

Agency Budget Request

FISCAL YEAR 2025–2026



Louisiana Department of Health
305 — Medical Vendor Administration



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Signature Page

BUDGET REQUEST

Fiscal Year Ending June 30, 2026

NAME OF DEPARTMENT / AGENCY: Louisiana Department of Health (09) PHYSICAL ADDRESS: 628 N. Fourth Street
BUDGET UNIT: Medical Vendor Administration (305) P.O. Box 91030, Baton Rouge, Louisiana
SCHEDULE NUMBER: 09-305 ZIP CODE: 70821-9030
TELEPHONE NUMBER: (877) 252-247 WEB ADDRESS: http://www.ldh.la.gov

WE HEREBY CERTIFY THAT THE STATEMENTS AND FIGURES ON THE ACCOMPANYING FORMS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

<p>HEAD OF DEPARTMENT: <u><i>Michael Harrington</i></u> PRINTED NAME/TITLE: <u>Michael Harrington, Secretary</u> DATE: <u>10/28/24</u> EMAIL ADDRESS: <u>Michael.Harrington@la.gov</u></p>	<p>HEAD OF BUDGET UNIT: <u><i>Kimberly Sullivan</i></u> PRINTED NAME/TITLE: <u>Kimberly Sullivan, Medicaid Executive Director</u> DATE: <u>10/24/2024</u> EMAIL ADDRESS: <u>Kimberly.Sullivan@la.gov</u></p>
<p>PROGRAM CONTACT PERSON: <u>Angela Hebert</u> TITLE: <u>Medicaid Program Manager 4, Financial Mgmt. and Operations</u> TELEPHONE NUMBER: <u>225-342-4312</u> EMAIL ADDRESS: <u>Angela.Hebert@la.gov</u></p>	<p>FINANCIAL CONTACT PERSON: <u>Kimberly Sullivan</u> TITLE: <u>Medicaid Executive Director</u> TELEPHONE NUMBER: <u>225-219-7810</u> EMAIL ADDRESS: <u>Kimberly.Sullivan@la.gov</u></p>

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

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

MVA 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 is to administer an efficient and effective Medicaid program in compliance with state and federal requirements.

PROGRAM GOALS:

- I. To provide exceptional customer service
- II. 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

Aligned with MVA goal of providing exceptional customer service, the provider enrollment and credentialing activity is to improve provider experience with the Medicaid program. In 2020, Louisiana Medicaid will fully implement a new, centralized provider management system and become responsible for credentialing and enrollment of all providers, including managed care and fee-for service.

Providers will no longer need to complete numerous, different applications to enroll, become re-credentialed, or updated information in FFS or with the managed care organizations (MCOs), leading to improved provider satisfaction. This new system will bring LDH in compliance with the Affordable Care Act's managed care screening requirements. Provider management will also be the first MES function to comply with federal modularity requirements and integrate into the statewide enterprise architecture. A primary focus of future MES Activity will be the development and execution of a multi-year strategy for the procurement, design, development and deployment of information technology services and software to further modernize the legacy MES, advancing state strategic objectives and in compliance with federal modularity requirements for MES functions.

PROGRAM ACTIVITY 3: FINANCIAL MANAGEMENT

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.

Recovery:

Estate Recovery - As required by federal regulations, the State must seek recovery of Medicaid payments for long-term care facility services, home and community-based services, and related hospital and prescription drug services from the estate of an individual who was age 55 or older when he or she received such services.

Recipient Recovery - Payments made to Medicaid providers on behalf of a Medicaid beneficiary are subject to recovery from an offender as restitution. This is pursuant to a court order or as part of an agreement with a prosecutorial agency and, upon the death of the beneficiary, from funds remaining in annuities naming the State as the remainder beneficiary and from assets remaining in Special Needs Trusts (SNTs) that include a Medicaid payback provision.

STATE OF LOUISIANA Operational Plan Form Program Goals

PROGRAM NUMBER AND NAME: 3052 - Medical Vendor Administration

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 law 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.

Provider Enrollment: Louisiana Medicaid launched its new Louisiana Medicaid Provider Enrollment Portal July 26, 2021 to perform risk-based screening on new, reenrolled and revalidation fee-for-service providers. The Louisiana Medicaid Provider Enrollment Portal will bring Medicaid into compliance with The Affordable Care Act and 21st Century Cures Act. Once the portal is complete, Medicaid will enroll all Managed Care only providers performing services on Medicaid beneficiaries into the program. Medicaid will check the federal requirements and other lists on providers at enrollment, revalidation, and monthly on active providers.

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 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 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
10013	K	Total number of children enrolled	N	730,000	705,639	750,000	750,000	710,000	0	0
17038	K	Percentage of renewals processed and not closed for procedural reasons	P	90	78	80	80	90	0	0
2241	S	Number of children enrolled as Title XXI Eligibles (LACHIP)	N	145,000	146,812	160,000	160,000	145,000	0	0
2242	S	Number of children enrolled Title XIX Eligibles (traditional Medicaid)	N	630,000	558,827	600,000	600,000	570,000	0	0
24036	K	Percentage of applications for Pregnant Women approved within 5 calendar days	P	70	68	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	80	86	85	85	85	0	0
25539	K	Number of children enrolled through Express Lane Eligibility (ELE)	N	30,000	7,551	8,500	8,500	8,500	0	0
25540	K	Percentage of Medicaid applications received online	P	65	65	68	68	68	0	0
25541	K	Percentage of applications for LaCHIP and Medicaid programs for children approved within 15 calendar days	P	75	84	75	75	83	0	0
25542	K	Number of children renewed through Express Lane Eligibility (ELE)	N	40,000	336,927	185,000	185,000	335,000	0	0
26084	S	Percentage of applications for New Adult program approved within 15 calendar days	P	80	89	75	75	90	0	0
26085	K	Number of justice involved adults enrolled pre-release from incarceration	N	11,000	10,242	11,500	11,500	11,500	0	0
26563	K	Percentage of Medicaid applications with real-time eligibility decision	P	33	30	37	37	30	0	0
26564	K	Percentage of renewals streamlined	P	62	54	55	55	68	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 FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024
12027	G	Number of Certified Medicaid Application Centers	N	393	291	269	304	266
25543	G	Number of individuals enrolled in all Medicaid and LaCHIP programs	N	1,721,489	1,882,486	1,974,812	2,052,605	1,674,556
25545	G	Number of applications processed annually	N	253,353	181,548	141,431	172,728	285,024
26764	G	Total number of adults enrolled (in Medicaid)	N	Not Available	1,960,760	1,197,880	1,279,605	974,096
Form Instance	Performance Indicator	Level	Footnotes					
37803	25541	K	Anticipate staff to continue processing applications at the same rate as prior year (FY24).					
37803	26084	S	Anticipate staff to continue processing applications at the same rate as prior year (FY24).					
37803	26563	K	PHE Unwind completed and the program anticipates performance to continue at the same rate as the prior year (FY24).					
37803	26564	K	During PHE Unwind, those that were ineligible have now been closed. The program anticipates more renewals will be streamlined.					

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 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
2217	S	Average claim processing time in days	N	11	11	11	11	9	0	0
2219	K	Percentage of total claims processed within 30 days of receipt	P	98	100	98	98	100	0	0
25556	K	Dollar value of MMIS contract expenditures	D	80,197,056	52,727,802	83,450,271	83,450,271	50,566,220	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	117,000,000	154,679,051	116,000,000	116,000,000	147,000,000	0	0
26087	K	Total number of managed capitation payments processed	N	50,000,000	52,274,962	50,000,000	50,000,000	52,500,000	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024
12020	G	Total number of claims processed	N	200,604,622	194,087,980	225,085,813	236,158,684	249,663,793
26572	G	Number of competitive procurements issued for IT services and software for modular MMIS functions	N	Not Available	2	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	0	3

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

Form Instance	Performance Indicator	Level	Footnotes
37905	2219	K	Per the contract, 100% of all error-free claims need to be adjudicated within 30 calendar days from receipt of the claim Section 2.7.4.4.2(5)
37905	25556	K	<p>The FY23-24 actual yearend performance is less than the performance standard due to the development of the modularity RFPs and National Association of State Procurement Officials (NASPO) Participating Addendums that are still in progress and have not been completed. Therefore, the current vendor Gainwell has continued to provide services for FY 2023-2024.</p> <p>Due to the ongoing development of RFPs and NASPO procurements for modularity, Gainwell, the current provider, will continue to provide services for FY2025–2026. Gainwell has proposed a 10% reduction for the next three years of the current services, which is the reason for the decrease in the price.</p>
37905	26087	K	There were 55,189,455 capitation payments processed from April 2023 through March 2024 so the expectation is that an increase in capitated payments will continue.
37992	26572	G	Invitations for demonstrations were issued for two NASPO competitive procurements in 2022-2023 - Provider Management and Claims and Encounters Processing and Financial Management.

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 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
24045	K	Administrative cost as a percentage of total cost	P	3	5	3	3	3	0	0

Form Instance	Performance Indicator	Level	Footnotes
38007	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 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
13375	S	Number of Local Education Agencies targeted for monitoring	N	36	46	36	36	36	0	0
13376	K	Percent of targeted Local Education Agencies monitored	P	100	97	100	100	100	0	0
25549	S	Number of Nursing Homes cost reports targeted for monitoring	N	125	123	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	121	93	93	93	0	0
25552	S	Percent of Intermediate Care Facilities (ICF) cost reports monitored	P	18	23	18	18	18	0	0
25553	S	Number of hospital cost reports reviewed and audited	N	375	375	360	360	355	0	0

Form Instance	Performance Indicator	Level	Footnotes
38015	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.
38015	25553	S	The number of cost reports audited can vary from year to year. Medicaid is projecting a decrease 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 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
2215	K	Number of TPL claims processed	N	5,200,000	4,866,108	5,200,000	5,200,000	5,000,000	0	0
7957	K	Percentage of TPL claims processed through edits	P	92	90	92	92	92	0	0
7958	S	TPL trauma recovery amount	D	2,000,000	1,444,522	2,000,000	2,000,000	1,500,000	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 FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024
12021	G	Number of claims available for TPL processing	N	135,861,316	115,837,198	411,408,159	85,640,148	77,636,391
12022	G	Percentage of TPL claims processed and cost avoided	P	4.4	17.2	0	8.52	6.27
13540	G	Amount identified as over claimed as a result of monitoring	D	522,879	25	18	42	355,474
16539	G	Number of Local Education Agency claims adjusted as a result of monitoring activities	N	26	29	43	98	24
24044	G	Funds recovered from third parties with a liability for services provided by Medicaid	D	66,092,140	46,279,270	18,052,756	31,306,648	93,498,422
24046	G	Percentage of State Plan amendments approved.	P	119	100	100	200	100
24047	G	Number of State Plan amendments submitted.	N	21	19	21	76	28
25554	G	Number of Nursing Homes cost reports adjusted as a result of monitoring activities	N	124	125	123	248	127
25555	G	Number of Intermediate Care Facility (ICF) cost reports adjusted as a result of monitoring activities	N	79	99	90	114	81

Form Instance	Performance Indicator	Level	Footnotes
38019	2215	K	The number of TPL claims is anticipated to decline as the number of Medicaid recipients decreases due to the unwinding of COVID-related policies.
38019	7958	S	Actual yearend performance differs from yearend performance standard due to recovery-related settlement disbursements made by attorneys and third parties. The number of trauma recovery cases has declined.
38026	24046	G	This indicator calculates the number of State Plan amendments approved by the Centers for Medicare & Medicaid Services (CMS) in relation to the number of amendments submitted in the fiscal year. This skews the percentage, as unresolved State Plan amendments can cross over fiscal years. This indicator will calculate the number of State Plan amendments approved by CMS divided by the total number of State Plan amendments that CMS approved or denied during the fiscal year.

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 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
25567	S	Estate recovery amount	D	950,000	762,600	950,000	950,000	800,000	0	0

Form Instance	Performance Indicator	Level	Footnotes
38029	25567	S	Actual yearend performance differs from yearend performance standard due to a slight unexpected decrease in the reimbursement amounts to the State after applicable offsets and a slight decrease in the sale of homes for which the department has filed its proof of claim. As a result, Performance at continuation budget level FY25-26 has decreased.

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 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
25568	S	Recipient recovery amount	D	2,500,000	2,199,049	2,500,000	2,500,000	2,500,000	0	0

Form Instance	Performance Indicator	Level	Footnotes
38033	25568	S	The unforeseen lump sum full restitution payment from the Attorney General's Office for full restitution payment, as well as annuity and Special Needs Trust payouts, attributed to the increase in the recovery amount.

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 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
26580	K	Number of audits/reviews	N	2,000	2,030	2,000	2,000	2,000	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024
26100	G	Number of Provider Exclusions	N	36	72	128	137	159
26581	G	Number of notices of actions issued for contract non-compliance	N	Not Available	47	36	21	40
26582	G	Amount of overpayments identified Post and Pre-Pay	D	Not Available	61,463,100	94,534,029	76,545,445	82,546,879
26583	G	Number of notices and referrals sent to the Attorney General	N	Not Available	720	1,034	913	1,277
26584	G	Number of referrals to law enforcement	N	Not Applicable	37	26	127	120
26640	G	Amount of monetary penalties assessed for contract non-compliance	D	Not Available	825,000	4,333,188	1,633,000	6,486,197

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 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
26585	K	Number of reviews conducted	N	3,600	3,891	3,600	3,600	3,600	0	0



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Budget Request Overview

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	165,298,910	142,475,367	143,228,279	752,912	0.53%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	18,350,041	499,672	504,216	4,544	0.91%
FEES & SELF-GENERATED	—	4,200,000	4,200,000	—	—
STATUTORY DEDICATIONS	711,345	929,940	930,363	423	0.05%
FEDERAL FUNDS	352,083,827	492,318,130	483,718,312	(8,599,818)	(1.75)%
TOTAL MEANS OF FINANCING	\$536,444,123	\$640,423,109	\$632,581,170	\$(7,841,939)	(1.22)%

Fees and Self-Generated

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated	—	4,200,000	4,200,000	—	—
Total:	—	\$4,200,000	\$4,200,000	—	—

Statutory Dedications

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Medical Assistance Programs Fraud Detection Fund	711,345	929,940	930,363	423	0.05%
Total:	\$711,345	\$929,940	\$930,363	\$423	0.05%

Agency Expenditures

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Salaries	59,768,353	60,612,401	65,469,371	4,856,970	8.01%
Other Compensation	3,996,044	1,834,843	4,665,623	2,830,780	154.28%
Related Benefits	37,962,783	37,185,495	41,713,069	4,527,574	12.18%
TOTAL PERSONAL SERVICES	\$101,727,180	\$99,632,739	\$111,848,063	\$12,215,324	12.26%
Travel	109,485	220,219	225,152	4,933	2.24%
Operating Services	4,306,024	4,091,880	4,183,538	91,658	2.24%
Supplies	102,489	263,125	269,019	5,894	2.24%
TOTAL OPERATING EXPENSES	\$4,517,998	\$4,575,224	\$4,677,709	\$102,485	2.24%
PROFESSIONAL SERVICES	\$115,964,938	\$277,651,320	\$286,106,324	\$8,455,004	3.05%
Other Charges	132,299,216	56,048,453	53,705,752	(2,342,701)	(4.18)%
Debt Service	—	—	—	—	—
Interagency Transfers	181,934,792	202,515,373	176,243,322	(26,272,051)	(12.97)%
TOTAL OTHER CHARGES	\$314,234,008	\$258,563,826	\$229,949,074	\$(28,614,752)	(11.07)%
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$536,444,123	\$640,423,109	\$632,581,170	\$(7,841,939)	(1.22)%

Agency Positions

Classified	994	992	994	2	0.20%
Unclassified	2	4	4	—	—
TOTAL AUTHORIZED T.O. POSITIONS	996	996	998	2	0.20%
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	113	110	110	—	—
TOTAL POSITIONS	1,109	1,106	1,108	2	0.18%

Cost Detail

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
State General Fund	165,298,910	142,475,367	143,228,279	752,912
Interagency Transfers	18,350,041	499,672	504,216	4,544
Fees & Self-generated	—	4,200,000	4,200,000	—
Medical Assistance Programs Fraud Detection Fund	711,345	929,940	930,363	423
Federal Funds	352,083,827	492,318,130	483,718,312	(8,599,818)
Total:	\$536,444,123	\$640,423,109	\$632,581,170	\$(7,841,939)

Salaries

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5110010	SAL-CLASS-TO-REG	56,625,283	58,798,982	63,637,633	4,838,651
5110015	SAL-CLASS-TO-OT	2,168,431	801,363	801,363	—
5110020	SAL-CLASS-TO-TERM	501,262	520,505	520,505	—
5110025	SAL-UNCLASS-TO-REG	447,127	464,293	482,612	18,319
5110035	SAL-UNCLASS-TO-TERM	26,250	27,258	27,258	—
Total Salaries:		\$59,768,353	\$60,612,401	\$65,469,371	\$4,856,970

Other Compensation

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5120010	COMPENSATION/WAGES	3,906,600	1,793,774	4,624,554	2,830,780
5120035	STUDENT LABOR	46,575	21,387	21,387	—
5120105	COMP-CL-NON TO-OT	29,141	13,380	13,380	—
5120110	COMP-CL-NON TO-TERM	13,728	6,302	6,302	—
Total Other Compensation:		\$3,996,044	\$1,834,843	\$4,665,623	\$2,830,780

Related Benefits

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5130010	RET CONTR-STATE EMP	22,827,817	22,360,418	26,887,992	4,527,574
5130015	RET CONTR-SCHOOL EMP	17,127	16,776	16,776	—
5130020	RET CONTR-TEACHERS	160,416	157,132	157,132	—
5130050	POSTRET BENEFITS	6,595,223	6,460,186	6,460,186	—
5130055	FICA TAX (OASDI)	40,437	39,610	39,610	—
5130060	MEDICARE TAX	865,639	847,915	847,915	—
5130070	GRP INS CONTRIBUTION	7,450,555	7,298,005	7,298,005	—
5130085	OTH RELATED BENEFIT	4,858	—	—	—
5130090	TAXABLE FRINGE BEN	711	5,453	5,453	—
Total Related Benefits:		\$37,962,783	\$37,185,495	\$41,713,069	\$4,527,574

Travel

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5200000	TOTAL TRAVEL	—	220,219	225,152	4,933
5210010	IN-STATE TRAVEL-ADM	10,444	—	—	—
5210015	IN-STATE TRAVEL-CONF	4,491	—	—	—
5210020	IN-STATE TRAV-FIELD	17,345	—	—	—
5210055	OUT-OF-STTRV-CONF	67,791	—	—	—
5210060	OUT-OF-STTRV-FIELD	220	—	—	—
5210105	STAFF TRAINING	2,884	—	—	—
5210110	CONFERENCE REG FEES	2,520	—	—	—
5210115	CERTIFICATION FEES	3,790	—	—	—
Total Travel:		\$109,485	\$220,219	\$225,152	\$4,933

Operating Services

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5300000	TOTAL OPERATING SERV	—	4,091,880	4,183,538	91,658
5310001	SERV-ADVERTISING	1,054,431	—	—	—
5310008	SERV-OFFICE RELOC EX	1,400	—	—	—
5310009	SERV-MOVING SERVICES	2,638	—	—	—
5310010	SERV-DUES & OTHER	11,587	—	—	—
5310011	SERV-SUBSCRIPTIONS	1,661	—	—	—
5310012	SERV-DATA MODEL/MAP	65,030	—	—	—
5310015	SERV-SECURITY	222,115	—	—	—
5310017	SERV-DOC DESTRUCTION	5,440	—	—	—
5310030	SERV-ADMIN FEES	8,674	—	—	—
5310048	SERV-SUBSCRIPTIONS	15,961	—	—	—
5310050	SERV-DUES & OTHER	300	—	—	—
5310400	SERV-MISC	123,369	—	—	—
5330012	MAINT-JANITORIAL	3,535	—	—	—
5330013	MAINT-CLEANING SERV	1,140	—	—	—
5340010	RENT-REAL ESTATE	2,521,176	—	—	—
5340020	RENT-EQUIPMENT	68,835	—	—	—
5340045	RENT-STORAGE SPACE	20,650	—	—	—
5350002	UTIL-DATA LINE/CIRCT	10,363	—	—	—
5350004	UTIL-TELEPHONE SERV	87,864	—	—	—
5350006	UTIL-MAIL/DEL/POST	2,041	—	—	—
5350008	UTIL-DEL UPS/FED EXP	976	—	—	—
5350018	UTIL-MAIL/DEL/POST	76,837	—	—	—
Total Operating Services:		\$4,306,024	\$4,091,880	\$4,183,538	\$91,658

Supplies

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5400000	TOTAL SUPPLIES	—	263,125	269,019	5,894
5410001	SUP-OFFICE SUPPLIES	91,785	—	—	—
5410003	SUP-BANKING	211	—	—	—
5410006	SUP-COMPUTER	2,029	—	—	—
5410008	SUP-MEDICAL	117	—	—	—
5410010	SUP-TEXTBOOKS	5,395	—	—	—
5410013	SUP-FOOD & BEVERAGE	9,412	—	—	—
5410017	SUP-JANITORIAL	331	—	—	—
5410021	SUP-ELECTRONICS/ELEC	(6,790)	—	—	—
Total Supplies:		\$102,489	\$263,125	\$269,019	\$5,894

Professional Services

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5500000	TOTAL PROF SERVICES	—	277,651,320	286,106,324	8,455,004
5510001	PROF SERV-ACCT/AUDIT	15,703,663	—	—	—
5510003	PROF SERV-MGT CONSUL	83,590	—	—	—
5510005	PROF SERV-LEGAL	15,736	—	—	—
5510007	PROF SERV-MED/DEN	53,936,203	—	—	—
5510020	PROF SERV-BLD/CONSTR	358	—	—	—
5510023	PROF SERV-INDUSTCLN	401	—	—	—
5510027	PROF SERV-TRANS/STOR	6,109	—	—	—
5510028	PROF SERV-ADV/PRINT	42,033	—	—	—
5510400	PROF SERV-OTHER	46,176,845	—	—	—
Total Professional Services:		\$115,964,938	\$277,651,320	\$286,106,324	\$8,455,004

Other Charges

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	56,048,453	53,705,752	(2,342,701)
5610015	LOC AID-MEDICAID PMT	(544,500)	—	—	—
5610020	PUBLIC ASST-HEALTH	28,164,197	—	—	—
5620018	MISC-PROJECT ACTVTY	16,596	—	—	—
5620064	MISC-PROF SVCS	104,599,433	—	—	—
5620065	MISC-SUPPLIES OTHER	9,367	—	—	—
5620072	MISC-OC SAL CLASS&UN	45,763	—	—	—
5620081	MISC-OC-F.I.C.A. TAX	2,644	—	—	—
5620082	MISC-OC-MEDICARE TAX	618	—	—	—
5620083	MISC-OC-GRP INS CONT	4,325	—	—	—
5620137	MISC-OC-PS-MEDICAL	772	—	—	—
Total Other Charges:		\$132,299,216	\$56,048,453	\$53,705,752	\$(2,342,701)

Interagency Transfers

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	202,515,373	176,243,322	(26,272,051)
5950001	IAT-COMMODITY/SERV	18,691,185	—	—	—
5950002	IAT-SALARIES	6,332	—	—	—
5950003	IAT-COMPENSATION	3,057,095	—	—	—
5950004	IAT-RELATED BENEFITS	736,150	—	—	—
5950007	IAT-PRINTING	7,116,012	—	—	—
5950008	IAT-POSTAGE	204,615	—	—	—
5950009	IAT-DATA PROCESSING	100	—	—	—
5950014	IAT-TELEPHONE	4,125,794	—	—	—
5950017	IAT-INSURANCE	504,587	—	—	—
5950026	IAT-RENTALS	1,335,791	—	—	—
5950028	IAT-UTILITIES	189,185	—	—	—

Interagency Transfers (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5950032	IAT-ADMIN IND COST	3,780,079	—	—	—
5950033	IAT-INTER AGY TRANS	12,098,403	—	—	—
5950038	IAT-OTHER OPER SERV	472,477	—	—	—
5950053	IAT-STATE TREASURER	53,146	—	—	—
5950055	IAT-ADMIN LAW JUDGE	316,337	—	—	—
5950058	IAT-TECH SVCS	128,978,562	—	—	—
5950059	IAT-ST PROCUREMENT	268,942	—	—	—
Total Interagency Transfers:		\$181,934,792	\$202,515,373	\$176,243,322	\$(26,272,051)
Total Agency Expenditures:		\$536,444,123	\$640,423,109	\$632,581,170	\$(7,841,939)

PROGRAM SUMMARY STATEMENT

3052 - Medical Vendor Administration

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	165,298,910	142,475,367	143,228,279	752,912	0.53%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	18,350,041	499,672	504,216	4,544	0.91%
FEES & SELF-GENERATED	—	4,200,000	4,200,000	—	—
STATUTORY DEDICATIONS	711,345	929,940	930,363	423	0.05%
FEDERAL FUNDS	352,083,827	492,318,130	483,718,312	(8,599,818)	(1.75)%
TOTAL MEANS OF FINANCING	\$536,444,123	\$640,423,109	\$632,581,170	\$(7,841,939)	(1.22)%

Fees and Self-Generated

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated	—	4,200,000	4,200,000	—	—
Total:	—	\$4,200,000	\$4,200,000	—	—

Statutory Dedications

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Medical Assistance Programs Fraud Detection Fund	711,345	929,940	930,363	423	0.05%
Total:	\$711,345	\$929,940	\$930,363	\$423	0.05%

Program Expenditures

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Salaries	59,768,353	60,612,401	65,469,371	4,856,970	8.01%
Other Compensation	3,996,044	1,834,843	4,665,623	2,830,780	154.28%
Related Benefits	37,962,783	37,185,495	41,713,069	4,527,574	12.18%
TOTAL PERSONAL SERVICES	\$101,727,180	\$99,632,739	\$111,848,063	\$12,215,324	12.26%
Travel	109,485	220,219	225,152	4,933	2.24%
Operating Services	4,306,024	4,091,880	4,183,538	91,658	2.24%
Supplies	102,489	263,125	269,019	5,894	2.24%
TOTAL OPERATING EXPENSES	\$4,517,998	\$4,575,224	\$4,677,709	\$102,485	2.24%
PROFESSIONAL SERVICES	\$115,964,938	\$277,651,320	\$286,106,324	\$8,455,004	3.05%
Other Charges	132,299,216	56,048,453	53,705,752	(2,342,701)	(4.18)%
Debt Service	—	—	—	—	—
Interagency Transfers	181,934,792	202,515,373	176,243,322	(26,272,051)	(12.97)%
TOTAL OTHER CHARGES	\$314,234,008	\$258,563,826	\$229,949,074	\$(28,614,752)	(11.07)%
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$536,444,123	\$640,423,109	\$632,581,170	\$(7,841,939)	(1.22)%

Program Positions

Classified	994	992	994	2	0.20%
Unclassified	2	4	4	—	—
TOTAL AUTHORIZED T.O. POSITIONS	996	996	998	2	0.20%
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	113	110	110	—	—
TOTAL POSITIONS	1,109	1,106	1,108	2	0.18%

Cost Detail

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
State General Fund	165,298,910	142,475,367	143,228,279	752,912
Interagency Transfers	18,350,041	499,672	504,216	4,544
Fees & Self-generated	—	4,200,000	4,200,000	—
Medical Assistance Programs Fraud Detection Fund	711,345	929,940	930,363	423
Federal Funds	352,083,827	492,318,130	483,718,312	(8,599,818)
Total:	\$536,444,123	\$640,423,109	\$632,581,170	\$(7,841,939)

Salaries

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5110010	SAL-CLASS-TO-REG	56,625,283	58,798,982	63,637,633	4,838,651
5110015	SAL-CLASS-TO-OT	2,168,431	801,363	801,363	—
5110020	SAL-CLASS-TO-TERM	501,262	520,505	520,505	—
5110025	SAL-UNCLASS-TO-REG	447,127	464,293	482,612	18,319
5110035	SAL-UNCLASS-TO-TERM	26,250	27,258	27,258	—
Total Salaries:		\$59,768,353	\$60,612,401	\$65,469,371	\$4,856,970

Other Compensation

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5120010	COMPENSATION/WAGES	3,906,600	1,793,774	4,624,554	2,830,780
5120035	STUDENT LABOR	46,575	21,387	21,387	—
5120105	COMP-CL-NON TO-OT	29,141	13,380	13,380	—
5120110	COMP-CL-NON TO-TERM	13,728	6,302	6,302	—
Total Other Compensation:		\$3,996,044	\$1,834,843	\$4,665,623	\$2,830,780

Related Benefits

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5130010	RET CONTR-STATE EMP	22,827,817	22,360,418	26,887,992	4,527,574
5130015	RET CONTR-SCHOOL EMP	17,127	16,776	16,776	—
5130020	RET CONTR-TEACHERS	160,416	157,132	157,132	—
5130050	POSTRET BENEFITS	6,595,223	6,460,186	6,460,186	—
5130055	FICA TAX (OASDI)	40,437	39,610	39,610	—
5130060	MEDICARE TAX	865,639	847,915	847,915	—
5130070	GRP INS CONTRIBUTION	7,450,555	7,298,005	7,298,005	—
5130085	OTH RELATED BENEFIT	4,858	—	—	—
5130090	TAXABLE FRINGE BEN	711	5,453	5,453	—
Total Related Benefits:		\$37,962,783	\$37,185,495	\$41,713,069	\$4,527,574

Travel

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5200000	TOTAL TRAVEL	—	220,219	225,152	4,933
5210010	IN-STATE TRAVEL-ADM	10,444	—	—	—
5210015	IN-STATE TRAVEL-CONF	4,491	—	—	—
5210020	IN-STATE TRAV-FIELD	17,345	—	—	—
5210055	OUT-OF-STTRV-CONF	67,791	—	—	—
5210060	OUT-OF-STTRV-FIELD	220	—	—	—
5210105	STAFF TRAINING	2,884	—	—	—
5210110	CONFERENCE REG FEES	2,520	—	—	—
5210115	CERTIFICATION FEES	3,790	—	—	—
Total Travel:		\$109,485	\$220,219	\$225,152	\$4,933

Operating Services

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5300000	TOTAL OPERATING SERV	—	4,091,880	4,183,538	91,658
5310001	SERV-ADVERTISING	1,054,431	—	—	—
5310008	SERV-OFFICE RELOC EX	1,400	—	—	—
5310009	SERV-MOVING SERVICES	2,638	—	—	—
5310010	SERV-DUES & OTHER	11,587	—	—	—
5310011	SERV-SUBSCRIPTIONS	1,661	—	—	—
5310012	SERV-DATA MODEL/MAP	65,030	—	—	—
5310015	SERV-SECURITY	222,115	—	—	—
5310017	SERV-DOC DESTRUCTION	5,440	—	—	—
5310030	SERV-ADMIN FEES	8,674	—	—	—
5310048	SERV-SUBSCRIPTIONS	15,961	—	—	—
5310050	SERV-DUES & OTHER	300	—	—	—
5310400	SERV-MISC	123,369	—	—	—
5330012	MAINT-JANITORIAL	3,535	—	—	—
5330013	MAINT-CLEANING SERV	1,140	—	—	—
5340010	RENT-REAL ESTATE	2,521,176	—	—	—
5340020	RENT-EQUIPMENT	68,835	—	—	—
5340045	RENT-STORAGE SPACE	20,650	—	—	—
5350002	UTIL-DATA LINE/CIRCT	10,363	—	—	—
5350004	UTIL-TELEPHONE SERV	87,864	—	—	—
5350006	UTIL-MAIL/DEL/POST	2,041	—	—	—
5350008	UTIL-DEL UPS/FED EXP	976	—	—	—
5350018	UTIL-MAIL/DEL/POST	76,837	—	—	—
Total Operating Services:		\$4,306,024	\$4,091,880	\$4,183,538	\$91,658

Supplies

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5400000	TOTAL SUPPLIES	—	263,125	269,019	5,894
5410001	SUP-OFFICE SUPPLIES	91,785	—	—	—
5410003	SUP-BANKING	211	—	—	—
5410006	SUP-COMPUTER	2,029	—	—	—
5410008	SUP-MEDICAL	117	—	—	—
5410010	SUP-TEXTBOOKS	5,395	—	—	—
5410013	SUP-FOOD & BEVERAGE	9,412	—	—	—
5410017	SUP-JANITORIAL	331	—	—	—
5410021	SUP-ELECTRONICS/ELEC	(6,790)	—	—	—
Total Supplies:		\$102,489	\$263,125	\$269,019	\$5,894

Professional Services

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5500000	TOTAL PROF SERVICES	—	277,651,320	286,106,324	8,455,004
5510001	PROF SERV-ACCT/AUDIT	15,703,663	—	—	—
5510003	PROF SERV-MGT CONSUL	83,590	—	—	—
5510005	PROF SERV-LEGAL	15,736	—	—	—
5510007	PROF SERV-MED/DEN	53,936,203	—	—	—
5510020	PROF SERV-BLD/CONSTR	358	—	—	—
5510023	PROF SERV-INDUSTCLN	401	—	—	—
5510027	PROF SERV-TRANS/STOR	6,109	—	—	—
5510028	PROF SERV-ADV/PRINT	42,033	—	—	—
5510400	PROF SERV-OTHER	46,176,845	—	—	—
Total Professional Services:		\$115,964,938	\$277,651,320	\$286,106,324	\$8,455,004

Other Charges

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	56,048,453	53,705,752	(2,342,701)
5610015	LOC AID-MEDICAID PMT	(544,500)	—	—	—
5610020	PUBLIC ASST-HEALTH	28,164,197	—	—	—
5620018	MISC-PROJECT ACTVTY	16,596	—	—	—
5620064	MISC-PROF SVCS	104,599,433	—	—	—
5620065	MISC-SUPPLIES OTHER	9,367	—	—	—
5620072	MISC-OC SAL CLASS&UN	45,763	—	—	—
5620081	MISC-OC-F.I.C.A. TAX	2,644	—	—	—
5620082	MISC-OC-MEDICARE TAX	618	—	—	—
5620083	MISC-OC-GRP INS CONT	4,325	—	—	—
5620137	MISC-OC-PS-MEDICAL	772	—	—	—
Total Other Charges:		\$132,299,216	\$56,048,453	\$53,705,752	\$(2,342,701)

Interagency Transfers

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	202,515,373	176,243,322	(26,272,051)
5950001	IAT-COMMODITY/SERV	18,691,185	—	—	—
5950002	IAT-SALARIES	6,332	—	—	—
5950003	IAT-COMPENSATION	3,057,095	—	—	—
5950004	IAT-RELATED BENEFITS	736,150	—	—	—
5950007	IAT-PRINTING	7,116,012	—	—	—
5950008	IAT-POSTAGE	204,615	—	—	—
5950009	IAT-DATA PROCESSING	100	—	—	—
5950014	IAT-TELEPHONE	4,125,794	—	—	—
5950017	IAT-INSURANCE	504,587	—	—	—
5950026	IAT-RENTALS	1,335,791	—	—	—
5950028	IAT-UTILITIES	189,185	—	—	—

Interagency Transfers (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5950032	IAT-ADMIN IND COST	3,780,079	—	—	—
5950033	IAT-INTER AGY TRANS	12,098,403	—	—	—
5950038	IAT-OTHER OPER SERV	472,477	—	—	—
5950053	IAT-STATE TREASURER	53,146	—	—	—
5950055	IAT-ADMIN LAW JUDGE	316,337	—	—	—
5950058	IAT-TECH SVCS	128,978,562	—	—	—
5950059	IAT-ST PROCUREMENT	268,942	—	—	—
Total Interagency Transfers:		\$181,934,792	\$202,515,373	\$176,243,322	\$(26,272,051)
Total Expenditures for Program 3052		\$536,444,123	\$640,423,109	\$632,581,170	\$(7,841,939)
Total Agency Expenditures:		\$536,444,123	\$640,423,109	\$632,581,170	\$(7,841,939)

SOURCE OF FUNDING SUMMARY

Agency Overview

Interagency Transfers

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
DEPT OF CORRECTIONS	202,875	202,875	207,419	4,544	34489
DCFS	—	270,797	270,797	—	34509
LDH-OBH	—	26,000	26,000	—	34557
LDH-MVP	18,147,166	—	—	—	40949
Total Interagency Transfers	\$18,350,041	\$499,672	\$504,216	\$4,544	

Fees & Self-generated

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
MISC SELF-GEN REVENUE	—	250,000	250,000	—	34512
MEDICAID OUTSTATIONING	—	3,800,000	3,800,000	—	34541
FEEES & SELF GENERATED	—	150,000	150,000	—	34542
Total Fees & Self-generated	—	\$4,200,000	\$4,200,000	—	

Statutory Dedications

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
H14-MED ASST FRAUD FUND	711,345	929,940	930,363	423	34513
Total Statutory Dedications	\$711,345	\$929,940	\$930,363	\$423	

Federal Funds

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
CHIP	126,952	16,800,000	16,800,000	—	34537
MAP REFUGEE	37,746	165,565	165,565	—	34538
MONEY FOLLOWS THE PERSON	2,927,338	4,310,730	4,310,730	—	34539
SCHOOL BASED ADMIN	15,173,814	7,500,000	7,500,000	—	34540
MEDICAID	333,859,334	463,541,835	454,942,017	(8,599,818)	34543
Total Federal Funds	\$352,125,184	\$492,318,130	\$483,718,312	\$(8,599,818)	
Total Sources of Funding:	\$371,186,570	\$497,947,742	\$489,352,891	\$(8,594,851)	

SOURCE OF FUNDING DETAIL

Interagency Transfers

Form 34489 — 305 - IAT Reinstate Disability Medicaid Program

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 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	—	—	\$207,419	—	—	\$202,875	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$202,875	—	—	\$207,419	—	—	\$202,875	—	—

Form 34489 — 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, 2025 - June 30, 2026.
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 34509 — 305 - IAT Coordinated System of Care (CSoC)

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 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 34509 — 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, 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 34557 — 305 - IAT from OBH

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 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 34557 — 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 40949 — 305 - IAT MVP Unwind

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 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 40949 — 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.	

Statutory Dedications

Form 34513 — 305 - Medical Assistance Program Fraud Detection Fund

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 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	—	—	553,839	—	—	403,839	—	—
Other Compensation	49,470	—	—	49,470	—	—	49,470	—	—
Related Benefits	306,629	—	—	306,629	—	—	238,034	—	—
TOTAL PERSONAL SERVICES	\$909,938	—	—	\$909,938	—	—	\$691,343	—	—
Travel	2,868	—	—	2,932	—	—	2,868	—	—
Operating Services	4,300	—	—	4,396	—	—	4,300	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$7,168	—	—	\$7,328	—	—	\$7,168	—	—
PROFESSIONAL SERVICES	\$11,734	—	—	\$11,997	—	—	\$11,734	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	1,100	—	—	1,100	—	—	1,100	—	—
TOTAL OTHER CHARGES	\$1,100	—	—	\$1,100	—	—	\$1,100	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$929,940	—	—	\$930,363	—	—	\$711,345	—	—

Form 34513 — 305 - Medical Assistance Program Fraud Detection Fund

Question	Narrative Response
State the purpose, source and legal citation.	Under Louisiana Revised Statute 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.	

Federal Funds

Form 34537 — 305 - FEDA CHIP

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 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 34537 — 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 34538 — 305 - MAP REFUGEE

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 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	\$165,565	—	—	\$165,565	—	—	\$50,000	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$165,565	—	—	\$165,565	—	—	\$50,000	—	—

Form 34538 — 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 34539 — 305 - MONEY FOLLOWS THE PERSON

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 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	4,310,730	—	—	4,310,730	—	—	2,200,000	—	—
TOTAL OTHER CHARGES	\$4,310,730	—	—	\$4,310,730	—	—	\$2,200,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,310,730	—	—	\$4,310,730	—	—	\$2,200,000	—	—

Form 34539 — 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 34540 — 305 - SCHOOL BASED ADMIN

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 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 34540 — 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 34543 — 305 - MEDICAID TITLE 19

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 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	49,065,152	—	9,408,300	51,589,110	—	9,459,642	46,608,723	—	9,459,642
Other Compensation	870,422	—	857,817	2,190,339	—	1,654,639	1,690,218	—	1,654,639
Related Benefits	31,475,724	—	4,360,364	33,739,512	—	6,910,100	31,824,481	—	6,910,100
TOTAL PERSONAL SERVICES	\$81,411,298	—	\$14,626,481	\$87,518,961	—	\$18,024,381	\$80,123,422	—	\$18,024,381
Travel	107,000	—	104,133	109,536	—	106,476	92,178	—	104,133
Operating Services	1,988,172	—	1,983,871	2,035,295	—	2,356,315	15,997,153	—	1,985,428
Supplies	127,848	—	127,848	130,878	—	130,725	110,139	—	127,848
TOTAL OPERATING EXPENSES	\$2,223,020	—	\$2,215,852	\$2,275,709	—	\$2,593,516	\$16,199,470	—	\$2,217,409
PROFESSIONAL SERVICES	\$205,326,755	—	\$66,442,353	\$212,498,772	—	\$61,287,879	\$118,418,514	—	\$60,031,530
Other Charges	32,814,818	—	9,871,159	30,966,652	—	9,376,624	74,107,435	—	9,376,624
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	141,765,944	—	49,319,522	121,681,923	—	44,714,380	193,015,959	—	44,714,380
TOTAL OTHER CHARGES	\$174,580,762	—	\$59,190,681	\$152,648,575	—	\$54,091,004	\$267,123,394	—	\$54,091,004
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$463,541,835	—	\$142,475,367	\$454,942,017	—	\$135,996,780	\$481,864,800	—	\$134,364,324

Form 34543 — 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.	

Fees & Self-generated

Form 34512 — 305 - RECOVERY FROM 3RD PARTIES

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 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 34512 — 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 State's 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, 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 34541 — 305 - MEDICAID OUTSTATIONING

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 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	3,800,000	—	—	3,800,000	—	—	3,600,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$3,800,000	—	—	\$3,800,000	—	—	\$3,600,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,800,000	—	—	\$3,800,000	—	—	\$3,600,000	—	—

Form 34541 — 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 34542 — 305 - Application, Licensing, and Certification Fees

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 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	150,000	—	—	150,000	—	—	200,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$150,000	—	—	\$150,000	—	—	\$200,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$150,000	—	—	\$150,000	—	—	\$200,000	—	—

Form 34542 — 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 42 CFR 455.460 and the Medicaid Provider Screening Application Fee LAC 50:1.1501, 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 34489 DEPT OF CORRECTIONS	Interagency Transfers Form ID 34509 DCFS	Interagency Transfers Form ID 34557 LDH-OBH
Salaries	9,408,300	60,612,401	9,408,300	—	—	—
Other Compensation	857,817	1,834,843	857,817	—	—	—
Related Benefits	4,360,364	37,185,495	4,360,364	—	—	—
TOTAL PERSONAL SERVICES	\$14,626,481	\$99,632,739	\$14,626,481	—	—	—
Travel	104,133	220,219	104,133	—	—	—
Operating Services	1,983,871	4,091,880	1,983,871	—	—	—
Supplies	127,848	263,125	127,848	—	—	—
TOTAL OPERATING EXPENSES	\$2,215,852	\$4,575,224	\$2,215,852	—	—	—
PROFESSIONAL SERVICES	\$66,442,353	\$277,651,320	\$66,442,353	\$202,875	—	—
Other Charges	9,871,159	56,048,453	9,871,159	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	49,319,522	202,515,373	49,319,522	—	270,797	26,000
TOTAL OTHER CHARGES	\$59,190,681	\$258,563,826	\$59,190,681	—	\$270,797	\$26,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$142,475,367	\$640,423,109	\$142,475,367	\$202,875	\$270,797	\$26,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 34512 MISC SELF-GEN REVENUE	Fees & Self-generated Form ID 34541 MEDICAID OUTSTATIONING	Fees & Self-generated Form ID 34542 FEES & SELF GENERATED	Statutory Dedications Form ID 34513 H14-MED ASST FRAUD FUND	Federal Funds Form ID 34537 CHIP	Federal Funds Form ID 34538 MAP REFUGEE
Salaries	—	—	—	553,839	1,585,110	—
Other Compensation	—	—	—	49,470	57,134	—
Related Benefits	—	—	—	306,629	1,042,778	—
TOTAL PERSONAL SERVICES	—	—	—	\$909,938	\$2,685,022	—
Travel	—	—	—	2,868	6,218	—
Operating Services	—	—	—	4,300	115,537	—
Supplies	—	—	—	—	7,429	—
TOTAL OPERATING EXPENSES	—	—	—	\$7,168	\$129,184	—
PROFESSIONAL SERVICES	—	—	—	\$11,734	\$5,502,038	\$165,565
Other Charges	250,000	3,800,000	150,000	—	1,662,476	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	1,100	6,821,280	—
TOTAL OTHER CHARGES	\$250,000	\$3,800,000	\$150,000	\$1,100	\$8,483,756	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$250,000	\$3,800,000	\$150,000	\$929,940	\$16,800,000	\$165,565

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34539 MONEY FOLLOWS THE PERSON	Federal Funds Form ID 34540 SCHOOL BASED ADMIN	Federal Funds Form ID 34543 MEDICAID
Salaries	—	—	49,065,152
Other Compensation	—	—	870,422
Related Benefits	—	—	31,475,724
TOTAL PERSONAL SERVICES	—	—	\$81,411,298
Travel	—	—	107,000
Operating Services	—	—	1,988,172
Supplies	—	—	127,848
TOTAL OPERATING EXPENSES	—	—	\$2,223,020
PROFESSIONAL SERVICES	—	—	\$205,326,755
Other Charges	—	7,500,000	32,814,818
Debt Service	—	—	—
Interagency Transfers	4,310,730	—	141,765,944
TOTAL OTHER CHARGES	\$4,310,730	\$7,500,000	\$174,580,762
Acquisitions	—	—	—
Major Repairs	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—
TOTAL EXPENDITURES	\$4,310,730	\$7,500,000	\$463,541,835

Total Request

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 34489 DEPT OF CORRECTIONS	Interagency Transfers Form ID 34509 DCFS	Interagency Transfers Form ID 34557 LDH-OBH
Salaries	9,459,642	65,469,371	11,741,312	—	—	—
Other Compensation	1,654,639	4,665,623	2,368,680	—	—	—
Related Benefits	6,910,100	41,713,069	6,624,150	—	—	—
TOTAL PERSONAL SERVICES	\$18,024,381	\$111,848,063	\$20,734,142	—	—	—
Travel	106,476	225,152	106,466	—	—	—
Operating Services	2,356,315	4,183,538	2,028,310	—	—	—
Supplies	130,725	269,019	130,712	—	—	—
TOTAL OPERATING EXPENSES	\$2,593,516	\$4,677,709	\$2,265,488	—	—	—
PROFESSIONAL SERVICES	\$61,287,879	\$286,106,324	\$67,720,533	\$207,419	—	—
Other Charges	9,376,624	53,705,752	9,376,624	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	44,714,380	176,243,322	43,131,492	—	270,797	26,000
TOTAL OTHER CHARGES	\$54,091,004	\$229,949,074	\$52,508,116	—	\$270,797	\$26,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$135,996,780	\$632,581,170	\$143,228,279	\$207,419	\$270,797	\$26,000

Expenditures by Means of Financing

Total Request

Expenditures	Statutory Dedications Form ID 34513 H14-MED ASST FRAUD FUND	Federal Funds Form ID 34537 CHIP	Federal Funds Form ID 34538 MAP REFUGEE	Federal Funds Form ID 34539 MONEY FOLLOWS THE PERSON	Federal Funds Form ID 34540 SCHOOL BASED ADMIN	Federal Funds Form ID 34543 MEDICAID
Salaries	553,839	1,585,110	—	—	—	51,589,110
Other Compensation	49,470	57,134	—	—	—	2,190,339
Related Benefits	306,629	1,042,778	—	—	—	33,739,512
TOTAL PERSONAL SERVICES	\$909,938	\$2,685,022	—	—	—	\$87,518,961
Travel	2,932	6,218	—	—	—	109,536
Operating Services	4,396	115,537	—	—	—	2,035,295
Supplies	—	7,429	—	—	—	130,878
TOTAL OPERATING EXPENSES	\$7,328	\$129,184	—	—	—	\$2,275,709
PROFESSIONAL SERVICES	\$11,997	\$5,502,038	\$165,565	—	—	\$212,498,772
Other Charges	—	1,662,476	—	—	7,500,000	30,966,652
Debt Service	—	—	—	—	—	—
Interagency Transfers	1,100	6,821,280	—	4,310,730	—	121,681,923
TOTAL OTHER CHARGES	\$1,100	\$8,483,756	—	\$4,310,730	\$7,500,000	\$152,648,575
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$930,363	\$16,800,000	\$165,565	\$4,310,730	\$7,500,000	\$454,942,017

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 34512 MISC SELF-GEN REVENUE	Fees & Self-generated Form ID 34541 MEDICAID OUTSTATIONING	Fees & Self-generated Form ID 34542 FEES & SELF GENERATED
Salaries	—	—	—
Other Compensation	—	—	—
Related Benefits	—	—	—
TOTAL PERSONAL SERVICES	—	—	—
Travel	—	—	—
Operating Services	—	—	—
Supplies	—	—	—
TOTAL OPERATING EXPENSES	—	—	—
PROFESSIONAL SERVICES	—	—	—
Other Charges	250,000	3,800,000	150,000
Debt Service	—	—	—
Interagency Transfers	—	—	—
TOTAL OTHER CHARGES	\$250,000	\$3,800,000	\$150,000
Acquisitions	—	—	—
Major Repairs	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—
TOTAL EXPENDITURES	\$250,000	\$3,800,000	\$150,000

REVENUE COLLECTIONS/INCOME

Interagency Transfers

003 - Interagency Transfers

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 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	207,419	4,544
LDH-OBH	4710059	MR-FROM STATE AGENCY	—	26,000	26,000	—
LDH-MVP	4710059	MR-FROM STATE AGENCY	18,147,166	—	—	—
Total Collections/Income			\$18,350,041	\$499,672	\$504,216	\$4,544
TYPE						
Expenditures Source of Funding Form (BR-6)			18,350,041	499,672	504,216	4,544
Total Expenditures, Transfers and Carry Forwards to Next FY			\$18,350,041	\$499,672	\$504,216	\$4,544
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Fees & Self-generated

002 - Fees & Self-generated

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SOURCE						
FEES & SELF GENERATED	4710029	MR-PRIVATE SOURCES	—	150,000	150,000	—
THIRD PARTY PAYMENTS	4710029	MR-PRIVATE SOURCES	—	250,000	250,000	—
DONATIONS	4710029	MR-PRIVATE SOURCES	—	3,800,000	3,800,000	—
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	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SOURCE						
H14-MED ASST FRAUD FUND	4830014	INTRAFUND TRANSFER	711,345	929,940	930,363	423
Total Collections/Income			\$711,345	\$929,940	\$930,363	\$423
TYPE						
Expenditures Source of Funding Form (BR-6)			711,345	929,940	930,363	423
Total Expenditures, Transfers and Carry Forwards to Next FY			\$711,345	\$929,940	\$930,363	\$423
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	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SOURCE						
MAP REFUGEE	4060035	FR-OTHER	37,746	165,565	165,565	—
CHIP	4060035	FR-OTHER	126,952	16,800,000	16,800,000	—
MONEY FOLLOWS THE PERSON	4060035	FR-OTHER	2,927,338	4,310,730	4,310,730	—
SCHOOL BASED ADMIN	4060035	FR-OTHER	15,173,814	7,500,000	7,500,000	—
MEDICAID	4060035	FR-OTHER	333,859,334	463,541,835	454,942,017	(8,599,818)
Total Collections/Income			\$352,125,184	\$492,318,130	\$483,718,312	\$(8,599,818)
TYPE						
Expenditures Source of Funding Form (BR-6)			352,125,184	492,318,130	483,718,312	(8,599,818)
Total Expenditures, Transfers and Carry Forwards to Next FY			\$352,125,184	\$492,318,130	\$483,718,312	\$(8,599,818)
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Justification of Differences

Form 35420 — 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 35421 — 305 - IAT DOC Reinstatement of Disability Medicaid

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 35422 — 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 35423 — 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 35424 — 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 35425 — 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 35426 — 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 35427 — 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 35428 — 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 35429 — 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 35430 — 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 35431 — 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 35432 — 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 35474 — 305 - IAT from OBH for PASRR

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 35573 — 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.	

SCHEDULE OF REQUESTED EXPENDITURES

3052 - Medical Vendor Administration

Travel

FY2025-2026 Request	Description
11,925	Includes, but not limited to, field travel between state and regional offices for professional development trainings, compliance audits, and ad hoc meeting
37,485	Includes, but not limited to, out of state professional development conferences, conventions, and face to face meetings
167,825	In State- Administrative Fees
2,253	In State-Includes, but not limited to, conference registrations and certificate fees
3,270	Out of State-Certification Fees
2,394	Out of State- Staff Training
\$225,152	Total Travel

Operating Services

FY2025-2026 Request	Description
565,252	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.
310,301	Includes, but not limited to, non-OTM telephone and communications services
2,965,813	Includes, but not limited to, office space for local and regional staff
51,120	Includes, but not limited to, printing expenses to support and promote Medicaid program initiatives, outreach materials, notices, global communications, and member announcements.
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.
\$4,183,538	Total Operating Services

Supplies

FY2025-2026 Request	Description
269,019	Includes, but not limited to, general consumable office supplies for use in conducting the day-to-day activities of the Medicaid program such as paper, pens, folders, binders, staples, printer toner, etc.
\$269,019	Total Supplies

Professional Services

FY2025-2026 Request	Means of Financing	Description
26,744,740	Federal Funds	
18,546,754	State General Fund	
\$45,291,494		Accounting, auditing, and related contracts for the administration of the Medicaid program
108,731,226	Federal Funds	
81,751	Fees & Self-generated	
288,240	Interagency Transfers	
11,997	Medical Assistance Programs Fraud Detection Fund	
42,216,526	State General Fund	
\$151,329,740		Contracts for administrative services associated with providing medical and dental services for the Medicaid program
62,804,273	Federal Funds	
24,182,259	State General Fund	
\$86,986,532		Fiscal Intermediary contract
175,990	Federal Funds	
175,990	State General Fund	
\$351,980		Legal contract for the administration of the Medicaid program
975,216	Federal Funds	
1,171,362	State General Fund	
\$2,146,578		Management consulting contracts for the administration of the Medicaid program
\$286,106,324		Total Professional Services

Other Charges

FY2025-2026 Request	Means of Financing	Description
34,553,288	Federal Funds	
4,275,840	Fees & Self-generated	
9,376,624	State General Fund	
\$48,205,752		Administrative costs associated with Medicaid program initiatives, including but not limited to, staff augmentation
5,500,000	Federal Funds	
\$5,500,000		School-based admin clearing
\$53,705,752	Total Other Charges	

Interagency Transfers

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
16,000	Federal Funds		
24,000	Federal Funds		
\$40,000		CENTRAL LA HUMAN SERVICE DIST	Act 421 Children's Medicaid (Tax Equity & Fiscal Responsibility Act or TEFRA) Option
90,000	Federal Funds		
\$90,000		CAPITAL AREA HUMAN SRV DSTRCT	ACT 421 -TEFRA
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.
386,678	Federal Funds		
\$386,678		OFF FOR CITIZENS DEV DISABLIT.	Assessment of Services Needs for persons on the SUN registry and to prioritize access of 1915c HCBS

Interagency Transfers (continued)

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
150,332	Federal Funds		
\$150,332		HEALTH & HOSP OFF OF SECRETARY	Bureaus of Legal Services Statewide Program Mgr. 1 (Position #50556686)
709,310	Federal Funds		
709,310	State General Fund		
\$1,418,620		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)
45,450	Federal Funds		
45,450	State General Fund		
\$90,900		DIVISION OF ADMINISTRATION	DOA - Capitol Police Security
128,004	Federal Funds		
128,004	State General Fund		
\$256,008		DIVISION OF ADMINISTRATION	DOA - Louisiana Department of the Treasury
454,018	Federal Funds		
315,688	State General Fund		
\$769,706		DIVISION OF ADMINISTRATION	DOA - Office of Group Benefits
439,063	Federal Funds		
439,063	State General Fund		
\$878,126		DIVISION OF ADMINISTRATION	DOA - Office of Risk Management (ORM)
272,891	State General Fund		
\$272,891		DIVISION OF ADMINISTRATION	DOA - Office of State Procurement (OSP)
272,891	Federal Funds		
\$272,891		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.
33,035	Federal Funds		
33,035	State General Fund		
\$66,069		DIVISION OF ADMINISTRATION	DOA - Office of State Uniform Payroll (OSUP) Services

Interagency Transfers (continued)

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
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)
25,885,740	State General Fund		
\$25,885,740		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.
112,508,110	Federal Funds		
\$112,508,110		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.
208,644	Federal Funds		
208,644	State General Fund		
\$417,287		DIVISION OF ADMINISTRATION	DOA - State Civil Service (SCS) and Comprehensive Public Training Program (CPTP) Fees
25,000	Federal Funds		
\$25,000		FLA PAR HUMAN SERVCS AUTHORITY	FPHSA - Centers for Medicare and Medicaid Services (CMS) mandated Pre-Admission Screening and Resident Review (PASRR) services
21,099	Federal Funds		
21,099	State General Fund		
\$42,197		WORKFORCE SUPPORT AND TRAINING	LWC - Louisiana Workforce Commission (LWC)
200,000	Federal Funds		
\$200,000		HED-BOARD OF REGENTS	Medical and Allied Health Professional Education Scholarships and Loan Program.
1,009,255	Federal Funds		
\$1,009,255		OFF FOR CITIZENS DEV DISABLIT.	Money Follows the Person (MFP) Rebalancing Demonstration Grant

Interagency Transfers (continued)

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
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
400,000	Federal Funds		
\$400,000		OFFICE OF AGING & ADULT SRVS	OAAS - Nursing Home Resident Trust Fund (NHRTF)
645,000	Federal Funds		
\$645,000		OFFICE OF AGING & ADULT SRVS	OAAS - OAAS Participant Tracking System (OPTS)
1,996,389	Federal Funds		
\$1,996,389		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 \$456,000) and Supported Independent Living Advocacy Program (SILAP at \$75,000)
30,000	Federal Funds		
\$30,000		CAPITAL AREA HUMAN SRV DSTRCT	OBH - 2021 American Rescue Plan Act (ARPA) Workforce Training and Provider Capacity Initiatives

Interagency Transfers (continued)

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
3,631,610	Federal Funds		
\$3,631,610		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
2,791,800	Federal Funds		
\$2,791,800		OFFICE OF BEHAVIORAL HEALTH	OBH - Start-up costs associated with Community-Based Crisis Providers
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
925,000	Federal Funds		
\$925,000		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)
2,880,385	Federal Funds		
\$2,880,385		HEALTH & HOSP OFF OF SECRETARY	OS - Health Standards
1,500,000	Federal Funds		
\$1,500,000		HEALTH & HOSP OFF OF SECRETARY	OS - Medicaid eligible legal services related to emergency preparedness and public health emergency.
1,419,546	Federal Funds		
\$1,419,546		HEALTH & HOSP OFF OF SECRETARY	OS - Medicaid Federal Reporting cost center
230,268	Federal Funds		
\$230,268		HEALTH & HOSP OFF OF SECRETARY	OS - Modernizing Emergency Preparedness Procedures.
14,000	Federal Funds		
\$14,000		NE DELTA HUMAN SVCS AUTHORITY	Pre-Admission Screening and Resident Review (PASRR)

Interagency Transfers *(continued)*

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
10,000	Federal Funds		
\$10,000		CENTRAL LA HUMAN SERVICE DIST	Pre-Admission Screening and Resident Review (PASRR)
2,247,129	Federal Funds		
\$2,247,129		OFFICE OF PUBLIC HEALTH	Tobacco Control Statewide QUITLINE Immunization LINKS System
\$176,243,322	Total Interagency Transfers		

Continuation Budget Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
STATE GENERAL FUND (Direct)	142,475,367	(6,888,090)	1,533,341	6,107,661	—	—	143,228,279
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	499,672	—	4,544	—	—	—	504,216
FEES & SELF-GENERATED	4,200,000	—	—	—	—	—	4,200,000
STATUTORY DEDICATIONS	929,940	—	423	—	—	—	930,363
FEDERAL FUNDS	492,318,130	(22,270,662)	4,771,381	6,107,663	2,791,800	—	483,718,312
TOTAL MEANS OF FINANCING	\$640,423,109	\$(29,158,752)	\$6,309,689	\$12,215,324	\$2,791,800	—	\$632,581,170

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Fees & Self-generated	4,200,000	—	—	—	—	—	4,200,000
Total:	\$4,200,000	—	—	—	—	—	\$4,200,000

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Medical Assistance Programs Fraud Detection Fund	929,940	—	423	—	—	—	930,363
Total:	\$929,940	—	\$423	—	—	—	\$930,363

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Salaries	60,612,401	—	—	4,666,026	—	190,944	65,469,371
Other Compensation	1,834,843	—	—	3,021,724	—	(190,944)	4,665,623
Related Benefits	37,185,495	—	—	4,527,574	—	—	41,713,069
TOTAL PERSONAL SERVICES	\$99,632,739	—	—	\$12,215,324	—	—	\$111,848,063
Travel	220,219	—	4,933	—	—	—	225,152
Operating Services	4,091,880	—	91,658	—	—	—	4,183,538
Supplies	263,125	—	5,894	—	—	—	269,019
TOTAL OPERATING EXPENSES	\$4,575,224	—	\$102,485	—	—	—	\$4,677,709
PROFESSIONAL SERVICES	\$277,651,320	\$(544,000)	\$6,207,204	—	\$2,791,800	—	\$286,106,324
Other Charges	56,048,453	(2,342,701)	—	—	—	—	53,705,752
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	202,515,373	(26,272,051)	—	—	—	—	176,243,322
TOTAL OTHER CHARGES	\$258,563,826	\$(28,614,752)	—	—	—	—	\$229,949,074
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$640,423,109	\$(29,158,752)	\$6,309,689	\$12,215,324	\$2,791,800	—	\$632,581,170
Classified	992	—	—	—	—	2	994
Unclassified	4	—	—	—	—	—	4
TOTAL AUTHORIZED T.O. POSITIONS	996	—	—	—	—	2	998
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	110	—	—	—	—	—	110

CONTINUATION BUDGET ADJUSTMENTS - SUMMARIZED

Form 37213 — NR - Carryforwards

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(6,888,090)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(22,270,662)
TOTAL MEANS OF FINANCING	\$(29,158,752)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	\$(544,000)
Other Charges	(2,342,701)
Debt Service	—
Interagency Transfers	(26,272,051)
TOTAL OTHER CHARGES	\$(28,614,752)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(29,158,752)

Positions

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

Form 37216 — Inflation Factor
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	1,533,341
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	4,544
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	423
FEDERAL FUNDS	4,771,381
TOTAL MEANS OF FINANCING	\$6,309,689

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	4,933
Operating Services	91,658
Supplies	5,894
TOTAL OPERATING EXPENSES	\$102,485
PROFESSIONAL SERVICES	\$6,207,204
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$6,309,689

Positions

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

Form 38041 — 305 - Annual Market Adjustment for Classified Employees

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	1,496,920
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	1,496,921
TOTAL MEANS OF FINANCING	\$2,993,841

Expenditures

	Amount
Salaries	1,969,632
Other Compensation	—
Related Benefits	1,024,209
TOTAL PERSONAL SERVICES	\$2,993,841
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	\$2,993,841

Positions

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

Form 38042 — 305 - Annual Market Adjustment for Unclassified Employees

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	15,886
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	15,887
TOTAL MEANS OF FINANCING	\$31,773

Positions

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

Expenditures

	Amount
Salaries	18,319
Other Compensation	2,825
Related Benefits	10,629
TOTAL PERSONAL SERVICES	\$31,773
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	\$31,773

Form 38043 — 305 - Personal Services Base Adjustments

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	4,594,855
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	4,594,855
TOTAL MEANS OF FINANCING	\$9,189,710

Expenditures

	Amount
Salaries	2,678,075
Other Compensation	3,018,899
Related Benefits	3,492,736
TOTAL PERSONAL SERVICES	\$9,189,710
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	\$9,189,710

Positions

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

Continuation Budget Adjustments - Summarized

Total Agency
Request Type: WORKLOAD

Form 38048 — 305 -OBH Statewide Crisis Hub

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

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	\$2,791,800
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$2,791,800

Positions

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

Form 38059 — 305 - Conversion of 2 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	—

Expenditures

	Amount
Salaries	190,944
Other Compensation	(190,944)
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

Positions

	FTE
Classified	2
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	2
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

PROGRAM SUMMARY STATEMENT

3052 - Medical Vendor Administration

Means of Financing

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
STATE GENERAL FUND (Direct)	142,475,367	(6,888,090)	1,533,341	6,107,661	—	—	143,228,279
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	499,672	—	4,544	—	—	—	504,216
FEES & SELF-GENERATED	4,200,000	—	—	—	—	—	4,200,000
STATUTORY DEDICATIONS	929,940	—	423	—	—	—	930,363
FEDERAL FUNDS	492,318,130	(22,270,662)	4,771,381	6,107,663	2,791,800	—	483,718,312
TOTAL MEANS OF FINANCING	\$640,423,109	\$(29,158,752)	\$6,309,689	\$12,215,324	\$2,791,800	—	\$632,581,170

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Fees & Self-generated	4,200,000	—	—	—	—	—	4,200,000
Total:	\$4,200,000	—	—	—	—	—	\$4,200,000

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Medical Assistance Programs Fraud Detection Fund	929,940	—	423	—	—	—	930,363
Total:	\$929,940	—	\$423	—	—	—	\$930,363

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Salaries	60,612,401	—	—	4,666,026	—	190,944	65,469,371
Other Compensation	1,834,843	—	—	3,021,724	—	(190,944)	4,665,623
Related Benefits	37,185,495	—	—	4,527,574	—	—	41,713,069
TOTAL PERSONAL SERVICES	\$99,632,739	—	—	\$12,215,324	—	—	\$111,848,063
Travel	220,219	—	4,933	—	—	—	225,152
Operating Services	4,091,880	—	91,658	—	—	—	4,183,538
Supplies	263,125	—	5,894	—	—	—	269,019
TOTAL OPERATING EXPENSES	\$4,575,224	—	\$102,485	—	—	—	\$4,677,709
PROFESSIONAL SERVICES	\$277,651,320	\$(544,000)	\$6,207,204	—	\$2,791,800	—	\$286,106,324
Other Charges	56,048,453	(2,342,701)	—	—	—	—	53,705,752
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	202,515,373	(26,272,051)	—	—	—	—	176,243,322
TOTAL OTHER CHARGES	\$258,563,826	\$(28,614,752)	—	—	—	—	\$229,949,074
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$640,423,109	\$(29,158,752)	\$6,309,689	\$12,215,324	\$2,791,800	—	\$632,581,170
Classified	992	—	—	—	—	2	994
Unclassified	4	—	—	—	—	—	4
TOTAL AUTHORIZED T.O. POSITIONS	996	—	—	—	—	2	998
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	110	—	—	—	—	—	110

CONTINUATION BUDGET ADJUSTMENTS - BY PROGRAM

Form 37213 — NR - Carryforwards

3052 - Medical Vendor Administration

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(6,888,090)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(22,270,662)
TOTAL MEANS OF FINANCING	\$(29,158,752)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	\$(544,000)
Other Charges	(2,342,701)
Debt Service	—
Interagency Transfers	(26,272,051)
TOTAL OTHER CHARGES	\$(28,614,752)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(29,158,752)

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	(22,270,662)
State General Fund	(6,888,090)
Total:	\$(29,158,752)

Professional Services

Commitment item	Name	Amount
5500000	TOTAL PROF SERVICES	(544,000)
Total:		\$(544,000)

Other Charges

Commitment item	Name	Amount
5600000	TOTAL OTHER CHARGES	(2,342,701)
Total:		\$(2,342,701)

Interagency Transfer

Commitment item	Name	Amount
5950000	TOTAL IAT	(26,272,051)
Total:		\$(26,272,051)

Form 37216 — Inflation Factor

3052 - Medical Vendor Administration

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	1,533,341
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	4,544
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	423
FEDERAL FUNDS	4,771,381
TOTAL MEANS OF FINANCING	\$6,309,689

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	4,933
Operating Services	91,658
Supplies	5,894
TOTAL OPERATING EXPENSES	\$102,485
PROFESSIONAL SERVICES	\$6,207,204
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$6,309,689

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	423
Total:	\$423

Supporting Detail

Means of Financing

Description	Amount
Federal Funds	4,771,381
Interagency Transfers	4,544
Medical Assistance Programs Fraud Detection Fund	423
State General Fund	1,533,341
Total:	\$6,309,689

Travel

Commitment item	Name	Amount
5200000	TOTAL TRAVEL	4,933
Total:		\$4,933

Operating Services

Commitment item	Name	Amount
5300000	TOTAL OPERATING SERV	91,658
Total:		\$91,658

Supplies

Commitment item	Name	Amount
5400000	TOTAL SUPPLIES	5,894
Total:		\$5,894

Professional Services

Commitment item	Name	Amount
5500000	TOTAL PROF SERVICES	6,207,204
Total:		\$6,207,204

Form 38041 — 305 - Annual Market Adjustment for Classified Employees

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	1,496,920
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	1,496,921
TOTAL MEANS OF FINANCING	\$2,993,841

AUTHORIZED POSITIONS

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

EXPENDITURES

	Amount
Salaries	1,969,632
Other Compensation	—
Related Benefits	1,024,209
TOTAL PERSONAL SERVICES	\$2,993,841
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	\$2,993,841

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 09/15/2024.
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.	

Form 38042 — 305 - Annual Market Adjustment for Unclassified Employees

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	15,886
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	15,887
TOTAL MEANS OF FINANCING	\$31,773

AUTHORIZED POSITIONS

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

EXPENDITURES

	Amount
Salaries	18,319
Other Compensation	2,825
Related Benefits	10,629
TOTAL PERSONAL SERVICES	\$31,773
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	\$31,773

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.	

Form 38043 — 305 - Personal Services Base Adjustments

3052 - Medical Vendor Administration

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	4,594,855
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	4,594,855
TOTAL MEANS OF FINANCING	\$9,189,710

EXPENDITURES

	Amount
Salaries	2,678,075
Other Compensation	3,018,899
Related Benefits	3,492,736
TOTAL PERSONAL SERVICES	\$9,189,710
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	\$9,189,710

AUTHORIZED POSITIONS

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

Question	Narrative Response
Explain the need for this request.	This request is for the annualization of 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.	

Form 38048 — 305 -OBH Statewide Crisis Hub

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

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	\$2,791,800
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$2,791,800

AUTHORIZED POSITIONS

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

Question	Narrative Response
Explain the need for this request.	Request for funding to help support OBH's contract for the operation of a Statewide Crisis Hub, in response to the DOJ/LDH Agreement, 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. The crisis hub is currently funded with one-time supplemental Mental Health Block Grant funding.
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?	The State could be found out of compliance with the Department of Justice 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?	N/A
Additional information or comments.	

Form 38059 — 305 - Conversion of 2 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	190,944
Other Compensation	(190,944)
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	2
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	2
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	This request is for the 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.	

Technical and Other Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in this Adjustment Package	FY2025-2026 Requested Realignment
STATE GENERAL FUND (Direct)	142,475,367	752,912	—	143,228,279
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	499,672	4,544	—	504,216
FEES & SELF-GENERATED	4,200,000	—	—	4,200,000
STATUTORY DEDICATIONS	929,940	423	—	930,363
FEDERAL FUNDS	492,318,130	(8,599,818)	—	483,718,312
TOTAL MEANS OF FINANCING	\$640,423,109	\$(7,841,939)	—	\$632,581,170
Salaries	60,612,401	4,856,970	—	65,469,371
Other Compensation	1,834,843	2,830,780	—	4,665,623
Related Benefits	37,185,495	4,527,574	—	41,713,069
TOTAL PERSONAL SERVICES	\$99,632,739	\$12,215,324	—	\$111,848,063
Travel	220,219	4,933	—	225,152
Operating Services	4,091,880	91,658	—	4,183,538
Supplies	263,125	5,894	—	269,019
TOTAL OPERATING EXPENSES	\$4,575,224	\$102,485	—	\$4,677,709
PROFESSIONAL SERVICES	\$277,651,320	\$8,455,004	—	\$286,106,324
Other Charges	56,048,453	(2,342,701)	—	53,705,752
Debt Service	—	—	—	—
Interagency Transfers	202,515,373	(26,272,051)	—	176,243,322
TOTAL OTHER CHARGES	\$258,563,826	\$(28,614,752)	—	\$229,949,074
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$640,423,109	\$(7,841,939)	—	\$632,581,170
Classified	992	2	—	994
Unclassified	4	—	—	4
TOTAL AUTHORIZED T.O. POSITIONS	996	2	—	998
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	110	—	—	110

PROGRAM BREAKOUT

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

PROGRAM SUMMARY STATEMENT

3052 - Medical Vendor Administration

Means of Financing	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in this Adjustment Package	FY2025-2026 Requested Realignment
STATE GENERAL FUND (Direct)	142,475,367	752,912	—	143,228,279
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	499,672	4,544	—	504,216
FEES & SELF-GENERATED	4,200,000	—	—	4,200,000
STATUTORY DEDICATIONS	929,940	423	—	930,363
FEDERAL FUNDS	492,318,130	(8,599,818)	—	483,718,312
TOTAL MEANS OF FINANCING	\$640,423,109	\$(7,841,939)	—	\$632,581,170
Salaries	60,612,401	4,856,970	—	65,469,371
Other Compensation	1,834,843	2,830,780	—	4,665,623
Related Benefits	37,185,495	4,527,574	—	41,713,069
TOTAL PERSONAL SERVICES	\$99,632,739	\$12,215,324	—	\$111,848,063
Travel	220,219	4,933	—	225,152
Operating Services	4,091,880	91,658	—	4,183,538
Supplies	263,125	5,894	—	269,019
TOTAL OPERATING EXPENSES	\$4,575,224	\$102,485	—	\$4,677,709
PROFESSIONAL SERVICES	\$277,651,320	\$8,455,004	—	\$286,106,324
Other Charges	56,048,453	(2,342,701)	—	53,705,752
Debt Service	—	—	—	—
Interagency Transfers	202,515,373	(26,272,051)	—	176,243,322
TOTAL OTHER CHARGES	\$258,563,826	\$(28,614,752)	—	\$229,949,074
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$640,423,109	\$(7,841,939)	—	\$632,581,170
Classified	992	2	—	994
Unclassified	4	—	—	4
TOTAL AUTHORIZED T.O. POSITIONS	996	2	—	998
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	110	—	—	110

New or Expanded Requests

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
STATE GENERAL FUND (Direct)	142,475,367	752,912	—	—	143,228,279
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	499,672	4,544	—	—	504,216
FEES & SELF-GENERATED	4,200,000	—	—	—	4,200,000
STATUTORY DEDICATIONS	929,940	423	—	—	930,363
FEDERAL FUNDS	492,318,130	(8,599,818)	—	—	483,718,312
TOTAL MEANS OF FINANCING	\$640,423,109	\$(7,841,939)	—	—	\$632,581,170
Salaries	60,612,401	4,856,970	—	—	65,469,371
Other Compensation	1,834,843	2,830,780	—	—	4,665,623
Related Benefits	37,185,495	4,527,574	—	—	41,713,069
TOTAL PERSONAL SERVICES	\$99,632,739	\$12,215,324	—	—	\$111,848,063
Travel	220,219	4,933	—	—	225,152
Operating Services	4,091,880	91,658	—	—	4,183,538
Supplies	263,125	5,894	—	—	269,019
TOTAL OPERATING EXPENSES	\$4,575,224	\$102,485	—	—	\$4,677,709
PROFESSIONAL SERVICES	\$277,651,320	\$8,455,004	—	—	\$286,106,324
Other Charges	56,048,453	(2,342,701)	—	—	53,705,752
Debt Service	—	—	—	—	—
Interagency Transfers	202,515,373	(26,272,051)	—	—	176,243,322
TOTAL OTHER CHARGES	\$258,563,826	\$(28,614,752)	—	—	\$229,949,074
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$640,423,109	\$(7,841,939)	—	—	\$632,581,170
Classified	992	2	—	—	994
Unclassified	4	—	—	—	4
TOTAL AUTHORIZED T.O. POSITIONS	996	2	—	—	998
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	110	—	—	—	110

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
Fees & Self-generated	4,200,000	—	—	—	4,200,000
Total:	\$4,200,000	—	—	—	\$4,200,000

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
Medical Assistance Programs Fraud Detection Fund	929,940	423	—	—	930,363
Total:	\$929,940	\$423	—	—	\$930,363

PROGRAM SUMMARY STATEMENT

3052 - Medical Vendor Administration

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
STATE GENERAL FUND (Direct)	142,475,367	752,912	—	—	143,228,279
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	499,672	4,544	—	—	504,216
FEES & SELF-GENERATED	4,200,000	—	—	—	4,200,000
STATUTORY DEDICATIONS	929,940	423	—	—	930,363
FEDERAL FUNDS	492,318,130	(8,599,818)	—	—	483,718,312
TOTAL MEANS OF FINANCING	\$640,423,109	\$(7,841,939)	—	—	\$632,581,170
Salaries	60,612,401	4,856,970	—	—	65,469,371
Other Compensation	1,834,843	2,830,780	—	—	4,665,623
Related Benefits	37,185,495	4,527,574	—	—	41,713,069
TOTAL PERSONAL SERVICES	\$99,632,739	\$12,215,324	—	—	\$111,848,063
Travel	220,219	4,933	—	—	225,152
Operating Services	4,091,880	91,658	—	—	4,183,538
Supplies	263,125	5,894	—	—	269,019
TOTAL OPERATING EXPENSES	\$4,575,224	\$102,485	—	—	\$4,677,709
PROFESSIONAL SERVICES	\$277,651,320	\$8,455,004	—	—	\$286,106,324
Other Charges	56,048,453	(2,342,701)	—	—	53,705,752
Debt Service	—	—	—	—	—
Interagency Transfers	202,515,373	(26,272,051)	—	—	176,243,322
TOTAL OTHER CHARGES	\$258,563,826	\$(28,614,752)	—	—	\$229,949,074
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$640,423,109	\$(7,841,939)	—	—	\$632,581,170
Classified	992	2	—	—	994
Unclassified	4	—	—	—	4
TOTAL AUTHORIZED T.O. POSITIONS	996	2	—	—	998
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	110	—	—	—	110

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
Fees & Self-generated	4,200,000	—	—	—	4,200,000
Total:	\$4,200,000	—	—	—	\$4,200,000

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
Medical Assistance Programs Fraud Detection Fund	929,940	423	—	—	930,363
Total:	\$929,940	\$423	—	—	\$930,363



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Total Request Summary

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	165,298,910	142,475,367	752,912	—	—	143,228,279	752,912
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	18,350,041	499,672	4,544	—	—	504,216	4,544
FEES & SELF-GENERATED	—	4,200,000	—	—	—	4,200,000	—
STATUTORY DEDICATIONS	711,345	929,940	423	—	—	930,363	423
FEDERAL FUNDS	352,083,827	492,318,130	(8,599,818)	—	—	483,718,312	(8,599,818)
TOTAL MEANS OF FINANCING	\$536,444,123	\$640,423,109	\$(7,841,939)	—	—	\$632,581,170	\$(7,841,939)

Statutory Dedications

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
Medical Assistance Programs Fraud Detection Fund	711,345	929,940	423	—	—	930,363	423
Total:	\$711,345	\$929,940	\$423	—	—	\$930,363	\$423

Expenditures and Positions

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
Salaries	59,768,353	60,612,401	4,856,970	—	—	65,469,371	4,856,970
Other Compensation	3,996,044	1,834,843	2,830,780	—	—	4,665,623	2,830,780
Related Benefits	37,962,783	37,185,495	4,527,574	—	—	41,713,069	4,527,574
TOTAL PERSONAL SERVICES	\$101,727,180	\$99,632,739	\$12,215,324	—	—	\$111,848,063	\$12,215,324
Travel	109,485	220,219	4,933	—	—	225,152	4,933
Operating Services	4,306,024	4,091,880	91,658	—	—	4,183,538	91,658
Supplies	102,489	263,125	5,894	—	—	269,019	5,894
TOTAL OPERATING EXPENSES	\$4,517,998	\$4,575,224	\$102,485	—	—	\$4,677,709	\$102,485
PROFESSIONAL SERVICES	\$115,964,938	\$277,651,320	\$8,455,004	—	—	\$286,106,324	\$8,455,004
Other Charges	132,299,216	56,048,453	(2,342,701)	—	—	53,705,752	(2,342,701)
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	181,934,792	202,515,373	(26,272,051)	—	—	176,243,322	(26,272,051)
TOTAL OTHER CHARGES	\$314,234,008	\$258,563,826	\$(28,614,752)	—	—	\$229,949,074	\$(28,614,752)
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$536,444,123	\$640,423,109	\$(7,841,939)	—	—	\$632,581,170	\$(7,841,939)
Classified	994	992	2	—	—	994	2
Unclassified	2	4	—	—	—	4	—
TOTAL AUTHORIZED T.O. POSITIONS	996	996	2	—	—	998	2
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	113	110	—	—	—	110	—

PROGRAM SUMMARY STATEMENT

3052 - Medical Vendor Administration

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	165,298,910	142,475,367	752,912	—	—	143,228,279	752,912
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	18,350,041	499,672	4,544	—	—	504,216	4,544
FEES & SELF-GENERATED	—	4,200,000	—	—	—	4,200,000	—
STATUTORY DEDICATIONS	711,345	929,940	423	—	—	930,363	423
FEDERAL FUNDS	352,083,827	492,318,130	(8,599,818)	—	—	483,718,312	(8,599,818)
TOTAL MEANS OF FINANCING	\$536,444,123	\$640,423,109	\$(7,841,939)	—	—	\$632,581,170	\$(7,841,939)

Statutory Dedications

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
Medical Assistance Programs Fraud Detection Fund	711,345	929,940	423	—	—	930,363	423
Total:	\$711,345	\$929,940	\$423	—	—	\$930,363	\$423

Expenditures and Positions

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
Salaries	59,768,353	60,612,401	4,856,970	—	—	65,469,371	4,856,970
Other Compensation	3,996,044	1,834,843	2,830,780	—	—	4,665,623	2,830,780
Related Benefits	37,962,783	37,185,495	4,527,574	—	—	41,713,069	4,527,574
TOTAL PERSONAL SERVICES	\$101,727,180	\$99,632,739	\$12,215,324	—	—	\$111,848,063	\$12,215,324
Travel	109,485	220,219	4,933	—	—	225,152	4,933
Operating Services	4,306,024	4,091,880	91,658	—	—	4,183,538	91,658
Supplies	102,489	263,125	5,894	—	—	269,019	5,894
TOTAL OPERATING EXPENSES	\$4,517,998	\$4,575,224	\$102,485	—	—	\$4,677,709	\$102,485
PROFESSIONAL SERVICES	\$115,964,938	\$277,651,320	\$8,455,004	—	—	\$286,106,324	\$8,455,004
Other Charges	132,299,216	56,048,453	(2,342,701)	—	—	53,705,752	(2,342,701)
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	181,934,792	202,515,373	(26,272,051)	—	—	176,243,322	(26,272,051)
TOTAL OTHER CHARGES	\$314,234,008	\$258,563,826	\$(28,614,752)	—	—	\$229,949,074	\$(28,614,752)
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$536,444,123	\$640,423,109	\$(7,841,939)	—	—	\$632,581,170	\$(7,841,939)
Classified	994	992	2	—	—	994	2
Unclassified	2	4	—	—	—	4	—
TOTAL AUTHORIZED T.O. POSITIONS	996	996	2	—	—	998	2
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	113	110	—	—	—	110	—



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Addenda

INTERAGENCY TRANSFERS

INTERAGENCY AGREEMENT

BR-19B
(08/20)

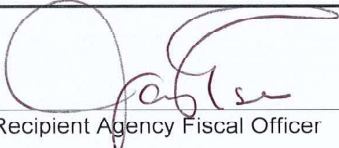
Interagency Agreement Between LDH-South Central La Human Services Authority (09-309) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025-2026, South Central La Human Services Authority (09-309) is budgeted to receive the following revenue: \$ 24,000
(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 2026 includes \$24,000 from the Louisiana Department of Health / Medical Vendor Administration / Bureau of Health Services Financing (BHSF) Memorandum of Understanding (MOU) per Act 421 of the 2019 Legislative Session.



Recipient Agency Fiscal Officer

10/17/2024

Date

Angela Hebert,
MPM4

Sending Agency Fiscal Officer

Digitally signed by Angela Hebert, MPM4
DN: cn=Angela Hebert, MPM4, o=LDH/BHSF/MVA,
ou=Financial Management and Operations,
email=Angela.Hebert@la.gov, c=US
Date: 2025.10.22 06:01:14 -0500

10/22/2024

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
(09/24)

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 2025 - 2026, 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.

<u>AKH</u>	<u>10/8/24</u>
Recipient Agency Fiscal Officer	Date
Angela Hebert, MPM4	10/24/2024
<small>Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, o=LDH/ BHSF/MVA, ou=Financial Management and Operations, email=Angela.Hebert@la.gov, c=US Date: 2024.10.24 15:57:20 -0500</small>	Date
Sending Agency Fiscal Officer	

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 2025 - 2026, 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 :

The Bureau of Health Services Financing (BHSF) agrees to provide funding to OS to cover all costs necessary to carry out functions of the Medicaid Federal Reporting cost center

AKK Recipient Agency Fiscal Officer Date 10/8/24
Angela Hebert, MPM4 Digitally signed by Angela Hebert, MPM4
DN: cn=Angela Hebert, MPM4, o=LDH/OS/AMA,
ou=Financial Management and Operations,
email=angela.hebert@la.gov, c=US
Date: 2024.10.22 22:08:00 -0500
Sending Agency Fiscal Officer Date 10/22/2024

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 2025 - 2026, 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.

96 th 10/8/24
Recipient Agency Fiscal Officer Date
Angela Hebert, MPM4 Digitally signed by Angela Hebert, MPM4
DN: cn=Angela Hebert, MPM4, o=LDH/
BHSF/MVA, ou=Financial Management
and Operations,
email=Angela.Hebert@la.gov, c=US
Date: 2024.10.24 15:56:08 -05'00' 10/24/2024
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 2025 - 2026, LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue \$2,880,385
(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 \$2,880,385 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.

<u>96</u>	<u>10/8/24</u>
Recipient Agency Fiscal Officer	Date
Angela Hebert, MPM4	10/10/2024
<small>Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, o=LDH/ BHSF/MVA, ou=Financial Management and Operations, email=Angela.Hebert@la.gov, c=US Date: 2024.10.10 00:18:12 -0500</small>	Sending Agency Fiscal Officer
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 2025 - 2026, 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.

AK Recipient Agency Fiscal Officer 10-22-24 Date

Angela Hebert, MPM4 Digitally signed by Angela Hebert, MPM4
DN: cn=Angela Hebert, MPM4, o=Louisiana Department of Health, ou=Financial Management and Operations, email=Angela.Hebert@louisiana.gov, c=US
Date: 2024.10.22 22:45:27 -0500 10/22/2024 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 2025 - 2026, 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 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.

<u> <i>AH</i> </u>	<u> 10-21-24 </u>
Recipient Agency Fiscal Officer	Date
Angela Hebert, MPM4 <small>Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MN, o=Division of and Financial Management and Operations, email=Angela_Hebert@louisiana.gov, c=US Date: 2024.10.22 21:22:45W</small>	<u> 10/22/2024 </u>
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 2025 - 2026, 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# 2000837946 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.

<p style="text-align: right; color: blue; font-size: 1.2em;">96 ek</p> <p>Recipient Agency Fiscal Officer Angela Hebert, MPM4</p>	<p style="text-align: right; color: blue; font-size: 1.2em;">10/8/24</p> <p>Date 10/10/2024</p>
<p style="font-size: 0.8em;">Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, o=LDH, BHSF/MVA, ou=Financial Management and Operations, email=Angela.Hebert@la.gov, c=US Date: 2024.10.10 00:06:58 -0500</p>	<p>Sending Agency Fiscal Officer Date</p>

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 2025 - 2026, LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue \$925,000.
(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 \$925,000 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.

AKK Recipient Agency Fiscal Officer Date 10/8/24
Angela Hebert, MPM4 Digitally signed by Angela Hebert, MPM4
DN: cn=Angela Hebert, MPM4, o=LDH BHSF/ANVA,
ou=Financial Management and Operations,
email=Angela.Hebert@ldh.gov, c=US
Date: 2024.10.10 09:52:03-04'00' -10/10/2024
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
(09/23)

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 2025-2026, 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) Rebalancing Demonstration Grant services provided by the Office for Citizens with Developmental Disabilities.

	<u>10/10/2024 10:59 AM</u>
Recipient Agency Fiscal Officer	Date
<u>Angela Hebert, MPM4</u>	<u>10/13/2024</u>
<small>Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, o=LDH/ BHSF/MVA, ou=Financial Management and Operations, email=Angela.Hebert@la.gov, c=US Date: 2024.10.13 23:52:10 -0500'</small>	Date
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
(09/23)

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 2025-2026, 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.

 Recipient Agency Fiscal Officer Angela Hebert, MPM4	10/10/2024 10:53 AM _____ Date
<small>Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, o=LDH/ BHSF/MVA, ou=Financial Management and Operations, email=Angela.Hebert@la.gov, c=US Date: 2024.10.13 23:36:28 -0500</small> Sending Agency Fiscal Officer	10/13/2024 _____ 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
(09/23)

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 2025-2026, 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 includes Screenings for Urgency of Need (SUN) expenditures. The agreement amount represents the federal share of Medicaid-eligible expenditures.

	<u>10/10/2024 11:02 AM</u>
Recipient Agency Fiscal Officer	Date
Angela Hebert, MPM4	
<small>Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, o=LDH, BHSF/MVA, ou=Financial Management and Operations, email=Angela.Hebert@la.gov, c=US Date: 2024.10.13 23:56:31 -05'00'</small>	<u>10/13/2024</u>
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

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

For Fiscal Year 2025-2026, LDH-Office of Behavioral Health (09-330) is budgeted to receive the following revenue: \$3,631,610
 (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:

Specialized Behavioral Health Services (SBHS)	\$1,679,577
Pre-Admission Screening and Resident Review (PASRR)	\$521,840
DOJ My Choice Louisiana - Nursing Facility Transitions	\$1,430,193
Total Agreement	<u>\$3,631,610</u>

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

August 26, 2024

_____ Recipient Agency Fiscal Officer	_____ Date
Angela Hebert, MPM4	10/10/2024
_____ Sending Agency Fiscal Officer	_____ Date

Digitally signed by Angela Hebert, MPM4
 DN: cn=Angela Hebert, MPM4, o=LDH
 cn=OBH, ou=Financial Management
 and Operations,
 email=Angela.Hebert@lsu.gov, c=US
 Date: 2024.10.10 00:01:57 -0500

OBH Revenue Coding	
LaGov Coding	
Business Area	330
Fund	3300000300
Cost Center	3301000000
Order	Multiple
GL Account	4710059

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) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025-2026, LDH-Office of Behavioral Health (09-330), is budgeted to receive the following revenue: \$2,791,800
(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:

Provides support for OBH's 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.

Lauri Hatlelid *October 9, 2024*

Recipient Agency Fiscal Officer Date

DocuSigned by:
Anthony Shamis 10/9/2024 | 10:39:31 AM CDT

Sending Agency Fiscal Officer Date

OBH Revenue Coding	
LaGov Coding	
Business Area	330
Fund	3300000300
Cost Center	3301000000
Order	TBD
GL Account	4710059

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 Aging and Adult Services (LDH-OAAS #09-320) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025-2026, LDH-Office of Aging and Adult Services (LDH-OAAS #09-320) is budgeted to receive the following revenue: \$ 1,996,389
(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 :

To reimburse OAAS for Permanent Supportive Housing (PSH) costs at the Medicaid 50/50 Administrative Match rate from 7/1/25 through 6/30/26 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.

<p>Margo Toussant Recipient Agency Fiscal Officer</p>	<p>Digitally signed by Margo Toussant Date: 2024.10.09 09:18:44 -05'00'</p>	<p><u>10/9/2024</u> Date</p>
<p>Angela Hebert, MPM4 Sending Agency Fiscal Officer</p>	<p>Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, o=LDH-BHSF/MVA, ou=Financial Management and Operations, email=Angela.Hebert@la.gov, c=US Date: 2024.10.09 23:48:56 -05'00'</p>	<p><u>10/9/2024</u> Date</p>

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-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 2025-2026, LDH-Office of Aging and Adult Services (LDH-OAAS #09-320) is budgeted to receive the following revenue: \$ 645,000
(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 :
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 75/25 match rate for ongoing maintenance, not to exceed \$645,000.

<p>Margo Toussant Recipient Agency Fiscal Officer</p>	<p>Digitally signed by Margo Toussant Date: 2024.10.09 09:18:14 -05'00'</p>	<p><u>10/9/2024</u> Date</p>
<p>Angela Hebert, MPM4 Sending Agency Fiscal Officer</p>	<p>Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, o=LDH-BHSF/MVA, ou=Financial Management and Operations, email=Angela.Hebert@la.gov, c=US Date: 2024.10.09 23:48:19 -05'00'</p>	<p><u>10/9/2024</u> Date</p>

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- 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 2025-2026, 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):
(Agency Name and #)

The reason for the Interagency Agreement is :
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 statutory dedication funds for the Nursing Home Resident Trust Fund within the Office of Aging and Adult Services' operating budget.

<p>Margo Toussant Recipient Agency Fiscal Officer</p>	<p>Digitally signed by Margo Toussant Date: 2024.10.09 09:17:41 -05'00'</p>	<p><u>10/6/2024</u> Date</p>
<p>Angela Hebert, MPM4 Sending Agency Fiscal Officer</p>	<p>Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, o=LDH/HSF/MVA, ou=Financial Management and Operations, email=Angela.Hebert@la.gov, c=US Date: 2024.10.09 23:46:25 -05'00'</p>	<p><u>10/9/2024</u> Date</p>

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-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 2025-2026, 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):
(Agency Name and #)

The reason for the Interagency Agreement is :
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 \$1,380,508.

<p>Margo Toussant Recipient Agency Fiscal Officer</p>	<p>Digitally signed by Margo Toussant Date: 2024.10.09 09:17:04 -05'00'</p>	<p><u>10/9/2024</u> Date</p>
<p>Angela Hebert, MPM4 Sending Agency Fiscal Officer</p>	<p>Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, o=LDH-BHSF/MVA, ou=Financial Management and Operations, email=Angela.Hebert@la.gov, c=US Date: 2024.10.09 23:45:21 -05'00'</p>	<p><u>10/9/2024</u> Date</p>

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 Aging and Adult Services (LDH-OAAS #09-320) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025-2026, 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):
(Agency Name and #)

The reason for the Interagency Agreement is :

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.

<p>Margo Toussant</p> <hr/> <p>Recipient Agency Fiscal Officer</p> <p>Angela Hebert, MPM4</p> <hr/> <p>Sending Agency Fiscal Officer</p>	<p><small>Digitally signed by Margo Toussant Date: 2024.10.09 09:20:16 -05'00'</small></p> <hr/> <p><small>Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, o=LDH/HSF/ MVA, ou=Financial Management and Operations, email=Angela.Hebert@la.gov, c=US Date: 2024.10.09 23:44:11 -05'00'</small></p> <hr/>	<p><u>10/9/2024</u></p> <hr/> <p>Date</p> <p><u>10/9/2024</u></p> <hr/> <p>Date</p>
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NOTE:
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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 Aging and Adult Services (LDH-OAAS #09-320) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025-2026, 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):
(Agency Name and #)

The reason for the Interagency Agreement is :
 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.

<p>Margo Toussant</p> <hr/> <p>Recipient Agency Fiscal Officer</p>	<p><small>Digitally signed by Margo Toussant Date: 2024.10.09 09:19:48 -05'00'</small></p>	<p><u>10/9/2024</u></p> <hr/> <p>Date</p>
<p>Angela Hebert, MPM4</p> <hr/> <p>Sending Agency Fiscal Officer</p>	<p><small>Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, o=LDH-BHSF/ MVA, ou=Financial Management and Operations, email=Angela.Hebert@la.gov, c=US Date: 2024.10.09 23:43:22 -05'00'</small></p>	<p><u>10/9/2024</u></p> <hr/> <p>Date</p>

NOTE:
 It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
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Page _____

INTERAGENCY AGREEMENT

BR-19B
(09/24)

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 2025-2026, 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):
(Agency Name and #)

The reason for the Interagency Agreement is :
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.

<p>Margo Toussant _____ Recipient Agency Fiscal Officer</p>	<p>Digitally signed by Margo Toussant Date: 2024.10.09 09:19:14 -05'00'</p>	<p>10/9/2024 _____ Date</p>
<p>Angela Hebert, MPM4 _____ Sending Agency Fiscal Officer</p>	<p>Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, c=US MVA, ou=Financial Management and Operations, email=Angela.Hebert@la.gov, c=US Date: 2024.10.09 23:35:56 -05'00'</p>	<p>10/9/2024 _____ Date</p>

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
(08/18)

Interagency Agreement Between Department of Health - Office of Public Health (#326) and
(Recipient Agency and #)

Department of Health - Medical Vendor Administration (#305)
(Sending Agency and #)

For Fiscal Year 2025 - 2026, 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: **\$227,000**
The purpose of this funding is to support the Tobacco Control statewide QUITLINE

Martina Stribling Digitally signed by Martina Stribling
Date: 2024.10.09 17:58:50 -05'00'

Recipient Agency Fiscal Officer Date

Angela Hebert, MPM Digitally signed by Angela Hebert, MPM
DN: cn=Angela Hebert, o=DOH, ou=DOH, email=angela.hebert@doh.vt.gov 10/15/2024

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
(08/18)

Interagency Agreement Between Department of Health - Office of Public Health (#326) and
(Recipient Agency and #)

Department of Health - Medical Vendor Administration (#305)
(Sending Agency and #)

For Fiscal Year 2025 - 2026, 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: **\$2,020,129**
Contract with CMS to provide funding for the Immunization LINKS system.

Martina Stribling Digitally signed by Martina Stribling
Date: 2024.10.09 17:58:26 -05'00'

_____ Recipient Agency Fiscal Officer	_____ Date
Angela Hebert, MPM4	10/15/2024
_____ Sending Agency Fiscal Officer	_____ Date

Digitally signed by Angela Hebert, MPM4
DN: cn=Angela Hebert, MPM4, ou=DH3456/
MVA, ou=Financial Management and
Operations, email=Angela.Hebert@delaware.gov, c=US
Date: 2024.10.15 09:11:26-0500'

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 - Northeast Delta Human Services Authority #09-310
(Recipient Agency and #)

LDH - Medical Vendor Administration 09-305
(Sending Agency and #)

For Fiscal Year 2025 - 2026, LDH - Northeast Delta Human Services Authority # 09-310 is budgeted to receive the following revenue \$14,000
(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 : Reimbursement of PASSR -related activities up to \$14,000.00

<i>Karen Evans</i>	10/08/2024
_____ Recipient Agency Fiscal Officer	_____ Date
Angela Hebert, MPM4	10/13/2024
_____ Sending Agency Fiscal Officer	_____ Date

Digitally signed by Angela Hebert, MPM4
DN: cn=Angela Hebert, MPM4, o=LDH
and Operations,
email=Angela.Hebert@agony.ccsds
Date: 2024.10.13 23:21:16 +0500

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

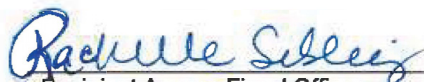
BR-19B
(08/20)

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 2025-2026, Florida Parishes Human Services Authority (Agency 09-301) is budgeted to receive the following revenue: \$ 25,000
(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 2026 includes \$5,000 from the Louisiana Department of Health/Medical Vendor Administration/Bureau of Health Services 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 \$20,000 from the Louisiana Department of Health/MVA/Bureau of Health Services Financing MOU per ACT 421 of the 2019 Legislative session

	<u>10/19/24</u>
Recipient Agency Fiscal Officer	Date
Angela	
Hebert, MPM4	10/13/2024
Sending Agency Fiscal Officer	Date


Digitally signed by Angela Hebert, MPM4
DN: cn=Angela Hebert, MPM4, o=LDH/
BHSF/MVA, ou=Financial Management
and Operations,
email=Angela.Hebert@la.gov, c=US
Date: 2024.10.13 23:21:23 -0500

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 2025-2026. 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


 Recipient Agency Deputy Director Date
 Angela Hebert, MPM4 Digitally signed by Angela Hebert, MPM4
DN: cn=Angela Hebert, MPM4, o=LDS/MSOP/AMIA, ou=Financial
Management and Operations, email=Angela.Hebert@ls.gov, c=US
Date: 2024.10.16 12:27:18 -0500 10/16/2024
 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 07, 2024

INTER AGENCY AGREEMENT

Interagency Agreement between The Louisiana Department of Justice (141) and LDH-Medical Vendor Administration (09-305) for Fiscal Year 2025-2026. 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

Sandra Schaefer 10/14/24

Recipient Agency Deputy Director Date

Angela Hebert, Digitally signed by Angela Hebert, MPM4
DN: cn=Angela Hebert, MPM4, o=LDH/BSF/
MVA, ou=Financial Management and Operations,
email=Angela.Hebert@la.gov, c=US
Date: 2024.10.25 15:37:26 -0500 10/15/2024

MPM4
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.

10/10/2024

INTERAGENCY AGREEMENT

BR-19B
(09/24)

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

For Fiscal Year 2025-2026, Central Louisiana Human Services District (09-376) is budgeted to receive the following revenue: \$ 10,000
(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 :

Reimbursement for PASSR-related activities up to \$10,000.

Amanda Stalsby	Digitally signed by Amanda Stalsby Date: 2024.10.07 14:14:07-05'00'	<u>10/7/2024</u>
Recipient Agency Fiscal Officer		Date
Angela Hebert, MPM4	Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, o=LDH/HSF/ MVA, ou=Financial Management and Operations, email=Angela.Hebert@la.gov, c=US Date: 2024.10.09 07:57:35 -05'00'	<u>10/09/2024</u>
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 - Central Louisiana Human Services District (09-376) and LDH-Medical Vendor Administration (09-305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025-2026, LDH - Central Louisiana Human Services District (09-376) is budgeted to receive the following revenue: \$16,000.00
(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 :
Receipt of Act 421 - TEFRA funds in the amounts of \$16,000.00

Amanda Stalsby	Digitally signed by Amanda Stalsby Date: 2024.10.09 08:35:08-05'00'	<u>10/09/2024</u>
Recipient Agency Fiscal Officer		Date
Angela Hebert, MPM4	Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, o=LDH-BHSF/ MVA, ou=Financial Management and Operations, email=Angela.Hebert@la.gov, c=US Date: 2024.10.15 15:59:32 -05'00'	<u>10/15/2024</u>
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
(9/24)

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

For Fiscal Year 2025-2026, Higher Education-Board of Regents (19A-671) is budgeted to receive the following revenue \$200,000
 (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 :
 Medical and Allied Health Professional Education Scholarships and Loan Program.

Elizabeth Bentley-Smith
 Recipient Agency Fiscal Officer (Print)

Elizabeth Bentley-Smith
 Recipient Agency Fiscal Officer (Signature)

10/4/2024
 Date

Angela Hebert
 Sending Agency Fiscal Officer (Print)

Angela Hebert, MPM4
 Sending Agency Fiscal Officer (Signature)

Digitally signed by Angela Hebert, MPM4
 DN: cn=Angela Hebert, MPM4, o=LDH/BHSF/
 MVA, ou=Financial Management and
 Operations, email=Angela.Hebert@la.gov, c=US
 Date: 2024.10.09 07:56:54 -0500

10/09/2024
 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
(09/24)

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 2025-2026, 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):
(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 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.

Janzlean
Laughinghouse

Digitally signed by
Janzlean Laughinghouse
Date: 2024.10.25 10:17:15
-05'00'

Recipient Agency Fiscal Officer

Angela Hebert,
MPM4

Digitally signed by Angela Hebert, MPM4
DN: cn=Angela Hebert, MPM4, o=LDH/BHSF/
MVA, ou=Financial Management and
Operations, email=Angela.Hebert@ldh.gov, c=US
Date: 2024.10.28 09:05:35 -05'00'

10/28/2024

Sending Agency Fiscal Officer

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-Capital Area Human Services District (09-302) and LDH-MVA (MEDICAL Vendor Administration) Act 421 -TEFRA (09-305) (Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025-2026, LDH-Capital Area Human Services District is budgeted to receive the following revenue: \$ \$90,000

(Agency Name and #) from LDH-Medical Vendor Administration act 421-TERFA (09-305) by Interagency Transfer for the following reason(s):
(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 access Medicaid-funded services regardless of their parents' income. Based on the services provided LDH-MVA Act 421 -TEFRA will reimburse CAHSD for all Act 421 related activities provided on a monthly basis.

<p>Janzlean Laughinghouse</p> <hr/> <p>Recipient Agency Fiscal Officer</p>	<p>Digitally signed by Janzlean Laughinghouse Date: 2024.10.30 14:43:04 -05'00'</p>
<p>Angela Hebert, MPM4</p> <hr/> <p>Sending Agency Fiscal Officer</p>	<p>Digitally signed by Angela Hebert, MPM4 DN: cn=Angela Hebert, MPM4, c=US, o=LSRF / MVA, ou=Financial Management and Operations, email=angela.hebert@lsrf.gov, ou=LS Date: 2024.10.30 17:00:48 -05'00'</p> <p>10/30/2024</p>

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).

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

STATE OF LOUISIANA
Childrens Budget
Department Summary

CHILD - DS
 Fiscal Year 2025 - 2026
 Report Date: 11/1/24

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	\$26,638,196	\$0	\$107,591	\$23,169	\$97,345,069	\$124,114,025	998
			Total:	\$26,638,196	\$0	\$107,591	\$23,169	\$97,345,069	\$124,114,025	998

Department: 09A - LDH Agency: 305 MEDICAL VENDOR ADMINISTRATION	STATE OF LOUISIANA Childrens Budget by Department	CHILD - DC Fiscal Year 2025 - 2026 Report Date: 11/1/24
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Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$28,911,704	(\$2,273,506)	\$0	\$26,638,196	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$116,772	(\$9,182)	\$0	\$107,591	\$0
STATUTORY DEDICATIONS	\$25,146	(\$1,979)	\$0	\$23,169	\$0
FEDERAL FUNDS	\$105,653,243	(\$8,308,173)	\$0	\$97,345,069	\$0
TOTAL MEANS OF FINANCING	\$134,706,865	(\$10,592,840)	\$0	\$124,114,025	\$0
Salaries	\$20,131,116	\$1,664,758	\$0	\$21,795,874	\$0
Other Compensation	\$963,048	\$347,506	\$0	\$1,310,555	\$0
Related Benefits	\$11,164,570	(\$122,521)	\$0	\$11,042,049	\$0
TOTAL PERSONAL SERVICES	\$32,258,734	\$1,889,743	\$0	\$34,148,478	\$0
Travel	\$340,073	(\$99,112)	\$0	\$240,963	\$0
Operating Services	\$2,240,317	(\$303,685)	\$0	\$1,936,633	\$0
Supplies	\$277,887	(\$67,179)	\$0	\$210,707	\$0
TOTAL OPERATING EXPENSES	\$2,858,277	(\$469,976)	\$0	\$2,388,303	\$0
PROFESSIONAL SERVICES	\$81,879,154	\$22,167,227	\$0	\$104,046,379	\$0
Other Charges	\$12,788,268	(\$5,699,574)	\$0	\$7,088,694	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$4,922,432	(\$28,480,260)	\$0	(\$23,557,829)	\$0
TOTAL OTHER CHARGES	\$17,710,700	(\$34,179,834)	\$0	(\$16,469,135)	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH		STATE OF LOUISIANA			CHILD - DC	
Agency: 305 MEDICAL VENDOR ADMINISTRATION		Childrens Budget by Department			Fiscal Year 2025 - 2026 Report Date: 11/1/24	
TOTAL EXPENDITURES	\$134,706,865	(\$10,592,840)	\$0	\$124,114,025	\$0	
Classified	1,001	(7)	0	994	0	
Unclassified	0	0	0	0	0	
TOTAL AUTHORIZED T.O. POSITIONS	1,001	(7)	0	994	0	
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0	
TOTAL NON-T.O. FTE POSITIONS	2	2	0	4	0	
TOTAL POSITIONS	1,003	(5)	0	998	0	

Department: 09A - LDH Agency: 305 MEDICAL VENDOR ADMINISTRATION	STATE OF LOUISIANA Childrens Budget Agency Summary	CHILD - AS Fiscal Year 2025 - 2026 Report Date: 11/1/24
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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	\$26,638,196	\$0	\$107,591	\$23,169	\$97,345,069	\$124,114,025	998
			Total:	\$26,638,196	\$0	\$107,591	\$23,169	\$97,345,069	\$124,114,025	998

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

STATE OF LOUISIANA
Childrens Budget
by Agency

CHILD - AC
 Fiscal Year 2025 - 2026
 Report Date: 11/1/24

305 - Medical Vendor Administration

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$28,911,704	(\$2,273,506)	\$0	\$26,638,196	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$116,772	(\$9,182)	\$0	\$107,591	\$0
STATUTORY DEDICATIONS	\$25,146	(\$1,979)	\$0	\$23,169	\$0
FEDERAL FUNDS	\$105,653,243	(\$8,308,173)	\$0	\$97,345,069	\$0
TOTAL MEANS OF FINANCING	\$134,706,865	(\$10,592,840)	\$0	\$124,114,025	\$0
Salaries	\$20,131,116	\$1,664,758	\$0	\$21,795,874	\$0
Other Compensation	\$963,048	\$347,506	\$0	\$1,310,555	\$0
Related Benefits	\$11,164,570	(\$122,521)	\$0	\$11,042,049	\$0
TOTAL PERSONAL SERVICES	\$32,258,734	\$1,889,743	\$0	\$34,148,478	\$0
Travel	\$340,073	(\$99,112)	\$0	\$240,963	\$0
Operating Services	\$2,240,317	(\$303,685)	\$0	\$1,936,633	\$0
Supplies	\$277,887	(\$67,179)	\$0	\$210,707	\$0
TOTAL OPERATING EXPENSES	\$2,858,277	(\$469,976)	\$0	\$2,388,303	\$0
PROFESSIONAL SERVICES	\$81,879,154	\$22,167,227	\$0	\$104,046,379	\$0
Other Charges	\$12,788,268	(\$5,699,574)	\$0	\$7,088,694	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$4,922,432	(\$28,480,260)	\$0	(\$23,557,829)	\$0
TOTAL OTHER CHARGES	\$17,710,700	(\$34,179,834)	\$0	(\$16,469,135)	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH		STATE OF LOUISIANA			CHILD - AC	
Agency: 305 MEDICAL VENDOR ADMINISTRATION		Childrens Budget			Fiscal Year 2025 - 2026	
		by Agency			Report Date: 11/1/24	
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0	
TOTAL EXPENDITURES	\$134,706,865	(\$10,592,840)	\$0	\$124,114,025	\$0	
Classified	1,001	(7)	0	994	0	
Unclassified	0	0	0	0	0	
TOTAL AUTHORIZED T.O. POSITIONS	1,001	(7)	0	994	0	
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0	
TOTAL NON-T.O. FTE POSITIONS	2	2	0	4	0	
TOTAL POSITIONS	1,003	(5)	0	998	0	

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)	\$28,911,704	(\$2,273,506)	\$0	\$26,638,196	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$116,772	(\$9,182)	\$0	\$107,591	\$0
STATUTORY DEDICATIONS	\$25,146	(\$1,979)	\$0	\$23,169	\$0
FEDERAL FUNDS	\$105,653,243	(\$8,308,173)	\$0	\$97,345,069	\$0
TOTAL MEANS OF FINANCING	\$134,706,865	(\$10,592,840)	\$0	\$124,114,025	\$0
Salaries	\$20,131,116	\$1,664,758	\$0	\$21,795,874	\$0
Other Compensation	\$963,048	\$347,506	\$0	\$1,310,555	\$0
Related Benefits	\$11,164,570	(\$122,521)	\$0	\$11,042,049	\$0
TOTAL PERSONAL SERVICES	\$32,258,734	\$1,889,743	\$0	\$34,148,478	\$0
Travel	\$340,073	(\$99,112)	\$0	\$240,963	\$0
Operating Services	\$2,240,317	(\$303,685)	\$0	\$1,936,633	\$0
Supplies	\$277,887	(\$67,179)	\$0	\$210,707	\$0
TOTAL OPERATING EXPENSES	\$2,858,277	(\$469,976)	\$0	\$2,388,303	\$0
PROFESSIONAL SERVICES	\$81,879,154	\$22,167,227	\$0	\$104,046,379	\$0
Other Charges	\$12,788,268	(\$5,699,574)	\$0	\$7,088,694	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$4,922,432	(\$28,480,260)	\$0	(\$23,557,829)	\$0
TOTAL OTHER CHARGES	\$17,710,700	(\$34,179,834)	\$0	(\$16,469,135)	\$0

Department: 09A - LDH Agency: 305 MEDICAL VENDOR ADMINISTRATION	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2025 - 2026 Report Date: 11/1/24
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Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$134,706,865	(\$10,592,840)	\$0	\$124,114,025	\$0
Classified	1,001	(7)	0	994	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	1,001	(7)	0	994	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	2	2	0	4	0
TOTAL POSITIONS	1,003	(5)	0	998	0

Department: 09A - LDH Agency: 305 MEDICAL VENDOR ADMINISTRATION	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 11/1/24
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Form ID:	36034
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 Devices 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:

Department: 09A - LDH

Agency: 305 MEDICAL VENDOR ADMINISTRATION

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2

Fiscal Year 2025 - 2026

Report Date: 11/1/24

Agency: 305 MEDICAL VENDOR ADMINISTRATION

STATE OF LOUISIANA
Sunset Review

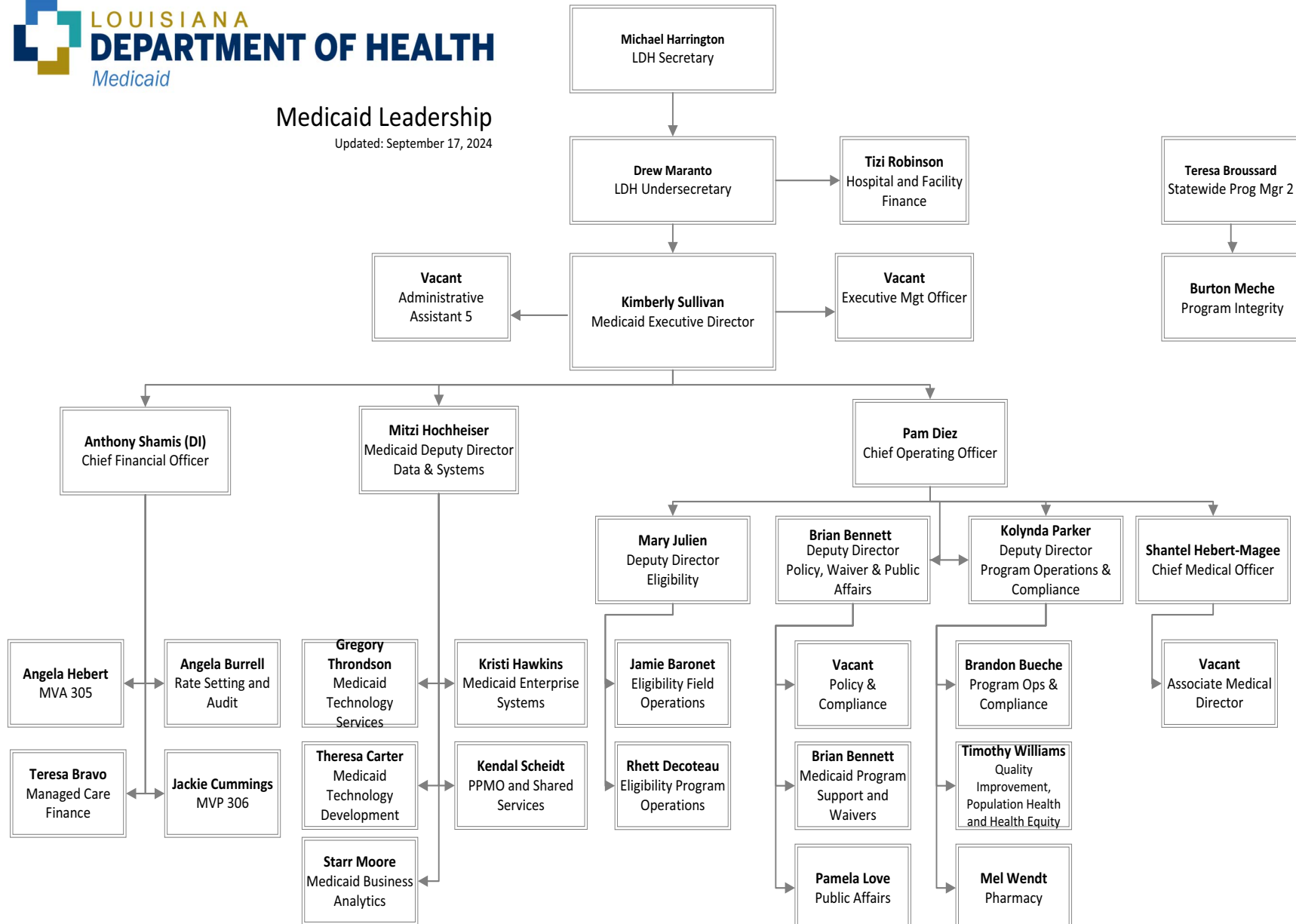
SUNSET1
Fiscal Year 2025 - 2026
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GENERAL ADDENDA



Medicaid Leadership

Updated: September 17, 2024





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