1,535,451)	—	—	—

Other Charges *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5620048	MISC-E.D.S. FED TPL	(34,682)	—	—	—
5620049	MISC-PRO COL-MAP STF	(39,145)	—	—	—
5620050	MISC-FIS TPL CLM ADJ	(7,413,462)	—	—	—
5620052	MISC-STTPL COL 3RD	(5,850,955)	—	—	—
5620069	MISC-INTERAGENCY OTH	200,000	—	—	—
5620146	MISC-OC-RECOUPMENTS	(110,505,580)	—	—	—
5620150	MISC-OC-MEDICAID INT	(1,398,147)	—	—	—
Total Other Charges:		\$16,292,575,428	\$21,706,341,805	\$20,197,559,115	\$(1,508,782,690)

Interagency Transfers

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	350,893,919	350,893,919	—
5950001	IAT-COMMODITY/SERV	211,085,561	—	—	—
5950033	IAT-INTER AGY TRANS	62,845,708	—	—	—
Total Interagency Transfers:		\$273,931,269	\$350,893,919	\$350,893,919	—
Total Agency Expenditures:		\$16,566,506,697	\$22,057,235,724	\$20,548,453,034	\$(1,508,782,690)

PROGRAM SUMMARY STATEMENT

3061 - Payments to Private Providers

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	1,677,687,256	1,938,292,834	1,934,479,385	(3,813,449)	(0.20)%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	169,555,681	216,661,985	179,025,573	(37,636,412)	(17.37)%
FEES & SELF-GENERATED	370,427,231	845,759,639	661,459,899	(184,299,740)	(21.79)%
STATUTORY DEDICATIONS	1,375,641,420	1,845,506,914	1,773,441,234	(72,065,680)	(3.90)%
FEDERAL FUNDS	11,693,890,732	15,741,376,710	14,530,409,301	(1,210,967,409)	(7.69)%
TOTAL MEANS OF FINANCING	\$15,287,202,320	\$20,587,598,082	\$19,078,815,392	\$(1,508,782,690)	(7.33)%

Fees and Self-Generated

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated Revenues	370,427,231	845,759,639	661,459,899	(184,299,740)	(21.79)%
Total:	\$370,427,231	\$845,759,639	\$661,459,899	\$(184,299,740)	(21.79)%

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Louisiana Medical Assistance Trust Fund	995,974,900	1,091,113,458	1,007,233,773	(83,879,685)	(7.69)%
Medicaid Trust Fund for the Elderly	—	1,741,651	1,741,651	—	—
Disability Services Fund	—	2,388,500	2,388,500	—	—
New Opportunities Waiver (NOW) Fund	38,005,661	43,348,066	43,348,066	—	—
Hospital Stabilization Fund	290,730,088	648,232,241	660,046,246	11,814,005	1.82%
Community Options Waiver Fund	2,665,632	12,081,168	12,081,168	—	—
Louisiana Fund	22,464,291	20,686,731	20,686,731	—	—
Health Excellence Fund	25,800,848	25,915,099	25,915,099	—	—
Total:	\$1,375,641,420	\$1,845,506,914	\$1,773,441,234	\$(72,065,680)	(3.90)%

Program Expenditures

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	15,287,202,320	20,587,598,082	19,078,815,392	(1,508,782,690)	(7.33)%
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	\$15,287,202,320	\$20,587,598,082	\$19,078,815,392	\$(1,508,782,690)	(7.33)%
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$15,287,202,320	\$20,587,598,082	\$19,078,815,392	\$(1,508,782,690)	(7.33)%

Cost Detail

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
State General Fund	1,677,687,256	1,938,292,834	1,934,479,385	(3,813,449)
Interagency Transfers	169,555,681	216,661,985	179,025,573	(37,636,412)
Fees & Self-generated Revenues	370,427,231	845,759,639	661,459,899	(184,299,740)
Louisiana Medical Assistance Trust Fund	995,974,900	1,091,113,458	1,007,233,773	(83,879,685)
Medicaid Trust Fund for the Elderly	—	1,741,651	1,741,651	—
Disability Services Fund	—	2,388,500	2,388,500	—
New Opportunities Waiver (NOW) Fund	38,005,661	43,348,066	43,348,066	—
Hospital Stabilization Fund	290,730,088	648,232,241	660,046,246	11,814,005
Community Options Waiver Fund	2,665,632	12,081,168	12,081,168	—
Louisiana Fund	22,464,291	20,686,731	20,686,731	—
Health Excellence Fund	25,800,848	25,915,099	25,915,099	—
Federal Funds	11,693,890,732	15,741,376,710	14,530,409,301	(1,210,967,409)
Total:	\$15,287,202,320	\$20,587,598,082	\$19,078,815,392	\$(1,508,782,690)

Other Charges

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	20,587,598,082	19,078,815,392	(1,508,782,690)
5610003	OTHER PUBLIC ASST	23,302	—	—	—
5610015	LOC AID-MEDICAID PMT	13,906,701,222	—	—	—
5620034	MISC-CANCELLATIONS	(804,587)	—	—	—
5620037	MISC-AUDT ADJ MIX-PD	4,601,485,658	—	—	—
5620038	MISC-RECOVERIES	(1,922,357)	—	—	—
5620039	MISC-REBATE-MEDICAID	(6,250,207)	—	—	—
5620042	MISC-ADT ADJ MXD-REC	(3,470,642)	—	—	—
5620043	MISC-RECOUP-STINST	(3,081,083,037)	—	—	—
5620045	MISC-CASULTY INS-REC	(1,006,920)	—	—	—
5620047	MISC-VOLUNTARY RELAT	(1,533,796)	—	—	—
5620048	MISC-E.D.S. FED TPL	(34,616)	—	—	—

Other Charges *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5620049	MISC-PRO COL-MAP STF	(39,145)	—	—	—
5620050	MISC-FIS TPL CLM ADJ	(7,395,171)	—	—	—
5620052	MISC-STTPL COL 3RD	(5,850,955)	—	—	—
5620069	MISC-INTERAGENCY OTH	200,000	—	—	—
5620146	MISC-OC-RECOUPMENTS	(110,418,282)	—	—	—
5620150	MISC-OC-MEDICAID INT	(1,398,147)	—	—	—
Total Other Charges:		\$15,287,202,320	\$20,587,598,082	\$19,078,815,392	\$(1,508,782,690)
Total Expenditures for Program 3061		\$15,287,202,320	\$20,587,598,082	\$19,078,815,392	\$(1,508,782,690)

3062 - Payments to Public Providers

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	55,391,214	59,539,941	59,176,288	(363,653)	(0.61)%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	9,147,866	9,147,866	9,147,866	—	—
FEDERAL FUNDS	196,737,962	195,668,864	196,032,517	363,653	0.19%
TOTAL MEANS OF FINANCING	\$261,277,041	\$264,356,671	\$264,356,671	—	—

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Louisiana Medical Assistance Trust Fund	9,147,866	9,147,866	9,147,866	—	—
Total:	\$9,147,866	\$9,147,866	\$9,147,866	—	—

Program Expenditures

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	44,703,185	50,442,600	50,442,600	—	—
Debt Service	—	—	—	—	—
Interagency Transfers	216,573,856	213,914,071	213,914,071	—	—
TOTAL OTHER CHARGES	\$261,277,041	\$264,356,671	\$264,356,671	—	—
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$261,277,041	\$264,356,671	\$264,356,671	—	—

Cost Detail

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
State General Fund	55,391,214	59,539,941	59,176,288	(363,653)
Louisiana Medical Assistance Trust Fund	9,147,866	9,147,866	9,147,866	—
Federal Funds	196,737,962	195,668,864	196,032,517	363,653
Total:	\$261,277,042	\$264,356,671	\$264,356,671	—

Other Charges

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	50,442,600	50,442,600	—
5610015	LOC AID-MEDICAID PMT	44,821,162	—	—	—
5620034	MISC-CANCELLATIONS	(9,184)	—	—	—
5620038	MISC-RECOVERIES	(1,562)	—	—	—
5620045	MISC-CASULTY INS-REC	(8,186)	—	—	—
5620047	MISC-VOLUNTARY RELAT	(1,655)	—	—	—
5620048	MISC-E.D.S. FED TPL	(66)	—	—	—
5620050	MISC-FIS TPL CLM ADJ	(18,291)	—	—	—
5620146	MISC-OC-RECOUPMENTS	(79,031)	—	—	—
Total Other Charges:		\$44,703,185	\$50,442,600	\$50,442,600	—

Interagency Transfers

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	213,914,071	213,914,071	—
5950001	IAT-COMMODITY/SERV	160,261,844	—	—	—
5950033	IAT-INTER AGY TRANS	56,312,012	—	—	—
Total Interagency Transfers:		\$216,573,856	\$213,914,071	\$213,914,071	—
Total Expenditures for Program 3062		\$261,277,041	\$264,356,671	\$264,356,671	—

3063 - Medicare Buy-Ins & Supplements

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	409,571,371	437,464,800	434,176,547	(3,288,253)	(0.75)%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	412,722,438	464,239,700	467,527,953	3,288,253	0.71%
TOTAL MEANS OF FINANCING	\$822,293,809	\$901,704,500	\$901,704,500	—	—

Program Expenditures

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	822,291,344	901,704,500	901,704,500	—	—
Debt Service	—	—	—	—	—
Interagency Transfers	2,465	—	—	—	—
TOTAL OTHER CHARGES	\$822,293,809	\$901,704,500	\$901,704,500	—	—
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$822,293,809	\$901,704,500	\$901,704,500	—	—

Cost Detail

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
State General Fund	409,571,371	437,464,800	434,176,547	(3,288,253)
Federal Funds	412,722,438	464,239,700	467,527,953	3,288,253
Total:	\$822,293,809	\$901,704,500	\$901,704,500	—

Other Charges

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	901,704,500	901,704,500	—
5610003	OTHER PUBLIC ASST	1,263,135	—	—	—
5610015	LOC AID-MEDICAID PMT	827,989,509	—	—	—
5620038	MISC-RECOVERIES	(733,510)	—	—	—
5620041	MISC-THIRD PARTY ADJ	(6,219,522)	—	—	—
5620146	MISC-OC-RECOUPMENTS	(8,268)	—	—	—
Total Other Charges:		\$822,291,344	\$901,704,500	\$901,704,500	—

Interagency Transfers

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5950001	IAT-COMMODITY/SERV	2,465	—	—	—
Total Interagency Transfers:		\$2,465	—	—	—
Total Expenditures for Program 3063		\$822,293,809	\$901,704,500	\$901,704,500	—

3064 - Uncompensated Care Costs

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	35,934,910	59,511,648	58,874,800	(636,848)	(1.07)%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	13,752,501	13,851,533	13,739,410	(112,123)	(0.81)%
FEES & SELF-GENERATED	24,128,223	24,301,970	24,105,254	(196,716)	(0.81)%
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	121,917,892	205,911,320	206,857,007	945,687	0.46%
TOTAL MEANS OF FINANCING	\$195,733,526	\$303,576,471	\$303,576,471	—	—

Fees and Self-Generated

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated Revenues	24,128,223	24,301,970	24,105,254	(196,716)	(0.81)%
Total:	\$24,128,223	\$24,301,970	\$24,105,254	\$(196,716)	(0.81)%

Program Expenditures

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	138,378,579	166,596,623	166,596,623	—	—
Debt Service	—	—	—	—	—
Interagency Transfers	57,354,948	136,979,848	136,979,848	—	—
TOTAL OTHER CHARGES	\$195,733,526	\$303,576,471	\$303,576,471	—	—
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$195,733,526	\$303,576,471	\$303,576,471	—	—

Cost Detail

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
State General Fund	35,934,910	59,511,648	58,874,800	(636,848)
Interagency Transfers	13,752,501	13,851,533	13,739,410	(112,123)
Fees & Self-generated Revenues	24,128,223	24,301,970	24,105,254	(196,716)
Federal Funds	121,917,892	205,911,320	206,857,007	945,687
Total:	\$195,733,526	\$303,576,471	\$303,576,471	—

Other Charges

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	166,596,623	166,596,623	—
5610015	LOC AID-MEDICAID PMT	96,287,093	—	—	—
5620037	MISC-AUDT ADJ MIX-PD	54,684,900	—	—	—
5620043	MISC-RECOUP-STINST	(12,593,414)	—	—	—
Total Other Charges:		\$138,378,579	\$166,596,623	\$166,596,623	—

Interagency Transfers

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	136,979,848	136,979,848	—
5950001	IAT-COMMODITY/SERV	50,821,252	—	—	—
5950033	IAT-INTER AGY TRANS	6,533,696	—	—	—
Total Interagency Transfers:		\$57,354,948	\$136,979,848	\$136,979,848	—
Total Expenditures for Program 3064		\$195,733,526	\$303,576,471	\$303,576,471	—
Total Agency Expenditures:		\$16,566,506,697	\$22,057,235,724	\$20,548,453,034	\$(1,508,782,690)

SOURCE OF FUNDING SUMMARY

Agency Overview

Interagency Transfers

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
DCFS	—	6,820,908	6,820,908	—	45577
PUBLIC - OTHER	—	1,105,064	—	(1,105,064)	51906
PY CASH CARRYOVER	(14,648,305)	—	—	—	51917
PUBLIC DIRECTED PMT	180,671,605	125,818,879	89,917,072	(35,901,807)	51919
PUBLIC - MCIP	—	82,917,134	82,287,593	(629,541)	51924
PUBLIC - LINNC	17,284,882	13,851,533	13,739,410	(112,123)	51927
Total Interagency Transfers	\$183,308,182	\$230,513,518	\$192,764,983	\$(37,748,535)	

Fees & Self-generated

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
PUBLIC - OTHER	1,291,855	—	1,105,064	1,105,064	51906
PUBLIC DIRECTED PMT	362,223,502	670,590,934	502,193,675	(168,397,259)	51932
PUBLIC - MCIP	—	125,143,714	108,136,169	(17,007,545)	51937
PUBLIC - LINNC	26,525,802	65,073,139	64,876,423	(196,716)	51940
THIRD PARTY LIABILITY	4,514,295	9,253,822	9,253,822	—	51942
Total Fees & Self-generated	\$394,555,454	\$870,061,609	\$685,565,153	\$(184,496,456)	

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
Z13-LOUISIANA FUND	22,464,291	20,686,731	20,686,731	—	45202
H30-NOW FUND	38,005,661	43,348,066	43,348,066	—	45572
H08-LA MATF	859,276,422	1,050,899,256	1,016,381,639	(34,517,617)	45578
H08PY- LA MATF-EXCESS	145,846,344	49,362,068	—	(49,362,068)	45579
Z17-HEALTH EXCELLENCE	25,800,848	25,915,099	25,915,099	—	45580
H19-MED TRUST ELDERLY	—	1,741,651	1,741,651	—	45581
H37-HOSPITAL STAB	290,730,088	648,232,241	660,046,246	11,814,005	45583
H47-COMM OPT WAVR	2,665,632	12,081,168	12,081,168	—	45851
H26 DISABIL SERV	—	2,388,500	2,388,500	—	48745
Total Statutory Dedications	\$1,384,789,286	\$1,854,654,780	\$1,782,589,100	\$(72,065,680)	

Federal Funds

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
US HHS	12,425,269,024	16,607,196,594	15,400,826,778	(1,206,369,816)	45574
Total Federal Funds	\$12,425,269,024	\$16,607,196,594	\$15,400,826,778	\$(1,206,369,816)	
Total Sources of Funding:	\$14,387,921,946	\$19,562,426,501	\$18,061,746,014	\$(1,500,680,487)	

SOURCE OF FUNDING DETAIL

Interagency Transfers

Form 45577 — 306 - DCFS for CSOC

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	6,820,908	—	—	6,820,908	—	—	6,820,908	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$6,820,908	—	—	\$6,820,908	—	—	\$6,820,908	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,820,908	—	—	\$6,820,908	—	—	\$6,820,908	—	—

Form 45577 — 306 - DCFS for CSOC

Question	Narrative Response
State the purpose, source and legal citation.	These funds represent revenue that will be received from the Department of Children and Family Services (DCFS) for Coordinated System of Care (CSOC) expenditures.
Agency discretion or Federal requirement?	The line item requests reflect agency estimates of programmatic costs.
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 51906 — 306 - Public - Other - CHIP Phase V

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	1,105,064	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$1,105,064	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,105,064	—	—	—	—	—	—	—	—

Form 51906 — 306 - Public - Other - CHIP Phase V

Question	Narrative Response
State the purpose, source and legal citation.	The Louisiana Children's Health Insurance Program (LaCHIP) Affordable Plan provides coverage to uninsured children in families who earn too much to qualify for regular LaCHIP or Medicaid. The children in the program receive services through the Healthy Louisiana Managed Care Organizations. Families paid a premium to the Office of Group Benefits (OGB), which in turn transfers the funds via Interagency Transfers to Medicaid. This IAT revenue is for the premiums collected. The FY26 existing operating budget contains revenue previously received from OGB via IAT that is now directly collected by Medical Vendor Payments (MVP). These funds are used for Chip Phase V and Families Opportunity Act premiums in FY2027.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expended as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 51917 — 306 - Prior Period IAT

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	—	—	—	—	—	—

Form 51917 — 306 - Prior Period IAT

Question	Narrative Response
State the purpose, source and legal citation.	Prior Year Cash Carryover
Agency discretion or Federal requirement?	N/A
Describe any budgetary peculiarities.	N/A
Is the Total Request amount for multiple years?	N/A
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 51919 — 306 - Public - Directed Payments (IAT)

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	125,818,879	—	—	89,917,072	—	—	89,917,072	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$125,818,879	—	—	\$89,917,072	—	—	\$89,917,072	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$125,818,879	—	—	\$89,917,072	—	—	\$89,917,072	—	—

Form 51919 — 306 - Public - Directed Payments (IAT)

Question	Narrative Response
State the purpose, source and legal citation.	
Agency discretion or Federal requirement?	
Describe any budgetary peculiarities.	
Is the Total Request amount for multiple years?	
Additional information or comments.	
Provide the amount of any indirect costs.	
Any indirect costs funded with other MOF?	
Objectives and indicators in the Operational Plan.	
Additional information or comments.	

Form 51924 — 306 - Public - MCIP (IAT)

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	82,917,134	—	—	82,287,593	—	—	82,287,593	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$82,917,134	—	—	\$82,287,593	—	—	\$82,287,593	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$82,917,134	—	—	\$82,287,593	—	—	\$82,287,593	—	—

Form 51924 — 306 - Public - MCIP (IAT)

Question	Narrative Response
State the purpose, source and legal citation.	Intergovernmental Transfer associated with Managed Care Incentive Payment Plan
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2028, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 51927 — 306 - Public - LINCC (IAT)

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	13,851,533	—	—	13,739,410	—	—	13,739,410	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$13,851,533	—	—	\$13,739,410	—	—	\$13,739,410	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$13,851,533	—	—	\$13,739,410	—	—	\$13,739,410	—	—

Form 51927 — 306 - Public - LINCC (IAT)

Question	Narrative Response
State the purpose, source and legal citation.	Intergovernmental Transfers from non-state public hospitals which are used to match Federal Funds.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expended as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Statutory Dedications

Form 45202 — 306 - Louisiana Fund - Tobacco Settlement

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	20,686,731	—	—	20,686,731	—	—	20,686,731	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$20,686,731	—	—	\$20,686,731	—	—	\$20,686,731	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$20,686,731	—	—	\$20,686,731	—	—	\$20,686,731	—	—

Form 45202 — 306 - Louisiana Fund - Tobacco Settlement

Question	Narrative Response
State the purpose, source and legal citation.	In 1998, Louisiana and forty five other states settled suits against major tobacco companies. The states claimed the tobacco companies were responsible for the impact of tobacco use on the states and their citizens. Louisiana's portion of the settlements were placed into the Millennium Trust Fund. Earnings from that fund are then split out into other funds, such as the Louisiana Fund and the Health Excellence Fund. Based upon a predetermined formula, Medicaid is appropriated a certain percentage of funding from both the Louisiana and the Health Trust Funds each year. The purpose of these funds is to finance expenditures for Medicaid and LaCHIP recipients.
Agency discretion or Federal requirement?	The line item requests reflect agency estimates of programmatic costs.
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 45572 — 306 - New Opportunities Waiver (NOW) Fund

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	43,348,066	—	—	43,348,066	—	—	43,348,066	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$43,348,066	—	—	\$43,348,066	—	—	\$43,348,066	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$43,348,066	—	—	\$43,348,066	—	—	\$43,348,066	—	—

Form 45572 — 306 - New Opportunities Waiver (NOW) Fund

Question	Narrative Response
State the purpose, source and legal citation.	In any fiscal year, state treasurer is to deposit 12% of all recurring SGF revenue, not to exceed \$50,000,000, as recognized by the Revenue Estimating Conference in excess of the Official Forecast at the beginning of the current fiscal year into the New Opportunities Waiver Fund, and monies in the fund from this Subparagraph shall be used for appropriation in the ensuing fiscal year. Monies designated for the fund and received by the state treasurer from donations, gifts, grants, appropriations, or other revenue.
Agency discretion or Federal requirement?	Line item requests for expenditures reflect agency discretion.
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 45578 — 306 - LA Medical Assistance Trust Fund - Prem Tax & Prov Fee

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	1,041,751,390	—	—	1,007,233,773	—	—	1,076,269,007	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	9,147,866	—	—	9,147,866	—	—	9,147,866	—	—
TOTAL OTHER CHARGES	\$1,050,899,256	—	—	\$1,016,381,639	—	—	\$1,085,416,873	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,050,899,256	—	—	\$1,016,381,639	—	—	\$1,085,416,873	—	—

Form 45578 — 306 - LA Medical Assistance Trust Fund - Prem Tax & Prov Fee

Question	Narrative Response
State the purpose, source and legal citation.	This fund was created by Act 260 of the 1992 Louisiana Regular Session. Premium Tax - This portion of the fund, labeled Premium Taxes, is for deposits made to the fund from Premium Tax collections as opposed to collections from fees imposed on certain health care providers (Nursing Homes, ICF/DDs, Pharmacy, and Ambulance). During the 2012 Regular Legislative Session, an initial \$18,000,000 was added to MATF for Premium Tax collections. As required by RS:22:832, the Bayou Health per member per month premiums are taxed. The budget request is based on a 2.25% premium tax for the Medicaid Dental Plan PMPMs, and a 5.5% premium tax for the Medicaid Managed Care Organizations PMPMs. Balances in the fund at the end of a fiscal year remain in the fund, and can be used for appropriation in subsequent fiscal years. Provider Fees - The funds in this trust are collected from fees imposed on certain health care providers (Nursing Homes, ICF/DDs, Pharmacy, and Ambulance transportation), and any other monies which may be provided by law. The purpose is to further provide for the operation of the Medicaid Program in the state and for the maintenance of health care services available under the program. Balances in the fund at the end of a fiscal year remain in the fund, and can be used for appropriation in subsequent fiscal years.
Agency discretion or Federal requirement?	Premium Tax - The line item requests reflect agency estimates. Provider Fees - The state treasurer established a separate account within the fund for each healthcare provider group in which provider fees are collected and deposited into the fund in accordance with law. The Louisiana Department of Health, or its successor, shall expend monies deposited into each account only for the reimbursement of services to the provider group that paid the fee into the account in any fiscal year, except the general account may be expended for any Medicaid program expenditure. This BR form is only for the separate accounts for the provider fees.
Describe any budgetary peculiarities.	Premium Tax - These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal. Premium Tax collections may fluctuate based on the total managed care Per Member Per Month payments made during each calendar year. Provider Fees - These funds are used to match Federal Funds. These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medicaid Vendor Payments budget on a blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: The Title XIX blended rate is 31.94% state and 68.06% federal; the LaCHIP blended rate is 22.35% state and 77.65% federal; and the Title XIX Federal Fiscal Year 27 rate is 31.86% state and 68.14% federal.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A

Form 45578 — 306 - LA Medical Assistance Trust Fund - Prem Tax & Prov Fee *(continued)*

Question	Narrative Response
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 45579 — 306 - LA Medical Assistance Trust Fund - Carryforward

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	49,362,068	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$49,362,068	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$49,362,068	—	—	—	—	—	—	—	—

Form 45579 — 306 - LA Medical Assistance Trust Fund - Carryforward

Question	Narrative Response
State the purpose, source and legal citation.	The Louisiana Medical Assistance Trust Fund (MATF) was created by Act 260 of the 1992 Louisiana Regular Session. This portion of the fund, labeled Carryforward or Excess, is for deposits made to the fund from any other monies, as opposed to collections from fees imposed on certain health care providers (Nursing Homes, Intermediate Care Facilities for Individuals with Mental Retardation facilities (ICF/MRs), and Pharmacy) or Premium Taxes. This is from a balance in the fund that was not spent in the prior fiscal year. Balances in the fund at the end of a fiscal year remain in the fund and can be used for appropriation in subsequent fiscal years.
Agency discretion or Federal requirement?	The line item requests reflect agency estimates.
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 45580 — 306 - Health Excellence Fund

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	25,915,099	—	—	25,915,099	—	—	25,915,099	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$25,915,099	—	—	\$25,915,099	—	—	\$25,915,099	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$25,915,099	—	—	\$25,915,099	—	—	\$25,915,099	—	—

Form 45580 — 306 - Health Excellence Fund

Question	Narrative Response
State the purpose, source and legal citation.	In 1998, Louisiana and forty-five other states settled suits against major tobacco companies. The states claimed the tobacco companies were responsible for the impact of tobacco use on the states and their citizens. Louisiana's portion of the settlements were placed into the Millennium Trust Fund. Earnings from that fund are then split out into other funds, such as the Louisiana Fund and the Health Excellence Fund. Based upon a predetermined formula, Medicaid is appropriated a certain percentage of funding from both the Louisiana and the Health Trust Funds each year. The purpose of these funds is to finance expenditures for Medicaid and LaCHIP recipients.
Agency discretion or Federal requirement?	The line item requests reflect agency estimates of programmatic costs.
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal. This funding is allocated across various budget units in the Appropriations Bill. The allocation for the Medical Vendor Program is determined by the Division of Administration (DOA).
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 45581 — 306 - Medicaid Trust Fund for the Elderly

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	1,741,651	—	—	1,741,651	—	1,741,651	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$1,741,651	—	—	\$1,741,651	—	\$1,741,651	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,741,651	—	—	\$1,741,651	—	\$1,741,651	—	—	—

Form 45581 — 306 - Medicaid Trust Fund for the Elderly

Question	Narrative Response
State the purpose, source and legal citation.	The nursing facility intergovernmental transfer payments establish enhanced payments based on Medicare upper payment limits in accordance with the Code of Federal Regulations, section 42 CFR 447.272. The Department of Health and Hospitals, Medical Vendor Administration has implemented this program as directed by Act 143 of the 1st Extraordinary Session of the 2000 Louisiana Legislature. Matching funds for the purpose of drawing down the federal funds will be from the principle of the Medicaid Trust Fund for the Elderly and will immediately be redeposited into the trust fund. Appropriations to fund the ongoing expenses of Medicaid are made annually based upon the anticipated interest earnings from the fund. Two thirds of these earnings are appropriated directly from this Trust Fund to be used for institutional Long Term Care costs, and the remaining one third is transferred to the Health Trust Fund to be appropriated for use in funding community-based services, such as Elderly and Disabled Waiver slots, Adult Day Health Care Waiver slots, Personal Care Attendant services, and to address access to care issues.
Agency discretion or Federal requirement?	The line item requests meet federal requirements and in accordance with the mandates of Act 143 of the First Extraordinary Session of the 2000 Legislature. The funding generated through the Nursing Home Intergovernmental Transfer Program shall be deposited into the 'Medicaid Trust Fund for the Elderly.' Effective July 1, 2002 only the interest generated by the trust fund shall be available for expenditure purposes. The principal in the fund shall not be subject to appropriation except as provided by law, which includes for the re-basing of nursing homes in accordance with the approved state Medicaid plan.
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 45583 — 306 - Hospital Stabilization Fund

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	648,232,241	—	—	660,046,246	—	—	660,046,246	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$648,232,241	—	—	\$660,046,246	—	—	\$660,046,246	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$648,232,241	—	—	\$660,046,246	—	—	\$660,046,246	—	—

Form 45583 — 306 - Hospital Stabilization Fund

Question	Narrative Response
State the purpose, source and legal citation.	House Concurrent Resolution (HCR) 51 of the 2016 Regular Legislative Session resolved that the Legislature of Louisiana enact the annual hospital stabilization formula pursuant to Article VII, Section 10.13 of the Constitution of Louisiana: I. Hospital Stabilization Assessment. The Department of Health and Hospitals shall allocate the assessment to each assessed hospital on a pro rata basis by calculating the quotient of the total assessment divided by the total inpatient and outpatient hospital net patient revenue of all assessed hospitals as reported in the Medicare cost report ending in state fiscal year 2015 and multiplying the quotient by each assessed hospital's total inpatient and outpatient hospital net patient revenue. HCR51 provides for a hospital assessment beginning January 1, 2017. HCR8 of the 2017 RLS maintains the reimbursement rates in effect for dates of service on or after January 1, 2017 (as provided for in the 2017 hospital HCR51). Additionally, for dates of service on or after January 1, 2018, HCR8 provides additional rate increases. HCR8 of the 2017 RLS provides for a hospital assessment beginning January 1, 2018. HCR6 of the 2018 Regular Legislative Session maintains/annualizes the hospital reimbursement rates in effect for dates of service on or after January 1, 2018 (rate increase provided for in 2018 hospital HCR 8). Additionally, for dates of service on or after January 1, 2019 (6 months of FY 18) this measure provides additional outpatient reimbursement rate increases to the level of rates in effect on June 30, 2009 or September 30, 2009. The FY 25 Hospital Stabilization Fund appropriation is based on HCR 3 of the 2024 Regular Legislative Session. These resolutions provide that the Department of Health shall calculate, levy, and collect a hospital provider fee assessment conditioned upon Medicaid expansion, and state/federal approval. The premium assessment revenue can be used to draw federal matching funds that will be used partially for hospital rate increases and for partially offsetting the cost of hospital related costs of expansion. The premium assessment revenue will be deposited into the Hospital Stabilization Fund statutory dedication.
Agency discretion or Federal requirement?	Line item requests for expenditures reflect agency discretion.
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 45851 — 306 - Community Options Waiver

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	12,081,168	—	—	12,081,168	—	—	12,081,168	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$12,081,168	—	—	\$12,081,168	—	—	\$12,081,168	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$12,081,168	—	—	\$12,081,168	—	—	\$12,081,168	—	—

Form 45851 — 306 - Community Options Waiver

Question	Narrative Response
State the purpose, source and legal citation.	Act 4 of the 2024 Regular Legislative Session created, as a special fund, the Community Options Waiver Fund. This fund shall be used solely to fund Medicaid services provided under the Community Choices Waiver or the Adult Day Health Care Waiver or any other Medicaid home and community-based service for persons with adult-onset disabilities as promulgated by rule by the Louisiana Department of Health. The department shall consult with stakeholders representing persons with adult-onset disabilities to develop a plan for appropriations out of the fund.
Agency discretion or Federal requirement?	The line item requests reflect agency estimates of programmatic costs.
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal. This funding is allocated across various budget units in the Appropriations Bill. The allocation for the Medical Vendor Program is determined by the Division of Administration (DOA).
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 48745 — 306 - Disability Services Fund

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	2,388,500	—	—	2,388,500	—	—	2,388,500	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$2,388,500	—	—	\$2,388,500	—	—	\$2,388,500	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,388,500	—	—	\$2,388,500	—	—	\$2,388,500	—	—

Form 48745 — 306 - Disability Services Fund

Question	Narrative Response
State the purpose, source and legal citation.	Act 242 of the 2022 Regular Legislative Session created, as a special fund, the Disability Services Fund. The Disability Services Fund is a fund created to improve the capacity of the state to meet the needs of individuals with developmental disabilities, but also with a focus on increasing the number of people receiving waiver services.
Agency discretion or Federal requirement?	The line item requests reflect agency estimates of programmatic costs.
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Federal Funds

Form 45574 — 306 - Medical Assistance Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	16,369,570,159	—	—	15,162,836,690	—	—	15,162,836,690	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	237,626,435	—	—	237,990,088	—	—	237,990,088	—	—
TOTAL OTHER CHARGES	\$16,607,196,594	—	—	\$15,400,826,778	—	—	\$15,400,826,778	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$16,607,196,594	—	—	\$15,400,826,778	—	—	\$15,400,826,778	—	—

Form 45574 — 306 - Medical Assistance Grant

Question	Narrative Response
State the purpose, source and legal citation.	Medicaid, Title XIX formula grant as authorized under the Social Security Act, Title XIX, as amended; public Laws 89-97, 90-248 and 91-56, 42 USC 1396, et seq., as amended; Public Laws 92-223, 92-603, 93-66, 96-499, 97-35, 97-248, 98-369, 99-272, 99-509, 100-93, 100-202, 100-203, 100-360, 100-436, 100-485, 100-647, 101-166, 101-234, 101-239, 101-508, 101-517, 102-234, 102-170, 102-394, 103-66, 103-112, 103-333, 104-91, 104-191, 104-193 and 104-208. The purpose of these funds are to provide financial assistance to states for payments of medical assistance on behalf of recipients who meet income and source requirements for coverage under this grant. Non-federal revenues are eligible to match this grant which is generated from statistical factors calculated on 'per capita income' by state based on a 3-year average.
Agency discretion or Federal requirement?	The line item requests reflect agency estimates of programmatic costs. The Title XIX grant for programmatic expenditures mandates that federal matching funds are drawn to reimburse specific providers for their service delivery. The total expenditures are to be state matched at the appropriate state participation percentage.
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Fees & Self-generated

Form 51906 — 306 - Public - Other - CHIP Phase V

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	1,105,064	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	\$1,105,064	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$1,105,064	—	—	—	—	—

Form 51906 — 306 - Public - Other - CHIP Phase V

Question	Narrative Response
State the purpose, source and legal citation.	The Louisiana Children's Health Insurance Program (LaCHIP) Affordable Plan provides coverage to uninsured children in families who earn too much to qualify for regular LaCHIP or Medicaid. The children in the program receive services through the Healthy Louisiana Managed Care Organizations. Families paid a premium to the Office of Group Benefits (OGB), which in turn transfers the funds via Interagency Transfers to Medicaid. This IAT revenue is for the premiums collected. The FY26 existing operating budget contains revenue previously received from OGB via IAT that is now directly collected by Medical Vendor Payments (MVP). These funds are used for Chip Phase V and Families Opportunity Act premiums in FY2027.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expended as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 51932 — 306 - Public - Directed Payment (FSGR)

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	670,590,934	—	—	502,193,675	—	—	502,193,675	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$670,590,934	—	—	\$502,193,675	—	—	\$502,193,675	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$670,590,934	—	—	\$502,193,675	—	—	\$502,193,675	—	—

Form 51932 — 306 - Public - Directed Payment (FSGR)

Question	Narrative Response
State the purpose, source and legal citation.	
Agency discretion or Federal requirement?	
Describe any budgetary peculiarities.	
Is the Total Request amount for multiple years?	
Additional information or comments.	
Provide the amount of any indirect costs.	
Any indirect costs funded with other MOF?	
Objectives and indicators in the Operational Plan.	
Additional information or comments.	

Form 51937 — 306 - Public - MCIP (FSGR)

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	125,143,714	—	—	108,136,169	—	—	108,136,169	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$125,143,714	—	—	\$108,136,169	—	—	\$108,136,169	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$125,143,714	—	—	\$108,136,169	—	—	\$108,136,169	—	—

Form 51937 — 306 - Public - MCIP (FSGR)

Question	Narrative Response
State the purpose, source and legal citation.	Intergovernmental Transfer associated with Managed Care Incentive Payment Plan
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2028, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 51940 — 306 - Public - LINCC (FSGR)

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	65,073,139	—	—	64,876,423	—	—	64,876,423	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$65,073,139	—	—	\$64,876,423	—	—	\$64,876,423	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$65,073,139	—	—	\$64,876,423	—	—	\$64,876,423	—	—

Form 51940 — 306 - Public - LINCC (FSGR)

Question	Narrative Response
State the purpose, source and legal citation.	Fees and Self Generated Revenues from Intergovernmental Transfers from non-state public hospitals which are used to match Federal Funds.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 1 of the 2025 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 67.89%. The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 22.30% state and 77.70% federal.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expended as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 51942 — 306 - Third Party Liability

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	9,253,822	—	—	9,253,822	—	—	9,253,822	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$9,253,822	—	—	\$9,253,822	—	—	\$9,253,822	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$9,253,822	—	—	\$9,253,822	—	—	\$9,253,822	—	—

Form 51942 — 306 - Third Party Liability

Question	Narrative Response
State the purpose, source and legal citation.	Act 4 (HB-1) of the 2024 Regular Session states: "Revenues from refunds and recoveries in the Medical Vendor Program are authorized to be expended in Fiscal Year 2024-2025." This revenue source is represented in Medical Match and includes Third Party Liability (TPL) collections. Code of Federal Regulations 42 CFR 433.138 and 433.139 determine the legal liability of third parties to pay for services under the State plan for payments of claims involving third parties 42 CFR 433.145 through 433.148 assignment of rights to benefits and cooperation with the agency in obtaining medical support or payments 42 CFR 433.151 through 433.154 cooperative agreements and incentive payments for third party collections. State Medicaid Manual part 3900.1 -3910.15: The purpose of establishing and maintaining effective TPL programs is to reduce Medicaid expenditures. Third parties are entities which are legally responsible for paying the medical claims of Medicaid recipients. Federal law and regulations require States to assure that Medicaid recipients utilize all other resources available to them to pay for all or part of their medical care needs before turning to Medicaid. The main components of this are: 1) health insurance - we contract this out to HMS, and through data matches with insurance carriers they identify Medicaid recipients that have other health insurance coverage retrospectively as well as prospectively; 2) casualty coverage resulting from an accident or injury - our Trauma unit works with insurance companies and attorneys to settle cases where there is TPL; 3) Estate Recovery - our Estate Recovery unit works with attorneys to seek reimbursement for services rendered to an individual that was over age 55 and living in a nursing home or received home and community based services through the Medicaid program.
Agency discretion or Federal requirement?	The line item requests reflect agency estimates of programmatic costs.
Describe any budgetary peculiarities.	This funding source is contingent upon collections.
Is the Total Request amount for multiple years?	All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

EXPENDITURES BY MEANS OF FINANCING**Existing Operating Budget**

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 45577 DCFS	Interagency Transfers Form ID 51906 PUBLIC - OTHER	Interagency Transfers Form ID 51919 PUBLIC DIRECTED PMT
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	—	21,706,341,805	2,390,689,605	6,820,908	1,105,064	125,818,879
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	350,893,919	104,119,618	—	—	—
TOTAL OTHER CHARGES	—	\$22,057,235,724	\$2,494,809,223	\$6,820,908	\$1,105,064	\$125,818,879
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	—	\$22,057,235,724	\$2,494,809,223	\$6,820,908	\$1,105,064	\$125,818,879

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Interagency Transfers Form ID 51924 PUBLIC - MCIP	Interagency Transfers Form ID 51927 PUBLIC - LINNC	Fees & Self-generated Form ID 51932 PUBLIC DIRECTED PMT	Fees & Self-generated Form ID 51937 PUBLIC - MCIP	Fees & Self-generated Form ID 51940 PUBLIC - LINNC	Fees & Self-generated Form ID 51942 THIRD PARTY LIABILITY
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	82,917,134	13,851,533	670,590,934	125,143,714	65,073,139	9,253,822
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$82,917,134	\$13,851,533	\$670,590,934	\$125,143,714	\$65,073,139	\$9,253,822
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$82,917,134	\$13,851,533	\$670,590,934	\$125,143,714	\$65,073,139	\$9,253,822

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Statutory Dedications Form ID 45202 Z13-LOUISIANA FUND	Statutory Dedications Form ID 45572 H30-NOW FUND	Statutory Dedications Form ID 45578 H08-LA MATF	Statutory Dedications Form ID 45579 H08PY- LA MATF- EXCESS	Statutory Dedications Form ID 45580 Z17-HEALTH EXCELLENCE	Statutory Dedications Form ID 45581 H19-MED TRUST ELDERLY
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	20,686,731	43,348,066	1,041,751,390	49,362,068	25,915,099	1,741,651
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	9,147,866	—	—	—
TOTAL OTHER CHARGES	\$20,686,731	\$43,348,066	\$1,050,899,256	\$49,362,068	\$25,915,099	\$1,741,651
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$20,686,731	\$43,348,066	\$1,050,899,256	\$49,362,068	\$25,915,099	\$1,741,651

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Statutory Dedications Form ID 45583 H37-HOSPITAL STAB	Statutory Dedications Form ID 45851 H47-COMM OPT WAVR	Statutory Dedications Form ID 48745 H26 DISABIL SERV	Federal Funds Form ID 45574 US HHS
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—
Other Charges	648,232,241	12,081,168	2,388,500	16,369,570,159
Debt Service	—	—	—	—
Interagency Transfers	—	—	—	237,626,435
TOTAL OTHER CHARGES	\$648,232,241	\$12,081,168	\$2,388,500	\$16,607,196,594
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$648,232,241	\$12,081,168	\$2,388,500	\$16,607,196,594

Total Request

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 45577 DCFS	Interagency Transfers Form ID 51919 PUBLIC DIRECTED PMT	Interagency Transfers Form ID 51924 PUBLIC - MCIP
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	1,741,651	20,197,559,115	2,382,951,055	6,820,908	89,917,072	82,287,593
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	350,893,919	103,755,965	—	—	—
TOTAL OTHER CHARGES	\$1,741,651	\$20,548,453,034	\$2,486,707,020	\$6,820,908	\$89,917,072	\$82,287,593
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,741,651	\$20,548,453,034	\$2,486,707,020	\$6,820,908	\$89,917,072	\$82,287,593

Expenditures by Means of Financing

Total Request

Expenditures	Interagency Transfers Form ID 51927 PUBLIC - LINNC	Statutory Dedications Form ID 45202 Z13-LOUISIANA FUND	Statutory Dedications Form ID 45572 H30-NOW FUND	Statutory Dedications Form ID 45578 H08-LA MATF	Statutory Dedications Form ID 45580 Z17-HEALTH EXCELLENCE	Statutory Dedications Form ID 45581 H19-MED TRUST ELDERLY
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	13,739,410	20,686,731	43,348,066	1,007,233,773	25,915,099	1,741,651
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	9,147,866	—	—
TOTAL OTHER CHARGES	\$13,739,410	\$20,686,731	\$43,348,066	\$1,016,381,639	\$25,915,099	\$1,741,651
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$13,739,410	\$20,686,731	\$43,348,066	\$1,016,381,639	\$25,915,099	\$1,741,651

Expenditures by Means of Financing

Total Request

Expenditures	Statutory Dedications Form ID 45583 H37-HOSPITAL STAB	Statutory Dedications Form ID 45851 H47-COMM OPT WAVR	Statutory Dedications Form ID 48745 H26 DISABIL SERV	Federal Funds Form ID 45574 US HHS	Fees & Self-generated Form ID 51906 PUBLIC - OTHER	Fees & Self-generated Form ID 51932 PUBLIC DIRECTED PMT
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	660,046,246	12,081,168	2,388,500	15,162,836,690	1,105,064	502,193,675
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	237,990,088	—	—
TOTAL OTHER CHARGES	\$660,046,246	\$12,081,168	\$2,388,500	\$15,400,826,778	\$1,105,064	\$502,193,675
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$660,046,246	\$12,081,168	\$2,388,500	\$15,400,826,778	\$1,105,064	\$502,193,675

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 51937 PUBLIC - MCIP	Fees & Self-generated Form ID 51940 PUBLIC - LINNC	Fees & Self-generated Form ID 51942 THIRD PARTY LIABILITY
Salaries	—	—	—
Other Compensation	—	—	—
Related Benefits	—	—	—
TOTAL PERSONAL SERVICES	—	—	—
Travel	—	—	—
Operating Services	—	—	—
Supplies	—	—	—
TOTAL OPERATING EXPENSES	—	—	—
PROFESSIONAL SERVICES	—	—	—
Other Charges	108,136,169	64,876,423	9,253,822
Debt Service	—	—	—
Interagency Transfers	—	—	—
TOTAL OTHER CHARGES	\$108,136,169	\$64,876,423	\$9,253,822
Acquisitions	—	—	—
Major Repairs	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—
TOTAL EXPENDITURES	\$108,136,169	\$64,876,423	\$9,253,822

REVENUE COLLECTIONS/INCOME

Interagency Transfers

003 - Interagency Transfers

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
OGB	4710059	MR-FROM STATE AGENCY	—	1,105,064	—	(1,105,064)
DCFS	4710059	MR-FROM STATE AGENCY	—	6,820,908	6,820,908	—
PY CASH CARRYOVER	4710059	MR-FROM STATE AGENCY	(14,648,305)	—	—	—
PUBLIC DIRECTED PMT	4710059	MR-FROM STATE AGENCY	184,203,986	125,818,879	89,917,072	(35,901,807)
PUBLIC - LINNC	4710059	MR-FROM STATE AGENCY	13,752,501	13,851,533	13,739,410	(112,123)
PUBLIC - MCIP	4710059	MR-FROM STATE AGENCY	—	82,917,134	82,287,593	(629,541)
Total Collections/Income			\$183,308,182	\$230,513,518	\$192,764,983	\$(37,748,535)
TYPE						
Expenditures Source of Funding Form (BR-6)			183,308,182	230,513,518	192,764,983	(37,748,535)
Total Expenditures, Transfers and Carry Forwards to Next FY			\$183,308,182	\$230,513,518	\$192,764,983	\$(37,748,535)
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Fees & Self-generated

002 - Fees & Self-generated Revenues

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
THIRD PARTY LIABILITY	4710029	MR-PRIVATE SOURCES	4,514,295	9,253,822	9,253,822	—
PUBLIC DIRECTED PMT	4710029	MR-PRIVATE SOURCES	361,594,061	670,590,934	502,193,675	(168,397,259)
PUBLIC - MCIP	4710029	MR-PRIVATE SOURCES	—	125,143,714	108,136,169	(17,007,545)
PUBLIC - UPL	4710029	MR-PRIVATE SOURCES	24,128,223	24,301,970	24,105,254	(196,716)
PUBLIC - LINNC	4710029	MR-PRIVATE SOURCES	4,318,875	40,771,169	40,771,169	—
PUBLIC - OTHER	4710029	MR-PRIVATE SOURCES	—	—	1,105,064	1,105,064
Total Collections/Income			\$394,555,454	\$870,061,609	\$685,565,153	\$(184,496,456)
TYPE						
Expenditures Source of Funding Form (BR-6)			394,555,454	870,061,609	685,565,153	(184,496,456)
Total Expenditures, Transfers and Carry Forwards to Next FY			\$394,555,454	\$870,061,609	\$685,565,153	\$(184,496,456)
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Statutory Dedications

H08 - Louisiana Medical Assistance Trust Fund

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
H08-LA MATF	4830014	INTRAFUND TRANSFER	859,276,422	1,050,899,256	1,016,381,639	(34,517,617)
H08PY- LA MATF-EXCESS	4830014	INTRAFUND TRANSFER	145,846,344	49,362,068	—	(49,362,068)
Total Collections/Income			\$1,005,122,766	\$1,100,261,324	\$1,016,381,639	\$(83,879,685)
TYPE						
Expenditures Source of Funding Form (BR-6)			1,005,122,766	1,100,261,324	1,016,381,639	(83,879,685)
Total Expenditures, Transfers and Carry Forwards to Next FY			\$1,005,122,766	\$1,100,261,324	\$1,016,381,639	\$(83,879,685)
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

H19 - Medicaid Trust Fund for the Elderly

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
H19-MED TRUST ELDERLY	4830014	INTRAFUND TRANSFER	—	1,741,651	1,741,651	—
Total Collections/Income			—	\$1,741,651	\$1,741,651	—
TYPE						
Expenditures Source of Funding Form (BR-6)			—	1,741,651	1,741,651	—
Total Expenditures, Transfers and Carry Forwards to Next FY			—	\$1,741,651	\$1,741,651	—
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

H26 - Disability Services Fund

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
H26 DISABIL SERV	4830014	INTRAFUND TRANSFER	—	2,388,500	2,388,500	—
Total Collections/Income			—	\$2,388,500	\$2,388,500	—
TYPE						
Expenditures Source of Funding Form (BR-6)			—	2,388,500	2,388,500	—
Total Expenditures, Transfers and Carry Forwards to Next FY			—	\$2,388,500	\$2,388,500	—
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

H30 - New Opportunities Waiver (NOW) Fund

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
H30-NOW FUND	4830014	INTRAFUND TRANSFER	38,005,661	43,348,066	43,348,066	—
Total Collections/Income			\$38,005,661	\$43,348,066	\$43,348,066	—
TYPE						
Expenditures Source of Funding Form (BR-6)			38,005,661	43,348,066	43,348,066	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$38,005,661	\$43,348,066	\$43,348,066	—
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

H37 - Hospital Stabilization Fund

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
H37-HOSPITAL STAB	4830014	INTRAFUND TRANSFER	290,730,088	648,232,241	660,046,246	11,814,005
Total Collections/Income			\$290,730,088	\$648,232,241	\$660,046,246	\$11,814,005
TYPE						
Expenditures Source of Funding Form (BR-6)			290,730,088	648,232,241	660,046,246	11,814,005
Total Expenditures, Transfers and Carry Forwards to Next FY			\$290,730,088	\$648,232,241	\$660,046,246	\$11,814,005
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

H47 - Community Options Waiver Fund

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
H47-COMM OPT WAVR	4830014	INTRAFUND TRANSFER	2,665,632	12,081,168	12,081,168	—
Total Collections/Income			\$2,665,632	\$12,081,168	\$12,081,168	—
TYPE						
Expenditures Source of Funding Form (BR-6)			2,665,632	12,081,168	12,081,168	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$2,665,632	\$12,081,168	\$12,081,168	—
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Z13 - Louisiana Fund

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	22,464,291	20,686,731	20,686,731	—
Total Collections/Income			\$22,464,291	\$20,686,731	\$20,686,731	—
TYPE						
Expenditures Source of Funding Form (BR-6)			22,464,291	20,686,731	20,686,731	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$22,464,291	\$20,686,731	\$20,686,731	—
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Z17 - Health Excellence Fund

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
Z17-HEALTH EXCELLENCE	4830014	INTRAFUND TRANSFER	25,800,848	25,915,099	25,915,099	—
Total Collections/Income			\$25,800,848	\$25,915,099	\$25,915,099	—
TYPE						
Expenditures Source of Funding Form (BR-6)			25,800,848	25,915,099	25,915,099	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$25,800,848	\$25,915,099	\$25,915,099	—
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Federal Funds

006 - Federal Funds

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
MEDICAID	4060035	FR-OTHER	12,425,269,024	16,607,196,594	15,400,826,778	(1,206,369,816)
Total Collections/Income			\$12,425,269,024	\$16,607,196,594	\$15,400,826,778	\$(1,206,369,816)
TYPE						
Expenditures Source of Funding Form (BR-6)			12,425,269,024	16,607,196,594	15,400,826,778	(1,206,369,816)
Total Expenditures, Transfers and Carry Forwards to Next FY			\$12,425,269,024	\$16,607,196,594	\$15,400,826,778	\$(1,206,369,816)
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Justification of Differences

Form 46571 — 306 - IAT - CHIP Phase V Affordable Plan

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 46573 — 306 - IAT - DCFS - for Coordinated System of Care

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 46574 — 306 - SG - Medical Match TPL

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 46575 — 306 - SG - Public

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 46576 — 306 - FSGR - LINCCA

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 46577 — 306 - LA MATF - Premium Taxes & Provider Fees

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 46578 — 306 - LA MATF - Carryforward

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 46579 — 306 - LA Fund - Tobacco Settlement

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 46580 — 306 - Health Excellence Fund (Tobacco Settlement)

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 46581 — 306 - Medical Trust Fund for the Elderly

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 46582 — 306 - New Opportunities Waivers Fund

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 46583 — 306 - Hospital Stabilization Fund

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 46584 — 306 - Medical Assistance Grant, Refugee, CHIP, other

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 46662 — 306 - IAT - PY Carryforward

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 46675 — 306 - Community Options Waiver

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 48804 — H26 - Disability Services Fund

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 48960 — IAT - Public

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

Form 51877 — 306 - SGR - CHIP and FOA

Question	Narrative Response
Explain any transfers to other appropriations.	
Break out INA by Source of Funding.	
Additional information or comments.	

SCHEDULE OF REQUESTED EXPENDITURES

3061 - Payments to Private Providers

Other Charges

FY2026-2027 Request	Means of Financing	Description
12,081,168	Community Options Waiver Fund	
2,388,500	Disability Services Fund	
661,459,899	Fees & Self-generated Revenues	
25,915,099	Health Excellence Fund	
660,046,246	Hospital Stabilization Fund	
179,025,573	Interagency Transfers	
20,686,731	Louisiana Fund	
1,741,651	Medicaid Trust Fund for the Elderly	
1,934,479,385	State General Fund	
\$3,497,824,252		Payments to Private Providers
14,530,409,301	Federal Funds	
1,007,233,773	Louisiana Medical Assistance Trust Fund	
43,348,066	New Opportunities Waiver (NOW) Fund	
\$15,580,991,140		Payments to Private Providers
\$19,078,815,392	Total Other Charges	

3062 - Payments to Public Providers

Other Charges

FY2026-2027 Request	Means of Financing	Description
50,442,600	Federal Funds	
\$50,442,600		Local Education for School Board Health
\$50,442,600	Total Other Charges	

Interagency Transfers

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
57,851	Federal Funds		
3,635	Louisiana Medical Assistance Trust Fund		
23,514	State General Fund		
\$85,000		ACADIANA AREA HUMAN SRVC DIST	Acadiana Area Human Services District
2,412,446	Federal Funds		
151,581	Louisiana Medical Assistance Trust Fund		
980,560	State General Fund		
\$3,544,587		LSUHCS - LSU HEALTH CARE SRVS	LSU HCSD
10,133,479	Federal Funds		
636,718	Louisiana Medical Assistance Trust Fund		
4,118,840	State General Fund		
\$14,889,037		LSU BOARD OF SUPERVISORS	LSU Physicians
111,111,664	Federal Funds		
6,981,491	Louisiana Medical Assistance Trust Fund		
45,162,302	State General Fund		
\$163,255,457		OFF FOR CITIZENS DEV DISABLIT.	Office for Citizens with Developmental Disabilities
3,034,106	Federal Funds		
190,642	Louisiana Medical Assistance Trust Fund		
1,233,239	State General Fund		
\$4,457,987		OFFICE OF BEHAVIORAL HEALTH	Office of Behavioral Health (free-standing psychiatric units)
1,931,620	Federal Funds		

Interagency Transfers *(continued)*

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
121,370	Louisiana Medical Assistance Trust Fund		
785,124	State General Fund		
\$2,838,114		OFFICE OF PUBLIC HEALTH	Office of Public Health
1,745,616	Federal Funds		
109,682	Louisiana Medical Assistance Trust Fund		
709,521	State General Fund		
\$2,564,819		SPECIAL SCHOOL DISTRICTS	Special School District #1
64,428	Federal Funds		
4,048	Louisiana Medical Assistance Trust Fund		
26,187	State General Fund		
\$94,663		THRIVE ACADEMY	Thrive Academy
15,098,707	Federal Funds		
948,699	Louisiana Medical Assistance Trust Fund		
6,137,001	State General Fund		
\$22,184,407		DHH-VILLA FELICIANA MEDCOMPLX	Villa Feliciana Medical Complex
\$213,914,071	Total Interagency Transfers		

3063 - Medicare Buy-Ins & Supplements

Other Charges

FY2026-2027 Request	Means of Financing	Description
242,253,023	State General Fund	
\$242,253,023		Clawback Payments
3,906,870	Federal Funds	
1,248,223	State General Fund	
\$5,155,093		LaHIPP
460,332,830	Federal Funds	
193,963,554	State General Fund	
\$654,296,384		Medicare Premiums & Supplements
\$901,704,500	Total Other Charges	

3064 - Uncompensated Care Costs

Other Charges

FY2026-2027 Request	Means of Financing	Description
24,301,970	Fees & Self-generated Revenues	
13,851,533	Interagency Transfers	
14,801,509	State General Fund	
\$52,955,012		DSH - Hospital Directed Payment Model
1,356,600	Federal Funds	
643,400	State General Fund	
\$2,000,000		Louisiana Behavioral
101,675,820	Federal Funds	
\$101,675,820		Low Income and Needy Care Collaboration
678	Federal Funds	
322	State General Fund	
\$1,000		Non-rural Hospitals - High Medicaid DSH Pool
9,964,791	Federal Funds	
\$9,964,791		OBH Public/Private CEA Agreements
\$166,596,623	Total Other Charges	

Interagency Transfers

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
8,426,790	Federal Funds		
3,996,607	State General Fund		
\$12,423,397		LSUHCS - LSU HEALTH CARE SRVS	LSU - Health Care Services District (Lallie Kemp)

Interagency Transfers (continued)

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
84,486,641	Federal Funds		
40,069,810	State General Fund		
\$124,556,451		OFFICE OF BEHAVIORAL HEALTH	Office of Behavioral Health (free-standing psychiatric units)
\$136,979,848	Total Interagency Transfers		



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Continuation Budget Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
STATE GENERAL FUND (Direct)	2,494,809,223	(42,435,124)	—	28,201,807	32,557,436	(24,515,235)	2,488,618,107
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	230,513,518	(35,670,809)	—	—	—	(2,077,726)	192,764,983
FEES & SELF-GENERATED	870,061,609	(183,935,195)	—	—	—	(561,261)	685,565,153
STATUTORY DEDICATIONS	1,854,654,780	(49,362,068)	—	—	(22,703,612)	—	1,782,589,100
FEDERAL FUNDS	16,607,196,594	(1,098,633,489)	—	60,094,401	(204,808,782)	36,796,462	15,400,645,186
TOTAL MEANS OF FINANCING	\$22,057,235,724	\$(1,410,036,685)	—	\$88,296,208	\$(194,954,958)	\$9,642,240	\$20,550,182,529

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Fees & Self-generated Revenues	870,061,609	(183,935,195)	—	—	—	(561,261)	685,565,153
Total:	\$870,061,609	\$(183,935,195)	—	—	—	\$(561,261)	\$685,565,153

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Community Options Waiver Fund	12,081,168	—	—	—	—	—	12,081,168
Disability Services Fund	2,388,500	—	—	—	—	—	2,388,500
Health Excellence Fund	25,915,099	—	—	—	—	—	25,915,099
Hospital Stabilization Fund	648,232,241	—	—	—	11,814,005	—	660,046,246
Louisiana Fund	20,686,731	—	—	—	—	—	20,686,731
Louisiana Medical Assistance Trust Fund	1,100,261,324	(49,362,068)	—	—	(34,517,617)	—	1,016,381,639
Medicaid Trust Fund for the Elderly	1,741,651	—	—	—	—	—	1,741,651
New Opportunities Waiver (NOW) Fund	43,348,066	—	—	—	—	—	43,348,066
Total:	\$1,854,654,780	\$(49,362,068)	—	—	\$(22,703,612)	—	\$1,782,589,100

Expenditures and Positions

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	21,706,341,805	(1,410,036,685)	—	88,296,208	(194,954,958)	9,642,240	20,199,288,610
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	350,893,919	—	—	—	—	—	350,893,919
TOTAL OTHER CHARGES	\$22,057,235,724	\$(1,410,036,685)	—	\$88,296,208	\$(194,954,958)	\$9,642,240	\$20,550,182,529
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$22,057,235,724	\$(1,410,036,685)	—	\$88,296,208	\$(194,954,958)	\$9,642,240	\$20,550,182,529
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

CONTINUATION BUDGET ADJUSTMENTS - SUMMARIZED**Form 48198 — FY26-27 Non-recurring Carryforwards****Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	(42,435,124)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	(35,670,809)
FEES & SELF-GENERATED	(183,935,195)
STATUTORY DEDICATIONS	(49,362,068)
FEDERAL FUNDS	(1,098,633,489)
TOTAL MEANS OF FINANCING	\$(1,410,036,685)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(1,410,036,685)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(1,410,036,685)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(1,410,036,685)

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Form 47987 — 3061 - Federally Qualified Health Clinics Annualization
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	266,971
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	568,882
TOTAL MEANS OF FINANCING	\$835,853

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	835,853
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$835,853
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$835,853

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Continuation Budget Adjustments - Summarized

Total Agency
Request Type: COMPULSORY

Form 47990 — 3061 - Rural Health Clinics Annualization
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	511,961
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	1,090,922
TOTAL MEANS OF FINANCING	\$1,602,883

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	1,602,883
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$1,602,883
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$1,602,883

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Form 47999 — 3061 - Annualization of 750 Community Choices Waiver Slots**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	6,700,102
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	14,277,048
TOTAL MEANS OF FINANCING	\$20,977,150

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	20,977,150
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$20,977,150
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$20,977,150

Continuation Budget Adjustments - Summarized

Total Agency
Request Type: COMPULSORY

Form 48760 — 3061 - Graduate Medical Education (GME)

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	7,985,000
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	17,015,000
TOTAL MEANS OF FINANCING	\$25,000,000

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	25,000,000
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$25,000,000
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$25,000,000

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Continuation Budget Adjustments - Summarized

Total Agency
Request Type: COMPULSORY

Form 48762 — 3061 - Hospice Inflationary Adjustment
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	4,031,022
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	8,589,589
TOTAL MEANS OF FINANCING	\$12,620,611

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	12,620,611
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$12,620,611
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$12,620,611

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Continuation Budget Adjustments - Summarized

Total Agency
Request Type: COMPULSORY

Form 48765 — 3061 - ICF/DD Inflationary Adjustment
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	2,734,515
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	5,826,901
TOTAL MEANS OF FINANCING	\$8,561,416

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	8,561,416
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$8,561,416
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$8,561,416

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Continuation Budget Adjustments - Summarized

Total Agency
Request Type: COMPULSORY

Form 48769 — 3061 - Nursing Home Inflationary Adjustment
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	4,288,536
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	9,138,313
TOTAL MEANS OF FINANCING	\$13,426,849

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	13,426,849
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$13,426,849
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$13,426,849

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Continuation Budget Adjustments - Summarized

Total Agency
Request Type: COMPULSORY

Form 51424 — 3061 - Nursing Home UPL

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	1,384,606
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	2,950,415
TOTAL MEANS OF FINANCING	\$4,335,021

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	4,335,021
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$4,335,021
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$4,335,021

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Form 51425 — 3061 - ICF Rebase for Public Facilities**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	299,094
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	637,331
TOTAL MEANS OF FINANCING	\$936,425

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	936,425
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$936,425
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$936,425

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Form 47989 — 3061 - Healthy LA Managed Care Organization (MCO) Adjustment**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	28,827,013
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	(23,559,308)
FEDERAL FUNDS	(213,939,808)
TOTAL MEANS OF FINANCING	\$(208,672,103)

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(208,672,103)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(208,672,103)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(208,672,103)

Form 47992 — 3061 - Dental Managed Care Adjustment**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	1,699,305
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	855,696
FEDERAL FUNDS	4,802,977
TOTAL MEANS OF FINANCING	\$7,357,978

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	7,357,978
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$7,357,978
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$7,357,978

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Form 48770 — 3061 - Long Term Personal Care Services (LT-PCS) Increase**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	2,031,118
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	4,328,049
TOTAL MEANS OF FINANCING	\$6,359,167

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	6,359,167
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$6,359,167
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$6,359,167

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Continuation Budget Adjustments - Summarized

Total Agency
Request Type: OTHER

Form 47995 — 3061 - MOF Swap due to FMAP Change - Privates
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(22,634,057)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	(860,539)
FEES & SELF-GENERATED	(1,469,609)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	24,964,205
TOTAL MEANS OF FINANCING	—

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Form 47996 — 3062 - MOF Swap due to FMAP Change - Publics**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	(363,653)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	363,653
TOTAL MEANS OF FINANCING	—

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Form 47997 — 3063 - MOF Swap due to FMAP Change - Buy Ins & Supplements**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	(3,288,253)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	3,288,253
TOTAL MEANS OF FINANCING	—

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

Form 47998 — 3064 - MOF Swap due to FMAP Change -Uncompensated Care Costs**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	(636,848)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	(112,123)
FEES & SELF-GENERATED	(196,716)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	945,687
TOTAL MEANS OF FINANCING	—

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

Form 48778 — 3061 - OBH Certified Community Behavioral Health Clinics**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	1,566,494
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	5,442,427
TOTAL MEANS OF FINANCING	\$7,008,921

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	7,008,921
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$7,008,921
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$7,008,921

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Form 50898 — 3061 - Replacement Revenue - IAT & FSGR for CHIP**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	(1,105,064)
FEES & SELF-GENERATED	1,105,064
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	—

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Continuation Budget Adjustments - Summarized

Total Agency
Request Type: OTHER

Form 51564 — 3061 - PACE Enrollment - Alexandria
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	841,082
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	1,792,237
TOTAL MEANS OF FINANCING	\$2,633,319

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	2,633,319
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$2,633,319
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$2,633,319

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

**Form 48005 — 3061 - Senate Bill 190 - Reimbursement Rate Increase
Expenditures**

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Form 48005 — 3061 - Senate Bill 190 - Reimbursement Rate Increase
Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

PROGRAM SUMMARY STATEMENT

3061 - Payments to Private Providers

Means of Financing

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
STATE GENERAL FUND (Direct)	1,938,292,834	(42,435,124)	—	28,201,807	32,557,436	(20,226,481)	1,936,390,472
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	216,661,985	(35,670,809)	—	—	—	(1,965,603)	179,025,573
FEES & SELF-GENERATED	845,759,639	(183,935,195)	—	—	—	(364,545)	661,459,899
STATUTORY DEDICATIONS	1,845,506,914	(49,362,068)	—	—	(22,703,612)	—	1,773,441,234
FEDERAL FUNDS	15,741,376,710	(1,098,633,489)	—	60,094,401	(204,808,782)	32,198,869	14,530,227,709
TOTAL MEANS OF FINANCING	\$20,587,598,082	\$(1,410,036,685)	—	\$88,296,208	\$(194,954,958)	\$9,642,240	\$19,080,544,887

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Fees & Self-generated Revenues	845,759,639	(183,935,195)	—	—	—	(364,545)	661,459,899
Total:	\$845,759,639	\$(183,935,195)	—	—	—	\$(364,545)	\$661,459,899

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Community Options Waiver Fund	12,081,168	—	—	—	—	—	12,081,168
Disability Services Fund	2,388,500	—	—	—	—	—	2,388,500
Health Excellence Fund	25,915,099	—	—	—	—	—	25,915,099
Hospital Stabilization Fund	648,232,241	—	—	—	11,814,005	—	660,046,246
Louisiana Fund	20,686,731	—	—	—	—	—	20,686,731
Louisiana Medical Assistance Trust Fund	1,091,113,458	(49,362,068)	—	—	(34,517,617)	—	1,007,233,773
Medicaid Trust Fund for the Elderly	1,741,651	—	—	—	—	—	1,741,651
New Opportunities Waiver (NOW) Fund	43,348,066	—	—	—	—	—	43,348,066
Total:	\$1,845,506,914	\$(49,362,068)	—	—	\$(22,703,612)	—	\$1,773,441,234

Expenditures and Positions

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	20,587,598,082	(1,410,036,685)	—	88,296,208	(194,954,958)	9,642,240	19,080,544,887
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$20,587,598,082	\$(1,410,036,685)	—	\$88,296,208	\$(194,954,958)	\$9,642,240	\$19,080,544,887
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$20,587,598,082	\$(1,410,036,685)	—	\$88,296,208	\$(194,954,958)	\$9,642,240	\$19,080,544,887
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

3062 - Payments to Public Providers

Means of Financing

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
STATE GENERAL FUND (Direct)	59,539,941	—	—	—	—	(363,653)	59,176,288
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—	—	—
STATUTORY DEDICATIONS	9,147,866	—	—	—	—	—	9,147,866
FEDERAL FUNDS	195,668,864	—	—	—	—	363,653	196,032,517
TOTAL MEANS OF FINANCING	\$264,356,671	—	—	—	—	—	\$264,356,671

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Louisiana Medical Assistance Trust Fund	9,147,866	—	—	—	—	—	9,147,866
Total:	\$9,147,866	—	—	—	—	—	\$9,147,866

Expenditures and Positions

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	50,442,600	—	—	—	—	—	50,442,600
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	213,914,071	—	—	—	—	—	213,914,071
TOTAL OTHER CHARGES	\$264,356,671	—	—	—	—	—	\$264,356,671
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$264,356,671	—	—	—	—	—	\$264,356,671
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

3063 - Medicare Buy-Ins & Supplements

Means of Financing

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
STATE GENERAL FUND (Direct)	437,464,800	—	—	—	—	(3,288,253)	434,176,547
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	464,239,700	—	—	—	—	3,288,253	467,527,953
TOTAL MEANS OF FINANCING	\$901,704,500	—	—	—	—	—	\$901,704,500

Expenditures and Positions

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	901,704,500	—	—	—	—	—	901,704,500
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$901,704,500	—	—	—	—	—	\$901,704,500
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$901,704,500	—	—	—	—	—	\$901,704,500
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

3064 - Uncompensated Care Costs

Means of Financing

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
STATE GENERAL FUND (Direct)	59,511,648	—	—	—	—	(636,848)	58,874,800
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	13,851,533	—	—	—	—	(112,123)	13,739,410
FEES & SELF-GENERATED	24,301,970	—	—	—	—	(196,716)	24,105,254
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	205,911,320	—	—	—	—	945,687	206,857,007
TOTAL MEANS OF FINANCING	\$303,576,471	—	—	—	—	—	\$303,576,471

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Fees & Self-generated Revenues	24,301,970	—	—	—	—	(196,716)	24,105,254
Total:	\$24,301,970	—	—	—	—	\$(196,716)	\$24,105,254

Expenditures and Positions

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	166,596,623	—	—	—	—	—	166,596,623
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	136,979,848	—	—	—	—	—	136,979,848
TOTAL OTHER CHARGES	\$303,576,471	—	—	—	—	—	\$303,576,471
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$303,576,471	—	—	—	—	—	\$303,576,471
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

CONTINUATION BUDGET ADJUSTMENTS - BY PROGRAM**Form 48198 — FY26-27 Non-recurring Carryforwards****3061 - Payments to Private Providers****Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	(42,435,124)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	(35,670,809)
FEES & SELF-GENERATED	(183,935,195)
STATUTORY DEDICATIONS	(49,362,068)
FEDERAL FUNDS	(1,098,633,489)
TOTAL MEANS OF FINANCING	\$(1,410,036,685)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(1,410,036,685)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(1,410,036,685)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(1,410,036,685)

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Fees and Self-Generated

	Amount
Fees & Self-generated Revenues	(183,935,195)
Total:	\$(183,935,195)

Statutory Dedications

	Amount
Louisiana Medical Assistance Trust Fund	(49,362,068)
Total:	\$(49,362,068)

Supporting Detail
Means of Financing

Description	Amount
Federal Funds	(1,098,633,489)
Fees & Self-generated Revenues	(183,935,195)
Interagency Transfers	(35,670,809)
Louisiana Medical Assistance Trust Fund	(49,362,068)
State General Fund	(42,435,124)
Total:	\$(1,410,036,685)

Other Charges

Commitment item	Name	Amount
5600000	TOTAL OTHER CHARGES	(1,410,036,685)
Total:		\$(1,410,036,685)

Form 47987 — 3061 - Federally Qualified Health Clinics Annualization**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	266,971
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	568,882
TOTAL MEANS OF FINANCING	\$835,853

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	835,853
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$835,853
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$835,853

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	This request is for the annualization of 43 FQHCs added in SFY25, the addition of 54 new FQHCs in SFY26, and the federally mandated annual Medical Economic Index (MEI) adjustment to FQHC rates. The funding is needed to ensure that Louisiana Department of Health meets the guidelines in accordance with Section 1902 (aa) provisions of the Benefits Improvement Act (BIPA) of 2000, effective January 1, 2001.
Cite performance indicators for the adjustment.	There are no performance indicators associated with this request.
What would the impact be if this is not funded?	Failure to fund this request may result in the State being unable to meet federal reimbursement requirements and subject to federal penalties for non-compliance. In addition, reduced access to FQHC services may result in increased utilization of more costly hospital services, both emergency room visits for non-emergent conditions and inpatient admissions that could have been prevented by timely preventive and primary care.
Is revenue a fixed amount or can it be adjusted?	N/A
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 47990 — 3061 - Rural Health Clinics Annualization**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	511,961
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	1,090,922
TOTAL MEANS OF FINANCING	\$1,602,883

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	1,602,883
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$1,602,883
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$1,602,883

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	This request is for the annualization of 17 RHCs added in SFY25, the addition of 15 new RHCs in SFY26, and the federally mandated annual Medical Economic Index (MEI) adjustment to RHC rates. The funding is needed to ensure that Louisiana Department of Health meets the guidelines in accordance with Section 1902 (aa) provisions of the Benefits Improvement Act (BIPA) of 2000, effective January 1, 2001.
Cite performance indicators for the adjustment.	There are no performance indicators associated with this request.
What would the impact be if this is not funded?	Failure to fund this request may result in the State being unable to meet federal reimbursement requirements and subject to federal penalties for non-compliance. In addition, reduced access to RHC services may result in increased utilization of more costly hospital services, both emergency room visits for non-emergent conditions and inpatient admissions that could have been prevented by timely preventive and primary care.
Is revenue a fixed amount or can it be adjusted?	The requested revenue can be adjusted based upon the recommended level of expenditures.
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 47999 — 3061 - Annualization of 750 Community Choices Waiver Slots**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	6,700,102
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	14,277,048
TOTAL MEANS OF FINANCING	\$20,977,150

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	20,977,150
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$20,977,150
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$20,977,150

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Statutory Dedications

	Amount
Community Options Waiver Fund	—
Total:	—

Question	Narrative Response
Explain the need for this request.	This annualization is for 750 Community Choices waiver slots (CCW) phased in during SFY 2025-2026 at an average cost of \$3,525 per month in the first quarter due to an additional week and payment. This program serves older adults and individuals with adult onset physical disabilities. As of 9/30/2025 there were 11,600 individuals certified in the CCW registry. Another 1,152 individuals are linked to a CCW slot and moving through the certification process.
Cite performance indicators for the adjustment.	Percentage of participants receiving Medicaid long term care in the community rather than in nursing homes.
What would the impact be if this is not funded?	The number of applications for CCW services exceeds the number of available slots. The wait list is expected to increase as the state's aging population continues to grow, and as public expectations for alternatives to nursing home care grows. The length of the wait times raises legal issues which could subject the state to litigation.
Is revenue a fixed amount or can it be adjusted?	The requested revenue can be adjusted based upon the recommended level of expenditures.
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 48760 — 3061 - Graduate Medical Education (GME)**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	7,985,000
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	17,015,000
TOTAL MEANS OF FINANCING	\$25,000,000

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	25,000,000
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$25,000,000
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$25,000,000

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	Graduate Medical Education (GME) payments are not included in the managed care payment structure. For the GME portion of inpatient (IP) claims paid by the MCOs, hospitals submit to LDH for payment. Each year, these requests exceed the allotted budget authority and are therefore, carried over to the next fiscal year reducing the amount that can be used for the current year requests. The request is for an increase in the amount associated with this budget line that will allow the department to pay these request in the proper year.
Cite performance indicators for the adjustment.	There are no performance indicators associated with this request.
What would the impact be if this is not funded?	Failure to fund this request may result in the State being unable to pay claims and possibly an elimination of physician residency slots, a decrease in the number of doctors trained to serve Medicaid populations, and financial instability for hospitals that rely on this funding.
Is revenue a fixed amount or can it be adjusted?	N/A
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 48762 — 3061 - Hospice Inflationary Adjustment**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	4,031,022
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	8,589,589
TOTAL MEANS OF FINANCING	\$12,620,611

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	12,620,611
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$12,620,611
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$12,620,611

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	Medicaid pays hospice providers a set daily rate for each day a beneficiary is under hospice care. The specific daily rate depends on the level of care provided on that day, which falls into one of five categories: 1) Routine Home Care: For days when a patient receives hospice care at home but is not in crisis. 2) Continuous Home Care: For periods of crisis when a patient receives continuous nursing care at home. 3) General Inpatient Care: For symptom management in a hospital or inpatient setting that cannot be managed at home. 4) Inpatient Respite Care: To provide short-term relief for primary caregivers. 5) Comprehensive Services (2 categories): physician and service intensity add-on. The Medicaid hospice payment rates are calculated based on the annual hospice rates established under Medicare. These rates are authorized by section 1814(i)(1)(C)(ii) of the Social Security Act (the Act), which also provides for an annual increase in payment rates for hospice care services. The Medicaid hospice payment rates are published annually in a memorandum by CMS and are in effect from October 1 through September 30 of the following year (3.8% for FY 2023, 3.0% for FY 2024, 2.9% for FY 2025, and a projected 2.6% for FY 2026).
Cite performance indicators for the adjustment.	There are no performance indicators associated with this request.
What would the impact be if this is not funded?	N/A
Is revenue a fixed amount or can it be adjusted?	N/A
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 48765 — 3061 - ICF/DD Inflationary Adjustment**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	2,734,515
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	5,826,901
TOTAL MEANS OF FINANCING	\$8,561,416

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	8,561,416
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$8,561,416
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$8,561,416

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	Inflationary Adjustment for Non-rebase Year: This request is for an inflationary adjustment for the Intermediate Care Facilities for the Developmentally Disabled (ICF\DDs). Per the ICF/IID SPA ATTACHMENT 4.19-D. page 15a: 'For rate periods between rebasing, the rates will be trended forward using the Skilled Nursing Facility without Capital Market BasketIndex,publishedbyHISGlobalInsight,Inc.(IGI),formerlyDataResourcesInc.(DRI).ThelastrebasewasinFY26.
Cite performance indicators for the adjustment.	There are no performance indicators associated with this request.
What would the impact be if this is not funded?	N/A
Is revenue a fixed amount or can it be adjusted?	N/A
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 48769 — 3061 - Nursing Home Inflationary Adjustment**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	4,288,536
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	9,138,313
TOTAL MEANS OF FINANCING	\$13,426,849

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	13,426,849
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$13,426,849
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$13,426,849

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	Administrative rule and Medicaid State Plan allow for a rebase every other year and inflationary adjustments on non-rebase years. SFY 27 is an inflationary year. Louisiana Administrative Code Title 50, Part II. Nursing Facilities, Subpart 5. Reimbursement, Chapter 200. Reimbursement Methodology, Section 20005. Rate Determination, B.1., states: 1. Effective July 3, 2009, and at a minimum, every second year thereafter, the base resident-day-weighted median costs and prices shall be rebased using the most recent four month or greater unqualified audited or desk reviewed cost reports that are available as of the April 1, prior to the July 1, rate setting or the department may apply a historic audit adjustment factor to the most recently filed cost reports. The department, at its discretion, may rebase at an earlier time. a. For rate periods between rebasing, an index factor shall be applied to the base resident-day weighted medians and prices.†
Cite performance indicators for the adjustment.	There are no performance indicators associated with this request.
What would the impact be if this is not funded?	N/A
Is revenue a fixed amount or can it be adjusted?	N/A
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 51424 — 3061 - Nursing Home UPL**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	1,384,606
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	2,950,415
TOTAL MEANS OF FINANCING	\$4,335,021

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	4,335,021
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$4,335,021
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$4,335,021

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	Per LAC 50: B20029. Supplemental Payments: A Non-State Governmental Organization (NSGO) that has entered into an agreement with the department to participate shall qualify for a Medicaid supplemental payment adjustment, in addition to the uniform Medicaid rates paid to nursing facilities. The transition to a Patient-Driven Payment Model (PDPM) increased the NSGO payment to qualifying nursing homes.
Cite performance indicators for the adjustment.	There are no performance indicators associated with this request.
What would the impact be if this is not funded?	N/A
Is revenue a fixed amount or can it be adjusted?	N/A
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 51425 — 3061 - ICF Rebase for Public Facilities**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	299,094
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	637,331
TOTAL MEANS OF FINANCING	\$936,425

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	936,425
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$936,425
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$936,425

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	This request would provide a rebase for the per diems of the 3 public ICFs. Currently, the rule and SPA authority only provides for mandatory rebasing of private facilities. The public ICFs are not mandated for rebase in rule; however, Pinecrest and Central were rebased in July 2023. The other 4 have not been rebased since 19-20. This request is to provide a rebase adjustment on public ICF Per diems to adjust base year cost data. Facility Names: Lelia Jackson Comm. Group Home, W.T. Price Comm. Group Home and T.N. Armstead Comm. Group Home
Cite performance indicators for the adjustment.	There are no performance indicators associated with this request.
What would the impact be if this is not funded?	N/A
Is revenue a fixed amount or can it be adjusted?	N/A
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 47989 — 3061 - Healthy LA Managed Care Organization (MCO) Adjustment**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	28,827,013
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	(23,559,308)
FEDERAL FUNDS	(213,939,808)
TOTAL MEANS OF FINANCING	\$(208,672,103)

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(208,672,103)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(208,672,103)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(208,672,103)

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Statutory Dedications

	Amount
Hospital Stabilization Fund	11,814,005
Louisiana Medical Assistance Trust Fund	(35,373,313)
Total:	\$(23,559,308)

Question	Narrative Response
Explain the need for this request.	This request is for changes in funding for the Managed Care Organization (MCO) Program for physical, specialized behavioral health and non-emergency medical transportation services. It reflects 12 months of capitated PMPM payments and includes the following: 1) utilization/trend adjustment, 2) enrollment/kick changes, 3) Pharmacy Rebates, and 4) premium tax changes. MCIP is excluded from this request.
Cite performance indicators for the adjustment.	The MCO program impacts the following performance indicators: 25602 Percentage of Medicaid enrollees enrolled in a managed care model, 25603 Percentage of Medicaid enrollee expenditures under a managed care model, and 25604 Annual amount of premium taxes paid by Medicaid managed care plans.
What would the impact be if this is not funded?	If the adjustment is not funded, there will be a shortage in the budget authority for projected Healthy Louisiana payments in SFY27.
Is revenue a fixed amount or can it be adjusted?	The requested amount is based on the actuarially sound capitation rate developed by the state's actuaries. Adjustments that would reduce the rate below the actuarially sound capitation would require a reduction of provider payment rates and/or benefits and services covered under the at-risk contract.
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 47992 — 3061 - Dental Managed Care Adjustment**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	1,699,305
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	855,696
FEDERAL FUNDS	4,802,977
TOTAL MEANS OF FINANCING	\$7,357,978

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	7,357,978
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$7,357,978
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$7,357,978

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Statutory Dedications

	Amount
Louisiana Medical Assistance Trust Fund	855,696
Total:	\$855,696

Question	Narrative Response
Explain the need for this request.	This request is for changes in funding for the managed care Dental Benefit Program (PAHP) for dental services. It reflects 12 months of capitated PMPM payments and includes the following: 1) utilization/trend adjustment, 2) enrollment changes and 3) premium tax changes.
Cite performance indicators for the adjustment.	The managed dental benefit program impacts the following performance indicators: 25602 Percentage of Medicaid enrollees enrolled in a managed care model, 25603 Percentage of Medicaid enrollee expenditures under a managed care model, and 25604 Annual amount of premium taxes paid by Medicaid managed care plans.
What would the impact be if this is not funded?	If this adjustment is not funded, there will be insufficient budget authority for projected dental payments in SFY27, resulting in the underfunding of capitation payments and jeopardizing beneficiary access to services.
Is revenue a fixed amount or can it be adjusted?	The requested amount is based on an actuarially sound capitation rate developed by the state's actuaries. Federal requirements mandate that rates remain actuarially sound; therefore, reductions below the requested level would require corresponding reductions to provider payment rates and/or services covered under the at-risk DBPM contracts.
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 48770 — 3061 - Long Term Personal Care Services (LT-PCS) Increase**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	2,031,118
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	4,328,049
TOTAL MEANS OF FINANCING	\$6,359,167

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	6,359,167
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$6,359,167
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$6,359,167

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	The FY27 budget request reflects funding for growth in Long Term - Personal Care Services (LT-PCS) enrollment. LT-PCS enrollment is increasing, claims payments increased by 3.2% between FY24 and FY25. This program serves older adults and individuals with adult onset physical disabilities at an average cost of \$1,891 per month. This is a Medicaid state plan program, which, unlike waiver programs, cannot be capped at a set number of slots. Anyone who is Medicaid eligible and meets functional criteria is entitled to receive LT-PCS.
Cite performance indicators for the adjustment.	Percentage of Medicaid spending for elderly and disabled LTC that goes towards community-based services rather than nursing homes is expected to increase if this request is funded.
What would the impact be if this is not funded?	A delay in access to community based services could force recipients into nursing homes at an increased cost to the state and also risk potential for litigation by advocacy groups.
Is revenue a fixed amount or can it be adjusted?	The requested revenue can be adjusted based on recommended level of expenditures. However, reductions to this program has resulted in legal action in the past. The expenditure of these revenues is restricted to the LT-PCS program and is used for client services.
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 47995 — 3061 - MOF Swap due to FMAP Change - Privates**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	(22,634,057)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	(860,539)
FEES & SELF-GENERATED	(1,469,609)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	24,964,205
TOTAL MEANS OF FINANCING	—

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Fees and Self-Generated

	Amount
Fees & Self-generated Revenues	(1,469,609)
Total:	\$(1,469,609)

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	This request is to refinance the FY26 existing operating budget based on the annual change in FMAP (Federal Medical Assistance Percentage) so that the FY27 starting point is appropriate for the other requested adjustments. The FMAPs are calculated pursuant to the Social Security Act (the Act). Sections 1905(b) and 1101(a)(8)(B) of the Act require the Secretary of Health and Human Services Department (HHS) to publish the FMAP rates each year, and that notice is done in the Federal Register. The Secretary calculates the percentages, using formulas in sections 1905(b) and 1101(a)(8), and calculations by the Department of Commerce of average income per person in each state and for the United States (meaning, for this purpose, the fifty states and the District of Columbia). The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 31.86% state and 68.14% federal. The FMAP for the adult 'expansion' group, as added to the Act by section 2001 of the Patient Protection and Affordable Care Act of 2010, changed to 90% in calendar year 2020, where it remains indefinitely.
Cite performance indicators for the adjustment.	Specific performance indicators cannot be addressed in relation to this adjustment as it affects the entire agency.
What would the impact be if this is not funded?	Without correcting the means of financing, Medical Vendor Payments would not have sufficient revenues to support existing expenditures. Claims payments cannot exceed the available revenue.
Is revenue a fixed amount or can it be adjusted?	The revenue can be adjusted based upon the recommended level of expenditures.
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 47996 — 3062 - MOF Swap due to FMAP Change - Publics**3062 - Payments to Public Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	(363,653)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	363,653
TOTAL MEANS OF FINANCING	—

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	This request is to refinance the FY26 existing operating budget based on the annual change in FMAP (Federal Medical Assistance Percentage) so that the FY27 starting point is appropriate for the other requested adjustments. The FMAPs are calculated pursuant to the Social Security Act (the Act). Sections 1905(b) and 1101(a)(8)(B) of the Act require the Secretary of Health and Human Services Department (HHS) to publish the FMAP rates each year, and that notice is done in the Federal Register. The Secretary calculates the percentages, using formulas in sections 1905(b) and 1101(a)(8), and calculations by the Department of Commerce of average income per person in each state and for the United States (meaning, for this purpose, the fifty states and the District of Columbia). The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 31.86% state and 68.14% federal. The FMAP for the adult 'expansion' group, as added to the Act by section 2001 of the Patient Protection and Affordable Care Act of 2010, changed to 90% in calendar year 2020, where it remains indefinitely.
Cite performance indicators for the adjustment.	Specific performance indicators cannot be addressed in relation to this adjustment as it affects the entire agency.
What would the impact be if this is not funded?	Without correcting the means of financing, Medical Vendor Payments would not have sufficient revenues to support existing expenditures. Claims payments cannot exceed the available revenue.
Is revenue a fixed amount or can it be adjusted?	The revenue can be adjusted based upon the recommended level of expenditures.
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 47997 — 3063 - MOF Swap due to FMAP Change - Buy Ins & Supplements**3063 - Medicare Buy-Ins & Supplements****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	(3,288,253)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	3,288,253
TOTAL MEANS OF FINANCING	—

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	This request is to refinance the FY26 existing operating budget based on the annual change in FMAP (Federal Medical Assistance Percentage) so that the FY27 starting point is appropriate for the other requested adjustments. The FMAPs are calculated pursuant to the Social Security Act (the Act). Sections 1905(b) and 1101(a)(8)(B) of the Act require the Secretary of Health and Human Services Department (HHS) to publish the FMAP rates each year, and that notice is done in the Federal Register. The Secretary calculates the percentages, using formulas in sections 1905(b) and 1101(a)(8), and calculations by the Department of Commerce of average income per person in each state and for the United States (meaning, for this purpose, the fifty states and the District of Columbia). The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 31.86% state and 68.14% federal. The FMAP for the adult 'expansion' group, as added to the Act by section 2001 of the Patient Protection and Affordable Care Act of 2010, changed to 90% in calendar year 2020, where it remains indefinitely.
Cite performance indicators for the adjustment.	Specific performance indicators cannot be addressed in relation to this adjustment as it affects the entire agency.
What would the impact be if this is not funded?	Without correcting the means of financing, Medical Vendor Payments would not have sufficient revenues to support existing expenditures. Claims payments cannot exceed the available revenue.
Is revenue a fixed amount or can it be adjusted?	The revenue can be adjusted based upon the recommended level of expenditures.
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 47998 — 3064 - MOF Swap due to FMAP Change -Uncompensated Care Costs**3064 - Uncompensated Care Costs****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	(636,848)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	(112,123)
FEES & SELF-GENERATED	(196,716)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	945,687
TOTAL MEANS OF FINANCING	—

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Fees and Self-Generated

	Amount
Fees & Self-generated Revenues	(196,716)
Total:	\$(196,716)

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	This request is to refinance the FY26 existing operating budget based on the annual change in FMAP (Federal Medical Assistance Percentage) so that the FY27 starting point is appropriate for the other requested adjustments. The FMAPs are calculated pursuant to the Social Security Act (the Act). Sections 1905(b) and 1101(a)(8)(B) of the Act require the Secretary of Health and Human Services Department (HHS) to publish the FMAP rates each year, and that notice is done in the Federal Register. The Secretary calculates the percentages, using formulas in sections 1905(b) and 1101(a)(8), and calculations by the Department of Commerce of average income per person in each state and for the United States (meaning, for this purpose, the fifty states and the District of Columbia). The match rates for FY27 are as follows: the Title XIX blended rate is 31.94% state and 68.06% federal, the LaCHIP blended rate is 22.35% state and 77.65% federal and the Title XIX Federal Fiscal Year 2027 rate is 31.86% state and 68.14% federal. The FMAP for the adult 'expansion' group, as added to the Act by section 2001 of the Patient Protection and Affordable Care Act of 2010, changed to 90% in calendar year 2020, where it remains indefinitely.
Cite performance indicators for the adjustment.	Specific performance indicators cannot be addressed in relation to this adjustment as it affects the entire agency.
What would the impact be if this is not funded?	Without correcting the means of financing, Medical Vendor Payments would not have sufficient revenues to support existing expenditures. Claims payments cannot exceed the available revenue.
Is revenue a fixed amount or can it be adjusted?	The revenue can be adjusted based upon the recommended level of expenditures.
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 48778 — 3061 - OBH Certified Community Behavioral Health Clinics**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	1,566,494
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	5,442,427
TOTAL MEANS OF FINANCING	\$7,008,921

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	7,008,921
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$7,008,921
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$7,008,921

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	This request provides for the four-year Certified Community Behavioral Health Clinics (CCBHCs) Demonstration Program services only, which will be administered by the Office of Behavioral Health (OBH) beginning on or after 7/1/2026. The CCBHC model provides comprehensive, coordinated community-based care for individuals across the lifespan with and at risk for serious mental illness (SMI), serious emotional disturbance (SED), substance use disorders (SUD), and/or co-occurring mental health and substance use disorders (COD). The model is designed to increase access to an array of outpatient behavioral health services, including crisis services, incorporate evidence-based practices, and establish care coordination as a linchpin for service delivery. CCBHCs serve those most in need of coordinated, integrated, accessible, quality care, with no rejection of services based on a person's ability to pay or place of residence. Louisiana currently has six CCBHCs that are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). In December of 2024, OBH was awarded a Cooperative Agreement for CCBHC Planning Grant for a one year period. The Planning Grant supports participating states in developing their CCBHC programs and enables them to apply for the CCBHC Demonstration Program. At the end of the planning grant period, participating states are expected to submit their applications to join the CCBHC Demonstration Program for a four-year period starting on or after July 1, 2026. States selected to participate in the Demonstration will enable state-certified CCBHCs to bill Medicaid under an established Prospective Payment System rate approved by the Centers for Medicare and Medicaid Services (CMS) for behavioral health services provided to individuals eligible for medical assistance under the state Medicaid program. This request assumes a 22.35% SGF match as of 10/01/2025.
Cite performance indicators for the adjustment.	N/A
What would the impact be if this is not funded?	There is no mandate, federal/state rule or law that requires participation in the Demonstration Program, however, when applying for the CCBHC Planning Grant a state agrees to complete the required activities, one of which is submitting an application to participate in the four-year CCBHC Demonstration Program. CCBHC Demonstration Program. In addition, although Louisiana has six CCBHCs currently funded by SAMHSA, those grants are for a four year period. In 2026, four of the CCBHC SAMHSA Expansion Grants will end. If Louisiana is not a part of the Demonstration Program a sustainability path for the CCBHCs will likely not be available and will jeopardize the provision of the behavioral health services being provided through these entities.
Is revenue a fixed amount or can it be adjusted?	The requested amount may be adjusted based on the recommended level of expenditure.
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 50898 — 3061 - Replacement Revenue - IAT & FSGR for CHIP**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	(1,105,064)
FEES & SELF-GENERATED	1,105,064
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	—

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Fees and Self-Generated

	Amount
Fees & Self-generated Revenues	1,105,064
Total:	\$1,105,064

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	The FY26 existing budget contains revenue previously received from the Office of Group Benefits via Interagency Transfer that is now directly collected by Medical Vendor Payments (MVP). This request replaces the associated Interagency Transfer with Fees and Self-Generated Revenue for CHIP Phase V and Families Opportunity Act premiums.
Cite performance indicators for the adjustment.	Specific performance indicators cannot be addressed in relation to this adjustment as it affects the entire agency.
What would the impact be if this is not funded?	Without the correction of the means of financing, Medical Vendor Payments would not have sufficient revenues to support existing expenditures.
Is revenue a fixed amount or can it be adjusted?	Fixed based on the appropriated level.
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 51564 — 3061 - PACE Enrollment - Alexandria**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	841,082
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	1,792,237
TOTAL MEANS OF FINANCING	\$2,633,319

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	2,633,319
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$2,633,319
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$2,633,319

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	Program of All Inclusive Care for the Elderly (PACE) is a successful model for providing truly integrated care for frail elders who meet nursing facility level of care. PACE receives a capitated payment for both Medicaid and Medicare covered services and is therefore able to coordinate medical, social, and behavioral health services across all payer sources. PACE Alexandria opened in June of 2024 and has a capacity to serve up to 210 individuals. As of 10/1/2025, there are 90 Medicaid participants enrolled. This funding request is to annualize costs of 60 individuals enrolled during FY26 and new enrollment of 42 individuals during FY27. Average monthly cost of a PACE participant is approximately \$4,121. The State determines eligibility for PACE enrollees under rules applying to institutional groups as provided for in section 1902(a)(10)(A)(ii)(VI) of Act (42 CFR 435.217 in regulations). The State has elected to cover under its State plan the eligibility groups specified under these provisions in the statute and regulations. 42 CFR 435.120 and CFR 435.236.
Cite performance indicators for the adjustment.	There are no performance indicators associated with this request.
What would the impact be if this is not funded?	The PACE program serves frail elders who meet nursing facility level of care in a community-based, integrated care model. Not funding this service would negatively impact both participants and their families who utilize these services, and would likely lead to increased poor health outcomes, and increased nursing facility admissions, which are more costly to the state.
Is revenue a fixed amount or can it be adjusted?	N/A
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A



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Technical and Other Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in this Adjustment Package	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	2,494,809,223	(6,191,116)	(1,911,087)	2,486,707,020
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	230,513,518	(37,748,535)	—	192,764,983
FEES & SELF-GENERATED	870,061,609	(184,496,456)	—	685,565,153
STATUTORY DEDICATIONS	1,854,654,780	(72,065,680)	—	1,782,589,100
FEDERAL FUNDS	16,607,196,594	(1,206,551,408)	181,592	15,400,826,778
TOTAL MEANS OF FINANCING	\$22,057,235,724	\$(1,507,053,195)	\$(1,729,495)	\$20,548,453,034
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—
Other Charges	21,706,341,805	(1,507,053,195)	(1,729,495)	20,197,559,115
Debt Service	—	—	—	—
Interagency Transfers	350,893,919	—	—	350,893,919
TOTAL OTHER CHARGES	\$22,057,235,724	\$(1,507,053,195)	\$(1,729,495)	\$20,548,453,034
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$22,057,235,724	\$(1,507,053,195)	\$(1,729,495)	\$20,548,453,034
Classified	—	—	—	—
Unclassified	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—

PROGRAM BREAKOUT

Means of Financing	Requested in this Adjustment Package	3061 Payments to Private Providers	3062 Payments to Public Providers	3063 Medicare Buy-Ins & Supplements	3064 Uncompensated Care Costs
STATE GENERAL FUND (Direct)	(1,911,087)	(1,911,087)	—	—	—
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	181,592	181,592	—	—	—
TOTAL MEANS OF FINANCING	\$(1,729,495)	\$(1,729,495)	—	—	—
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL SALARIES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	(1,729,495)	(1,729,495)	—	—	—
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	\$(1,729,495)	\$(1,729,495)	—	—	—
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES & REQUEST	\$(1,729,495)	\$(1,729,495)	—	—	—
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

PROGRAM SUMMARY STATEMENT

3061 - Payments to Private Providers

Means of Financing	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in this Adjustment Package	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	1,938,292,834	(1,902,362)	(1,911,087)	1,934,479,385
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	216,661,985	(37,636,412)	—	179,025,573
FEES & SELF-GENERATED	845,759,639	(184,299,740)	—	661,459,899
STATUTORY DEDICATIONS	1,845,506,914	(72,065,680)	—	1,773,441,234
FEDERAL FUNDS	15,741,376,710	(1,211,149,001)	181,592	14,530,409,301
TOTAL MEANS OF FINANCING	\$20,587,598,082	\$(1,507,053,195)	\$(1,729,495)	\$19,078,815,392
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—
Other Charges	20,587,598,082	(1,507,053,195)	(1,729,495)	19,078,815,392
Debt Service	—	—	—	—
Interagency Transfers	—	—	—	—
TOTAL OTHER CHARGES	\$20,587,598,082	\$(1,507,053,195)	\$(1,729,495)	\$19,078,815,392
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$20,587,598,082	\$(1,507,053,195)	\$(1,729,495)	\$19,078,815,392
Classified	—	—	—	—
Unclassified	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—

3062 - Payments to Public Providers

Means of Financing	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in this Adjustment Package	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	59,539,941	(363,653)	—	59,176,288
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—
STATUTORY DEDICATIONS	9,147,866	—	—	9,147,866
FEDERAL FUNDS	195,668,864	363,653	—	196,032,517
TOTAL MEANS OF FINANCING	\$264,356,671	—	—	\$264,356,671
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—
Other Charges	50,442,600	—	—	50,442,600
Debt Service	—	—	—	—
Interagency Transfers	213,914,071	—	—	213,914,071
TOTAL OTHER CHARGES	\$264,356,671	—	—	\$264,356,671
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$264,356,671	—	—	\$264,356,671
Classified	—	—	—	—
Unclassified	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—

3063 - Medicare Buy-Ins & Supplements

Means of Financing	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in this Adjustment Package	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	437,464,800	(3,288,253)	—	434,176,547
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—
FEDERAL FUNDS	464,239,700	3,288,253	—	467,527,953
TOTAL MEANS OF FINANCING	\$901,704,500	—	—	\$901,704,500
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—
Other Charges	901,704,500	—	—	901,704,500
Debt Service	—	—	—	—
Interagency Transfers	—	—	—	—
TOTAL OTHER CHARGES	\$901,704,500	—	—	\$901,704,500
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$901,704,500	—	—	\$901,704,500
Classified	—	—	—	—
Unclassified	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—

3064 - Uncompensated Care Costs

Means of Financing	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in this Adjustment Package	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	59,511,648	(636,848)	—	58,874,800
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	13,851,533	(112,123)	—	13,739,410
FEES & SELF-GENERATED	24,301,970	(196,716)	—	24,105,254
STATUTORY DEDICATIONS	—	—	—	—
FEDERAL FUNDS	205,911,320	945,687	—	206,857,007
TOTAL MEANS OF FINANCING	\$303,576,471	—	—	\$303,576,471
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—
Other Charges	166,596,623	—	—	166,596,623
Debt Service	—	—	—	—
Interagency Transfers	136,979,848	—	—	136,979,848
TOTAL OTHER CHARGES	\$303,576,471	—	—	\$303,576,471
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$303,576,471	—	—	\$303,576,471
Classified	—	—	—	—
Unclassified	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—

TECHNICAL AND OTHER ADJUSTMENTS**Form 48780 — 3061 - T/OAP Targeted Case Management (TCM)****3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	83,893
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	181,592
TOTAL MEANS OF FINANCING	\$265,485

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	265,485
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$265,485
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$265,485

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Statutory Deductions

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	The Targeted Case Management - Ventilation Care Coordination service moved from a contracted service to a State Plan service in FY2026. Funding for the service was in Medical Vendor Administration (MVA) while contracted, but moved to Medical Vendor Payments (MVP) with the transition to a State Plan. This request is for the program funding for FY2027 in MVP. The total is equivalent to 4 months of funding from FY2026 that remained in MVA prior to the November 1, 2025 effective date. This is a companion request with MVA.
Cite performance indicators for the adjustment.	There are no performance indicators associated with this request.
What would the impact be if this is not funded?	N/A
Is revenue a fixed amount or can it be adjusted?	N/A
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 48783 — 3061 - T/OAP - OBH Companion - Crisis Hub**3061 - Payments to Private Providers****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	(1,994,980)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$(1,994,980)

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(1,994,980)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(1,994,980)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(1,994,980)

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	Provides for the transfer of \$1,994,980 in SGF from agency 09-306 - Medical Vendor Payments (MVP) to 09-330 - Office of Behavioral Health (OBH) for the OBH contract for the operation of a Statewide Crisis Hub, which is necessary to efficiently connect eligible individuals who are experiencing a behavioral health crisis to needed care through triage, referral and dispatch to eligible and available services in the community appropriate to meet their crisis needs. OBH will continue to partner with 09-305 - Medical Vendor Administration (MVA) on this initiative, which will provide the necessary 50% federal match to support the project. Following an analysis of the State of Louisiana's mental health service system in conjunction with federal partners, LDH began the implementation of several measures, including the development and implementation of a plan for a crisis services system, which began in 2022. This is necessary to ensure that the target population has access to a toll-free crisis hotline in each community 24 hours a day, 7 days a week, staffed by qualified providers, with sufficient capacity to preclude the use of answering machines, third-party answering services, and voicemail. The Crisis Hub contractor will operate a crisis call line available twenty-four (24) hours a day, seven (7) days a week. Managed Care Organization (MCO) behavioral health hotlines that have been temporarily acting in this role will be decommissioned after a period of transfer/de-porting. The Crisis Hub shall be equipped to efficiently connect eligible individuals who are experiencing a behavioral health crisis to needed care through triage, referral, and dispatch to available services such as Mobile Crisis Response (MCR) and Behavioral Health Walk-in Centers. It will serve as an access point to crisis services and will play a critical role in tracking demand for and facilitating access to crisis services throughout the state. Further, the Crisis Hub will play a larger role as a convening partner in the Louisiana crisis landscape. In addition, they will coordinate with key community stakeholders, MCOs, and crisis providers to ensure the Crisis Hub operationalizes programming in a manner that meets the nuanced needs of the local communities in which services are implemented. This is a companion request with OBH.
Cite performance indicators for the adjustment.	There are no performance indicators associated with this request.
What would the impact be if this is not funded?	N/A
Is revenue a fixed amount or can it be adjusted?	N/A
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A



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New or Expanded Requests

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing and Expenditures	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	2,494,809,223	(6,191,116)	(1,911,087)	—	2,486,707,020
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	230,513,518	(37,748,535)	—	—	192,764,983
FEES & SELF-GENERATED	870,061,609	(184,496,456)	—	—	685,565,153
STATUTORY DEDICATIONS	1,854,654,780	(72,065,680)	—	—	1,782,589,100
FEDERAL FUNDS	16,607,196,594	(1,206,551,408)	181,592	—	15,400,826,778
TOTAL MEANS OF FINANCING	\$22,057,235,724	\$(1,507,053,195)	\$(1,729,495)	—	\$20,548,453,034
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	21,706,341,805	(1,507,053,195)	(1,729,495)	—	20,197,559,115
Debt Service	—	—	—	—	—
Interagency Transfers	350,893,919	—	—	—	350,893,919
TOTAL OTHER CHARGES	\$22,057,235,724	\$(1,507,053,195)	\$(1,729,495)	—	\$20,548,453,034
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$22,057,235,724	\$(1,507,053,195)	\$(1,729,495)	—	\$20,548,453,034
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Fees & Self-generated Revenues	870,061,609	(184,496,456)	—	—	685,565,153
Total:	\$870,061,609	\$(184,496,456)	—	—	\$685,565,153

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Community Options Waiver Fund	12,081,168	—	—	—	12,081,168
Disability Services Fund	2,388,500	—	—	—	2,388,500
Health Excellence Fund	25,915,099	—	—	—	25,915,099
Hospital Stabilization Fund	648,232,241	11,814,005	—	—	660,046,246
Louisiana Fund	20,686,731	—	—	—	20,686,731
Louisiana Medical Assistance Trust Fund	1,100,261,324	(83,879,685)	—	—	1,016,381,639
Medicaid Trust Fund for the Elderly	1,741,651	—	—	—	1,741,651
New Opportunities Waiver (NOW) Fund	43,348,066	—	—	—	43,348,066
Total:	\$1,854,654,780	\$(72,065,680)	—	—	\$1,782,589,100

PROGRAM SUMMARY STATEMENT

3061 - Payments to Private Providers

Means of Financing and Expenditures	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	1,938,292,834	(1,902,362)	(1,911,087)	—	1,934,479,385
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	216,661,985	(37,636,412)	—	—	179,025,573
FEES & SELF-GENERATED	845,759,639	(184,299,740)	—	—	661,459,899
STATUTORY DEDICATIONS	1,845,506,914	(72,065,680)	—	—	1,773,441,234
FEDERAL FUNDS	15,741,376,710	(1,211,149,001)	181,592	—	14,530,409,301
TOTAL MEANS OF FINANCING	\$20,587,598,082	\$(1,507,053,195)	\$(1,729,495)	—	\$19,078,815,392
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	20,587,598,082	(1,507,053,195)	(1,729,495)	—	19,078,815,392
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	\$20,587,598,082	\$(1,507,053,195)	\$(1,729,495)	—	\$19,078,815,392
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$20,587,598,082	\$(1,507,053,195)	\$(1,729,495)	—	\$19,078,815,392
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Fees & Self-generated Revenues	845,759,639	(184,299,740)	—	—	661,459,899
Total:	\$845,759,639	\$(184,299,740)	—	—	\$661,459,899

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Community Options Waiver Fund	12,081,168	—	—	—	12,081,168
Disability Services Fund	2,388,500	—	—	—	2,388,500
Health Excellence Fund	25,915,099	—	—	—	25,915,099
Hospital Stabilization Fund	648,232,241	11,814,005	—	—	660,046,246
Louisiana Fund	20,686,731	—	—	—	20,686,731
Louisiana Medical Assistance Trust Fund	1,091,113,458	(83,879,685)	—	—	1,007,233,773
Medicaid Trust Fund for the Elderly	1,741,651	—	—	—	1,741,651
New Opportunities Waiver (NOW) Fund	43,348,066	—	—	—	43,348,066
Total:	\$1,845,506,914	\$(72,065,680)	—	—	\$1,773,441,234

3062 - Payments to Public Providers

Means of Financing and Expenditures	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	59,539,941	(363,653)	—	—	59,176,288
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	9,147,866	—	—	—	9,147,866
FEDERAL FUNDS	195,668,864	363,653	—	—	196,032,517
TOTAL MEANS OF FINANCING	\$264,356,671	—	—	—	\$264,356,671
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	50,442,600	—	—	—	50,442,600
Debt Service	—	—	—	—	—
Interagency Transfers	213,914,071	—	—	—	213,914,071
TOTAL OTHER CHARGES	\$264,356,671	—	—	—	\$264,356,671
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$264,356,671	—	—	—	\$264,356,671
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Louisiana Medical Assistance Trust Fund	9,147,866	—	—	—	9,147,866
Total:	\$9,147,866	—	—	—	\$9,147,866

3063 - Medicare Buy-Ins & Supplements

Means of Financing and Expenditures	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	437,464,800	(3,288,253)	—	—	434,176,547
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	464,239,700	3,288,253	—	—	467,527,953
TOTAL MEANS OF FINANCING	\$901,704,500	—	—	—	\$901,704,500
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	901,704,500	—	—	—	901,704,500
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	\$901,704,500	—	—	—	\$901,704,500
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$901,704,500	—	—	—	\$901,704,500
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Total:	—	—	—	—	—

3064 - Uncompensated Care Costs

Means of Financing and Expenditures	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	59,511,648	(636,848)	—	—	58,874,800
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	13,851,533	(112,123)	—	—	13,739,410
FEES & SELF-GENERATED	24,301,970	(196,716)	—	—	24,105,254
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	205,911,320	945,687	—	—	206,857,007
TOTAL MEANS OF FINANCING	\$303,576,471	—	—	—	\$303,576,471
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	166,596,623	—	—	—	166,596,623
Debt Service	—	—	—	—	—
Interagency Transfers	136,979,848	—	—	—	136,979,848
TOTAL OTHER CHARGES	\$303,576,471	—	—	—	\$303,576,471
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$303,576,471	—	—	—	\$303,576,471
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Fees & Self-generated Revenues	24,301,970	(196,716)	—	—	24,105,254
Total:	\$24,301,970	\$(196,716)	—	—	\$24,105,254

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Total:	—	—	—	—	—



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Total Request Summary

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	2,178,584,751	2,494,809,223	(6,191,116)	(1,911,087)	—	2,486,707,020	(8,102,203)
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	183,308,182	230,513,518	(37,748,535)	—	—	192,764,983	(37,748,535)
FEES & SELF-GENERATED	394,555,454	870,061,609	(184,496,456)	—	—	685,565,153	(184,496,456)
STATUTORY DEDICATIONS	1,384,789,286	1,854,654,780	(72,065,680)	—	—	1,782,589,100	(72,065,680)
FEDERAL FUNDS	12,425,269,024	16,607,196,594	(1,206,551,408)	181,592	—	15,400,826,778	(1,206,369,816)
TOTAL MEANS OF FINANCING	\$16,566,506,697	\$22,057,235,724	\$(1,507,053,195)	\$(1,729,495)	—	\$20,548,453,034	\$(1,508,782,690)

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Community Options Waiver Fund	2,665,632	12,081,168	—	—	—	12,081,168	—
Disability Services Fund	—	2,388,500	—	—	—	2,388,500	—
Health Excellence Fund	25,800,848	25,915,099	—	—	—	25,915,099	—
Hospital Stabilization Fund	290,730,088	648,232,241	11,814,005	—	—	660,046,246	11,814,005
Louisiana Fund	22,464,291	20,686,731	—	—	—	20,686,731	—
Louisiana Medical Assistance Trust Fund	1,005,122,766	1,100,261,324	(83,879,685)	—	—	1,016,381,639	(83,879,685)
Medicaid Trust Fund for the Elderly	—	1,741,651	—	—	—	1,741,651	—
New Opportunities Waiver (NOW) Fund	38,005,661	43,348,066	—	—	—	43,348,066	—
Total:	\$1,384,789,286	\$1,854,654,780	\$(72,065,680)	—	—	\$1,782,589,100	\$(72,065,680)

Expenditures and Positions

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	16,292,575,428	21,706,341,805	(1,507,053,195)	(1,729,495)	—	20,197,559,115	(1,508,782,690)
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	273,931,269	350,893,919	—	—	—	350,893,919	—
TOTAL OTHER CHARGES	\$16,566,506,697	\$22,057,235,724	\$(1,507,053,195)	\$(1,729,495)	—	\$20,548,453,034	\$(1,508,782,690)
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$16,566,506,697	\$22,057,235,724	\$(1,507,053,195)	\$(1,729,495)	—	\$20,548,453,034	\$(1,508,782,690)
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

PROGRAM SUMMARY STATEMENT

3061 - Payments to Private Providers

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	1,677,687,256	1,938,292,834	(1,902,362)	(1,911,087)	—	1,934,479,385	(3,813,449)
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	169,555,681	216,661,985	(37,636,412)	—	—	179,025,573	(37,636,412)
FEES & SELF-GENERATED	370,427,231	845,759,639	(184,299,740)	—	—	661,459,899	(184,299,740)
STATUTORY DEDICATIONS	1,375,641,420	1,845,506,914	(72,065,680)	—	—	1,773,441,234	(72,065,680)
FEDERAL FUNDS	11,693,890,732	15,741,376,710	(1,211,149,001)	181,592	—	14,530,409,301	(1,210,967,409)
TOTAL MEANS OF FINANCING	\$15,287,202,320	\$20,587,598,082	\$(1,507,053,195)	\$(1,729,495)	—	\$19,078,815,392	\$(1,508,782,690)

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Community Options Waiver Fund	2,665,632	12,081,168	—	—	—	12,081,168	—
Disability Services Fund	—	2,388,500	—	—	—	2,388,500	—
Health Excellence Fund	25,800,848	25,915,099	—	—	—	25,915,099	—
Hospital Stabilization Fund	290,730,088	648,232,241	11,814,005	—	—	660,046,246	11,814,005
Louisiana Fund	22,464,291	20,686,731	—	—	—	20,686,731	—
Louisiana Medical Assistance Trust Fund	995,974,900	1,091,113,458	(83,879,685)	—	—	1,007,233,773	(83,879,685)
Medicaid Trust Fund for the Elderly	—	1,741,651	—	—	—	1,741,651	—
New Opportunities Waiver (NOW) Fund	38,005,661	43,348,066	—	—	—	43,348,066	—
Total:	\$1,375,641,420	\$1,845,506,914	\$(72,065,680)	—	—	\$1,773,441,234	\$(72,065,680)

Expenditures and Positions

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	15,287,202,320	20,587,598,082	(1,507,053,195)	(1,729,495)	—	19,078,815,392	(1,508,782,690)
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$15,287,202,320	\$20,587,598,082	\$(1,507,053,195)	\$(1,729,495)	—	\$19,078,815,392	\$(1,508,782,690)
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$15,287,202,320	\$20,587,598,082	\$(1,507,053,195)	\$(1,729,495)	—	\$19,078,815,392	\$(1,508,782,690)
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

3062 - Payments to Public Providers

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	55,391,214	59,539,941	(363,653)	—	—	59,176,288	(363,653)
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—	—	—
STATUTORY DEDICATIONS	9,147,866	9,147,866	—	—	—	9,147,866	—
FEDERAL FUNDS	196,737,962	195,668,864	363,653	—	—	196,032,517	363,653
TOTAL MEANS OF FINANCING	\$261,277,041	\$264,356,671	—	—	—	\$264,356,671	—

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Louisiana Medical Assistance Trust Fund	9,147,866	9,147,866	—	—	—	9,147,866	—
Total:	\$9,147,866	\$9,147,866	—	—	—	\$9,147,866	—

Expenditures and Positions

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	44,703,185	50,442,600	—	—	—	50,442,600	—
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	216,573,856	213,914,071	—	—	—	213,914,071	—
TOTAL OTHER CHARGES	\$261,277,041	\$264,356,671	—	—	—	\$264,356,671	—
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$261,277,041	\$264,356,671	—	—	—	\$264,356,671	—
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

3063 - Medicare Buy-Ins & Supplements

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	409,571,371	437,464,800	(3,288,253)	—	—	434,176,547	(3,288,253)
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	412,722,438	464,239,700	3,288,253	—	—	467,527,953	3,288,253
TOTAL MEANS OF FINANCING	\$822,293,809	\$901,704,500	—	—	—	\$901,704,500	—

Expenditures and Positions

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	822,291,344	901,704,500	—	—	—	901,704,500	—
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	2,465	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$822,293,809	\$901,704,500	—	—	—	\$901,704,500	—
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$822,293,809	\$901,704,500	—	—	—	\$901,704,500	—
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

3064 - Uncompensated Care Costs

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	35,934,910	59,511,648	(636,848)	—	—	58,874,800	(636,848)
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	13,752,501	13,851,533	(112,123)	—	—	13,739,410	(112,123)
FEES & SELF-GENERATED	24,128,223	24,301,970	(196,716)	—	—	24,105,254	(196,716)
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	121,917,892	205,911,320	945,687	—	—	206,857,007	945,687
TOTAL MEANS OF FINANCING	\$195,733,526	\$303,576,471	—	—	—	\$303,576,471	—

Expenditures and Positions

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	138,378,579	166,596,623	—	—	—	166,596,623	—
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	57,354,948	136,979,848	—	—	—	136,979,848	—
TOTAL OTHER CHARGES	\$195,733,526	\$303,576,471	—	—	—	\$303,576,471	—
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$195,733,526	\$303,576,471	—	—	—	\$303,576,471	—
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

Addenda

Department: 09A - LDH	STATE OF LOUISIANA	CHILD - DS
Agency: 306 MEDICAL VENDOR PAYMENTS	Childrens Budget	Fiscal Year 2026 - 2027
	Department Summary	Report Date: 10/31/25

Service Number	Service Name	Agency Number	Agency Name	General Fund	IAT	Self Generated	Stat Deds	Federal Funds	Total Funds	Positions
MVP01	Medical Services for Medicaid Eligible Children	306	Medical Vendor Payments	\$630,286,189	\$56,608,161	\$111,290,105	\$458,701,793	\$3,265,350,923	\$4,522,237,171	0
			Total:	\$630,286,189	\$56,608,161	\$111,290,105	\$458,701,793	\$3,265,350,923	\$4,522,237,171	0

Department: 09A - LDH		STATE OF LOUISIANA			CHILD - DC	
Agency: 306 MEDICAL VENDOR PAYMENTS		Childrens Budget by Department			Fiscal Year 2026 - 2027 Report Date: 10/31/25	
Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended	
STATE GENERAL FUND (Direct)	\$616,398,052	\$13,954,691	\$0	\$630,286,189	\$0	
STATE GENERAL FUND BY:						
INTERAGENCY TRANSFERS	\$58,071,334	(\$1,463,173)	\$0	\$56,608,161	\$0	
FEES & SELF-GENERATED	\$110,798,538	\$491,567	\$0	\$111,290,105	\$0	
STATUTORY DEDICATIONS	\$459,684,628	(\$982,835)	\$0	\$458,701,793	\$0	
FEDERAL FUNDS	\$3,205,757,174	\$59,527,195	\$0	\$3,265,350,923	\$0	
TOTAL MEANS OF FINANCING	\$4,450,709,726	\$71,527,445	\$0	\$4,522,237,171	\$0	
Salaries	\$0	\$0	\$0	\$0	\$0	
Other Compensation	\$0	\$0	\$0	\$0	\$0	
Related Benefits	\$0	\$0	\$0	\$0	\$0	
TOTAL PERSONAL SERVICES	\$0	\$0	\$0	\$0	\$0	
Travel	\$0	\$0	\$0	\$0	\$0	
Operating Services	\$0	\$0	\$0	\$0	\$0	
Supplies	\$0	\$0	\$0	\$0	\$0	
TOTAL OPERATING EXPENSES	\$0	\$0	\$0	\$0	\$0	
PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0	\$0	
Other Charges	\$4,353,390,773	\$71,527,445	\$0	\$4,424,918,218	\$0	
Debt Service	\$0	\$0	\$0	\$0	\$0	
Interagency Transfers	\$97,318,953	\$0	\$0	\$97,318,953	\$0	
TOTAL OTHER CHARGES	\$4,450,709,726	\$71,527,445	\$0	\$4,522,237,171	\$0	
Acquisitions	\$0	\$0	\$0	\$0	\$0	
Major Repairs	\$0	\$0	\$0	\$0	\$0	
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0	

Department: 09A - LDH			STATE OF LOUISIANA		CHILD - DC
Agency: 306 MEDICAL VENDOR PAYMENTS			Childrens Budget by Department		Fiscal Year 2026 - 2027 Report Date: 10/31/25
TOTAL EXPENDITURES	\$4,450,709,726	\$71,527,445	\$0	\$4,522,237,171	\$0
Classified	0	0	0	0	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	0	0
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0

Department: 09A - LDH

Agency: 306 MEDICAL VENDOR PAYMENTS

STATE OF LOUISIANA
Childrens Budget
Agency Summary

CHILD - AS
Fiscal Year 2026 - 2027
Report Date: 10/31/25

306 - Medical Vendor Payments

Service Number	Service Name	Program Number	Program Name	General Fund	IAT	Self Generated	Stat Deds	Federal Funds	Total Funds	Positions
MVP01	Medical Services for Medicaid Eligible Children	3061	Payments to Private Providers	\$586,822,880	\$51,549,672	\$102,415,185	\$455,333,789	\$3,117,017,596	\$4,313,139,122	0
MVP01	Medical Services for Medicaid Eligible Children	3062	Payments to Public Providers	\$21,787,154	\$0	\$0	\$3,368,004	\$72,174,017	\$97,329,175	0
MVP01	Medical Services for Medicaid Eligible Children	3064	Uncompensated Care Costs	\$21,676,155	\$5,058,489	\$8,874,920	\$0	\$76,159,310	\$111,768,874	0
			Total:	\$630,286,189	\$56,608,161	\$111,290,105	\$458,701,793	\$3,265,350,923	\$4,522,237,171	0

Department: 09A - LDH
Agency: 306 MEDICAL VENDOR PAYMENTS

STATE OF LOUISIANA
Childrens Budget
by Agency

CHILD - AC
Fiscal Year 2026 - 2027
Report Date: 10/31/25

306 - Medical Vendor Payments

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$616,398,052	\$13,954,691	\$0	\$630,286,189	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$58,071,334	(\$1,463,173)	\$0	\$56,608,161	\$0
FEES & SELF-GENERATED	\$110,798,538	\$491,567	\$0	\$111,290,105	\$0
STATUTORY DEDICATIONS	\$459,684,628	(\$982,835)	\$0	\$458,701,793	\$0
FEDERAL FUNDS	\$3,205,757,174	\$59,527,195	\$0	\$3,265,350,923	\$0
TOTAL MEANS OF FINANCING	\$4,450,709,726	\$71,527,445	\$0	\$4,522,237,171	\$0
Salaries	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0
TOTAL PERSONAL SERVICES	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0
TOTAL OPERATING EXPENSES	\$0	\$0	\$0	\$0	\$0
PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0	\$0
Other Charges	\$4,353,390,773	\$71,527,445	\$0	\$4,424,918,218	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$97,318,953	\$0	\$0	\$97,318,953	\$0
TOTAL OTHER CHARGES	\$4,450,709,726	\$71,527,445	\$0	\$4,522,237,171	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH		STATE OF LOUISIANA			CHILD - AC
Agency: 306 MEDICAL VENDOR PAYMENTS		Childrens Budget by Agency			Fiscal Year 2026 - 2027 Report Date: 10/31/25
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$4,450,709,726	\$71,527,445	\$0	\$4,522,237,171	\$0
Classified	0	0	0	0	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	0	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0

Department: 09A - LDH
Agency: 306 MEDICAL VENDOR PAYMENTS

STATE OF LOUISIANA
Childrens Budget
by Agency/Program and Service

CHILD1
Fiscal Year 2026 - 2027
Report Date: 10/31/25

306 - Medical Vendor Payments

3061 - Payments to Private Providers

MVP01 - Medical Services for Medicaid Eligible Children

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$572,499,832	\$14,323,048	\$0	\$586,822,880	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$52,971,564	(\$1,421,892)	\$0	\$51,549,672	\$0
FEES & SELF-GENERATED	\$101,851,192	\$563,993	\$0	\$102,415,185	\$0
STATUTORY DEDICATIONS	\$456,316,624	(\$982,835)	\$0	\$455,333,789	\$0
FEDERAL FUNDS	\$3,057,972,465	\$59,045,131	\$0	\$3,117,017,596	\$0
TOTAL MEANS OF FINANCING	\$4,241,611,677	\$71,527,445	\$0	\$4,313,139,122	\$0
Salaries	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0
TOTAL PERSONAL SERVICES	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0
TOTAL OPERATING EXPENSES	\$0	\$0	\$0	\$0	\$0
PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0	\$0
Other Charges	\$4,241,611,677	\$71,527,445	\$0	\$4,313,139,122	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0
TOTAL OTHER CHARGES	\$4,241,611,677	\$71,527,445	\$0	\$4,313,139,122	\$0

Department: 09A - LDH	STATE OF LOUISIANA				CHILD1
Agency: 306 MEDICAL VENDOR PAYMENTS	Childrens Budget				Fiscal Year 2026 - 2027
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Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$4,241,611,677	\$71,527,445	\$0	\$4,313,139,122	\$0
Classified	0	0	0	0	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	0	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0

Department: 09A - LDH
Agency: 306 MEDICAL VENDOR PAYMENTS

STATE OF LOUISIANA
Childrens Budget
by Agency/Program and Service

CHILD1
Fiscal Year 2026 - 2027
Report Date: 10/31/25

3062 - Payments to Public Providers

MVP01 - Medical Services for Medicaid Eligible Children

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$21,921,041	(\$133,887)	\$0	\$21,787,154	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$3,368,004	\$0	\$0	\$3,368,004	\$0
FEDERAL FUNDS	\$72,040,130	\$133,887	\$0	\$72,174,017	\$0
TOTAL MEANS OF FINANCING	\$97,329,175	\$0	\$0	\$97,329,175	\$0
Salaries	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0
TOTAL PERSONAL SERVICES	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0
TOTAL OPERATING EXPENSES	\$0	\$0	\$0	\$0	\$0
PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0	\$0
Other Charges	\$50,442,600	\$0	\$0	\$50,442,600	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$46,886,575	\$0	\$0	\$46,886,575	\$0
TOTAL OTHER CHARGES	\$97,329,175	\$0	\$0	\$97,329,175	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH		STATE OF LOUISIANA			CHILD1
Agency: 306 MEDICAL VENDOR PAYMENTS		Childrens Budget			Fiscal Year 2026 - 2027
		by Agency/Program and Service			Report Date: 10/31/25
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$97,329,175	\$0	\$0	\$97,329,175	\$0
Classified	0	0	0	0	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	0	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0

Department: 09A - LDH
Agency: 306 MEDICAL VENDOR PAYMENTS

STATE OF LOUISIANA
Childrens Budget
by Agency/Program and Service

CHILD1
Fiscal Year 2026 - 2027
Report Date: 10/31/25

3064 - Uncompensated Care Costs

MVP01 - Medical Services for Medicaid Eligible Children

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$21,977,179	(\$234,470)	\$0	\$21,676,155	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$5,099,770	(\$41,281)	\$0	\$5,058,489	\$0
FEES & SELF-GENERATED	\$8,947,346	(\$72,426)	\$0	\$8,874,920	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$75,744,579	\$348,177	\$0	\$76,159,310	\$0
TOTAL MEANS OF FINANCING	\$111,768,874	\$0	\$0	\$111,768,874	\$0
Salaries	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0
TOTAL PERSONAL SERVICES	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0
TOTAL OPERATING EXPENSES	\$0	\$0	\$0	\$0	\$0
PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0	\$0
Other Charges	\$61,336,496	\$0	\$0	\$61,336,496	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$50,432,378	\$0	\$0	\$50,432,378	\$0
TOTAL OTHER CHARGES	\$111,768,874	\$0	\$0	\$111,768,874	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH		STATE OF LOUISIANA			CHILD1
Agency: 306 MEDICAL VENDOR PAYMENTS		Childrens Budget			Fiscal Year 2026 - 2027
		by Agency/Program and Service			Report Date: 10/31/25
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$111,768,874	\$0	\$0	\$111,768,874	\$0
Classified	0	0	0	0	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	0	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0

Department: 09A - LDH

Agency: 306 MEDICAL VENDOR PAYMENTS

STATE OF LOUISIANA

Childrens Budget Narrative

CHILD2

Fiscal Year 2026 - 2027

Report Date: 10/31/25

Form ID:	47187
Form Description:	306 - Private Providers Children's Budget
Service:	MVP01 - Medical Services for Medicaid Eligible Children

Question and Narrative Response

Describe the service:

This service consists of medical services and products provided to persons 19 years and under who are eligible for Medicaid. This includes the provision of medically necessary services as well as preventive and screening services. The principal users and primary beneficiaries are low-income and disabled children. This also includes the cost of services provided to the uninsured population in the Uncompensated Care Costs program. Medicaid is a federally sponsored public insurance system for health care services and products for low-income and disabled persons. Each state administers its own program within federal guidelines. The federal government mandates that certain healthcare services be covered by states who participate in the Medicaid program. Mandatory medical services include but are not limited to: Inpatient and outpatient hospital services, Physician services, Laboratory and X-Ray services, Prescription drugs, and services for Early Periodic Screening, Diagnosis and Treatment (EPSDT) of those under 19. Optional services include, but are not limited to: Ambulatory Surgical Centers, Home and Community Based Waivers, and Pediatric Day Healthcare Centers. Congress passed Public Law 105-33 in 1997 to establish a new Title XXI under the Social Security Act called the State Children's Health Insurance Program. Subsequently, in Louisiana the Governor issued Executive Order No. 97-37 establishing a Task Force to plan for the implementation of a Louisiana Children's Health Insurance Program (LaCHIP). In May 1998, the Louisiana Legislature passed Senate Bill 78 (Act 128) authorizing the implementation of LaCHIP. Effective November 1, 1998, the Louisiana Department of Health implemented the LaCHIP for uninsured children under the age of 19 with household income at or below 133% of the poverty level. Income levels were subsequently increased in several phases: October 1999 to 150% FPL, January 2001 to 200% FPL, and June 2008 to 250% FPL.

How does this fulfill the program's mission?

This will allow Louisiana Department of Health to fulfill its mission by achieving its goal of enrolling and providing healthcare coverage for children in accordance with the approved state plan.

Who are the principal users?

The principal users are low-income and disabled children.

Who primarily benefits from the service?

The primary beneficiaries are low-income and disabled children.

Related objectives and performance measures:

Department: 09A - LDH

Agency: 306 MEDICAL VENDOR PAYMENTS

STATE OF LOUISIANA

Childrens Budget

Narrative

CHILD2

Fiscal Year 2026 - 2027

Report Date: 10/31/25

Question and Narrative Response

- Objective 3061-02: Through the Medicaid Managed Care Activity, increase preventive and primary healthcare use, thereby improving quality health outcomes, and patient experience for Louisiana Medicaid members.
- 3061004 - Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year;
- 3061005 - Percentage of enrolled children ages one through under age 21 who received at least two dental topical fluoride applications within the measurement year;
- 3061006 - Percentage of enrolled children who have ever received sealants on permanent first molar teeth. Two rates are reported: (1) at least one sealant and (2) all four molars sealed by the 10th birthdate;
- 26943 - Percentage of well care visits for children in the first 15 months of age;
- 26944 - Percentage of well care visits for children 15 to 30 months of age;
- 26945 - Percentage of child and adolescent well care visits.
- Objective 3061-03: Through the Long-Term Services and Supports Activity, ensure the HCBS program remains in compliance with state and federal requirements so that Medicaid can continue to increase access for HCBS recipients.
- 26589 - Percentage of providers compliant with the state's EVV standard;
- 26590 - Percentage of LTSS recipients receiving Home and Community Based Services.

Department: 09A - LDH
Agency: 306 MEDICAL VENDOR PAYMENTS

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47188
Form Description:	306 - Public Providers Children's Budg
Service:	MVP01 - Medical Services for Medicaid Eligible Children

Question and Narrative Response

Describe the service:

This service consists of medical services and products provided to persons 19 years and under who are eligible for Medicaid. This includes the provision of medically necessary services as well as preventive and screening services. The principal users and primary beneficiaries are low-income and disabled children. This also includes the cost of services provided to the uninsured population in the Uncompensated Care Costs program. Medicaid is a federally sponsored public insurance system for health care services and products for low-income and disabled persons. Each state administers its own program within federal guidelines. The federal government mandates that certain healthcare services be covered by states who participate in the Medicaid program. Mandatory medical services include but are not limited to: Inpatient and outpatient hospital services, Physician services, Laboratory and X-Ray services, Prescription drugs, and services for Early Periodic Screening, Diagnosis and Treatment (EPSDT) of those under 19. Optional services include, but are not limited to: Ambulatory Surgical Centers, Home and Community Based Waivers, and Pediatric Day Healthcare Centers. Congress passed Public Law 105-33 in 1997 to establish a new Title XXI under the Social Security Act called the State Children's Health Insurance Program. Subsequently, in Louisiana the Governor issued Executive Order No. 97-37 establishing a Task Force to plan for the implementation of a Louisiana Children's Health Insurance Program (LaCHIP). In May 1998, the Louisiana Legislature passed Senate Bill 78 (Act 128) authorizing the implementation of LaCHIP. Effective November 1, 1998, the Louisiana Department of Health implemented the LaCHIP for uninsured children under the age of 19 with household income at or below 133% of the poverty level. Income levels were subsequently increased in several phases: October 1999 to 150% FPL, January 2001 to 200% FPL, and June 2008 to 250% FPL.

How does this fulfill the program's mission?

This will allow Louisiana Department of Health to fulfill its mission by achieving its goal of enrolling and providing healthcare coverage for children in accordance with the approved state plan.

Who are the principal users?

The principal users are low-income and disabled children.

Who primarily benefits from the service?

The primary beneficiaries are low-income and disabled children.

Related objectives and performance measures:

- Objective 3062-01: Through the Payment to Public Providers activity, to track utilization of services provided by local school systems including nursing services, which allow for important medical screenings to be provided by these school systems with Medicaid reimbursement.
- 24092 - Number of Local Education Agencies participating in School Nursing Services;
- 25580 - Number of unduplicated recipients Receiving School Nursing Services from Local Education Agencies;
- 25582 - Number of school nurses in participating Local Education Agencies.

Department: 09A - LDH
Agency: 306 MEDICAL VENDOR PAYMENTS

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47189
Form Description:	306 UCC Children's Budget
Service:	MVP01 - Medical Services for Medicaid Eligible Children

Question and Narrative Response

Describe the service:

This service consists of medical services and products provided to persons 19 years and under who are eligible for Medicaid. This includes the provision of medically necessary services as well as preventive and screening services. The principal users and primary beneficiaries are low-income and disabled children. This also includes the cost of services provided to the uninsured population in the Uncompensated Care Costs program. Medicaid is a federally sponsored public insurance system for health care services and products for low-income and disabled persons. Each state administers its own program within federal guidelines. The federal government mandates that certain healthcare services be covered by states who participate in the Medicaid program. Mandatory medical services include but are not limited to: Inpatient and outpatient hospital services, Physician services, Laboratory and X-Ray services, Prescription drugs, and services for Early Periodic Screening, Diagnosis and Treatment (EPSDT) of those under 19. Optional services include, but are not limited to: Ambulatory Surgical Centers, Home and Community Based Waivers, and Pediatric Day Healthcare Centers. Congress passed Public Law 105-33 in 1997 to establish a new Title XXI under the Social Security Act called the State Children's Health Insurance Program. Subsequently, in Louisiana the Governor issued Executive Order No. 97-37 establishing a Task Force to plan for the implementation of a Louisiana Children's Health Insurance Program (LaCHIP). In May 1998, the Louisiana Legislature passed Senate Bill 78 (Act 128) authorizing the implementation of LaCHIP. Effective November 1, 1998, the Louisiana Department of Health implemented the LaCHIP for uninsured children under the age of 19 with household income at or below 133% of the poverty level. Income levels were subsequently increased in several phases: October 1999 to 150% FPL, January 2001 to 200% FPL, and June 2008 to 250% FPL.

How does this fulfill the program's mission?

This will allow Louisiana Department of Health to fulfill its mission by achieving its goal of enrolling and providing healthcare coverage for children in accordance with the approved state plan.

Who are the principal users?

The principal users are low-income and disabled children.

Who primarily benefits from the service?

The primary beneficiaries are low-income and disabled children.

Related objectives and performance measures:

There are no specific objectives or performance measures associated with the Children's Budget in the Uncompensated Care Costs Program.

Agency: 306 MEDICAL VENDOR PAYMENTS

STATE OF LOUISIANA
Sunset Review

SUNSET1
Fiscal Year 2026 - 2027
Report Date: 10/31/25



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