Agency Budget Request

FISCAL YEAR 2026–2027

Louisiana Department of Health

305 — Medical Vendor Administration

This page has been intentionally left blank

Signature Page

BUDGET REQUEST

Fiscal Year Ending June 30,2027

NAME OF DEPARTMENT / AGENCY: Louisiana Department of Health (09)

BUDGET UNIT: Medical Vendor Administration (305)

SCHEDULE NUMBER: 09-305

TELEPHONE NUMBER: (225) 342-9500

PHYSICAL ADDRESS: 628 N. Fourth Street
P.O. Box 91030, Baton Rouge, Louisiana

ZIP CODE: 70821-9030

WEB ADDRESS: http://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: Drew Maranto	**HEAD OF BUDGET UNIT:** Drew Maranto
PRINTED NAME/TITLE: for Bruce Greenstein, Secretary	**PRINTED NAME/TITLE:** Drew Maranto, Interim Executive Director
DATE: 10/29/25	**DATE:** 10/27/25
EMAIL ADDRESS: Bruce.Greenstein@LA.GOV	**EMAIL ADDRESS:** Drew.Maranto@LA.GOV

PROGRAM CONTACT PERSON: Clinton Summers	**FINANCIAL CONTACT PERSON:** Pam Diez
TITLE: Medicaid Program Manager 4, Financial Mgmt & Operations	**TITLE:** Medicaid Chief Operating Officer/Chief Financial Officer
TELEPHONE NUMBER: (225) 342-2755	**TELEPHONE NUMBER:** (225) 342-6917
EMAIL ADDRESS: clinton.summers2@la.gov	**EMAIL ADDRESS:** pam.diez@la.gov

Operational Plan

STATE OF LOUISIANA
Operational Plan Form
Department Goals

DEPARTMENT NUMBER AND NAME: MVA - MVA

DEPARTMENT MISSION:

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

DEPARTMENT GOALS:

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

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

STATE OF LOUISIANA
Operational Plan Form
Agency Goals

AGENCY NUMBER AND NAME: 305 - Medical Vendor Administration

AGENCY MISSION:

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

AGENCY GOALS:

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

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

Goal III
Improve program integrity by ensuring only those who are eligible remain enrolled in Medicaid.

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

The Medical Vendor Administration 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.

STATE OF LOUISIANA
Operational Plan Form
Program Goals

PROGRAM NUMBER AND NAME: 3052 - Medical Vendor Administration

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 Medical Vendor Administration (MVA) Program A is to administer an efficient and effective Medicaid program in compliance with state and federal requirements.

PROGRAM GOALS:

I. To demonstrate good stewardship of public resources

PROGRAM ACTIVITY:

PROGRAM ACTIVITY 1: MEDICAID ELIGIBILITY DETERMINATION AND ENROLLMENT
The Medicaid Eligibility Determination and Enrollment activity serves to identify, engage, enroll, and retain eligible individuals in the Louisiana Medicaid program, applying modern technology and customer service functions. This activity advances the agency's Triple Aim philosophy, as access to quality health care is essential to everyone's ability to achieve and maintain good health and is not possible without comprehensive, continuous health insurance coverage.

The eligibility process begins with the completion of a Medicaid application. Either the prospective beneficiary or an authorized representative may apply online, by mail, at a local Medicaid office or at a Medicaid Application Center. Individuals who apply for Medicaid must meet the eligibility requirements of the program. Eligibility determination is a federally approved process operated in a uniform manner throughout the state. In Louisiana, caseworkers in each of the nine regions of the Department of Health determine an individual's eligibility for Medicaid in accordance with standardized policy. Processing times for applications vary depending on the coverage group and program under consideration, the amount of information the person is able to provide, and how quickly all necessary information is available to Medicaid staff. Eligible individuals and families enrolled in the Louisiana Medicaid Program receive a Medicaid identification card.

In November 2018, LDH replaced its decades old Medicaid eligibility and enrollment system with modern technology. The new system improves customer service to applicants and enrollees. A "self-service" web portal provides applicants and enrollees with the convenience of updating their own information – addresses, employment, household characteristics – 24 hours a day, seven days a week. Eligibility decisions are faster – within minutes for online applications and renewals when additional information or documentation is not required. In addition to real-time eligibility decisions, automated checks of 20 state and federal databases provide greater assurance that benefits go only to those who meet eligibility requirements, increasing program integrity. Likewise, the use of an automated business rules engine provides for consistent application of a complex and dynamic set of rules governing Medicaid eligibility and regulatory compliance.

With this new, highly automated system and technology-reliant customer service functions, Medicaid strives to strike the right balance between streamlining enrollment and continuing coverage of people who meet eligibility requirements and preventing enrollment or ending coverage of people who do not. Understanding that normal life events — such as getting married or divorced, having children or taking a second job — can change a person's income and Medicaid eligibility, the agency seeks to implement policy and work processes that minimize "churn" – moving in and out of health insurance coverage, which can disrupt access to care, lead to poor health outcomes, and increase administrative burden for the Medicaid agency and the people it serves.

PROGRAM ACTIVITY 2: MEDICAID ENTERPRISE SYSTEMS (MES)

Louisiana's Medicaid providers deliver essential health care and long-term care supports and services to Medicaid recipients, and their continued participation is key to access to care and improved health outcomes. Medicaid Enterprise Systems (MES) handles most Medicaid provider relations functions, including the processing of provider claims and issuing payments for the fee for service (FFS) program, the processing of encounters (claims paid by managed care entities) for the managed care program, credentialing and enrolling providers in the Medicaid network, and combating fraud, waste, and abuse in the Medicaid program.

STATE OF LOUISIANA
Operational Plan Form
Program Goals

PROGRAM NUMBER AND NAME: 3052 - Medical Vendor Administration

The federal government and the state jointly fund the Louisiana Medicaid program. States must ensure they can fund their share of Medicaid expenditures for the care and services available under their state plan and are responsible for safeguarding Medicaid funds by making proper payments to providers, recovering misspent funds, and accurately reporting costs for federal reimbursement. Sufficient financial controls, monitoring and reporting functions are necessary to enable program transparency and demonstrate accountability of public resources to Louisiana taxpayers, lawmakers, and other constituents. Financial management supports the agency's broader goals of ensuring cost effectiveness in the delivery of health care services by using efficient management practices and implementing measures that will constrain the growth in Medicaid expenditures.

Medicaid rate setting and audit functions decrease avoidable public expenditures in the Medicaid program and ensure that limited resources are for health care initiatives that have proven to be the most responsive to the needs of Medicaid members. These functions also ensure that funding allocated to institutional services, such as Nursing Homes and Intermediate Care Facilities (ICF) have proper expenditures. It also ensures that the development of Medicaid cost reports and analysis and audit of hospital records, as required by federal regulations assure that hospitals receive reimbursements in accordance with the provisions of state and federal law, rules, and regulations. Additionally, these functions include monitoring of Local Education Authorities (LEAs) participating in Medicaid for school-based health services to ensure access to Early Periodic Screening Diagnostic and Treatment (EPSDT) and other Medicaid allowable services for children and that reimbursement for these services through certified public expenditures are tracked and audited.

The purpose of establishing and maintaining an effective collections/recovery and cost avoidance program is to reduce Medicaid expenditures and improve program integrity. Monitoring of third party liability (TPL) claims processing enables the Department to enforce that Medicaid is the payer of last resort. Maximizing recoveries will result in the most efficient use of Medicaid funds.

Collections:

TPL Collections - Third parties are legally liable individuals, institutions, corporations (including insurers), and public or private agencies who are or may be responsible for paying medical claims of Medicaid enrollees. Medicaid pays only after a known third party has met its legal obligation to pay, with the exception of claims for prenatal, preventive pediatrics, and medical support enforcement, where Medicaid pays first and then pursues the third party payment, referred to as "pay and chase." Liable third parties include other health insurers and parties liable for accidents and injuries to Medicaid enrollees.

Cost Avoidance:

Cost Avoidance - Cost Avoidance is the main goal of the TPL program. Once other insurance information is in MES, the system will begin cost-avoiding claims by denying them back to the provider with a message that the beneficiary has other insurance on that date of service and he or she should file the claim there first. If the provider has already billed the other insurance, Medicaid will only consider making payment up to the Medicaid allowed amount.

PROGRAM ACTIVITY 4: PROGRAM INTEGRITY
The Department is committed to combating fraud, waste, and abuse in the Medicaid program in compliance with state and federal laws and regulations. Louisiana Medicaid focuses resources on specific Medicaid activities, such as provider enrollment compliance, managed care compliance, Unified Program Integrity Contractor (UPIC), Payment Error Rate Measurement (PERM), Surveillance and Utilization Review (SURS), and beneficiary fraud investigations.

Managed Care Compliance: Medicaid is responsible for ensuring the integrity of all Louisiana Medicaid managed care entities. Medicaid tracks contract compliance across a number of measures, including participating in quarterly program integrity/Medicaid Fraud Control Unit (MFCU) meetings, reporting all providers terminated for cause, compliance with mandatory exclusions, concurrent reporting of suspected or confirmed fraud to Medicaid, and contractually required MCO reporting. Medicaid ensures MCO adherence to contract requirements through issuance of notices of actions and assessment of monetary penalties for non-compliance.

Unified Program Integrity Contractor (UPIC): UPIC vendors contracted with CMS identify and prevent overpayments in Medicaid and Medicare.

Payment Error Rate Measurement (PERM): PERM measures state payment error rates on a 3-year cycle and determines the national error rate. Louisiana has ranked fifth, third, and eighth

PROGRAM NUMBER AND NAME: 3052 - Medical Vendor Administration

lowest in each of the past three PERM cycles, starting in 2008.

Surveillance and Utilization Review System (SURS): SURS analyzes data from fee-for-service program and encounter data from Louisiana Medicaid MCOs to detect fraud and abuse by providers.

Medicaid Beneficiary Fraud: Medicaid Beneficiary Fraud (MBF) Unit investigates Medicaid beneficiary eligibility. MBF receives tips and referrals of Medicaid Beneficiaries and determines if there is an ineligible individual receiving benefits.

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

PM OBJECTIVE: 3052-01 - Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes and eliminates waste.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
10013	K	Total number of children enrolled	N	750,000	707,275	710,000	710,000	710,000	0	0
17038	K	Percentage of renewals processed and not closed for procedural reasons	P	80	84	90	90	90	0	0
2241	S	Number of children enrolled as Title XXI Eligibles (LACHIP)	N	160,000	141,775	145,000	145,000	145,000	0	0
2242	S	Number of children enrolled Title XIX Eligibles (traditional Medicaid)	N	600,000	559,024	570,000	570,000	570,000	0	0
24036	K	Percentage of applications for Pregnant Women approved within 5 calendar days	P	70	0	70	70	70	0	0
24041	K	Percentage of calls received through the Medicaid & LaCHIP hotlines who hold for a representative less than 5 minutes	P	85	0	85	85	85	0	0
25539	K	Number of children enrolled through Express Lane Eligibility (ELE)	N	8,500	0	8,500	8,500	8,500	0	0
25540	K	Percentage of Medicaid applications received online	P	68	67	68	68	68	0	0
25541	K	Percentage of applications for LaCHIP and Medicaid programs for children approved within 15 calendar days	P	75	0	83	83	83	0	0
25542	K	Number of children renewed through Express Lane Eligibility (ELE)	N	185,000	0	335,000	335,000	335,500	0	0
26084	S	Percentage of applications for New Adult program approved within 15 calendar days	P	75	88	90	90	90	0	0
26085	K	Number of justice involved adults enrolled pre-release from incarceration	N	11,500	0	11,500	11,500	0	0	0
26563	K	Percentage of Medicaid applications with real-time eligibility decision	P	37	33	30	30	0	0	0
26564	K	Percentage of renewals streamlined	P	55	62	68	68	0	0	0

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025
12027	G	Number of Certified Medicaid Application Centers	N	291	269	304	266	274
25543	G	Number of individuals enrolled in all Medicaid and LaCHIP programs	N	1,882,486	1,974,812	2,052,605	1,674,556	1,594,002
25545	G	Number of applications processed annually	N	181,548	141,431	172,728	285,024	52,380
26764	G	Total number of adults enrolled (in Medicaid)	N	1,960,760	1,197,880	1,279,605	974,096	897,516

Performance Indicator	Level	Footnotes
17038	K	Information not provided by the program.

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

PM OBJECTIVE: 3052-02 - Through the Medicaid Enterprise Systems (MES) Operations activity, to operate an efficient and effective MMIS system.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
2217	S	Average claim processing time in days	N	11	11	9	9	0	0	0
2219	K	Percentage of total claims processed within 30 days of receipt	P	98	100	100	100	0	0	0
25556	K	Dollar value of MMIS contract expenditures	D	83,450,271	58,031,044	50,566,220	50,566,220	52,489,998	0	0
25557	S	Percent of MMIS contract expenditures that are federally funded	P	72	72	72	72	72	0	0
26086	K	Total number of managed care encounters processed	N	116,000,000	158,319,058	147,000,000	147,000,000	0	0	0
26087	K	Total number of managed capitation payments processed	N	50,000,000	29,526,314	52,500,000	52,500,000	0	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025
12020	G	Total number of claims processed	N	194,087,980	225,085,813	236,158,684	249,663,793	216,468,627
26572	G	Number of competitive procurements issued for IT services and software for modular MMIS functions	N	Not Available	0	0	0	0
26573	G	Number of contracts executed for IT services and software for modular MES functions	N	Not Available	0	0	0	0
26574	G	Number of IT services and software designed, developed or deployed for modular MES functions	N	Not Available	0	0	3	1

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

Performance Indicator	Level	Footnotes
2217	S	Program states this performance indicator is no longer relevant under the FY2026-2031 strategic plan.
2219	K	Program states this performance indicator is no longer relevant under the FY2026-2031 strategic plan.
26086	K	Program states this performance indicator is no longer relevant under the FY2026-2031 strategic plan.
26087	K	Program states this performance indicator is no longer relevant under the FY2026-2031 strategic plan.

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

PM OBJECTIVE: 3052-03 - Through the Financial Management Activity, administer the Medicaid program and ensure that financial operations are in accordance with federal and state statutes, rules, and regulations.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
24045	K	Administrative cost as a percentage of total cost	P	3	3.7	3	3	3	0	0

Performance Indicator	Level	Footnotes
24045	K	Actual yearend performance differs from yearend performance standard due to an increase in payments during fiscal year end close.

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

PM OBJECTIVE: 3052-04 - Through the Financial Management Activity, reduce the incidence of inappropriate Medicaid expenditures and to annually perform a minimum of 95% of the planned monitoring visits to Local Education Authorities (LEA) participating in the Medicaid School-Based Administrative Claiming Program or the Early Periodic Screening Diagnostic and Treatment (EPSDT) Direct Services Program.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
13375	S	Number of Local Education Agencies targeted for monitoring	N	36	31	36	36	36	0	0
13376	K	Percent of targeted Local Education Agencies monitored	P	100	95	100	100	100	0	0
25549	S	Number of Nursing Homes cost reports targeted for monitoring	N	125	125	125	125	125	0	0
25550	K	Percent of Nursing Home cost reports monitored	P	47	48	47	47	47	0	0
25551	S	Number of Intermediate Care Facilities (ICF) cost reports targeted for monitoring	N	93	125	93	93	93	0	0
25552	S	Percent of Intermediate Care Facilities (ICF) cost reports monitored	P	18	20	18	18	18	0	0
25553	S	Number of hospital cost reports reviewed and audited	N	360	359	355	355	372	0	0

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

Performance Indicator	Level	Footnotes
13375	S	The number of LEA's monitored each year can vary depending on charter schools opening/closing.
25551	S	There was an overage due to rollover audits from prior fiscal year that were not able to be billed in FY 2024 due to budget.
25552	S	The contractor exceeded the % of Intermediate Care Facilities (ICF) cost report audited due to a rollover of audits that were not able to be billed in FY 2023 due to budget.
25553	S	Medicaid is projecting an increase in planned hospital cost report audits.

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

PM OBJECTIVE: 3052-05 - Through the Financial Management Activity, pursue collections from third party sources legally responsible for healthcare costs of Medicaid and CHIP enrollees.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
2215	K	Number of TPL claims processed	N	5,200,000	4,296,759	5,000,000	5,000,000	5,000,000	0	0
7957	K	Percentage of TPL claims processed through edits	P	92	87	92	92	92	0	0
7958	S	TPL trauma recovery amount	D	2,000,000	1,824,513	1,500,000	1,500,000	2,000,000	0	0

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025
12021	G	Number of claims available for TPL processing	N	115,837,198	411,408,159	85,640,148	77,636,391	51,357,731
12022	G	Percentage of TPL claims processed and cost avoided	P	17.2	0	8.52	6.27	8.37
13540	G	Amount identified as over claimed as a result of monitoring	D	25	18	42	355,474	1,907,003
16539	G	Number of Local Education Agency claims adjusted as a result of monitoring activities	N	29	43	98	24	22
24044	G	Funds recovered from third parties with a liability for services provided by Medicaid	D	46,279,270	18,052,756	31,306,648	93,498,422	38,487,211
24046	G	Percentage of State Plan amendments approved.	P	100	100	200	100	22
24047	G	Number of State Plan amendments submitted.	N	19	21	76	28	30
25554	G	Number of Nursing Homes cost reports adjusted as a result of monitoring activities	N	125	123	248	127	125
25555	G	Number of Intermediate Care Facility (ICF) cost reports adjusted as a result of monitoring activities	N	99	90	114	81	148

Performance Indicator	Level	Footnotes
7958	S	The number of trauma cases has shown a consistent increases over the last year which increases the amount in recoveries for the department.

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

PM OBJECTIVE: 3052-06 - Through the Financial Management Activity, increase collections through the collections/Recovery and Cost Avoidance activity by 1% from estates of individuals who were aged 55 or older when long term care facility services, home and community-based services, and related hospital and prescription drug services were paid by Medicaid.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
25567	S	Estate recovery amount	D	950,000	502,137	800,000	800,000	800,000	0	0

Performance Indicator	Level	Footnotes
25567	S	FY24-25 Actual Year End Performance - Due to an unexpected decrease in the reimbursement amounts to the State after applicable offset and decrease in the sale of homes for which the department has filed its proof of claim.

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

PM OBJECTIVE: 3052-07 - Through the Financial Management activity, increase collections through the Collections/Recovery and Cost Avoidance activity by 1% from individuals who were ineligible for Medicaid on the date(s) of service.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
25568	S	Recipient recovery amount	D	2,500,000	800,911	2,500,000	2,500,000	2,500,000	0	0

Performance Indicator	Level	Footnotes
25568	S	Actual Year End Performance FY24-25 - Due to an unforeseen decrease in the number of annuities and special needs trusts from which we were able to collect. This is difficult to gauge because it is dependent upon deaths of enrollees with these assets.

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

PM OBJECTIVE: 3052-08 - Through the Program Integrity Activity, prevent and detect claims-based fraud and abuse through data analysis, coordination with MCOs and participation in external audit (UPIC and PERM) activities.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
26580	K	Number of audits/reviews	N	2,000	2,120	2,000	2,000	1,300	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025
26100	G	Number of Provider Exclusions	N	72	128	137	159	95
26581	G	Number of notices of actions issued for contract non-compliance	N	47	36	21	40	25
26582	G	Amount of overpayments identified Post and Pre-Pay	D	61,463,100	94,534,029	76,545,445	82,546,879	23,203,881
26583	G	Number of notices and referrals sent to the Attorney General	N	720	1,034	913	1,277	1,251
26584	G	Number of referrals to law enforcement	N	37	26	127	120	89
26640	G	Amount of monetary penalties assessed for contract non-compliance	D	825,000	4,333,188	1,633,000	6,486,197	4,344,500

Performance Indicator	Level	Footnotes
26580	K	Number reduced to exclude Managed Care Organization/Special Investigations Unit (MCO-SIU) conducted reviews and Unified Program Integrity Contractor (UPIC) reviews because the opening/closing of those matters are not within Program Integrity's control.

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

PM OBJECTIVE: 3052-09 - Through the Program Integrity Activity, identify and review recipient eligibility.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
26585	K	Number of reviews conducted	N	3,600	3,139	3,600	3,600	2,800	0	0

Performance Indicator	Level	Footnotes
26585	K	Number reduced to account for current practices. Medicaid Beneficiary Fraud (MBF) now spends more on cases to ensure quality referral packets are sent to Attorney General/Louisiana Bureau of Investigation (AG/LBI) for quicker arrests/prosecution.

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

PM OBJECTIVE: 3052-11 - To process Administrative Disqualification Hearings (ADH) within 90 days of scheduling the hearings, and Public Assistance (PA) claimant appeal hearing requests within 90 days of receipt, as well as Supplemental Nutrition Assistance Program (SNAP) claimant appeal hearing requests within 60 days of receipt.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
3052001	K	Percentage of all SNAP appeal cases processed in compliance with federal and state regulations	P	90	90	90	90	90	0	0
3052002	K	Percentage of all ADH and PA appeal cases processed in compliance with federal and state regulations	P	95	95	95	95	95	0	0

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

PM OBJECTIVE: 3052-12 - To provide direction, coordination, and control of the diverse operations of agency programs through investigations, establishment, and collection of inaccurate payments.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
3052003	S	The percentage of cases referred for criminal prosecution	P	10	0	10	10	10	0	0
3052004	S	The percentage of established claims and investigations completed	P	60	67	60	60	60	0	0
3052008	K	The number of cases referred for recovery action during the fiscal year	N	850	950	850	850	850	0	0
3052009	K	Collections made by the Fraud and Recovery Unit	D	2,000,000	3,071,811.99	2,000,000	2,000,000	2,000,000	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025
3052005	G	Number of program recipients disqualified due to fraud	N	271	271	224	369	391
3052006	G	Number of cases received for investigation	N	720	720	2,369	1,923	1,992
3052007	G	Number of prosecutions completed	N	40	40	11	13	13

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

PM OBJECTIVE: 3052-13 - To ensure that eligible clients receive assistance to promote self-sufficiency through the Supplemental Nutrition Assistance Program (SNAP) by processing redeterminations and applications within required timeframes, and maintaining or improving the SNAP payment accuracy rates

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
3052010	K	SNAP recipiency rate	N	75	77.3	75	75	75	0	0
3052011	K	Percentage of recertifications processed timely in the current year	P	95	94.9	95	95	95	0	0
3052012	K	Percentage of applications processed timely in the current year	P	95	94.65	95	95	95	0	0
3052013	K	Percentage of total SNAP benefit dollars issued accurately	P	95	91.7	95	95	95	0	0
3052014	S	Total value of SNAP benefits (yearly in millions)	D	1,500	904	1,800	1,800	1,800	0	0

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 305 - Medical Vendor Administration

PROGRAM ID: 3052 - Medical Vendor Administration

PM OBJECTIVE: 3052-14 - Provide eligible clients cash assistance to promote self-sufficiency through the Family Independence Temporary Assistance Program (FITAP) and Kinship Care Subsidy Program (KCSP) by processing redeterminations and applications within required timeframes.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
3052015	K	Percentage of applications completed within 30 days of application date	P	95	93.84	95	95	95	0	0
3052016	K	Percentage of redeterminations completed within the redetermination month	P	95	95.02	95	95	95	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025
3052017	G	Average FITAP monthly payments	D	593.92	948.32	442.49	444	598.19
3052018	G	Total FITAP and Kinship Care annual payments (in millions)	D	13	33.68	43.1	33	33.7

Budget Request Overview

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	140,303,683	198,469,654	316,299,879	117,830,225	59.37%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	41,665,571	41,744,832	79,261	0.19%
FEES & SELF-GENERATED	—	4,200,000	4,200,000	—	—
STATUTORY DEDICATIONS	929,940	7,131,794	7,249,154	117,360	1.65%
FEDERAL FUNDS	291,543,340	605,158,824	614,077,771	8,918,947	1.47%
TOTAL MEANS OF FINANCING	**$432,776,964**	**$856,625,843**	**$983,571,636**	**$126,945,793**	**14.82%**

Fees and Self-Generated

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated Revenues	—	4,200,000	4,200,000	—	—
Total:	**—**	**$4,200,000**	**$4,200,000**	**—**	**—**

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Medical Assistance Programs Fraud Detection Fund	929,940	1,407,500	1,523,940	116,440	8.27%
Fraud Detection Fund	—	724,294	725,214	920	0.13%
Modernization And Security Fund	—	5,000,000	5,000,000	—	—
Total:	**$929,940**	**$7,131,794**	**$7,249,154**	**$117,360**	**1.65%**

Agency Expenditures

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Salaries	59,643,881	109,451,183	137,608,154	28,156,971	25.73%
Other Compensation	3,914,051	2,011,159	2,375,179	364,020	18.10%
Related Benefits	35,713,372	58,794,654	77,462,375	18,667,721	31.75%
TOTAL PERSONAL SERVICES	**$99,271,304**	**$170,256,996**	**$217,445,708**	**$47,188,712**	**27.72%**
Travel	207,048	322,872	346,094	23,222	7.19%
Operating Services	3,510,027	7,175,047	8,229,825	1,054,778	14.70%
Supplies	123,844	404,348	421,162	16,814	4.16%
TOTAL OPERATING EXPENSES	**$3,840,919**	**$7,902,267**	**$8,997,081**	**$1,094,814**	**13.85%**
PROFESSIONAL SERVICES	**$127,187,675**	**$305,501,438**	**$318,571,918**	**$13,070,480**	**4.28%**
Other Charges	43,490,876	194,663,474	203,067,818	8,404,344	4.32%
Debt Service	—	—	—	—	—
Interagency Transfers	158,986,190	178,301,668	235,489,111	57,187,443	32.07%
TOTAL OTHER CHARGES	**$202,477,066**	**$372,965,142**	**$438,556,929**	**$65,591,787**	**17.59%**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$432,776,964**	**$856,625,843**	**$983,571,636**	**$126,945,793**	**14.82%**

Agency Positions

Classified	992	2,154	2,155	1	0.05%
Unclassified	4	4	4	—	—
TOTAL AUTHORIZED T.O. POSITIONS	996	2,158	2,159	1	0.05%
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	110	118	117	(1)	(0.85)%
TOTAL POSITIONS	1,106	2,276	2,276	—	—

Cost Detail

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
State General Fund	140,303,683	198,469,654	316,299,879	117,830,225
Interagency Transfers	—	41,665,571	41,744,832	79,261
Fees & Self-generated Revenues	—	4,200,000	4,200,000	—
Medical Assistance Programs Fraud Detection Fund	929,940	1,407,500	1,523,940	116,440
Fraud Detection Fund	—	724,294	725,214	920
Modernization And Security Fund	—	5,000,000	5,000,000	—
Federal Funds	291,543,340	605,158,824	614,077,771	8,918,947
Total:	**$432,776,963**	**$856,625,843**	**$983,571,636**	**$126,945,793**

Salaries

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5110010	SAL-CLASS-TO-REG	57,934,432	105,576,551	133,660,890	28,084,339
5110015	SAL-CLASS-TO-OT	261,113	2,236,953	2,236,953	—
5110020	SAL-CLASS-TO-TERM	401,158	585,051	585,051	—
5110025	SAL-UNCLASS-TO-REG	1,040,289	1,045,628	1,118,260	72,632
5110030	SAL-UNCLASS-TO-OT	6,888	7,000	7,000	—
Total Salaries:		**$59,643,881**	**$109,451,183**	**$137,608,154**	**$28,156,971**

Other Compensation

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5120010	COMPENSATION/WAGES	3,806,436	1,968,254	2,332,274	364,020
5120035	STUDENT LABOR	21,473	23,227	23,227	—
5120105	COMP-CL-NON TO-OT	76,088	13,376	13,376	—
5120110	COMP-CL-NON TO-TERM	10,053	6,302	6,302	—
Total Other Compensation:		**$3,914,051**	**$2,011,159**	**$2,375,179**	**$364,020**

Related Benefits

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5130000	TOTAL RELATED BENF	—	—	107,416	107,416
5130010	RET CONTR-STATE EMP	19,733,216	36,201,079	51,808,198	15,607,119
5130015	RET CONTR-SCHOOL EMP	16,652	16,776	16,776	—
5130020	RET CONTR-TEACHERS	205,151	171,752	171,752	—
5130050	POSTRET BENEFITS	6,912,246	6,950,000	6,950,000	—
5130055	FICA TAX (OASDI)	49,349	43,052	43,052	—
5130060	MEDICARE TAX	860,422	1,524,608	1,524,608	—
5130070	GRP INS CONTRIBUTION	7,939,812	13,881,934	16,835,120	2,953,186
5130085	OTH RELATED BENEFIT	(3,491)	—	—	—
5130090	TAXABLE FRINGE BEN	16	5,453	5,453	—
Total Related Benefits:		**$35,713,372**	**$58,794,654**	**$77,462,375**	**$18,667,721**

Travel

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5200000	TOTAL TRAVEL	—	322,872	346,094	23,222
5210010	IN-STATE TRAVEL-ADM	5,638	—	—	—
5210015	IN-STATE TRAVEL-CONF	28,831	—	—	—
5210020	IN-STATE TRAV-FIELD	9,092	—	—	—
5210055	OUT-OF-STTRV-CONF	145,486	—	—	—
5210060	OUT-OF-STTRV-FIELD	452	—	—	—
5210105	STAFF TRAINING	16,500	—	—	—
5210110	CONFERENCE REG FEES	1,050	—	—	—
Total Travel:		**$207,048**	**$322,872**	**$346,094**	**$23,222**

Operating Services

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5300000	TOTAL OPERATING SERV	—	7,175,047	8,229,825	1,054,778
5310001	SERV-ADVERTISING	72,384	—	—	—
5310005	SERV-PRINTING	6,290	—	—	—
5310010	SERV-DUES & OTHER	40,783	—	—	—
5310011	SERV-SUBSCRIPTIONS	3,201	—	—	—
5310012	SERV-DATA MODEL/MAP	62,707	—	—	—
5310015	SERV-SECURITY	313,373	—	—	—
5310017	SERV-DOC DESTRUCTION	5,386	—	—	—
5310030	SERV-ADMIN FEES	1,296	—	—	—
5310048	SERV-SUBSCRIPTIONS	13,489	—	—	—
5310050	SERV-DUES & OTHER	750	—	—	—
5310400	SERV-MISC	38,597	—	—	—
5330008	MAINT-EQUIPMENT	165	—	—	—
5330012	MAINT-JANITORIAL	4,812	—	—	—
5330013	MAINT-CLEANING SERV	165	—	—	—
5340010	RENT-REAL ESTATE	2,762,816	—	—	—
5340020	RENT-EQUIPMENT	48,069	—	—	—
5340045	RENT-STORAGE SPACE	32,199	—	—	—
5350002	UTIL-DATA LINE/CIRCT	9,894	—	—	—
5350004	UTIL-TELEPHONE SERV	89,630	—	—	—
5350006	UTIL-MAIL/DEL/POST	2,390	—	—	—
5350008	UTIL-DEL UPS/FED EXP	5,329	—	—	—
5350018	UTIL-MAIL/DEL/POST	(3,700)	—	—	—
Total Operating Services:		**$3,510,027**	**$7,175,047**	**$8,229,825**	**$1,054,778**

Supplies

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5400000	TOTAL SUPPLIES	—	404,348	421,162	16,814
5410001	SUP-OFFICE SUPPLIES	106,530	—	—	—
5410002	SUP-TELEPH & ACCESS	297	—	—	—
5410006	SUP-COMPUTER	344	—	—	—
5410010	SUP-TEXTBOOKS	5,372	—	—	—
5410013	SUP-FOOD & BEVERAGE	10,058	—	—	—
5410032	SUP-REP/MNT SUP-OTHR	1,244	—	—	—
Total Supplies:		**$123,844**	**$404,348**	**$421,162**	**$16,814**

Professional Services

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5500000	TOTAL PROF SERVICES	—	305,501,438	317,307,914	11,806,476
5510001	PROF SERV-ACCT/AUDIT	15,549,824	—	910,484	910,484
5510003	PROF SERV-MGT CONSUL	32,363	—	—	—
5510005	PROF SERV-LEGAL	12,564	—	—	—
5510007	PROF SERV-MED/DEN	54,716,642	—	353,520	353,520
5510020	PROF SERV-BLD/CONSTR	196	—	—	—
5510027	PROF SERV-TRANS/STOR	6,200	—	—	—
5510028	PROF SERV-ADV/PRINT	137,302	—	—	—
5510400	PROF SERV-OTHER	56,732,583	—	—	—
Total Professional Services:		**$127,187,675**	**$305,501,438**	**$318,571,918**	**$13,070,480**

Other Charges

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	194,663,474	202,822,818	8,159,344
5610001	LOC AID-LOCL SCHL BD	8,850	—	—	—
5610015	LOC AID-MEDICAID PMT	1,246,093	—	—	—

Other Charges *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5610020	PUBLIC ASST-HEALTH	3,944,750	—	—	—
5620014	MISC-JUDGMENTS	350	—	—	—
5620056	MISC-CONTRACTUAL SRV	66,669	—	—	—
5620064	MISC-PROF SVCS	38,215,835	—	245,000	245,000
5620065	MISC-SUPPLIES OTHER	7,792	—	—	—
5620066	MISC-TRVL IN STATE	473	—	—	—
5620067	MISC-TR OUT OF STATE	63	—	—	—
Total Other Charges:		**$43,490,876**	**$194,663,474**	**$203,067,818**	**$8,404,344**

Interagency Transfers

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	90,495,642	143,114,382	52,618,740
5950001	IAT-COMMODITY/SERV	1,297,884	—	—	—
5950002	IAT-SALARIES	—	173,697	173,697	—
5950003	IAT-COMPENSATION	2,507,543	—	—	—
5950004	IAT-RELATED BENEFITS	802,722	81,302	81,302	—
5950007	IAT-PRINTING	5,492,214	—	—	—
5950008	IAT-POSTAGE	16,947	—	—	—
5950014	IAT-TELEPHONE	3,301,665	—	—	—
5950017	IAT-INSURANCE	516,080	—	—	—
5950026	IAT-RENTALS	905,051	—	—	—
5950032	IAT-ADMIN IND COST	3,920,926	—	—	—
5950033	IAT-INTER AGY TRANS	28,342,532	—	4,568,703	4,568,703
5950053	IAT-STATE TREASURER	672,995	—	—	—
5950055	IAT-ADMIN LAW JUDGE	1,730,789	—	—	—
5950058	IAT-TECH SVCS	109,322,840	87,551,027	87,551,027	—

Interagency Transfers *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5950059	IAT-ST PROCUREMENT	156,001	—	—	—
Total Interagency Transfers:		**$158,986,190**	**$178,301,668**	**$235,489,111**	**$57,187,443**
Total Agency Expenditures:		**$432,776,964**	**$856,625,843**	**$983,571,636**	**$126,945,793**

PROGRAM SUMMARY STATEMENT

3052 - Medical Vendor Administration

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	140,303,683	198,469,654	316,299,879	117,830,225	59.37%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	41,665,571	41,744,832	79,261	0.19%
FEES & SELF-GENERATED	—	4,200,000	4,200,000	—	—
STATUTORY DEDICATIONS	929,940	7,131,794	7,249,154	117,360	1.65%
FEDERAL FUNDS	291,543,340	605,158,824	614,077,771	8,918,947	1.47%
TOTAL MEANS OF FINANCING	**$432,776,964**	**$856,625,843**	**$983,571,636**	**$126,945,793**	**14.82%**

Fees and Self-Generated

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated Revenues	—	4,200,000	4,200,000	—	—
Total:	**—**	**$4,200,000**	**$4,200,000**	**—**	**—**

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Medical Assistance Programs Fraud Detection Fund	929,940	1,407,500	1,523,940	116,440	8.27%
Fraud Detection Fund	—	724,294	725,214	920	0.13%
Modernization And Security Fund	—	5,000,000	5,000,000	—	—
Total:	**$929,940**	**$7,131,794**	**$7,249,154**	**$117,360**	**1.65%**

Program Expenditures

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Salaries	59,643,881	109,451,183	137,608,154	28,156,971	25.73%
Other Compensation	3,914,051	2,011,159	2,375,179	364,020	18.10%
Related Benefits	35,713,372	58,794,654	77,462,375	18,667,721	31.75%
TOTAL PERSONAL SERVICES	**$99,271,304**	**$170,256,996**	**$217,445,708**	**$47,188,712**	**27.72%**
Travel	207,048	322,872	346,094	23,222	7.19%
Operating Services	3,510,027	7,175,047	8,229,825	1,054,778	14.70%
Supplies	123,844	404,348	421,162	16,814	4.16%
TOTAL OPERATING EXPENSES	**$3,840,919**	**$7,902,267**	**$8,997,081**	**$1,094,814**	**13.85%**
PROFESSIONAL SERVICES	**$127,187,675**	**$305,501,438**	**$318,571,918**	**$13,070,480**	**4.28%**
Other Charges	43,490,876	194,663,474	203,067,818	8,404,344	4.32%
Debt Service	—	—	—	—	—
Interagency Transfers	158,986,190	178,301,668	235,489,111	57,187,443	32.07%
TOTAL OTHER CHARGES	**$202,477,066**	**$372,965,142**	**$438,556,929**	**$65,591,787**	**17.59%**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$432,776,964**	**$856,625,843**	**$983,571,636**	**$126,945,793**	**14.82%**

Program Positions

Classified	992	2,154	2,155	1	0.05%
Unclassified	4	4	4	—	—
TOTAL AUTHORIZED T.O. POSITIONS	996	2,158	2,159	1	0.05%
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	110	118	117	(1)	(0.85)%
TOTAL POSITIONS	1,106	2,276	2,276	—	—

Cost Detail

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
State General Fund	140,303,683	198,469,654	316,299,879	117,830,225
Interagency Transfers	—	41,665,571	41,744,832	79,261
Fees & Self-generated Revenues	—	4,200,000	4,200,000	—
Medical Assistance Programs Fraud Detection Fund	929,940	1,407,500	1,523,940	116,440
Fraud Detection Fund	—	724,294	725,214	920
Modernization And Security Fund	—	5,000,000	5,000,000	—
Federal Funds	291,543,340	605,158,824	614,077,771	8,918,947
Total:	**$432,776,963**	**$856,625,843**	**$983,571,636**	**$126,945,793**

Salaries

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5110010	SAL-CLASS-TO-REG	57,934,432	105,576,551	133,660,890	28,084,339
5110015	SAL-CLASS-TO-OT	261,113	2,236,953	2,236,953	—
5110020	SAL-CLASS-TO-TERM	401,158	585,051	585,051	—
5110025	SAL-UNCLASS-TO-REG	1,040,289	1,045,628	1,118,260	72,632
5110030	SAL-UNCLASS-TO-OT	6,888	7,000	7,000	—
Total Salaries:		**$59,643,881**	**$109,451,183**	**$137,608,154**	**$28,156,971**

Other Compensation

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5120010	COMPENSATION/WAGES	3,806,436	1,968,254	2,332,274	364,020
5120035	STUDENT LABOR	21,473	23,227	23,227	—
5120105	COMP-CL-NON TO-OT	76,088	13,376	13,376	—
5120110	COMP-CL-NON TO-TERM	10,053	6,302	6,302	—
Total Other Compensation:		**$3,914,051**	**$2,011,159**	**$2,375,179**	**$364,020**

Related Benefits

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5130000	TOTAL RELATED BENF	—	—	107,416	107,416
5130010	RET CONTR-STATE EMP	19,733,216	36,201,079	51,808,198	15,607,119
5130015	RET CONTR-SCHOOL EMP	16,652	16,776	16,776	—
5130020	RET CONTR-TEACHERS	205,151	171,752	171,752	—
5130050	POSTRET BENEFITS	6,912,246	6,950,000	6,950,000	—
5130055	FICA TAX (OASDI)	49,349	43,052	43,052	—
5130060	MEDICARE TAX	860,422	1,524,608	1,524,608	—
5130070	GRP INS CONTRIBUTION	7,939,812	13,881,934	16,835,120	2,953,186
5130085	OTH RELATED BENEFIT	(3,491)	—	—	—
5130090	TAXABLE FRINGE BEN	16	5,453	5,453	—
Total Related Benefits:		**$35,713,372**	**$58,794,654**	**$77,462,375**	**$18,667,721**

Travel

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5200000	TOTAL TRAVEL	—	322,872	346,094	23,222
5210010	IN-STATE TRAVEL-ADM	5,638	—	—	—
5210015	IN-STATE TRAVEL-CONF	28,831	—	—	—
5210020	IN-STATE TRAV-FIELD	9,092	—	—	—
5210055	OUT-OF-STTRV-CONF	145,486	—	—	—
5210060	OUT-OF-STTRV-FIELD	452	—	—	—
5210105	STAFF TRAINING	16,500	—	—	—
5210110	CONFERENCE REG FEES	1,050	—	—	—
Total Travel:		**$207,048**	**$322,872**	**$346,094**	**$23,222**

Operating Services

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5300000	TOTAL OPERATING SERV	—	7,175,047	8,229,825	1,054,778
5310001	SERV-ADVERTISING	72,384	—	—	—
5310005	SERV-PRINTING	6,290	—	—	—
5310010	SERV-DUES & OTHER	40,783	—	—	—
5310011	SERV-SUBSCRIPTIONS	3,201	—	—	—
5310012	SERV-DATA MODEL/MAP	62,707	—	—	—
5310015	SERV-SECURITY	313,373	—	—	—
5310017	SERV-DOC DESTRUCTION	5,386	—	—	—
5310030	SERV-ADMIN FEES	1,296	—	—	—
5310048	SERV-SUBSCRIPTIONS	13,489	—	—	—
5310050	SERV-DUES & OTHER	750	—	—	—
5310400	SERV-MISC	38,597	—	—	—
5330008	MAINT-EQUIPMENT	165	—	—	—
5330012	MAINT-JANITORIAL	4,812	—	—	—
5330013	MAINT-CLEANING SERV	165	—	—	—
5340010	RENT-REAL ESTATE	2,762,816	—	—	—
5340020	RENT-EQUIPMENT	48,069	—	—	—
5340045	RENT-STORAGE SPACE	32,199	—	—	—
5350002	UTIL-DATA LINE/CIRCT	9,894	—	—	—
5350004	UTIL-TELEPHONE SERV	89,630	—	—	—
5350006	UTIL-MAIL/DEL/POST	2,390	—	—	—
5350008	UTIL-DEL UPS/FED EXP	5,329	—	—	—
5350018	UTIL-MAIL/DEL/POST	(3,700)	—	—	—
Total Operating Services:		**$3,510,027**	**$7,175,047**	**$8,229,825**	**$1,054,778**

Supplies

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5400000	TOTAL SUPPLIES	—	404,348	421,162	16,814
5410001	SUP-OFFICE SUPPLIES	106,530	—	—	—
5410002	SUP-TELEPH & ACCESS	297	—	—	—
5410006	SUP-COMPUTER	344	—	—	—
5410010	SUP-TEXTBOOKS	5,372	—	—	—
5410013	SUP-FOOD & BEVERAGE	10,058	—	—	—
5410032	SUP-REP/MNT SUP-OTHR	1,244	—	—	—
Total Supplies:		**$123,844**	**$404,348**	**$421,162**	**$16,814**

Professional Services

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5500000	TOTAL PROF SERVICES	—	305,501,438	317,307,914	11,806,476
5510001	PROF SERV-ACCT/AUDIT	15,549,824	—	910,484	910,484
5510003	PROF SERV-MGT CONSUL	32,363	—	—	—
5510005	PROF SERV-LEGAL	12,564	—	—	—
5510007	PROF SERV-MED/DEN	54,716,642	—	353,520	353,520
5510020	PROF SERV-BLD/CONSTR	196	—	—	—
5510027	PROF SERV-TRANS/STOR	6,200	—	—	—
5510028	PROF SERV-ADV/PRINT	137,302	—	—	—
5510400	PROF SERV-OTHER	56,732,583	—	—	—
Total Professional Services:		**$127,187,675**	**$305,501,438**	**$318,571,918**	**$13,070,480**

Other Charges

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	194,663,474	202,822,818	8,159,344
5610001	LOC AID-LOCL SCHL BD	8,850	—	—	—
5610015	LOC AID-MEDICAID PMT	1,246,093	—	—	—

Other Charges *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5610020	PUBLIC ASST-HEALTH	3,944,750	—	—	—
5620014	MISC-JUDGMENTS	350	—	—	—
5620056	MISC-CONTRACTUAL SRV	66,669	—	—	—
5620064	MISC-PROF SVCS	38,215,835	—	245,000	245,000
5620065	MISC-SUPPLIES OTHER	7,792	—	—	—
5620066	MISC-TRVL IN STATE	473	—	—	—
5620067	MISC-TR OUT OF STATE	63	—	—	—
Total Other Charges:		**$43,490,876**	**$194,663,474**	**$203,067,818**	**$8,404,344**

Interagency Transfers

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	90,495,642	143,114,382	52,618,740
5950001	IAT-COMMODITY/SERV	1,297,884	—	—	—
5950002	IAT-SALARIES	—	173,697	173,697	—
5950003	IAT-COMPENSATION	2,507,543	—	—	—
5950004	IAT-RELATED BENEFITS	802,722	81,302	81,302	—
5950007	IAT-PRINTING	5,492,214	—	—	—
5950008	IAT-POSTAGE	16,947	—	—	—
5950014	IAT-TELEPHONE	3,301,665	—	—	—
5950017	IAT-INSURANCE	516,080	—	—	—
5950026	IAT-RENTALS	905,051	—	—	—
5950032	IAT-ADMIN IND COST	3,920,926	—	—	—
5950033	IAT-INTER AGY TRANS	28,342,532	—	4,568,703	4,568,703
5950053	IAT-STATE TREASURER	672,995	—	—	—
5950055	IAT-ADMIN LAW JUDGE	1,730,789	—	—	—
5950058	IAT-TECH SVCS	109,322,840	87,551,027	87,551,027	—

Interagency Transfers *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5950059	IAT-ST PROCUREMENT	156,001	—	—	—
Total Interagency Transfers:		**$158,986,190**	**$178,301,668**	**$235,489,111**	**$57,187,443**
Total Expenditures for Program 3052		**$432,776,964**	**$856,625,843**	**$983,571,636**	**$126,945,793**
Total Agency Expenditures:		**$432,776,964**	**$856,625,843**	**$983,571,636**	**$126,945,793**

SOURCE OF FUNDING SUMMARY

Agency Overview

Interagency Transfers

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
DEPT OF CORRECTIONS	—	202,875	202,875	—	45498
DCFS	—	270,797	270,797	—	45516
LDH-OBH	—	26,000	26,000	—	45558
LDH-MVP	—	—	—	—	45962
DCFS	—	41,165,899	41,245,160	79,261	48661
Total Interagency Transfers	**—**	**$41,665,571**	**$41,744,832**	**$79,261**	

Fees & Self-generated

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
MISC SELF-GEN REVENUE	—	250,000	250,000	—	45519
MEDICAID OUTSTATIONING	—	3,600,000	3,600,000	—	45545
FEES & SELF GENERATED	—	350,000	350,000	—	45546
Total Fees & Self-generated	**—**	**$4,200,000**	**$4,200,000**	**—**	

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
H14-MED ASST FRAUD FUND	929,940	1,407,500	1,523,940	116,440	45520
DCFS	—	724,294	725,214	920	48661
LDH-MVA	—	5,000,000	5,000,000	—	49368
Total Statutory Dedications	**$929,940**	**$7,131,794**	**$7,249,154**	**$117,360**	

Federal Funds

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
CHIP	126,952	16,800,000	16,800,000	—	45541
MAP REFUGEE	37,746	250,000	250,000	—	45542
MONEY FOLLOWS THE PERSON	2,927,338	4,434,161	4,434,161	—	45543
SCHOOL BASED ADMIN	15,173,814	7,500,000	7,500,000	—	45544
MEDICAID	333,859,334	431,302,059	440,221,006	8,918,947	45547

Federal Funds *(continued)*

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
TRANSFER	—	674,603	674,603	—	48659
DCFS	—	144,198,001	144,198,001	—	48661
Total Federal Funds	**$352,125,184**	**$605,158,824**	**$614,077,771**	**$8,918,947**	

State General Fund (Direct)

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
TRANSFER	—	390,258	390,258	—	48659
DCFS	—	61,721,915	61,721,915	—	48661
Total State General Fund (Direct)	**—**	**$62,112,173**	**$62,112,173**	**—**	
Total Sources of Funding:	**$353,055,124**	**$720,268,362**	**$729,383,930**	**$9,115,568**	

SOURCE OF FUNDING DETAIL

Interagency Transfers

Form 45498 — 305 - IAT Reinstate Disability Medicaid Program

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**$202,875**	**—**	**—**	**$202,875**	**—**	**—**	**$202,875**	**—**	**—**
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$202,875**	**—**	**—**	**$202,875**	**—**	**—**	**$202,875**	**—**	**—**

Form 45498 — 305 - IAT Reinstate Disability Medicaid Program

Question	Narrative Response
State the purpose, source and legal citation.	This funding is received from the Department of Corrections to provide funding assistance for the payment of Medicaid Eligibility Determination Team (MEDT) contracts. These contracts utilize physicians to review medical records and other required information to determine if offenders meet the disability related program requirements for Medicaid eligibility.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No, it is anticipated that the total requested amount will be available for expenditures from July 1, 2026 - June 30, 2027.
Additional information or comments.	
Provide the amount of any indirect costs.	None
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	None
Additional information or comments.	

Form 45516 — 305 - IAT Coordinated System of Care (CSoC)

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	270,797	—	—	270,797	—	—	270,797	—	—
TOTAL OTHER CHARGES	**$270,797**	**—**	**—**	**$270,797**	**—**	**—**	**$270,797**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$270,797**	**—**	**—**	**$270,797**	**—**	**—**	**$270,797**	**—**	**—**

Form 45516 — 305 - IAT Coordinated System of Care (CSoC)

Question	Narrative Response
State the purpose, source and legal citation.	This is an inter-governmental transfer from the Department of Children and Family Services (DCFS) which will be used as state match for the Medicaid program's Coordinated System of Care administrative activities. The funds are used to match federal funds. Act 12 is based on the Medical Vendor Administrative program's Federal Medical Assistance Percentage (FMAP) of 50% federal and 50% state funds. There are enhanced funding available for specific activities as defined by federal regulations.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No, it is anticipated that the total requested amount will be available for expenditures from July 1, 2026 - June 30, 2027.
Additional information or comments.	
Provide the amount of any indirect costs.	None
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	None
Additional information or comments.	

Form 45558 — 305 - IAT from OBH

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	26,000	—	—	26,000	—	—	26,000	—	—
TOTAL OTHER CHARGES	**$26,000**	**—**	**—**	**$26,000**	**—**	**—**	**$26,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$26,000**	**—**	**—**	**$26,000**	**—**	**—**	**$26,000**	**—**	**—**

Form 45558 — 305 - IAT from OBH

Question	Narrative Response
State the purpose, source and legal citation.	Represents state match from the Office of Behavioral Health to provide Preadmission Screening and Resident Review (PASRR) Level II Evaluations for the non-Medicaid population exiting psychiatric hospitals.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No, it is anticipated that the total requested amount will be available for expenditures from July 1, 2024 - June 30, 2025.
Additional information or comments.	None
Provide the amount of any indirect costs.	None
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	None
Additional information or comments.	

Form 45962 — 305 - IAT MVP Unwind

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

Form 45962 — 305 - IAT MVP Unwind

Question	Narrative Response
State the purpose, source and legal citation.	This is an interagency transfer from Medical Vendor Payments (MVP) to Medical Vendor Administration (MVA) to use as state match to support additional costs incurred in MVA for the Public Health Emergency (PHE) unwind efforts. The state funds are available due to the enhanced FMAP provided to state Medicaid programs in response to the COVID-19 PHE for this purpose.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No, this narrative is for reference only due to a prior year actual. The agency's total requested amount for expenditures from July 1, 2024 - June 30, 2025 does not include funding from this source.
Additional information or comments.	
Provide the amount of any indirect costs.	None
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	None
Additional information or comments.	

Form 48661 — 305 - MVA SNAP TRANSFER FROM DCFS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	2,293,395	—	—	2,293,395	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	1,154,598	—	—	1,154,598	—	—	—	—	—
TOTAL PERSONAL SERVICES	**$3,447,993**	**—**	**—**	**$3,447,993**	**—**	**—**	**—**	**—**	**—**
Travel	4,204	—	—	4,301	—	—	—	—	—
Operating Services	110,249	—	—	112,785	—	—	—	—	—
Supplies	5,223	—	—	5,343	—	—	—	—	—
TOTAL OPERATING EXPENSES	**$119,676**	**—**	**—**	**$122,429**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**$3,123,548**	**—**	**—**	**$3,200,056**	**—**	**—**	**—**	**—**	**—**
Other Charges	32,317,195	—	—	32,317,195	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,157,487	—	—	2,157,487	—	—	—	—	—
TOTAL OTHER CHARGES	**$34,474,682**	**—**	**—**	**$34,474,682**	**—**	**—**	**—**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$41,165,899**	**—**	**—**	**$41,245,160**	**—**	**—**	**—**	**—**	**—**

Form 48661 — 305 - MVA SNAP TRANSFER FROM DCFS

Question	Narrative Response
State the purpose, source and legal citation.	Act 478 and the preamble to Act 1, section 3.B, both of the 2025 Regular Legislative Session, mandated the transfer of certain SNAP and TANF programs from DCFS to LDH. This source of funding covers the two SNAP grants that USDA-FNS required to stay with DCFS, along with the TANF grant that stayed as well.
Agency discretion or Federal requirement?	Federal requirement.
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No
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.	None
Additional information or comments.	N/A

Statutory Dedications

Form 45520 — 305 - Medical Assistance Program Fraud Detection Fund

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	553,839	—	—	564,087	—	—	403,839	—	—
Other Compensation	49,470	—	—	39,222	—	—	49,470	—	—
Related Benefits	306,629	—	—	306,629	—	—	238,034	—	—
TOTAL PERSONAL SERVICES	**$909,938**	**—**	**—**	**$909,938**	**—**	**—**	**$691,343**	**—**	**—**
Travel	2,868	—	—	2,934	—	—	2,868	—	—
Operating Services	4,300	—	—	4,399	—	—	4,300	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**$7,168**	**—**	**—**	**$7,333**	**—**	**—**	**$7,168**	**—**	**—**
PROFESSIONAL SERVICES	**$239,294**	**—**	**—**	**$244,798**	**—**	**—**	**$11,734**	**—**	**—**
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	251,100	—	—	361,871	—	—	1,100	—	—
TOTAL OTHER CHARGES	**$251,100**	**—**	**—**	**$361,871**	**—**	**—**	**$1,100**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$1,407,500**	**—**	**—**	**$1,523,940**	**—**	**—**	**$711,345**	**—**	**—**

Form 45520 — 305 - Medical Assistance Program Fraud Detection Fund

Question	Narrative Response
State the purpose, source and legal citation.	Under Louisiana Revised Statue 440.1, the Medical Assistance Programs Fraud Detection Fund is created in the state treasury as a special fund. The monies in the fund shall be invested by the state treasurer in the same manner as monies in the state general fund and interest earned on the investment of monies in the fund shall be credited to the fund. All unexpended and unencumbered monies in the fund at the end of each fiscal year shall remain in the fund. After compliance with the requirements of Article VII, Section 9(B) of the Constitution of Louisiana relative to the Bond Security and Redemption Fund, and prior to monies being placed in the state general fund, all monies received by the state pursuant to a civil award granted or settlement under the provisions of this Part, except for the amount to make the medical assistance programs whole, shall be deposited into the fund. Of the monies collected and deposited into the fund, 50% shall be allocated to the Medicaid Fraud Control Unit within the office of the attorney general and 50% shall be allocated to the Department of Health and Hospitals to be used solely for Medicaid fraud detection and for the following purposes: (1) To pay costs or expenses incurred by the department or the attorney general relative to an action instituted pursuant to this Part. (2) To enhance fraud and abuse detection and prevention activities related to the medical assistance programs. (3) To pay rewards for information concerning fraud and abuse as provided in Subpart B of this Part. (4) To provide a source of revenue for the Medical Assistance Program in the event of a change in federal policy which results in an increase in state participation or a shortfall in state general fund due to a decrease in the official forecast, as defined in R.S. 39:2(30), during a fiscal year. The monies in the fund shall not be used to replace, displace, or supplant state general funds appropriated for the daily operation of the department or the medical assistance programs.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No, it is anticipated that the total requested amount will be available for expenditures from July 1, 2024 - June 30, 2025.
Additional information or comments.	
Provide the amount of any indirect costs.	None
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	None
Additional information or comments.	

Form 48661 — 305 - MVA SNAP TRANSFER FROM DCFS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	75,000	—	—	75,000	—	—	—	—	—
Related Benefits	1,088	—	—	1,088	—	—	—	—	—
TOTAL PERSONAL SERVICES	**$76,088**	**—**	**—**	**$76,088**	**—**	**—**	**—**	**—**	**—**
Travel	4,150	—	—	4,245	—	—	—	—	—
Operating Services	35,275	—	—	36,086	—	—	—	—	—
Supplies	600	—	—	614	—	—	—	—	—
TOTAL OPERATING EXPENSES	**$40,025**	**—**	**—**	**$40,945**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	20,000	—	—	20,000	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	588,181	—	—	588,181	—	—	—	—	—
TOTAL OTHER CHARGES	**$608,181**	**—**	**—**	**$608,181**	**—**	**—**	**—**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$724,294**	**—**	**—**	**$725,214**	**—**	**—**	**—**	**—**	**—**

Form 48661 — 305 - MVA SNAP TRANSFER FROM DCFS

Question	Narrative Response
State the purpose, source and legal citation.	Act 478 and the preamble to Act 1, section 3.B, both of the 2025 Regular Legislative Session, mandated the transfer of certain SNAP and TANF programs from DCFS to LDH. This source of funding covers the two SNAP grants that USDA-FNS required to stay with DCFS, along with the TANF grant that stayed as well.
Agency discretion or Federal requirement?	Federal requirement.
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No
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.	None
Additional information or comments.	N/A

Form 49368 — 305- Modernization and Security Fund (V65)

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	5,000,000	—	—	5,000,000	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$5,000,000**	**—**	**—**	**$5,000,000**	**—**	**—**	**—**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$5,000,000**	**—**	**—**	**$5,000,000**	**—**	**—**	**—**	**—**	**—**

Form 49368 — 305- Modernization and Security Fund (V65)

Question	Narrative Response
State the purpose, source and legal citation.	Act 365 of the 2025 Regular Legislative session established the Modernization and Security Fund. The monies in this fund shall be utilized for the following: Providing for payments of major repairs on state infrastructure Providing for payments on acquisitions for state agencies Providing for financial investment into information technology initiatives within state agencies Providing for investment into security initiatives at state agencies Any remaining monies in the fund shall be used solely for various initiatives focused on ensuring technological adequacy and security of the state.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	None.
Is the Total Request amount for multiple years?	No.
Additional information or comments.	N/A
Provide the amount of any indirect costs.	None
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 45541 — 305 - FEDA CHIP

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,585,110	—	—	1,585,110	—	—	1,585,110	—	—
Other Compensation	57,134	—	—	57,134	—	—	57,134	—	—
Related Benefits	1,042,778	—	—	1,042,778	—	—	1,042,778	—	—
TOTAL PERSONAL SERVICES	**$2,685,022**	**—**	**—**	**$2,685,022**	**—**	**—**	**$2,685,022**	**—**	**—**
Travel	6,218	—	—	6,218	—	—	6,218	—	—
Operating Services	115,537	—	—	115,537	—	—	115,537	—	—
Supplies	7,429	—	—	7,429	—	—	7,429	—	—
TOTAL OPERATING EXPENSES	**$129,184**	**—**	**—**	**$129,184**	**—**	**—**	**$129,184**	**—**	**—**
PROFESSIONAL SERVICES	**$5,502,038**	**—**	**—**	**$5,502,038**	**—**	**—**	**$5,502,038**	**—**	**—**
Other Charges	1,662,476	—	—	1,662,476	—	—	1,662,476	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	6,821,280	—	—	6,821,280	—	—	6,821,280	—	—
TOTAL OTHER CHARGES	**$8,483,756**	**—**	**—**	**$8,483,756**	**—**	**—**	**$8,483,756**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$16,800,000**	**—**	**—**	**$16,800,000**	**—**	**—**	**$16,800,000**	**—**	**—**

Form 45541 — 305 - FEDA CHIP

Question	Narrative Response
State the purpose, source and legal citation.	The Children's Health Insurance Program (CHIP) provides health coverage to eight million children in families with incomes too high to qualify for Medicaid, but can't afford private coverage. Signed into law in 1997, CHIP provides federal matching funds to states to provide this coverage. Like Medicaid, CHIP is administered by the states, but is jointly funded by the federal government and states. Every state administers its own CHIP program with broad guidance from CMS. The CHIP match rate for Louisiana for SFY25 is 22.43% State and 77.57% Federal.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No, it is anticipated that the total requested amount will be available for expenditures from July 1, 2024 - June 30, 2025.
Additional information or comments.	
Provide the amount of any indirect costs.	None
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	None
Additional information or comments.	

Form 45542 — 305 - MAP REFUGEE

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**$250,000**	**—**	**—**	**$250,000**	**—**	**—**	**$50,000**	**—**	**—**
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$250,000**	**—**	**—**	**$250,000**	**—**	**—**	**$50,000**	**—**	**—**

Form 45542 — 305 - MAP REFUGEE

Question	Narrative Response
State the purpose, source and legal citation.	The Refugee Medical Assistance (RMA) program is mandated by 45 CFR 400.90 as agreed upon with the Louisiana Department of Social Services. This program is designed for non-citizens who meet refugee criteria a defined by USCIS, are in need of medical care, and are not eligible for any other Medical program. RMA is 100% federally funded.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No, it is anticipated that the total requested amount will be available for expenditures from July 1, 2024 - June 30, 2025.
Additional information or comments.	
Provide the amount of any indirect costs.	None
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	None
Additional information or comments.	

Form 45543 — 305 - MONEY FOLLOWS THE PERSON

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	4,434,161	—	—	4,434,161	—	—	2,200,000	—	—
TOTAL OTHER CHARGES	**$4,434,161**	**—**	**—**	**$4,434,161**	**—**	**—**	**$2,200,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$4,434,161**	**—**	**—**	**$4,434,161**	**—**	**—**	**$2,200,000**	**—**	**—**

Form 45543 — 305 - MONEY FOLLOWS THE PERSON

Question	Narrative Response
State the purpose, source and legal citation.	The Money Follows the Person (MFP) Rebalancing Demonstration, created by the U.S. Deficit Reduction Act of 2005, assist states to try new ways of delivering medical services. The Demonstration assists states to utilize MFP methodology to transition people from institutions to home and community-based services. The Louisiana Medicaid Office is working with the Office for Citizens with Developmental Disabilities (OCDD) and the Office of Aging and Adult Services (OAAS) to implement the demonstration.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No, it is anticipated that the total requested amount will be available for expenditures from July 1, 2024 - June 30, 2025.
Additional information or comments.	
Provide the amount of any indirect costs.	None
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	None
Additional information or comments.	

Form 45544 — 305 - SCHOOL BASED ADMIN

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	7,500,000	—	—	7,500,000	—	—	3,000,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$7,500,000**	**—**	**—**	**$7,500,000**	**—**	**—**	**$3,000,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$7,500,000**	**—**	**—**	**$7,500,000**	**—**	**—**	**$3,000,000**	**—**	**—**

Form 45544 — 305 - SCHOOL BASED ADMIN

Question	Narrative Response
State the purpose, source and legal citation.	To enact Chapter 55 of Title 46 of the Louisiana Revised Status of 1950 to be comprised 46:2721 , relative to funding of Medicaid school-based administrative claiming; to create the Medicaid School-Based Administrative Claiming Trust Fund within the Treasury; to provide for investment and uses of monies in the fund; to provide for the intergovernmental transfer program; to provide for an effective date; and to provide for related matter. This is a program in which the local school board districts will use local dollars spent on Medicaid related activities to draw down federal Medicaid dollars. The local school board districts are certifying the state match which is 50% of total expenditures. These are services performed by an individual with special medical knowledge such as a nurse or physical therapies.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No, it is anticipated that the total requested amount will be available for expenditures from July 1, 2024 - June 30, 2025.
Additional information or comments.	
Provide the amount of any indirect costs.	None
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	None
Additional information or comments.	

Form 45547 — 305 - MEDICAID TITLE 19

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	51,108,387	—	32,143,485	53,474,472	—	9,459,642	46,608,723	—	9,459,642
Other Compensation	679,478	—	1,003,947	733,930	—	1,654,639	1,690,218	—	1,654,639
Related Benefits	30,826,502	—	14,836,042	34,297,234	—	6,910,100	31,824,481	—	6,910,100
TOTAL PERSONAL SERVICES	**$82,614,367**	**—**	**$47,983,474**	**$88,505,636**	**—**	**$18,024,381**	**$80,123,422**	**—**	**$18,024,381**
Travel	90,484	—	147,338	73,758	—	106,476	92,178	—	104,133
Operating Services	1,988,172	—	3,095,943	1,778,499	—	2,356,315	15,997,153	—	1,985,428
Supplies	108,114	—	190,284	81,372	—	130,725	110,139	—	127,848
TOTAL OPERATING EXPENSES	**$2,186,770**	**—**	**$3,433,565**	**$1,933,629**	**—**	**$2,593,516**	**$16,199,470**	**—**	**$2,217,409**
PROFESSIONAL SERVICES	**$214,875,783**	**—**	**$76,720,065**	**$223,185,857**	**—**	**$61,287,879**	**$118,418,514**	**—**	**$60,031,530**
Other Charges	29,274,134	—	26,770,484	9,076,199	—	9,376,624	74,107,435	—	9,376,624
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	102,351,005	—	43,562,066	117,519,685	—	44,714,380	193,015,959	—	44,714,380
TOTAL OTHER CHARGES	**$131,625,139**	**—**	**$70,332,550**	**$126,595,884**	**—**	**$54,091,004**	**$267,123,394**	**—**	**$54,091,004**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$431,302,059**	**—**	**$198,469,654**	**$440,221,006**	**—**	**$135,996,780**	**$481,864,800**	**—**	**$134,364,324**

Form 45547 — 305 - MEDICAID TITLE 19

Question	Narrative Response
State the purpose, source and legal citation.	Social Security Act, Title XIX, as amended provides financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements and other categorically-eligible groups. In certain states that elect to provide coverage, other medically needy persons who except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is also provided to States to pay for Medicare premiums, co-payments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. Additionally, the United States Congress enacted the Children Health Insurance Program (CHIP). Effective November, 1998, Louisiana enacted the LaCHIP eligibility program, which fees are paid through the Medical Administration grant. The SFY25 Federal Match for Title XIX 'Medicaid' is 32.04% for State and 67.96% for Federal. The SFY25 Federal Match for Title XXI 'LaCHIP' is 22.43% for State and 77.57% for Federal. Generally, Medical Vendor Administration has a match rate of Federal 50% and State 50% for providing services related to the administration of the Medicaid program. Exceptions to this match rate are for specific activities such as the installation of mechanized claims processing and information retrieval systems.
Agency discretion or Federal requirement?	For the categorically needy, States must provide in-and-out patient hospital services; rural health clinic services; other laboratory and x-ray services; skilled nursing home services home health services for persons over age 21; family planning services, physician services, early and periodic screening, diagnosis, treatment for individuals under age 21; and services furnished by a nurse-midwife as licensed by the states. For medically needy, states are required to provide any seven of these services for which federal financial participation is available.
Describe any budgetary peculiarities.	State and local welfare agencies must operate under an HHS approved Medicaid State Plan and comply with all federal regulations governing aid and medical assistance to the needy Under the Act, the federal share for medical services may range from 50% to 90.43% percent. The statistical factors used for fund allocation are 1) medical assistance expenditures by State and) per capita income by State based on a 3 year average (Source: 'Personal Income, 'Department of Commerce, Bureau of Economic Analysis'). This program has maintenance of effort (MOE) requirements.
Is the Total Request amount for multiple years?	No, it is anticipated that the total requested amount will be available for expenditures from July 1, 2024 - June 30, 2025.
Additional information or comments.	
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.	

Form 48659 — 305- MVA SNAP Transfer of 8 TO from DCFS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	285,136	—	—	285,136	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	134,468	—	—	134,468	—	—	—	—	—
TOTAL PERSONAL SERVICES	**$419,604**	**—**	**—**	**$419,604**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	254,999	—	—	254,999	—	—	—	—	—
TOTAL OTHER CHARGES	**$254,999**	**—**	**—**	**$254,999**	**—**	**—**	**—**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$674,603**	**—**	**—**	**$674,603**	**—**	**—**	**—**	**—**	**—**

Form 48659 — 305- MVA SNAP Transfer of 8 TO from DCFS

Question	Narrative Response
State the purpose, source and legal citation.	Act 478 and the preamble to Act 1, section 3.B, both of the 2025 Regular Legislative Session, mandated the transfer of certain SNAP and TANF programs from DCFS to LDH. This source of funding covers SNAP positions that came before the full SNAP Transition BA-7. .
Agency discretion or Federal requirement?	Federal requirement.
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No
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.	None
Additional information or comments.	N/A

Form 48661 — 305 - MVA SNAP TRANSFER FROM DCFS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	21,481,831	—	—	21,481,831	—	—	—	—	—
Other Compensation	146,130	—	—	146,130	—	—	—	—	—
Related Benefits	10,492,549	—	—	10,492,549	—	—	—	—	—
TOTAL PERSONAL SERVICES	**$32,120,510**	**—**	**—**	**$32,120,510**	**—**	**—**	**—**	**—**	**—**
Travel	67,610	—	—	67,610	—	—	—	—	—
Operating Services	1,825,571	—	—	1,825,571	—	—	—	—	—
Supplies	92,698	—	—	92,698	—	—	—	—	—
TOTAL OPERATING EXPENSES	**$1,985,879**	**—**	**—**	**$1,985,879**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**$4,587,835**	**—**	**—**	**$4,587,835**	**—**	**—**	**—**	**—**	**—**
Other Charges	87,919,185	—	—	87,919,185	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	17,584,592	—	—	17,584,592	—	—	—	—	—
TOTAL OTHER CHARGES	**$105,503,777**	**—**	**—**	**$105,503,777**	**—**	**—**	**—**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$144,198,001**	**—**	**—**	**$144,198,001**	**—**	**—**	**—**	**—**	**—**

Form 48661 — 305 - MVA SNAP TRANSFER FROM DCFS

Question	Narrative Response
State the purpose, source and legal citation.	Act 478 and the preamble to Act 1, section 3.B, both of the 2025 Regular Legislative Session, mandated the transfer of certain SNAP and TANF programs from DCFS to LDH. This source of funding covers the two SNAP grants that USDA-FNS required to stay with DCFS, along with the TANF grant that stayed as well.
Agency discretion or Federal requirement?	Federal requirement.
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No
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.	None
Additional information or comments.	N/A

State General Fund (Direct)

Form 48659 — 305- MVA SNAP Transfer of 8 TO from DCFS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	265,387	—	—	265,387	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	124,871	—	—	124,871	—	—	—	—	—
TOTAL PERSONAL SERVICES	**$390,258**	**—**	**—**	**$390,258**	**—**	**—**	**—**	**—**	**—**
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	**$390,258**	**—**	**—**	**$390,258**	**—**	**—**	**—**	**—**	**—**

Form 48659 — 305- MVA SNAP Transfer of 8 TO from DCFS

Question	Narrative Response
State the purpose, source and legal citation.	Act 478 and the preamble to Act 1, section 3.B, both of the 2025 Regular Legislative Session, mandated the transfer of certain SNAP and TANF programs from DCFS to LDH. This source of funding covers SNAP positions that came before the full SNAP Transition BA-7. .
Agency discretion or Federal requirement?	Federal requirement.
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No
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.	None
Additional information or comments.	N/A

Form 48661 — 305 - MVA SNAP TRANSFER FROM DCFS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	21,597,506	—	—	21,597,506	—	—	—	—	—
Other Compensation	146,130	—	—	146,130	—	—	—	—	—
Related Benefits	10,668,595	—	—	10,668,595	—	—	—	—	—
TOTAL PERSONAL SERVICES	**$32,412,231**	**—**	**—**	**$32,412,231**	**—**	**—**	**—**	**—**	**—**
Travel	59,721	—	—	59,721	—	—	—	—	—
Operating Services	1,112,072	—	—	1,112,072	—	—	—	—	—
Supplies	82,170	—	—	82,170	—	—	—	—	—
TOTAL OPERATING EXPENSES	**$1,253,963**	**—**	**—**	**$1,253,963**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**$2,006,288**	**—**	**—**	**$2,006,288**	**—**	**—**	**—**	**—**	**—**
Other Charges	18,558,280	—	—	18,558,280	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	7,491,153	—	—	7,491,153	—	—	—	—	—
TOTAL OTHER CHARGES	**$26,049,433**	**—**	**—**	**$26,049,433**	**—**	**—**	**—**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$61,721,915**	**—**	**—**	**$61,721,915**	**—**	**—**	**—**	**—**	**—**

Form 48661 — 305 - MVA SNAP TRANSFER FROM DCFS

Question	Narrative Response
State the purpose, source and legal citation.	Act 478 and the preamble to Act 1, section 3.B, both of the 2025 Regular Legislative Session, mandated the transfer of certain SNAP and TANF programs from DCFS to LDH. This source of funding covers the two SNAP grants that USDA-FNS required to stay with DCFS, along with the TANF grant that stayed as well.
Agency discretion or Federal requirement?	Federal requirement.
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No
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.	None
Additional information or comments.	N/A

Fees & Self-generated

Form 45519 — 305 - RECOVERY FROM 3RD PARTIES

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	250,000	—	—	250,000	—	—	400,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$250,000**	**—**	**—**	**$250,000**	**—**	**—**	**$400,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$250,000**	**—**	**—**	**$250,000**	**—**	**—**	**$400,000**	**—**	**—**

Form 45519 — 305 - RECOVERY FROM 3RD PARTIES

Question	Narrative Response
State the purpose, source and legal citation.	The Recipients Recovery and Reimbursement activity is responsible for reimbursing recipients for out-of-pocket expenses prior to their retroactive Medicaid eligibility. While the Recovery activity is responsible for developing a recovery process that maximizes collections related to the identification of Medicaid recipients with TP or other required recoveries. Timely recovery of such funds is mandated by Federal Regulation 42 CFR, CH. IV, 433.139 which mandates that the State recover funds from liable third parties and shall initiate pursuit from liable third parties within 60 days from the end of the month in which the identification is established. Medicaid is the payer of last resort per Federal statute (42 U.S.C. 1396a (a) (25) and 42 C.F.R sections 433.135-433.139 (2005) (Subpart D-Third Party Liability). LA Revised Statute 46:446 further establishes the Stateís right to collect third party payments whenever Medicaid recipients are in an accident or injured through subrogation rights. Estate Recovery is mandated by Section 1917b of the Social Security Act, and LSA R.S. 46:153.4, which mandates that the state seek recovery of the amount that Medicaid paid for nursing home services, home and community based services, and related hospital and prescription services from the estates of deceased Medicaid recipients age 55 or older. These activities support the agency's mission to maximize recoveries for the state as required by both federal and state statute. R.S. 46:446: Recovery of assistance and medical payments: notices; pleadings; worker's compensation benefits excepted; prescriptions; and allows third party liability percentage of collections of collection contracts. There is no matching requirement for these 100% self-generated funds.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No, it is anticipated that the total requested amount will be available for expenditures from July 1, 2026 - June 30, 2027.
Additional information or comments.	
Provide the amount of any indirect costs.	None
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	None
Additional information or comments.	

Form 45545 — 305 - MEDICAID OUTSTATIONING

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	3,600,000	—	—	3,600,000	—	—	3,600,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$3,600,000**	**—**	**—**	**$3,600,000**	**—**	**—**	**$3,600,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$3,600,000**	**—**	**—**	**$3,600,000**	**—**	**—**	**$3,600,000**	**—**	**—**

Form 45545 — 305 - MEDICAID OUTSTATIONING

Question	Narrative Response
State the purpose, source and legal citation.	The Eligibility Determination activity supports the agency's mission by providing access to health care services for Louisiana's residents through the efficient and timely determination of Medicaid eligibility in compliance with federal and state laws. As provided for in Act 14 of the 2016 Second Extraordinary Session, this funding represents self-generated revenues as recognized by the Revenue Estimating Conference consisting of grants and bona fide donations. There is no matching requirement for these 100% self-generated funds.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No, it is anticipated that the total requested amount will be available for expenditures from July 1, 2024 - June 30, 2025.
Additional information or comments.	
Provide the amount of any indirect costs.	None
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	None
Additional information or comments.	

Form 45546 — 305 - Application, Licensing, and Certification Fees

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	350,000	—	—	350,000	—	—	200,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$350,000**	**—**	**—**	**$350,000**	**—**	**—**	**$200,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$350,000**	**—**	**—**	**$350,000**	**—**	**—**	**$200,000**	**—**	**—**

Form 45546 — 305 - Application, Licensing, and Certification Fees

Question	Narrative Response
State the purpose, source and legal citation.	The LDH Office of Public Health STD Program activity supports the agency's mission by ensuring that the State operates a formal, comprehensive system to lead the effort to build a holistic, integrated and innovative system of STD and HIV prevention, care and education that eliminates health inequities by utilizing quality data and technology to inform and direct policy and programs around sexual health. Major prevention activities include HIV Counseling, Testing, and Linkage to Care Services, Prevention Materials Distribution, Partner Services, Community Planning, the Louisiana Statewide STD/HIV Infoline, and training and education. The STD Program administers statewide and regional programs designed to prevent the transmission of STDs and HIV, to ensure the availability of quality medical and social services for those diagnosed with an STD or HIV, and to track the impact of the STD and HIV epidemics in Louisiana. The screening application fees will be generated by Medicaid providers paying for screening services. As mandated by the provisions set forth in the Application Fee ß42 CFR 455.460 and the Medicaid Provider Screening Application Fee LAC 50:I.1501, States must collect the applicable fee prior to executing a provider agreement from a prospective or re-enrolling provider. The application fee amount is set by CMS and may be adjusted annually. The fee, which is assessed at the point of initial enrollment and at enrollment revalidation, is to be charged individually and in full for each service location.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No, it is anticipated that the total requested amount will be available for expenditures from July 1, 2024 - June 30, 2025.
Additional information or comments.	
Provide the amount of any indirect costs.	None
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	None
Additional information or comments.	

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 45498 DEPT OF CORRECTIONS	Interagency Transfers Form ID 45516 DCFS	Interagency Transfers Form ID 45558 LDH-OBH
Salaries	32,143,485	109,451,183	10,280,592	—	—	—
Other Compensation	1,003,947	2,011,159	857,817	—	—	—
Related Benefits	14,836,042	58,794,654	4,042,576	—	—	—
TOTAL PERSONAL SERVICES	**$47,983,474**	**$170,256,996**	**$15,180,985**	**—**	**—**	**—**
Travel	147,338	322,872	87,617	—	—	—
Operating Services	3,095,943	7,175,047	1,983,871	—	—	—
Supplies	190,284	404,348	108,114	—	—	—
TOTAL OPERATING EXPENSES	**$3,433,565**	**$7,902,267**	**$2,179,602**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**$76,720,065**	**$305,501,438**	**$74,713,777**	**$202,875**	**—**	**—**
Other Charges	26,770,484	194,663,474	8,212,204	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	43,562,066	178,301,668	36,070,913	—	270,797	26,000
TOTAL OTHER CHARGES	**$70,332,550**	**$372,965,142**	**$44,283,117**	**—**	**$270,797**	**$26,000**
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$198,469,654**	**$856,625,843**	**$136,357,481**	**$202,875**	**$270,797**	**$26,000**

Expenditures	Interagency Transfers Form ID 48661 DCFS	Fees & Self-generated Form ID 45519 MISC SELF-GEN REVENUE	Fees & Self-generated Form ID 45545 MEDICAID OUTSTATIONING	Fees & Self-generated Form ID 45546 FEES & SELF GENERATED	Statutory Dedications Form ID 45520 H14-MED ASST FRAUD FUND	Statutory Dedications Form ID 48661 DCFS
Salaries	2,293,395	—	—	—	553,839	—
Other Compensation	—	—	—	—	49,470	75,000
Related Benefits	1,154,598	—	—	—	306,629	1,088
TOTAL PERSONAL SERVICES	**$3,447,993**	**—**	**—**	**—**	**$909,938**	**$76,088**
Travel	4,204	—	—	—	2,868	4,150
Operating Services	110,249	—	—	—	4,300	35,275
Supplies	5,223	—	—	—	—	600
TOTAL OPERATING EXPENSES	**$119,676**	**—**	**—**	**—**	**$7,168**	**$40,025**
PROFESSIONAL SERVICES	**$3,123,548**	**—**	**—**	**—**	**$239,294**	**—**
Other Charges	32,317,195	250,000	3,600,000	350,000	—	20,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	2,157,487	—	—	—	251,100	588,181
TOTAL OTHER CHARGES	**$34,474,682**	**$250,000**	**$3,600,000**	**$350,000**	**$251,100**	**$608,181**
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$41,165,899**	**$250,000**	**$3,600,000**	**$350,000**	**$1,407,500**	**$724,294**

Expenditures	Statutory Dedications Form ID 49368 LDH-MVA	Federal Funds Form ID 45541 CHIP	Federal Funds Form ID 45542 MAP REFUGEE	Federal Funds Form ID 45543 MONEY FOLLOWS THE PERSON	Federal Funds Form ID 45544 SCHOOL BASED ADMIN	Federal Funds Form ID 45547 MEDICAID
Salaries	—	1,585,110	—	—	—	51,108,387
Other Compensation	—	57,134	—	—	—	679,478
Related Benefits	—	1,042,778	—	—	—	30,826,502
TOTAL PERSONAL SERVICES	**—**	**$2,685,022**	**—**	**—**	**—**	**$82,614,367**
Travel	—	6,218	—	—	—	90,484
Operating Services	—	115,537	—	—	—	1,988,172
Supplies	—	7,429	—	—	—	108,114
TOTAL OPERATING EXPENSES	**—**	**$129,184**	**—**	**—**	**—**	**$2,186,770**
PROFESSIONAL SERVICES	**—**	**$5,502,038**	**$250,000**	**—**	**—**	**$214,875,783**
Other Charges	5,000,000	1,662,476	—	—	7,500,000	29,274,134
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	6,821,280	—	4,434,161	—	102,351,005
TOTAL OTHER CHARGES	**$5,000,000**	**$8,483,756**	**—**	**$4,434,161**	**$7,500,000**	**$131,625,139**
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$5,000,000**	**$16,800,000**	**$250,000**	**$4,434,161**	**$7,500,000**	**$431,302,059**

Expenditures	Federal Funds Form ID 48659 TRANSFER	Federal Funds Form ID 48661 DCFS	State General Fund (Direct) Form ID 48659 TRANSFER	State General Fund (Direct) Form ID 48661 DCFS
Salaries	285,136	21,481,831	265,387	21,597,506
Other Compensation	—	146,130	—	146,130
Related Benefits	134,468	10,492,549	124,871	10,668,595
TOTAL PERSONAL SERVICES	**$419,604**	**$32,120,510**	**$390,258**	**$32,412,231**
Travel	—	67,610	—	59,721
Operating Services	—	1,825,571	—	1,112,072
Supplies	—	92,698	—	82,170
TOTAL OPERATING EXPENSES	**—**	**$1,985,879**	**—**	**$1,253,963**
PROFESSIONAL SERVICES	**—**	**$4,587,835**	**—**	**$2,006,288**
Other Charges	—	87,919,185	—	18,558,280
Debt Service	—	—	—	—
Interagency Transfers	254,999	17,584,592	—	7,491,153
TOTAL OTHER CHARGES	**$254,999**	**$105,503,777**	**—**	**$26,049,433**
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$674,603**	**$144,198,001**	**$390,258**	**$61,721,915**

Total Request

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 45498 DEPT OF CORRECTIONS	Interagency Transfers Form ID 45516 DCFS	Interagency Transfers Form ID 45558 LDH-OBH
Salaries	9,459,642	137,608,154	36,061,230	—	—	—
Other Compensation	1,654,639	2,375,179	1,177,633	—	—	—
Related Benefits	6,910,100	77,462,375	19,239,565	—	—	—
TOTAL PERSONAL SERVICES	**$18,024,381**	**$217,445,708**	**$56,478,428**	**—**	**—**	**—**
Travel	106,476	346,094	127,307	—	—	—
Operating Services	2,356,315	8,229,825	3,244,876	—	—	—
Supplies	130,725	421,162	151,536	—	—	—
TOTAL OPERATING EXPENSES	**$2,593,516**	**$8,997,081**	**$3,523,719**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**$61,287,879**	**$318,571,918**	**$79,392,171**	**$202,875**	**—**	**—**
Other Charges	9,376,624	203,067,818	36,814,483	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	44,714,380	235,489,111	77,978,905	—	270,797	26,000
TOTAL OTHER CHARGES	**$54,091,004**	**$438,556,929**	**$114,793,388**	**—**	**$270,797**	**$26,000**
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$135,996,780**	**$983,571,636**	**$254,187,706**	**$202,875**	**$270,797**	**$26,000**

Expenditures	Interagency Transfers Form ID 48661 DCFS	Statutory Dedications Form ID 45520 H14-MED ASST FRAUD FUND	Statutory Dedications Form ID 48661 DCFS	Statutory Dedications Form ID 49368 LDH-MVA	Federal Funds Form ID 45541 CHIP	Federal Funds Form ID 45542 MAP REFUGEE
Salaries	2,293,395	564,087	—	—	1,585,110	—
Other Compensation	—	39,222	75,000	—	57,134	—
Related Benefits	1,154,598	306,629	1,088	—	1,042,778	—
TOTAL PERSONAL SERVICES	**$3,447,993**	**$909,938**	**$76,088**	**—**	**$2,685,022**	**—**
Travel	4,301	2,934	4,245	—	6,218	—
Operating Services	112,785	4,399	36,086	—	115,537	—
Supplies	5,343	—	614	—	7,429	—
TOTAL OPERATING EXPENSES	**$122,429**	**$7,333**	**$40,945**	**—**	**$129,184**	**—**
PROFESSIONAL SERVICES	**$3,200,056**	**$244,798**	**—**	**—**	**$5,502,038**	**$250,000**
Other Charges	32,317,195	—	20,000	5,000,000	1,662,476	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	2,157,487	361,871	588,181	—	6,821,280	—
TOTAL OTHER CHARGES	**$34,474,682**	**$361,871**	**$608,181**	**$5,000,000**	**$8,483,756**	**—**
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$41,245,160**	**$1,523,940**	**$725,214**	**$5,000,000**	**$16,800,000**	**$250,000**

Expenditures	Federal Funds Form ID 45543 MONEY FOLLOWS THE PERSON	Federal Funds Form ID 45544 SCHOOL BASED ADMIN	Federal Funds Form ID 45547 MEDICAID	Federal Funds Form ID 48659 TRANSFER	Federal Funds Form ID 48661 DCFS	State General Fund (Direct) Form ID 48659 TRANSFER
Salaries	—	—	53,474,472	285,136	21,481,831	265,387
Other Compensation	—	—	733,930	—	146,130	—
Related Benefits	—	—	34,297,234	134,468	10,492,549	124,871
TOTAL PERSONAL SERVICES	**—**	**—**	**$88,505,636**	**$419,604**	**$32,120,510**	**$390,258**
Travel	—	—	73,758	—	67,610	—
Operating Services	—	—	1,778,499	—	1,825,571	—
Supplies	—	—	81,372	—	92,698	—
TOTAL OPERATING EXPENSES	**—**	**—**	**$1,933,629**	**—**	**$1,985,879**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**$223,185,857**	**—**	**$4,587,835**	**—**
Other Charges	—	7,500,000	9,076,199	—	87,919,185	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	4,434,161	—	117,519,685	254,999	17,584,592	—
TOTAL OTHER CHARGES	**$4,434,161**	**$7,500,000**	**$126,595,884**	**$254,999**	**$105,503,777**	**—**
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$4,434,161**	**$7,500,000**	**$440,221,006**	**$674,603**	**$144,198,001**	**$390,258**

Expenditures	State General Fund (Direct) Form ID 48661 DCFS	Fees & Self-generated Form ID 45519 MISC SELF-GEN REVENUE	Fees & Self-generated Form ID 45545 MEDICAID OUTSTATIONING	Fees & Self-generated Form ID 45546 FEES & SELF GENERATED
Salaries	21,597,506	—	—	—
Other Compensation	146,130	—	—	—
Related Benefits	10,668,595	—	—	—
TOTAL PERSONAL SERVICES	**$32,412,231**	**—**	**—**	**—**
Travel	59,721	—	—	—
Operating Services	1,112,072	—	—	—
Supplies	82,170	—	—	—
TOTAL OPERATING EXPENSES	**$1,253,963**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**$2,006,288**	**—**	**—**	**—**
Other Charges	18,558,280	250,000	3,600,000	350,000
Debt Service	—	—	—	—
Interagency Transfers	7,491,153	—	—	—
TOTAL OTHER CHARGES	**$26,049,433**	**$250,000**	**$3,600,000**	**$350,000**
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$61,721,915**	**$250,000**	**$3,600,000**	**$350,000**

REVENUE COLLECTIONS/INCOME

Interagency Transfers

003 - Interagency Transfers

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
DCFS	4710059	MR-FROM STATE AGENCY	—	270,797	270,797	—
DEPT OF CORRECTIONS	4710059	MR-FROM STATE AGENCY	202,875	202,875	202,875	—
LDH-OBH	4710059	MR-FROM STATE AGENCY	26,000	26,000	26,000	—
DCFS-TANF	4710059	MR-FROM STATE AGENCY	—	41,165,899	41,245,160	79,261
Total Collections/Income			**$228,875**	**$41,665,571**	**$41,744,832**	**$79,261**
TYPE						
Expenditures Source of Funding Form (BR-6)			—	41,665,571	41,744,832	79,261
Transfer			228,875	—	—	—
Total Expenditures, Transfers and Carry Forwards to Next FY			**$228,875**	**$41,665,571**	**$41,744,832**	**$79,261**
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			**—**	**—**	**—**	**—**

Fees & Self-generated

002 - Fees & Self-generated Revenues

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
FEES & SELF GENERATED	4710029	MR-PRIVATE SOURCES	—	350,000	350,000	—
THIRD PARTY PAYMENTS	4710029	MR-PRIVATE SOURCES	—	250,000	250,000	—
DONATIONS	4710029	MR-PRIVATE SOURCES	—	3,600,000	3,600,000	—
Total Collections/Income			**—**	**$4,200,000**	**$4,200,000**	**—**
TYPE						
Expenditures Source of Funding Form (BR-6)			—	4,200,000	4,200,000	—
Total Expenditures, Transfers and Carry Forwards to Next FY			**—**	**$4,200,000**	**$4,200,000**	**—**
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			**—**	**—**	**—**	**—**

Statutory Dedications

H14 - Medical Assistance Programs Fraud Detection Fund

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
H14-MED ASST FRAUD FUND	4830014	INTRAFUND TRANSFER	929,940	1,407,500	1,523,940	116,440
Total Collections/Income			**$929,940**	**$1,407,500**	**$1,523,940**	**$116,440**
TYPE						
Expenditures Source of Funding Form (BR-6)			929,940	1,407,500	1,523,940	116,440
Total Expenditures, Transfers and Carry Forwards to Next FY			**$929,940**	**$1,407,500**	**$1,523,940**	**$116,440**
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			**—**	**—**	**—**	**—**

S02 - Fraud Detection Fund

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
S02-FRAUD DETECTION FD	4830014	INTRAFUND TRANSFER	—	724,294	725,214	920
Total Collections/Income			**—**	**$724,294**	**$725,214**	**$920**
TYPE						
Expenditures Source of Funding Form (BR-6)			—	724,294	725,214	920
Total Expenditures, Transfers and Carry Forwards to Next FY			**—**	**$724,294**	**$725,214**	**$920**
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			**—**	**—**	**—**	**—**

V65 - Modernization And Security Fund

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
V65-MODERN AND SEC FUND	4830014	INTRAFUND TRANSFER	—	5,000,000	5,000,000	—
Total Collections/Income			**—**	**$5,000,000**	**$5,000,000**	**—**
TYPE						
Expenditures Source of Funding Form (BR-6)			—	5,000,000	5,000,000	—
Total Expenditures, Transfers and Carry Forwards to Next FY			**—**	**$5,000,000**	**$5,000,000**	**—**
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			**—**	**—**	**—**	**—**

Federal Funds

006 - Federal Funds

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
MAP REFUGEE	4060035	FR-OTHER	226,082	165,565	165,565	—
CHIP	4060035	FR-OTHER	18,315,042	16,800,000	16,800,000	—
MONEY FOLLOWS THE PERSON	4060035	FR-OTHER	3,321,203	4,434,161	4,434,161	—
SCHOOL BASED ADMIN	4060035	FR-OTHER	11,514,796	7,500,000	7,500,000	—
MEDICAID	4060035	FR-OTHER	318,748,061	431,302,059	431,302,059	—
FEDERAL	4060035	FR-OTHER	—	144,957,039	153,875,986	8,918,947
Total Collections/Income			**$352,125,184**	**$605,158,824**	**$614,077,771**	**$8,918,947**
TYPE						
Expenditures Source of Funding Form (BR-6)			352,125,184	605,158,824	614,077,771	8,918,947
Total Expenditures, Transfers and Carry Forwards to Next FY			**$352,125,184**	**$605,158,824**	**$614,077,771**	**$8,918,947**
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			**—**	**—**	**—**	**—**

Justification of Differences

Form 46516 — 305 - IAT DCFS CSOC

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

Form 46517 — 305 - IAT DOC Reinstatement of Disability Medicaid

Question	Narrative Response
Explain any transfers to other appropriations.	Transfer to MVA, to pool unused funds for carryover. Preamble language allows LDH to carry over non-SGF state funds.
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 46518 — 305 - Application, Licensing, & Certification 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.	

Form 46519 — 305 - Recovery from 3rd Parties

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

Form 46520 — 305 - Outstationing

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

Form 46521 — 305 - Med. Asst. Programs Fraud Det. 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.	

Form 46522 — 305 - MAP Refugee

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

Form 46523 — 305 - ARRA LAHIT Admin

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

Form 46524 — 305 - ARRA-LAHIT EHR INCENTIVE

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

Form 46525 — 305 - FEDA CHIP

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

Form 46526 — 305 - Money Follows the Person

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

Form 46527 — 305 - School-based Admin

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

Form 46528 — 305 - Medicaid Title 19

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

Form 46566 — 305 - IAT from OBH for PASRR

Question	Narrative Response
Explain any transfers to other appropriations.	Transfer to MVA, to pool unused funds for carryover. Preamble language allows LDH to carry over non-SGF state funds.
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 46659 — 305 - IAT MVP Unwind

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

Form 51554 — 305 - MVA - TANF, eHIP, and SEBT Tech from DCFS

Question	Narrative Response
Explain any transfers to other appropriations.	None
Break out INA by Source of Funding.	None
Additional information or comments.	None

Form 51556 — 305 - MVA - S02 Fraud Detection Fund

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

Form 51563 — 305 - MVA - SNAP

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

3052 - Medical Vendor Administration

Travel

FY2026-2027 Request	Description
145,757	Includes, but not limited to, field travel between state and regional offices for professional development trainings, compliance audits, and ad hoc meeting
109,225	Includes, but not limited to, out of state professional development conferences, conventions, and face to face meetings
50,072	In State- Administrative Fees
23,490	In State-Includes, but not limited to, conference registrations and certificate fees
17,550	Out of State- Staff Training
$346,094	**Total Travel**

Operating Services

FY2026-2027 Request	Description
535,507	Includes, but not limited to, advertising expenses to support and promote Medicaid eligibility and enrollment initiatives, outreach to communities, and compliance with federal and state regulations requiring public notice of proposed changes to Medicaid program policy.
69,926	Includes, but not limited to, annual membership dues and subscriptions to various professional organizations and publications
135,767	Includes, but not limited to, equipment rentals and the maintenance of equipment in local and regional offices such as copiers, postage meters, and security systems.
16,800	Includes, but not limited to, maintenance of property and equipment to support and promote Medicaid eligibility and enrollment initiatives, outreach to communities, and compliance with federal and state regulations requiring public notice of proposed changes to Medicaid program policy.
310,301	Includes, but not limited to, non-OTM telephone and communications services
6,832,791	Includes, but not limited to, office space for local and regional staff
50,000	Includes, but not limited to, printing expenses to support and promote Medicaid program initiatives, outreach materials, notices, global communications, and member announcements.

Operating Services *(continued)*

FY2026-2027 Request	Description
193,374	Includes, but not limited to, security guards for headquarters and regional offices
85,359	Includes, but not limited to, US Postal Services mailings and post office boxes for the mailing, delivery, and receipt of requests for proposals (RFPs) and outreach, responses to letters of inquiry from the general public, state and federal officials, correspondence with contractors/vendors, etc.
$8,229,825	**Total Operating Services**

Supplies

FY2026-2027 Request	Description
421,162	Includes, but not limited to, general consumable office supplies for use in conducting the day-to-day activities of the Medicaid and SNAP programs such as paper, pens, folders, binders, staples, printer toner, etc.
$421,162	**Total Supplies**

Professional Services

FY2026-2027 Request	Means of Financing	Description
14,583,769	Federal Funds	
9,298,142	State General Fund	
$23,881,911		**Accounting, auditing, and related contracts for the administration of the Medicaid program**
70,444,675	Federal Funds	
77,260	Interagency Transfers	
244,820	Medical Assistance Programs Fraud Detection Fund	
19,223,741	State General Fund	
$89,990,496		**Contracts for administrative services associated with providing medical and dental services for the Medicaid program**
37,500	Federal Funds	
37,500	State General Fund	
$75,000		**Legal contract for the administration of the Medicaid program**
145,594,611	Federal Funds	

Professional Services *(continued)*

FY2026-2027 Request	Means of Financing	Description
59,029,900	State General Fund	
$204,624,511		**Management consulting contracts for the administration of the Medicaid program**
$318,571,918	**Total Professional Services**	

Other Charges

FY2026-2027 Request	Means of Financing	Description
37,174,399	State General Fund	
$37,174,399		**Administrative costs associated with Medicaid and SNAP program initiatives, including but not limited to, staff augmentation**
133,556,224	Federal Funds	
$133,556,224		**Administrative costs associated with Medicaid program initiatives, including but not limited to, staff augmentation**
20,000	Fraud Detection Fund	
32,317,195	Interagency Transfers	
$32,337,195		**Administrative costs associated with SNAP program initiatives, including but not limited to, staff augmentation**
$203,067,818	**Total Other Charges**	

Interagency Transfers

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
50,000	Federal Funds		
$50,000		**ACADIANA AREA HUMAN SRVC DIST**	**AAHSA PASRR**
25,000	Federal Funds		
$25,000		**ACADIANA AREA HUMAN SRVC DIST**	**Acadiana Area Human Services District (AAHSD) - ACT 421 TEFRA**
18,000	Federal Funds		
$18,000		**CENTRAL LA HUMAN SERVICE DIST**	**Act 421 Children's Medicaid (Tax Equity & Fiscal Responsibility Act or TEFRA) Option**

Interagency Transfers *(continued)*

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
4,000,000	Federal Funds		
$4,000,000		**DCFS-OFF FOR CHILD/FAMILY SRV**	**Admin activities related to medical eligibility, case management and supervision, referral of medical and behavioral health related services and Medicaid Outreach.**
200,000	Federal Funds		
$200,000		**HED-BOARD OF REGENTS**	**Board of Regents (BOR) - Medical and Allied Health Professional Education Scholarships and Loan Program.**
90,000	Federal Funds		
$90,000		**CAPITAL AREA HUMAN SRV DSTRCT**	**Capital Area Human Services District (CAHSD) ACT 421 -TEFRA**
30,000	Federal Funds		
$30,000		**CAPITAL AREA HUMAN SRV DSTRCT**	**Capital Area Human Services District (CAHSD) - Pre-Admission Screening and Resident Review (PASRR)**
15,500	Federal Funds		
$15,500		**CENTRAL LA HUMAN SERVICE DIST**	**Central Louisiana Human Services District (CLHSD) Pre-Admission Screening and Resident Review (PASRR)**
1,000,000	Federal Funds		
1,000,000	State General Fund		
$2,000,000		**DIVISION OF ADMINISTRATION**	**DOA - Bienville Building Rent paid by the Louisiana Department of Health (LDH) Office of the Secretary (OS to the Office of Facility Planning and Control (OFC)**
44,941	Federal Funds		
44,941	State General Fund		
$89,882		**DIVISION OF ADMINISTRATION**	**DOA - Capitol Police Security**
288,599	Federal Funds		
288,599	State General Fund		
$577,198		**DIVISION OF ADMINISTRATION**	**DOA - Louisiana Department of the Treasury**
836,235	Federal Funds		

Interagency Transfers *(continued)*

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
620,778	State General Fund		
$1,457,013		**DIVISION OF ADMINISTRATION**	**DOA - Office of Group Benefits**
465,685	Federal Funds		
465,685	State General Fund		
$931,370		**DIVISION OF ADMINISTRATION**	**DOA - Office of Risk Management (ORM)**
192,233	State General Fund		
$192,233		**DIVISION OF ADMINISTRATION**	**DOA - Office of State Procurement (OSP)**
192,233	Federal Funds		
$192,233		**DIVISION OF ADMINISTRATION**	**DOA - Office of State Procurement - Technical product support to include but not limited to module application development, maintenance, project management, licenses, software, and enhancements.**
65,185	Federal Funds		
65,185	State General Fund		
$130,370		**DIVISION OF ADMINISTRATION**	**DOA - Office of State Uniform Payroll (OSUP) Services**
768,521	Federal Funds		
768,521	State General Fund		
$1,537,042		**DIVISION OF ADMINISTRATION**	**DOA - Office of Technology Services (OTS) Production Support Services (PSS)**
50,739,994	State General Fund		
$50,739,994		**DIVISION OF ADMINISTRATION**	**DOA - Office of Technology Services- Technical product support to include but not limited to module application development, maintenance, project management, licenses, software, and enhancements.**
127,985,095	Federal Funds		
$127,985,095		**DIVISION OF ADMINISTRATION**	**DOA - Office of Technology Services-Technical product support to include but not limited to module application development, maintenance, project management, licenses, software and enhancements.**
215,698	Federal Funds		

Interagency Transfers *(continued)*

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
215,697	State General Fund		
$431,395		**DIVISION OF ADMINISTRATION**	**DOA - State Civil Service (SCS) and Comprehensive Public Training Program (CPTP) Fees**
75,000	Federal Funds		
$75,000		**FLA PAR HUMAN SERVCS AUTHORITY**	**FPHSA - Centers for Medicare and Medicaid Services (CMS) mandated Pre-Admission Screening and Resident Review (PASRR) services**
28,000	Federal Funds		
$28,000		**IMPERIAL CALCASIEU HUM SV AUTH**	**Imperial Calcasieu PASRR**
21,098	Federal Funds		
21,099	State General Fund		
$42,197		**LOUISIANA WORKS**	**LWC - Louisiana Workforce Commission (LWC)**
450,000	Federal Funds		
$450,000		**OFFICE OF AGING & ADULT SRVS**	**Maximus Contract Increase for OAAS**
20,000	Federal Funds		
$20,000		**NE DELTA HUMAN SVCS AUTHORITY**	**Northeast Delta Human Services Authority (NEDHSA) - ACT 421 - TEFRA**
14,000	Federal Funds		
$14,000		**NE DELTA HUMAN SVCS AUTHORITY**	**Northeast Delta - Pre-Admission Screening and Resident Review (PASRR)**
164,169	Federal Funds		
$164,169		**HEALTH & HOSP OFF OF SECRETARY**	**Nursing Home Emergency Preparedness**
1,135,953	Federal Funds		
$1,135,953		**OFFICE OF AGING & ADULT SRVS**	**OAAS - Adult Protective Services (APS)**
1,339,389	Federal Funds		
$1,339,389		**OFFICE OF AGING & ADULT SRVS**	**OAAS - Long-Term Personal Care Services (LT-PCS)**
1,920,967	Federal Funds		
$1,920,967		**OFFICE OF AGING & ADULT SRVS**	**OAAS - Money Follows the Person (MFP)**
1,380,508	Federal Funds		
$1,380,508		**OFFICE OF AGING & ADULT SRVS**	**OAAS - Money Follows the Person (MFP) Capacity Building Initiative (CBI) Grant**

Interagency Transfers *(continued)*

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
400,000	Federal Funds		
$400,000		**OFFICE OF AGING & ADULT SRVS**	**OAAS - Nursing Home Resident Trust Fund (NHRTF)**
1,551,500	Federal Funds		
$1,551,500		**OFFICE OF AGING & ADULT SRVS**	**OAAS - OAAS Participant Tracking System (OPTS)**
2,093,863	Federal Funds		
$2,093,863		**OFFICE OF AGING & ADULT SRVS**	**OAAS - Permanent Supportive Housing (PSH)**
534,006	Federal Funds		
$534,006		**OFFICE OF THE ATTORNEY GENERAL**	**OAG - Department of Justice (DOJ) Advocacy Center Ombudsman services for the Community Living Ombudsman Program (CLOP at $459,006) and Supported Independent Living Advocacy Program (SILAP at $75,000)**
1,946,475	Federal Funds		
$1,946,475		**OFFICE OF BEHAVIORAL HEALTH**	**OBH - Pre-Admission Screening and Resident Review (PASRR) Level ii**
3,792,500	Federal Funds		
$3,792,500		**OFFICE OF BEHAVIORAL HEALTH**	**OBH - Specialized Behavioral Health Services (SBHS), Pre-Admission Screening and Resident Review (PASRR), and Department of Justice (DOJ) Nursing Facility Transition (NFT) services**
5,583,600	Federal Funds		
$5,583,600		**OFFICE OF BEHAVIORAL HEALTH**	**OBH - Statewide Crisis Hub**
130,351	Federal Funds		
$130,351		**OFF FOR CITIZENS DEV DISABLIT.**	**OCDD - Act 421 Children's Medicaid (Tax Equity & Fiscal Responsibility Act or TEFRA) Option**
386,678	Federal Funds		
$386,678		**OFF FOR CITIZENS DEV DISABLIT.**	**OCDD - Assessment of Services Needs for persons on the SUN registry and to prioritize access of 1915c HCBS**

Interagency Transfers *(continued)*

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
1,009,255	Federal Funds		
$1,009,255		**OFF FOR CITIZENS DEV DISABLIT.**	**OCDD - Money Follows the Person (MFP) Rebalancing Demonstration Grant**
150,332	Federal Funds		
$150,332		**HEALTH & HOSP OFF OF SECRETARY**	**Office of the Secretary (OS) - Bureaus of Legal Services Statewide Program Mgr. 1 (Position #50556686)**
227,000	Federal Funds		
$227,000		**OFFICE OF PUBLIC HEALTH**	**OPH Tobacco Control Statewide QUITLINE** **Immunization LINKS System**
1,300,000	Federal Funds		
$1,300,000		**HEALTH & HOSP OFF OF SECRETARY**	**OS - Bureau of Legal and Internal Audit Services**
600,000	Federal Funds		
$600,000		**HEALTH & HOSP OFF OF SECRETARY**	**OS - Bureau of Legal Services (Medicaid)**
3,100,000	Federal Funds		
$3,100,000		**HEALTH & HOSP OFF OF SECRETARY**	**OS - Health Standards**
1,500,000	Federal Funds		
$1,500,000		**HEALTH & HOSP OFF OF SECRETARY**	**OS - McGlinchey Stafford**
1,419,546	Federal Funds		
$1,419,546		**HEALTH & HOSP OFF OF SECRETARY**	**OS - Medicaid Financial Reporting**
50,000	Federal Funds		
$50,000		**OFFICE OF AGING & ADULT SRVS**	**RAVE system**
35,000	Federal Funds		
$35,000		**S CNTL LA HUMAN SVCS AUTHORITY**	**South Central LA Humans Services Authority (SCLHSA) - Act 421 Children's Medicaid (Tax Equity & Fiscal Responsibility Act or TEFRA) Option**

Interagency Transfers *(continued)*

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
8,199,166	Federal Funds		
$8,199,166		**OFFICE OF AGING & ADULT SRVS**	**To reimburse OAAS up to $8,199,166 of the federal costs associated with staff who provide support through the programs the Executive Administration Protection and Support teams, listed as; the Assistant Secretary, Deputy Assistant Secretary, Finance and Administration Support Services, Program Operations admin and Regional offices, Policy Development, Research and Quality, My Choice Louisiana, and Nursing Facility Admissions that provide access to quality long-term services and supports for the elderly and people with adult-onset disabilities in a manner that supports choice, informal caregiving and effective use of public resources.**
4,217,331	Federal Funds		
$4,217,331		**OFF FOR CITIZENS DEV DISABLIT.**	
$235,489,111	**Total Interagency Transfers**		

Continuation Budget Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
STATE GENERAL FUND (Direct)	198,469,654	(1,925,629)	1,840,368	10,414,541	—	107,633,688	316,432,622
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	41,665,571	—	79,261	—	—	—	41,744,832
FEES & SELF-GENERATED	4,200,000	—	—	—	—	—	4,200,000
STATUTORY DEDICATIONS	7,131,794	—	6,589	—	—	110,771	7,249,154
FEDERAL FUNDS	605,158,824	(5,437,778)	5,272,974	10,414,540	—	(1,198,046)	614,210,514
TOTAL MEANS OF FINANCING	**$856,625,843**	**$(7,363,407)**	**$7,199,192**	**$20,829,081**	**—**	**$106,546,413**	**$983,837,122**

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Fees & Self-generated Revenues	4,200,000	—	—	—	—	—	4,200,000
Total:	**$4,200,000**	**—**	**—**	**—**	**—**	**—**	**$4,200,000**

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Fraud Detection Fund	724,294	—	920	—	—	—	725,214
Medical Assistance Programs Fraud Detection Fund	1,407,500	—	5,669	—	—	110,771	1,523,940
Modernization And Security Fund	5,000,000	—	—	—	—	—	5,000,000
Total:	**$7,131,794**	**—**	**$6,589**	**—**	**—**	**$110,771**	**$7,249,154**

Expenditures and Positions

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Salaries	109,451,183	—	—	10,977,814	—	17,179,157	137,608,154
Other Compensation	2,011,159	—	—	136,732	—	227,288	2,375,179
Related Benefits	58,794,654	—	—	9,714,535	—	8,953,186	77,462,375
TOTAL PERSONAL SERVICES	**$170,256,996**	**—**	**—**	**$20,829,081**	**—**	**$26,359,631**	**$217,445,708**
Travel	322,872	—	7,426	—	—	15,796	346,094
Operating Services	7,175,047	—	165,026	—	—	889,752	8,229,825
Supplies	404,348	—	9,300	—	—	7,514	421,162
TOTAL OPERATING EXPENSES	**$7,902,267**	**—**	**$181,752**	**—**	**—**	**$913,062**	**$8,997,081**
PROFESSIONAL SERVICES	**$305,501,438**	**$(395,387)**	**$7,017,440**	**—**	**—**	**$6,448,427**	**$318,571,918**
Other Charges	194,663,474	(1,622,916)	—	—	—	10,292,746	203,333,304
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	178,301,668	(5,345,104)	—	—	—	62,532,547	235,489,111
TOTAL OTHER CHARGES	**$372,965,142**	**$(6,968,020)**	**—**	**—**	**—**	**$72,825,293**	**$438,822,415**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$856,625,843**	**$(7,363,407)**	**$7,199,192**	**$20,829,081**	**—**	**$106,546,413**	**$983,837,122**
Classified	2,154	—	—	—	—	1	2,155
Unclassified	4	—	—	—	—	—	4
TOTAL AUTHORIZED T.O. POSITIONS	**2,158**	**—**	**—**	**—**	**—**	**1**	**2,159**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL NON-T.O. FTE POSITIONS	**118**	**—**	**—**	**—**	**—**	**(1)**	**117**

CONTINUATION BUDGET ADJUSTMENTS - SUMMARIZED

Form 48198 — FY26-27 Non-recurring Carryforwards

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(1,925,629)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(5,437,778)
TOTAL MEANS OF FINANCING	**$(7,363,407)**

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	**$(395,387)**
Other Charges	(1,622,916)
Debt Service	—
Interagency Transfers	(5,345,104)
TOTAL OTHER CHARGES	**$(6,968,020)**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$(7,363,407)**

Form 48211 — FY26-27 Standard Inflation Adjustment

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	1,840,368
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	79,261
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	6,589
FEDERAL FUNDS	5,272,974
TOTAL MEANS OF FINANCING	**$7,199,192**

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	7,426
Operating Services	165,026
Supplies	9,300
TOTAL OPERATING EXPENSES	**$181,752**
PROFESSIONAL SERVICES	**$7,017,440**
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**—**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$7,199,192**

Form 48178 — 305 - Annual Market Adjustment for Classified Employees

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	5,579,349
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	5,579,349
TOTAL MEANS OF FINANCING	**$11,158,698**

Positions

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

Expenditures

	Amount
Salaries	7,439,132
Other Compensation	—
Related Benefits	3,719,566
TOTAL PERSONAL SERVICES	**$11,158,698**
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	**$11,158,698**

Form 48179 — 305 - Annual Market Adjustment for Unclassified Employees

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	158,390
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	158,390
TOTAL MEANS OF FINANCING	**$316,780**

Positions

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

Expenditures

	Amount
Salaries	72,632
Other Compensation	136,732
Related Benefits	107,416
TOTAL PERSONAL SERVICES	**$316,780**
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	**$316,780**

Form 48180 — 305 - Personal Services Base Adjustments

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	4,676,802
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	4,676,801
TOTAL MEANS OF FINANCING	**$9,353,603**

Positions

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

Expenditures

	Amount
Salaries	3,466,050
Other Compensation	—
Related Benefits	5,887,553
TOTAL PERSONAL SERVICES	**$9,353,603**
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	**$9,353,603**

Form 48182 — 305 - Conversion of 1 Expiring Job Appts to Authorized T.O.

Means of Financing

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

Positions

	FTE
Classified	1
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	1
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	(1)

Expenditures

	Amount
Salaries	85,758
Other Compensation	(85,758)
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**—**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**—**

Form 50645 — 305 - Act 421 Children's Medicaid Option / TEFRA LGE's

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	37,125
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	37,125
TOTAL MEANS OF FINANCING	**$74,250**

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	74,250
TOTAL OTHER CHARGES	**$74,250**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$74,250**

Form 50652 — 305 - Medicaid Eligibility Team Contract Increases (EPO)

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	176,760
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	176,760
TOTAL MEANS OF FINANCING	**$353,520**

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	**$353,520**
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**—**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$353,520**

Form 50655 — 305 - PASRR Level II Position Reclassification

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	160,890
TOTAL MEANS OF FINANCING	**$160,890**

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	160,890
TOTAL OTHER CHARGES	**$160,890**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$160,890**

Form 50674 — 305 - PASRR Level II Evaluation and IT System

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	1,946,475
TOTAL MEANS OF FINANCING	**$1,946,475**

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	1,946,475
TOTAL OTHER CHARGES	**$1,946,475**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$1,946,475**

Form 50677 — 305 - Rate and Audit Cost Report Solution

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	504,454
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	4,540,081
TOTAL MEANS OF FINANCING	**$5,044,535**

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	**$5,044,535**
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**—**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$5,044,535**

Form 50682 — 305 - Horne Financial Collection & Cost Reporting System

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	122,500
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	122,500
TOTAL MEANS OF FINANCING	**$245,000**

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	245,000
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$245,000**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$245,000**

Form 50731 — 305 - IAT Authority for MOUs with Office of the Secretary

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	484,968
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	484,968
TOTAL MEANS OF FINANCING	**$969,936**

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	969,936
TOTAL OTHER CHARGES	**$969,936**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$969,936**

Form 51132 — 305 - MVA - SNAP Admin MOF Swap OBBBA FFP Rates

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	63,087,202
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(63,087,202)
TOTAL MEANS OF FINANCING	**—**

Positions

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

Expenditures

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

Form 51136 — 305 - MVA - Increase in Accenture Contract

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	1,730,913
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	1,730,912
TOTAL MEANS OF FINANCING	**$3,461,825**

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	3,461,825
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$3,461,825**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$3,461,825**

Form 51137 — 305 - MVA - Annualization of Remaining SNAP Budget

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	41,034,524
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	47,620,444
TOTAL MEANS OF FINANCING	**$88,654,968**

Positions

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

Expenditures

	Amount
Salaries	17,093,399
Other Compensation	313,046
Related Benefits	8,953,186
TOTAL PERSONAL SERVICES	**$26,359,631**
Travel	15,796
Operating Services	889,752
Supplies	7,514
TOTAL OPERATING EXPENSES	**$913,062**
PROFESSIONAL SERVICES	**$139,888**
Other Charges	6,585,921
Debt Service	—
Interagency Transfers	54,656,466
TOTAL OTHER CHARGES	**$61,242,387**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$88,654,968**

Form 51266 — 305 - Myers and Stauffer Minimum Data Set Contract Increase

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	455,242
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	455,242
TOTAL MEANS OF FINANCING	**$910,484**

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	**$910,484**
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**—**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$910,484**

Form 51275 — 305 - OAAS Compliance Audit Team IAT Increase

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	110,771
FEDERAL FUNDS	110,771
TOTAL MEANS OF FINANCING	**$221,542**

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	221,542
TOTAL OTHER CHARGES	**$221,542**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$221,542**

Form 51281 — 305 - OAAS OPTS Module Development

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	906,500
TOTAL MEANS OF FINANCING	**$906,500**

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	906,500
TOTAL OTHER CHARGES	**$906,500**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$906,500**

Form 51287 — 305 - Maximus Contract Increase

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	450,000
TOTAL MEANS OF FINANCING	**$450,000**

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	450,000
TOTAL OTHER CHARGES	**$450,000**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$450,000**

Form 51399 — 305 - MVA - RAVE Mobile Safety Alert System

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	50,000
TOTAL MEANS OF FINANCING	**$50,000**

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	50,000
TOTAL OTHER CHARGES	**$50,000**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$50,000**

Form 51400 — 305 - MVA - PSH Program Monitor Funding

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	97,474
TOTAL MEANS OF FINANCING	**$97,474**

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	97,474
TOTAL OTHER CHARGES	**$97,474**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$97,474**

Form 51656 — 305 - MVA - OBH Statewide Crisis Hub Annualization

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	2,791,800
TOTAL MEANS OF FINANCING	**$2,791,800**

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	2,791,800
TOTAL OTHER CHARGES	**$2,791,800**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$2,791,800**

Form 51657 — 305 - MVA - OAAS Program Operations Positions

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	207,214
TOTAL MEANS OF FINANCING	**$207,214**

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	207,214
TOTAL OTHER CHARGES	**$207,214**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$207,214**

PROGRAM SUMMARY STATEMENT

3052 - Medical Vendor Administration

Means of Financing

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
STATE GENERAL FUND (Direct)	198,469,654	(1,925,629)	1,840,368	10,414,541	—	107,633,688	316,432,622
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	41,665,571	—	79,261	—	—	—	41,744,832
FEES & SELF-GENERATED	4,200,000	—	—	—	—	—	4,200,000
STATUTORY DEDICATIONS	7,131,794	—	6,589	—	—	110,771	7,249,154
FEDERAL FUNDS	605,158,824	(5,437,778)	5,272,974	10,414,540	—	(1,198,046)	614,210,514
TOTAL MEANS OF FINANCING	**$856,625,843**	**$(7,363,407)**	**$7,199,192**	**$20,829,081**	**—**	**$106,546,413**	**$983,837,122**

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Fees & Self-generated Revenues	4,200,000	—	—	—	—	—	4,200,000
Total:	**$4,200,000**	**—**	**—**	**—**	**—**	**—**	**$4,200,000**

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Fraud Detection Fund	724,294	—	920	—	—	—	725,214
Medical Assistance Programs Fraud Detection Fund	1,407,500	—	5,669	—	—	110,771	1,523,940
Modernization And Security Fund	5,000,000	—	—	—	—	—	5,000,000
Total:	**$7,131,794**	**—**	**$6,589**	**—**	**—**	**$110,771**	**$7,249,154**

Expenditures and Positions

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Salaries	109,451,183	—	—	10,977,814	—	17,179,157	137,608,154
Other Compensation	2,011,159	—	—	136,732	—	227,288	2,375,179
Related Benefits	58,794,654	—	—	9,714,535	—	8,953,186	77,462,375
TOTAL PERSONAL SERVICES	**$170,256,996**	**—**	**—**	**$20,829,081**	**—**	**$26,359,631**	**$217,445,708**
Travel	322,872	—	7,426	—	—	15,796	346,094
Operating Services	7,175,047	—	165,026	—	—	889,752	8,229,825
Supplies	404,348	—	9,300	—	—	7,514	421,162
TOTAL OPERATING EXPENSES	**$7,902,267**	**—**	**$181,752**	**—**	**—**	**$913,062**	**$8,997,081**
PROFESSIONAL SERVICES	**$305,501,438**	**$(395,387)**	**$7,017,440**	**—**	**—**	**$6,448,427**	**$318,571,918**
Other Charges	194,663,474	(1,622,916)	—	—	—	10,292,746	203,333,304
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	178,301,668	(5,345,104)	—	—	—	62,532,547	235,489,111
TOTAL OTHER CHARGES	**$372,965,142**	**$(6,968,020)**	**—**	**—**	**—**	**$72,825,293**	**$438,822,415**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$856,625,843**	**$(7,363,407)**	**$7,199,192**	**$20,829,081**	**—**	**$106,546,413**	**$983,837,122**
Classified	2,154	—	—	—	—	1	2,155
Unclassified	4	—	—	—	—	—	4
TOTAL AUTHORIZED T.O. POSITIONS	**2,158**	**—**	**—**	**—**	**—**	**1**	**2,159**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL NON-T.O. FTE POSITIONS	**118**	**—**	**—**	**—**	**—**	**(1)**	**117**

CONTINUATION BUDGET ADJUSTMENTS - BY PROGRAM

Form 48198 — FY26-27 Non-recurring Carryforwards

3052 - Medical Vendor Administration

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(1,925,629)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(5,437,778)
TOTAL MEANS OF FINANCING	**$(7,363,407)**

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**$(395,387)**
Other Charges	(1,622,916)
Debt Service	—
Interagency Transfers	(5,345,104)
TOTAL OTHER CHARGES	**$(6,968,020)**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$(7,363,407)**

Positions

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

Statutory Dedications

	Amount
Total:	**—**

Supporting Detail

Means of Financing

Description	Amount
Federal Funds	(5,437,778)
State General Fund	(1,925,629)
Total:	**$(7,363,407)**

Professional Services

Commitment item	Name	Amount
5500000	TOTAL PROF SERVICES	(395,387)
Total:		**$(395,387)**

Other Charges

Commitment item	Name	Amount
5600000	TOTAL OTHER CHARGES	(1,622,916)
Total:		**$(1,622,916)**

Interagency Transfer

Commitment item	Name	Amount
5950000	TOTAL IAT	(5,345,104)
Total:		**$(5,345,104)**

Form 48211 — FY26-27 Standard Inflation Adjustment

3052 - Medical Vendor Administration

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	1,840,368
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	79,261
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	6,589
FEDERAL FUNDS	5,272,974
TOTAL MEANS OF FINANCING	**$7,199,192**

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	7,426
Operating Services	165,026
Supplies	9,300
TOTAL OPERATING EXPENSES	**$181,752**
PROFESSIONAL SERVICES	**$7,017,440**
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**—**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$7,199,192**

Positions

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

Statutory Dedications

	Amount
Fraud Detection Fund	920
Medical Assistance Programs Fraud Detection Fund	5,669
Total:	**$6,589**

Supporting Detail

Means of Financing

Description	Amount
Federal Funds	5,272,974
Fraud Detection Fund	920
Interagency Transfers	79,261
Medical Assistance Programs Fraud Detection Fund	5,669
State General Fund	1,840,368
Total:	**$7,199,192**

Travel

Commitment item	Name	Amount
5200000	TOTAL TRAVEL	7,426
Total:		**$7,426**

Operating Services

Commitment item	Name	Amount
5300000	TOTAL OPERATING SERV	165,026
Total:		**$165,026**

Supplies

Commitment item	Name	Amount
5400000	TOTAL SUPPLIES	9,300
Total:		**$9,300**

Professional Services

Commitment item	Name	Amount
5500000	TOTAL PROF SERVICES	7,017,440
Total:		**$7,017,440**

Form 48178 — 305 - Annual Market Adjustment for Classified Employees

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	5,579,349
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	5,579,349
TOTAL MEANS OF FINANCING	**$11,158,698**

AUTHORIZED POSITIONS

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

EXPENDITURES

	Amount
Salaries	7,439,132
Other Compensation	—
Related Benefits	3,719,566
TOTAL PERSONAL SERVICES	**$11,158,698**
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	**$11,158,698**

Question	Narrative Response
Explain the need for this request.	This request is for funding of the annual market adjustment to salaries for classified employees per LaGOV PEP Payroll Projections Report dated 09/15/2025.
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 48179 — 305 - Annual Market Adjustment for Unclassified Employees

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	158,390
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	158,390
TOTAL MEANS OF FINANCING	**$316,780**

AUTHORIZED POSITIONS

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

EXPENDITURES

	Amount
Salaries	72,632
Other Compensation	136,732
Related Benefits	107,416
TOTAL PERSONAL SERVICES	**$316,780**
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	**$316,780**

Question	Narrative Response
Explain the need for this request.	This request is to fund a 3% Market Adjustment for full-time unclassified employees.
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 48180 — 305 - Personal Services Base Adjustments

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	4,676,802
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	4,676,801
TOTAL MEANS OF FINANCING	**$9,353,603**

AUTHORIZED POSITIONS

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

EXPENDITURES

	Amount
Salaries	3,466,050
Other Compensation	—
Related Benefits	5,887,553
TOTAL PERSONAL SERVICES	**$9,353,603**
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	**$9,353,603**

Question	Narrative Response
Explain the need for this request.	This request is for the annualization of salaries, other compensation, and related benefits per the attached LaGOV PEP Payroll Projections Report dated 09/15/2024.
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 48182 — 305 - Conversion of 1 Expiring Job Appts to Authorized T.O.

3052 - Medical Vendor Administration

MEANS OF FINANCING

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

EXPENDITURES

	Amount
Salaries	85,758
Other Compensation	(85,758)
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	1
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	1
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	(1)

Statutory Dedications

	Amount
Fraud Detection Fund	—
Medical Assistance Programs Fraud Detection Fund	—
Total:	**—**

Question	Narrative Response
Explain the need for this request.	This request is for the conversion of 1 job appointments expiring in FY26 to authorized T.O. Following are the explanations as to why the current incumbent is still needed in the agency: Position #50580662- conversion of this position from a job appointment to TO is requested for the following reasons: Participation in the Self-Direction program increases on average by 10-14% per year and current enrollment is approximately 2,600;s erves as the liaison between Medicaid and program office staff and ensures Medicaid/CMS regulations are applied consistently and this d edicated position helps to ensure performance is acceptable per the terms of the agreements. Position #50579027 was filled as a job appointment to accommodate the expanding need for more personnel as a result of the new eligibility system LaMEDS. LaMEDS came with enhanced functionality and required more staff to handle the expansion of the systems functions. This position is now in the portion of Medicaid Technology Services that deals with batches and batch exceptions and required to keep up with these duties for the LaMEDS system. This position is vital to ongoing operations within LaMEDs and the Medicaid Technology Services section for batches and we would like to convert this to TO to lock in their expertise before the Job Appointment expires. This request shifts funding from Other Compensation to Salaries based on the incumbents requested salary for a net effect of $0 to the agency.
Cite performance indicators for the adjustment.	N/A
What would the impact be if this is not funded?	If this request is not funded, the MVA program will be at risk as these position are being used to maintain mission critical agency functions.
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 50645 — 305 - Act 421 Children's Medicaid Option / TEFRA LGE's

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	37,125
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	37,125
TOTAL MEANS OF FINANCING	**$74,250**

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	74,250
TOTAL OTHER CHARGES	**$74,250**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$74,250**

Question	Narrative Response
Explain the need for this request.	The Act 421 Children's Medicaid Option (Act 421-CMO) or TEFRA Program requires children to meet hospital, ICF, or nursing facility level of care (LOC) in order to receive Medicaid coverage through this program. Medicaid and OCDD established Intergovernmental Agreements (IGAs) with each of the ten Local Governing Entities (LGEs) to conduct these LOC assessments as part of the eligibility process. The FY26 EOB is $425k and the FY27 projection is $499k. The request is to fund an increase of $74k to cover the cost of the increased number of assessments being performed by the LGEs.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If this request is not funded, MVA will not have the ability to continue paying the LGE's for the increased waiver assessments.
Is revenue a fixed amount or can it be adjusted?	Revenue is fixed.
Is the expenditure of these revenues restricted?	Expenditures are restricted to costs allowed by the Medicaid State Plan, and federal regulations.
Additional information or comments.	N/A

Form 50652 — 305 - Medicaid Eligibility Team Contract Increases (EPO)

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	176,760
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	176,760
TOTAL MEANS OF FINANCING	**$353,520**

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	**$353,520**
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**—**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$353,520**

Question	Narrative Response
Explain the need for this request.	Annualizes support for the Medical Vendor Administration (MVA) contracts for the performance of Medical Eligibility Determination Team (MEDT) reviews and make a determination of disability for individuals applying for, or enrolled in, Medicaid or the Children's Health Insurance Program (CHIP) on the basis of disability, in accordance with federal requirements. Over the last several years, Eligibility has received a drastic increase in MEDT review requests for both physical and mental health cases. Since the pandemic, the volume of mental health cases has risen drastically, creating a backlog in cases and a lack of funding to work these cases in addition to physical cases. We have attempted to remain within budget, but have steadily exceeded the annual budget.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If this request is not funded, the Medical Eligibility Determinations Team will continue to fall behind with assessments, as the contractors are paid by the case.
Is revenue a fixed amount or can it be adjusted?	Revenue is fixed.
Is the expenditure of these revenues restricted?	Expenditures are restricted to costs allowed by the Medicaid State Plan and federal regulations.
Additional information or comments.	N/A

Form 50655 — 305 - PASRR Level II Position Reclassification

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	160,890
TOTAL MEANS OF FINANCING	**$160,890**

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	160,890
TOTAL OTHER CHARGES	**$160,890**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$160,890**

Question	Narrative Response
Explain the need for this request.	This reclassification would better align the OBH PASRR team's pay with their actual duties, which involve conducting required screenings for individuals needing nursing facility placement. The change would also make the OBH's staffing structure consistent with the one used by OAAS for its PASRR program. The reclassification is needed because the OBH PASRR team, which consists of licensed mental health professionals, has been experiencing increased workload and stress. This is due to stricter compliance requirements and a higher volume of cases.
Cite performance indicators for the adjustment.	None.
What would the impact be if this is not funded?	If this request is not funded, MVA could not reimburse OBH for their request to reallocate positions to right-size the pay for these positions.
Is revenue a fixed amount or can it be adjusted?	Revenue is fixed.
Is the expenditure of these revenues restricted?	Expenditures are restricted to those allowed by the Medicaid State Plan, and federal regulations.
Additional information or comments.	N/A

Form 50674 — 305 - PASRR Level II Evaluation and IT System

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	1,946,475
TOTAL MEANS OF FINANCING	**$1,946,475**

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	1,946,475
TOTAL OTHER CHARGES	**$1,946,475**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$1,946,475**

Question	Narrative Response
Explain the need for this request.	Provides for a Pre-Admission Screening Resident Review (PASRR) Level II evaluation and IT system for the Office of Behavioral Health (OBH) that will speed up determinations for placement and services. Based on an agreement between the Louisiana Department of Health (LDH) and the Department of Justice (DOJ), the state's PASRR program is undergoing significant improvements. Specific OBH enhancements include efforts to streamline its Level II processes to speed up determinations for placement and services. To achieve this, the state is seeking an IT system that will consolidate the seven separate systems currently required to process a single PASRR Level II request. This new system would ideally: process requests for Level II evaluations conduct and record the findings of the evaluation, track performance outcomes for each review, communicate findings to internal and external stakeholders, and issue final determinations for placement and service needs.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If this request is not funded, PASRR evaluations will take longer, creating longer wait times for determinations for placement and services delivered to clients.
Is revenue a fixed amount or can it be adjusted?	Revenue is fixed.
Is the expenditure of these revenues restricted?	Expenditures are restricted to costs allowed in the Medicaid State Plan and federal regulations.
Additional information or comments.	N/A

Form 50677 — 305 - Rate and Audit Cost Report Solution

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	504,454
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	4,540,081
TOTAL MEANS OF FINANCING	**$5,044,535**

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	**$5,044,535**
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**—**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$5,044,535**

Question	Narrative Response
Explain the need for this request.	Proposal to modernize Medicaid cost reporting across the state. The plan is to implement a modern, cloud-based Medicaid cost reporting system to replace the current spreadsheet-based, manual, and disconnected processes. This unified platform will allow providers, LDH reviewers, and program leadership to work in one systemówith shared access to forms, documentation, communication, and review workflows. This system is designed to make cost report preparation significantly easier for providers while equipping LDH with better tools for tracking submissions, monitoring progress, and generating actionable insights through built-in reporting features. Rate and Audit is in receipt of a proposal for this custom solution.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If not funded, cost reporting will continue as a manual process, where the risk of human error is increased.
Is revenue a fixed amount or can it be adjusted?	Revenue is fixed.
Is the expenditure of these revenues restricted?	Expenditures are restricted to costs allowed by the Medicaid State Plan and federal regulations.
Additional information or comments.	N/A

Form 50682 — 305 - Horne Financial Collection & Cost Reporting System

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	122,500
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	122,500
TOTAL MEANS OF FINANCING	**$245,000**

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	245,000
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$245,000**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$245,000**

Question	Narrative Response
Explain the need for this request.	An electronic system to streamline cost reporting, strengthen Medicaid reimbursement accuracy, and ensure seamless RMTS (Random Moment Time Sampling) integration for School-Based Medicaid services. Cost is for year one of the received proposal.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If not funded, School-based services will continue to be tracked manually, creating additional risk for human error.
Is revenue a fixed amount or can it be adjusted?	Revenue is fixed.
Is the expenditure of these revenues restricted?	Expenditures are restricted to costs allowed by the Medicaid State Plan and federal regulations.
Additional information or comments.	N/A

Form 50731 — 305 - IAT Authority for MOUs with Office of the Secretary

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	484,968
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	484,968
TOTAL MEANS OF FINANCING	**$969,936**

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	969,936
TOTAL OTHER CHARGES	**$969,936**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$969,936**

Question	Narrative Response
Explain the need for this request.	Office of the Secretary is currently requesting additional IAT funds to cover the MOUs between OS and BHSF, for Health Standards, Medicaid Financial Reporting (LDH Fiscal), and BHSF Cost Allocation. This request will allow BHSF-MVA to incur these increased costs from the amended MOUs.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If not funded, the Office of the Secretary would continue to absorb costs that could be reimbursed through the Medicaid Administrative grant.
Is revenue a fixed amount or can it be adjusted?	Revenue is fixed.
Is the expenditure of these revenues restricted?	Expenditures are restricted to costs allowed by the Medicaid State Plan and federal regulations.
Additional information or comments.	N/A

Form 51132 — 305 - MVA - SNAP Admin MOF Swap OBBBA FFP Rates

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	63,087,202
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(63,087,202)
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.	H.R. 1, also called the One Big Beautiful Bill Act, passed by the US Congress, changed the federal financial participation (FFP) of the SNAP Administration Grant program from a 50/50 split (federal/state) to a 25/75 split (federal/state). This change in FFP requires LDH to request this Means of Finance Swap between Federal Funds authority and State General Fund authority. The change in FFP begins on 10/1/26, or three months into the state fiscal year, thus LDH is only requesting the MOF swap for 9 months' worth of authority.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	LDH will not have the needed state match to appropriately share the costs for the SNAP Administration grant program.
Is revenue a fixed amount or can it be adjusted?	Revenue is fixed.
Is the expenditure of these revenues restricted?	The expenditure of these revenues are restricted to eligible expenditures allowed by the SNAP State Plan, and federal regulations.
Additional information or comments.	N/A

Form 51136 — 305 - MVA - Increase in Accenture Contract

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	1,730,913
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	1,730,912
TOTAL MEANS OF FINANCING	**$3,461,825**

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	3,461,825
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$3,461,825**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$3,461,825**

Question	Narrative Response
Explain the need for this request.	This request is needed due to LDH only receiving three quarters of the budget authority in the SNAP Transition BA-7. This request will make LDH whole regarding the Accenture contract authority.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If this request is not funded, LDH would be short three months of authority to fully fund the Accenture contract, whom runs the Call Center for SNAP.
Is revenue a fixed amount or can it be adjusted?	The revenue is a fixed amount.
Is the expenditure of these revenues restricted?	These revenues are restricted to SNAP eligible expenditures, from the SNAP State Plan and federal regulations.
Additional information or comments.	N/A

Form 51137 — 305 - MVA - Annualization of Remaining SNAP Budget

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	41,034,524
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	47,620,444
TOTAL MEANS OF FINANCING	**$88,654,968**

AUTHORIZED POSITIONS

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

EXPENDITURES

	Amount
Salaries	17,093,399
Other Compensation	313,046
Related Benefits	8,953,186
TOTAL PERSONAL SERVICES	**$26,359,631**
Travel	15,796
Operating Services	889,752
Supplies	7,514
TOTAL OPERATING EXPENSES	**$913,062**
PROFESSIONAL SERVICES	**$139,888**
Other Charges	6,585,921
Debt Service	—
Interagency Transfers	54,656,466
TOTAL OTHER CHARGES	**$61,242,387**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$88,654,968**

Question	Narrative Response
Explain the need for this request.	The need for this request is to annualize the transfer of the SNAP Administrative budget from DCFS in the SNAP Transition BA-7 in FY26. This will fully fund the SNAP Admin program for FY27.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If this request isn't funded, SNAP Administration will not have enough authority to complete FY27 while conducting the budiness expected.
Is revenue a fixed amount or can it be adjusted?	Revenue is fixed.
Is the expenditure of these revenues restricted?	These revenues are restricted to SNAP-eligible expenditures, based on the SNAP State Plan and federal regulations.
Additional information or comments.	N/A

Form 51266 — 305 - Myers and Stauffer Minimum Data Set Contract Increase

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	455,242
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	455,242
TOTAL MEANS OF FINANCING	**$910,484**

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	**$910,484**
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**—**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$910,484**

Question	Narrative Response
Explain the need for this request.	This request is to fund an increase for the Myers and Stauffer contract, which allows M&S to assist with developing and maintaining cost accounting and Minimum Data Set (MDS) processing and reporting systems needed to support Medicaid's case mix reimbursement methodology for nursing facilities, and perform Case Mix Documentation (CDMR) reviews. This is based on the Patient Driven Payment Model (PDPM) or subsequent classification system.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If not funded, the Myers and Stauffer contract will not allow for the development and maintenance assistance for the MDS processing, forcing MVA to be less efficient in the Case Mix functions.
Is revenue a fixed amount or can it be adjusted?	Revenue can be adjusted based on contractual amounts.
Is the expenditure of these revenues restricted?	Expenditures are restricted to costs allowed by the Medicaid State Plan and federal regulations.
Additional information or comments.	N/A

Form 51275 — 305 - OAAS Compliance Audit Team IAT Increase

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	110,771
FEDERAL FUNDS	110,771
TOTAL MEANS OF FINANCING	**$221,542**

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	221,542
TOTAL OTHER CHARGES	**$221,542**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$221,542**

AUTHORIZED POSITIONS

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

Statutory Dedications

	Amount
Medical Assistance Programs Fraud Detection Fund	110,771
Total:	**$110,771**

Question	Narrative Response
Explain the need for this request.	This request is to fund the difference between allocated budget and actual expenditures for Program Integrity's Interagency Transfer Agreement with OAAS, for their compliance audit team. In the past, MVA was able to absorb the additional costs, but due to recent reductions in IAT Expenditure authority, the agency can no longer absorb these costs.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If not funded, the OAAS Compliance Audit Team will not be completely funded, as MVA can no longer absorb the costs as has been done in the past.
Is revenue a fixed amount or can it be adjusted?	Revenue is fixed.
Is the expenditure of these revenues restricted?	Expenditures are restricted to costs allowed by the Medicaid State Plan and federal regulations.
Additional information or comments.	N/A

Form 51281 — 305 - OAAS OPTS Module Development

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	906,500
TOTAL MEANS OF FINANCING	**$906,500**

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	906,500
TOTAL OTHER CHARGES	**$906,500**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$906,500**

Question	Narrative Response
Explain the need for this request.	This request is to develop the Plan of Care (POC) module for LT-PCS participants and ADHC Waiver and Community Choices Waiver (CCW) participants. In order to track applicant and participant services more efficiently in one system and prevent duplicate data entry in more than one system, OAAS has requested ULL to develop a POC module, which will be tightly integrated with the OAAS Participants Tracking System (OPTS).
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If not funded, MVA cannot fund the OPTS Plan of Care module, which has been approved in an Advance Planning Document with the Centers for Medicare and Medicaid Services (CMS).
Is revenue a fixed amount or can it be adjusted?	Revenue can be adjusted based on amount needed for upgrades.
Is the expenditure of these revenues restricted?	Expenditures are restricted to costs allowed by the Medicaid State Plan and federal regulations.
Additional information or comments.	N/A

Form 51287 — 305 - Maximus Contract Increase

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	450,000
TOTAL MEANS OF FINANCING	**$450,000**

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	450,000
TOTAL OTHER CHARGES	**$450,000**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$450,000**

Question	Narrative Response
Explain the need for this request.	This request is to fund the federal share of OAAS's request for an increase in authority for the Maximus contract. The contract amount was established based on submission volumes provided in the State's 2021 RFP. However, PASRR Level I submission volumes have significantly outpaced the original projections, resulting in a projected shortfall of $600,000. This request will fund the 75% federal share.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If not funded, MVA cannot fund the federally-allowed portion of the increase to the OAAS Maximus contract.
Is revenue a fixed amount or can it be adjusted?	Revenue can be adjusted based on the need of the contract.
Is the expenditure of these revenues restricted?	Expenditures are restricted to costs allowed by the Medicaid State Plan and federal regulations.
Additional information or comments.	N/A

Form 51399 — 305 - MVA - RAVE Mobile Safety Alert System

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	50,000
TOTAL MEANS OF FINANCING	**$50,000**

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	50,000
TOTAL OTHER CHARGES	**$50,000**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$50,000**

Question	Narrative Response
Explain the need for this request.	This request is to fund the Rave Alert Mass Communications tool, which provides a secure and efficient way to communicate important information to and obtain information from approximately 19,000 Office of Aging and Adult Services (OAAS) Home and Community Based Services (HCBS) participants and Long Term-Personal Care Service (LT-PCS) participants. The system is utilized in the following situations: ï Communicate information regarding emergency events to both OAAS staff and OAAS participants; ï Gather information pertaining to OAAS participantsí needs via text, email, or voice call as it relates to emergency events; and ï Conduct Community Choice Waiver (CCW) and Adult Day Health Care (ADHC) waiver offer outreach to participants.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If this request isn't funded, the tool will not be able to be used.
Is revenue a fixed amount or can it be adjusted?	Revenue is fixed.
Is the expenditure of these revenues restricted?	Expenditures are restricted to the usage allowed in the Medicaid State Plan, and federal regulations.
Additional information or comments.	N/A

Form 51400 — 305 - MVA - PSH Program Monitor Funding

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	97,474
TOTAL MEANS OF FINANCING	**$97,474**

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	97,474
TOTAL OTHER CHARGES	**$97,474**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$97,474**

Question	Narrative Response
Explain the need for this request.	This request is to fund two (2) TO Positions within the Office of Adult and Aging Services. One (1) Program Monitor position responsible for facilitating invoices and payments for the My Choice Louisiana Rental Assistance Program (MCL RAP) and One (1) Program Monitor Position responsible for program integrity and quality monitoring. MCL was created out of an agreement with the Department of Justice (DOJ) following a review in December of 2016 that claimed Louisiana was unnecessarily relying on nursing facilities to serve people with serious mental illness. The Americans with Disabilities Act, or ADA, requires these individuals receive services in the most integrated setting appropriate to their needs. Based on assessments, this may mean in a setting that is less restrictive than a nursing facility such as care in a home or community-based setting. As part of the agreement, the State was required to establish state-funded rental assistance subsidies to assist with transitions under MCL RAP. Since 2018, these payments have been made through a Cooperative Endeavor Agreement (CEA) with Louisiana Housing Corporation (LHC) with an associated 10% administrative fee. This agreement was not renewed before expiring, and LDH had to quickly shift payment functions beginning in July 2025 to the PSH Fiscal Monitor. An iteration of the quality monitoring position previously existed, however it is no longer on the organizational chart for unknown reasons after it was vacated in 2021. Since that time, the program has fallen out of compliance with monitoring the 28 PSH Service Providers that serve approximately 2,600 households, as found in Internal Audit Number 25-011-IA. Additionally, the program office no longer has walk-in hours nor individualized response to inquiries received by the pshapplications email address. The duties outlined are critical for ensuring compliance with Federal and State law, as well as compliance with programmatic policies. Monitoring is critical in preventing fraud, error, and/or waste. This request is to fund the Medicaid federal share of these positions at the 50% FFP.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If this request is not funded, OAAS would not have the ability to meet requirements from audit findings, due to Medicaid's inability to fund the program.
Is revenue a fixed amount or can it be adjusted?	Revenue is fixed.
Is the expenditure of these revenues restricted?	Expenditures are restricted to usage allowed by the Louisiana Medicaid State Plan, and federal regulations.
Additional information or comments.	N/A

Form 51656 — 305 - MVA - OBH Statewide Crisis Hub Annualization

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	2,791,800
TOTAL MEANS OF FINANCING	**$2,791,800**

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	2,791,800
TOTAL OTHER CHARGES	**$2,791,800**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$2,791,800**

Question	Narrative Response
Explain the need for this request.	This request will help support OBH's contract for the operation of a Statewide Crisis Hub, in response to the DOJ/LDH Agreement. The support will allow OBH to efficiently connect eligible individuals who are experiencing a behavioral health crisis to needed care through triage, referral, and dispatch to available services in the community appropriate to meet their crisis needs.
Cite performance indicators for the adjustment.	While not tied to a specific performance indicator, this request is related to the LDH initiatives associated with Behavioral Health outcomes, as well as Community Safety, within the State Health Improvement Plan.
What would the impact be if this is not funded?	If this request isn't funded, LDH could be found out of compliance with the DOJ Agreement, which could spur a more restrictive and costly consent decree.
Is revenue a fixed amount or can it be adjusted?	The revenue is subject to adjustments based upon actual costs of the service.
Is the expenditure of these revenues restricted?	Expenditures are restricted to costs allowed in the Medicaid State Plan, and federal regulations.
Additional information or comments.	N/A

Form 51657 — 305 - MVA - OAAS Program Operations Positions

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	207,214
TOTAL MEANS OF FINANCING	**$207,214**

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	207,214
TOTAL OTHER CHARGES	**$207,214**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$207,214**

Question	Narrative Response
Explain the need for this request.	This request is a companion request. The Office of Adult and Aging Services is requesting four (4) additional T.O. positions, specifically for their waiver programs. Post COVID, OAAS continues to see an increase in requests for waiver services, resulting in an increase in certified waiver participants and caseloads of MCSs statewide (27% average increase). For FY 25, an additional 1,128 individuals were certified into the Community Choices Waiver (CCW) alone. Medical Certification Specialists are assigned caseloads of participants, with the addition of this position, the Medical Certification Specialist caseload will decrease from 265 participants to 221 participants. Currently there are 3 Administrative Coordinator 4 positions providing support statewide to staff and Managers in 9 regions, all these positions are located in the Southern part of the state. Adding an additional administrative position in Region 7 would provide administrative support to the Northern regions and help alleviate workload attributed to the growing number of waiver participants. This request is to fund the federal portion of OAAS's request, which was approved with $207,214 in IAT Revenue MOF.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If this request is not funded, and OAAS's request is funded, the positions will not have enough revenue to cover 1/2 of these TO positions.
Is revenue a fixed amount or can it be adjusted?	Revenue is fixed.
Is the expenditure of these revenues restricted?	Expenditures are restricted to costs allowed in the Medicaid State Plan, and federal regulations.
Additional information or comments.	N/A

This page has been intentionally left blank

Technical and Other Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in this Adjustment Package	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	198,469,654	117,962,968	(132,743)	316,299,879
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	41,665,571	79,261	—	41,744,832
FEES & SELF-GENERATED	4,200,000	—	—	4,200,000
STATUTORY DEDICATIONS	7,131,794	117,360	—	7,249,154
FEDERAL FUNDS	605,158,824	9,051,690	(132,743)	614,077,771
TOTAL MEANS OF FINANCING	**$856,625,843**	**$127,211,279**	**$(265,486)**	**$983,571,636**
Salaries	109,451,183	28,156,971	—	137,608,154
Other Compensation	2,011,159	364,020	—	2,375,179
Related Benefits	58,794,654	18,667,721	—	77,462,375
TOTAL PERSONAL SERVICES	**$170,256,996**	**$47,188,712**	**—**	**$217,445,708**
Travel	322,872	23,222	—	346,094
Operating Services	7,175,047	1,054,778	—	8,229,825
Supplies	404,348	16,814	—	421,162
TOTAL OPERATING EXPENSES	**$7,902,267**	**$1,094,814**	**—**	**$8,997,081**
PROFESSIONAL SERVICES	**$305,501,438**	**$13,070,480**	**—**	**$318,571,918**
Other Charges	194,663,474	8,669,830	(265,486)	203,067,818
Debt Service	—	—	—	—
Interagency Transfers	178,301,668	57,187,443	—	235,489,111
TOTAL OTHER CHARGES	**$372,965,142**	**$65,857,273**	**$(265,486)**	**$438,556,929**
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$856,625,843**	**$127,211,279**	**$(265,486)**	**$983,571,636**
Classified	**2,154**	**1**	**—**	**2,155**
Unclassified	**4**	**—**	**—**	**4**
TOTAL AUTHORIZED T.O. POSITIONS	**2,158**	**1**	**—**	**2,159**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**—**	**—**	**—**	**—**
TOTAL NON-T.O. FTE POSITIONS	**118**	**(1)**	**—**	**117**

PROGRAM BREAKOUT

Means of Financing	Requested in this Adjustment Package	3052 Medical Vendor Administration
STATE GENERAL FUND (Direct)	(132,743)	(132,743)
STATE GENERAL FUND BY:	—	—
INTERAGENCY TRANSFERS	—	—
FEES & SELF-GENERATED	—	—
STATUTORY DEDICATIONS	—	—
FEDERAL FUNDS	(132,743)	(132,743)
TOTAL MEANS OF FINANCING	**$(265,486)**	**$(265,486)**
Salaries	—	—
Other Compensation	—	—
Related Benefits	—	—
TOTAL SALARIES	**—**	**—**
Travel	—	—
Operating Services	—	—
Supplies	—	—
TOTAL OPERATING EXPENSES	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**
Other Charges	(265,486)	(265,486)
Debt Service	—	—
Interagency Transfers	—	—
TOTAL OTHER CHARGES	**$(265,486)**	**$(265,486)**
Acquisitions	—	—
Major Repairs	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**
TOTAL EXPENDITURES & REQUEST	**$(265,486)**	**$(265,486)**
Classified	**—**	**—**
Unclassified	**—**	**—**
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**—**	**—**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**

PROGRAM SUMMARY STATEMENT

3052 - Medical Vendor Administration

Means of Financing	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in this Adjustment Package	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	198,469,654	117,962,968	(132,743)	316,299,879
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	41,665,571	79,261	—	41,744,832
FEES & SELF-GENERATED	4,200,000	—	—	4,200,000
STATUTORY DEDICATIONS	7,131,794	117,360	—	7,249,154
FEDERAL FUNDS	605,158,824	9,051,690	(132,743)	614,077,771
TOTAL MEANS OF FINANCING	**$856,625,843**	**$127,211,279**	**$(265,486)**	**$983,571,636**
Salaries	109,451,183	28,156,971	—	137,608,154
Other Compensation	2,011,159	364,020	—	2,375,179
Related Benefits	58,794,654	18,667,721	—	77,462,375
TOTAL PERSONAL SERVICES	**$170,256,996**	**$47,188,712**	**—**	**$217,445,708**
Travel	322,872	23,222	—	346,094
Operating Services	7,175,047	1,054,778	—	8,229,825
Supplies	404,348	16,814	—	421,162
TOTAL OPERATING EXPENSES	**$7,902,267**	**$1,094,814**	**—**	**$8,997,081**
PROFESSIONAL SERVICES	**$305,501,438**	**$13,070,480**	**—**	**$318,571,918**
Other Charges	194,663,474	8,669,830	(265,486)	203,067,818
Debt Service	—	—	—	—
Interagency Transfers	178,301,668	57,187,443	—	235,489,111
TOTAL OTHER CHARGES	**$372,965,142**	**$65,857,273**	**$(265,486)**	**$438,556,929**
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$856,625,843**	**$127,211,279**	**$(265,486)**	**$983,571,636**
Classified	**2,154**	**1**	**—**	**2,155**
Unclassified	**4**	**—**	**—**	**4**
TOTAL AUTHORIZED T.O. POSITIONS	**2,158**	**1**	**—**	**2,159**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**—**	**—**	**—**	**—**
TOTAL NON-T.O. FTE POSITIONS	**118**	**(1)**	**—**	**117**

TECHNICAL AND OTHER ADJUSTMENTS

Form 49766 — 305 - T/OAP TCM Ventilation Care Coordination

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	(132,743)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(132,743)
TOTAL MEANS OF FINANCING	**$(265,486)**

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	(265,486)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$(265,486)**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$(265,486)**

AUTHORIZED POSITIONS

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

Statutory Dedications

	Amount
Total:	**—**

Question	Narrative Response
Explain the need for this request.	The Targeted Case Management - Ventilation Care Coordination service moved from a contracted service to a State Plan service in FY2026. Funding for the service was in Medical Vendor Administration (MVA) while contracted, but moved to Medical Vendor Payments (MVP) with the transition to a State Plan. This request is for the program funding for FY2027 in MVP. The total is equivalent to 4 months of funding from FY2026 that remained in MVA prior to the November 1, 2025 effective date.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	The location of the budget would not match our Medicaid State Plan for the TCM Ventilation Care Coordination services.
Is revenue a fixed amount or can it be adjusted?	Revenue is fixed.
Is the expenditure of these revenues restricted?	No
Additional information or comments.	N/A

New or Expanded Requests

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing and Expenditures	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	198,469,654	117,962,968	(132,743)	—	316,299,879
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	41,665,571	79,261	—	—	41,744,832
FEES & SELF-GENERATED	4,200,000	—	—	—	4,200,000
STATUTORY DEDICATIONS	7,131,794	117,360	—	—	7,249,154
FEDERAL FUNDS	605,158,824	9,051,690	(132,743)	—	614,077,771
TOTAL MEANS OF FINANCING	**$856,625,843**	**$127,211,279**	**$(265,486)**	**—**	**$983,571,636**
Salaries	109,451,183	28,156,971	—	—	137,608,154
Other Compensation	2,011,159	364,020	—	—	2,375,179
Related Benefits	58,794,654	18,667,721	—	—	77,462,375
TOTAL PERSONAL SERVICES	**$170,256,996**	**$47,188,712**	**—**	**—**	**$217,445,708**
Travel	322,872	23,222	—	—	346,094
Operating Services	7,175,047	1,054,778	—	—	8,229,825
Supplies	404,348	16,814	—	—	421,162
TOTAL OPERATING EXPENSES	**$7,902,267**	**$1,094,814**	**—**	**—**	**$8,997,081**
PROFESSIONAL SERVICES	**$305,501,438**	**$13,070,480**	**—**	**—**	**$318,571,918**
Other Charges	194,663,474	8,669,830	(265,486)	—	203,067,818
Debt Service	—	—	—	—	—
Interagency Transfers	178,301,668	57,187,443	—	—	235,489,111
TOTAL OTHER CHARGES	**$372,965,142**	**$65,857,273**	**$(265,486)**	**—**	**$438,556,929**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$856,625,843**	**$127,211,279**	**$(265,486)**	**—**	**$983,571,636**
Classified	2,154	1	—	—	2,155
Unclassified	4	—	—	—	4
TOTAL AUTHORIZED T.O. POSITIONS	2,158	1	—	—	2,159
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	118	(1)	—	—	117

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Fees & Self-generated Revenues	4,200,000	—	—	—	4,200,000
Total:	**$4,200,000**	**—**	**—**	**—**	**$4,200,000**

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Fraud Detection Fund	724,294	920	—	—	725,214
Medical Assistance Programs Fraud Detection Fund	1,407,500	116,440	—	—	1,523,940
Modernization And Security Fund	5,000,000	—	—	—	5,000,000
Total:	**$7,131,794**	**$117,360**	**—**	**—**	**$7,249,154**

PROGRAM SUMMARY STATEMENT

3052 - Medical Vendor Administration

Means of Financing and Expenditures	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	198,469,654	117,962,968	(132,743)	—	316,299,879
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	41,665,571	79,261	—	—	41,744,832
FEES & SELF-GENERATED	4,200,000	—	—	—	4,200,000
STATUTORY DEDICATIONS	7,131,794	117,360	—	—	7,249,154
FEDERAL FUNDS	605,158,824	9,051,690	(132,743)	—	614,077,771
TOTAL MEANS OF FINANCING	**$856,625,843**	**$127,211,279**	**$(265,486)**	**—**	**$983,571,636**
Salaries	109,451,183	28,156,971	—	—	137,608,154
Other Compensation	2,011,159	364,020	—	—	2,375,179
Related Benefits	58,794,654	18,667,721	—	—	77,462,375
TOTAL PERSONAL SERVICES	**$170,256,996**	**$47,188,712**	**—**	**—**	**$217,445,708**
Travel	322,872	23,222	—	—	346,094
Operating Services	7,175,047	1,054,778	—	—	8,229,825
Supplies	404,348	16,814	—	—	421,162
TOTAL OPERATING EXPENSES	**$7,902,267**	**$1,094,814**	**—**	**—**	**$8,997,081**
PROFESSIONAL SERVICES	**$305,501,438**	**$13,070,480**	**—**	**—**	**$318,571,918**
Other Charges	194,663,474	8,669,830	(265,486)	—	203,067,818
Debt Service	—	—	—	—	—
Interagency Transfers	178,301,668	57,187,443	—	—	235,489,111
TOTAL OTHER CHARGES	**$372,965,142**	**$65,857,273**	**$(265,486)**	**—**	**$438,556,929**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$856,625,843**	**$127,211,279**	**$(265,486)**	**—**	**$983,571,636**
Classified	2,154	1	—	—	2,155
Unclassified	4	—	—	—	4
TOTAL AUTHORIZED T.O. POSITIONS	2,158	1	—	—	2,159
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	118	(1)	—	—	117

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Fees & Self-generated Revenues	4,200,000	—	—	—	4,200,000
Total:	**$4,200,000**	**—**	**—**	**—**	**$4,200,000**

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Fraud Detection Fund	724,294	920	—	—	725,214
Medical Assistance Programs Fraud Detection Fund	1,407,500	116,440	—	—	1,523,940
Modernization And Security Fund	5,000,000	—	—	—	5,000,000
Total:	**$7,131,794**	**$117,360**	**—**	**—**	**$7,249,154**

This page has been intentionally left blank

Total Request Summary

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	140,303,683	198,469,654	117,962,968	(132,743)	—	316,299,879	117,830,225
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	—	41,665,571	79,261	—	—	41,744,832	79,261
FEES & SELF-GENERATED	—	4,200,000	—	—	—	4,200,000	—
STATUTORY DEDICATIONS	929,940	7,131,794	117,360	—	—	7,249,154	117,360
FEDERAL FUNDS	291,543,340	605,158,824	9,051,690	(132,743)	—	614,077,771	8,918,947
TOTAL MEANS OF FINANCING	**$432,776,964**	**$856,625,843**	**$127,211,279**	**$(265,486)**	**—**	**$983,571,636**	**$126,945,793**

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Fraud Detection Fund	—	724,294	920	—	—	725,214	920
Medical Assistance Programs Fraud Detection Fund	929,940	1,407,500	116,440	—	—	1,523,940	116,440
Modernization And Security Fund	—	5,000,000	—	—	—	5,000,000	—
Total:	**$929,940**	**$7,131,794**	**$117,360**	**—**	**—**	**$7,249,154**	**$117,360**

Expenditures and Positions

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Salaries	59,643,881	109,451,183	28,156,971	—	—	137,608,154	28,156,971
Other Compensation	3,914,051	2,011,159	364,020	—	—	2,375,179	364,020
Related Benefits	35,713,372	58,794,654	18,667,721	—	—	77,462,375	18,667,721
TOTAL PERSONAL SERVICES	**$99,271,304**	**$170,256,996**	**$47,188,712**	**—**	**—**	**$217,445,708**	**$47,188,712**
Travel	207,048	322,872	23,222	—	—	346,094	23,222
Operating Services	3,510,027	7,175,047	1,054,778	—	—	8,229,825	1,054,778
Supplies	123,844	404,348	16,814	—	—	421,162	16,814
TOTAL OPERATING EXPENSES	**$3,840,919**	**$7,902,267**	**$1,094,814**	**—**	**—**	**$8,997,081**	**$1,094,814**
PROFESSIONAL SERVICES	**$127,187,675**	**$305,501,438**	**$13,070,480**	**—**	**—**	**$318,571,918**	**$13,070,480**
Other Charges	43,490,876	194,663,474	8,669,830	(265,486)	—	203,067,818	8,404,344
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	158,986,190	178,301,668	57,187,443	—	—	235,489,111	57,187,443
TOTAL OTHER CHARGES	**$202,477,066**	**$372,965,142**	**$65,857,273**	**$(265,486)**	**—**	**$438,556,929**	**$65,591,787**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$432,776,964**	**$856,625,843**	**$127,211,279**	**$(265,486)**	**—**	**$983,571,636**	**$126,945,793**
Classified	992	2,154	1	—	—	2,155	1
Unclassified	4	4	—	—	—	4	—
TOTAL AUTHORIZED T.O. POSITIONS	**996**	**2,158**	**1**	**—**	**—**	**2,159**	**1**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL NON-T.O. FTE POSITIONS	**110**	**118**	**(1)**	**—**	**—**	**117**	**(1)**

PROGRAM SUMMARY STATEMENT

3052 - Medical Vendor Administration

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	140,303,683	198,469,654	117,962,968	(132,743)	—	316,299,879	117,830,225
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	—	41,665,571	79,261	—	—	41,744,832	79,261
FEES & SELF-GENERATED	—	4,200,000	—	—	—	4,200,000	—
STATUTORY DEDICATIONS	929,940	7,131,794	117,360	—	—	7,249,154	117,360
FEDERAL FUNDS	291,543,340	605,158,824	9,051,690	(132,743)	—	614,077,771	8,918,947
TOTAL MEANS OF FINANCING	**$432,776,964**	**$856,625,843**	**$127,211,279**	**$(265,486)**	**—**	**$983,571,636**	**$126,945,793**

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Fraud Detection Fund	—	724,294	920	—	—	725,214	920
Medical Assistance Programs Fraud Detection Fund	929,940	1,407,500	116,440	—	—	1,523,940	116,440
Modernization And Security Fund	—	5,000,000	—	—	—	5,000,000	—
Total:	**$929,940**	**$7,131,794**	**$117,360**	**—**	**—**	**$7,249,154**	**$117,360**

Expenditures and Positions

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Salaries	59,643,881	109,451,183	28,156,971	—	—	137,608,154	28,156,971
Other Compensation	3,914,051	2,011,159	364,020	—	—	2,375,179	364,020
Related Benefits	35,713,372	58,794,654	18,667,721	—	—	77,462,375	18,667,721
TOTAL PERSONAL SERVICES	**$99,271,304**	**$170,256,996**	**$47,188,712**	**—**	**—**	**$217,445,708**	**$47,188,712**
Travel	207,048	322,872	23,222	—	—	346,094	23,222
Operating Services	3,510,027	7,175,047	1,054,778	—	—	8,229,825	1,054,778
Supplies	123,844	404,348	16,814	—	—	421,162	16,814
TOTAL OPERATING EXPENSES	**$3,840,919**	**$7,902,267**	**$1,094,814**	**—**	**—**	**$8,997,081**	**$1,094,814**
PROFESSIONAL SERVICES	**$127,187,675**	**$305,501,438**	**$13,070,480**	**—**	**—**	**$318,571,918**	**$13,070,480**
Other Charges	43,490,876	194,663,474	8,669,830	(265,486)	—	203,067,818	8,404,344
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	158,986,190	178,301,668	57,187,443	—	—	235,489,111	57,187,443
TOTAL OTHER CHARGES	**$202,477,066**	**$372,965,142**	**$65,857,273**	**$(265,486)**	**—**	**$438,556,929**	**$65,591,787**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$432,776,964**	**$856,625,843**	**$127,211,279**	**$(265,486)**	**—**	**$983,571,636**	**$126,945,793**
Classified	992	2,154	1	—	—	2,155	1
Unclassified	4	4	—	—	—	4	—
TOTAL AUTHORIZED T.O. POSITIONS	**996**	**2,158**	**1**	**—**	**—**	**2,159**	**1**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL NON-T.O. FTE POSITIONS	**110**	**118**	**(1)**	**—**	**—**	**117**	**(1)**

This page has been intentionally left blank

Addenda

INTERAGENCY TRANSFERS

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between __ Acadiana Are Human Services District and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, Acadiana Area Human Services District is budgeted to receive the following revenue $50,000.00
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

The reason for the Interagency Agreement is: Receipt of ACT 421- TEFRA funds. Acadiana Area Human Services District budget request for Fisal Year 2027 includes $50,000 from the Louisiana Department of Health/Medical Vendor Administration/Bureau of Health Services Financing.

Recipient Agency Fiscal Officer — Date: 10/15/25

Clint Summers — Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.15 09:55:20 -05'00'

Sending Agency Fiscal Officer — Date: 10/15/25

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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between ___ **LDH-Acadiana Area Human Dervices District (AAHSD) 09-325** (Recipient Agency and #) and **LDH-Medical Vendor Administration (MVA)/09-305** (Sending Agency and #)

Fiscal Year 2026-2027 **LDH-Acadiana Area Human Dervices District (AAHSD) 09-325** (Agency Name and #) **is budgeted to receive the following revenue $25,000**

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s): (Sending Agency Name and #) **by Interagency Transfer for the following reason(s):**

The reason for the Interagency Agreement is: Based on the Memorandum of Understanding between the Bureau of Health Services, BHSF will reimburse AAHSD for all PASRR related activities at the enhanced rate of 75% FFP in accordance with CFR 433.15(b) (9). This includes but not limited to FTE devoted to PASRR, office equipment, computer software, travel expenses, and any other activities that pertain to PASRR.

David Logan — 10/10/25

Recipient Agency Fiscal Officer — Date

Clint Summers — Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.24 13:39:44 -05'00' — 10/24/25

Sending Agency Fiscal Officer — 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. expenses).

INTERAGENCY AGREEMENT

Interagency Agreement between the Louisiana Department of Justice (141) and the LDH – Medical Vendor Administration (09-305)

For Fiscal Year 2026 -2027. The Louisiana Department of Justice (141) is budgeted to receive the following revenue(s) from the LDH Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):

Description of Services: To provide legal assistance as it relates to the Advocacy Center/Supported Independent Living Advocacy Project

Amount: $75,000

10/16/25

Recipient Agency Director of Admin Ser. Date

Clint Summers Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clint.summers3@la.gov, c=US Date: 2025.10.24 13:41:56 -05'00'

10/24/25

Sending Agency Fiscal Officer 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-7's) as documentation for I.A.I. revenues and I.A.T. expenses.

October 01, 2025

AMENDED INTERAGENCY AGREEMENT

Interagency Agreement between The Louisiana Department of Justice (141) and LDH-Medical Vendor Administration (09-305)) for

Fiscal Year 2026-2027. The Louisiana Department of Justice (141) is budgeted to receive the Following revenue (s) from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason (s):

Description of Services: The purpose of the Ombudsman contract is to improve the quality of life for individuals with developmental disabilities who live in publicly-funded, privately operated ICF/DD facilities in Louisiana. The program assists these individuals to make requests, initiate complaints and bring their complaints to the appropriate parties, and seek resolution of requests/complaints at the influence level closest to the individual that has the authority to make change.

Amount: $459,006

10/16/25

Recipient Agency Director of Admin Ser. Date

Clint Summers

Digitally signed by Clint Summers
DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US
Date: 2025.10.24 13:42:56 -05'00'

10/24/25

Sending Agency Fiscal Officer 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-7's) as documentation for I.A.I. revenues and I.A.T. expenses.

10/14/2025

INTERAGENCY AGREEMENT

BR-19B
(9/25)

Interagency Agreement Between **Higher Education-Board of Regents (19A-671)** (Recipient Agency and #) and **LDH-Medical Vendor Administration (09-305)** (Sending Agency and #).

For Fiscal Year **2026-2027**, **Higher Education-Board of Regents (19A-671)** (Agency Name and #) is budgeted to receive the following revenue **$200,000**

from **LDH-Medical Vendor Administration (09-305)** (Agency Name and #) by Interagency Transfer for the following reason(s):

The reason for the Interagency Agreement is :
Medical and Allied Health Professional Education Scholarships and Loan Program.

Christopher Henry, Assoc. Commissioner		09/24/2025
Recipient Agency Fiscal Officer (Print)	Recipient Agency Fiscal Officer (Signature)	Date
Clinton Summers, Section Chief - FMO	Clint Summers Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.09 16:30:47 -05'00'	10/9/25
Sending Agency Fiscal Officer (Print)	Sending Agency Fiscal Officer (Signature)	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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(09/25)

Interagency Agreement Between LDH-Capital Area Human Services District (09-302) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year **2026-2027**, LDH-Capital Area Human Services District (09-302) is budgeted to receive the following revenue: $30,000
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

The reason for the Interagency Agreement is:
Based on the Memorandum of Understanding between the Bureau of Health Services, BHSF will reimburse CAHSD for all PASRR related activites at the enhanced rate of 75% FFP in accordance with CFR 433.15(b) (9).This incudes but is not limited to FTE devoted to PASRR, office equipment, computer software,travel expenses and any other activites that pertain to PASRR.

Janzlean Laughinghouse
Digitally signed by Janzlean Laughinghouse
Date: 2025.09.24 17:15:28 -05'00'

Recipient Agency Fiscal Officer — Date

Clint Summers
Digitally signed by Clint Summers
DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US
Date: 2025.10.24 13:36:55 -05'00'

10/24/25

Sending Agency Fiscal Officer — 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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(9/25)

Interagency Agreement Between LDH-Capital Area Human Services District (09-302) and LDH-MVA (Medical Vendor Administration) Act -TEFRA (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year **2026-2027**,LDH-Capital Area Human Services District is budgeted to receive the following revenue: $90,000
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

The reason for the Interagency Agreement is:
Act 421 of the 2019 Regular Legislative Session provides for the TEFRA option within the Louisiana Medicaid program through which children with disabilities can assess Medicaid-funded services regardless of their parent's income. Based on the services provided, LDH-MVA Act 421-TEFRA will reimburse CAHSD for all Act related services provided on a monthly basis.

Janzlean Laughinghouse
Digitally signed by Janzlean Laughinghouse
Date: 2025.09.24 17:14:42 -05'00'

Recipient Agency Fiscal Officer — Date

Clint Summers
Digitally signed by Clint Summers
DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US
Date: 2025.10.24 13:35:52 -05'00'

10/24/25

Sending Agency Fiscal Officer — 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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(09/25)

Interagency Agreement Between LDH - Central Louisiana Human Services District (09-376) and LDH - Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH - Central Louisiana Human Services District (09-376) is budgeted to receive the following revenue
(Agency Name and #)

from LDH - Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

Reimbursement for PASSR-related activities up to $15,500.

Amanda Stalsby Digitally signed by Amanda Stalsby Date: 2025.10.08 11:19:32-05'00' 10/8/2025
Recipient Agency Fiscal Officer Date

Clint Summers Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.15 09:57:05 -05'00' 10/15/25
Sending Agency Fiscal Officer 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).

Page _____

INTERAGENCY AGREEMENT

BR-19B
(09/25)

Interagency Agreement Between LDH - Central Louisiana Human Services District (09-376) (Recipient Agency and #) and LDH - Medical Vendor Administration (09-305) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH - Central Louisiana Human Services District (09-376) (Agency Name and #) is budgeted to receive the following revenue

from LDH - Medical Vendor Administration (09-305) (Agency Name and #) by Interagency Transfer for the following reason(s):

The reason for the Interagency Agreement is :

Receipt of Act 421 - TEFRA funds in the amount of $18,000

Amanda Stalsby Digitally signed by Amanda Stalsby Date: 2025.10.08 11:14:59-05'00' — 10/08/2025

Recipient Agency Fiscal Officer — Date

Clint Summers Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.15 09:58:13 -05'00' — 10/15/25

Sending Agency Fiscal Officer — 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).

Page _____

INTERAGENCY AGREEMENT

BR-19B
(09/25)

Interagency Agreement Between Department of Children and Family Services (#10-360) and LA Department of Health-Medical Vendor Administration (#09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, Department of Children and Family Services (#10-360) is budgeted to receive the following revenue $4,000,000
(Agency Name and #)

from LA Department of Health-Medical Vendor Administration (#09-305) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

Administrative activities related to Medicaid eligibility determination, case management and supervision, referral of medical and behavioral health related services and Medicaid Outreach.

$4,000,000

TOTAL: **$4,000,000**

DeEdra Lamothe 10/17/2025
Recipient Agency Fiscal Officer Date

Clint Summers Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.28 14:06:17 -05'00' 10/28/25
Sending Agency Fiscal Officer 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).

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between _Florida Parishes Human Services Authority (Agency 301)_ and _LDH-Medical Vendor Administration (09-305)_
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, _Florida Parishes Human Services Authority (Agency 09-301) is budgeted to receive the following revenue: $__75,000__
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

The reason for the Interagency Agreement is: Florida Parishes Human Services Authority's budget request for Fiscal Year 2027 includes $10,000 from the Louisiana Department of Health/Medical Vendor Administration/Bureau of Health Serivces Financing (BHSF) Memorandum of Understanding (MOU) to ensure implementation of the Centers for Medicare and Medicaid Services (CMS) mandated Pre-screening Admission and Resident Review (PASRR) process. Funding includes cost-reimbursement for all PASRR related activities at the enhanced rate of 75% Federal financial Participation (FFP) in accordance with code of Federal Regulations (CFR) 433.15(b) (9). FPHSA's budget request also includes $65,000 from the Louisiana Department of Health/MVA/Bureau of Health Services Financing MOU per ACT 421 of the 2019 Legislative session

Rachelle Sibley, COO — 9/24/25
Recipient Agency Fiscal Officer — Date

Clint Summers — Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.24 10:15:19 -05'00' — 10/24/25
Sending Agency Fiscal Officer — 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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between __ **LDH-Imperial Calcasieu Human Services Authority (IMCAL HSA) 09-375** and **LDH-Medical Vendor Administration (MVA)/09-305**
(Recipient Agency and #) (Sending Agency and #)

Fiscal Year 2026 - 2027 **LDH-Imperial Calcasieu Human Services Authority (IMCAL HSA) 09-375** **is budgeted to receive the following revenue $28,000**
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s): **by Interagency Transfer for the following reason(s):**
(Sending Agency Name and #)

The reason for the Interagency Agreement is: Based on the Memorandum of Understanding between the Bureau of Health Services, BHSF will reimburse IMCAL HSA for all PASRR related activities at the enhanced rate of 75% FFP in accordance with CFR 433.15(b) (9). This includes but not limited to FTE devoted to PASRR, office equipment, computer software, travel expenses, and any other activities that pertain to PASRR.

Recipient Agency Fiscal Officer — Date: 10/15/2025

Clint Summers — Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.24 13:46:33 -05'00'

Sending Agency Fiscal Officer — Date: 10/24/25

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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(09/24)

Interagency Agreement Between__ LDH - Northeast Delta Human Services Authority #09-310 (Recipient Agency and #) LDH - MVA - Medicaid Program Support & Waivers #09-305 (Sending Agency and #)

For Fiscal Year _2026_ - ___2027__, __LDH - Northeast Delta Human Services Authority # 09-310_____ is budgeted to receive the following revenue
(Agency Name and #)

From: LDH - MVA - Medicaid Program Support & Waivers #09-305
(Agency Name and #)

The reason for the Interagency Agreement is : Receipt of ACT 421 - TEFRA funds in the amount of $20,000.00

Victoria Wayne 10/13/2025
Recipient Agency Fiscal Officer Date

Clint Summers Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.15 10:05:32 -05'00' 10/15/25
Sending Agency Fiscal Officer 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).

Page _____

INTERAGENCY AGREEMENT

BR-19B
(09/24)

Interagency Agreement Between LDH - Northeast Delta Human Services Authority #09-310 (Recipient Agency and #) LDH - Medical Vendor Administration 09-305 (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH - Northeast Delta Human Services Authority # 09-310 (Agency Name and #) is budgeted to receive the following revenue $14,000

from LDH - Medical Vendor Administration (09-305) (Agency Name and #) by Interagency Transfer for the following reason(s):

The reason for the Interagency Agreement is : Reimbursement of PASSR -related activities up to $14,000.00

Victoria Wayne — 10/13/2025
Recipient Agency Fiscal Officer — Date

Clint Summers — 10/15/25
Digitally signed by Clint Summers
DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US
Date: 2025.10.15 10:06:27 -05'00'
Sending Agency Fiscal Officer — 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).

Page _____

INTERAGENCY AGREEMENT

BR-19B
(09/23)

Interagency Agreement Between LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) is budgeted to receive the following revenue: $ 1,135,953
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

Medicaid Vendor Administration (MVA) will provide approximately 35% of the 50% Federal Match for the Adult Protective Services functions that investigates allegations of abuse, neglect and exploitation of Medicaid clients in LDH nursing facilities and in the community up to $1,135,953.

Recipient Agency Fiscal Officer — Date: 10/24/2025

Clint Summers — Digitally signed by Clint Summers, DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US, Date: 2025.10.28 09:43:04 -05'00'

Sending Agency Fiscal Officer — Date: 10/28/25

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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(09/23)

Interagency Agreement Between LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) is budgeted to receive the following revenue: $ 8,199,166
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

The reason for the Interagency Agreement is: To reimburse OAAS up to $8,199,166 of the federal costs associated with staff who provide support through the programs the Exectutive Administration Protection and Support teams, listed as; the Assistant Secretary, Deputy Assistant Secretary, Finance and Administration Support Services, Program Operations admin and Regional offices, Policy Development, Research and Quality, My Choice Louisiana, and Nursing Facility Admissions that provide access to quality long-term services and supports for the elderly and people with adult-onset disabilities in a manner that supports choice, informal caregiving and effective use of public resources. BHSF will reimburse OAAS 50% monthly for expenses incurred in carrying out duties described above and OAAS will forward BHSF a spreadsheet that shows the expenses incurred each month. OAAS will use the State of Louisiana LaGov ERP (enterprise resource planning) system and the ZFI2062 transaction to execute Interagency Transfer (IAT) vouchers (Z8 documents) with revenue and expenditure coding lines for BHSF(buying agency sending revenue).

Recipient Agency Fiscal Officer — Date: 10/24/2025

Clint Summers — Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.28 11:44:38 -05'00'

Sending Agency Fiscal Officer — Date: 10/28/25

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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(09/23)

Interagency Agreement Between LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) is budgeted to receive the following revenue: $ 1,339,389
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

Medicaid Vendor Administration (MVA) will provide OAAS up to $1,339,389 with 50% funded by the Medical Assistance Program Fraud Detection Fund and 50% funded by Medicaid federal funds. These funds will cover the costs associated with duties related to LT-PCS eligibility integrity and fraud, waste, and abuse in the LT-PCS program.

Recipient Agency Fiscal Officer — Date: 10/24/2025

Clint Summers — Digitally signed by Clint Summers, DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US, Date: 2025.10.28 10:07:35 -05'00'

Sending Agency Fiscal Officer — Date: 10/28/25

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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(09/23)

Interagency Agreement Between LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) is budgeted to receive the following revenue: $ 450,000
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

Medical Vendor Administration (MVA) will provide up to $450,000 of Medicaid Federal Funding for the Maximus Contract. The funding is required to ensure continued compliance with federal regulations and uninterrupted processing of nursing home admission requests. OAAS also expects to integrate additional manual processes to support the Department's goal of increasing efficiencies for state staff and the stakeholder community.

Recipient Agency Fiscal Officer — Date: 10/29/2025

Clint Summers — Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.29 09:43:46 -05'00'

Sending Agency Fiscal Officer — Date: 10/29/25

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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(09/23)

Interagency Agreement Between LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) is budgeted to receive the following revenue: $ 1,380,508
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

To reimburse OAAS for expenditures related to the Money Follows the Person Re-balancing Demonstration Grant and Capacity Building Initiative(CBI) including but not limited to, staff required visits to nursing homes, completing assessments, hand delivery of waiver offers and working with participants as needed to address barriers identified that may prevent their successful transition back into the community, up to $1,380,508.

Recipient Agency Fiscal Officer — Date: 10/24/2025

Clint Summers
Digitally signed by Clint Summers
DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US
Date: 2025.10.28 10:06:48 -05'00'

Sending Agency Fiscal Officer — Date: 10/28/25

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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(09/23)

Interagency Agreement Between LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) is budgeted to receive the following revenue: $ 1,920,967
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

To reimburse OAAS for expenditures related to the Money Follows the Person Re-balancing Demonstration Grant including but not limited to, staff required visits to nursing homes, completing assessments, hand delivery of waiver offers and working with participants as needed to address barriers identified that may prevent their successful transition back into the community, up to $1,920,967.

Recipient Agency Fiscal Officer — Date: 10/24/2025

Clint Summers — Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.28 10:05:39 -05'00'

Sending Agency Fiscal Officer — Date: 10/28/25

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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(09/23)

Interagency Agreement Between LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) is budgeted to receive the following revenue: $ 400,000
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

The Medicaid Vendor Administration (MVA) will provide a 50% Federal match for the Nursing Home Resident Trust Fund is funded by civil monetary penalties (CMP) derived from LDH Health Standards compliance activity. The projects selected will advance resident quality of care and life in Louisiana's nursing homes. This Federal match is contingent on the Division of Administration approving statuary dedication funds for the Nursing Home Resident Trust Fund within the Office of Aging and Adult Services' operating budget.

Recipient Agency Fiscal Officer — Date: 10/24/2025

Clint Summers — Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.28 10:04:40 -05'00'

Sending Agency Fiscal Officer — Date: 10/28/25

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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(09/23)

Interagency Agreement Between LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) is budgeted to receive the following revenu 1,551,500
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

To reimburse OAAS for expenditures related to the software of the OAAS Participant Tracking System (OPTS) being developed by the University of Lafayette (ULL) to aide OAAS in monitoring/managing several programs/waivers for Medicaid. OAAS is paying for the software development that is eligible to be matched by Medicaid at the 90/10 match rate and at a 50/50 match rate for ongoing maintenance, not to exceed $1,551,500.

Recipient Agency Fiscal Officer — Date: 10/24/2025

Clint Summers — Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.28 10:03:09 -05'00'

Sending Agency Fiscal Officer — Date: 10/28/25

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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(09/23)

Interagency Agreement Between LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) is budgeted to receive the following revenue: $ 2,093,863
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

To reimburse OAAS for Permanent Supportive Housing (PSH) costs at the Medicaid 50/50 Administrative Match rate as part of the PSH sustainability plan. This match funding will allow OAAS to continue the housing activities that allow clients to remain stabilized in the community. The program has been funded by CDBG dollars for over 11 years and recently ended in FY22. Over 95% of PSH clients are Medicaid recipients.

Recipient Agency Fiscal Officer — Date: 10/24/2025

Clint Summers
Digitally signed by Clint Summers
DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US
Date: 2025.10.28 11:14:17 -05'00'

Sending Agency Fiscal Officer — Date: 10/28/25

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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(09/23)

Interagency Agreement Between LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, LDH-Office of Aging and Adult Services (LDH-OAAS 09-320) is budgeted to receive the following revenue: $ 50,000
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

Medical Vendor Administration (MVA) will provide OAAS a 50% Medicaid Federal match up to $50,000 to fund the RAVE Alert Mass Communications tool. The alert system provides a secure and efficient way to communicate important information to and obtain information from approximately 19,000 Office of Aging and Adult Services (OAAS) Home and Community Based Services (HCBS) participants and Long Term-Personal Care Service (LT-PCS) participants.

Recipient Agency Fiscal Officer — Date: 10/28/2025

Clint Summers
Digitally signed by Clint Summers
DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US
Date: 2025.10.28 14:16:50 -05'00'

Sending Agency Fiscal Officer — Date: 10/28/25

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. expenses).

INTERAGENCY AGREEMENT BR-19B

Interagency Agreement Between LDH - Office of Behavioral Health #09-330 (Recipient Agency and #) and LDH - Medical Vendor Administration #09-305 (Sending Agency and #)

For Fiscal Year 2026-2027 LDH - Office of Behavioral Health #09-330 (Agency Name and #) is budgeted to receive the following revenue from LDH - Medical Vendor Administration #09-305 (Agency Name and #) by Interagency Transfer for the following reason(s):

The reason for the Interagency Agreement is:

Provides support for the Office of Behavioral Health's (OBH) contract for the operation of a Statewide Crisis Hub equipped to efficiently connect eligible individuals who are experiencing a behavioral health crisis to needed care through triage, referral and dispatch to eligible and available services in the community appropriate to meet their crisis needs.

Based on a Memorandum of Understanding between the Bureau of Health Services Financing (BHSF) and OBH, BHSF will reimburse OBH for all PASRR-related activities at an enhanced rate of 75% FFP in accordance with CFR 433.15(b)(9). Medical Vendor Administration will transfer up to **$5,583,600** in FY27 for the Statewide Crisis Hub.

Lauri Hatlelid — October 7, 2025

Recipient Agency Fiscal Officer — Date

Clint Summers — Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.07 10:23:39 -05'00' — October 7, 2025

Sending Agency Fiscal Officer — 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).

INTERAGENCY AGREEMENT BR-19B

Interagency Agreement Between LDH - Office of Behavioral Health #09-330 (Recipient Agency and #) and LDH - Medical Vendor Administration #09-305 (Sending Agency and #)

For Fiscal Year 2026-2027 LDH - Office of Behavioral Health #09-330 (Agency Name and #) is budgeted to receive the following revenue from LDH - Medical Vendor Administration #09-305 (Agency Name and #) by Interagency Transfer for the following reason(s):

The reason for the Interagency Agreement is:

Specialized Behavioral Health Services (SBHS)	$1,679,577
Pre-Admission Screening and Resident Review (PASRR)	$682,730
DOJ My Choice Louisiana - Nursing Facility Transitions	$1,430,193
Total Agreement	**$3,792,500**

SBHS: Based on a Memorandum of Understanding between the Bureau of Health Services Financing (BHSF) and OBH, BHSF will maximize federal funding and cost allocation for OBH staff dedicated to Medicaid-funded program duties; cost allocation is currently based on 50% of actual costs.

PASRR: Based on a Memorandum of Understanding between the Bureau of Health Services Financing (BHSF) and OBH, BHSF will reimburse OBH for all PASRR-related activities at an enhanced rate of 75% FFP in accordance with CFR 433.15(b)(9).

DOJ My Choice: Based on a Memorandum of Understanding between the Bureau of Health Services Financing (BHSF) and OBH, BHSF will maximize federal funding and cost allocation for OBH staff dedicated to Medicaid-funded program duties; cost allocation is currently based on 50% of actual costs.

Lauri Hatlelid — October 7, 2025

Recipient Agency Fiscal Officer — Date

Clint Summers — Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.07 10:27:57 -05'00' — October 7, 2025

Sending Agency Fiscal Officer — 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).

INTERAGENCY AGREEMENT BR-19B

Interagency Agreement Between LDH - Office of Behavioral Health #09-330 (Recipient Agency and #) and LDH - Medical Vendor Administration #09-305 (Sending Agency and #)

For Fiscal Year 2026-2027 LDH - Office of Behavioral Health #09-330 (Agency Name and #) is budgeted to receive the following revenue from LDH - Medical Vendor Administration #09-305 (Agency Name and #) by Interagency Transfer for the following reason(s):

The reason for the Interagency Agreement is:

Provides support for a Pre-Admission Screening Resident Review (PASRR) Level II evaluation and IT system for the Office of Behavioral Health (OBH) that will speed up determinations for placement and services. Based on an agreement between the Louisiana Department of Health (LDH) and the Department of Justice (DOJ), the state's PASRR program is undergoing significant improvements. Specific OBH enhancements include efforts to streamline its Level II processes to speed up determinations for placement and services. To achieve this, the state is seeking an IT system that will consolidate the seven separate systems currently required to process a single PASRR Level II request. This new system would ideally: process requests for Level II evaluations conduct and record the findings of the evaluation, track performance outcomes for each review, communicate findings to internal and external stakeholders, and issue final determinations for placement and service needs.

Based on a Memorandum of Understanding between the Bureau of Health Services Financing (BHSF) and OBH, BHSF will reimburse OBH for all PASRR-related activities at an enhanced rate of 75% FFP in accordance with CFR 433.15(b)(9). Medical Vendor Administration will transfer up to **$1,946,475** in FY27 for the PASRR Level II evaluation and IT system

Lauri Hatlelid — Recipient Agency Fiscal Officer — October 7, 2025 — Date

Clint Summers — Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.07 10:21:57 -05'00' — Sending Agency Fiscal Officer — October 7, 2025 — 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).

INTERAGENCY AGREEMENT

BR-19B
(08/25)

Interagency Agreement Between _LDH-Office for Citizens with Developmental Disabilities (09-340)_ and LDH-Medical Vendor Administration (09-305)_____
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, LDH-Office for Citizens with Developmental Disabilities (09-340) is budgeted to receive the following revenue: $__4,217,331_____
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

This agreement provides for the reimbursement of expenditures related to suppot services provided to Medicaid recipients and their clients by the Office for Citizens with Developmental Disabilities.

DocuSigned by:
Malcolm Carpenter
E946236B295C449...

Recipient Agency Fiscal Officer — Date: 10/30/2025

Clint Summers
Digitally signed by Clint Summers
DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US
Date: 2025.10.30 12:30:48 -05'00'

Sending Agency Fiscal Officer — Date: 10/30/25

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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(08/25)

Interagency Agreement Between _LDH-Office for Citizens with Developmental Disabilities (09-340)_ and LDH-Medical Vendor Administration (09-305)_____
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, LDH-Office for Citizens with Developmental Disabilities (09-340) is budgeted to receive the following revenue: $__130,351_____
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

This agreement provides for the reimbursement of Medicaid administrative match funds to the Office for Citizens with Developmental Disabilities for implementation of Act 421 of the 2019 Regular Session of the Louisiana Legislature. The Act established the Tax Equity and Fiscal Responsibility Act (TEFRA) option within the La. Medicaid program to serve children with intellectual and/or developmental disabilities.

DocuSigned by:
Malcolm Carpenter
F94E956B29E6449...
Recipient Agency Fiscal Officer

10/21/2025
Date

DocuSigned by:
Clinton Summers
AA3B1F28BA1C3E8...
Sending Agency Fiscal Officer

10/21/2025
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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(08/25)

Interagency Agreement Between _LDH-Office for Citizens with Developmental Disabilities (09-340)_ and LDH-Medical Vendor Administration (09-305)_____
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, LDH-Office for Citizens with Developmental Disabilities (09-340) is budgeted to receive the following revenue: $__1,009,255_____
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

This agreement provides for the reimbursement of expenditures related to the Money Follows the Person (MFP) Demonstration Grant services provided by the Office for Citizens with Developmental Disabilities.

DocuSigned by:
Malcolm Carpenter
F8462368B295C449...
Recipient Agency Fiscal Officer

10/21/2025
Date

DocuSigned by:
Clinton Summers
AA33FF28FA1C4FB...
Sending Agency Fiscal Officer

10/21/2025
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. expenses).

INTERAGENCY AGREEMENT

BR-19B
(08/25)

Interagency Agreement Between _LDH-Office for Citizens with Developmental Disabilities (09-340)_ and LDH-Medical Vendor Administration (09-305)_____
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, LDH-Office for Citizens with Developmental Disabilities (09-340) is budgeted to receive the following revenue: $__386,678_____
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

This agreement provides for the reimbursement of Medicaid administrative match funds to the Office for Citizens with Developmental Disabilities, Request for Services Registry, to determine a prioritization for access of 1915c Home and Community Based Services. This action will allow persons with more critical needs for services to more efficiently gain access to these services. It include Screenings for Urgency of Need (SUN) expenditures. This agreement amount represents the federal share of Medicaid-eligible expenditures.

DocuSigned by:
Malcolm Carpenter
C9469B6B295C449...
Recipient Agency Fiscal Officer — Date: 10/21/2025

DocuSigned by:
Clinton Summers
AA3FF28A1C4ER...
Sending Agency Fiscal Officer — Date: 10/21/2025

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. expenses).

Docusign Envelope ID: 8B2537FE-6201-4668-A4C0-3F5E2A4C504C

INTERAGENCY AGREEMENT

BR-19B
(08/18)

Interagency Agreement Between Department of Health - Office of Public Health (#326) (Recipient Agency and #) and Department of Health - Medical Vendor Administration (#305) (Sending Agency and #)

For Fiscal Year 2026 - 2027, Department of Health - Office of Public Health (#326) is budgeted to receive the following revenue (Agency Name and #)

from Department of Health - Medical Vendor Administration (#305) by Interagency Transfer for the following reason(s): (Agency Name and #)

The reason for the Interagency Agreement is : Medicaid Administration for the following programs: The purpose of this funding is to support the Tobacco Control statewide QUITLINE	**$227,000**

DocuSigned by:
Angel Williams
CF96FFF6DCCF4E1...

10/15/2025

Recipient Agency Fiscal Officer — Date

Clint Summers
Digitally signed by Clint Summers
DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US
Date: 2025.10.16 12:12:08 -05'00'

10/15/25

Sending Agency Fiscal Officer — 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).

INTERAGENCY AGREEMENT

BR-19B
(09/24)

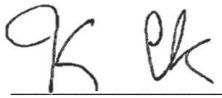
Interagency Agreement Between LDH-OFFICE OF THE SECRETARY (#09-307) and LDH-Medical Vendor Administration (#09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue $1,300,000
(Agency Name and #)

from LDH - Medical Vendor Administration (#09-305) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

The Parties hereby agree to enter into this MOU to outline the terms and conditions for their cooperation and collaboration to provide the federal match to OS up to $1,300,000 to be used to carry out functions related to Medicaid fraud, waste and abuse detection and prevention by the Bureau of Legal Services and Internal Audit. This MOU does not create any legally binding obligations or rights, and it is not intended to be legally enforceable. It is a mutual understanding between the Parties to work together towards achieving the common goals outlined in this MOU.



Recipient Agency Fiscal Officer — Date: 10/30/25

Clint Summers

Digitally signed by Clint Summers
DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US
Date: 2025.10.15 10:07:54 -05'00'

Sending Agency Fiscal Officer — Date: 10/15/25

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).

INTERAGENCY AGREEMENT

BR-19B
(09/24)

Interagency Agreement Between LDH-OFFICE OF THE SECRETARY (#09-307) and LDH-Medical Vendor Administration (#09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue $1,500,000
(Agency Name and #)

from LDH - Medical Vendor Administration (#09-305) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

The Bureau of Health Services Financing (BHSF) agrees to provide funding to OS, up to $1,500,000, for all Medicaid eligible expenditures for PO# 2000837946 with McGlinchey Stafford PLLC.

All legal services provided by PO# 2000913079 are Medicaid eligible and include:
A. Legal consultation, representation, and defense in any legal matter concerning the nursing facilities, the facilities' emergency preparedness plans, the facilities' evacuation of residents to alternate placement after IDA and any related matters; and
B. Legal consultation, representation, and defense in any legal matter concerning involving COVID-19 or the public health emergency involving COVID-19 (including any matters related to COVID-19 surges or variants) which involves LDH, the Secretary, the State Health Officer, or any employee/representative of LDH.

10/30/25
Recipient Agency Fiscal Officer Date

Clint Summers
Digitally signed by Clint Summers
DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US
Date: 2025.10.15 10:08:58 -05'00'

10/15/25
Sending Agency Fiscal Officer 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).

INTERAGENCY AGREEMENT

BR-19B
(09/24)

Interagency Agreement Between LDH-OFFICE OF THE SECRETARY (#09-307) and LDH-Medical Vendor Administration (#09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue $600,000.
(Agency Name and #)

from LDH - Medical Vendor Administration (#09-305) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

The Bureau of Health Services Financing (BHSF) agrees to transfer all necessary required funding, up to $600,000 to the Bureau of Legal Services for four Attorney 4 positions, for a period of four (4) years commencing from the date of hire of the four Attorney 4's by the Bureau of Legal Services. The Office of the Secretary agrees to allocate four job appointment positions dedicated to the Bureau of Health Services Financing/Medicaid for legal duties (legal advice, counsel and litigation services) related to Medicaid financial eligibility determinations and appeals and related matters. These Attorney 4 positions will be within the Bureau of Legal Services and will report to an Attorney Supervisor within the Bureau of Legal Services.

10/30/25
Recipient Agency Fiscal Officer Date

Clint Summers
Digitally signed by Clint Summers
DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US
Date: 2025.10.15 10:15:58 -05'00'

10/15/25
Sending Agency Fiscal Officer 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).

INTERAGENCY AGREEMENT

BR-19B
(09/24)

Interagency Agreement Between LDH-OFFICE OF THE SECRETARY (#09-307) and LDH-Medical Vendor Administration (#09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027 , LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue $3,100,000
(Agency Name and #)

from LDH - Medical Vendor Administration (#09-305) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

The Bureau of Health Services Financing (BHSF) agrees to provide the federal match to OS up to $3,100,000 to be used to carry out functions for licensing, recertification and the processing of complaint investigations of health care facilities and providers of related services in the Title XIX (Medicaid) programs regulated by the Health Standards Section.

	10/30/25
Recipient Agency Fiscal Officer	Date
Clint Summers Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.15 10:22:58 -05'00'	10/15/25
Sending Agency Fiscal Officer	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).

INTERAGENCY AGREEMENT

BR-19B
(09/24)

Interagency Agreement Between LDH-OFFICE OF THE SECRETARY (#09-307) and LDH-Medical Vendor Administration (#09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue $150,332.
(Agency Name and #)

from LDH - Medical Vendor Administration (#09-305) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

The Bureau of Health Services Financing (BHSF) agrees to provide funding to OS, up to $150,332, of the Statewide Program Manager 1 (Position# 50556686) costs in Bureau of Legal Services cost center associated with position.

This position will provide program management and governance structure to multiple project work streams across LDH. The project director will coordinate and support multiple program offices (Office of Behavioral Health, Office of Again and Adult Services) and Medicaid initiatives that are aimed at implementing the agreement reached with the United States Department of Justice regarding persons with serious mental illness. These initiatives will be statewide and touch almost all of LDH. The position will report to the Deputy General Counsel who handles legal compliance issues related to the agreement reached with DOJ.

Recipient Agency Fiscal Officer	Date 10/30/25
Clint Summers Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.15 10:25:23 -05'00'	
Sending Agency Fiscal Officer	Date 10/15/25

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).

INTERAGENCY AGREEMENT

BR-19B
(09/24)

Interagency Agreement Between LDH-OFFICE OF THE SECRETARY (#09-307) and LDH-Medical Vendor Administration (#09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue $1,419,546.
(Agency Name and #)

from LDH - Medical Vendor Administration (#09-305) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

1. BHSF agrees to provide OS up to $1,419,546 of the Medicaid Federal Reporting cost center functions.

2. Federal and State Funding from the Medical Vendor Administration (MVA) will pay 100% of the allowable program costs.

3. The quarterly costs reimbursements will include salaries, related benefits, travel, and all other expenditures reported in the Medicaid Federal Reporting cost center.

Recipient Agency Fiscal Officer	Date 10/30/25
Clint Summers Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.15 10:27:56 -05'00'	10/15/25
Sending Agency Fiscal Officer	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).

INTERAGENCY AGREEMENT

BR-19B
(09/24)

Interagency Agreement Between LDH-OFFICE OF THE SECRETARY (#09-307) and LDH-Medical Vendor Administration (#09-305)
(Recipient Agency and #) (Sending Agency and #)

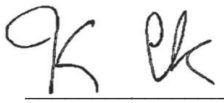
For Fiscal Year 2026 - 2027, LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue $164,169.
(Agency Name and #)

from LDH - Medical Vendor Administration (#09-305) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

The Bureau of Health Services Financing (BHSF) agrees to provide funding to OS, up to $164,169, for all Medicaid eligible expenditures for PO# 2000771975 with University of Louisiana at Lafayette for nursing home emergency preparedness system and for all Medicaid eligible planning costs associated with the contract.

The University of Louisiana at Lafayette will prepare an Emergency Preparedness and Response solution as well as data analytic services that can meet ever-changing programmatic needs for insights into the Emergency Preparedness Plans by implementing an electronic, all-encompassing solution to be used by all nursing homes in the State to report required Emergency Preparedness Plans. This solution will need to capture an changes to the facilities status before, during and after disaster events.



Recipient Agency Fiscal Officer — Date: 10/30/25

Clint Summers — Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.28 11:12:17 -05'00'

Sending Agency Fiscal Officer — Date: 10/28/25

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).

INTERAGENCY AGREEMENT

BR-19B
(09/24)

Interagency Agreement Between LDH-OFFICE OF THE SECRETARY (#09-307) and LDH-Medical Vendor Administration (#09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue $230,268.
(Agency Name and #)

from LDH - Medical Vendor Administration (#09-305) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

The Bureau of Health Services Financing (BHSF) agrees to provide federal funding to OS, up to $230,268, to carry out the planning phase associated with the mandatory function of modernizing the current procedures of ensuring compliance with emergency preparedness laws, rules and regulations pertaining to health care facilities and providers of related services in the Title XIX (Medicaid) programs; particularly long-term care facilities under HSS regulations, representing a 90% federal match on planning costs.

10/30/25
Recipient Agency Fiscal Officer Date

Clint Summers
Digitally signed by Clint Summers
DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US
Date: 2025.10.28 11:13:26 -05'00'

10/28/25
Sending Agency Fiscal Officer 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).

INTERAGENCY AGREEMENT

BR-19B
(09/24)

Interagency Agreement Between LDH-OFFICE OF THE SECRETARY (#09-307) and LDH-Medical Vendor Administration (#09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue $2,300,000
(Agency Name and #)

from LDH - Medical Vendor Administration (#09-305) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

The Bureau of Health Services Financing (BHSF) agrees to provide funding to OS to cover all costs necessary to carry out OMF/Administrative functions of the Supplemental Nutrition Assistance Program (SNAP). This includes HR, Fiscal, Legal, & OTS.

Recipient Agency Fiscal Officer — Date: 10/30/25

Clint Summers — Digitally signed by Clint Summers, DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US, Date: 2025.10.29 14:13:29 -05'00'

Sending Agency Fiscal Officer — Date: 10/29/25

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).

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH-South Central La Human Services Authority (09-309) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027, South Central La Human Services Authority (09-309) is budgeted to receive the following revenue: $ 35,000
(Agency Name and #)

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s):
(Sending Agency Name and #)

The reason for the Interagency Agreement is:

South Central Louisiana Human Services Authority's budget request for Fiscal Year 2027 includes $35,000 from the Louisiana Department of Health / Medical Vendor Administration / Bureau of Health Serivces Financing (BHSF) Memorandum of Understanding (MOU) per Act 421 of the 2019 Legislative Session.

Recipient Agency Fiscal Officer — Date: 10/3/2025

Clint Summers — Digitally signed by Clint Summers DN: cn=Clint Summers, o=Medicaid Financial Management and Operations, email=clinton.summers2@la.gov, c=US Date: 2025.10.15 10:29:37 -05'00'

Sending Agency Fiscal Officer — Date: 10/15/25

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 Budge Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expenses).

Department: 09A - LDH
Agency: 305 MEDICAL VENDOR ADMINISTRATION

STATE OF LOUISIANA
Childrens Budget
Department Summary

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

Service Number	Service Name	Agency Number	Agency Name	General Fund	IAT	Self Generated	Stat Deds	Federal Funds	Total Funds	Positions
MVA01	Medical Services for Medicaid Eligible Children	305	Medical Vendor Administration	$130,201,139	$18,737,818	$1,546,440	$2,728,385	$280,870,132	$434,083,914	2,272
			Total:	**$130,201,139**	**$18,737,818**	**$1,546,440**	**$2,728,385**	**$280,870,132**	**$434,083,914**	**2,272**

Department: 09A - LDH
Agency: 305 MEDICAL VENDOR ADMINISTRATION

STATE OF LOUISIANA
Childrens Budget
by Department

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

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	$78,157,305	$130,201,139	$0	$130,201,139	$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	$18,708,634	$18,737,818	$0	$18,737,818	$0
FEES & SELF-GENERATED	$1,546,440	$1,546,440	$0	$1,546,440	$0
STATUTORY DEDICATIONS	$2,685,174	$2,728,385	$0	$2,728,385	$0
FEDERAL FUNDS	$278,709,764	$280,870,132	$0	$280,870,132	$0
TOTAL MEANS OF FINANCING	**$379,807,317**	**$434,083,914**	**$0**	**$434,083,914**	**$0**
Salaries	$44,056,448	$55,822,084	$0	$55,822,084	$0
Other Compensation	$770,551	$930,190	$0	$930,190	$0
Related Benefits	$23,494,922	$31,100,748	$0	$31,100,748	$0
TOTAL PERSONAL SERVICES	**$68,321,921**	**$87,853,022**	**$0**	**$87,853,022**	**$0**
Travel	$129,980	$139,823	$0	$139,823	$0
Operating Services	$2,894,055	$3,355,207	$0	$3,355,207	$0
Supplies	$163,662	$170,467	$0	$170,467	$0
TOTAL OPERATING EXPENSES	**$3,187,697**	**$3,665,497**	**$0**	**$3,665,497**	**$0**
PROFESSIONAL SERVICES	**$113,280,535**	**$118,104,529**	**$0**	**$118,104,529**	**$0**
Other Charges	$127,069,840	$130,986,226	$0	$130,986,226	$0
Debt Service	$0	$0	$0	$0	$0
Interagency Transfers	$67,947,324	$93,474,640	$0	$93,474,640	$0
TOTAL OTHER CHARGES	**$195,017,164**	**$224,460,866**	**$0**	**$224,460,866**	**$0**
Acquisitions	$0	$0	$0	$0	$0
Major Repairs	$0	$0	$0	$0	$0
TOTAL ACQ. & MAJOR REPAIRS	**$0**	**$0**	**$0**	**$0**	**$0**

Department: 09A - LDH
Agency: 305 MEDICAL VENDOR ADMINISTRATION

STATE OF LOUISIANA
Childrens Budget
by Department

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

TOTAL EXPENDITURES	**$379,807,317**	**$434,083,914**	**$0**	**$434,083,914**	**$0**
Classified	2,154	2,155	0	2,155	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	**2,154**	**2,155**	**0**	**2,155**	**0**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**0**	**0**	**0**	**0**	**0**
TOTAL NON-T.O. FTE POSITIONS	**118**	**117**	**0**	**117**	**0**
TOTAL POSITIONS	**2,272**	**2,272**	**0**	**2,272**	**0**

Department: 09A - LDH
Agency: 305 MEDICAL VENDOR ADMINISTRATION

STATE OF LOUISIANA
Childrens Budget
Agency Summary

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

305 - Medical Vendor Administration

Service Number	Service Name	Program Number	Program Name	General Fund	IAT	Self Generated	Stat Deds	Federal Funds	Total Funds	Positions
MVA01	Medical Services for Medicaid Eligible Children	3052	Medical Vendor Administration	$130,201,139	$18,737,818	$1,546,440	$2,728,385	$280,870,132	$434,083,914	2,272
			Total:	**$130,201,139**	**$18,737,818**	**$1,546,440**	**$2,728,385**	**$280,870,132**	**$434,083,914**	**2,272**

Department: 09A - LDH
Agency: 305 MEDICAL VENDOR ADMINISTRATION

STATE OF LOUISIANA
Childrens Budget
by Agency

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

305 - Medical Vendor Administration

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	$78,157,305	$130,201,139	$0	$130,201,139	$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	$18,708,634	$18,737,818	$0	$18,737,818	$0
FEES & SELF-GENERATED	$1,546,440	$1,546,440	$0	$1,546,440	$0
STATUTORY DEDICATIONS	$2,685,174	$2,728,385	$0	$2,728,385	$0
FEDERAL FUNDS	$278,709,764	$280,870,132	$0	$280,870,132	$0
TOTAL MEANS OF FINANCING	**$379,807,317**	**$434,083,914**	**$0**	**$434,083,914**	**$0**
Salaries	$44,056,448	$55,822,084	$0	$55,822,084	$0
Other Compensation	$770,551	$930,190	$0	$930,190	$0
Related Benefits	$23,494,922	$31,100,748	$0	$31,100,748	$0
TOTAL PERSONAL SERVICES	**$68,321,921**	**$87,853,022**	**$0**	**$87,853,022**	**$0**
Travel	$129,980	$139,823	$0	$139,823	$0
Operating Services	$2,894,055	$3,355,207	$0	$3,355,207	$0
Supplies	$163,662	$170,467	$0	$170,467	$0
TOTAL OPERATING EXPENSES	**$3,187,697**	**$3,665,497**	**$0**	**$3,665,497**	**$0**
PROFESSIONAL SERVICES	**$113,280,535**	**$118,104,529**	**$0**	**$118,104,529**	**$0**
Other Charges	$127,069,840	$130,986,226	$0	$130,986,226	$0
Debt Service	$0	$0	$0	$0	$0
Interagency Transfers	$67,947,324	$93,474,640	$0	$93,474,640	$0
TOTAL OTHER CHARGES	**$195,017,164**	**$224,460,866**	**$0**	**$224,460,866**	**$0**
Acquisitions	$0	$0	$0	$0	$0
Major Repairs	$0	$0	$0	$0	$0

Department: 09A - LDH
Agency: 305 MEDICAL VENDOR ADMINISTRATION

STATE OF LOUISIANA
Childrens Budget by Agency

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

TOTAL ACQ. & MAJOR REPAIRS	**$0**	**$0**	**$0**	**$0**	**$0**
TOTAL EXPENDITURES	**$379,807,317**	**$434,083,914**	**$0**	**$434,083,914**	**$0**
Classified	**2,154**	**2,155**	**0**	**2,155**	**0**
Unclassified	**0**	**0**	**0**	**0**	**0**
TOTAL AUTHORIZED T.O. POSITIONS	**2,154**	**2,155**	**0**	**2,155**	**0**
TOTAL AUTHORIZED OTHER CHARGES POSITION	**0**	**0**	**0**	**0**	**0**
TOTAL NON-T.O. FTE POSITIONS	**118**	**117**	**0**	**117**	**0**
TOTAL POSITIONS	**2,272**	**2,272**	**0**	**2,272**	**0**

Department: 09A - LDH
Agency: 305 MEDICAL VENDOR ADMINISTRATION

STATE OF LOUISIANA
Childrens Budget
by Agency/Program and Service

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

305 - Medical Vendor Administration

3052 - Medical Vendor Administration

MVA01 - Medical Services for Medicaid Eligible Children

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	$78,157,305	$130,201,139	$0	$130,201,139	$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	$18,708,634	$18,737,818	$0	$18,737,818	$0
FEES & SELF-GENERATED	$1,546,440	$1,546,440	$0	$1,546,440	$0
STATUTORY DEDICATIONS	$2,685,174	$2,728,385	$0	$2,728,385	$0
FEDERAL FUNDS	$278,709,764	$280,870,132	$0	$280,870,132	$0
TOTAL MEANS OF FINANCING	**$379,807,317**	**$434,083,914**	**$0**	**$434,083,914**	**$0**
Salaries	$44,056,448	$55,822,084	$0	$55,822,084	$0
Other Compensation	$770,551	$930,190	$0	$930,190	$0
Related Benefits	$23,494,922	$31,100,748	$0	$31,100,748	$0
TOTAL PERSONAL SERVICES	**$68,321,921**	**$87,853,022**	**$0**	**$87,853,022**	**$0**
Travel	$129,980	$139,823	$0	$139,823	$0
Operating Services	$2,894,055	$3,355,207	$0	$3,355,207	$0
Supplies	$163,662	$170,467	$0	$170,467	$0
TOTAL OPERATING EXPENSES	**$3,187,697**	**$3,665,497**	**$0**	**$3,665,497**	**$0**
PROFESSIONAL SERVICES	**$113,280,535**	**$118,104,529**	**$0**	**$118,104,529**	**$0**
Other Charges	$127,069,840	$130,986,226	$0	$130,986,226	$0
Debt Service	$0	$0	$0	$0	$0
Interagency Transfers	$67,947,324	$93,474,640	$0	$93,474,640	$0
TOTAL OTHER CHARGES	**$195,017,164**	**$224,460,866**	**$0**	**$224,460,866**	**$0**

Department: 09A - LDH
Agency: 305 MEDICAL VENDOR ADMINISTRATION

STATE OF LOUISIANA
Childrens Budget
by Agency/Program and Service

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

Acquisitions	$0	$0	$0	$0	$0
Major Repairs	$0	$0	$0	$0	$0
TOTAL ACQ. & MAJOR REPAIRS	**$0**	**$0**	**$0**	**$0**	**$0**
TOTAL EXPENDITURES	**$379,807,317**	**$434,083,914**	**$0**	**$434,083,914**	**$0**
Classified	**2,154**	**2,155**	**0**	**2,155**	**0**
Unclassified	**0**	**0**	**0**	**0**	**0**
TOTAL AUTHORIZED T.O. POSITIONS	**2,154**	**2,155**	**0**	**2,155**	**0**
TOTAL AUTHORIZED OTHER CHARGES POSITION	**0**	**0**	**0**	**0**	**0**
TOTAL NON-T.O. FTE POSITIONS	**118**	**117**	**0**	**117**	**0**
TOTAL POSITIONS	**2,272**	**2,272**	**0**	**2,272**	**0**

Department: 09A - LDH Agency: 305 MEDICAL VENDOR ADMINISTRATION	**STATE OF LOUISIANA** **Childrens Budget** **Narrative**	CHILD2 Fiscal Year 2026 - 2027 Report Date: 10/31/25

Form ID:	47159
Form Description:	305 Children's Budget
Service:	MVA01 - Medical Services for Medicaid Eligible Children

Question and Narrative Response
Describe the service:
This service consists of medical services and products provided to persons 19 years and under who are eligible for Medicaid. This includes the provision of medically necessary services as well as preventive and screening services. 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: Inpatient and outpatient hospital services, Physician services, Laboratory and X-Ray services, Long-Term Care facilities (Nursing Homes), Family Planning, and services for Early Periodic Screening, Diagnosis and Treatment (EPSDT) of those under 19. Optional services include: Prescription drugs, Hemodialysis, Chiropractic Care, Psychiatric Rehabilitation, Community Services, Case Management, Appliances and Medical Devises and Substance Abuse Services. Congress passed Public Law 105-33 in 1997 to establish a new Title XXI under the Social Security Act called the State Children's Insurance Program (SCHIP). 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 Department of Health and Hospitals implemented the LaCHIP for uninsured children under the age of 19 with household income at or below 133% of the poverty level. Effective October 1, 1999, the income level increased to 150% of the poverty level. LaCHIP uses special income amounts and has fewer eligibility requirements than other Medicaid Programs.
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:
N/A

Department: 09A - LDH
Agency: 305 MEDICAL VENDOR ADMINISTRATION

STATE OF LOUISIANA
Childrens Budget
Narrative

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

Form ID:	51616
Form Description:	305 - MVA - SUN Bucks Children's Bu
Service:	MVA01 - Medical Services for Medicaid Eligible Children

Question and Narrative Response
Describe the service:
This continues the SUN Bucks program with the Louisiana Department of Health (LDH). The program started in the summer of 2024 to ensure that children do not go hungry when school is not in session. In the past, DCFS (the prior program administrator) provided nearly $80M to over 665,000 students in the summer of 2024. Each eligible child receives a single payment of $120 for the summer, with benefits being issued in multiple phases. The program provides eligible low-income families with school-aged children, grocery-purchasing benefits funded by a federal grant.
How does this fulfill the program's mission?
This program provides foodstuffs for low-income families, when they are most vulnerable; during the summer when the children are not able to obtain meals at school.
Who are the principal users?
The principal users of this program are families where the children receive free or reduced lunch at school.
Who primarily benefits from the service?
Low-income families with children in school.
Related objectives and performance measures:
None.

Department: 09A - LDH
Agency: 305 MEDICAL VENDOR ADMINISTRATION

STATE OF LOUISIANA
Childrens Budget
Narrative

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

Form ID:	51653
Form Description:	305 - MVA - SNAP/FITAP/KCSP
Service:	MVA01 - Medical Services for Medicaid Eligible Children

Question and Narrative Response
Describe the service:
As of October 2025, 45% of the recipients of SNAP benefits are children. This represents the budget to administer the SNAP program for children.
How does this fulfill the program's mission?
The SNAP program helps low-income families purchase food needed to stay healthy. The amount received is based on income and the USDA Thrifty Food Plan, which estimates costs of providing a nutritious diet to the average household.
Who are the principal users?
Benefits are paid directly to beneficiaries by the USDA. This budget only represents the administrative portion of the program.
Who primarily benefits from the service?
Low-income familiies benefit from the service.
Related objectives and performance measures:
N/A

Agency: 305 MEDICAL VENDOR ADMINISTRATION

STATE OF LOUISIANA
Sunset Review

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

This page has been intentionally left blank