

Agency Budget Request

FISCAL YEAR 2023–2024



Louisiana Department of Health
306 — Medical Vendor Payments



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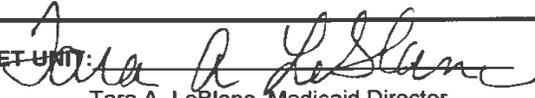
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BUDGET REQUEST

Fiscal Year Ending June 30,2024

NAME OF DEPARTMENT / AGENCY: Louisiana Department of Health (09) PHYSICAL ADDRESS: 628 North 4th Street
BUDGET UNIT: Medical Vendor Payments (306) P. O. Box 91030, Baton Rouge, LA
SCHEDULE NUMBER: 09-306 ZIP CODE: 70821-9030
TELEPHONE NUMBER: (877) 252-2447 WEB ADDRESS: http://www.ldh.la.gov

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></u> PRINTED NAME/TITLE: <u>Dr. Courtney N. Phillips</u> DATE: <u>10/24/22</u> EMAIL ADDRESS: <u>Courtney.Phillips@la.gov</u>	HEAD OF BUDGET UNIT: <u></u> PRINTED NAME/TITLE: <u>Tara A. LeBlanc, Medicaid Director</u> DATE: <u>10/20/2022</u> EMAIL ADDRESS: <u>Tara.LeBlanc@la.gov</u>
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PROGRAM CONTACT PERSON: <u>Anthony Shamis</u> TITLE: <u>Medicaid Program Mgr. 3, Financial Mgmt. and Operations</u> TELEPHONE NUMBER: <u>(225) 342-9493</u> EMAIL ADDRESS: <u>Anthony.Shamis@la.gov</u>	FINANCIAL CONTACT PERSON: <u>Daniel Cocran</u> TITLE: <u>Medicaid Deputy Director of Finance</u> TELEPHONE NUMBER: <u>(225) 342-3426</u> EMAIL ADDRESS: <u>Daniel.Cocran@la.gov</u>
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Operational Plan

**OPERATIONAL PLAN FORM
DEPARTMENT DESCRIPTION**

DEPARTMENT NUMBER AND NAME: 09 - LOUISIANA DEPARTMENT OF HEALTH

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 GOAL(S):

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

**OPERATIONAL PLAN FORM
AGENCY (BUDGET UNIT) DESCRIPTION**

AGENCY NUMBER AND NAME: 09-306 Medical Vendor Payments (MVP)

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 GOAL(S):

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 STRATEGIES FOR DEVELOPMENT AND IMPLEMENTATION 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.

**OPERATIONAL PLAN FORM
PROGRAM DESCRIPTION**

PROGRAM NAME: Payments to Private Providers (1000-A)

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 GOAL(S):

- 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 1: Medicaid Managed Care

On February 1, 2012, the Louisiana Department of Health (LDH) transitioned nearly 900,000 Medicaid enrollees from the state's decades old FFS program to a Medicaid managed care model. Rollout occurred in phases based upon designated geographic service areas with the statewide rollout completed on June 1, 2012.

In transitioning from the FFS program to the Medicaid managed care model, Louisiana sought to:

- 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.
- Provide for a more financially stable Medicaid program.

Louisiana's Medicaid managed care program is responsible for providing high-quality, innovative, and cost-effective health care to Medicaid enrollees. Guided by the Triple Aim, LDH partners with enrollees, providers, and health plans to continue building a Medicaid managed care delivery system that improves the health of populations (better health), enhances the experience of care for individuals (better care), and effectively manages costs of care (lower costs).

More specifically, the Medicaid managed care objectives include:

- Advancing evidence-based practices, high-value care and service excellence
- Supporting innovation and a culture of continuous quality improvement (CQI) in Louisiana
- Ensuring enrollees ready access to care including through innovative means such as medical homes and telehealth
- Improving enrollee health
- Decreasing fragmentation and increasing integration across providers and care settings particularly for enrollees with behavioral health needs
- Using a population health approach, supported by health information technology, to advance health equity and address social determinants of health
- Reducing complexity and administrative burden for providers and enrollees
- 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. Five (5) 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 including 727,501 new adults since Medicaid expansion took effect in July 2016 (<https://ldh.la.gov/HealthyLaDashboard/>). 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 included in the Louisiana Medicaid State Plan to Medicaid recipients. 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. 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.

DEPARTMENT ID: LOUISIANA DEPARTMENT OF HEALTH (09)
 AGENCY ID: MEDICAL VENDOR PAYMENTS (09-306)
 PROGRAM ID: A - PAYMENTS TO PRIVATE PROVIDERS
 PROGRAM ACTIVITY: A-1 - MEDICAID MANAGED CARE

1. **K** Objective: Through the Medicaid Managed Care Activity, increase budget predictability while providing for a service delivery model of high quality, medically necessary health services, and avoiding unnecessary spending on duplication of services and low value care.

Children's Budget Link: Not Applicable
 Human Resource Policies Beneficial to Women and Families Link: Not Applicable
 Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

LaPAS PI CODE	L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES						
			YEAREND PERFORMANCE STANDARD FY 2021-2022	ACTUAL YEAREND PERFORMANCE FY 2021-2022	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2022-2023	EXISTING PERFORMANCE STANDARD FY 2022-2023	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2023-2024	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2023-2024	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2023-2024
25602	K	Percentage of Medicaid enrollees enrolled in a managed care model	85%	85%	85%	85%	85%		
25603	K	Percentage of Medicaid enrollee expenditures under a managed care model	79%	81% ¹	79%	79%	81%		

¹ The increase from the standard was a result of the Managed Care Organization (MCO) lump sum payment reconciliations that occurred in FY 2021-2022 instead of FY 2020-2021.

DEPARTMENT ID: LOUISIANA DEPARTMENT OF HEALTH (09)
 AGENCY ID: MEDICAL VENDOR PAYMENTS (09-306)
 PROGRAM ID: A - PAYMENTS TO PRIVATE PROVIDERS
 PROGRAM ACTIVITY: A-1 - MEDICAID MANAGED CARE

2. **K** Objective: Through the Medicaid Managed Care Activity, increase preventive and primary healthcare use, thereby improving quality, health outcomes, and patient experience for Louisiana Medicaid members.

Children's Budget Link: Not applicable
 Human Resource Policies Beneficial to Women and Families Link: Not Applicable
 Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

LaPAS PI E CODE	L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2023-2024	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2023-2024
			YEAREND PERFORMANCE STANDARD FY 2021-2022	ACTUAL YEAREND PERFORMANCE FY 2021-2022	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2022-2023	EXISTING PERFORMANCE STANDARD FY 2022-2023	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2023-2024		
25576	K	Percentage of Medicaid enrollees, enrolled for at least 90 consecutive days aged 6-9, who receive a dental sealant on a permanent molar tooth	17%	14% ¹	17%	17%	17%		
22947	K	Percentage of Medicaid enrollees aged 2-21 years of age who had at least one dental visit in a year	60%	48% ²	60%	60%	60%		
25577	K	Number of Medicaid enrollees aged 6-9 enrolled for at least 90 consecutive days, who receive a dental sealant on a permanent tooth	25,924	22,542 ¹	25,924	25,924	25,924		

¹ The COVID-19 Pandemic and Hurricane Ida had negative impacts on dental service utilization.

² Utilization was below average during the COVID-19 Pandemic and members displaced from Hurricane Ida impacted utilization for dental services.

DEPARTMENT ID: LOUISIANA DEPARTMENT OF HEALTH (09)
 AGENCY ID: MEDICAL VENDOR PAYMENTS (09-306)
 PROGRAM ID: A - PAYMENTS TO PRIVATE PROVIDERS
 PROGRAM ACTIVITY: A-1 - MEDICAID MANAGED CARE

GENERAL PERFORMANCE INFORMATION:						
LaPAS PI CODE	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES				
		PRIOR YEAR ACTUAL FY 2017-2018	PRIOR YEAR ACTUAL FY 2018-2019	PRIOR YEAR ACTUAL FY 2019-2020	PRIOR YEAR ACTUAL FY 2020-2021	PRIOR YEAR ACTUAL FY 2021-2022
25604	Annual amount of premium taxes paid by Medicaid managed care plans	\$416,394,406	\$423,731,985	\$450,247,830	\$511,575,725	\$558,951,031
26113	Percentage increase in adults' access to preventative/ambulatory health services for Healthy Louisiana members	79.36% ¹	80.00% ²	79.10% ³	75.53% ⁴	75.91% ⁵
NEW	Percentage of well care visits for children in the first 15 months of age	Not Available ⁶	Not Available ⁶	Not Available ⁶	54.28%	56.41%
NEW	Percentage of well care visits for children 15 to 30 months of age	Not Available ⁶	Not Available ⁶	Not Available ⁶	66.98%	62.32%
NEW	Percentage of child and adolescent well care visits	Not Available ⁶	Not Available ⁶	Not Available ⁶	45.81%	47.32%

¹ Percentage reflects the Calendar Year 2016 Healthcare Effectiveness Data and Information Set (HEDIS) provided by the Island Peer Review Organization (IPRO) based on the Managed Care Organization (MCO) statewide averages.

² Percentage reflects the Calendar Year 2017 Healthcare Effectiveness Data and Information Set (HEDIS) provided by the Island Peer Review Organization (IPRO) based on the Managed Care Organization (MCO) statewide averages.

³ Percentage reflects the Calendar Year 2020 (Measurement Year 2019) Healthcare Effectiveness Data and Information Set (HEDIS) provided by the Island Peer Review Organization (IPRO) based on the Managed Care Organization (MCO) statewide averages.

⁴ The 2020-2021 Prior Year Actual value changed from 79.10% to 75.53% on January 11, 2022 to reflect the Calendar Year 2020 (Measurement Year 2020) Healthcare Effectiveness Data and Information Set (HEDIS) provided by the Island Peer Review Organization (IPRO) based on the Managed Care Organization (MCO) statewide averages.

⁵ Percentage reflects the Calendar Year 2021 (Measurement Year 2021) Healthcare Effectiveness Data and Information Set (HEDIS) provided by the Island Peer Review Organization (IPRO) based on the Managed Care Organization (MCO) statewide averages.

⁶ This is a new performance indicator and no data is available to report prior to FY 2020-2021.

DEPARTMENT ID: LOUISIANA DEPARTMENT OF HEALTH (09)
 AGENCY ID: MEDICAL VENDOR PAYMENTS (09-306)
 PROGRAM ID: A - PAYMENTS TO PRIVATE PROVIDERS
 PROGRAM ACTIVITY: A-2 - LONG-TERM SERVICES AND SUPPORTS (LTSS)

3. K Objective: 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: Not Applicable
 Human Resource Policies Beneficial to Women and Families Link: Not Applicable
 Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

LaPAS PI CODE	L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES						
			YEAREND PERFORMANCE STANDARD FY 2021-2022	ACTUAL YEAREND PERFORMANCE FY 2021-2022	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2022-2023	EXISTING PERFORMANCE STANDARD FY 2022-2023	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2023-2024	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2023-2024	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2023-2024
26589	K	Percentage of providers compliant with the state's EVV standard	88%	92%	90%	90%	90%		
26590	K	Percentage of LTSS recipients receiving Home and Community Based Services (Modified)	45%	44%	45%	45%	45%		

OPERATIONAL PLAN FORM PROGRAM DESCRIPTION

PROGRAM NAME: Payments to Public Providers (2000-B)

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 GOAL(S):

- I. To facilitate contractual arrangements between safety net public providers and Medicaid managed care entities
- II. To provide cost effective and medically appropriate Medicaid covered services through public providers

PROGRAM ACTIVITY 1: Payments to Public Providers

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.

DEPARTMENT ID: LOUISIANA DEPARTMENT OF HEALTH (09)
 AGENCY ID: MEDICAL VENDOR PAYMENTS (09-306)
 PROGRAM ID: B - PAYMENTS TO PUBLIC PROVIDERS
 PROGRAM ACTIVITY: B-1 - PAYMENTS TO PUBLIC PROVIDERS

1. **K** Objective: 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.

Children's Budget Link: Not Applicable
 Human Resource Policies Beneficial to Women and Families Link: Not Applicable
 Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

LaPAS PI E CODE	L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES						
			YEAREND PERFORMANCE STANDARD FY 2021-2022	ACTUAL YEAREND PERFORMANCE FY 2021-2022	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2022-2023	EXISTING PERFORMANCE STANDARD FY 2022-2023	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2023-2024	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2023-2024	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2023-2024
24092	K	Number of Local Education Agencies participating in School Nursing Services	107	99	107	107	99		
25580	K	Number of unduplicated recipients Receiving School Nursing Services from Local Education Agencies	191,000	159,874 ¹	191,000	191,000	191,000		

¹ Fewer Local Education Agencies (LEAs) participated in the School-Based Medicaid Program (SBMP).

DEPARTMENT ID: LOUISIANA DEPARTMENT OF HEALTH (09)
 AGENCY ID: MEDICAL VENDOR PAYMENTS (09-306)
 PROGRAM ID: B - PAYMENTS TO PUBLIC PROVIDERS
 PROGRAM ACTIVITY: B-1 - PAYMENTS TO PUBLIC PROVIDERS

GENERAL PERFORMANCE INFORMATION:						
LaPAS PI CODE	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES				
		PRIOR YEAR ACTUAL FY 2017-2018	PRIOR YEAR ACTUAL FY 2018-2019	PRIOR YEAR ACTUAL FY 2019-2020	PRIOR YEAR ACTUAL FY 2020-2021	PRIOR YEAR ACTUAL FY 2021-2022
25582	Number of school nurses in participating Local Education Agencies	614	544	622	710	865

DEPARTMENT ID: LOUISIANA DEPARTMENT OF HEALTH (09)
 AGENCY ID: MEDICAL VENDOR PAYMENTS (09-306)
 PROGRAM ID: B - PAYMENTS TO PUBLIC PROVIDERS
 PROGRAM ACTIVITY: B-2 - FAMILY PLANNING SERVICES

2. **K** Objective: Through the Family Planning Services Activity, increase the percentage of patients seen by public providers who have Medicaid coverage.

Children's Budget Link: Not Applicable
 Human Resource Policies Beneficial to Women and Families Link: Not Applicable
 Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

LaPAS PI CODE	L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES						
			YEAREND PERFORMANCE STANDARD FY 2021-2022	ACTUAL YEAREND PERFORMANCE FY 2021-2022	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2022-2023	EXISTING PERFORMANCE STANDARD FY 2022-2023	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2023-2024	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2023-2024	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2023-2024
25583	K	Number of Medicaid eligibles receiving family planning services	11,500	10,235 ¹	11,500	11,500	DELETE ³		
25585	K	Percentage change in the number of Medicaid eligibles accessing family planning services	13%	1% ²	13%	13%	DELETE ³		

¹ The COVID-19 pandemic caused a decrease in the members seeking family planning services by public providers.

² Program Operations & Compliance used cumulative data to identify the percentage change as it relates to the number of Medicaid members accessing routine care from public health providers. This fiscal year shows a decrease in Medicaid members compared to FY 2021-2022.

³ PLEASE DELETE THIS PERFORMANCE INDICATOR. The Family Planning Services are obsolete. The Office of Public Health (OPH) family planning clinic concept is using the fee schedule and provider number for those clinics to simplify the billing process under their physician group.

DEPARTMENT ID: LOUISIANA DEPARTMENT OF HEALTH (09)
 AGENCY ID: MEDICAL VENDOR PAYMENTS (09-306)
 PROGRAM ID: B - PAYMENTS TO PUBLIC PROVIDERS
 PROGRAM ACTIVITY: B-2 - FAMILY PLANNING SERVICES

3. K Objective: Through the Family Planning Services Activity, to reduce the prevalence of Sexually Transmitted Infections (STI) through outreach, screening, and treatment as a Medicaid service.

Children's Budget Link: Not Applicable

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by providing access to and provision of primary and preventive health to women and children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

LaPAS PI CODE	L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES						
			YEAREND PERFORMANCE STANDARD FY 2021-2022	ACTUAL YEAREND PERFORMANCE FY 2021-2022	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2022-2023	EXISTING PERFORMANCE STANDARD FY 2022-2023	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2023-2024	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2023-2024	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2023-2024
25590	K	Number of Medicaid eligibles screened for syphilis	85,000	96,935	85,000	85,000	DELETE ²		
25591	K	Number of Medicaid eligibles screened for HIV	140,000	152,466	140,000	140,000	DELETE ²		
25592	K	Number of Medicaid eligibles screened for chlamydia	10,000	7,906 ¹	10,000	10,000	DELETE ²		
25593	K	Number of Medicaid eligibles screened for gonorrhea	10,000	7,906 ¹	10,000	10,000	DELETE ²		

¹ The COVID-19 pandemic caused a decrease in members seeking routine care.

² PLEASE DELETE THIS PERFORMANCE INDICATOR. The Family Planning Services are obsolete. The Office of Public Health (OPH) family planning clinic concept is using the fee schedule and provider number for those clinics to simplify the billing process under their physician group.

**OPERATIONAL PLAN FORM
PROGRAM DESCRIPTION**

PROGRAM NAME: Buy-Ins & Supplements (3000-C)

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 GOAL(S):

- I. To implement 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 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.

As an added benefit, people who qualify for the MSP are automatically eligible for the low-income subsidy (LIS or Extra Help), which helps pay for the premium, deductible, and some copayments of a Medicare Part D drug plan, enabling them to maintain drug coverage. The state receives regular Medicaid federal match on Qualified Medicare Beneficiaries (income below 100% Federal Poverty Level [FPL]) and Specified Low Income Beneficiaries (income between 100-120% FPL), but expenditures for Qualified Individuals (between 120-135% FPL) are 100% federally funded.

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

The 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 reinstated 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.

Through coordination of services with private health insurance, the state Medicaid agency can leverage other resources that would otherwise have to be assumed for this population in the Medicaid program. 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.

States experience a number of benefits from building and growing premium assistance programs like LaHIPP, according to the National Academy for State Health Policy, including:

- 1) strengthening of the private insurance market and preventing the substitution of public coverage for available private coverage;
- 2) allowing Medicaid agencies to benefit from employer contributions towards the care of Medicaid eligibles;
- 3) easing the transition from public coverage to private coverage; and
- 4) allowing children to enroll in a single health plan with their parents for greater access to services.

DEPARTMENT ID: LOUISIANA DEPARTMENT OF HEALTH (09)
 AGENCY ID: MEDICAL VENDOR PAYMENTS (09-306)
 PROGRAM ID: C - BUY-INS & SUPPLEMENTS
 PROGRAM ACTIVITY: C-1 - MEDICARE SAVINGS PROGRAM FOR LOW-INCOME SENIORS & PERSONS WITH DISABILITIES

1. **K** Objective: 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: Not Applicable
 Human Resource Policies Beneficial to Women and Families Link: Not Applicable
 Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

LaPAS PI CODE	L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES						
			YEAREND PERFORMANCE STANDARD FY 2021-2022	ACTUAL YEAREND PERFORMANCE FY 2021-2022	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2022-2023	EXISTING PERFORMANCE STANDARD FY 2022-2023	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2023-2024	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2023-2024	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2023-2024
2266	K	Total savings (costs of care less premium costs) for Medicare benefits	\$1,375,000,000	\$1,099,326,333 ¹	\$1,375,000,000	\$1,375,000,000	\$1,375,000,000		

¹ Medicaid did not close any cases, paid more Buy-ins, and enrolled more recipients between April 2022 and June 2022. We paid more Buy-ins than normal during this timeframe and some Medicare recipients in the Medicaid Expansion Program were ineligible in the past. This population continues to grow and utilize more services as the baby boomer generation ages. The Federal Government renewed the Covid-19 Public Health Emergency on January 16, 2022 and Medicaid expects the variance to exceed five percent with other renewals.

DEPARTMENT ID: LOUISIANA DEPARTMENT OF HEALTH (09)
 AGENCY ID: MEDICAL VENDOR PAYMENTS (09-306)
 PROGRAM ID: C - BUY-INS & SUPPLEMENTS
 PROGRAM ACTIVITY: C-1 - MEDICARE SAVINGS PROGRAM FOR LOW-INCOME SENIORS & PERSONS WITH DISABILITIES

GENERAL PERFORMANCE INFORMATION:						
LaPAS PI CODE	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES				
		PRIOR YEAR ACTUAL FY 2017-2018	PRIOR YEAR ACTUAL FY 2018-2019	PRIOR YEAR ACTUAL FY 2019-2020	PRIOR YEAR ACTUAL FY 2020-2021	PRIOR YEAR ACTUAL FY 2021-2022
2261	Total number of recipients (Part A)	8,757	8,681	8,612	9,774	10,036
2262	Total number of recipients (Part B)	202,181	210,129	213,456	226,267	236,420
2263	Total number of Buy-In eligibles (Part A & B)	210,938	218,810	222,068	236,041	246,456
2264	Buy-In Expenditures (Part A)	\$40,256,449	\$41,915,248	\$43,061,650	\$53,840,382	\$53,365,720
2265	Buy-In Expenditures (Part B)	\$329,163,729	\$339,498,785	\$366,056,572	\$394,148,585	\$449,516,136

DEPARTMENT ID: LOUISIANA DEPARTMENT OF HEALTH (09)
 AGENCY ID: MEDICAL VENDOR PAYMENTS (09-306)
 PROGRAM ID: C - BUY-INS & SUPPLEMENTS
 PROGRAM ACTIVITY: C-2 - LOUISIANA HEALTH INSURANCE PREMIUM PAYMENT (LAHIPP) PROGRAM

2. K Objective: 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: Not Applicable

Human Resource Policies Beneficial to Women and Families Link: Not Applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

LaPAS PI CODE	L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES						
			YEAREND PERFORMANCE STANDARD FY 2021-2022	ACTUAL YEAREND PERFORMANCE FY 2021-2022	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2022-2023	EXISTING PERFORMANCE STANDARD FY 2022-2023	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2023-2024	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2023-2024	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2023-2024
22327	K	Number of cases added in LaHIPP	1,200	666 ¹	1,200	1,200	1,000		
24099	K	LaHIPP Total Savings	\$2,100,000	\$2,820,708 ²	\$3,000,000	\$3,000,000	\$4,000,000		
26593	K	Number of Medicaid enrollees with private coverage paid by LaHIPP	2,100	1,167 ³	2,100	2,100	2,100		
26594	K	Number of non-Medicaid family members with private coverage paid by LaHIPP	1,100	703 ⁴	800	800	1,200		

¹ The cost effectiveness calculation is under revision to increase the number of cases deemed eligible for the program.
² Medicaid can anticipate an increase in savings with the number of cost effective enrollees.
³ Medicaid is implementing and marketing a new module to increase LaHIPP program interest and enrollment.
⁴ Premiums paid for non-Medicaid individuals by LaHIPP increased with the enrollment of Medicaid members.

**OPERATIONAL PLAN FORM
PROGRAM DESCRIPTION**

PROGRAM NAME: Uncompensated Care Costs (4000-D)

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 GOAL(S):

I. 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 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.

DEPARTMENT ID: LOUISIANA DEPARTMENT OF HEALTH (09)
 AGENCY ID: MEDICAL VENDOR PAYMENTS (09-306)
 PROGRAM ID: D - Uncompensated Care Costs (UCC)
 PROGRAM ACTIVITY: D-1 - Uncompensated Care Costs (UCC) Program

1. **K** Objective: 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: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.
 Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by ensuring the provision of healthcare services to women and families.
 Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Explanatory Note: Disproportionate Share Hospitals (DSH) are federally mandatory hospitals serving a larger percentage of Medicaid and/ or uninsured patients.

LaPAS PI CODE	L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES						
			YEAREND PERFORMANCE STANDARD FY 2021-2022	ACTUAL YEAREND PERFORMANCE FY 2021-2022	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2022-2023	EXISTING PERFORMANCE STANDARD FY 2022-2023	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2023-2024	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2023-2024	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2023-2024
17040	S	Total DSH funds collected in millions	\$1,144.9	\$1,086.5 ¹	\$1,172.3	\$368.9 ³	\$379.9 ⁴		
17041	K	Total federal funds collected in millions	\$797.0	\$736.5 ²	\$789.1	\$248.6 ³	\$240.2 ⁴		
17042	S	Total state match in millions	\$347.9	\$350.0	\$383.2	\$120.3 ³	\$139.7 ⁴		

¹ DSH payments made to qualifying hospitals were slightly less than anticipated.

² DSH payments made to qualifying hospitals were lower than projected, which resulted in a reduction in the federal match payments.

³ The Existing Performance Standard reduction is the result of Mid-Year Budget Adjustment Request Form BA-7 #2 (Revision 2), which provides the necessary funds to implement the Directed Payment Programs recently approved by the Centers for Medicare and Medicaid Services (CMS) effective July 1, 2022.

⁴ The Performance at Continuation Budget Level includes additional funding for the annualization of 118 Office of Behavioral Health (OBH) Eastern Louisiana Mental Health System (ELMHS) inpatient civil intermediate beds.

**OPERATIONAL PLAN FORM
OPERATIONAL PLAN ADDENDA**

ORGANIZATION AND PROGRAM STRUCTURE CHARTS CHECKLIST:

Organization Chart Attached: X_____

Program and Activity Structure Chart Attached: _____

OTHER: List any other attachments to operational plan.

- 1.
- 2.
- 3.

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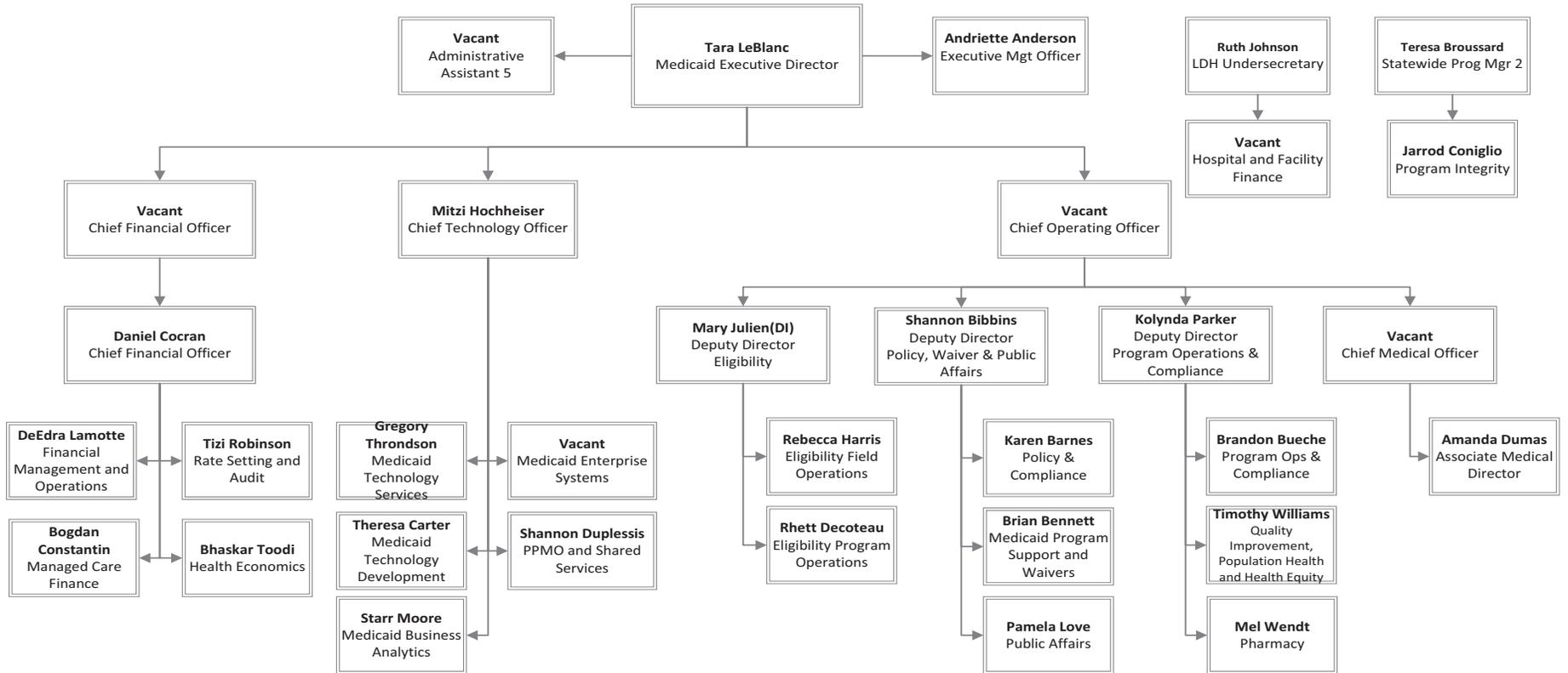
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Medicaid Leadership

Updated: October 4, 2022



Budget Request Overview

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	1,478,962,345	2,078,910,529	2,478,588,308	399,677,779	19.23%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	116,925,206	119,632,199	164,449,291	44,817,092	37.46%
FEES & SELF-GENERATED	568,268,678	641,272,669	624,003,929	(17,268,740)	(2.69)%
STATUTORY DEDICATIONS	1,112,138,188	1,324,640,230	1,242,130,046	(82,510,184)	(6.23)%
FEDERAL FUNDS	11,798,522,694	13,484,638,330	13,223,328,068	(261,310,262)	(1.94)%
TOTAL MEANS OF FINANCING	\$15,074,817,111	\$17,649,093,957	\$17,732,499,642	\$83,405,685	0.47%

Fees and Self-Generated

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
Fees & Self-Generated	568,268,678	641,272,669	624,003,929	(17,268,740)	(2.69)%
Total:	\$568,268,678	\$641,272,669	\$624,003,929	\$(17,268,740)	(2.69)%

Statutory Dedications

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
Louisiana Medical Assistance Trust Fund	941,404,978	982,819,274	882,405,276	(100,413,998)	(10.22)%
Medicaid Trust Fund for the Elderly	—	5,048,896	22,952,710	17,903,814	354.61%
New Opportunities Waiver (NOW) Fund	23,006,086	43,348,066	43,348,066	—	—
Hospital Stabilization Fund	108,139,101	257,146,329	257,146,329	—	—
Louisiana Fund	9,804,762	11,879,184	11,879,184	—	—
Health Excellence Fund	29,783,261	24,398,481	24,398,481	—	—
Total:	\$1,112,138,188	\$1,324,640,230	\$1,242,130,046	\$(82,510,184)	(6.23)%

Agency Expenditures

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 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	14,844,524,639	17,329,418,990	17,401,920,075	72,501,085	0.42%
Debt Service	—	—	—	—	—
Interagency Transfers	230,292,473	319,674,967	330,579,567	10,904,600	3.41%
TOTAL OTHER CHARGES	\$15,074,817,111	\$17,649,093,957	\$17,732,499,642	\$83,405,685	0.47%
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$15,074,817,111	\$17,649,093,957	\$17,732,499,642	\$83,405,685	0.47%

Cost Detail

Means of Financing

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
State General Fund	1,478,962,345	2,078,910,529	2,478,588,308	399,677,779
Interagency Transfers	116,925,206	119,632,199	164,449,291	44,817,092
Fees & Self-Generated	568,268,678	641,272,669	624,003,929	(17,268,740)
Louisiana Medical Assistance Trust Fund	941,404,978	982,819,274	882,405,276	(100,413,998)
Medicaid Trust Fund for the Elderly	—	5,048,896	22,952,710	17,903,814
New Opportunities Waiver (NOW) Fund	23,006,086	43,348,066	43,348,066	—
Hospital Stabilization Fund	108,139,101	257,146,329	257,146,329	—
Louisiana Fund	9,804,762	11,879,184	11,879,184	—
Health Excellence Fund	29,783,261	24,398,481	24,398,481	—
Federal Funds	11,798,522,694	13,484,638,330	13,223,328,068	(261,310,262)
Total:	\$15,074,817,111	\$17,649,093,957	\$17,732,499,642	\$83,405,685

Other Charges

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	17,329,418,990	17,401,920,075	72,501,085
5610003	OTHER PUBLIC ASST	2,109,448	—	—	—
5610015	LOC AID-MEDICAID PMT	17,245,714,787	—	—	—
5620034	MISC-CANCELLATIONS	(87,821)	—	—	—
5620037	MISC-AUDT ADJ MIX-PD	(2,009,884,253)	—	—	—
5620038	MISC-RECOVERIES	(4,048,761)	—	—	—
5620039	MISC-REBATE-MEDICAID	(1,612,239)	—	—	—
5620041	MISC-THIRD PARTY ADJ	(4,132,477)	—	—	—
5620042	MISC-ADT ADJ MXD-REC	(1,689,914)	—	—	—
5620043	MISC-RECOUP-STINST	(262,214,568)	—	—	—
5620047	MISC-VOLUNTARY RELAT	(2,888,145)	—	—	—
5620048	MISC-E.D.S. FED TPL	(451)	—	—	—
5620050	MISC-FIS TPL CLM ADJ	(1,562,500)	—	—	—

Other Charges *(continued)*

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5620052	MISC-STTPL COL 3RD	(2,292,381)	—	—	—
5620069	MISC-INTERAGENCY OTH	200,000	—	—	—
5620146	MISC-OC-RECOUPMENTS	(113,059,044)	—	—	—
5620150	MISC-OC-MEDICAID INT	(27,043)	—	—	—
Total Other Charges:		\$14,844,524,639	\$17,329,418,990	\$17,401,920,075	\$72,501,085

Interagency Transfers

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	319,674,967	330,579,567	10,904,600
5950001	IAT-COMMODITY/SERV	137,369,545	—	—	—
5950030	IAT-MEDICAL SERVICES	1,485,881	—	—	—
5950033	IAT-INTER AGY TRANS	91,437,047	—	—	—
Total Interagency Transfers:		\$230,292,473	\$319,674,967	\$330,579,567	\$10,904,600
Total Agency Expenditures:		\$15,074,817,111	\$17,649,093,957	\$17,732,499,642	\$83,405,685

PROGRAM SUMMARY STATEMENT

3061 - Payments to Private Providers

Means of Financing

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	993,245,783	1,587,360,928	1,935,934,644	348,573,716	21.96%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	75,739,740	105,543,851	150,528,867	44,985,016	42.62%
FEES & SELF-GENERATED	471,682,185	616,555,215	599,581,090	(16,974,125)	(2.75)%
STATUTORY DEDICATIONS	1,102,990,322	1,315,492,364	1,232,982,180	(82,510,184)	(6.27)%
FEDERAL FUNDS	10,457,208,553	12,671,708,663	12,387,088,467	(284,620,196)	(2.25)%
TOTAL MEANS OF FINANCING	\$13,100,866,583	\$16,296,661,021	\$16,306,115,248	\$9,454,227	0.06%

Fees and Self-Generated

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
Fees & Self-Generated	471,682,185	616,555,215	599,581,090	(16,974,125)	(2.75)%
Total:	\$471,682,185	\$616,555,215	\$599,581,090	\$(16,974,125)	(2.75)%

Statutory Dedications

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
Louisiana Medical Assistance Trust Fund	932,257,112	973,671,408	873,257,410	(100,413,998)	(10.31)%
Medicaid Trust Fund for the Elderly	—	5,048,896	22,952,710	17,903,814	354.61%
New Opportunities Waiver (NOW) Fund	23,006,086	43,348,066	43,348,066	—	—
Hospital Stabilization Fund	108,139,101	257,146,329	257,146,329	—	—
Louisiana Fund	9,804,762	11,879,184	11,879,184	—	—
Health Excellence Fund	29,783,261	24,398,481	24,398,481	—	—
Total:	\$1,102,990,322	\$1,315,492,364	\$1,232,982,180	\$(82,510,184)	(6.27)%

Program Expenditures

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 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	13,100,740,654	16,296,661,021	16,306,115,248	9,454,227	0.06%
Debt Service	—	—	—	—	—
Interagency Transfers	125,928	—	—	—	—
TOTAL OTHER CHARGES	\$13,100,866,583	\$16,296,661,021	\$16,306,115,248	\$9,454,227	0.06%
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$13,100,866,583	\$16,296,661,021	\$16,306,115,248	\$9,454,227	0.06%

Cost Detail

Means of Financing

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
State General Fund	993,245,783	1,587,360,928	1,935,934,644	348,573,716
Interagency Transfers	75,739,740	105,543,851	150,528,867	44,985,016
Fees & Self-Generated	471,682,185	616,555,215	599,581,090	(16,974,125)
Louisiana Medical Assistance Trust Fund	932,257,112	973,671,408	873,257,410	(100,413,998)
Medicaid Trust Fund for the Elderly	—	5,048,896	22,952,710	17,903,814
New Opportunities Waiver (NOW) Fund	23,006,086	43,348,066	43,348,066	—
Hospital Stabilization Fund	108,139,101	257,146,329	257,146,329	—
Louisiana Fund	9,804,762	11,879,184	11,879,184	—
Health Excellence Fund	29,783,261	24,398,481	24,398,481	—
Federal Funds	10,457,208,553	12,671,708,663	12,387,088,467	(284,620,196)
Total:	\$13,100,866,583	\$16,296,661,021	\$16,306,115,248	\$9,454,227

Other Charges

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	16,296,661,021	16,306,115,248	9,454,227
5610003	OTHER PUBLIC ASST	3,181	—	—	—
5610015	LOC AID-MEDICAID PMT	16,531,813,316	—	—	—
5620034	MISC-CANCELLATIONS	(87,727)	—	—	—
5620037	MISC-AUDT ADJ MIX-PD	(3,077,657,625)	—	—	—
5620038	MISC-RECOVERIES	(1,053,913)	—	—	—
5620039	MISC-REBATE-MEDICAID	(1,612,239)	—	—	—
5620042	MISC-ADT ADJ MXD-REC	(1,689,914)	—	—	—
5620043	MISC-RECOUP-STINST	(224,642,560)	—	—	—
5620047	MISC-VOLUNTARY RELAT	(2,841,390)	—	—	—
5620048	MISC-E.D.S. FED TPL	(451)	—	—	—
5620050	MISC-FIS TPL CLM ADJ	(1,532,659)	—	—	—
5620052	MISC-STTPL COL 3RD	(2,292,381)	—	—	—

Other Charges *(continued)*

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5620146	MISC-OC-RECOUPMENTS	(117,637,941)	—	—	—
5620150	MISC-OC-MEDICAID INT	(27,043)	—	—	—
Total Other Charges:		\$13,100,740,654	\$16,296,661,021	\$16,306,115,248	\$9,454,227

Interagency Transfers

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5950001	IAT-COMMODITY/SERV	125,928	—	—	—
Total Interagency Transfers:		\$125,928	—	—	—
Total Expenditures for Program 3061		\$13,100,866,583	\$16,296,661,021	\$16,306,115,248	\$9,454,227

3062 - Payments to Public Providers

Means of Financing

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	35,813,348	52,812,641	52,622,170	(190,471)	(0.36)%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	(8,866,525)	—	—	—	—
STATUTORY DEDICATIONS	9,147,866	9,147,866	9,147,866	—	—
FEDERAL FUNDS	173,415,548	178,953,988	179,144,459	190,471	0.11%
TOTAL MEANS OF FINANCING	\$209,510,238	\$240,914,495	\$240,914,495	—	—

Fees and Self-Generated

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
Fees & Self-Generated	(8,866,525)	—	—	—	—
Total:	\$(8,866,525)	—	—	—	—

Statutory Dedications

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 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	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 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	40,520,237	50,442,600	50,442,600	—	—
Debt Service	—	—	—	—	—
Interagency Transfers	168,990,001	190,471,895	190,471,895	—	—
TOTAL OTHER CHARGES	\$209,510,238	\$240,914,495	\$240,914,495	—	—
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$209,510,238	\$240,914,495	\$240,914,495	—	—

Cost Detail

Means of Financing

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
State General Fund	35,813,348	52,812,641	52,622,170	(190,471)
Fees & Self-Generated	(8,866,525)	—	—	—
Louisiana Medical Assistance Trust Fund	9,147,866	9,147,866	9,147,866	—
Federal Funds	173,415,548	178,953,988	179,144,459	190,471
Total:	\$209,510,237	\$240,914,495	\$240,914,495	—

Other Charges

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	50,442,600	50,442,600	—
5610015	LOC AID-MEDICAID PMT	40,962,609	—	—	—
5620034	MISC-CANCELLATIONS	(89)	—	—	—
5620037	MISC-AUDT ADJ MIX-PD	478	—	—	—
5620038	MISC-RECOVERIES	(5,228)	—	—	—
5620047	MISC-VOLUNTARY RELAT	(46,454)	—	—	—
5620050	MISC-FIS TPL CLM ADJ	(29,841)	—	—	—
5620146	MISC-OC-RECOUPMENTS	(361,238)	—	—	—
Total Other Charges:		\$40,520,237	\$50,442,600	\$50,442,600	—

Interagency Transfers

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	190,471,895	190,471,895	—
5950001	IAT-COMMODITY/SERV	137,234,936	—	—	—
5950030	IAT-MEDICAL SERVICES	1,485,881	—	—	—

Interagency Transfers *(continued)*

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5950033	IAT-INTER AGY TRANS	30,269,184	—	—	—
Total Interagency Transfers:		\$168,990,001	\$190,471,895	\$190,471,895	—
Total Expenditures for Program 3062		\$209,510,238	\$240,914,495	\$240,914,495	—

3063 - Medicare Buy-Ins & Supplements

Means of Financing

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	283,797,852	357,232,430	388,701,553	31,469,123	8.81%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	384,253,511	385,363,755	416,941,490	31,577,735	8.19%
TOTAL MEANS OF FINANCING	\$668,051,364	\$742,596,185	\$805,643,043	\$63,046,858	8.49%

Program Expenditures

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 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	668,042,684	742,596,185	805,643,043	63,046,858	8.49%
Debt Service	—	—	—	—	—
Interagency Transfers	8,680	—	—	—	—
TOTAL OTHER CHARGES	\$668,051,364	\$742,596,185	\$805,643,043	\$63,046,858	8.49%
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$668,051,364	\$742,596,185	\$805,643,043	\$63,046,858	8.49%

Cost Detail

Means of Financing

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
State General Fund	283,797,852	357,232,430	388,701,553	31,469,123
Federal Funds	384,253,511	385,363,755	416,941,490	31,577,735
Total:	\$668,051,363	\$742,596,185	\$805,643,043	\$63,046,858

Other Charges

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	742,596,185	805,643,043	63,046,858
5610003	OTHER PUBLIC ASST	2,106,267	—	—	—
5610015	LOC AID-MEDICAID PMT	672,858,814	—	—	—
5620038	MISC-RECOVERIES	(2,989,619)	—	—	—
5620041	MISC-THIRD PARTY ADJ	(4,132,477)	—	—	—
5620047	MISC-VOLUNTARY RELAT	(301)	—	—	—
5620069	MISC-INTERAGENCY OTH	200,000	—	—	—
Total Other Charges:		\$668,042,684	\$742,596,185	\$805,643,043	\$63,046,858

Interagency Transfers

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5950001	IAT-COMMODITY/SERV	8,680	—	—	—
Total Interagency Transfers:		\$8,680	—	—	—
Total Expenditures for Program 3063		\$668,051,364	\$742,596,185	\$805,643,043	\$63,046,858

3064 - Uncompensated Care Costs

Means of Financing

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	166,105,361	81,504,530	101,329,941	19,825,411	24.32%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	41,185,466	14,088,348	13,920,424	(167,924)	(1.19)%
FEES & SELF-GENERATED	105,453,018	24,717,454	24,422,839	(294,615)	(1.19)%
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	783,645,082	248,611,924	240,153,652	(8,458,272)	(3.40)%
TOTAL MEANS OF FINANCING	\$1,096,388,927	\$368,922,256	\$379,826,856	\$10,904,600	2.96%

Fees and Self-Generated

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
Fees & Self-Generated	105,453,018	24,717,454	24,422,839	(294,615)	(1.19)%
Total:	\$105,453,018	\$24,717,454	\$24,422,839	\$(294,615)	(1.19)%

Program Expenditures

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 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	1,035,221,064	239,719,184	239,719,184	—	—
Debt Service	—	—	—	—	—
Interagency Transfers	61,167,863	129,203,072	140,107,672	10,904,600	8.44%
TOTAL OTHER CHARGES	\$1,096,388,927	\$368,922,256	\$379,826,856	\$10,904,600	2.96%
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$1,096,388,927	\$368,922,256	\$379,826,856	\$10,904,600	2.96%

Cost Detail

Means of Financing

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
State General Fund	166,105,361	81,504,530	101,329,941	19,825,411
Interagency Transfers	41,185,466	14,088,348	13,920,424	(167,924)
Fees & Self-Generated	105,453,018	24,717,454	24,422,839	(294,615)
Federal Funds	783,645,082	248,611,924	240,153,652	(8,458,272)
Total:	\$1,096,388,927	\$368,922,256	\$379,826,856	\$10,904,600

Other Charges

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	239,719,184	239,719,184	—
5610015	LOC AID-MEDICAID PMT	80,047	—	—	—
5620034	MISC-CANCELLATIONS	(6)	—	—	—
5620037	MISC-AUDT ADJ MIX-PD	1,067,772,894	—	—	—
5620043	MISC-RECOUP-STINST	(37,572,007)	—	—	—
5620146	MISC-OC-RECOUPMENTS	4,940,136	—	—	—
Total Other Charges:		\$1,035,221,064	\$239,719,184	\$239,719,184	—

Interagency Transfers

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	129,203,072	140,107,672	10,904,600
5950033	IAT-INTER AGY TRANS	61,167,863	—	—	—
Total Interagency Transfers:		\$61,167,863	\$129,203,072	\$140,107,672	\$10,904,600
Total Expenditures for Program 3064		\$1,096,388,927	\$368,922,256	\$379,826,856	\$10,904,600
Total Agency Expenditures:		\$15,074,817,111	\$17,649,093,957	\$17,732,499,642	\$83,405,685

SOURCE OF FUNDING SUMMARY

Agency Overview

Interagency Transfers

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Form ID
LSU HOSPITALS	116,327,038	111,706,227	156,523,319	44,817,092	13785
DCFS	—	6,820,908	6,820,908	—	13786
OGB	598,168	1,105,064	1,105,064	—	13824
Total Interagency Transfers	\$116,925,206	\$119,632,199	\$164,449,291	\$44,817,092	

Fees & Self-Generated

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Form ID
LINCC	541,565,656	632,018,847	614,750,107	(17,268,740)	13795
MEDICAL MATCH	26,703,022	9,253,822	9,253,822	—	14454
Total Fees & Self-Generated	\$568,268,678	\$641,272,669	\$624,003,929	\$(17,268,740)	

Statutory Dedications

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Form ID
Z13-LOUISIANA FUND	9,804,762	11,879,184	11,879,184	—	11055
H30-NOW FUND	23,006,086	43,348,066	43,348,066	—	13714
H08-LA MATF	141,867,531	142,813,384	140,995,481	(1,817,903)	13787
H08-LA MATF	582,531,416	690,124,104	741,409,795	51,285,691	13788
H08PY- LA MATF-EXCESS	217,006,031	149,881,786	—	(149,881,786)	13789
Z17-HEALTH EXCELLENCE	29,783,261	24,398,481	24,398,481	—	13790
H19-MED TRUST ELDERLY	—	5,048,896	22,952,710	17,903,814	13791
H37-HOSPITAL STAB	108,139,101	257,146,329	257,146,329	—	13794
Total Statutory Dedications	\$1,112,138,188	\$1,324,640,230	\$1,242,130,046	\$(82,510,184)	

Federal Funds

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Form ID
US HHS	11,798,522,693	13,484,638,330	13,223,328,068	(261,310,262)	13782
Total Federal Funds	\$11,798,522,693	\$13,484,638,330	\$13,223,328,068	\$(261,310,262)	
Total Sources of Funding:	\$13,595,854,765	\$15,570,183,428	\$15,253,911,334	\$(316,272,094)	

SOURCE OF FUNDING DETAIL

Interagency Transfers

Form 13785 — 306 - LSU Hospitals/ LDH IAT

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 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	111,706,227	—	—	156,523,319	—	—	156,523,319	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$111,706,227	—	—	\$156,523,319	—	—	\$156,523,319	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$111,706,227	—	—	\$156,523,319	—	—	\$156,523,319	—	—

Form 13785 — 306 - LSU Hospitals/ LDH IAT

Question	Narrative Response
State the purpose, source and legal citation.	Interagency Transfer Revenues from Intergovernmental Transfers from LSU state clinics and hospitals.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 199 of the 2022 Regular Session based the Medicaid Vendor Payments budget on a blended FMAP (Federal Medical Assistance Percentage) of 69.02%. The preliminary/estimated match rates for FY24 are as follows: the Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal, and the Title XIX Federal Fiscal Year 2024 rate is 32.33% state and 67.67% 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, 2023, and therefore will not be available for carry forward into fiscal year 2023-2024.
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 13786 — 306 - DCFs for CSoC

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 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 13786 — 306 - DCFS for CSoC

Question	Narrative Response
State the purpose, source and legal citation.	These funds represent revenue that will be received from the DCFS (Department of Children and Family Services) for Coordinated System of Care 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 199 of the 2022 Regular Session based the Medicaid Vendor Payments budget on a blended FMAP (Federal Medical Assistance Percentage) of 69.02%. The preliminary/estimated match rates for FY24 are as follows: the Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal, and the Title XIX Federal Fiscal Year 2024 rate is 32.33% state and 67.67% 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, 2023, and therefore will not be available for carry forward into fiscal year 2023-2024.
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 13824 — 306 - CHIP Phase V Affordable Plan Premiums

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 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	—	—	1,105,064	—	—	1,105,064	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$1,105,064	—	—	\$1,105,064	—	—	\$1,105,064	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,105,064	—	—	\$1,105,064	—	—	\$1,105,064	—	—

Form 13824 — 306 - CHIP Phase V Affordable Plan Premiums

Question	Narrative Response
State the purpose, source and legal citation.	The 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 pay a premium to the Office of Group Benefits, which in turn transfers the funds via Interagency Transfers to Medicaid. This IAT revenue is for the premiums collected. These funds are used for Chip Phase V expenditures and therefore represent both the state and federal share of expenditures.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	These funds are used to match Federal Funds. Act 199 of the 2022 Regular Session based the Medicaid Vendor Payments budget on a blended FMAP (Federal Medical Assistance Percentage) of 69.02%. The preliminary/estimated match rates for FY24 are as follows: the Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal, and the Title XIX Federal Fiscal Year 2024 rate is 32.33% state and 67.67% 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, 2023, and therefore will not be available for carry forward into fiscal year 2023-2024.
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 13795 — 306 - Low Income & Needy Care Collaboration SGR

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 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	632,018,847	—	—	614,750,107	—	—	614,750,107	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$632,018,847	—	—	\$614,750,107	—	—	\$614,750,107	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$632,018,847	—	—	\$614,750,107	—	—	\$614,750,107	—	—

Form 13795 — 306 - Low Income & Needy Care Collaboration SGR

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 199 of the 2022 Regular Session based the Medicaid Vendor Payments budget on a blended FMAP (Federal Medical Assistance Percentage) of 69.02%. The preliminary/estimated match rates for FY24 are as follows: the Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal, and the Title XIX Federal Fiscal Year 2024 rate is 32.33% state and 67.67% 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, 2023, and therefore will not be available for carry forward into fiscal year 2023-2024.
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 14454 — 306 - Medical Match

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 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	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$9,253,822	—	—	\$9,253,822	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$9,253,822	—	—	\$9,253,822	—	—	—	—	—

Form 14454 — 306 - Medical Match

Question	Narrative Response
State the purpose, source and legal citation.	Act 199 (HB-1) of the 2023 Regular Session states: 'Revenues from refunds and recoveries in the Medical Vendor Program are authorized to be expended in Fiscal Year 2022-2023.' 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 expended as of June 30, 2023, and therefore will not be available for carry forward into fiscal year 2023-2024.
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 11055 — 306 - Louisiana Fund - Tobacco Settlement

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 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	11,879,184	—	—	11,879,184	—	—	11,879,184	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$11,879,184	—	—	\$11,879,184	—	—	\$11,879,184	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$11,879,184	—	—	\$11,879,184	—	—	\$11,879,184	—	—

Form 11055 — 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 199 of the 2022 Regular Session based the Medicaid Vendor Payments budget on a blended FMAP (Federal Medical Assistance Percentage) of 69.02%. The preliminary/estimated match rates for FY24 are as follows: the Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal, and the Title XIX Federal Fiscal Year 2024 rate is 32.33% state and 67.67% 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.
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, 2023, and therefore will not be available for carry forward into fiscal year 2023-2024.
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 13714 — 306 - New Opportunities Waiver (NOW) Fund

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 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 13714 — 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 199 of the 2022 Regular Session based the Medicaid Vendor Payments budget on a blended FMAP (Federal Medical Assistance Percentage) of 69.02%. The preliminary/estimated match rates for FY24 are as follows: the Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal, and the Title XIX Federal Fiscal Year 2024 rate is 32.33% state and 67.67% 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, 2023, and therefore will not be available for carry forward into fiscal year 2023-2024.
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 13787 — 306 - LA Medical Assistance Trust Fund - Provider Fees

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 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	133,665,518	—	—	131,847,615	—	—	131,847,615	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	9,147,866	—	—	9,147,866	—	—	9,147,866	—	—
TOTAL OTHER CHARGES	\$142,813,384	—	—	\$140,995,481	—	—	\$140,995,481	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$142,813,384	—	—	\$140,995,481	—	—	\$140,995,481	—	—

Form 13787 — 306 - LA Medical Assistance Trust Fund - Provider Fees

Question	Narrative Response
State the purpose, source and legal citation.	This fund was created by Act 260 of the 1992 Louisiana Regular Session. 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?	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 Department of Health and Hospitals, 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.	These funds are used to match Federal Funds. Act 199 of the 2022 Regular Session based the Medicaid Vendor Payments budget on a blended FMAP (Federal Medical Assistance Percentage) of 69.02%. The preliminary/estimated match rates for FY24 are as follows: the Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal, and the Title XIX Federal Fiscal Year 2024 rate is 32.33% state and 67.67% federal. There are federal requirements concerning the source and applications of the fees imposed on the health care providers. Based on how the fees are regulated to the provider population determines the eligibility to be utilized as state match to draw-down federal monies. The fees are collected based on the 'quantity' of services provided (i.e., bed days, prescriptions). As this 'quantity' increases or decreases, so does the amount of the fees deposited into the Trust Fund.
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, 2023, and therefore will not be available for carry forward into fiscal year 2023-2024.
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 13788 — 306 - LA Medical Assistance Trust Fund - Premium Tax

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 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	690,124,104	—	—	741,409,795	—	—	741,409,795	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$690,124,104	—	—	\$741,409,795	—	—	\$741,409,795	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$690,124,104	—	—	\$741,409,795	—	—	\$741,409,795	—	—

Form 13788 — 306 - LA Medical Assistance Trust Fund - Premium Tax

Question	Narrative Response
State the purpose, source and legal citation.	This fund was created by Act 260 of the 1992 Louisiana Regular Session. However, 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.
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 199 of the 2022 Regular Session based the Medicaid Vendor Payments budget on a blended FMAP (Federal Medical Assistance Percentage) of 69.02%. The preliminary/estimated match rates for FY24 are as follows: the Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal, and the Title XIX Federal Fiscal Year 2024 rate is 32.33% state and 67.67% federal. Premium Tax collections may fluctuate based on the total managed care Per Member Per Month payments made during each calendar year.
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, 2023, and therefore will not be available for carry forward into fiscal year 2023-2024.
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 13789 — 306 - LA Medical Assistance Trust Fund - Carryforward

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 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	149,881,786	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$149,881,786	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$149,881,786	—	—	—	—	—	—	—	—

Form 13789 — 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, 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 199 of the 2022 Regular Session based the Medicaid Vendor Payments budget on a blended FMAP (Federal Medical Assistance Percentage) of 69.02%. The preliminary/estimated match rates for FY24 are as follows: the Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal, and the Title XIX Federal Fiscal Year 2024 rate is 32.33% state and 67.67% 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, 2023, and therefore will not be available for carry forward into fiscal year 2023-2024.
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 13790 — 306 - Health Excellence Fund

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 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	24,398,481	—	—	24,398,481	—	—	24,398,481	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$24,398,481	—	—	\$24,398,481	—	—	\$24,398,481	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$24,398,481	—	—	\$24,398,481	—	—	\$24,398,481	—	—

Form 13790 — 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 199 of the 2022 Regular Session based the Medicaid Vendor Payments budget on a blended FMAP (Federal Medical Assistance Percentage) of 69.02%. The preliminary/estimated match rates for FY24 are as follows: the Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal, and the Title XIX Federal Fiscal Year 2024 rate is 32.33% state and 67.67% 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.
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, 2023, and therefore will not be available for carry forward into fiscal year 2023-2024.
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 13791 — 306 - Medicaid Trust Fund for the Elderly

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 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	5,048,896	—	—	22,952,710	—	—	22,952,710	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$5,048,896	—	—	\$22,952,710	—	—	\$22,952,710	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,048,896	—	—	\$22,952,710	—	—	\$22,952,710	—	—

Form 13791 — 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 199 of the 2022 Regular Session based the Medicaid Vendor Payments budget on a blended FMAP (Federal Medical Assistance Percentage) of 69.02%. The preliminary/estimated match rates for FY24 are as follows: the Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal, and the Title XIX Federal Fiscal Year 2024 rate is 32.33% state and 67.67% 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, 2023, and therefore will not be available for carry forward into fiscal year 2023-2024.
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 13794 — 306 - Hospital Stabilization Fund

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 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	257,146,329	—	—	257,146,329	—	—	257,146,329	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$257,146,329	—	—	\$257,146,329	—	—	\$257,146,329	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$257,146,329	—	—	\$257,146,329	—	—	\$257,146,329	—	—

Form 13794 — 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 23 Hospital Stabilization Fund appropriation is based on HCR 8 of the 2022 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 199 of the 2022 Regular Session based the Medicaid Vendor Payments budget on a blended FMAP (Federal Medical Assistance Percentage) of 69.02%. The preliminary/estimated match rates for FY24 are as follows: the Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal, and the Title XIX Federal Fiscal Year 2024 rate is 32.33% state and 67.67% 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, 2023, and therefore will not be available for carry forward into fiscal year 2023-2024.
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 13782 — 306 - Medical Assistance Grant

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 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	13,268,445,997	—	—	13,019,444,578	—	—	12,998,071,064	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	216,192,333	—	—	203,883,490	—	—	225,257,004	—	—
TOTAL OTHER CHARGES	\$13,484,638,330	—	—	\$13,223,328,068	—	—	\$13,223,328,068	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$13,484,638,330	—	—	\$13,223,328,068	—	—	\$13,223,328,068	—	—

Form 13782 — 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 199 of the 2022 Regular Session based the Medicaid Vendor Payments budget on a blended FMAP (Federal Medical Assistance Percentage) of 69.02%. The preliminary/estimated match rates for FY24 are as follows: the Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal, and the Title XIX Federal Fiscal Year 2024 rate is 32.33% state and 67.67% 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, 2023, and therefore will not be available for carry forward into fiscal year 2023-2024.
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 13785 LSU HOSPITALS	Interagency Transfers Form ID 13786 DCFS	Interagency Transfers Form ID 13824 OGB
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	—	17,329,418,990	1,984,575,761	111,706,227	6,820,908	1,105,064
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	319,674,967	94,334,768	—	—	—
TOTAL OTHER CHARGES	—	\$17,649,093,957	\$2,078,910,529	\$111,706,227	\$6,820,908	\$1,105,064
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	—	\$17,649,093,957	\$2,078,910,529	\$111,706,227	\$6,820,908	\$1,105,064

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-Generated Form ID 13795 LINCC	Fees & Self-Generated Form ID 14454 MEDICAL MATCH	Statutory Dedications Form ID 11055 Z13-LOUISIANA FUND	Statutory Dedications Form ID 13714 H30-NOW FUND	Statutory Dedications Form ID 13787 H08-LA MATF	Statutory Dedications Form ID 13788 H08-LA MATF
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	632,018,847	9,253,822	11,879,184	43,348,066	133,665,518	690,124,104
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	9,147,866	—
TOTAL OTHER CHARGES	\$632,018,847	\$9,253,822	\$11,879,184	\$43,348,066	\$142,813,384	\$690,124,104
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$632,018,847	\$9,253,822	\$11,879,184	\$43,348,066	\$142,813,384	\$690,124,104

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Statutory Dedications Form ID 13789 H08PY- LA MATF- EXCESS	Statutory Dedications Form ID 13790 Z17-HEALTH EXCELLENCE	Statutory Dedications Form ID 13791 H19-MED TRUST ELDERLY	Statutory Dedications Form ID 13794 H37-HOSPITAL STAB	Federal Funds Form ID 13782 US HHS
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	149,881,786	24,398,481	5,048,896	257,146,329	13,268,445,997
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	216,192,333
TOTAL OTHER CHARGES	\$149,881,786	\$24,398,481	\$5,048,896	\$257,146,329	\$13,484,638,330
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$149,881,786	\$24,398,481	\$5,048,896	\$257,146,329	\$13,484,638,330

Total Request

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 13785 LSU HOSPITALS	Interagency Transfers Form ID 13786 DCFS	Interagency Transfers Form ID 13824 OGB
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	—	17,401,920,075	2,361,040,097	156,523,319	6,820,908	1,105,064
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	330,579,567	117,548,211	—	—	—
TOTAL OTHER CHARGES	—	\$17,732,499,642	\$2,478,588,308	\$156,523,319	\$6,820,908	\$1,105,064
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	—	\$17,732,499,642	\$2,478,588,308	\$156,523,319	\$6,820,908	\$1,105,064

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-Generated Form ID 13795 LINCC	Fees & Self-Generated Form ID 14454 MEDICAL MATCH	Statutory Dedications Form ID 11055 Z13-LOUISIANA FUND	Statutory Dedications Form ID 13714 H30-NOW FUND	Statutory Dedications Form ID 13787 H08-LA MATF	Statutory Dedications Form ID 13788 H08-LA MATF
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	614,750,107	9,253,822	11,879,184	43,348,066	131,847,615	741,409,795
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	9,147,866	—
TOTAL OTHER CHARGES	\$614,750,107	\$9,253,822	\$11,879,184	\$43,348,066	\$140,995,481	\$741,409,795
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$614,750,107	\$9,253,822	\$11,879,184	\$43,348,066	\$140,995,481	\$741,409,795

Expenditures by Means of Financing

Total Request

Expenditures	Statutory Dedications Form ID 13790 Z17-HEALTH EXCELLENCE	Statutory Dedications Form ID 13791 H19-MED TRUST ELDERLY	Statutory Dedications Form ID 13794 H37-HOSPITAL STAB	Federal Funds Form ID 13782 US HHS
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—
Other Charges	24,398,481	22,952,710	257,146,329	13,019,444,578
Debt Service	—	—	—	—
Interagency Transfers	—	—	—	203,883,490
TOTAL OTHER CHARGES	\$24,398,481	\$22,952,710	\$257,146,329	\$13,223,328,068
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$24,398,481	\$22,952,710	\$257,146,329	\$13,223,328,068

REVENUE COLLECTIONS/INCOME

Interagency Transfers

003 - Interagency Transfers

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
LINCC	4710059	MR-FROM STATE AGENCY	14,729,907	97,617,879	142,602,895	44,985,016
LSU HOSPITALS	4710059	MR-FROM STATE AGENCY	100,613,468	—	—	—
OGB	4710059	MR-FROM STATE AGENCY	482,375	1,105,064	1,105,064	—
OGB	4710059	MR-FROM STATE AGENCY	32,537	—	—	—
OGB	4710059	MR-FROM STATE AGENCY	83,256	—	—	—
POOLING	4710059	MR-FROM STATE AGENCY	(40,201,803)	—	—	—
DCFS	4710059	MR-FROM STATE AGENCY	—	6,820,908	6,820,908	—
LINCC	4710059	MR-FROM STATE AGENCY	41,185,466	—	—	—
LSU HOSPITALS	4710059	MR-FROM STATE AGENCY	—	14,088,348	13,920,424	(167,924)
Total Collections/Income			\$116,925,206	\$119,632,199	\$164,449,291	\$44,817,092
TYPE						
Expenditures Source of Funding Form (BR-6)			116,925,206	119,632,199	164,449,291	44,817,092
Total Expenditures, Transfers and Carry Forwards to Next FY			\$116,925,206	\$119,632,199	\$164,449,291	\$44,817,092
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Fees & Self-Generated

002 - Fees & Self-Generated

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
MEDICAL MATCH	4710029	MR-PRIVATE SOURCES	26,703,022	9,253,822	9,253,822	—
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	78	—	—	—
UPL IGT	4710029	MR-PRIVATE SOURCES	293,303,739	40,771,169	40,771,169	—
UPL IGT	4710029	MR-PRIVATE SOURCES	9,455,078	—	—	—
LINCC	4710029	MR-PRIVATE SOURCES	64,632,559	566,530,224	549,556,099	(16,974,125)
UPL IGT	4710029	MR-PRIVATE SOURCES	77,587,709	—	—	—
MEDICAL MATCH	4710029	MR-PRIVATE SOURCES	(8,866,525)	—	—	—
MEDICAL MATCH	4710029	MR-PRIVATE SOURCES	—	24,717,454	24,422,839	(294,615)
UPL IGT	4710029	MR-PRIVATE SOURCES	105,453,018	—	—	—
Total Collections/Income			\$568,268,678	\$641,272,669	\$624,003,929	\$(17,268,740)
TYPE						
Expenditures Source of Funding Form (BR-6)			568,268,678	641,272,669	624,003,929	(17,268,740)
Total Expenditures, Transfers and Carry Forwards to Next FY			\$568,268,678	\$641,272,669	\$624,003,929	\$(17,268,740)
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	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
H08-LA MATF	4830014	INTRAFUND TRANSFER	582,531,416	690,124,104	741,409,795	51,285,691
H08-LA MATF	4830014	INTRAFUND TRANSFER	132,719,665	133,665,518	131,847,615	(1,817,903)
H08PY- LA MATF-EXCESS	4830014	INTRAFUND TRANSFER	217,006,031	149,881,786	—	(149,881,786)
H08-LA MATF	4830014	INTRAFUND TRANSFER	9,147,866	9,147,866	9,147,866	—
Total Collections/Income			\$941,404,978	\$982,819,274	\$882,405,276	\$(100,413,998)
TYPE						
Expenditures Source of Funding Form (BR-6)			941,404,978	982,819,274	882,405,276	(100,413,998)
Total Expenditures, Transfers and Carry Forwards to Next FY			\$941,404,978	\$982,819,274	\$882,405,276	\$(100,413,998)
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	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
H19-MED TRUST ELDERLY	4830014	INTRAFUND TRANSFER	—	5,048,896	22,952,710	17,903,814
Total Collections/Income			—	\$5,048,896	\$22,952,710	\$17,903,814
TYPE						
Expenditures Source of Funding Form (BR-6)			—	5,048,896	22,952,710	17,903,814
Total Expenditures, Transfers and Carry Forwards to Next FY			—	\$5,048,896	\$22,952,710	\$17,903,814
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	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
H30-NOW FUND	4830014	INTRAFUND TRANSFER	23,006,086	43,348,066	43,348,066	—
Total Collections/Income			\$23,006,086	\$43,348,066	\$43,348,066	—
TYPE						
Expenditures Source of Funding Form (BR-6)			23,006,086	43,348,066	43,348,066	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$23,006,086	\$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	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
H37-HOSPITAL STAB	4830014	INTRAFUND TRANSFER	108,139,101	257,146,329	257,146,329	—
Total Collections/Income			\$108,139,101	\$257,146,329	\$257,146,329	—
TYPE						
Expenditures Source of Funding Form (BR-6)			108,139,101	257,146,329	257,146,329	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$108,139,101	\$257,146,329	\$257,146,329	—
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Z13 - Louisiana Fund

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	9,804,762	11,879,184	11,879,184	—
Total Collections/Income			\$9,804,762	\$11,879,184	\$11,879,184	—
TYPE						
Expenditures Source of Funding Form (BR-6)			9,804,762	11,879,184	11,879,184	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$9,804,762	\$11,879,184	\$11,879,184	—
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	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
Z17-HEALTH EXCELLENCE	4830014	INTRAFUND TRANSFER	29,783,261	24,398,481	24,398,481	—
Total Collections/Income			\$29,783,261	\$24,398,481	\$24,398,481	—
TYPE						
Expenditures Source of Funding Form (BR-6)			29,783,261	24,398,481	24,398,481	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$29,783,261	\$24,398,481	\$24,398,481	—
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	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
MEDICAID	4060035	FR-OTHER	10,581,644,217	12,671,708,663	12,387,088,467	(284,620,196)
POOLING	4060035	FR-OTHER	(124,435,665)	—	—	—
MEDICAID	4060035	FR-OTHER	384,253,511	385,363,755	416,941,490	31,577,735
MEDICAID	4060035	FR-OTHER	173,415,548	178,953,988	179,144,459	190,471
MEDICAID	4060035	FR-OTHER	783,645,082	248,611,924	240,153,652	(8,458,272)
Total Collections/Income			\$11,798,522,693	\$13,484,638,330	\$13,223,328,068	\$(261,310,262)
TYPE						
Expenditures Source of Funding Form (BR-6)			11,798,522,693	13,484,638,330	13,223,328,068	(261,310,262)
Total Expenditures, Transfers and Carry Forwards to Next FY			\$11,798,522,693	\$13,484,638,330	\$13,223,328,068	\$(261,310,262)
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Justification of Differences

Form 13828 — 306 (1) - IAT - LINCC

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 13860 — 306 (1) - IAT - LSU Clinics/Hospital FMP

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 13898 — 306 (1) - 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 13906 — 306 (1) - IAT - Family Opportunity Act

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 13935 — 306 (1) - IAT - Premiums for CHIP V, FOA, MPP

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 13939 — 306 (1) - IAT - Pooling; Prior Period Other Agy, Funds Trans

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 13959 — 306 (1) - 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 13960 — 306 (1) - SG - Medical Match

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 13962 — 306 (1) - SG - Debt Collection

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 13963 — 306 (1) - SG - Physician, Ambulance & Hospital FMP

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 13967 — 306 (1) - SG - IGT Match - UPL Payments

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 13970 — 306 (1) - SG - LINCC

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 13971 — 306 (1) - SG - IGT Match - Managed Care Incentive Program

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 13972 — 306 (1) - LA MATF - Premium Tax

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 13973 — 306 (1) - LA MATF - Provider Fee

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 13974 — 306 (1) - 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 13975 — 306 (1) - 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 13976 — 306 (1) - 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 13978 — 306 (1) - 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 13979 — 306 (1) - 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 13981 — 306 (1) - 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 13982 — 306 (1) - 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 13983 — 306 (1) - FED - Pooling

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 13985 — 306 (3) - 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 13987 — 306 (2) - Medical Match

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 13989 — 306 (2) - La MATF - 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 13990 — 306 (2) - 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 13992 — 306 (4) - LINCC

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 13995 — 306 (4) - LSU Clinics - IAT/Hospital FMP

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 13999 — 306 (4) - Medical Match

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 14001 — 306 (4) - Physician, Ambulance & Hospital FMP

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 14002 — 306 (4) - 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

SCHEDULE OF REQUESTED EXPENDITURES

3061 - Payments to Private Providers

Other Charges

FY2023-2024 Request	Means of Financing	Description
12,387,088,467	Federal Funds	
599,581,090	Fees & Self-Generated	
24,398,481	Health Excellence Fund	
257,146,329	Hospital Stabilization Fund	
150,528,867	Interagency Transfers	
11,879,184	Louisiana Fund	
873,257,410	Louisiana Medical Assistance Trust Fund	
22,952,710	Medicaid Trust Fund for the Elderly	
43,348,066	New Opportunities Waiver (NOW) Fund	
1,935,934,644	State General Fund	
\$16,306,115,248		Payments to Private Providers
\$16,306,115,248	Total Other Charges	

3062 - Payments to Public Providers

Other Charges

FY2023-2024 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

FY2023-2024 Request	Means of Financing	Receiving Agency	Description
57,435	Federal Funds		
4,082	Louisiana Medical Assistance Trust Fund		
23,483	State General Fund		
\$85,000		ACADIANA AREA HUMAN SRVC DIST	Acadiana Area Human Services District
232,837	Federal Funds		
16,550	Louisiana Medical Assistance Trust Fund		
95,199	State General Fund		
\$344,586		JEFFERSON PARISH HUMAN SRV ATH	Jefferson Parish Human Services Authority
54,056	Federal Funds		
3,842	Louisiana Medical Assistance Trust Fund		
22,102	State General Fund		
\$80,000		SSC-SCHOOLS FOR DEAF & VIS IMP	LA School for the Deaf and Visually Impaired
754,416	Federal Funds		
53,622	Louisiana Medical Assistance Trust Fund		
308,458	State General Fund		
\$1,116,496		LSUHCS - LSU HEALTH CARE SRVS	LSU HCSD
10,060,522	Federal Funds		
715,081	Louisiana Medical Assistance Trust Fund		
4,113,434	State General Fund		
\$14,889,037		LSU BOARD OF SUPERVISORS	LSU Physicians
16,217	Federal Funds		
1,153	Louisiana Medical Assistance Trust Fund		

Interagency Transfers *(continued)*

FY2023-2024 Request	Means of Financing	Receiving Agency	Description
6,630	State General Fund		
\$24,000		NE DELTA HUMAN SVCS AUTHORITY	Northeast Delta Human Services Authority
100,263,729	Federal Funds		
7,126,542	Louisiana Medical Assistance Trust Fund		
40,994,707	State General Fund		
\$148,384,978		OFF FOR CITIZENS DEV DISABLIT.	Office for Citizens with Developmental Disabilities
2,317,569	Federal Funds		
164,728	Louisiana Medical Assistance Trust Fund		
947,582	State General Fund		
\$3,429,879		OFFICE OF BEHAVIORAL HEALTH	Office of Behavioral Health for free standing psych units
60,493	Federal Funds		
4,300	Louisiana Medical Assistance Trust Fund		
24,733	State General Fund		
\$89,526		OFFICE OF PUBLIC HEALTH	Office of Public Health
3,431	Federal Funds		
244	Louisiana Medical Assistance Trust Fund		
1,403	State General Fund		
\$5,078		S CNTL LA HUMAN SVCS AUTHORITY	South Central LA Human Services Authority
484,694	Federal Funds		
34,451	Louisiana Medical Assistance Trust Fund		
198,176	State General Fund		
\$717,321		SPECIAL SCHOOL DISTRICTS	Special School District #1
81,084	Federal Funds		
5,763	Louisiana Medical Assistance Trust Fund		
33,153	State General Fund		
\$120,000		THRIVE ACADEMY	Thrive Academy
14,315,376	Federal Funds		
1,017,508	Louisiana Medical Assistance Trust Fund		
5,853,110	State General Fund		
\$21,185,994		DHH-VILLA FELICIANA MEDCOMPLX	Villa Feliciana Medical Complex
\$190,471,895	Total Interagency Transfers		

3063 - Medicare Buy-Ins & Supplements

Other Charges

FY2023-2024 Request	Means of Financing	Description
214,536,928	State General Fund	
\$214,536,928		Clawback Payments
3,894,600	Federal Funds	
1,260,493	State General Fund	
\$5,155,093		LaHIPP
413,046,890	Federal Funds	
172,904,132	State General Fund	
\$585,951,022		Medicare Premiums & Supplements
\$805,643,043	Total Other Charges	

3064 - Uncompensated Care Costs

Other Charges

FY2023-2024 Request	Means of Financing	Description
56,131,768	Federal Funds	
24,422,839	Fees & Self-Generated	
2,394,658	Interagency Transfers	
\$82,949,265		Low Income and Needy Care Collaboration
677	Federal Funds	
323	State General Fund	
\$1,000		Non-rural Hospitals - High Medicaid DSH Pool
10,848,028	Federal Funds	
\$10,848,028		Non-State Public CPEs - 100% Federal
9,941,285	Federal Funds	
4,749,546	State General Fund	
\$14,690,831		OBH Public/Private CEA Agreements
88,803,382	Federal Funds	
11,525,766	Interagency Transfers	
30,900,912	State General Fund	
\$131,230,060		Public Private Partnership Hospitals
\$239,719,184		Total Other Charges

Interagency Transfers

FY2023-2024 Request	Means of Financing	Receiving Agency	Description
10,635,881	Federal Funds		
5,081,396	State General Fund		
\$15,717,277		LSUHCS - LSU HEALTH CARE SRVS	LSU/HSC - HCSD Lallie Kemp
63,792,631	Federal Funds		

Interagency Transfers *(continued)*

FY2023-2024 Request	Means of Financing	Receiving Agency	Description
60,597,764	State General Fund		
\$124,390,395		OFFICE OF BEHAVIORAL HEALTH	Office of Behavioral Health for free standing psych units
\$140,107,672	Total Interagency Transfers		

Continuation Budget Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
STATE GENERAL FUND (Direct)	2,078,910,529	(4,056,615)	—	24,999,969	86,189,529	292,353,559	2,478,396,971
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	119,632,199	—	—	—	45,162,519	(345,427)	164,449,291
FEES & SELF-GENERATED	641,272,669	(2,835,986)	—	—	(12,433,073)	(1,999,681)	624,003,929
STATUTORY DEDICATIONS	1,324,640,230	—	—	17,903,814	51,285,691	(151,699,689)	1,242,130,046
FEDERAL FUNDS	13,484,638,330	(245,256,896)	—	89,392,808	21,559,325	(127,404,162)	13,222,929,405
TOTAL MEANS OF FINANCING	\$17,649,093,957	\$(252,149,497)	—	\$132,296,591	\$191,763,991	\$10,904,600	\$17,731,909,642

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Fees & Self-Generated	641,272,669	(2,835,986)	—	—	(12,433,073)	(1,999,681)	624,003,929
Total:	\$641,272,669	\$(2,835,986)	—	—	\$(12,433,073)	\$(1,999,681)	\$624,003,929

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Health Excellence Fund	24,398,481	—	—	—	—	—	24,398,481
Hospital Stabilization Fund	257,146,329	—	—	—	—	—	257,146,329
Louisiana Fund	11,879,184	—	—	—	—	—	11,879,184
Louisiana Medical Assistance Trust Fund	982,819,274	—	—	—	51,285,691	(151,699,689)	882,405,276
Medicaid Trust Fund for the Elderly	5,048,896	—	—	17,903,814	—	—	22,952,710
New Opportunities Waiver (NOW) Fund	43,348,066	—	—	—	—	—	43,348,066
Total:	\$1,324,640,230	—	—	\$17,903,814	\$51,285,691	\$(151,699,689)	\$1,242,130,046

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	17,329,418,990	(252,149,497)	—	132,296,591	191,763,991	—	17,401,330,075
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	319,674,967	—	—	—	—	10,904,600	330,579,567
TOTAL OTHER CHARGES	\$17,649,093,957	\$(252,149,497)	—	\$132,296,591	\$191,763,991	\$10,904,600	\$17,731,909,642
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$17,649,093,957	\$(252,149,497)	—	\$132,296,591	\$191,763,991	\$10,904,600	\$17,731,909,642
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

CONTINUATION BUDGET ADJUSTMENTS - SUMMARIZED

Form 10975 — 306 - Non-recur HCBS Spending Plan Authority

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(223,940,949)
TOTAL MEANS OF FINANCING	\$(223,940,949)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(223,940,949)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(223,940,949)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(223,940,949)

Positions

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

Form 11655 — Non-recurring Carryforwards

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(4,056,615)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	(2,835,986)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(21,315,947)
TOTAL MEANS OF FINANCING	\$(28,208,548)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(28,208,548)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(28,208,548)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(28,208,548)

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 10981 — 306 - Rural Hospital

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	71,381
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	148,726
TOTAL MEANS OF FINANCING	\$220,107

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	220,107
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$220,107
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$220,107

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 13206 — 306 - Rural Health Clinics

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	136,326
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	284,044
TOTAL MEANS OF FINANCING	\$420,370

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	420,370
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$420,370
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$420,370

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 13212 — 306 - Federally Qualified Health Clinics (FQHCs)

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	106,048
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	220,959
TOTAL MEANS OF FINANCING	\$327,007

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	327,007
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$327,007
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$327,007

Positions

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

Form 13214 — 306 - Rebase of Nursing Homes and Hospice Room and Board

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	22,925,479
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	17,903,814
FEDERAL FUNDS	85,070,470
TOTAL MEANS OF FINANCING	\$125,899,763

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	125,899,763
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$125,899,763
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$125,899,763

Form 13293 — 306 - ICF/IID Inflationary Adjustment

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	1,760,735
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	3,668,609
TOTAL MEANS OF FINANCING	\$5,429,344

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	5,429,344
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$5,429,344
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$5,429,344

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: WORKLOAD

**Form 11018 — 306 - Medicare Part A & B
Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	14,042,895
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	29,259,280
TOTAL MEANS OF FINANCING	\$43,302,175

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	43,302,175
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$43,302,175
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$43,302,175

Positions

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

Form 11033 — 306 - Medicare QI

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	510,122
TOTAL MEANS OF FINANCING	\$510,122

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	510,122
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$510,122
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$510,122

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: WORKLOAD

Form 11064 — 306 - HCBS Rate Increase (ARPA HCBS Spending Plan)

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	31,082,000
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(31,082,000)
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 11110 — 306 - Dental Managed Care Adjustment

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	19,032,911
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	447,318
FEES & SELF-GENERATED	(21,776,803)
STATUTORY DEDICATIONS	(1,850,709)
FEDERAL FUNDS	(14,430,282)
TOTAL MEANS OF FINANCING	\$(18,577,565)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(18,577,565)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(18,577,565)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(18,577,565)

Positions

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

Form 11136 — 306 - Managed Care Incentive Payment (MCIP) Adjustment

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	33,527,554
FEES & SELF-GENERATED	6,865,085
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	8,233,632
TOTAL MEANS OF FINANCING	\$48,626,271

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	48,626,271
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$48,626,271
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$48,626,271

Form 11312 — 306 - Healthy LA MCO Adjustment

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	2,797,162
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	11,187,647
FEES & SELF-GENERATED	2,478,645
STATUTORY DEDICATIONS	53,136,400
FEDERAL FUNDS	29,068,573
TOTAL MEANS OF FINANCING	\$98,668,427

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	98,668,427
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$98,668,427
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$98,668,427

Positions

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

Form 14495 — 306 - Clawback

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	19,234,561
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$19,234,561

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	19,234,561
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$19,234,561
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$19,234,561

Positions

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

Form 10980 — 306 - MOF 1X Swap

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	287,893,866
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	(151,699,689)
FEDERAL FUNDS	(136,194,177)
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 13253 — 306 - Annualization of OBH ELMHS Beds
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	23,907,806
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(13,003,206)
TOTAL MEANS OF FINANCING	\$10,904,600

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	10,904,600
TOTAL OTHER CHARGES	\$10,904,600
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$10,904,600

Positions

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

Form 13398 — 306 - MOF Swap due to FMAP Change - Privates

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(13,366,914)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	(177,503)
FEES & SELF-GENERATED	(1,705,066)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	15,249,483
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 13408 — 306 - MOF Swap due to FMAP change - Publics

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(190,471)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	190,471
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 13419 — 306 - MOF Swap due to FMAP change - Buy Ins
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(1,808,333)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	1,808,333
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 13424 — 306 - MOF Swap due to FMAP change - UCC

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(4,082,395)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	(167,924)
FEES & SELF-GENERATED	(294,615)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	4,544,934
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	—

PROGRAM SUMMARY STATEMENT

3061 - Payments to Private Providers

Means of Financing

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
STATE GENERAL FUND (Direct)	1,587,360,928	(4,056,615)	—	24,999,969	52,912,073	274,526,952	1,935,743,307
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	105,543,851	—	—	—	45,162,519	(177,503)	150,528,867
FEES & SELF-GENERATED	616,555,215	(2,835,986)	—	—	(12,433,073)	(1,705,066)	599,581,090
STATUTORY DEDICATIONS	1,315,492,364	—	—	17,903,814	51,285,691	(151,699,689)	1,232,982,180
FEDERAL FUNDS	12,671,708,663	(245,256,896)	—	89,392,808	(8,210,077)	(120,944,694)	12,386,689,804
TOTAL MEANS OF FINANCING	\$16,296,661,021	\$(252,149,497)	—	\$132,296,591	\$128,717,133	—	\$16,305,525,248

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Fees & Self-Generated	616,555,215	(2,835,986)	—	—	(12,433,073)	(1,705,066)	599,581,090
Total:	\$616,555,215	\$(2,835,986)	—	—	\$(12,433,073)	\$(1,705,066)	\$599,581,090

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Health Excellence Fund	24,398,481	—	—	—	—	—	24,398,481
Hospital Stabilization Fund	257,146,329	—	—	—	—	—	257,146,329
Louisiana Fund	11,879,184	—	—	—	—	—	11,879,184
Louisiana Medical Assistance Trust Fund	973,671,408	—	—	—	51,285,691	(151,699,689)	873,257,410
Medicaid Trust Fund for the Elderly	5,048,896	—	—	17,903,814	—	—	22,952,710
New Opportunities Waiver (NOW) Fund	43,348,066	—	—	—	—	—	43,348,066
Total:	\$1,315,492,364	—	—	\$17,903,814	\$51,285,691	\$(151,699,689)	\$1,232,982,180

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	16,296,661,021	(252,149,497)	—	132,296,591	128,717,133	—	16,305,525,248
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$16,296,661,021	\$(252,149,497)	—	\$132,296,591	\$128,717,133	—	\$16,305,525,248
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$16,296,661,021	\$(252,149,497)	—	\$132,296,591	\$128,717,133	—	\$16,305,525,248
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 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
STATE GENERAL FUND (Direct)	52,812,641	—	—	—	—	(190,471)	52,622,170
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—	—	—
FEEES & SELF-GENERATED	—	—	—	—	—	—	—
STATUTORY DEDICATIONS	9,147,866	—	—	—	—	—	9,147,866
FEDERAL FUNDS	178,953,988	—	—	—	—	190,471	179,144,459
TOTAL MEANS OF FINANCING	\$240,914,495	—	—	—	—	—	\$240,914,495

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 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 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 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	190,471,895	—	—	—	—	—	190,471,895
TOTAL OTHER CHARGES	\$240,914,495	—	—	—	—	—	\$240,914,495
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$240,914,495	—	—	—	—	—	\$240,914,495
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 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
STATE GENERAL FUND (Direct)	357,232,430	—	—	—	33,277,456	(1,808,333)	388,701,553
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	385,363,755	—	—	—	29,769,402	1,808,333	416,941,490
TOTAL MEANS OF FINANCING	\$742,596,185	—	—	—	\$63,046,858	—	\$805,643,043

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	742,596,185	—	—	—	63,046,858	—	805,643,043
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$742,596,185	—	—	—	\$63,046,858	—	\$805,643,043
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$742,596,185	—	—	—	\$63,046,858	—	\$805,643,043
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 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
STATE GENERAL FUND (Direct)	81,504,530	—	—	—	—	19,825,411	101,329,941
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	14,088,348	—	—	—	—	(167,924)	13,920,424
FEES & SELF-GENERATED	24,717,454	—	—	—	—	(294,615)	24,422,839
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	248,611,924	—	—	—	—	(8,458,272)	240,153,652
TOTAL MEANS OF FINANCING	\$368,922,256	—	—	—	—	\$10,904,600	\$379,826,856

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Fees & Self-Generated	24,717,454	—	—	—	—	(294,615)	24,422,839
Total:	\$24,717,454	—	—	—	—	\$(294,615)	\$24,422,839

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	239,719,184	—	—	—	—	—	239,719,184
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	129,203,072	—	—	—	—	10,904,600	140,107,672
TOTAL OTHER CHARGES	\$368,922,256	—	—	—	—	\$10,904,600	\$379,826,856
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$368,922,256	—	—	—	—	\$10,904,600	\$379,826,856
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

CONTINUATION BUDGET ADJUSTMENTS - BY PROGRAM

Form 11655 — Non-recurring Carryforwards

3061 - Payments to Private Providers

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(4,056,615)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	(2,835,986)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(21,315,947)
TOTAL MEANS OF FINANCING	\$(28,208,548)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(28,208,548)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(28,208,548)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(28,208,548)

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	(2,835,986)
Total:	\$(2,835,986)

Statutory Dedications

	Amount
Total:	—

Supporting Detail
Means of Financing

Description	Amount
Federal Funds	(21,315,947)
Fees & Self-Generated	(2,835,986)
State General Fund	(4,056,615)
Total:	\$(28,208,548)

Other Charges

Commitment item	Name	Amount
5600000	TOTAL OTHER CHARGES	(28,208,548)
Total:		\$(28,208,548)

Form 10975 — 306 - Non-recur HCBS Spending Plan Authority

3061 - Payments to Private Providers

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(223,940,949)
TOTAL MEANS OF FINANCING	\$(223,940,949)

AUTHORIZED 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	(223,940,949)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(223,940,949)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(223,940,949)

Question	Narrative Response
Explain the need for this request.	Non-recur one-time Federal Funding associated with the HCBS Spending Plan that was appropriated in FY 23 that will no longer be needed in FY 24.
Cite performance indicators for the adjustment.	N/A
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 10981 — 306 - Rural Hospital

3061 - Payments to Private Providers

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	71,381
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	148,726
TOTAL MEANS OF FINANCING	\$220,107

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	220,107
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$220,107
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$220,107

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 adjustment is needed to cover the mandated inflationary increases to the rural hospital inpatient rates. Act 327 of the 2007 Legislative Session mandates that the rural hospital inpatient rates are inflated biannually in the rate year that is not a rebase year. The inpatient rates will be rebased. Therefore, funding will be needed to cover an inflationary adjustment for the beginning of the new rate year effective 7/1/23.
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?	If this request is not funded, LDH would not be in compliance with Act 327 of the 2007 Legislative Session.
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 13206 — 306 - Rural Health Clinics

3061 - Payments to Private Providers

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	136,326
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	284,044
TOTAL MEANS OF FINANCING	\$420,370

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	420,370
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$420,370
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$420,370

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 SFY23, the addition of 15 new RHCs in SFY24 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?	N/A
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 13212 — 306 - Federally Qualified Health Clinics (FQHCs)

3061 - Payments to Private Providers

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	106,048
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	220,959
TOTAL MEANS OF FINANCING	\$327,007

AUTHORIZED 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	327,007
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$327,007
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$327,007

Question	Narrative Response
Explain the need for this request.	This request is for the annualization of 22 FQHCs added in SFY23, the addition of 25 new FQHCs in SFY24, 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 13214 — 306 - Rebase of Nursing Homes and Hospice Room and Board

3061 - Payments to Private Providers

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	22,925,479
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	17,903,814
FEDERAL FUNDS	85,070,470
TOTAL MEANS OF FINANCING	\$125,899,763

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	125,899,763
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$125,899,763
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$125,899,763

AUTHORIZED POSITIONS

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

Statutory Dedications

	Amount
Medicaid Trust Fund for the Elderly	17,903,814
Total:	\$17,903,814

Question	Narrative Response
Explain the need for this request.	This adjustment is for the nursing home rebase effective July 1, 2023. Nursing homes were inflated in FY 23, there will be a rebase in FY 24 utilizing calendar year 2021 cost report. The adjustment includes hospice room and board increase due to the nursing home rebase.
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?	We will be in violation of the Louisiana Admin Code, Title 50, Part II. Subpart 5, Chapter 200, Section 20005.B.1, effective July 3, 2009 and Louisiana Admin Code, Title 50, Part XV, Subpart 3, Chapter 43, Section 4307.C.
Is revenue a fixed amount or can it be adjusted?	Revenue can be adjusted based on the recommended level of expenditures.
Is the expenditure of these revenues restricted?	Medicaid Trust Fund for the Elderly revenues must be expended in accordance with Act 143 of the First Extraordinary Session of the 2000 Legislature.
Additional information or comments.	N/A

Form 13293 — 306 - ICF/IID Inflationary Adjustment

3061 - Payments to Private Providers

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	1,760,735
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	3,668,609
TOTAL MEANS OF FINANCING	\$5,429,344

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	5,429,344
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$5,429,344
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$5,429,344

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: 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 Basket Index, published by HIS Global Insight, Inc. (IGI), formerly Data Resources Inc. (DRI), for December 2022, divided by the index for December 2024.' ICF's were last rebased on 07/01/2022, so the next rebase would not need to be until FY25.
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?	If this request is not funded LDH would be in violation of the State Plan Amendment referenced above.
Is revenue a fixed amount or can it be adjusted?	Revenue can be adjusted based on the recommended level of expenditures.
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	N/A

Form 11018 — 306 - Medicare Part A & B

3063 - Medicare Buy-Ins & Supplements

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	14,042,895
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	29,259,280
TOTAL MEANS OF FINANCING	\$43,302,175

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	43,302,175
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$43,302,175
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$43,302,175

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 funding the federally mandated changes to Medicare premiums for 'Dual Eligibles'. (low-income seniors and disabled individuals who qualify for both Medicare and Medicaid) who enroll in the Medicare Savings Program and the Low-Income Subsidy (LIS) program. Part A actual premium rates are projected to be \$508 on January 1, 2023 and increase to \$530 on January 1, 2024. Part B actual premium rates are projected to be \$170.10 on January 1, 2023 and increase to \$175.30 on January 1, 2024. Medicaid's Medicare Savings Program (MSP) pays the Medicare premiums for low-income Medicare beneficiaries who qualify. This process is known as Buy-In. Medicare premiums change every January. This adjustment is to accommodate the increase in the amount of the Medicare Part A and/or B premiums. The Existing Operating Budget of \$490,101,170 is not sufficient to meet the estimated total cost of \$533,403,345 for Fiscal Year 2024.
Cite performance indicators for the adjustment.	'Total Number of Recipients (Part A)' (LAPAS Code 2261), 'Total Number of Recipients (Part B)' (LAPAS Code 2262), 'Total Number of Buy-In Eligibles' (LAPAS Code 2263), 'Buy-In Expenditures Part A' (LAPAS Code 2264), 'Buy-In Expenditures Part B' (LAPAS Code 2265), and 'Total Savings (Costs of Care Less Premium Costs) for Medicare Benefits' (LAPAS Code 2266).
What would the impact be if this is not funded?	The agency could face several issues detrimental to the intent and goals of the administration of the Medicaid program in the delivery of a major service to the Medicare population and be non-compliant with Federal regulations. We would not be able to meet the costs of Medicare premiums for recipients and therefore would not provide these services stipulated in Title XIX of the Social Security Act as enacted by the Medicare Catastrophic Coverage Act ('88). There would also be increased cost to the Medicaid Program because the state would absorb a portion of the health care cost for this population instead of shifting the entire cost to Medicare.
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 11033 — 306 - Medicare QI

3063 - Medicare Buy-Ins & Supplements

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	510,122
TOTAL MEANS OF FINANCING	\$510,122

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	510,122
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$510,122
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$510,122

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 projected enrollment growth in the Medicare Savings Program (MSP), Qualified Individuals (QI) population, which the State is federally mandated to cover, and the cost is 100% federally funded. The adjustment accommodates for the change in the amount of the Medicare Part B premiums and number of enrollees. Part B premiums are projected to be \$170.10 on January 1, 2023 and increase to \$175.30 on January 1, 2024.
Cite performance indicators for the adjustment.	Two current performance indicators capture this information: 'Total Number of Recipients (Part B)' (LAPAS Code 2262) & 'Buy-In Expenditures Part B' (LAPAS Code 2265).
What would the impact be if this is not funded?	Non-compliance with federal mandate.
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 11064 — 306 - HCBS Rate Increase (ARPA HCBS Spending Plan)

3061 - Payments to Private Providers

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	31,082,000
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(31,082,000)
TOTAL MEANS OF FINANCING	—

AUTHORIZED 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	—

Question	Narrative Response
Explain the need for this request.	This request is to continue the Office of Aging and Adult Services (OAAS) reimbursement rate increases funded in FY23 by the American Rescue Plan Act (ARPA) Home and Community Based Services (HCBS) Spending Plan. This funding increases rates for Long Term - Personal Care Services (LT-PCS), Community Choices Personal Assistance Services Providers, Adult Day Health Care Providers (ADHC), and Waiver Support Coordination Agencies. This increase was to equalize the rates between OCDD and OAAS providers given the rate increases for OCDD that were funded by the NOW fund in the FY22 budget and continued in the FY23 budget; failure to continue this increase for OAAS would create a disparity in the rates paid for similar services across the two agencies.
Cite performance indicators for the adjustment.	There are no performance indicators directly associated with this request.
What would the impact be if this is not funded?	If this request is not funded, rates would be reduced in FY24. Medicaid spending for elderly and disabled Long Term Care (LTC) that goes towards community-based services rather than nursing homes would decrease if this request is not funded.
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 11110 — 306 - Dental Managed Care Adjustment

3061 - Payments to Private Providers

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	19,032,911
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	447,318
FEES & SELF-GENERATED	(21,776,803)
STATUTORY DEDICATIONS	(1,850,709)
FEDERAL FUNDS	(14,430,282)
TOTAL MEANS OF FINANCING	\$(18,577,565)

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(18,577,565)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(18,577,565)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(18,577,565)

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	(21,776,803)
Total:	\$(21,776,803)

Statutory Dedications

	Amount
Louisiana Medical Assistance Trust Fund	(1,850,709)
Total:	\$(1,850,709)

Question	Narrative Response
Explain the need for this request.	This request is for increases to the funding for the managed 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, 3) Annualization of ACT 450 of 2021 Regular Legislative Session, 4) Provider Rate Increase and 5) premium tax changes. The primary reason for the decrease is due to the Public Health Emergency (PHE) Means of Effort (MOE) requirement ending January 2023, which has impacted Medicaid enrollment due to its obligation to maintain enrollment during the PHE.
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 not considered the budget may be overstated for SFY23 if PHE does end in January 2023.
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 11136 — 306 - Managed Care Incentive Payment (MCIP) Adjustment

3061 - Payments to Private Providers

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	33,527,554
FEES & SELF-GENERATED	6,865,085
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	8,233,632
TOTAL MEANS OF FINANCING	\$48,626,271

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	48,626,271
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$48,626,271
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$48,626,271

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	6,865,085
Total:	\$6,865,085

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	The Managed Care Incentive Program (MCIP) leverages changes in federal regulations allowing state Medicaid programs to include incentive arrangements in MCO contracts that permit payments over and above capitation rates. Specifically, LDH will make additional payments to MCOs of up to 5% of payments attributable to enrollees of services covered by the incentive arrangements for achievement of LDH-approved performance measures and quality outcomes. The 5% allowable of capitation payments for MCIP payments is based on total projected payments for a year which changes yearly depending on rates and enrollment, etc. This adjustment reflects the 5% change in payments based on the CY23 projected Healthy Louisiana (HLA) Managed Care Program payments (excluding HIPF, SCHIP and pharmacy rebates).
Cite performance indicators for the adjustment.	The MCO program impacts the following performance indicator: 25603 Percentage of Medicaid enrollee expenditures under a managed care model.
What would the impact be if this is not funded?	If this workload adjustment is not funded, there will be insufficient budget authority to make the total projected payments for MCIP in SFY24.
Is revenue a fixed amount or can it be adjusted?	The level of revenue requested is based upon the calculation of 5% of total projected payments made to each MCO in a program year. Expenditures are based upon MCOs' achievement of LDH-approved performance/quality milestones in that same program year.
Is the expenditure of these revenues restricted?	The level of revenue requested is based upon the calculation of 5% of total projected payments made to each MCO in a program year. Expenditures are based upon MCOs' achievement of LDH-approved performance/quality milestones in that same program year.
Additional information or comments.	N/A

Form 11312 — 306 - Healthy LA MCO Adjustment

3061 - Payments to Private Providers

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	2,797,162
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	11,187,647
FEES & SELF-GENERATED	2,478,645
STATUTORY DEDICATIONS	53,136,400
FEDERAL FUNDS	29,068,573
TOTAL MEANS OF FINANCING	\$98,668,427

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	98,668,427
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$98,668,427
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$98,668,427

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	2,478,645
Total:	\$2,478,645

Statutory Dedications

	Amount
Louisiana Medical Assistance Trust Fund	53,136,400
Total:	\$53,136,400

Question	Narrative Response
Explain the need for this request.	This request is for increases to the 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) Hospital Directed Payments changes, 4) Pharmacy Rebates, and 5) 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 not funded, the result would be the reduction of capitation rates paid to the plans. This reduction may result in the plans terminating their contracts with the state, sending services back to the fee for service model, and sacrificing intense program and utilization management. In addition, there would be a loss of premium tax revenue which would result in additional SGF being required.
Is revenue a fixed amount or can it be adjusted?	The requested amount is based on the minimum of the actuarially sound rate range developed by the state's actuaries. The rate point can be adjusted based on the recommended level of expenditures, but only within the limits of the rate range. Adjustments that would reduce the rate below the floor of the range 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?	The requested amount is based on the minimum of the actuarially sound rate range developed by the state's actuaries. The rate point can be adjusted based on the recommended level of expenditures, but only within the limits of the rate range. Adjustments that would reduce the rate below the floor of the range would require a reduction of provider payment rates and/or benefits and services covered under the at-risk contract.
Additional information or comments.	N/A

Form 14495 — 306 - Clawback

3063 - Medicare Buy-Ins & Supplements

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	19,234,561
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$19,234,561

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	19,234,561
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$19,234,561
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$19,234,561

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 adjustment is for Medicare Part D premium payments to CMS to defray a portion of the Medicare drug expenditures for individuals whose projected Medicaid coverages is assumed by Medicare Part D. Medicare Part D Premiums payments are federally mandated by the Center for Medicare and Medicaid Services (CMS). For SFY 2024, the estimated \$214,536,928 is projected based on an increase in the enrollment count of full dual eligible enrollees who receive drug coverage through Part D and the change in the state per capita expenditure (PCE) multipliers. This estimation is based on instructions for the Federal Funds Information for States Issue Brief 22-04 per-capita expenditures projections. CMS sends letters in October and May indicating the official change in the state PCE multiplier. Therefore, if current month enrollees assume a 0.25% growth each month for estimation purposes along with anticipated changes to the state PCE multiplier.
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 agency would not be in compliance with Federal regulations.
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 10980 — 306 - MOF 1X Swap

3061 - Payments to Private Providers

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	287,893,866
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	(151,699,689)
FEDERAL FUNDS	(136,194,177)
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	—

Statutory Dedications

	Amount
Louisiana Medical Assistance Trust Fund	(151,699,689)
Total:	\$(151,699,689)

Question	Narrative Response
Explain the need for this request.	This request is to remove the one-time/non-recurring revenue from the FY23 base budget. The FY23 existing budget contains revenue from sources that will not materialize or will be reduced in FY24 that are used to match recurring expenditures. This adjustment is for the means of financing only.
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. Claims payments would not be able to exceed the available revenue.
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 13253 — 306 - Annualization of OBH ELMHS Beds

3064 - Uncompensated Care Costs

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	23,907,806
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(13,003,206)
TOTAL MEANS OF FINANCING	\$10,904,600

AUTHORIZED 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	10,904,600
TOTAL OTHER CHARGES	\$10,904,600
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$10,904,600

Question	Narrative Response
Explain the need for this request.	This is a companion request with Office of Behavioral Health (OBH), which provides for the annualization of the FY23 appropriation for 118 contracted inpatient civil intermediate beds. These 118 inpatient civil intermediate beds were necessary due to continued and competing increases in demand to admit patients of all legal status types [Not Guilty by Reason of Insanity (NGBRI), pretrial (PT), Judicial Civil (JC), and Unable to be Restored to Competence (648B)] and the subsequent negative impact on ELMHS's ability to timely admit NGBRI clients. The FY24 annualized amount is \$30,231,600, which is based on a \$700 per bed/per day rate. This amount, less the \$19,327,000 received in FY23, is the basis of this FY24 annualization request. The 118 civil intermediate beds will be funded with 100% State General Fund. The SGF portion supports the forensic population which can only be supported with state general fund. This request swaps the Federal Funds appropriated in FY 23, as well as the increase for the FY 24 annualization. This adjustment is excluded from the DOA IAT Balancing Project (The Wheel).
Cite performance indicators for the adjustment.	Not applicable for this request.
What would the impact be if this is not funded?	Eastern Louisiana Mental Health System (ELMHS) is one of the state's two freestanding inpatient psychiatric hospitals, and is the only one that includes a division solely designated for the provision of inpatient psychiatric treatment to forensic clients who are deemed Not Guilty By Reason of Insanity (NGBRI) or who are ordered to receive hospital-based competency restoration services. The state is required to admit these patients timely, and these beds are necessary to achieve that. If this annualization is not approved, the total number of beds available would be reduced from 118 to 75.
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 13398 — 306 - MOF Swap due to FMAP Change - Privates

3061 - Payments to Private Providers

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	(13,366,914)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	(177,503)
FEES & SELF-GENERATED	(1,705,066)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	15,249,483
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	(1,705,066)
Total:	\$(1,705,066)

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	This request is to refinance the FY23 existing operating budget based on the annual change in FMAP (Federal Medical Assistance Percentage) so that the FY24 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 FY24 are as follows: The Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal; and the Title XIX Federal Fiscal Year 24 rate is 32.33% state and 67.67% federal. In general, the FY23 budget was based on an overall blended rate of 67.47% (excluding one quarter of eFMAP non-recurred separately). 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?	The revenue can be adjusted based upon the recommended level of expenditures.
Additional information or comments.	N/A

Form 13408 — 306 - MOF Swap due to FMAP change - Publics

3062 - Payments to Public Providers

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	(190,471)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	190,471
TOTAL MEANS OF FINANCING	—

AUTHORIZED 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	—

Question	Narrative Response
Explain the need for this request.	This request is to refinance the FY23 existing operating budget based on the annual change in FMAP (Federal Medical Assistance Percentage) so that the FY24 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 FY24 are as follows: The Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal; and the Title XIX Federal Fiscal Year 24 rate is 32.33% state and 67.67% federal. In general, the FY23 budget was based on an overall blended rate of 67.47% (excluding one quarter of eFMAP non-recurred separately). 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?	The revenue can be adjusted based upon the recommended level of expenditures.
Additional information or comments.	N/A

Form 13419 — 306 - MOF Swap due to FMAP change - Buy Ins

3063 - Medicare Buy-Ins & Supplements

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	(1,808,333)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	1,808,333
TOTAL MEANS OF FINANCING	—

AUTHORIZED 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	—

Question	Narrative Response
Explain the need for this request.	This request is to refinance the FY23 existing operating budget based on the annual change in FMAP (Federal Medical Assistance Percentage) so that the FY24 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 FY24 are as follows: The Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal; and the Title XIX Federal Fiscal Year 24 rate is 32.33% state and 67.67% federal. In general, the FY23 budget was based on an overall blended rate of 67.47% (excluding one quarter of eFMAP non-recurred separately). 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?	The revenue can be adjusted based upon the recommended level of expenditures.
Additional information or comments.	N/A

Form 13424 — 306 - MOF Swap due to FMAP change - UCC

3064 - Uncompensated Care Costs

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	(4,082,395)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	(167,924)
FEES & SELF-GENERATED	(294,615)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	4,544,934
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	(294,615)
Total:	\$(294,615)

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	This request is to refinance the FY23 existing operating budget based on the annual change in FMAP (Federal Medical Assistance Percentage) so that the FY24 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 FY24 are as follows: The Title XIX blended rate is 32.43% state and 67.57% federal; the LaCHIP blended rate is 22.70% state and 77.30% federal; and the Title XIX Federal Fiscal Year 24 rate is 32.33% state and 67.67% federal. In general, the FY23 budget was based on an overall blended rate of 67.47% (excluding one quarter of eFMAP non-recurred separately). 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?	The revenue can be adjusted based upon the recommended level of expenditures.
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 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in this Adjustment Package	FY2023-2024 Requested Realignment
STATE GENERAL FUND (Direct)	2,078,910,529	399,486,442	—	2,478,396,971
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	119,632,199	44,817,092	—	164,449,291
FEES & SELF-GENERATED	641,272,669	(17,268,740)	—	624,003,929
STATUTORY DEDICATIONS	1,324,640,230	(82,510,184)	—	1,242,130,046
FEDERAL FUNDS	13,484,638,330	(261,708,925)	—	13,222,929,405
TOTAL MEANS OF FINANCING	\$17,649,093,957	\$82,815,685	—	\$17,731,909,642
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—
Other Charges	17,329,418,990	71,911,085	—	17,401,330,075
Debt Service	—	—	—	—
Interagency Transfers	319,674,967	10,904,600	—	330,579,567
TOTAL OTHER CHARGES	\$17,649,093,957	\$82,815,685	—	\$17,731,909,642
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$17,649,093,957	\$82,815,685	—	\$17,731,909,642
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)	—	—	—	—	—
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	—	—	—	—	—
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL SALARIES	—	—	—	—	—
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 & REQUEST	—	—	—	—	—
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 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in this Adjustment Package	FY2023-2024 Requested Realignment
STATE GENERAL FUND (Direct)	1,587,360,928	348,382,379	—	1,935,743,307
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	105,543,851	44,985,016	—	150,528,867
FEES & SELF-GENERATED	616,555,215	(16,974,125)	—	599,581,090
STATUTORY DEDICATIONS	1,315,492,364	(82,510,184)	—	1,232,982,180
FEDERAL FUNDS	12,671,708,663	(285,018,859)	—	12,386,689,804
TOTAL MEANS OF FINANCING	\$16,296,661,021	\$8,864,227	—	\$16,305,525,248
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—
Other Charges	16,296,661,021	8,864,227	—	16,305,525,248
Debt Service	—	—	—	—
Interagency Transfers	—	—	—	—
TOTAL OTHER CHARGES	\$16,296,661,021	\$8,864,227	—	\$16,305,525,248
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$16,296,661,021	\$8,864,227	—	\$16,305,525,248
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 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in this Adjustment Package	FY2023-2024 Requested Realignment
STATE GENERAL FUND (Direct)	52,812,641	(190,471)	—	52,622,170
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—
STATUTORY DEDICATIONS	9,147,866	—	—	9,147,866
FEDERAL FUNDS	178,953,988	190,471	—	179,144,459
TOTAL MEANS OF FINANCING	\$240,914,495	—	—	\$240,914,495
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	190,471,895	—	—	190,471,895
TOTAL OTHER CHARGES	\$240,914,495	—	—	\$240,914,495
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$240,914,495	—	—	\$240,914,495
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 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in this Adjustment Package	FY2023-2024 Requested Realignment
STATE GENERAL FUND (Direct)	357,232,430	31,469,123	—	388,701,553
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—
FEDERAL FUNDS	385,363,755	31,577,735	—	416,941,490
TOTAL MEANS OF FINANCING	\$742,596,185	\$63,046,858	—	\$805,643,043
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—
Other Charges	742,596,185	63,046,858	—	805,643,043
Debt Service	—	—	—	—
Interagency Transfers	—	—	—	—
TOTAL OTHER CHARGES	\$742,596,185	\$63,046,858	—	\$805,643,043
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$742,596,185	\$63,046,858	—	\$805,643,043
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 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in this Adjustment Package	FY2023-2024 Requested Realignment
STATE GENERAL FUND (Direct)	81,504,530	19,825,411	—	101,329,941
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	14,088,348	(167,924)	—	13,920,424
FEES & SELF-GENERATED	24,717,454	(294,615)	—	24,422,839
STATUTORY DEDICATIONS	—	—	—	—
FEDERAL FUNDS	248,611,924	(8,458,272)	—	240,153,652
TOTAL MEANS OF FINANCING	\$368,922,256	\$10,904,600	—	\$379,826,856
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—
Other Charges	239,719,184	—	—	239,719,184
Debt Service	—	—	—	—
Interagency Transfers	129,203,072	10,904,600	—	140,107,672
TOTAL OTHER CHARGES	\$368,922,256	\$10,904,600	—	\$379,826,856
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$368,922,256	\$10,904,600	—	\$379,826,856
Classified	—	—	—	—
Unclassified	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—



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New or Expanded Requests

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
STATE GENERAL FUND (Direct)	2,078,910,529	399,486,442	—	191,337	2,478,588,308
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	119,632,199	44,817,092	—	—	164,449,291
FEES & SELF-GENERATED	641,272,669	(17,268,740)	—	—	624,003,929
STATUTORY DEDICATIONS	1,324,640,230	(82,510,184)	—	—	1,242,130,046
FEDERAL FUNDS	13,484,638,330	(261,708,925)	—	398,663	13,223,328,068
TOTAL MEANS OF FINANCING	\$17,649,093,957	\$82,815,685	—	\$590,000	\$17,732,499,642
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	17,329,418,990	71,911,085	—	590,000	17,401,920,075
Debt Service	—	—	—	—	—
Interagency Transfers	319,674,967	10,904,600	—	—	330,579,567
TOTAL OTHER CHARGES	\$17,649,093,957	\$82,815,685	—	\$590,000	\$17,732,499,642
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$17,649,093,957	\$82,815,685	—	\$590,000	\$17,732,499,642
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 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
Fees & Self-Generated	641,272,669	(17,268,740)	—	—	624,003,929
Total:	\$641,272,669	\$(17,268,740)	—	—	\$624,003,929

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
Health Excellence Fund	24,398,481	—	—	—	24,398,481
Hospital Stabilization Fund	257,146,329	—	—	—	257,146,329
Louisiana Fund	11,879,184	—	—	—	11,879,184
Louisiana Medical Assistance Trust Fund	982,819,274	(100,413,998)	—	—	882,405,276
Medicaid Trust Fund for the Elderly	5,048,896	17,903,814	—	—	22,952,710
New Opportunities Waiver (NOW) Fund	43,348,066	—	—	—	43,348,066
Total:	\$1,324,640,230	\$(82,510,184)	—	—	\$1,242,130,046

PROGRAM SUMMARY STATEMENT

3061 - Payments to Private Providers

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
STATE GENERAL FUND (Direct)	1,587,360,928	348,382,379	—	191,337	1,935,934,644
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	105,543,851	44,985,016	—	—	150,528,867
FEES & SELF-GENERATED	616,555,215	(16,974,125)	—	—	599,581,090
STATUTORY DEDICATIONS	1,315,492,364	(82,510,184)	—	—	1,232,982,180
FEDERAL FUNDS	12,671,708,663	(285,018,859)	—	398,663	12,387,088,467
TOTAL MEANS OF FINANCING	\$16,296,661,021	\$8,864,227	—	\$590,000	\$16,306,115,248
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	16,296,661,021	8,864,227	—	590,000	16,306,115,248
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	\$16,296,661,021	\$8,864,227	—	\$590,000	\$16,306,115,248
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$16,296,661,021	\$8,864,227	—	\$590,000	\$16,306,115,248
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 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
Fees & Self-Generated	616,555,215	(16,974,125)	—	—	599,581,090
Total:	\$616,555,215	\$(16,974,125)	—	—	\$599,581,090

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
Health Excellence Fund	24,398,481	—	—	—	24,398,481
Hospital Stabilization Fund	257,146,329	—	—	—	257,146,329
Louisiana Fund	11,879,184	—	—	—	11,879,184
Louisiana Medical Assistance Trust Fund	973,671,408	(100,413,998)	—	—	873,257,410
Medicaid Trust Fund for the Elderly	5,048,896	17,903,814	—	—	22,952,710
New Opportunities Waiver (NOW) Fund	43,348,066	—	—	—	43,348,066
Total:	\$1,315,492,364	\$(82,510,184)	—	—	\$1,232,982,180

3062 - Payments to Public Providers

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
STATE GENERAL FUND (Direct)	52,812,641	(190,471)	—	—	52,622,170
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	9,147,866	—	—	—	9,147,866
FEDERAL FUNDS	178,953,988	190,471	—	—	179,144,459
TOTAL MEANS OF FINANCING	\$240,914,495	—	—	—	\$240,914,495
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	190,471,895	—	—	—	190,471,895
TOTAL OTHER CHARGES	\$240,914,495	—	—	—	\$240,914,495
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$240,914,495	—	—	—	\$240,914,495
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 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 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 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
STATE GENERAL FUND (Direct)	357,232,430	31,469,123	—	—	388,701,553
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	385,363,755	31,577,735	—	—	416,941,490
TOTAL MEANS OF FINANCING	\$742,596,185	\$63,046,858	—	—	\$805,643,043
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	742,596,185	63,046,858	—	—	805,643,043
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	\$742,596,185	\$63,046,858	—	—	\$805,643,043
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$742,596,185	\$63,046,858	—	—	\$805,643,043
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 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
Total:	—	—	—	—	—

3064 - Uncompensated Care Costs

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
STATE GENERAL FUND (Direct)	81,504,530	19,825,411	—	—	101,329,941
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	14,088,348	(167,924)	—	—	13,920,424
FEES & SELF-GENERATED	24,717,454	(294,615)	—	—	24,422,839
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	248,611,924	(8,458,272)	—	—	240,153,652
TOTAL MEANS OF FINANCING	\$368,922,256	\$10,904,600	—	—	\$379,826,856
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	239,719,184	—	—	—	239,719,184
Debt Service	—	—	—	—	—
Interagency Transfers	129,203,072	10,904,600	—	—	140,107,672
TOTAL OTHER CHARGES	\$368,922,256	\$10,904,600	—	—	\$379,826,856
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$368,922,256	\$10,904,600	—	—	\$379,826,856
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 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
Fees & Self-Generated	24,717,454	(294,615)	—	—	24,422,839
Total:	\$24,717,454	\$(294,615)	—	—	\$24,422,839

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
Total:	—	—	—	—	—

Form 10982 — 306 - Crisis Services for Youth

3061 - Payments to Private Providers

Means of Financing and Expenditures

	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested	FY2024-2025 Requested	FY2025-2026 Requested	FY2026-2027 Requested
STATE GENERAL FUND (Direct)	—	191,337	795,962	827,800	860,912
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	398,663	1,658,438	1,724,776	1,793,767
TOTAL MEANS OF FINANCING	—	590,000	2,454,400	2,552,576	2,654,679
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL SALARIES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	—	590,000	2,454,400	2,552,576	2,654,679
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	—	590,000	2,454,400	2,552,576	2,654,679
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	—	590,000	2,454,400	2,552,576	2,654,679
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Question	Narrative Response
Explain need for the new or expanded service.	Funding is necessary in order to expand crisis services to Medicaid eligible children for the purpose of diverting children and youth from the Emergency Department (ED), inpatient care or other out of home, non-community based services or placements.
How will it help fulfill the program's mission?	This funding will be used to support Mobile Crisis Response and Community Brief Crisis Support that will be included in Louisiana's Medicaid State Plan, and managed by the Healthy Louisiana Managed Care Organizations. Expansion of crisis services to Medicaid eligible children is an initiative included in the Louisiana Department of Health's Business Plan. This SFY24 request is based on a proposed effective date of April 1, 2024.
Who will be the principal users?	Expansion of crisis services to Medicaid eligible children is an initiative included in the Louisiana Department of Health's Business Plan.
Who will primarily benefit from the service?	Expansion of crisis services to Medicaid eligible children is an initiative included in the Louisiana Department of Health's Business Plan.
What strategic objectives are affected?	Strategic (Long range):Through the Behavioral Health Services Reform activity, to increase access to a full array of evidence-based in-home and community-based behavioral health services, in order to improve health outcomes and decrease reliance in institutional care.
What operational objectives are affected?	Operational (1-Year): Through the Behavioral Health Services Reform activity, to increase access to a full array of evidence-based in-home and community-based behavioral health services, in order to improve health outcomes and decrease reliance on institutional care by State Fiscal Year 2025.
List a revised version of the objective(s) here.	N/A
If no objective exists, create one-strategic.	N/A
If no objective exists, create one-operational.	N/A
Explain the Strategies needed to implement.	These services shall be administered by the managed care organizations, which shall be responsible for the necessary operational administrative functions to ensure adequate service coordination and delivery. Licensed behavioral health agencies will contract with one or more of the MCOs in order to render and be reimbursed for these services through the use of State qualified crisis service providers. For recipients enrolled in one of the MCOs, the department, or its fiscal intermediary, shall make monthly capitation payments to the MCOs.
Additional information or comments.	N/A



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Total Request Summary

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	1,478,962,345	2,078,910,529	399,486,442	—	191,337	2,478,588,308	399,677,779
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	116,925,206	119,632,199	44,817,092	—	—	164,449,291	44,817,092
FEES & SELF-GENERATED	568,268,678	641,272,669	(17,268,740)	—	—	624,003,929	(17,268,740)
STATUTORY DEDICATIONS	1,112,138,188	1,324,640,230	(82,510,184)	—	—	1,242,130,046	(82,510,184)
FEDERAL FUNDS	11,798,522,694	13,484,638,330	(261,708,925)	—	398,663	13,223,328,068	(261,310,262)
TOTAL MEANS OF FINANCING	\$15,074,817,111	\$17,649,093,957	\$82,815,685	—	\$590,000	\$17,732,499,642	\$83,405,685

Fees and Self-Generated

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Fees & Self-Generated	568,268,678	641,272,669	(17,268,740)	—	—	624,003,929	(17,268,740)
Total:	\$568,268,678	\$641,272,669	\$(17,268,740)	—	—	\$624,003,929	\$(17,268,740)

Statutory Dedications

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Health Excellence Fund	29,783,261	24,398,481	—	—	—	24,398,481	—
Hospital Stabilization Fund	108,139,101	257,146,329	—	—	—	257,146,329	—
Louisiana Fund	9,804,762	11,879,184	—	—	—	11,879,184	—
Louisiana Medical Assistance Trust Fund	941,404,978	982,819,274	(100,413,998)	—	—	882,405,276	(100,413,998)
Medicaid Trust Fund for the Elderly	—	5,048,896	17,903,814	—	—	22,952,710	17,903,814
New Opportunities Waiver (NOW) Fund	23,006,086	43,348,066	—	—	—	43,348,066	—
Total:	\$1,112,138,188	\$1,324,640,230	\$(82,510,184)	—	—	\$1,242,130,046	\$(82,510,184)

Expenditures and Positions

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	14,844,524,639	17,329,418,990	71,911,085	—	590,000	17,401,920,075	72,501,085
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	230,292,473	319,674,967	10,904,600	—	—	330,579,567	10,904,600
TOTAL OTHER CHARGES	\$15,074,817,111	\$17,649,093,957	\$82,815,685	—	\$590,000	\$17,732,499,642	\$83,405,685
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$15,074,817,111	\$17,649,093,957	\$82,815,685	—	\$590,000	\$17,732,499,642	\$83,405,685
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	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	993,245,783	1,587,360,928	348,382,379	—	191,337	1,935,934,644	348,573,716
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	75,739,740	105,543,851	44,985,016	—	—	150,528,867	44,985,016
FEES & SELF-GENERATED	471,682,185	616,555,215	(16,974,125)	—	—	599,581,090	(16,974,125)
STATUTORY DEDICATIONS	1,102,990,322	1,315,492,364	(82,510,184)	—	—	1,232,982,180	(82,510,184)
FEDERAL FUNDS	10,457,208,553	12,671,708,663	(285,018,859)	—	398,663	12,387,088,467	(284,620,196)
TOTAL MEANS OF FINANCING	\$13,100,866,583	\$16,296,661,021	\$8,864,227	—	\$590,000	\$16,306,115,248	\$9,454,227

Fees and Self-Generated

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Fees & Self-Generated	471,682,185	616,555,215	(16,974,125)	—	—	599,581,090	(16,974,125)
Total:	\$471,682,185	\$616,555,215	\$(16,974,125)	—	—	\$599,581,090	\$(16,974,125)

Statutory Dedications

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Health Excellence Fund	29,783,261	24,398,481	—	—	—	24,398,481	—
Hospital Stabilization Fund	108,139,101	257,146,329	—	—	—	257,146,329	—
Louisiana Fund	9,804,762	11,879,184	—	—	—	11,879,184	—
Louisiana Medical Assistance Trust Fund	932,257,112	973,671,408	(100,413,998)	—	—	873,257,410	(100,413,998)
Medicaid Trust Fund for the Elderly	—	5,048,896	17,903,814	—	—	22,952,710	17,903,814
New Opportunities Waiver (NOW) Fund	23,006,086	43,348,066	—	—	—	43,348,066	—
Total:	\$1,102,990,322	\$1,315,492,364	\$(82,510,184)	—	—	\$1,232,982,180	\$(82,510,184)

Expenditures and Positions

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	13,100,740,654	16,296,661,021	8,864,227	—	590,000	16,306,115,248	9,454,227
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	125,928	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$13,100,866,583	\$16,296,661,021	\$8,864,227	—	\$590,000	\$16,306,115,248	\$9,454,227
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$13,100,866,583	\$16,296,661,021	\$8,864,227	—	\$590,000	\$16,306,115,248	\$9,454,227
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	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	35,813,348	52,812,641	(190,471)	—	—	52,622,170	(190,471)
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—	—	—
FEES & SELF-GENERATED	(8,866,525)	—	—	—	—	—	—
STATUTORY DEDICATIONS	9,147,866	9,147,866	—	—	—	9,147,866	—
FEDERAL FUNDS	173,415,548	178,953,988	190,471	—	—	179,144,459	190,471
TOTAL MEANS OF FINANCING	\$209,510,238	\$240,914,495	—	—	—	\$240,914,495	—

Fees and Self-Generated

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Fees & Self-Generated	(8,866,525)	—	—	—	—	—	—
Total:	\$(8,866,525)	—	—	—	—	—	—

Statutory Dedications

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 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	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	40,520,237	50,442,600	—	—	—	50,442,600	—
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	168,990,001	190,471,895	—	—	—	190,471,895	—
TOTAL OTHER CHARGES	\$209,510,238	\$240,914,495	—	—	—	\$240,914,495	—
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$209,510,238	\$240,914,495	—	—	—	\$240,914,495	—
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	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	283,797,852	357,232,430	31,469,123	—	—	388,701,553	31,469,123
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	384,253,511	385,363,755	31,577,735	—	—	416,941,490	31,577,735
TOTAL MEANS OF FINANCING	\$668,051,364	\$742,596,185	\$63,046,858	—	—	\$805,643,043	\$63,046,858

Expenditures and Positions

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	668,042,684	742,596,185	63,046,858	—	—	805,643,043	63,046,858
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	8,680	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$668,051,364	\$742,596,185	\$63,046,858	—	—	\$805,643,043	\$63,046,858
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$668,051,364	\$742,596,185	\$63,046,858	—	—	\$805,643,043	\$63,046,858
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	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	166,105,361	81,504,530	19,825,411	—	—	101,329,941	19,825,411
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	41,185,466	14,088,348	(167,924)	—	—	13,920,424	(167,924)
FEES & SELF-GENERATED	105,453,018	24,717,454	(294,615)	—	—	24,422,839	(294,615)
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	783,645,082	248,611,924	(8,458,272)	—	—	240,153,652	(8,458,272)
TOTAL MEANS OF FINANCING	\$1,096,388,927	\$368,922,256	\$10,904,600	—	—	\$379,826,856	\$10,904,600

Fees and Self-Generated

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Fees & Self-Generated	105,453,018	24,717,454	(294,615)	—	—	24,422,839	(294,615)
Total:	\$105,453,018	\$24,717,454	\$(294,615)	—	—	\$24,422,839	\$(294,615)

Expenditures and Positions

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	1,035,221,064	239,719,184	—	—	—	239,719,184	—
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	61,167,863	129,203,072	10,904,600	—	—	140,107,672	10,904,600
TOTAL OTHER CHARGES	\$1,096,388,927	\$368,922,256	\$10,904,600	—	—	\$379,826,856	\$10,904,600
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,096,388,927	\$368,922,256	\$10,904,600	—	—	\$379,826,856	\$10,904,600
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—



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Addenda

INTERAGENCY TRANSFERS

INTERAGENCY AGREEMENT

BR-19B
(9/00)

Interagency Agreement Between Department of Health and Hospitals-Medical Vendor Payments (09-306) and the Department of Children and Family Services (#10-360)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2023 - 2024, Department of Health and Hospitals -Medical Vendor Payments (# 09-306) is budgeted to receive the following revenue \$6,820,908
(Agency Name and #)

from DCFS-Office of Children and Family Services (# 10-360) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is: To represent funds that will be received from the Department of Children and Family Services for Coordinated System of Care expenditures in the amount of \$6,820,908.



Recipient Agency Fiscal Officer 9/22/2022
Date



Sending Agency Fiscal Officer 9/22/2022
Date

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

CHILDREN'S BUDGET

Department: 09A - Louisiana Department of Health	STATE OF LOUISIANA	CHILD - DS
Agency: 306 MVP	Childrens Budget	Fiscal Year 2023 - 2024
	Department Summary	Report Date: 10/26/22

Service Number	Service Name	Agency Number	Agency Name	General Fund	IAT	Self Generated	Stat Deds	Federal Funds	Total Funds	Positions
MVP01	Medical Services for	306	Medical Vendor Payments	\$766,416,834	\$49,619,297	\$220,541,896	\$270,928,542	\$2,949,878,270	\$4,257,384,839	0
			Total:	\$766,416,834	\$49,619,297	\$220,541,896	\$270,928,542	\$2,949,878,270	\$4,257,384,839	0

Department: 09A - Louisiana Department of Health Agency: 306 MVP		STATE OF LOUISIANA Childrens Budget by Department			CHILD - DC Fiscal Year 2023 - 2024 Report Date: 10/26/22	
Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended	
STATE GENERAL FUND (Direct)	\$650,273,552	\$115,951,945	\$191,337	\$766,416,834	\$0	
STATE GENERAL FUND BY:						
INTERAGENCY TRANSFERS	\$30,450,425	\$19,168,872	\$0	\$49,619,297	\$0	
FEES & SELF-GENERATED	\$223,020,374	(\$2,478,478)	\$0	\$220,541,896	\$0	
STATUTORY DEDICATIONS	\$309,959,300	(\$39,030,758)	\$0	\$270,928,542	\$0	
FEDERAL FUNDS	\$2,932,360,905	\$17,118,702	\$398,663	\$2,949,878,270	\$0	
TOTAL MEANS OF FINANCING	\$4,146,064,556	\$110,730,283	\$590,000	\$4,257,384,839	\$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	\$4,056,711,581	\$110,730,283	\$590,000	\$4,168,031,864	\$0	
Debt Service	\$0	\$0	\$0	\$0	\$0	
Interagency Transfers	\$89,352,975	\$0	\$0	\$89,352,975	\$0	
TOTAL OTHER CHARGES	\$4,146,064,556	\$110,730,283	\$590,000	\$4,257,384,839	\$0	
Acquisitions	\$0	\$0	\$0	\$0	\$0	
Major Repairs	\$0	\$0	\$0	\$0	\$0	

Department: 09A - Louisiana Department of Health Agency: 306 MVP		STATE OF LOUISIANA Childrens Budget by Department			CHILD - DC Fiscal Year 2023 - 2024 Report Date: 10/26/22	
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0	
TOTAL EXPENDITURES	\$4,146,064,556	\$110,730,283	\$590,000	\$4,257,384,839	\$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 - Louisiana Department of Health
 Agency: 306 MVP

STATE OF LOUISIANA
Childrens Budget
Agency Summary

CHILD - AS
 Fiscal Year 2023 - 2024
 Report Date: 10/26/22

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	3061	Payments to Private	\$717,298,338	\$44,361,471	\$211,317,247	\$267,473,339	\$2,786,595,529	\$4,027,045,924	0
MVP01	Medical Services for	3062	Payments to Public	\$19,875,702	\$0	\$0	\$3,455,203	\$67,663,912	\$90,994,817	0
MVP01	Medical Services for	3064	Uncompensated Ca	\$29,242,794	\$5,257,826	\$9,224,649	\$0	\$95,618,829	\$139,344,098	0
			Total:	\$766,416,834	\$49,619,297	\$220,541,896	\$270,928,542	\$2,949,878,270	\$4,257,384,839	0

Department: 09A - Louisiana Department of Health
 Agency: 306 MVP

STATE OF LOUISIANA
Childrens Budget
by Agency

CHILD - AC
 Fiscal Year 2023 - 2024
 Report Date: 10/26/22

306 - Medical Vendor Payments

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$650,273,552	\$115,951,945	\$191,337	\$766,416,834	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$30,450,425	\$19,168,872	\$0	\$49,619,297	\$0
FEES & SELF-GENERATED	\$223,020,374	(\$2,478,478)	\$0	\$220,541,896	\$0
STATUTORY DEDICATIONS	\$309,959,300	(\$39,030,758)	\$0	\$270,928,542	\$0
FEDERAL FUNDS	\$2,932,360,905	\$17,118,702	\$398,663	\$2,949,878,270	\$0
TOTAL MEANS OF FINANCING	\$4,146,064,556	\$110,730,283	\$590,000	\$4,257,384,839	\$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	\$4,056,711,581	\$110,730,283	\$590,000	\$4,168,031,864	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$89,352,975	\$0	\$0	\$89,352,975	\$0
TOTAL OTHER CHARGES	\$4,146,064,556	\$110,730,283	\$590,000	\$4,257,384,839	\$0

Department: 09A - Louisiana Department of Health Agency: 306 MVP	STATE OF LOUISIANA Childrens Budget by Agency				CHILD - AC Fiscal Year 2023 - 2024 Report Date: 10/26/22
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$4,146,064,556	\$110,730,283	\$590,000	\$4,257,384,839	\$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 - Louisiana Department of Health
 Agency: 306 MVP

STATE OF LOUISIANA
Childrens Budget
by Agency/Program
and Service

CHILD1
 Fiscal Year 2023 - 2024
 Report Date: 10/26/22

306 - Medical Vendor Payments

3061 - Payments to Private Providers

MVP01 - Medical Services for

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$599,541,169	\$117,565,832	\$191,337	\$717,298,338	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$25,129,173	\$19,232,298	\$0	\$44,361,471	\$0
FEES & SELF-GENERATED	\$213,684,447	(\$2,367,200)	\$0	\$211,317,247	\$0
STATUTORY DEDICATIONS	\$306,504,097	(\$39,030,758)	\$0	\$267,473,339	\$0
FEDERAL FUNDS	\$2,770,866,755	\$15,330,111	\$398,663	\$2,786,595,529	\$0
TOTAL MEANS OF FINANCING	\$3,915,725,641	\$110,730,283	\$590,000	\$4,027,045,924	\$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	\$3,915,725,641	\$110,730,283	\$590,000	\$4,027,045,924	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0

Department: 09A - Louisiana Department of Health Agency: 306 MVP		STATE OF LOUISIANA Childrens Budget by Agency/Program and Service				CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	
TOTAL OTHER CHARGES	\$3,915,725,641	\$110,730,283	\$590,000	\$4,027,045,924	\$0	
Acquisitions	\$0	\$0	\$0	\$0	\$0	
Major Repairs	\$0	\$0	\$0	\$0	\$0	
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0	
TOTAL EXPENDITURES	\$3,915,725,641	\$110,730,283	\$590,000	\$4,027,045,924	\$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 - Louisiana Department of Health
 Agency: 306 MVP

STATE OF LOUISIANA
Childrens Budget
by Agency/Program
and Service

CHILD1
 Fiscal Year 2023 - 2024
 Report Date: 10/26/22

3062 - Payments to Public Providers

MVP01 - Medical Services for

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$19,947,644	(\$71,942)	\$0	\$19,875,702	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$3,455,203	\$0	\$0	\$3,455,203	\$0
FEDERAL FUNDS	\$67,591,970	\$71,942	\$0	\$67,663,912	\$0
TOTAL MEANS OF FINANCING	\$90,994,817	\$0	\$0	\$90,994,817	\$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	\$40,552,217	\$0	\$0	\$40,552,217	\$0

Department: 09A - Louisiana Department of Health Agency: 306 MVP		STATE OF LOUISIANA Childrens Budget by Agency/Program and Service				CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
TOTAL OTHER CHARGES	\$90,994,817	\$0	\$0	\$90,994,817	\$0	
Acquisitions	\$0	\$0	\$0	\$0	\$0	
Major Repairs	\$0	\$0	\$0	\$0	\$0	
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0	
TOTAL EXPENDITURES	\$90,994,817	\$0	\$0	\$90,994,817	\$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 - Louisiana Department of Health Agency: 306 MVP	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
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3064 - Uncompensated Care Costs

MVP01 - Medical Services for

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$30,784,739	(\$1,541,945)	\$0	\$29,242,794	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$5,321,252	(\$63,426)	\$0	\$5,257,826	\$0
FEES & SELF-GENERATED	\$9,335,927	(\$111,278)	\$0	\$9,224,649	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$93,902,180	\$1,716,649	\$0	\$95,618,829	\$0
TOTAL MEANS OF FINANCING	\$139,344,098	\$0	\$0	\$139,344,098	\$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	\$90,543,340	\$0	\$0	\$90,543,340	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$48,800,758	\$0	\$0	\$48,800,758	\$0

Department: 09A - Louisiana Department of Health Agency: 306 MVP		STATE OF LOUISIANA Childrens Budget by Agency/Program and Service			CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22	
TOTAL OTHER CHARGES	\$139,344,098	\$0	\$0	\$139,344,098	\$0	
Acquisitions	\$0	\$0	\$0	\$0	\$0	
Major Repairs	\$0	\$0	\$0	\$0	\$0	
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0	
TOTAL EXPENDITURES	\$139,344,098	\$0	\$0	\$139,344,098	\$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 - Louisiana Department of Health Agency: 306 MVP	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
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Form ID:	13986
Form Description:	306 - Private Providers - Children's Bu
Service:	MVP01 - Medical Services for

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 - Louisiana Department of Health

Agency: 306 MVP

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2023 - 2024
Report Date: 10/26/22

Question and Narrative Response

Objective A-1-2: Through the Medicaid Managed Care Activity, increase preventive and primary healthcare use, thereby improving quality, health outcomes, and patient experience for Louisiana Medicaid members. 22947 - Percentage of Medicaid enrollees aged 2-21 years of age who had at least one dental visit in a year; 25576 - Percentage of Medicaid enrollees, enrolled for at least 90 consecutive days aged 6-9, who receive a dental sealant on a permanent molar tooth; 25577 - Number of Medicaid enrollees aged 6-9 enrolled for at least 90 consecutive days, who receive a dental sealant on a permanent tooth; New - Percentage of well care visits for children in the first 15 months of age; New - Percentage of well care visits for children 15 to 30 months of age; New - Percentage of child and adolescent well care visits. Objective A-1-3: Objective: 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 - Louisiana Department of Health Agency: 306 MVP	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
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Form ID:	14029
Form Description:	306 - Payments to Public Providers - C
Service:	MVP01 - Medical Services for

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 - Louisiana Department of Health

Agency: 306 MVP

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2023 - 2024
Report Date: 10/26/22

Question and Narrative Response

Objective B-1-1: 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 - Louisiana Department of Health Agency: 306 MVP	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
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Form ID:	14050
Form Description:	306 - UCC - Children's Budget
Service:	MVP01 - Medical Services for

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.

Department: 09A - Louisiana Department of Health
Agency: 306 MVP

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Question and Narrative Response



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