# Agency Budget Request

**FISCAL YEAR 2027–2028**




## Louisiana Department of Health

## 306 — Medical Vendor Payments




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BUDGET REQUEST

Fiscal Year Ending June 30,2028

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

BUDGET UNIT: Medical Vendor Payments (306)

SCHEDULE NUMBER: 09-306

TELEPHONE NUMBER: (225) 342-9500

PHYSICAL ADDRESS: 628 North Fourth Street

P.O. Box 91030, Baton Rouge, LA

ZIP CODE: 70821-9030

WEB ADDRESS: http://www.ldh.la.gov

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

| | |
|---|---|
| **HEAD OF DEPARTMENT:** | **HEAD OF BUDGET UNIT:** |
| **PRINTED NAME/TITLE:** Bruce Greenstein, Secretary | **PRINTED NAME/TITLE:** Albert Simien Jr, Undersecretary |
| **DATE:** | **DATE:** |
| **EMAIL ADDRESS:** Bruce.Greenstein@la.gov | **EMAIL ADDRESS:** albert.simien@la.gov |

| | |
|---|---|
| **PROGRAM CONTACT PERSON:** Teresa Bravo | **FINANCIAL CONTACT PERSON:** Andrew Perilloux |
| **TITLE:** Medicaid Program Manager 4 | **TITLE:** Chief Financial Officer |
| **TELEPHONE NUMBER:** (225) 342-4312 | **TELEPHONE NUMBER:** |
| **EMAIL ADDRESS:** teresa.bravo@la.gov | **EMAIL ADDRESS:** andrew.perilloux@la.gov |

# Operational Plan

# STATE OF LOUISIANA
## Operational Plan Form
## Department Goals

**DEPARTMENT NUMBER AND NAME: 09A - LDH**

**DEPARTMENT MISSION:**

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

**DEPARTMENT GOALS:**

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

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

# STATE OF LOUISIANA
## Operational Plan Form
## Agency Goals

**AGENCY NUMBER AND NAME: 306 - Medical Vendor Payments**

**AGENCY MISSION:**

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

**AGENCY GOALS:**

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

Goal II

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

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

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

MVP is dedicated to the development and implementation of human resource policies that are helpful and beneficial to women and families and demonstrates its support through the following human resource policies: the Family Medical Leave Policy (8108-930), the Sexual Harassment Policy (8143-02) and the Equal Employment Opportunity Policy (8116-77). Also, Lactation Support Policy (Policy # 104.2) - It is the policy of LDH to provide support for lactating employees to ensure they have reasonable break time and a private space to express milk, including employees who telework, in accordance with the PUMP Act, FLSA, and applicable state and federal laws. In addition, the allowance of flexibility in work schedules and the availability of Dependent Day Care Spending Accounts assist both women and their families. MVP also supports Act 1078 by insuring the provision of healthcare services to women and families.

# STATE OF LOUISIANA
## Operational Plan Form
## Program Goals

**PROGRAM NUMBER AND NAME: 3061 - Payments to Private Providers**

**PROGRAM AUTHORIZATION:**

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

**PROGRAM MISSION:**

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

**PROGRAM GOALS:**

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

**PROGRAM ACTIVITY:**

# STATE OF LOUISIANA
## Operational Plan Form
## Program Goals

**PROGRAM NUMBER AND NAME: 3061 - Payments to Private Providers**

PROGRAM ACTIVITY 1: Medicaid Managed Care
Louisiana's Medicaid managed care program is responsible for providing high-quality, innovative, and cost-effective health care to Medicaid recipients.

The Medicaid managed care objectives include:
• Improve access to care.
• Improve care coordination.
• Increase emphasis on disease prevention and the early diagnosis and management of chronic conditions.
• Improve health outcomes and quality of care.
• Supporting innovation and a culture of continuous quality improvement in Louisiana.
• Decreasing fragmentation and increasing integration across providers and care settings particularly for enrollees with behavioral health needs.

• Aligning financial incentives and building shared capacity to improve health care quality through data and collaboration.
• Minimizing wasteful spending, unnecessary utilization, and fraud.

Today, Louisiana Medicaid serves approximately 30 percent of the state's population. Five (5) statewide Managed Care Organizations (MCOs), one (1) Behavioral Health Prepaid Inpatient Health Plan (PIHP), and two (2) Dental Prepaid Ambulatory Health Plans (PAHPs) pay for health care services for more than 90 percent of the Louisiana Medicaid population. The Louisiana Medicaid Managed Care program is a full risk-bearing, MCO health care delivery system responsible for providing specified Medicaid core benefits and services. An MCO assumes full risk for the cost of core benefits and services under the contract and incurs loss if the cost of furnishing these core benefits and services exceeds the payment received for providing these services. The Louisiana Department of Health (LDH) establishes a Per Member per Month (PMPM) actuarially sound risk-adjusted rate for MCO payments. The rates are not subject to negotiation or dispute resolution. These managed care entities (MCEs) pay for Medicaid benefits and services included in the Louisiana Medicaid State Plan, state statutes and administrative rules, and Medicaid policy and procedure manuals. In addition, these MCEs also provide specified value-added Medicaid benefits and services.

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

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

PROGRAM ACTIVITY 2: Long-Term Services and Supports
In 1981, the Federal Government created Title XIX, Home and Community-Based Services (HCBS), in order to provide home and community-based services to the elderly and persons with physical disabilities, developmental and intellectual disabilities, and/or mental illnesses. Since this act made an exception to the traditional Medicaid requirements, it requires states to seek waivers to offer these services. Waivers allow states to provide specific HCBS to target populations with the intent of preventing unnecessary institutionalization. Each HCBS waiver must be cost neutral or the costs to provide these services must be less than the average per capita cost of institutional care. These waiver programs allow Louisiana residents to receive Medicaid State Plan benefits while having greater flexibility to choose the services and supports that best suit their needs. They also allow individuals to preserve their independence by staying out of institutional settings and maintaining ties to families and friends.

# STATE OF LOUISIANA
## Operational Plan Form
## Program Goals

**PROGRAM NUMBER AND NAME: 3062 - Payments to Public Providers**

**PROGRAM AUTHORIZATION:**

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

**PROGRAM MISSION:**

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

**PROGRAM GOALS:**

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

**PROGRAM ACTIVITY:**

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

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

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

# STATE OF LOUISIANA
## Operational Plan Form
## Program Goals

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

**PROGRAM AUTHORIZATION:**

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

**PROGRAM MISSION:**

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

1. Medicare Buy-Ins and Supplements is the federal program, which allows states to purchase Medicare coverage for individuals with limited income and resources by paying their monthly Medicare Part A and/or B premiums. By doing so, the state provides medical insurance protection to individuals with limited income and resources. For those individuals dually eligible for Medicaid and Medicare, it has the effect of transferring some medical costs for this population from the Title XIX Medicaid program, which is partially state financed, to the Title XVIII Medicare program, which is fully financed by the federal government. Federal matching money is available through the Medicaid program to assist states with the premium payments for Medicare buy-in enrollees.

2. Louisiana Health Insurance Premium Payment (LaHIPP) is a program authorized under the authority of Section 1906 of the Social Security Act that may reimburse all or a portion of an employer sponsored insurance (ESI) or individual market premium on behalf of a Medicaid recipient, if purchasing such insurance is determined to be more cost effective than having Medicaid as the primary payer of medical expenses. Medicaid may also pay the out of pocket expenses (co-pays and deductibles) for LaHIPP eligibles enrolled in ESI or individual market coverage.

**PROGRAM GOALS:**

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

**PROGRAM ACTIVITY:**

# STATE OF LOUISIANA
## Operational Plan Form
## Program Goals

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

PROGRAM ACTIVITY 1: Medicare Savings Program for Low-Income Seniors & Persons with Disabilities
The ultimate aim of the Medicare Savings Program (MSP) is to improve the health of its beneficiaries. Reducing financial barriers to healthcare can lead to better health outcomes, and expanding access to healthcare improves health status and mortality for those with the lowest incomes. The MSP has been shown to improve access to medical care services. Utilization of all medical service types is greater for MSP enrollees than for eligible non-enrollees, even when accounting for differences in health status and other characteristics. Data has shown that MSP enrollment increases access to preventative and primary care through use of outpatient hospital services and a higher frequency of office visits.

PROGRAM ACTIVITY 2: Louisiana Health Insurance Premium Payment (LaHIPP) Program
The Louisiana Health Insurance Premium Payment (LaHIPP) Program Activity focuses on ensuring access to affordable and appropriate care to Medicaid & LaCHIP eligibles and their families who have access to Employer Sponsored Insurance (ESI) or individual market coverage. LDH reinstituted the LaHIPP program in April 2017 after it was retired in 2015. LaHIPP reimburses eligible Medicaid recipients for some costs related to ESI or individual market coverage, including premiums, copays, and deductibles when the provider bills Medicaid secondary. The program aims to reduce Medicaid costs by making it more affordable for eligible individuals to maintain private insurance coverage.

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

# STATE OF LOUISIANA
## Operational Plan Form
## Program Goals

**PROGRAM NUMBER AND NAME: 3064 - Uncompensated Care Costs**

**PROGRAM AUTHORIZATION:**

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

**PROGRAM MISSION:**

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

**PROGRAM GOALS:**

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

**PROGRAM ACTIVITY:**

PROGRAM ACTIVITY 1: Uncompensated Care Costs (UCC) Program
Without access to care, the uninsured population is likely to experience poorer health outcomes because they may not receive recommended screenings and follow-up care for urgent medical conditions. Delaying or forgoing needed medical care increases overall health care costs either incurred because uninsured patients are more likely to be in an emergency room or hospitalized for avoidable medical conditions. High bills that uninsured patients incur can permanently jeopardize their family's financial security. The Uncompensated Care Costs Program also funds a significant portion of the cost of training physicians in Louisiana hospitals, which results in long-term increased access to primary, preventive and specialty care for all citizens.

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

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 306 - Medical Vendor Payments**

**PROGRAM ID: 3061 - Payments to Private Providers**

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

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 25602 | K | Percentage of Medicaid enrollees enrolled in a managed care model | P | 84 | 82 | 83 | 83 | 81 | 0 | 0 |
| 25603 | K | Percentage of Medicaid enrollee expenditures under a managed care model | P | 81 | 81 | 80 | 80 | 80 | 0 | 0 |

| Performance Indicator | Level | Performance Indicator Name | Unit | General Performance Information | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Performance Indicator Values | | | | |
| | | | | Prior Year Actual FY2021 - 2022 | Prior Year Actual FY2022 - 2023 | Prior Year Actual FY2023 - 2024 | Prior Year Actual FY2024 - 2025 | Prior Year Actual FY2025 - 2026 |
| 25604 | G | Annual amount of premium taxes paid by Medicaid managed care plans | D | 558,951,030.75 | 673,291,916.96 | 747,171,533.17 | 703,821,603 | 804,915,785 |

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

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 306 - Medical Vendor Payments**

**PROGRAM ID: 3061 - Payments to Private Providers**

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

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 3061004 | K | Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year. | P | 50 | 50 | 50 | 50 | 50 | 0 | 0 |
| 3061005 | K | Percentage of enrolled children ages one through under age 21 who received at least two dental topical fluoride applications within the measurement year. | P | 18 | 23 | 18 | 18 | 20 | 0 | 0 |
| 3061006 | K | Percentage of enrolled children who have ever received a sealant on a permanent first molar tooth. | P | 17 | 50 | 50 | 50 | 50 | 0 | 0 |

| Performance Indicator | Level | Performance Indicator Name | Unit | General Performance Information | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Performance Indicator Values | | | | |
| | | | | Prior Year Actual FY2021 - 2022 | Prior Year Actual FY2022 - 2023 | Prior Year Actual FY2023 - 2024 | Prior Year Actual FY2024 - 2025 | Prior Year Actual FY2025 - 2026 |
| 26113 | G | Percentage increase in adults' access to preventive/ambulatory health services for Medicaid Managed Care members | P | 75.91 | 73.65 | 74.25 | 78.09 | 83.99 |
| 3061001 | G | Percentage of well care visits for children in the first 15 months of age | P | Not Available | Not Available | Not Available | 64.83 | 68.41 |
| 3061002 | G | Percentage of well care visits for children 15 to 30 months of age | P | Not Available | Not Available | Not Available | 72.42 | 73.43 |
| 3061003 | G | Percentage of child and adolescent well care visits | P | Not Available | Not Available | Not Available | 54.58 | 55.9 |

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

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 306 - Medical Vendor Payments**

**PROGRAM ID: 3061 - Payments to Private Providers**

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

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 26589 | K | Percentage of providers compliant with the State's EVV standard | P | 90 | 88 | 90 | 90 | 90 | 0 | 0 |
| 26590 | K | Percentage of LTSS recipients receiving Home and Community Based Services | P | 50 | 51 | 50 | 50 | 50 | 0 | 0 |

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

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 306 - Medical Vendor Payments**

**PROGRAM ID: 3062 - Payments to Public Providers**

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

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 24092 | K | Number of Local Education Agencies participating in School Nursing Services | N | 99 | 111 | 99 | 99 | 100 | 0 | 0 |
| 25580 | K | Number of unduplicated recipients Receiving School Nursing Services from Local Education Agencies | N | 191,000 | 127,595 | 191,000 | 191,000 | 110,000 | 0 | 0 |

| Performance Indicator | Level | Performance Indicator Name | Unit | General Performance Information | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Performance Indicator Values | | | | |
| | | | | Prior Year Actual FY2021 - 2022 | Prior Year Actual FY2022 - 2023 | Prior Year Actual FY2023 - 2024 | Prior Year Actual FY2024 - 2025 | Prior Year Actual FY2025 - 2026 |
| 25582 | G | Number of school nurses in participating Local Education Agencies | N | 865 | 895 | 893 | 895 | 915 |

| Performance Indicator | Level | Footnotes |
|---|---|---|
| 25580 | K | Updated to better align the FY28 Performance Standard with current program operations and expected performance. |

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

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 306 - Medical Vendor Payments**

**PROGRAM ID: 3063 - Medicare Buy-Ins & Supplements**

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

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 2266 | K | Total savings (cost of care less premium cost) for Medicare benefits | D | 1,253,500,000 | 863,372,481 | 1,253,500,000 | 1,253,500,000 | 1,253,500,000 | 0 | 0 |

| Performance Indicator | Level | Performance Indicator Name | Unit | General Performance Information | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Performance Indicator Values | | | | |
| | | | | Prior Year Actual FY2021 - 2022 | Prior Year Actual FY2022 - 2023 | Prior Year Actual FY2023 - 2024 | Prior Year Actual FY2024 - 2025 | Prior Year Actual FY2025 - 2026 |
| 2261 | G | Total number of recipients (Part A) | N | 10,036 | 10,737 | 129,190 | 11,678 | 11,499 |
| 2262 | G | Total number of recipients (Part B) | N | 236,420 | 244,823 | 2,768,999 | 225,487 | 214,688 |
| 2263 | G | Total number of Buy-In eligibles (Part A & B) (Modified from Strategic Plan) | N | 246,456 | 255,560 | 2,898,189 | 237,562 | 220,533 |
| 2264 | G | Buy-In Expenditures (Part A) | D | 53,365,720 | 58,968,692 | 60,751,709 | 65,291,896 | 67,898,869 |
| 2265 | G | Buy-In Expenditures (Part B) | D | 449,516,136 | 489,031,837 | 473,332,454 | 455,612,950 | 505,370,717 |

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

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 306 - Medical Vendor Payments**

**PROGRAM ID: 3063 - Medicare Buy-Ins & Supplements**

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

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 22327 | K | Number of cases added in LaHIPP | N | 500 | 66 | 500 | 500 | 500 | 0 | 0 |
| 24099 | K | LaHIPP Total Savings | D | 2,000,000 | 2,029,677 | 2,000,000 | 2,000,000 | 2,000,000 | 0 | 0 |
| 26593 | K | Number of Medicaid enrollees with private coverage paid by LaHIPP | N | 1,050 | 408 | 1,050 | 1,050 | 1,050 | 0 | 0 |
| 26594 | K | Number of non-Medicaid family members with private coverage paid by LaHIPP | N | 500 | 203 | 500 | 500 | 500 | 0 | 0 |

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

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 306 - Medical Vendor Payments**

**PROGRAM ID: 3064 - Uncompensated Care Costs**

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

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 17040 | S | Total DSH funds collected in millions | D | 303.6 | 287 | 292.3 | 292.3 | 292.4 | 0 | 0 |
| 17041 | K | Total federal funds collected in millions | D | 205.9 | 198.8 | 199.2 | 199.2 | 199.2 | 0 | 0 |
| 17042 | S | Total State Match in millions | D | 97.7 | 88.2 | 93.1 | 93.1 | 93.2 | 0 | 0 |

# Budget Request Overview

# AGENCY SUMMARY STATEMENT

## Total Agency

### Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 2,391,588,684 | 2,472,046,088 | 2,525,120,749 | 53,074,661 | 2.15% |
| STATE GENERAL FUND BY: | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 151,433,519 | 230,943,581 | 199,359,102 | (31,584,479) | (13.68)% |
| FEES & SELF-GENERATED | 575,025,478 | 850,116,601 | 728,834,666 | (121,281,935) | (14.27)% |
| STATUTORY DEDICATIONS | 1,701,622,090 | 1,889,159,170 | 1,813,408,637 | (75,750,533) | (4.01)% |
| FEDERAL FUNDS | 14,826,378,034 | 16,601,653,171 | 15,749,057,197 | (852,595,974) | (5.14)% |
| **TOTAL MEANS OF FINANCING** | **$19,646,047,804** | **$22,043,918,611** | **$21,015,780,351** | **$(1,028,138,260)** | **(4.66)%** |

## Fees and Self-Generated

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Fees & Self-generated Revenues | 575,025,478 | 850,116,601 | 728,834,666 | (121,281,935) | (14.27)% |
| **Total:** | **$575,025,478** | **$850,116,601** | **$728,834,666** | **$(121,281,935)** | **(14.27)%** |

## Statutory Dedications

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Louisiana Medical Assistance Trust Fund | 972,302,325 | 1,089,274,038 | 995,098,393 | (94,175,645) | (8.65)% |
| Medicaid Trust Fund for the Elderly | 1,741,651 | — | — | — | — |
| Disability Services Fund | 2,388,500 | 9,122,634 | 14,043,980 | 4,921,346 | 53.95% |
| New Opportunities Waiver (NOW) Fund | 38,609,641 | 43,348,066 | 35,000,239 | (8,347,827) | (19.26)% |
| Hospital Stabilization Fund | 612,767,934 | 660,046,246 | 660,046,246 | — | — |
| Community Options Waiver Fund | 12,081,168 | 26,067,136 | 47,918,729 | 21,851,593 | 83.83% |
| Louisiana Fund | 18,895,147 | 19,330,482 | 19,330,482 | — | — |
| Health Excellence Fund | 42,835,724 | 41,970,568 | 41,970,568 | — | — |
| **Total:** | **$1,701,622,090** | **$1,889,159,170** | **$1,813,408,637** | **$(75,750,533)** | **(4.01)%** |

## Agency Expenditures

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Salaries | — | — | — | — | — |
| Other Compensation | — | — | — | — | — |
| Related Benefits | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — |
| Operating Services | — | — | — | — | — |
| Supplies | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 19,301,578,289 | 21,670,405,371 | 20,663,633,499 | (1,006,771,872) | (4.65)% |
| Debt Service | — | — | — | — | — |
| Interagency Transfers | 344,469,515 | 373,513,240 | 352,146,852 | (21,366,388) | (5.72)% |
| **TOTAL OTHER CHARGES** | **$19,646,047,804** | **$22,043,918,611** | **$21,015,780,351** | **$(1,028,138,260)** | **(4.66)%** |
| Acquisitions | — | — | — | — | — |
| Major Repairs | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$19,646,047,804** | **$22,043,918,611** | **$21,015,780,351** | **$(1,028,138,260)** | **(4.66)%** |

# Cost Detail

## Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|
| State General Fund | 2,391,588,684 | 2,472,046,088 | 2,525,120,749 | 53,074,661 |
| Interagency Transfers | 151,433,519 | 230,943,581 | 199,359,102 | (31,584,479) |
| Fees & Self-generated Revenues | 575,025,478 | 850,116,601 | 728,834,666 | (121,281,935) |
| Louisiana Medical Assistance Trust Fund | 972,302,325 | 1,089,274,038 | 995,098,393 | (94,175,645) |
| Medicaid Trust Fund for the Elderly | 1,741,651 | — | — | — |
| Disability Services Fund | 2,388,500 | 9,122,634 | 14,043,980 | 4,921,346 |
| New Opportunities Waiver (NOW) Fund | 38,609,641 | 43,348,066 | 35,000,239 | (8,347,827) |
| Hospital Stabilization Fund | 612,767,934 | 660,046,246 | 660,046,246 | — |
| Community Options Waiver Fund | 12,081,168 | 26,067,136 | 47,918,729 | 21,851,593 |
| Louisiana Fund | 18,895,147 | 19,330,482 | 19,330,482 | — |
| Health Excellence Fund | 42,835,724 | 41,970,568 | 41,970,568 | — |
| Federal Funds | 14,826,378,034 | 16,601,653,171 | 15,749,057,197 | (852,595,974) |
| **Total:** | **$19,646,047,805** | **$22,043,918,611** | **$21,015,780,351** | **$(1,028,138,260)** |

## Other Charges

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5600000 | TOTAL OTHER CHARGES | — | 21,670,405,371 | 20,663,633,499 | (1,006,771,872) |
| 5610003 | OTHER PUBLIC ASST | 1,115,939 | — | — | — |
| 5610015 | LOC AID-MEDICAID PMT | 24,412,138,875 | — | — | — |
| 5620034 | MISC-CANCELLATIONS | (767,029) | — | — | — |
| 5620037 | MISC-AUDT ADJ MIX-PD | 3,423,446,756 | — | — | — |
| 5620038 | MISC-RECOVERIES | (4,645,529) | — | — | — |
| 5620039 | MISC-REBATE-MEDICAID | (25,121,603) | — | — | — |
| 5620041 | MISC-THIRD PARTY ADJ | (6,687,972) | — | — | — |
| 5620042 | MISC-ADT ADJ MXD-REC | (2,466,864) | — | — | — |
| 5620043 | MISC-RECOUP-STINST | (8,340,698,013) | — | — | — |
| 5620045 | MISC-CASULTY INS-REC | (765,667) | — | — | — |
| 5620047 | MISC-VOLUNTARY RELAT | (450,831) | — | — | — |

## Other Charges *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5620048 | MISC-E.D.S. FED TPL | (17,269) | — | — | — |
| 5620050 | MISC-FIS TPL CLM ADJ | (9,133,359) | — | — | — |
| 5620052 | MISC-STTPL COL 3RD | (2,395,300) | — | — | — |
| 5620069 | MISC-INTERAGENCY OTH | 200,000 | — | — | — |
| 5620146 | MISC-OC-RECOUPMENTS | (140,150,201) | — | — | — |
| 5620150 | MISC-OC-MEDICAID INT | (2,023,645) | — | — | — |
| **Total Other Charges:** | | **$19,301,578,289** | **$21,670,405,371** | **$20,663,633,499** | **$(1,006,771,872)** |

## Interagency Transfers

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5950000 | TOTAL IAT | — | 373,513,240 | 352,146,852 | (21,366,388) |
| 5950001 | IAT-COMMODITY/SERV | 302,020,409 | — | — | — |
| 5950033 | IAT-INTER AGY TRANS | 42,449,106 | — | — | — |
| **Total Interagency Transfers:** | | **$344,469,515** | **$373,513,240** | **$352,146,852** | **$(21,366,388)** |
| **Total Agency Expenditures:** | | **$19,646,047,804** | **$22,043,918,611** | **$21,015,780,351** | **$(1,028,138,260)** |

# PROGRAM SUMMARY STATEMENT

## 3061 - Payments to Private Providers

### Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 1,938,424,287 | 1,922,130,408 | 1,980,251,020 | 58,120,612 | 3.02% |
| STATE GENERAL FUND BY: | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 142,433,519 | 217,204,171 | 185,619,692 | (31,584,479) | (14.54)% |
| FEES & SELF-GENERATED | 558,025,478 | 826,011,347 | 684,385,103 | (141,626,244) | (17.15)% |
| STATUTORY DEDICATIONS | 1,692,474,224 | 1,880,011,304 | 1,804,260,771 | (75,750,533) | (4.03)% |
| FEDERAL FUNDS | 14,133,811,870 | 15,687,776,283 | 14,817,358,105 | (870,418,178) | (5.55)% |
| **TOTAL MEANS OF FINANCING** | **$18,465,169,377** | **$20,533,133,513** | **$19,471,874,691** | **$(1,061,258,822)** | **(5.17)%** |

## Fees and Self-Generated

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Fees & Self-generated Revenues | 558,025,478 | 826,011,347 | 684,385,103 | (141,626,244) | (17.15)% |
| **Total:** | **$558,025,478** | **$826,011,347** | **$684,385,103** | **$(141,626,244)** | **(17.15)%** |

## Statutory Dedications

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Louisiana Medical Assistance Trust Fund | 963,154,459 | 1,080,126,172 | 985,950,527 | (94,175,645) | (8.72)% |
| Medicaid Trust Fund for the Elderly | 1,741,651 | — | — | — | — |
| Disability Services Fund | 2,388,500 | 9,122,634 | 14,043,980 | 4,921,346 | 53.95% |
| New Opportunities Waiver (NOW) Fund | 38,609,641 | 43,348,066 | 35,000,239 | (8,347,827) | (19.26)% |
| Hospital Stabilization Fund | 612,767,934 | 660,046,246 | 660,046,246 | — | — |
| Community Options Waiver Fund | 12,081,168 | 26,067,136 | 47,918,729 | 21,851,593 | 83.83% |
| Louisiana Fund | 18,895,147 | 19,330,482 | 19,330,482 | — | — |
| Health Excellence Fund | 42,835,724 | 41,970,568 | 41,970,568 | — | — |
| **Total:** | **$1,692,474,224** | **$1,880,011,304** | **$1,804,260,771** | **$(75,750,533)** | **(4.03)%** |

## Program Expenditures

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Salaries | — | — | — | — | — |
| Other Compensation | — | — | — | — | — |
| Related Benefits | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — |
| Operating Services | — | — | — | — | — |
| Supplies | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 18,464,690,216 | 20,511,767,125 | 19,471,874,691 | (1,039,892,434) | (5.07)% |
| Debt Service | — | — | — | — | — |
| Interagency Transfers | 479,161 | 21,366,388 | — | (21,366,388) | (100.00)% |
| **TOTAL OTHER CHARGES** | **$18,465,169,377** | **$20,533,133,513** | **$19,471,874,691** | **$(1,061,258,822)** | **(5.17)%** |
| Acquisitions | — | — | — | — | — |
| Major Repairs | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$18,465,169,377** | **$20,533,133,513** | **$19,471,874,691** | **$(1,061,258,822)** | **(5.17)%** |

## Cost Detail

### Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|
| State General Fund | 1,938,424,287 | 1,922,130,408 | 1,980,251,020 | 58,120,612 |
| Interagency Transfers | 142,433,519 | 217,204,171 | 185,619,692 | (31,584,479) |
| Fees & Self-generated Revenues | 558,025,478 | 826,011,347 | 684,385,103 | (141,626,244) |
| Louisiana Medical Assistance Trust Fund | 963,154,459 | 1,080,126,172 | 985,950,527 | (94,175,645) |
| Medicaid Trust Fund for the Elderly | 1,741,651 | — | — | — |
| Disability Services Fund | 2,388,500 | 9,122,634 | 14,043,980 | 4,921,346 |
| New Opportunities Waiver (NOW) Fund | 38,609,641 | 43,348,066 | 35,000,239 | (8,347,827) |
| Hospital Stabilization Fund | 612,767,934 | 660,046,246 | 660,046,246 | — |
| Community Options Waiver Fund | 12,081,168 | 26,067,136 | 47,918,729 | 21,851,593 |
| Louisiana Fund | 18,895,147 | 19,330,482 | 19,330,482 | — |
| Health Excellence Fund | 42,835,724 | 41,970,568 | 41,970,568 | — |
| Federal Funds | 14,133,811,870 | 15,687,776,283 | 14,817,358,105 | (870,418,178) |
| **Total:** | **$18,465,169,378** | **$20,533,133,513** | **$19,471,874,691** | **$(1,061,258,822)** |

### Other Charges

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5600000 | TOTAL OTHER CHARGES | — | 20,511,767,125 | 19,471,874,691 | (1,039,892,434) |
| 5610003 | OTHER PUBLIC ASST | 7,045 | — | — | — |
| 5610015 | LOC AID-MEDICAID PMT | 23,678,292,541 | — | — | — |
| 5620034 | MISC-CANCELLATIONS | (762,201) | — | — | — |
| 5620037 | MISC-AUDT ADJ MIX-PD | 3,309,277,139 | — | — | — |
| 5620038 | MISC-RECOVERIES | (2,564,083) | — | — | — |
| 5620039 | MISC-REBATE-MEDICAID | (25,130,822) | — | — | — |
| 5620042 | MISC-ADT ADJ MXD-REC | (2,466,864) | — | — | — |
| 5620043 | MISC-RECOUP-STINST | (8,337,786,685) | — | — | — |
| 5620045 | MISC-CASULTY INS-REC | (764,024) | — | — | — |
| 5620047 | MISC-VOLUNTARY RELAT | (442,346) | — | — | — |
| 5620048 | MISC-E.D.S. FED TPL | (13,119) | — | — | — |

## Other Charges *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5620050 | MISC-FIS TPL CLM ADJ | (9,130,470) | — | — | — |
| 5620052 | MISC-STTPL COL 3RD | (2,395,300) | — | — | — |
| 5620069 | MISC-INTERAGENCY OTH | 200,000 | — | — | — |
| 5620146 | MISC-OC-RECOUPMENTS | (139,606,951) | — | — | — |
| 5620150 | MISC-OC-MEDICAID INT | (2,023,645) | — | — | — |
| **Total Other Charges:** | | **$18,464,690,216** | **$20,511,767,125** | **$19,471,874,691** | **$(1,039,892,434)** |

## Interagency Transfers

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5950000 | TOTAL IAT | — | 21,366,388 | — | (21,366,388) |
| 5950001 | IAT-COMMODITY/SERV | 479,161 | — | — | — |
| **Total Interagency Transfers:** | | **$479,161** | **$21,366,388** | **—** | **$(21,366,388)** |
| **Total Expenditures for Program 3061** | | **$18,465,169,377** | **$20,533,133,513** | **$19,471,874,691** | **$(1,061,258,822)** |

# 3062 - Payments to Public Providers

## Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 56,203,591 | 60,438,276 | 60,056,159 | (382,117) | (0.63)% |
| STATE GENERAL FUND BY: | — | — | — | — | — |
| INTERAGENCY TRANSFERS | — | — | — | — | — |
| FEES & SELF-GENERATED | — | — | — | — | — |
| STATUTORY DEDICATIONS | 9,147,866 | 9,147,866 | 9,147,866 | — | — |
| FEDERAL FUNDS | 193,998,345 | 247,116,176 | 201,703,770 | (45,412,406) | (18.38)% |
| **TOTAL MEANS OF FINANCING** | **$259,349,802** | **$316,702,318** | **$270,907,795** | **$(45,794,523)** | **(14.46)%** |

## Statutory Dedications

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Louisiana Medical Assistance Trust Fund | 9,147,866 | 9,147,866 | 9,147,866 | — | — |
| **Total:** | **$9,147,866** | **$9,147,866** | **$9,147,866** | **—** | **—** |

## Program Expenditures

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Salaries | — | — | — | — | — |
| Other Compensation | — | — | — | — | — |
| Related Benefits | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — |
| Operating Services | — | — | — | — | — |
| Supplies | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 45,475,275 | 96,237,123 | 50,442,600 | (45,794,523) | (47.59)% |
| Debt Service | — | — | — | — | — |
| Interagency Transfers | 213,874,527 | 220,465,195 | 220,465,195 | — | — |
| **TOTAL OTHER CHARGES** | **$259,349,802** | **$316,702,318** | **$270,907,795** | **$(45,794,523)** | **(14.46)%** |
| Acquisitions | — | — | — | — | — |
| Major Repairs | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$259,349,802** | **$316,702,318** | **$270,907,795** | **$(45,794,523)** | **(14.46)%** |

# Cost Detail

## Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|
| State General Fund | 56,203,591 | 60,438,276 | 60,056,159 | (382,117) |
| Louisiana Medical Assistance Trust Fund | 9,147,866 | 9,147,866 | 9,147,866 | — |
| Federal Funds | 193,998,345 | 247,116,176 | 201,703,770 | (45,412,406) |
| **Total:** | **$259,349,802** | **$316,702,318** | **$270,907,795** | **$(45,794,523)** |

## Other Charges

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5600000 | TOTAL OTHER CHARGES | — | 96,237,123 | 50,442,600 | (45,794,523) |
| 5610015 | LOC AID-MEDICAID PMT | 46,000,791 | — | — | — |
| 5620034 | MISC-CANCELLATIONS | (4,829) | — | — | — |
| 5620038 | MISC-RECOVERIES | (3,185) | — | — | — |
| 5620043 | MISC-RECOUP-STINST | (15) | — | — | — |
| 5620045 | MISC-CASULTY INS-REC | (1,642) | — | — | — |
| 5620047 | MISC-VOLUNTARY RELAT | (8,485) | — | — | — |
| 5620048 | MISC-E.D.S. FED TPL | (4,085) | — | — | — |
| 5620050 | MISC-FIS TPL CLM ADJ | (2,889) | — | — | — |
| 5620146 | MISC-OC-RECOUPMENTS | (500,386) | — | — | — |
| **Total Other Charges:** | | **$45,475,275** | **$96,237,123** | **$50,442,600** | **$(45,794,523)** |

## Interagency Transfers

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5950000 | TOTAL IAT | — | 220,465,195 | 220,465,195 | — |
| 5950001 | IAT-COMMODITY/SERV | 171,425,421 | — | — | — |

## Interagency Transfers *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5950033 | IAT-INTER AGY TRANS | 42,449,106 | — | — | — |
| **Total Interagency Transfers:** | | **$213,874,527** | **$220,465,195** | **$220,465,195** | **—** |
| **Total Expenditures for Program 3062** | | **$259,349,802** | **$316,702,318** | **$270,907,795** | **$(45,794,523)** |

# 3063 - Medicare Buy-Ins & Supplements

## Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 339,126,652 | 434,176,547 | 431,348,497 | (2,828,050) | (0.65)% |
| STATE GENERAL FUND BY: | — | — | — | — | — |
| INTERAGENCY TRANSFERS | — | — | — | — | — |
| FEES & SELF-GENERATED | — | — | — | — | — |
| STATUTORY DEDICATIONS | — | — | — | — | — |
| FEDERAL FUNDS | 300,955,388 | 467,527,953 | 470,356,003 | 2,828,050 | 0.60% |
| **TOTAL MEANS OF FINANCING** | **$640,082,040** | **$901,704,500** | **$901,704,500** | **—** | **—** |

## Program Expenditures

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Salaries | — | — | — | — | — |
| Other Compensation | — | — | — | — | — |
| Related Benefits | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — |
| Operating Services | — | — | — | — | — |
| Supplies | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 640,082,040 | 901,704,500 | 901,704,500 | — | — |
| Debt Service | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$640,082,040** | **$901,704,500** | **$901,704,500** | **—** | **—** |
| Acquisitions | — | — | — | — | — |
| Major Repairs | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$640,082,040** | **$901,704,500** | **$901,704,500** | **—** | **—** |

# Cost Detail

## Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|
| State General Fund | 339,126,652 | 434,176,547 | 431,348,497 | (2,828,050) |
| Federal Funds | 300,955,388 | 467,527,953 | 470,356,003 | 2,828,050 |
| **Total:** | **$640,082,040** | **$901,704,500** | **$901,704,500** | **—** |

## Other Charges

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5600000 | TOTAL OTHER CHARGES | — | 901,704,500 | 901,704,500 | — |
| 5610003 | OTHER PUBLIC ASST | 1,108,894 | — | — | — |
| 5610015 | LOC AID-MEDICAID PMT | 646,773,089 | — | — | — |
| 5620037 | MISC-AUDT ADJ MIX-PD | 1,000,000 | — | — | — |
| 5620038 | MISC-RECOVERIES | (2,078,261) | — | — | — |
| 5620039 | MISC-REBATE-MEDICAID | 9,219 | — | — | — |
| 5620041 | MISC-THIRD PARTY ADJ | (6,687,972) | — | — | — |
| 5620048 | MISC-E.D.S. FED TPL | (64) | — | — | — |
| 5620146 | MISC-OC-RECOUPMENTS | (42,864) | — | — | — |
| **Total Other Charges:** | | **$640,082,040** | **$901,704,500** | **$901,704,500** | **—** |
| **Total Expenditures for Program 3063** | | **$640,082,040** | **$901,704,500** | **$901,704,500** | **—** |

# 3064 - Uncompensated Care Costs

## Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 57,834,154 | 55,300,857 | 53,465,073 | (1,835,784) | (3.32)% |
| STATE GENERAL FUND BY: | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 9,000,000 | 13,739,410 | 13,739,410 | — | — |
| FEES & SELF-GENERATED | 17,000,000 | 24,105,254 | 44,449,563 | 20,344,309 | 84.40% |
| STATUTORY DEDICATIONS | — | — | — | — | — |
| FEDERAL FUNDS | 197,612,431 | 199,232,759 | 259,639,319 | 60,406,560 | 30.32% |
| **TOTAL MEANS OF FINANCING** | **$281,446,585** | **$292,378,280** | **$371,293,365** | **$78,915,085** | **26.99%** |

## Fees and Self-Generated

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Fees & Self-generated Revenues | 17,000,000 | 24,105,254 | 44,449,563 | 20,344,309 | 84.40% |
| **Total:** | **$17,000,000** | **$24,105,254** | **$44,449,563** | **$20,344,309** | **84.40%** |

## Program Expenditures

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Salaries | — | — | — | — | — |
| Other Compensation | — | — | — | — | — |
| Related Benefits | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — |
| Operating Services | — | — | — | — | — |
| Supplies | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 151,330,758 | 160,696,623 | 239,611,708 | 78,915,085 | 49.11% |
| Debt Service | — | — | — | — | — |
| Interagency Transfers | 130,115,827 | 131,681,657 | 131,681,657 | — | — |
| **TOTAL OTHER CHARGES** | **$281,446,585** | **$292,378,280** | **$371,293,365** | **$78,915,085** | **26.99%** |
| Acquisitions | — | — | — | — | — |
| Major Repairs | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$281,446,585** | **$292,378,280** | **$371,293,365** | **$78,915,085** | **26.99%** |

# Cost Detail

## Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|
| State General Fund | 57,834,154 | 55,300,857 | 53,465,073 | (1,835,784) |
| Interagency Transfers | 9,000,000 | 13,739,410 | 13,739,410 | — |
| Fees & Self-generated Revenues | 17,000,000 | 24,105,254 | 44,449,563 | 20,344,309 |
| Federal Funds | 197,612,431 | 199,232,759 | 259,639,319 | 60,406,560 |
| **Total:** | **$281,446,585** | **$292,378,280** | **$371,293,365** | **$78,915,085** |

## Other Charges

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5600000 | TOTAL OTHER CHARGES | — | 160,696,623 | 239,611,708 | 78,915,085 |
| 5610015 | LOC AID-MEDICAID PMT | 41,072,455 | — | — | — |
| 5620037 | MISC-AUDT ADJ MIX-PD | 113,169,617 | — | — | — |
| 5620043 | MISC-RECOUP-STINST | (2,911,314) | — | — | — |
| **Total Other Charges:** | | **$151,330,758** | **$160,696,623** | **$239,611,708** | **$78,915,085** |

## Interagency Transfers

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5950000 | TOTAL IAT | — | 131,681,657 | 131,681,657 | — |
| 5950001 | IAT-COMMODITY/SERV | 130,115,827 | — | — | — |
| **Total Interagency Transfers:** | | **$130,115,827** | **$131,681,657** | **$131,681,657** | **—** |
| **Total Expenditures for Program 3064** | | **$281,446,585** | **$292,378,280** | **$371,293,365** | **$78,915,085** |
| **Total Agency Expenditures:** | | **$19,646,047,804** | **$22,043,918,611** | **$21,015,780,351** | **$(1,028,138,260)** |

# SOURCE OF FUNDING SUMMARY

## Agency Overview

### Interagency Transfers

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Form ID |
|---|---|---|---|---|---|
| DCFS | — | 6,820,908 | 6,820,908 | — | 56428 |
| PUBLIC DIRECTED PMT | 179,775,803 | 136,239,888 | 107,243,432 | (28,996,456) | 56894 |
| PUBLIC - MCIP | — | 74,143,375 | 71,555,352 | (2,588,023) | 56895 |
| PUBLIC - LINNC | 3,532,380 | — | — | — | 56896 |
| PUBLIC - LINNC | — | — | — | — | 56899 |
| PUBLIC - LINNC | 8,220,891 | 13,739,410 | 13,739,410 | — | 62392 |
| PUBLIC - OTHER | 23,016 | — | — | — | 62394 |
| **Total Interagency Transfers** | **$191,552,090** | **$230,943,581** | **$199,359,102** | **$(31,584,479)** | |

### Fees & Self-generated

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Form ID |
|---|---|---|---|---|---|
| PUBLIC DIRECTED PMT | 571,231,888 | 695,497,072 | 556,664,194 | (138,832,878) | 56897 |
| PUBLIC - MCIP | — | 96,112,097 | 93,318,731 | (2,793,366) | 56898 |
| PUBLIC - LINNC | 2,397,579 | 24,043,292 | 24,043,292 | — | 56899 |
| THIRD PARTY LIABILITY | 4,514,295 | 9,253,822 | 9,253,822 | — | 56900 |
| PUBLIC - LINNC | 17,000,000 | 24,105,254 | 44,449,563 | 20,344,309 | 62393 |
| PUBLIC - OTHER | 1,268,839 | 1,105,064 | 1,105,064 | — | 62394 |
| **Total Fees & Self-generated** | **$596,412,601** | **$850,116,601** | **$728,834,666** | **$(121,281,935)** | |

### Statutory Dedications

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Form ID |
|---|---|---|---|---|---|
| Z13-LOUISIANA FUND | 18,895,147 | 19,330,482 | 19,330,482 | — | 56062 |
| H30-NOW FUND | 38,609,641 | 43,348,066 | 35,000,239 | (8,347,827) | 56424 |
| H08-LA MATF | 972,302,325 | 1,089,274,038 | 995,098,393 | (94,175,645) | 56429 |
| H08PY- LA MATF-EXCESS | — | — | — | — | 56430 |
| Z17-HEALTH EXCELLENCE | 42,835,724 | 41,970,568 | 41,970,568 | — | 56431 |
| H19-MED TRUST ELDERLY | 1,741,651 | — | — | — | 56432 |
| H37-HOSPITAL STAB | 612,767,934 | 660,046,246 | 660,046,246 | — | 56434 |
| H47-COMM OPT WAVR | 12,081,168 | 26,067,136 | 47,918,729 | 21,851,593 | 56669 |
| H26 DISABIL SERV | 2,388,500 | 9,122,634 | 14,043,980 | 4,921,346 | 56795 |
| **Total Statutory Dedications** | **$1,701,622,090** | **$1,889,159,170** | **$1,813,408,637** | **$(75,750,533)** | |

## Federal Funds

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Form ID |
|---|---|---|---|---|---|
| US HHS | 14,783,164,194 | 16,601,653,171 | 15,749,057,197 | (852,595,974) | 56426 |
| **Total Federal Funds** | **$14,783,164,194** | **$16,601,653,171** | **$15,749,057,197** | **$(852,595,974)** | |
| **Total Sources of Funding:** | **$17,272,750,975** | **$19,571,872,523** | **$18,490,659,602** | **$(1,081,212,921)** | |

# SOURCE OF FUNDING DETAIL

## Interagency Transfers

### Form 56428 — 306 - DCFS for CSOC

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 Projected | | |
|---|---|---|---|---|---|---|---|---|---|
| | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match |
| Salaries | — | — | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 6,820,908 | — | — | 6,820,908 | — | — | 6,820,908 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$6,820,908** | **—** | **—** | **$6,820,908** | **—** | **—** | **$6,820,908** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$6,820,908** | **—** | **—** | **$6,820,908** | **—** | **—** | **$6,820,908** | **—** | **—** |

## Form 56428 — 306 - DCFS for CSOC

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | These funds represent revenue that will be received from the Department of Children and Family Services (DCFS) for Coordinated System of Care (CSoC) expenditures. |
| **Agency discretion or Federal requirement?** | The line item requests reflect agency estimates of programmatic costs. |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2027, and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 56894 — 306 - Public - Directed Payments (IAT)

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 136,239,888 | — | — | 107,243,432 | — | — | 102,071,010 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$136,239,888** | **—** | **—** | **$107,243,432** | **—** | **—** | **$102,071,010** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$136,239,888** | **—** | **—** | **$107,243,432** | **—** | **—** | **$102,071,010** | **—** | **—** |

## Form 56894 — 306 - Public - Directed Payments (IAT)

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | Intergovernmental Transfer associated with state directed payments |
| **Agency discretion or Federal requirement?** | Agency discretion |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 56895 — 306 - MCIP (IAT)

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 74,143,375 | — | — | 71,555,352 | — | — | 73,481,098 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$74,143,375** | **—** | **—** | **$71,555,352** | **—** | **—** | **$73,481,098** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$74,143,375** | **—** | **—** | **$71,555,352** | **—** | **—** | **$73,481,098** | **—** | **—** |

## Form 56895 — 306 - MCIP (IAT)

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | Intergovernmental Transfer associated with Managed Care Incentive Payment Plan |
| **Agency discretion or Federal requirement?** | Agency discretion |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2027 and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 56896 — 306 - Public - LINCC (IAT)

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | 13,739,410 | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **—** | **—** | **—** | **—** | **$13,739,410** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **—** | **—** | **—** | **—** | **—** | **—** | **$13,739,410** | **—** | **—** |

## Form 56896 — 306 - Public - LINCC (IAT)

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | Intergovernmental Transfers from non-state public hospitals which are used to match Federal Funds. |
| **Agency discretion or Federal requirement?** | Agency discretion |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expended as of June 30, 2027, and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 56899 — 306 - Public - LINCC (FSGR)

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 56899 — 306 - Public - LINCC (FSGR)

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | Fees and Self Generated Revenues from Intergovernmental Transfers from non-state public hospitals which are used to match Federal Funds. |
| **Agency discretion or Federal requirement?** | Agency discretion |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expended as of June 30, 2027, and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 62392 — 306 - Louisiana State University (LSU) Hospitals

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 Projected | | |
|---|---|---|---|---|---|---|---|---|---|
| | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match |
| Salaries | — | — | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 13,739,410 | — | — | 13,739,410 | — | — | 13,468,623 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$13,739,410** | **—** | **—** | **$13,739,410** | **—** | **—** | **$13,468,623** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$13,739,410** | **—** | **—** | **$13,739,410** | **—** | **—** | **$13,468,623** | **—** | **—** |

## Form 62392 — 306 - Louisiana State University (LSU) Hospitals

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

## Form 62394 — 306 - Public (Other)

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 62394 — 306 - Public (Other)

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

## Statutory Dedications

### Form 56062 — 306 - Louisiana Fund - Tobacco Settlement

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 19,330,482 | — | — | 19,330,482 | — | — | 20,686,731 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$19,330,482** | **—** | **—** | **$19,330,482** | **—** | **—** | **$20,686,731** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$19,330,482** | **—** | **—** | **$19,330,482** | **—** | **—** | **$20,686,731** | **—** | **—** |

## Form 56062 — 306 - Louisiana Fund - Tobacco Settlement

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | In 1998, Louisiana and forty five other states settled suits against major tobacco companies. The states claimed the tobacco companies were responsible for the impact of tobacco use on the states and their citizens. Louisiana's portion of the settlements were placed into the Millennium Trust Fund. Earnings from that fund are then split out into other funds, such as the Louisiana Fund and the Health Excellence Fund. Based upon a predetermined formula, Medicaid is appropriated a certain percentage of funding from both the Louisiana and the Health Trust Funds each year. The purpose of these funds is to finance expenditures for Medicaid and LaCHIP recipients. |
| **Agency discretion or Federal requirement?** | The line item requests reflect agency estimates of programmatic costs. |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2027, and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 56424 — 306 - New Opportunities Waiver (NOW) Fund

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 Projected | | |
|---|---|---|---|---|---|---|---|---|---|
| | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match |
| Salaries | — | — | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 43,348,066 | — | — | 35,000,239 | — | — | 43,348,066 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$43,348,066** | **—** | **—** | **$35,000,239** | **—** | **—** | **$43,348,066** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$43,348,066** | **—** | **—** | **$35,000,239** | **—** | **—** | **$43,348,066** | **—** | **—** |

## Form 56424 — 306 - New Opportunities Waiver (NOW) Fund

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | In any fiscal year, state treasurer is to deposit 12% of all recurring SGF revenue, not to exceed $50,000,000, as recognized by the Revenue Estimating Conference in excess of the Official Forecast at the beginning of the current fiscal year into the New Opportunities Waiver Fund, and monies in the fund from this Subparagraph shall be used for appropriation in the ensuing fiscal year. Monies designated for the fund and received by the state treasurer from donations, gifts, grants, appropriations, or other revenue. |
| **Agency discretion or Federal requirement?** | Line item requests for expenditures reflect agency discretion. |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2027, and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 56429 — 306 - LA Medical Assistance Trust Fund - Prem Tax & Prov Fee

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 Projected | | |
|---|---|---|---|---|---|---|---|---|---|
| | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match |
| Salaries | — | — | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 1,080,126,172 | — | — | 985,950,527 | — | — | 985,950,527 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 9,147,866 | — | — | 9,147,866 | — | — | 9,147,866 | — | — |
| **TOTAL OTHER CHARGES** | **$1,089,274,038** | **—** | **—** | **$995,098,393** | **—** | **—** | **$995,098,393** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,089,274,038** | **—** | **—** | **$995,098,393** | **—** | **—** | **$995,098,393** | **—** | **—** |

## Form 56429 — 306 - LA Medical Assistance Trust Fund - Prem Tax & Prov Fee

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | This fund was created by Act 260 of the 1992 Louisiana Regular Session. Premium Tax - This portion of the fund, labeled Premium Taxes, is for deposits made to the fund from Premium Tax collections as opposed to collections from fees imposed on certain health care providers (Nursing Homes, ICF/DDs, Pharmacy, and Ambulance). During the 2012 Regular Legislative Session, an initial $18,000,000 was added to MATF for Premium Tax collections. As required by RS:22:832, the Bayou Health per member per month premiums are taxed. The budget request is based on a 2.25% premium tax for the Medicaid Dental Plan PMPMs, and a 5.5% premium tax for the Medicaid Managed Care Organizations PMPMs. Balances in the fund at the end of a fiscal year remain in the fund, and can be used for appropriation in subsequent fiscal years. Provider Fees - The funds in this trust are collected from fees imposed on certain health care providers (Nursing Homes, ICF/DDs, Pharmacy, and Ambulance transportation), and any other monies which may be provided by law. The purpose is to further provide for the operation of the Medicaid Program in the state and for the maintenance of health care services available under the program. Balances in the fund at the end of a fiscal year remain in the fund, and can be used for appropriation in subsequent fiscal years. |
| **Agency discretion or Federal requirement?** | Premium Tax - The line item requests reflect agency estimates. Provider Fees - The state treasurer established a separate account within the fund for each healthcare provider group in which provider fees are collected and deposited into the fund in accordance with law. The Louisiana Department of Health, or its successor, shall expend monies deposited into each account only for the reimbursement of services to the provider group that paid the fee into the account in any fiscal year, except the general account may be expended for any Medicaid program expenditure. This BR form is only for the separate accounts for the provider fees. |
| **Describe any budgetary peculiarities.** | Premium Tax - These funds are used to match Federal Funds. Premium Tax collections may fluctuate based on the total managed care Per Member Per Month payments made during each calendar year. Provider Fees - These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2027, and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 56430 — 306 - LA Medical Assistance Trust Fund - Carryforward

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 56430 — 306 - LA Medical Assistance Trust Fund - Carryforward

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The Louisiana Medical Assistance Trust Fund (MATF) was created by Act 260 of the 1992 Louisiana Regular Session. This portion of the fund, labeled Carryforward or Excess, is for deposits made to the fund from any other monies, as opposed to collections from fees imposed on certain health care providers (Nursing Homes, Intermediate Care Facilities for Individuals with Mental Retardation facilities (ICF/MRs), and Pharmacy) or Premium Taxes. This is from a balance in the fund that was not spent in the prior fiscal year. Balances in the fund at the end of a fiscal year remain in the fund and can be used for appropriation in subsequent fiscal years. |
| **Agency discretion or Federal requirement?** | The line item requests reflect agency estimates. |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2027, and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 56431 — 306 - Health Excellence Fund

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 41,970,568 | — | — | 41,970,568 | — | — | 25,915,099 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$41,970,568** | **—** | **—** | **$41,970,568** | **—** | **—** | **$25,915,099** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$41,970,568** | **—** | **—** | **$41,970,568** | **—** | **—** | **$25,915,099** | **—** | **—** |

## Form 56431 — 306 - Health Excellence Fund

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | In 1998, Louisiana and forty-five other states settled suits against major tobacco companies. The states claimed the tobacco companies were responsible for the impact of tobacco use on the states and their citizens. Louisiana's portion of the settlements were placed into the Millennium Trust Fund. Earnings from that fund are then split out into other funds, such as the Louisiana Fund and the Health Excellence Fund. Based upon a predetermined formula, Medicaid is appropriated a certain percentage of funding from both the Louisiana and the Health Trust Funds each year. The purpose of these funds is to finance expenditures for Medicaid and LaCHIP recipients. |
| **Agency discretion or Federal requirement?** | The line item requests reflect agency estimates of programmatic costs. |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2027, and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 56432 — 306 - Medicaid Trust Fund for the Elderly

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 Projected | | |
|---|---|---|---|---|---|---|---|---|---|
| | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match |
| Salaries | — | — | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | 1,741,651 | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **—** | **—** | **—** | **$1,741,651** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **—** | **—** | **—** | **—** | **—** | **$1,741,651** | **—** | **—** | **—** |

## Form 56432 — 306 - Medicaid Trust Fund for the Elderly

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The nursing facility intergovernmental transfer payments establish enhanced payments based on Medicare upper payment limits in accordance with the Code of Federal Regulations, section 42 CFR 447.272. The Department of Health and Hospitals, Medical Vendor Administration has implemented this program as directed by Act 143 of the 1st Extraordinary Session of the 2000 Louisiana Legislature. Matching funds for the purpose of drawing down the federal funds will be from the principle of the Medicaid Trust Fund for the Elderly and will immediately be redeposited into the trust fund. Appropriations to fund the ongoing expenses of Medicaid are made annually based upon the anticipated interest earnings from the fund. Two thirds of these earnings are appropriated directly from this Trust Fund to be used for institutional Long Term Care costs, and the remaining one third is transferred to the Health Trust Fund to be appropriated for use in funding community-based services, such as Elderly and Disabled Waiver slots, Adult Day Health Care Waiver slots, Personal Care Attendant services, and to address access to care issues. |
| **Agency discretion or Federal requirement?** | The line item requests meet federal requirements and in accordance with the mandates of Act 143 of the First Extraordinary Session of the 2000 Legislature. The funding generated through the Nursing Home Intergovernmental Transfer Program shall be deposited into the 'Medicaid Trust Fund for the Elderly.' Effective July 1, 2002 only the interest generated by the trust fund shall be available for expenditure purposes. The principal in the fund shall not be subject to appropriation except as provided by law, which includes for the re-basing of nursing homes in accordance with the approved state Medicaid plan. |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2026, and therefore, will not be available for carry forward into fiscal year 2026-2027. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 56434 — 306 - Hospital Stabilization Fund

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 660,046,246 | — | — | 660,046,246 | — | — | 660,046,246 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$660,046,246** | **—** | **—** | **$660,046,246** | **—** | **—** | **$660,046,246** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$660,046,246** | **—** | **—** | **$660,046,246** | **—** | **—** | **$660,046,246** | **—** | **—** |

## Form 56434 — 306 - Hospital Stabilization Fund

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | House Concurrent Resolution (HCR) 51 of the 2016 Regular Legislative Session resolved that the Legislature of Louisiana enact the annual hospital stabilization formula pursuant to Article VII, Section 10.13 of the Constitution of Louisiana: I. Hospital Stabilization Assessment. The Department of Health and Hospitals shall allocate the assessment to each assessed hospital on a pro rata basis by calculating the quotient of the total assessment divided by the total inpatient and outpatient hospital net patient revenue of all assessed hospitals as reported in the Medicare cost report ending in state fiscal year 2015 and multiplying the quotient by each assessed hospital's total inpatient and outpatient hospital net patient revenue. HCR51 provides for a hospital assessment beginning January 1, 2017. HCR8 of the 2017 RLS maintains the reimbursement rates in effect for dates of service on or after January 1, 2017 (as provided for in the 2017 hospital HCR51). Additionally, for dates of service on or after January 1, 2018, HCR8 provides additional rate increases. HCR8 of the 2017 RLS provides for a hospital assessment beginning January 1, 2018. HCR6 of the 2018 Regular Legislative Session maintains/annualizes the hospital reimbursement rates in effect for dates of service on or after January 1, 2018 (rate increase provided for in 2018 hospital HCR 8). Additionally, for dates of service on or after January 1, 2019 (6 months of FY 18) this measure provides additional outpatient reimbursement rate increases to the level of rates in effect on June 30, 2009 or September 30, 2009. The FY 25 Hospital Stabilization Fund appropriation is based on HCR 3 of the 2024 Regular Legislative Session. T hese resolutions provide that the Department of Health shall calculate, levy, and collect a hospital provider fee assessment conditioned upon Medicaid expansion, and state/federal approval. The premium assessment revenue can be used to draw federal matching funds that will be used partially for hospital rate increases and for partially offsetting the cost of hospital related costs of expansion. The premium assessment revenue will be deposited into the Hospital Stabilization Fund statutory dedication. |
| **Agency discretion or Federal requirement?** | Line item requests for expenditures reflect agency discretion. |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2027, and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 56669 — 306 - Community Options Waiver

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 26,067,136 | — | — | 47,918,729 | — | — | 12,081,168 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$26,067,136** | **—** | **—** | **$47,918,729** | **—** | **—** | **$12,081,168** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$26,067,136** | **—** | **—** | **$47,918,729** | **—** | **—** | **$12,081,168** | **—** | **—** |

## Form 56669 — 306 - Community Options Waiver

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | Act 4 of the 2024 Regular Legislative Session created, as a special fund, the Community Options Waiver Fund. This fund shall be used solely to fund Medicaid services provided under the Community Choices Waiver or the Adult Day Health Care Waiver or any other Medicaid home and community-based service for persons with adult-onset disabilities as promulgated by rule by the Louisiana Department of Health. The department shall consult with stakeholders representing persons with adult-onset disabilities to develop a plan for appropriations out of the fund. |
| **Agency discretion or Federal requirement?** | The line item requests reflect agency estimates of programmatic costs. |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2027, and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 56795 — 306 - Disability Services Fund

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 Projected | | |
|---|---|---|---|---|---|---|---|---|---|
| | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match |
| Salaries | — | — | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 9,122,634 | — | — | 14,043,980 | — | — | 2,388,500 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$9,122,634** | **—** | **—** | **$14,043,980** | **—** | **—** | **$2,388,500** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$9,122,634** | **—** | **—** | **$14,043,980** | **—** | **—** | **$2,388,500** | **—** | **—** |

## Form 56795 — 306 - Disability Services Fund

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | Act 3 of the 2026 Regular Legislative Session created, as a special fund, the Disability Services Fund. The Disability Services Fund is a fund created to improve the capacity of the state to meet the needs of individuals with developmental disabilities, but also with a focus on increasing the number of people receiving waiver services. |
| **Agency discretion or Federal requirement?** | The line item requests reflect agency estimates of programmatic costs. |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2027, and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

# Federal Funds

## Form 56426 — 306 - Medical Assistance Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 Projected | | |
|---|---|---|---|---|---|---|---|---|---|
| | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match |
| Salaries | — | — | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 16,340,617,747 | — | — | 15,509,006,044 | — | — | 15,509,961,580 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 261,035,424 | — | — | 240,051,153 | — | — | 240,051,153 | — | — |
| **TOTAL OTHER CHARGES** | **$16,601,653,171** | **—** | **—** | **$15,749,057,197** | **—** | **—** | **$15,750,012,733** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$16,601,653,171** | **—** | **—** | **$15,749,057,197** | **—** | **—** | **$15,750,012,733** | **—** | **—** |

## Form 56426 — 306 - Medical Assistance Grant

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | Medicaid, Title XIX formula grant as authorized under the Social Security Act, Title XIX, as amended; public Laws 89-97, 90-248 and 91-56, 42 USC 1396, et seq., as amended; Public Laws 92-223, 92-603, 93-66, 96-499, 97-35, 97-248, 98-369, 99-272, 99-509, 100-93, 100-202, 100-203, 100-360, 100-436, 100-485, 100-647, 101-166, 101-234, 101-239, 101-508, 101-517, 102-234, 102-170, 102-394, 103-66, 103-112, 103-333,104-91, 104-191, 104-193 and 104-208. The purpose of these funds are to provide financial assistance to states for payments of medical assistance on behalf of recipients who meet income and source requirements for coverage under this grant. Non-federal revenues are eligible to match this grant which is generated from statistical factors calculated on 'per capita income' by state based on a 3-year average. |
| **Agency discretion or Federal requirement?** | The line item requests reflect agency estimates of programmatic costs. The Title XIX grant for programmatic expenditures mandates that federal matching funds are drawn to reimburse specific providers for their service delivery. The total expenditures are to be state matched at the appropriate state participation percentage. |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2027, and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Fees & Self-generated

### Form 56897 — 306 - Public - Directed Payment (FSGR)

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 695,497,072 | — | — | 556,664,194 | — | — | 519,093,781 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$695,497,072** | **—** | **—** | **$556,664,194** | **—** | **—** | **$519,093,781** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$695,497,072** | **—** | **—** | **$556,664,194** | **—** | **—** | **$519,093,781** | **—** | **—** |

## Form 56897 — 306 - Public - Directed Payment (FSGR)

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | Intergovernmental Transfer associated with state directed payments |
| **Agency discretion or Federal requirement?** | Agency discretion |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2027 and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 56898 — 306 - Public - MCIP (FSGR)

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 96,112,097 | — | — | 93,318,731 | — | — | 99,010,863 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$96,112,097** | **—** | **—** | **$93,318,731** | **—** | **—** | **$99,010,863** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$96,112,097** | **—** | **—** | **$93,318,731** | **—** | **—** | **$99,010,863** | **—** | **—** |

## Form 56898 — 306 - Public - MCIP (FSGR)

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | Intergovernmental Transfer associated with Managed Care Incentive Payment Plan |
| **Agency discretion or Federal requirement?** | Agency discretion |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2027, and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 56899 — 306 - Public - LINCC (FSGR)

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 Projected | | |
|---|---|---|---|---|---|---|---|---|---|
| | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match |
| Salaries | — | — | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 24,043,292 | — | — | 24,043,292 | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$24,043,292** | **—** | **—** | **$24,043,292** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$24,043,292** | **—** | **—** | **$24,043,292** | **—** | **—** | **—** | **—** | **—** |

## Form 56899 — 306 - Public - LINCC (FSGR)

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | Fees and Self Generated Revenues from Intergovernmental Transfers from non-state public hospitals which are used to match Federal Funds. |
| **Agency discretion or Federal requirement?** | Agency discretion |
| **Describe any budgetary peculiarities.** | These funds are used to match Federal Funds. Act 3 of the 2026 Regular Session based the Medical Vendor Payments budget on blended FMAP (Federal Medical Assistance Percentage) of 68.06%. The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state, and 78.03% federal. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expended as of June 30, 2027, and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 56900 — 306 - Third Party Liability

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 Projected | | |
|---|---|---|---|---|---|---|---|---|---|
| | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match |
| Salaries | — | — | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 9,253,822 | — | — | 9,253,822 | — | — | 9,253,822 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$9,253,822** | **—** | **—** | **$9,253,822** | **—** | **—** | **$9,253,822** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$9,253,822** | **—** | **—** | **$9,253,822** | **—** | **—** | **$9,253,822** | **—** | **—** |

## Form 56900 — 306 - Third Party Liability

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | Act 4 (HB-1) of the 2024 Regular Session states: "Revenues from refunds and recoveries in the Medical Vendor Program are authorized to be expended in Fiscal Year 2024-2025." This revenue source is represented in Medical Match and includes Third Party Liability (TPL) collections. Code of Federal Regulations 42 CFR 433.138 and 433.139 determine the legal liability of third parties to pay for services under the State plan for payments of claims involving third parties 42 CFR 433.145 through 433.148 assignment of rights to benefits and cooperation with the agency in obtaining medical support or payments 42 CFR 433.151 through 433.154 cooperative agreements and incentive payments for third party collections. State Medicaid Manual part 3900.1 -3910.15: The purpose of establishing and maintaining effective TPL programs is to reduce Medicaid expenditures. Third parties are entities which are legally responsible for paying the medical claims of Medicaid recipients. Federal law and regulations require States to assure that Medicaid recipients utilize all other resources available to them to pay for all or part of their medical care needs before turning to Medicaid. The main components of this are: 1) health insurance - we contract this out to HMS, and through data matches with insurance carriers they identify Medicaid recipients that have other health insurance coverage retrospectively as well as prospectively; 2) casualty coverage resulting from an accident or injury - our Trauma unit works with insurance companies and attorneys to settle cases where there is TPL; 3) Estate Recovery - our Estate Recovery unit works with attorneys to seek reimbursement for services rendered to an individual that was over age 55 and living in a nursing home or received home and community based services through the Medicaid program. |
| **Agency discretion or Federal requirement?** | The line item requests reflect agency estimates of programmatic costs. |
| **Describe any budgetary peculiarities.** | This funding source is contingent upon collections. |
| **Is the Total Request amount for multiple years?** | All funds budgeted in the Existing Operating Budget are anticipated to be expenditures as of June 30, 2027, and therefore, will not be available for carry forward into fiscal year 2027-2028. |
| **Additional information or comments.** | N/A |
| **Provide the amount of any indirect costs.** | N/A |
| **Any indirect costs funded with other MOF?** | N/A |
| **Objectives and indicators in the Operational Plan.** | N/A |
| **Additional information or comments.** | N/A |

## Form 62393 — 306 - UCC LINCCA

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 Projected | | |
|---|---|---|---|---|---|---|---|---|---|
| | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match |
| Salaries | — | — | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 24,105,254 | — | — | 44,449,563 | — | — | 43,974,478 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$24,105,254** | **—** | **—** | **$44,449,563** | **—** | **—** | **$43,974,478** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$24,105,254** | **—** | **—** | **$44,449,563** | **—** | **—** | **$43,974,478** | **—** | **—** |

## Form 62393 — 306 - UCC LINCCA

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

## Form 62394 — 306 - Public (Other)

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 Projected | | |
|---|---|---|---|---|---|---|---|---|---|
| | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match | Means of Financing | In-Kind Match | Cash Match |
| Salaries | — | — | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 1,105,064 | — | — | 1,105,064 | — | — | 1,105,064 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$1,105,064** | **—** | **—** | **$1,105,064** | **—** | **—** | **$1,105,064** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,105,064** | **—** | **—** | **$1,105,064** | **—** | **—** | **$1,105,064** | **—** | **—** |

## Form 62394 — 306 - Public (Other)

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

# 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 56428 DCFS | Interagency Transfers Form ID 56894 PUBLIC DIRECTED PMT | Interagency Transfers Form ID 56895 PUBLIC - MCIP |
|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | 21,670,405,371 | 2,368,716,138 | 6,820,908 | 136,239,888 | 74,143,375 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | — | 373,513,240 | 103,329,950 | — | — | — |
| **TOTAL OTHER CHARGES** | **—** | **$22,043,918,611** | **$2,472,046,088** | **$6,820,908** | **$136,239,888** | **$74,143,375** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **—** | **$22,043,918,611** | **$2,472,046,088** | **$6,820,908** | **$136,239,888** | **$74,143,375** |

| Expenditures | Interagency Transfers Form ID 62392 PUBLIC - LINNC | Fees & Self-generated Form ID 56897 PUBLIC DIRECTED PMT | Fees & Self-generated Form ID 56898 PUBLIC - MCIP | Fees & Self-generated Form ID 56899 PUBLIC - LINNC | Fees & Self-generated Form ID 56900 THIRD PARTY LIABILITY | Fees & Self-generated Form ID 62393 PUBLIC - LINNC |
|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 13,739,410 | 695,497,072 | 96,112,097 | 24,043,292 | 9,253,822 | 24,105,254 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$13,739,410** | **$695,497,072** | **$96,112,097** | **$24,043,292** | **$9,253,822** | **$24,105,254** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$13,739,410** | **$695,497,072** | **$96,112,097** | **$24,043,292** | **$9,253,822** | **$24,105,254** |

| Expenditures | Fees & Self-generated Form ID 62394 PUBLIC - OTHER | Statutory Dedications Form ID 56062 Z13-LOUISIANA FUND | Statutory Dedications Form ID 56424 H30-NOW FUND | Statutory Dedications Form ID 56429 H08-LA MATF | Statutory Dedications Form ID 56431 Z17-HEALTH EXCELLENCE | Statutory Dedications Form ID 56434 H37-HOSPITAL STAB |
|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 1,105,064 | 19,330,482 | 43,348,066 | 1,080,126,172 | 41,970,568 | 660,046,246 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | 9,147,866 | — | — |
| **TOTAL OTHER CHARGES** | **$1,105,064** | **$19,330,482** | **$43,348,066** | **$1,089,274,038** | **$41,970,568** | **$660,046,246** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,105,064** | **$19,330,482** | **$43,348,066** | **$1,089,274,038** | **$41,970,568** | **$660,046,246** |

| Expenditures | Statutory Dedications Form ID 56669 H47-COMM OPT WAVR | Statutory Dedications Form ID 56795 H26 DISABIL SERV | Federal Funds Form ID 56426 US HHS |
|---|---|---|---|
| Salaries | — | — | — |
| Other Compensation | — | — | — |
| Related Benefits | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** |
| Travel | — | — | — |
| Operating Services | — | — | — |
| Supplies | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** |
| Other Charges | 26,067,136 | 9,122,634 | 16,340,617,747 |
| Debt Service | — | — | — |
| Interagency Transfers | — | — | 261,035,424 |
| **TOTAL OTHER CHARGES** | **$26,067,136** | **$9,122,634** | **$16,601,653,171** |
| Acquisitions | — | — | — |
| Major Repairs | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$26,067,136** | **$9,122,634** | **$16,601,653,171** |

## Total Request

| Expenditures | Used as a Cash Match | Total Means of Financing By Expenditure | Total State General Fund | Interagency Transfers Form ID 56428 DCFS | Interagency Transfers Form ID 56894 PUBLIC DIRECTED PMT | Interagency Transfers Form ID 56895 PUBLIC - MCIP |
|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 1,741,651 | 20,663,633,499 | 2,422,172,916 | 6,820,908 | 107,243,432 | 71,555,352 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | — | 352,146,852 | 102,947,833 | — | — | — |
| **TOTAL OTHER CHARGES** | **$1,741,651** | **$21,015,780,351** | **$2,525,120,749** | **$6,820,908** | **$107,243,432** | **$71,555,352** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,741,651** | **$21,015,780,351** | **$2,525,120,749** | **$6,820,908** | **$107,243,432** | **$71,555,352** |

| Expenditures | Interagency Transfers Form ID 62392 PUBLIC - LINNC | Statutory Dedications Form ID 56062 Z13-LOUISIANA FUND | Statutory Dedications Form ID 56424 H30-NOW FUND | Statutory Dedications Form ID 56429 H08-LA MATF | Statutory Dedications Form ID 56431 Z17-HEALTH EXCELLENCE | Statutory Dedications Form ID 56434 H37-HOSPITAL STAB |
|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 13,739,410 | 19,330,482 | 35,000,239 | 985,950,527 | 41,970,568 | 660,046,246 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | 9,147,866 | — | — |
| **TOTAL OTHER CHARGES** | **$13,739,410** | **$19,330,482** | **$35,000,239** | **$995,098,393** | **$41,970,568** | **$660,046,246** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$13,739,410** | **$19,330,482** | **$35,000,239** | **$995,098,393** | **$41,970,568** | **$660,046,246** |

| Expenditures | Statutory Dedications Form ID 56669 H47-COMM OPT WAVR | Statutory Dedications Form ID 56795 H26 DISABIL SERV | Federal Funds Form ID 56426 US HHS | Fees & Self-generated Form ID 56897 PUBLIC DIRECTED PMT | Fees & Self-generated Form ID 56898 PUBLIC - MCIP | Fees & Self-generated Form ID 56899 PUBLIC - LINNC |
|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 47,918,729 | 14,043,980 | 15,509,006,044 | 556,664,194 | 93,318,731 | 24,043,292 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | — | — | 240,051,153 | — | — | — |
| **TOTAL OTHER CHARGES** | **$47,918,729** | **$14,043,980** | **$15,749,057,197** | **$556,664,194** | **$93,318,731** | **$24,043,292** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$47,918,729** | **$14,043,980** | **$15,749,057,197** | **$556,664,194** | **$93,318,731** | **$24,043,292** |

| Expenditures | Fees & Self-generated Form ID 56900 THIRD PARTY LIABILITY | Fees & Self-generated Form ID 62393 PUBLIC - LINNC | Fees & Self-generated Form ID 62394 PUBLIC - OTHER |
|---|---|---|---|
| Salaries | — | — | — |
| Other Compensation | — | — | — |
| Related Benefits | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** |
| Travel | — | — | — |
| Operating Services | — | — | — |
| Supplies | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** |
| Other Charges | 9,253,822 | 44,449,563 | 1,105,064 |
| Debt Service | — | — | — |
| Interagency Transfers | — | — | — |
| **TOTAL OTHER CHARGES** | **$9,253,822** | **$44,449,563** | **$1,105,064** |
| Acquisitions | — | — | — |
| Major Repairs | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$9,253,822** | **$44,449,563** | **$1,105,064** |

# REVENUE COLLECTIONS/INCOME

## Interagency Transfers

### 003 - Interagency Transfers

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| DCFS | 4710059 | MR-FROM STATE AGENCY | — | 6,820,908 | 6,820,908 | — |
| PUBLIC DIRECTED PMT | 4710059 | MR-FROM STATE AGENCY | 179,775,803 | 136,239,888 | 107,243,432 | (28,996,456) |
| PUBLIC - LINNC | 4710059 | MR-FROM STATE AGENCY | 8,220,891 | 13,739,410 | 13,739,410 | — |
| PUBLIC - MCIP | 4710059 | MR-FROM STATE AGENCY | — | 74,143,375 | 71,555,352 | (2,588,023) |
| MEDICAID | 4710059 | MR-FROM STATE AGENCY | 11,757 | — | — | — |
| MEDICAID | 4710059 | MR-FROM STATE AGENCY | 11,259 | — | — | — |
| PUBLIC - LINNC | 4710059 | MR-FROM STATE AGENCY | 3,532,380 | — | — | — |
| **Total Collections/Income** | | | **$191,552,090** | **$230,943,581** | **$199,359,102** | **$(31,584,479)** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 191,552,090 | 230,943,581 | 199,359,102 | (31,584,479) |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$191,552,090** | **$230,943,581** | **$199,359,102** | **$(31,584,479)** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | — | — | — | — |

# Fees & Self-generated

## 002 - Fees & Self-generated Revenues

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| THIRD PARTY LIABILITY | 4710029 | MR-PRIVATE SOURCES | 4,514,295 | 9,253,822 | 9,253,822 | — |
| PUBLIC DIRECTED PMT | 4710029 | MR-PRIVATE SOURCES | 571,231,888 | 695,497,072 | 556,664,194 | (138,832,878) |
| PUBLIC - MCIP | 4710029 | MR-PRIVATE SOURCES | — | 96,112,097 | 93,318,731 | (2,793,366) |
| PUBLIC - UPL | 4710029 | MR-PRIVATE SOURCES | 17,000,000 | 24,105,254 | 44,449,563 | 20,344,309 |
| PUBLIC - LINNC | 4710029 | MR-PRIVATE SOURCES | 2,397,579 | 24,043,292 | 24,043,292 | — |
| PUBLIC - OTHER | 4710029 | MR-PRIVATE SOURCES | 1,268,839 | 1,105,064 | 1,105,064 | — |
| **Total Collections/Income** | | | **$596,412,601** | **$850,116,601** | **$728,834,666** | **$(121,281,935)** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 596,412,601 | 850,116,601 | 728,834,666 | (121,281,935) |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$596,412,601** | **$850,116,601** | **$728,834,666** | **$(121,281,935)** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **—** | **—** | **—** | **—** |

# Statutory Dedications

## H08 - Louisiana Medical Assistance Trust Fund

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| H08-LA MATF | 4830014 | INTRAFUND TRANSFER | 972,302,325 | 1,089,274,038 | 995,098,393 | (94,175,645) |
| **Total Collections/Income** | | | **$972,302,325** | **$1,089,274,038** | **$995,098,393** | **$(94,175,645)** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 972,302,325 | 1,089,274,038 | 995,098,393 | (94,175,645) |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$972,302,325** | **$1,089,274,038** | **$995,098,393** | **$(94,175,645)** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | — | — | — | — |

## H19 - Medicaid Trust Fund for the Elderly

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| H19-MED TRUST ELDERLY | 4830014 | INTRAFUND TRANSFER | 1,741,651 | — | — | — |
| **Total Collections/Income** | | | **$1,741,651** | **—** | **—** | **—** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 1,741,651 | — | — | — |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$1,741,651** | **—** | **—** | **—** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | — | — | — | — |

## H26 - Disability Services Fund

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| H26 DISABIL SERV | 4830014 | INTRAFUND TRANSFER | 2,388,500 | 9,122,634 | 14,043,980 | 4,921,346 |
| **Total Collections/Income** | | | **$2,388,500** | **$9,122,634** | **$14,043,980** | **$4,921,346** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 2,388,500 | 9,122,634 | 14,043,980 | 4,921,346 |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$2,388,500** | **$9,122,634** | **$14,043,980** | **$4,921,346** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | — | — | — | — |

## H30 - New Opportunities Waiver (NOW) Fund

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| H30-NOW FUND | 4830014 | INTRAFUND TRANSFER | 38,609,641 | 43,348,066 | 35,000,239 | (8,347,827) |
| **Total Collections/Income** | | | **$38,609,641** | **$43,348,066** | **$35,000,239** | **$(8,347,827)** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 38,609,641 | 43,348,066 | 35,000,239 | (8,347,827) |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$38,609,641** | **$43,348,066** | **$35,000,239** | **$(8,347,827)** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | — | — | — | — |

## H37 - Hospital Stabilization Fund

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| H37-HOSPITAL STAB | 4830014 | INTRAFUND TRANSFER | 612,767,934 | 660,046,246 | 660,046,246 | — |
| **Total Collections/Income** | | | **$612,767,934** | **$660,046,246** | **$660,046,246** | **—** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 612,767,934 | 660,046,246 | 660,046,246 | — |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$612,767,934** | **$660,046,246** | **$660,046,246** | **—** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **—** | **—** | **—** | **—** |

## H47 - Community Options Waiver Fund

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| H47-COMM OPT WAVR | 4830014 | INTRAFUND TRANSFER | 12,081,168 | 26,067,136 | 47,918,729 | 21,851,593 |
| **Total Collections/Income** | | | **$12,081,168** | **$26,067,136** | **$47,918,729** | **$21,851,593** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 12,081,168 | 26,067,136 | 47,918,729 | 21,851,593 |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$12,081,168** | **$26,067,136** | **$47,918,729** | **$21,851,593** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **—** | **—** | **—** | **—** |

## Z13 - Louisiana Fund

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| Z13-LOUISIANA FUND | 4830014 | INTRAFUND TRANSFER | 18,895,147 | 19,330,482 | 19,330,482 | — |
| **Total Collections/Income** | | | **$18,895,147** | **$19,330,482** | **$19,330,482** | **—** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 18,895,147 | 19,330,482 | 19,330,482 | — |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$18,895,147** | **$19,330,482** | **$19,330,482** | **—** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **—** | **—** | **—** | **—** |

## Z17 - Health Excellence Fund

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| Z17-HEALTH EXCELLENCE | 4830014 | INTRAFUND TRANSFER | 42,835,724 | 41,970,568 | 41,970,568 | — |
| **Total Collections/Income** | | | **$42,835,724** | **$41,970,568** | **$41,970,568** | **—** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 42,835,724 | 41,970,568 | 41,970,568 | — |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$42,835,724** | **$41,970,568** | **$41,970,568** | **—** |
| **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 | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| MEDICAID | 4060035 | FR-OTHER | 14,783,164,194 | 16,601,653,171 | 15,749,057,197 | (852,595,974) |
| **Total Collections/Income** | | | **$14,783,164,194** | **$16,601,653,171** | **$15,749,057,197** | **$(852,595,974)** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 14,783,164,194 | 16,601,653,171 | 15,749,057,197 | (852,595,974) |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$14,783,164,194** | **$16,601,653,171** | **$15,749,057,197** | **$(852,595,974)** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | — | — | — | — |

# Justification of Differences

## Form 57481 — 306 - IAT - DCFS - for Coordinated System of Care

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

## Form 57482 — 306 - SG - Medical Match TPL

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

## Form 57483 — 306 - SG - Public

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

## Form 57484 — 306 - FSGR - LINCCA

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

## Form 57485 — 306 - LA MATF - Premium Taxes & Provider Fees

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

## Form 57486 — 306 - LA MATF - Carryforward

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

## Form 57487 — 306 - LA Fund - Tobacco Settlement

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

## Form 57488 — 306 - Health Excellence Fund (Tobacco Settlement)

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

## Form 57489 — 306 - Medical Trust Fund for the Elderly

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

## Form 57490 — 306 - New Opportunities Waivers Fund

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

## Form 57491 — 306 - Hospital Stabilization Fund

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

## Form 57578 — 306 - Community Options Waiver

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

## Form 57632 — 306 - H26 - Disability Services Fund

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

## Form 57634 — IAT - Public

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

## Form 57669 — 306 - SGR - CHIP and FOA

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

## Form 62114 — Family Opportunity Act (FOA)

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

## Form 62118 — 306- Premiums for Children's Health Insurance Program (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. | N/A |

## Form 62122 — 306 Low Income & Needy Care Collaboration Agreement (LINCCA)

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

## Form 62222 — 306 - Medical Assistance Grant, Refugee, CHIP, other

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

## Form 62397 — 306 - UCC LINCCA

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

# SCHEDULE OF REQUESTED EXPENDITURES

## 3061 - Payments to Private Providers

### Other Charges

| FY2027-2028 Request | Means of Financing | Description |
|---|---|---|
| 47,918,729 | Community Options Waiver Fund | |
| 14,043,980 | Disability Services Fund | |
| 684,385,103 | Fees & Self-generated Revenues | |
| 41,970,568 | Health Excellence Fund | |
| 660,046,246 | Hospital Stabilization Fund | |
| 185,619,692 | Interagency Transfers | |
| 19,330,482 | Louisiana Fund | |
| 1,980,251,019 | State General Fund | |
| **$3,633,565,819** | | **Payments to Private Providers** |
| 14,817,358,106 | Federal Funds | |
| 985,950,527 | Louisiana Medical Assistance Trust Fund | |
| 35,000,239 | New Opportunities Waiver (NOW) Fund | |
| **$15,838,308,872** | | **Payments to Private Providers** |
| **$19,471,874,691** | **Total Other Charges** | |

### Interagency Transfers

| FY2027-2028 Request | Means of Financing | Receiving Agency | Description |
|---|---|---|---|
| — | | | |

# 3062 - Payments to Public Providers

## Other Charges

| FY2027-2028 Request | Means of Financing | Description |
|---|---|---|
| 50,442,600 | Federal Funds | |
| **$50,442,600** | | **Local Education for School Board Health** |
| **$50,442,600** | **Total Other Charges** | |

## Interagency Transfers

| FY2027-2028 Request | Means of Financing | Receiving Agency | Description |
|---|---|---|---|
| 58,319 | Federal Funds | | |
| 3,572 | Louisiana Medical Assistance Trust Fund | | |
| 23,109 | State General Fund | | |
| **$85,000** | | **ACADIANA AREA HUMAN SRVC DIST** | **Acadiana Area Human Services District** |
| 16,468,347 | Federal Funds | | |
| 1,008,752 | Louisiana Medical Assistance Trust Fund | | |
| 6,525,739 | State General Fund | | |
| **$24,002,838** | | **DHH-VILLA FELICIANA MEDCOMPLX** | **Villa Feliciana Medical Complex** |
| 10,215,368 | Federal Funds | | |
| 625,754 | Louisiana Medical Assistance Trust Fund | | |
| 4,047,915 | State General Fund | | |
| **$14,889,037** | | **LSU BOARD OF SUPERVISORS** | **LSU Physicians** |
| 148,973 | Louisiana Medical Assistance Trust Fund | | |
| 963,673 | State General Fund | | |
| **$1,112,646** | | **LSUHCS - LSU HEALTH CARE SRVS** | **LSU HCSD** |
| 2,431,941 | State General Fund | | |
| **$2,431,941** | | **LSUHCS - LSU HEALTH CARE SRVS** | **LSU - Health Care Services District (Lallie Kemp)** |
| 2,360,787 | Federal Funds | | |
| 144,612 | Louisiana Medical Assistance Trust Fund | | |
| 935,480 | State General Fund | | |
| **$3,440,879** | | **OFFICE OF BEHAVIORAL HEALTH** | **Office of Behavioral Health (free-standing psychiatric units)** |
| 386,178 | Federal Funds | | |

## Interagency Transfers *(continued)*

| FY2027-2028 Request | Means of Financing | Receiving Agency | Description |
|---|---|---|---|
| 23,656 | Louisiana Medical Assistance Trust Fund | | |
| 153,026 | State General Fund | | |
| **$562,860** | | **OFFICE OF PUBLIC HEALTH** | **Office of Public Health** |
| 117,467,111 | Federal Funds | | |
| 7,077,807 | Louisiana Medical Assistance Trust Fund | | |
| 46,664,980 | State General Fund | | |
| **$171,209,898** | | **OFF INTEL & DEV DIS SUPP** | **Office for Citizens with Developmental Disabilities** |
| 1,670,051 | Federal Funds | | |
| 102,301 | Louisiana Medical Assistance Trust Fund | | |
| 661,770 | State General Fund | | |
| **$2,434,122** | | **SPECIAL SCHOOL DISTRICTS** | **Special School District #1** |
| 203,068 | Federal Funds | | |
| 12,439 | Louisiana Medical Assistance Trust Fund | | |
| 80,467 | State General Fund | | |
| **$295,974** | | **THRIVE ACADEMY** | **Thrive Academy** |
| **$220,465,195** | **Total Interagency Transfers** | | |

## 3063 - Medicare Buy-Ins & Supplements

### Other Charges

| FY2027-2028 Request | Means of Financing | Description |
|---|---|---|
| 242,253,023 | State General Fund | |
| **$242,253,023** | | **Clawback Payments** |
| 3,536,909 | Federal Funds | |
| 1,618,184 | State General Fund | |
| **$5,155,093** | | **LaHIPP** |
| 466,819,094 | Federal Funds | |
| 187,477,290 | State General Fund | |
| **$654,296,384** | | **Medicare Premiums & Supplements** |
| **$901,704,500** | **Total Other Charges** | |

# 3064 - Uncompensated Care Costs

## Other Charges

| FY2027-2028 Request | Means of Financing | Description |
|---|---|---|
| 43,974,478 | Fees & Self-generated Revenues | |
| 13,468,623 | Interagency Transfers | |
| 312 | State General Fund | |
| **$57,443,413** | | **DSH - Hospital Directed Payment Model** |
| 10,102,884 | Federal Funds | |
| 4,587,947 | State General Fund | |
| **$14,690,831** | | **Louisiana Behavioral** |
| 688 | Federal Funds | |
| **$688** | | **Non-rural Hospitals - High Medicaid DSH Pool** |
| 158,978,271 | Federal Funds | |
| 8,498,505 | State General Fund | |
| **$167,476,776** | | **Non-rural Hospitals - High Medicaid DSH Pool** |
| **$239,611,708** | **Total Other Charges** | |

## Interagency Transfers

| FY2027-2028 Request | Means of Financing | Receiving Agency | Description |
|---|---|---|---|
| 2,414,050 | Federal Funds | | |
| **$2,414,050** | | **LSUHCS - LSU HEALTH CARE SRVS** | **LSU HCSD** |
| 5,315,858 | Federal Funds | | |
| **$5,315,858** | | **LSUHCS - LSU HEALTH CARE SRVS** | **LSU - Health Care Services District (Lallie Kemp)** |
| 85,241,618 | Federal Funds | | |

## Interagency Transfers *(continued)*

| FY2027-2028 Request | Means of Financing | Receiving Agency | Description |
|---|---|---|---|
| 38,710,131 | State General Fund | | |
| **$123,951,749** | | **OFFICE OF BEHAVIORAL HEALTH** | **Office of Behavioral Health (free-standing psychiatric units)** |
| **$131,681,657** | **Total Interagency Transfers** | | |




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# Continuation Budget Adjustments

# AGENCY SUMMARY STATEMENT

## Total Agency

### Means of Financing

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 2,472,046,088 | (47,255,566) | — | 18,181,306 | 66,021,733 | 16,127,188 | 2,525,120,749 |
| STATE GENERAL FUND BY: | — | — | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 230,943,581 | (38,178,598) | — | — | 6,594,119 | — | 199,359,102 |
| FEES & SELF-GENERATED | 850,116,601 | (164,551,448) | — | — | 22,925,204 | 20,344,309 | 728,834,666 |
| STATUTORY DEDICATIONS | 1,889,159,170 | (75,061,890) | — | 7,822,580 | (22,719,866) | 14,208,643 | 1,813,408,637 |
| FEDERAL FUNDS | 16,601,653,171 | (1,263,257,691) | — | 65,333,996 | 84,021,583 | 261,306,138 | 15,749,057,197 |
| **TOTAL MEANS OF FINANCING** | **$22,043,918,611** | **$(1,588,305,193)** | **—** | **$91,337,882** | **$156,842,773** | **$311,986,278** | **$21,015,780,351** |

## Fees and Self-Generated

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Fees & Self-generated Revenues | 850,116,601 | (164,551,448) | — | — | 22,925,204 | 20,344,309 | 728,834,666 |
| **Total:** | **$850,116,601** | **$(164,551,448)** | **—** | **—** | **$22,925,204** | **$20,344,309** | **$728,834,666** |

## Statutory Dedications

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Community Options Waiver Fund | 26,067,136 | — | — | 6,760,504 | — | 15,091,089 | 47,918,729 |
| Disability Services Fund | 9,122,634 | — | — | — | — | 4,921,346 | 14,043,980 |
| Health Excellence Fund | 41,970,568 | — | — | — | — | — | 41,970,568 |
| Hospital Stabilization Fund | 660,046,246 | — | — | — | — | — | 660,046,246 |
| Louisiana Fund | 19,330,482 | — | — | — | — | — | 19,330,482 |
| Louisiana Medical Assistance Trust Fund | 1,089,274,038 | (75,061,890) | — | 1,062,076 | (22,719,866) | 2,544,035 | 995,098,393 |
| New Opportunities Waiver (NOW) Fund | 43,348,066 | — | — | — | — | (8,347,827) | 35,000,239 |
| **Total:** | **$1,889,159,170** | **$(75,061,890)** | **—** | **$7,822,580** | **$(22,719,866)** | **$14,208,643** | **$1,813,408,637** |

## Expenditures and Positions

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 21,670,405,371 | (1,588,305,193) | — | 91,337,882 | 178,209,161 | 311,986,278 | 20,663,633,499 |
| Debt Service | — | — | — | — | — | — | — |
| Interagency Transfers | 373,513,240 | — | — | — | (21,366,388) | — | 352,146,852 |
| **TOTAL OTHER CHARGES** | **$22,043,918,611** | **$(1,588,305,193)** | **—** | **$91,337,882** | **$156,842,773** | **$311,986,278** | **$21,015,780,351** |
| Acquisitions | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$22,043,918,611** | **$(1,588,305,193)** | **—** | **$91,337,882** | **$156,842,773** | **$311,986,278** | **$21,015,780,351** |
| Classified | — | — | — | — | — | — | — |
| Unclassified | — | — | — | — | — | — | — |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

# CONTINUATION BUDGET ADJUSTMENTS - SUMMARIZED

## Form 59304 — FY27-28 Non-Recurring Carryforwards

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | (47,255,566) |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | (38,178,598) |
| FEES & SELF-GENERATED | (164,551,448) |
| STATUTORY DEDICATIONS | (75,061,890) |
| FEDERAL FUNDS | (1,263,257,691) |
| **TOTAL MEANS OF FINANCING** | **$(1,588,305,193)** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | (1,588,305,193) |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$(1,588,305,193)** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$(1,588,305,193)** |

## Form 59597 — 3061 - Federally Qualified Health Clinics Annual MEI

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 344,861 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 753,773 |
| **TOTAL MEANS OF FINANCING** | **$1,098,634** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 1,098,634 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$1,098,634** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$1,098,634** |

## Form 59605 — 3061 - Community Choices Waiver Annualization of 750 Slots

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | — |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 6,760,504 |
| FEDERAL FUNDS | 14,776,624 |
| **TOTAL MEANS OF FINANCING** | **$21,537,128** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 21,537,128 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$21,537,128** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$21,537,128** |

## Form 59693 — 3061 - Nursing Home Rebase

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 11,685,226 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 25,540,724 |
| **TOTAL MEANS OF FINANCING** | **$37,225,950** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 37,225,950 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$37,225,950** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$37,225,950** |

## Form 59696 — 3061 - Rural Hospital Inflationary Adjustment

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 55,050 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 120,323 |
| **TOTAL MEANS OF FINANCING** | **$175,373** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 175,373 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$175,373** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$175,373** |

## Form 59698 — 3061 - PACE Rate Increase

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 705,077 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 1,541,105 |
| **TOTAL MEANS OF FINANCING** | **$2,246,182** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 2,246,182 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$2,246,182** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$2,246,182** |

## Form 60032 — 3061 - Rural Health Clinic Annual MEI

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 316,611 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 692,027 |
| **TOTAL MEANS OF FINANCING** | **$1,008,638** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 1,008,638 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$1,008,638** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$1,008,638** |

## Form 60087 — 3061 - Rural Health Clinic Rate Increase

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 5,074,481 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 1,062,076 |
| FEDERAL FUNDS | 21,909,420 |
| **TOTAL MEANS OF FINANCING** | **$28,045,977** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 28,045,977 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$28,045,977** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$28,045,977** |

## Form 59598 — 3061 - Healthy LA Managed Care Organization (MCO) Adjustment

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 58,975,167 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | 4,003,544 |
| FEES & SELF-GENERATED | 19,546,712 |
| STATUTORY DEDICATIONS | (21,869,760) |
| FEDERAL FUNDS | 63,192,297 |
| **TOTAL MEANS OF FINANCING** | **$123,847,960** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 145,214,348 |
| Debt Service | — |
| Interagency Transfers | (21,366,388) |
| **TOTAL OTHER CHARGES** | **$123,847,960** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$123,847,960** |

## Form 59600 — 3061 - Dental Managed Care Adjustment

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 3,213,536 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | (850,106) |
| FEDERAL FUNDS | 4,992,577 |
| **TOTAL MEANS OF FINANCING** | **$7,356,007** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 7,356,007 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$7,356,007** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$7,356,007** |

## Form 59610 — 3061 - Long Term Personal Care Services (LT-PCS) Increase

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 2,869,865 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 6,272,744 |
| **TOTAL MEANS OF FINANCING** | **$9,142,609** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 9,142,609 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$9,142,609** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$9,142,609** |

## Form 59640 — 3061 - Managed Care Incentive Payments

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | — |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | 2,590,575 |
| FEES & SELF-GENERATED | 3,378,492 |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 7,458,749 |
| **TOTAL MEANS OF FINANCING** | **$13,427,816** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 13,427,816 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$13,427,816** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$13,427,816** |

## Form 59695 — 3061 - State Nursing Home Adjustment

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 963,165 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 2,105,216 |
| **TOTAL MEANS OF FINANCING** | **$3,068,381** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 3,068,381 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$3,068,381** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$3,068,381** |

## Form 59601 — 3061 - MOF Swap due to FMAP Change - Privates

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | (32,795,440) |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 32,795,440 |
| **TOTAL MEANS OF FINANCING** | **—** |

### Positions

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

### Expenditures

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

## Form 59602 — 3062 - MOF Swap due to FMAP Change - Publics

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | (382,117) |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 382,117 |
| **TOTAL MEANS OF FINANCING** | **—** |

### Positions

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

### Expenditures

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

## Form 59603 — 3063 - MOF Swap due to FMAP Change - Buy Ins & Supplements

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | (2,828,050) |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 2,828,050 |
| **TOTAL MEANS OF FINANCING** | **—** |

### Positions

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

### Expenditures

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

## Form 59604 — 3064 - MOF Swap due to FMAP Change -Uncompensated Care Costs

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | (1,835,784) |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 1,835,784 |
| **TOTAL MEANS OF FINANCING** | **—** |

### Positions

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

### Expenditures

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

# Form 59611 — 3061 - Certified Community Behavioral Health Clinics (CCBHC)

## Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 5,889,245 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 1,410,429 |
| FEDERAL FUNDS | 25,806,826 |
| **TOTAL MEANS OF FINANCING** | **$33,106,500** |

## Positions

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

## Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 33,106,500 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$33,106,500** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$33,106,500** |

## Form 59617 — 3061 - PACE Enrollment

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 645,770 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 1,411,477 |
| **TOTAL MEANS OF FINANCING** | **$2,057,247** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 2,057,247 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$2,057,247** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$2,057,247** |

## Form 59656 — 3061 - New Opportunities Waiver Fund (NOW) MOF Swap

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 8,347,827 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | (8,347,827) |
| FEDERAL FUNDS | — |
| **TOTAL MEANS OF FINANCING** | **—** |

### Positions

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

### Expenditures

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

## Form 59659 — 3061 - Coordinated System of Care (CSoC)

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 1,866,436 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 186,241 |
| FEDERAL FUNDS | 4,719,705 |
| **TOTAL MEANS OF FINANCING** | **$6,772,382** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 6,772,382 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$6,772,382** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$6,772,382** |

## Form 59672 — 3061 - Crisis Services Rate Adjustment

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 408,818 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 39,254 |
| FEDERAL FUNDS | 979,364 |
| **TOTAL MEANS OF FINANCING** | **$1,427,436** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 1,427,436 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$1,427,436** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$1,427,436** |

# Form 59677 — 3064 - DSH Payments to Hospitals per CMS Mandated Audit 2022

## Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | — |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | 20,344,309 |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 58,570,776 |
| **TOTAL MEANS OF FINANCING** | **$78,915,085** |

## Positions

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

## Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 78,915,085 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$78,915,085** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$78,915,085** |

## Form 59682 — 3061 - HCBS Additional Rate Increase - OAAS Component

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | — |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 15,091,089 |
| FEDERAL FUNDS | 32,985,016 |
| **TOTAL MEANS OF FINANCING** | **$48,076,105** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 48,076,105 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$48,076,105** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$48,076,105** |

## Form 59684 — 3061 - HCBS Additional Rate Increase - OIDD Component

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 20,575,104 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 4,921,346 |
| FEDERAL FUNDS | 55,728,302 |
| **TOTAL MEANS OF FINANCING** | **$81,224,752** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 81,224,752 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$81,224,752** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$81,224,752** |

## Form 59692 — 3061 - GLP-1 Coverage for Obesity

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 2,368,377 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 666,111 |
| FEDERAL FUNDS | 10,254,851 |
| **TOTAL MEANS OF FINANCING** | **$13,289,339** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 13,289,339 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$13,289,339** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$13,289,339** |

## Form 59694 — 3061 - Nursing Home Ascend

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 12,869,900 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 28,130,100 |
| **TOTAL MEANS OF FINANCING** | **$41,000,000** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 41,000,000 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$41,000,000** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$41,000,000** |

## Form 59700 — 3061 - Newborn and Postpartum Visits

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 458,000 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 242,000 |
| FEDERAL FUNDS | 3,700,000 |
| **TOTAL MEANS OF FINANCING** | **$4,400,000** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 4,400,000 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$4,400,000** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$4,400,000** |

## Form 59701 — 3061 - HCBS Additional Rate Increase - EPSDT Component

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 539,102 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 1,178,330 |
| **TOTAL MEANS OF FINANCING** | **$1,717,432** |

### Positions

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

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 1,717,432 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$1,717,432** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$1,717,432** |

# PROGRAM SUMMARY STATEMENT

## 3061 - Payments to Private Providers

### Means of Financing

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 1,922,130,408 | (47,255,566) | — | 18,181,306 | 66,021,733 | 21,173,139 | 1,980,251,020 |
| STATE GENERAL FUND BY: | — | — | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 217,204,171 | (38,178,598) | — | — | 6,594,119 | — | 185,619,692 |
| FEES & SELF-GENERATED | 826,011,347 | (164,551,448) | — | — | 22,925,204 | — | 684,385,103 |
| STATUTORY DEDICATIONS | 1,880,011,304 | (75,061,890) | — | 7,822,580 | (22,719,866) | 14,208,643 | 1,804,260,771 |
| FEDERAL FUNDS | 15,687,776,283 | (1,217,463,168) | — | 65,333,996 | 84,021,583 | 197,689,411 | 14,817,358,105 |
| **TOTAL MEANS OF FINANCING** | **$20,533,133,513** | **$(1,542,510,670)** | **—** | **$91,337,882** | **$156,842,773** | **$233,071,193** | **$19,471,874,691** |

## Fees and Self-Generated

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Fees & Self-generated Revenues | 826,011,347 | (164,551,448) | — | — | 22,925,204 | — | 684,385,103 |
| **Total:** | **$826,011,347** | **$(164,551,448)** | **—** | **—** | **$22,925,204** | **—** | **$684,385,103** |

## Statutory Dedications

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Community Options Waiver Fund | 26,067,136 | — | — | 6,760,504 | — | 15,091,089 | 47,918,729 |
| Disability Services Fund | 9,122,634 | — | — | — | — | 4,921,346 | 14,043,980 |
| Health Excellence Fund | 41,970,568 | — | — | — | — | — | 41,970,568 |
| Hospital Stabilization Fund | 660,046,246 | — | — | — | — | — | 660,046,246 |
| Louisiana Fund | 19,330,482 | — | — | — | — | — | 19,330,482 |
| Louisiana Medical Assistance Trust Fund | 1,080,126,172 | (75,061,890) | — | 1,062,076 | (22,719,866) | 2,544,035 | 985,950,527 |
| New Opportunities Waiver (NOW) Fund | 43,348,066 | — | — | — | — | (8,347,827) | 35,000,239 |
| **Total:** | **$1,880,011,304** | **$(75,061,890)** | **—** | **$7,822,580** | **$(22,719,866)** | **$14,208,643** | **$1,804,260,771** |

## Expenditures and Positions

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 20,511,767,125 | (1,542,510,670) | — | 91,337,882 | 178,209,161 | 233,071,193 | 19,471,874,691 |
| Debt Service | — | — | — | — | — | — | — |
| Interagency Transfers | 21,366,388 | — | — | — | (21,366,388) | — | — |
| **TOTAL OTHER CHARGES** | **$20,533,133,513** | **$(1,542,510,670)** | **—** | **$91,337,882** | **$156,842,773** | **$233,071,193** | **$19,471,874,691** |
| Acquisitions | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$20,533,133,513** | **$(1,542,510,670)** | **—** | **$91,337,882** | **$156,842,773** | **$233,071,193** | **$19,471,874,691** |
| Classified | — | — | — | — | — | — | — |
| Unclassified | — | — | — | — | — | — | — |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

# 3062 - Payments to Public Providers

## Means of Financing

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 60,438,276 | — | — | — | — | (382,117) | 60,056,159 |
| STATE GENERAL FUND BY: | — | — | — | — | — | — | — |
| INTERAGENCY TRANSFERS | — | — | — | — | — | — | — |
| FEES & SELF-GENERATED | — | — | — | — | — | — | — |
| STATUTORY DEDICATIONS | 9,147,866 | — | — | — | — | — | 9,147,866 |
| FEDERAL FUNDS | 247,116,176 | (45,794,523) | — | — | — | 382,117 | 201,703,770 |
| **TOTAL MEANS OF FINANCING** | **$316,702,318** | **$(45,794,523)** | **—** | **—** | **—** | **—** | **$270,907,795** |

## Statutory Dedications

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Louisiana Medical Assistance Trust Fund | 9,147,866 | — | — | — | — | — | 9,147,866 |
| **Total:** | **$9,147,866** | **—** | **—** | **—** | **—** | **—** | **$9,147,866** |

## Expenditures and Positions

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 96,237,123 | (45,794,523) | — | — | — | — | 50,442,600 |
| Debt Service | — | — | — | — | — | — | — |
| Interagency Transfers | 220,465,195 | — | — | — | — | — | 220,465,195 |
| **TOTAL OTHER CHARGES** | **$316,702,318** | **$(45,794,523)** | **—** | **—** | **—** | **—** | **$270,907,795** |
| Acquisitions | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$316,702,318** | **$(45,794,523)** | **—** | **—** | **—** | **—** | **$270,907,795** |
| Classified | — | — | — | — | — | — | — |
| Unclassified | — | — | — | — | — | — | — |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

# 3063 - Medicare Buy-Ins & Supplements

## Means of Financing

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 434,176,547 | — | — | — | — | (2,828,050) | 431,348,497 |
| STATE GENERAL FUND BY: | — | — | — | — | — | — | — |
| INTERAGENCY TRANSFERS | — | — | — | — | — | — | — |
| FEES & SELF-GENERATED | — | — | — | — | — | — | — |
| STATUTORY DEDICATIONS | — | — | — | — | — | — | — |
| FEDERAL FUNDS | 467,527,953 | — | — | — | — | 2,828,050 | 470,356,003 |
| **TOTAL MEANS OF FINANCING** | **$901,704,500** | **—** | **—** | **—** | **—** | **—** | **$901,704,500** |

## Expenditures and Positions

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 901,704,500 | — | — | — | — | — | 901,704,500 |
| Debt Service | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$901,704,500** | **—** | **—** | **—** | **—** | **—** | **$901,704,500** |
| Acquisitions | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$901,704,500** | **—** | **—** | **—** | **—** | **—** | **$901,704,500** |
| Classified | — | — | — | — | — | — | — |
| Unclassified | — | — | — | — | — | — | — |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

# 3064 - Uncompensated Care Costs

## Means of Financing

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 55,300,857 | — | — | — | — | (1,835,784) | 53,465,073 |
| STATE GENERAL FUND BY: | — | — | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 13,739,410 | — | — | — | — | — | 13,739,410 |
| FEES & SELF-GENERATED | 24,105,254 | — | — | — | — | 20,344,309 | 44,449,563 |
| STATUTORY DEDICATIONS | — | — | — | — | — | — | — |
| FEDERAL FUNDS | 199,232,759 | — | — | — | — | 60,406,560 | 259,639,319 |
| **TOTAL MEANS OF FINANCING** | **$292,378,280** | **—** | **—** | **—** | **—** | **$78,915,085** | **$371,293,365** |

## Fees and Self-Generated

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Fees & Self-generated Revenues | 24,105,254 | — | — | — | — | 20,344,309 | 44,449,563 |
| **Total:** | **$24,105,254** | **—** | **—** | **—** | **—** | **$20,344,309** | **$44,449,563** |

## Expenditures and Positions

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 160,696,623 | — | — | — | — | 78,915,085 | 239,611,708 |
| Debt Service | — | — | — | — | — | — | — |
| Interagency Transfers | 131,681,657 | — | — | — | — | — | 131,681,657 |
| **TOTAL OTHER CHARGES** | **$292,378,280** | **—** | **—** | **—** | **—** | **$78,915,085** | **$371,293,365** |
| Acquisitions | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$292,378,280** | **—** | **—** | **—** | **—** | **$78,915,085** | **$371,293,365** |
| Classified | — | — | — | — | — | — | — |
| Unclassified | — | — | — | — | — | — | — |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

# CONTINUATION BUDGET ADJUSTMENTS - BY PROGRAM

## Form 59304 — FY27-28 Non-Recurring Carryforwards

### 3061 - Payments to Private Providers

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | (47,255,566) |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | (38,178,598) |
| FEES & SELF-GENERATED | (164,551,448) |
| STATUTORY DEDICATIONS | (75,061,890) |
| FEDERAL FUNDS | (1,217,463,168) |
| **TOTAL MEANS OF FINANCING** | **$(1,542,510,670)** |

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | (1,542,510,670) |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$(1,542,510,670)** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$(1,542,510,670)** |

### Positions

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

### Fees and Self-Generated

| | Amount |
|---|---|
| Fees & Self-generated Revenues | (164,551,448) |
| **Total:** | **$(164,551,448)** |

### Statutory Dedications

| | Amount |
|---|---|
| Louisiana Medical Assistance Trust Fund | (75,061,890) |
| **Total:** | **$(75,061,890)** |

## Supporting Detail

### Means of Financing

| Description | Amount |
|---|---|
| Federal Funds | (1,217,463,168) |
| Fees & Self-generated Revenues | (164,551,448) |
| Interagency Transfers | (38,178,598) |
| Louisiana Medical Assistance Trust Fund | (75,061,890) |
| State General Fund | (47,255,566) |
| **Total:** | **$(1,542,510,670)** |

### Other Charges

| Commitment item | Name | Amount |
|---|---|---|
| 5600000 | TOTAL OTHER CHARGES | (1,542,510,670) |
| **Total:** | | **$(1,542,510,670)** |

## 3062 - Payments to Public Providers

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | — |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | (45,794,523) |
| **TOTAL MEANS OF FINANCING** | **$(45,794,523)** |

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | (45,794,523) |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$(45,794,523)** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$(45,794,523)** |

### 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 | (45,794,523) |
| **Total:** | **$(45,794,523)** |

### Other Charges

| Commitment item | Name | Amount |
|---|---|---|
| 5600000 | TOTAL OTHER CHARGES | (45,794,523) |
| **Total:** | | **$(45,794,523)** |

# Form 59597 — 3061 - Federally Qualified Health Clinics Annual MEI

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 344,861 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 753,773 |
| **TOTAL MEANS OF FINANCING** | **$1,098,634** |

### AUTHORIZED POSITIONS

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

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 1,098,634 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$1,098,634** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$1,098,634** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request is for the annualization of FQHCs added in SFY27, the addition of new FQHCs, and the federally mandated annual Medical Economic Index (MEI) adjustment to FQHC rates. The funding is needed to ensure that Louisiana Department of Health meets the guidelines in accordance with Section 1902 (aa) provisions of the Benefits Improvement Act (BIPA) of 2000, effective January 1, 2001. |
| **Cite performance indicators for the adjustment.** | There are no performance indicators associated with this request. |
| **What would the impact be if this is not funded?** | Failure to fund this request may result in the State being unable to meet federal reimbursement requirements and subject to federal penalties for non-compliance. In addition, reduced access to FQHC services may result in increased utilization of more costly hospital services, both emergency room visits for non-emergent conditions and inpatient admissions that could have been prevented by timely preventive and primary care. |
| **Is revenue a fixed amount or can it be adjusted?** | N/A |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59605 — 3061 - Community Choices Waiver Annualization of 750 Slots

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | — |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 6,760,504 |
| FEDERAL FUNDS | 14,776,624 |
| **TOTAL MEANS OF FINANCING** | **$21,537,128** |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 21,537,128 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$21,537,128** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$21,537,128** |

### AUTHORIZED POSITIONS

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

### Statutory Dedications

| | Amount |
|---|---|
| Community Options Waiver Fund | 6,760,504 |
| **Total:** | **$6,760,504** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This annualization is for 750 Community Choices waiver slots (CCW) phased in during SFY 2026-2027 at an average cost of $3,438 per month. This program serves older adults and individuals with adult onset physical disabilities. As of 9/30/2026 there were 7,185 individuals certified in the CCW registry. Another 1,355 individuals are linked to a CCW slot and moving through the certification process. |
| **Cite performance indicators for the adjustment.** | Percentage of participants receiving Medicaid long term care in the community rather than in nursing homes. |
| **What would the impact be if this is not funded?** | The number of applications for CCW services exceeds the number of available slots. The wait list is expected to increase as the state's aging population continues to grow, and as public expectations for alternatives to nursing home care grows. The length of the wait times raises legal issues which could subject the state to litigation. |
| **Is revenue a fixed amount or can it be adjusted?** | The requested revenue can be adjusted based upon the recommended level of expenditures. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59693 — 3061 - Nursing Home Rebase

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 11,685,226 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 25,540,724 |
| **TOTAL MEANS OF FINANCING** | **$37,225,950** |

### AUTHORIZED POSITIONS

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

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 37,225,950 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$37,225,950** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$37,225,950** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | Administrative rule and Medicaid State Plan allow for a rebase every other year and inflationary adjustments on non-rebase years. SFY 28 is a rebase year. Louisiana Administrative Code Title 50, Part II. Nursing Facilities, Subpart 5. Reimbursement, Chapter 200. Reimbursement Methodology, Section 20005. Rate Determination, B.1., states: 1. Effective July 3, 2009, and at a minimum, every second year thereafter, the base resident-day-weighted median costs and prices shall be rebased using the most recent four month or greater unqualified audited or desk reviewed cost reports that are available as of the April 1, prior to the July 1, rate setting or the department may apply a historic audit adjustment factor to the most recently filed cost reports. The department, at its discretion, may rebase at an earlier time. a. For rate periods between rebasing, an index factor shall be applied to the base resident-day weighted medians and prices.î |
| **Cite performance indicators for the adjustment.** | N/A |
| **What would the impact be if this is not funded?** | N/A |
| **Is revenue a fixed amount or can it be adjusted?** | N/A |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59696 — 3061 - Rural Hospital Inflationary Adjustment

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 55,050 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 120,323 |
| **TOTAL MEANS OF FINANCING** | **$175,373** |

### AUTHORIZED POSITIONS

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

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 175,373 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$175,373** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$175,373** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This adjustment is needed to cover the mandated inflation to the small rural hospital inpatient rates. Act 327 of the 2007 Legislative Session mandates that the rural hospital inpatient rates are inflated biannually in the rate year that is not a rebase year. The inpatient rates were rebased effective 7/1/26. Therefore, funding will be needed to cover an inflationary adjustment for the beginning of the new rate year effective 7/1/27. |
| **Cite performance indicators for the adjustment.** | N/A |
| **What would the impact be if this is not funded?** | N/A |
| **Is revenue a fixed amount or can it be adjusted?** | N/A |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59698 — 3061 - PACE Rate Increase

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 705,077 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 1,541,105 |
| **TOTAL MEANS OF FINANCING** | **$2,246,182** |

### AUTHORIZED POSITIONS

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

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 2,246,182 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$2,246,182** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$2,246,182** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request provides funding to increase PACE capitation rates to 89% of the projected Amount That Would Otherwise Be Payable (AWOP). The increase raises the weighted average monthly capitation rate from approximately $3,831 to $4,596. The request reflects the rate-related portion of the SFY28 projected cost after accounting for the SFY27 EOB and the cost of enrollment expansion at current rates. The projected SFY28 rates were developed from the SFY27 AWOP and updated for benefit-expense trends, nursing facility reimbursement adjustments, enrollment mix, and administrative costs. The proposed rates are set at 89% of the projected AWOP, consistent with the percentage used when PACE capitation rates were last updated in SFY24. |
| **Cite performance indicators for the adjustment.** | N/A |
| **What would the impact be if this is not funded?** | N/A |
| **Is revenue a fixed amount or can it be adjusted?** | N/A |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 60032 — 3061 - Rural Health Clinic Annual MEI

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 316,611 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 692,027 |
| **TOTAL MEANS OF FINANCING** | **$1,008,638** |

### AUTHORIZED POSITIONS

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

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 1,008,638 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$1,008,638** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$1,008,638** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request is for the annualization of Rural Health Clinics (RHCs) added in SFY27, the addition of new RHCs added, and federally mandated annual Medical Economic Index (MEI) adjustment to RHC rates. The funding is needed to ensure that Louisiana Department of Health meets the guidelines in accordance with Section 1902 (aa) provisions of the Benefits Improvement Act (BIPA) of 2000, effective January 1, 2001. |
| **Cite performance indicators for the adjustment.** | There are no performance indicators associated with this request. |
| **What would the impact be if this is not funded?** | Failure to fund this request may result in the State being unable to meet federal reimbursement requirements and subject to federal penalties for non-compliance. In addition, reduced access to RHC services may result in increased utilization of more costly hospital services, both emergency room visits for non-emergent conditions and inpatient admissions that could have been prevented by timely preventive and primary care. |
| **Is revenue a fixed amount or can it be adjusted?** | The requested revenue can be adjusted based upon the recommended level of expenditures. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 60087 — 3061 - Rural Health Clinic Rate Increase

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 5,074,481 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 1,062,076 |
| FEDERAL FUNDS | 21,909,420 |
| **TOTAL MEANS OF FINANCING** | **$28,045,977** |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 28,045,977 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$28,045,977** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$28,045,977** |

### AUTHORIZED POSITIONS

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

### Statutory Dedications

| | Amount |
|---|---|
| Louisiana Medical Assistance Trust Fund | 1,062,076 |
| **Total:** | **$1,062,076** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request provides funding for the full-year cost of the independent RHC reimbursement rate increase required by Act 859 of the 2026 Regular Legislative Session (HB 971). The legislation required LDH to implement reimbursement equity among Rural Health Clinics, subject to appropriation. The intent is to adjust independent RHC rates to equalize reimbursement between independent RHCs and provider-based RHCs. As funding was not included in the SFY27 appropriation, a full year's impact is requested for SFY28. |
| **Cite performance indicators for the adjustment.** | N/A |
| **What would the impact be if this is not funded?** | N/A |
| **Is revenue a fixed amount or can it be adjusted?** | N/A |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59598 — 3061 - Healthy LA Managed Care Organization (MCO) Adjustment

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 58,975,167 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | 4,003,544 |
| FEES & SELF-GENERATED | 19,546,712 |
| STATUTORY DEDICATIONS | (21,869,760) |
| FEDERAL FUNDS | 63,192,297 |
| **TOTAL MEANS OF FINANCING** | **$123,847,960** |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 145,214,348 |
| Debt Service | — |
| Interagency Transfers | (21,366,388) |
| **TOTAL OTHER CHARGES** | **$123,847,960** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$123,847,960** |

### AUTHORIZED POSITIONS

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

### Fees and Self-Generated

| | Amount |
|---|---|
| Fees & Self-generated Revenues | 19,546,712 |
| **Total:** | **$19,546,712** |

### Statutory Dedications

| | Amount |
|---|---|
| Hospital Stabilization Fund | — |
| Louisiana Medical Assistance Trust Fund | (21,869,760) |
| **Total:** | **$(21,869,760)** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request is for changes in funding for the Managed Care Organization (MCO) Program for physical, specialized behavioral health and non-emergency medical transportation services. It reflects 12 months of capitated PMPM payments and includes the following: 1) utilization/trend adjustment, 2) enrollment/kick changes, 3) Pharmacy Rebates, and 4) premium tax changes. MCIP and Dental are excluded from this request. |
| **Cite performance indicators for the adjustment.** | The MCO program impacts the following performance indicators: 25602 Percentage of Medicaid enrollees enrolled in a managed care model, 25603 Percentage of Medicaid enrollee expenditures under a managed care model, and 25604 Annual amount of premium taxes paid by Medicaid managed care plans. |
| **What would the impact be if this is not funded?** | If the adjustment is not funded, there will be a shortage in the budget authority for projected Healthy Louisiana payments in SFY28. |
| **Is revenue a fixed amount or can it be adjusted?** | The requested amount is based on the actuarially sound capitation rate developed by the state's actuaries. Adjustments that would reduce the rate below the actuarially sound capitation would require a reduction of provider payment rates and/or benefits and services covered under the at-risk contract. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59600 — 3061 - Dental Managed Care Adjustment

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 3,213,536 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | (850,106) |
| FEDERAL FUNDS | 4,992,577 |
| **TOTAL MEANS OF FINANCING** | **$7,356,007** |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 7,356,007 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$7,356,007** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$7,356,007** |

### AUTHORIZED POSITIONS

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

### Statutory Dedications

| | Amount |
|---|---|
| Louisiana Medical Assistance Trust Fund | (850,106) |
| **Total:** | **$(850,106)** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request is for changes in funding for the managed care Dental Benefit Program (DBPM) for dental services. It reflects 12 months of capitated PMPM payments and includes the following: 1) utilization/trend adjustment, 2) enrollment changes and 3) premium tax changes. |
| **Cite performance indicators for the adjustment.** | The managed dental benefit program impacts the following performance indicators: 25602 Percentage of Medicaid enrollees enrolled in a managed care model, 25603 Percentage of Medicaid enrollee expenditures under a managed care model, and 25604 Annual amount of premium taxes paid by Medicaid managed care plans. |
| **What would the impact be if this is not funded?** | If this adjustment is not funded, there will be insufficient budget authority for projected dental payments in SFY28, resulting in the underfunding of capitation payments and jeopardizing beneficiary access to services. |
| **Is revenue a fixed amount or can it be adjusted?** | The requested amount is based on an actuarially sound capitation rate developed by the state's actuaries. Federal requirements mandate that rates remain actuarially sound; therefore, reductions below the requested level would require corresponding reductions to provider payment rates and/or services covered under the at-risk DBPM contracts. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59610 — 3061 - Long Term Personal Care Services (LT-PCS) Increase

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 2,869,865 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 6,272,744 |
| **TOTAL MEANS OF FINANCING** | **$9,142,609** |

### AUTHORIZED POSITIONS

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

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 9,142,609 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$9,142,609** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$9,142,609** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | The SFY28 budget request reflects funding for growth in Long Term Personal Care Services (LTPCS) enrollment. This program serves older adults and individuals with adult onset physical disabilities at an average cost of $1,929 per individual. This is a Medicaid state plan program, which unlike waiver programs cannot be capped at a set number of slots. Any Medicaid beneficiary meeting program requirements is entitled to receive services. |
| **Cite performance indicators for the adjustment.** | Percentage of Medicaid spending for elderly and disabled LTC that goes towards community-based services rather than nursing homes is expected to increase if this request is funded. |
| **What would the impact be if this is not funded?** | A delay in access to community based services could force recipients into nursing homes at an increased cost to the state and also risk potential for litigation by advocacy groups. |
| **Is revenue a fixed amount or can it be adjusted?** | The requested revenue can be adjusted based on recommended level of expenditures. However, reductions to this program has resulted in legal action in the past. The expenditure of these revenues is restricted to the LT-PCS program and is used for client services. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59640 — 3061 - Managed Care Incentive Payments

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | — |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | 2,590,575 |
| FEES & SELF-GENERATED | 3,378,492 |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 7,458,749 |
| **TOTAL MEANS OF FINANCING** | **$13,427,816** |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 13,427,816 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$13,427,816** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$13,427,816** |

### AUTHORIZED POSITIONS

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

### Fees and Self-Generated

| | Amount |
|---|---|
| Fees & Self-generated Revenues | 3,378,492 |
| **Total:** | **$3,378,492** |

### Statutory Dedications

| | Amount |
|---|---|
| **Total:** | **—** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | The Managed Care Incentive Program (MCIP) leverages changes in federal regulations allowing state Medicaid programs to include incentive arrangements in MCO contracts that permit payments over and above capitation rates. Specifically, LDH will make additional payments to MCOs of up to 5% of payments attributable to enrollees of services covered by the incentive arrangements for achievement of LDH-approved performance measures and quality outcomes. The 5% allowable of capitation payments for MCIP payments is based on total projected capitation payments (including hospital directed payments) for a year which changes yearly depending on rates and enrollment, etc. This adjustment reflects the 5% change in payments based on the SFY28 projected Healthy Louisiana (HLA) Managed Care Program payments (excluding HIPF, SCHIP and pharmacy rebates). |
| **Cite performance indicators for the adjustment.** | The MCO program impacts the following performance indicator: 25603 Percentage of Medicaid enrollee expenditures under a managed care model. |
| **What would the impact be if this is not funded?** | If the adjustment is not funded, there will be a shortage in the budget authority for projected MCIP payments in SFY28. |
| **Is revenue a fixed amount or can it be adjusted?** | The level of revenue requested is based upon the calculation of 5% of total projected payments made to each HLA MCO in a program year. Expenditures are based upon HLA MCOsí achievement of LDH-approved performance/quality milestones in that same program year. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59695 — 3061 - State Nursing Home Adjustment

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 963,165 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 2,105,216 |
| **TOTAL MEANS OF FINANCING** | **$3,068,381** |

### AUTHORIZED POSITIONS

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

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 3,068,381 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$3,068,381** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$3,068,381** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request provides an additional $3,068,381.29 in SFY 2028 for Medicaid reimbursement to Villa Feliciana, a state-owned and operated nursing facility. Louisiana Medicaid rules require the Department to recalculate the facilityís per diem rate each July 1 using allowable costs from its most recently filed Medicaid cost report, trended forward for inflation. The SFY 2027 per diem rate increased 6.27% over SFY 2026, primarily due to higher routine costs while patient days remained relatively flat. |
| **Cite performance indicators for the adjustment.** | N/A |
| **What would the impact be if this is not funded?** | Without this adjustment, the Department would face a projected shortfall in funding for Medicaid payments to Villa Feliciana. The Department would need to identify another allowable funding source or seek a budget adjustment to meet its reimbursement obligations. An unresolved shortfall could delay payments and place financial pressure on the facilityís ability to maintain staffing and resident care. |
| **Is revenue a fixed amount or can it be adjusted?** | The requested funding is a projected amount and can be adjusted based on the recommended level of expenditures. Federal matching funds are limited to eligible Medicaid expenditures. Reducing the requested funding would not, by itself, reduce the reimbursement rate established under the existing methodology. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | This request reflects the increased cost of maintaining existing Medicaid-covered nursing facility services. The adjustment results from the required annual recalculation of Villa Felicianaís cost-based reimbursement rate. It supports the existing service workload and does not establish a new program or expand benefits. |

# Form 59601 — 3061 - MOF Swap due to FMAP Change - Privates

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | (32,795,440) |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 32,795,440 |
| **TOTAL MEANS OF FINANCING** | **—** |

### AUTHORIZED POSITIONS

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

### EXPENDITURES

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

### Statutory Dedications

| | Amount |
|---|---|
| **Total:** | **—** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request is to refinance the FY27 existing operating budget based on the annual change in FMAP (Federal Medical Assistance Percentage) so that the FY28 starting point is appropriate for the other requested adjustments. The FMAPs are calculated pursuant to the Social Security Act (the Act). Sections 1905(b) and 1101(a)(8)(B) of the Act require the Secretary of Health and Human Services Department (HHS) to publish the FMAP rates each year, and that notice is done in the Federal Register. The Secretary calculates the percentages, using formulas in sections 1905(b) and 1101(a)(8), and calculations by the Department of Commerce of average income per person in each state and for the United States (meaning, for this purpose, the fifty states and the District of Columbia). The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state and 78.03% federal and the Title XIX Federal Fiscal Year 2027 rate is 31.94% state and 68.06% federal. T he FMAP for the adult 'expansion' group, as added to the Act by section 2001 of the Patient Protection and Affordable Care Act of 2010, changed to 90% in calendar year 2020, where it remains indefinitely. |
| **Cite performance indicators for the adjustment.** | Specific performance indicators cannot be addressed in relation to this adjustment as it affects the entire agency. |
| **What would the impact be if this is not funded?** | Without correcting the means of financing, Medical Vendor Payments would not have sufficient revenues to support existing expenditures. Claims payments cannot exceed the available revenue. |
| **Is revenue a fixed amount or can it be adjusted?** | The revenue can be adjusted based upon the recommended level of expenditures. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59602 — 3062 - MOF Swap due to FMAP Change - Publics

## 3062 - Payments to Public Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | (382,117) |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 382,117 |
| **TOTAL MEANS OF FINANCING** | **—** |

### AUTHORIZED POSITIONS

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

### EXPENDITURES

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

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request is to refinance the FY27 existing operating budget based on the annual change in FMAP (Federal Medical Assistance Percentage) so that the FY28 starting point is appropriate for the other requested adjustments. The FMAPs are calculated pursuant to the Social Security Act (the Act). Sections 1905(b) and 1101(a)(8)(B) of the Act require the Secretary of Health and Human Services Department (HHS) to publish the FMAP rates each year, and that notice is done in the Federal Register. The Secretary calculates the percentages, using formulas in sections 1905(b) and 1101(a)(8), and calculations by the Department of Commerce of average income per person in each state and for the United States (meaning, for this purpose, the fifty states and the District of Columbia). The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state and 78.03% federal and the Title XIX Federal Fiscal Year 2027 rate is 31.94% state and 68.06% federal. The FMAP for the adult 'expansion' group, as added to the Act by section 2001 of the Patient Protection and Affordable Care Act of 2010, changed to 90% in calendar year 2020, where it remains indefinitely. |
| **Cite performance indicators for the adjustment.** | Specific performance indicators cannot be addressed in relation to this adjustment as it affects the entire agency. |
| **What would the impact be if this is not funded?** | Without correcting the means of financing, Medical Vendor Payments would not have sufficient revenues to support existing expenditures. Claims payments cannot exceed the available revenue. |
| **Is revenue a fixed amount or can it be adjusted?** | The revenue can be adjusted based upon the recommended level of expenditures. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59603 — 3063 - MOF Swap due to FMAP Change - Buy Ins & Supplements

## 3063 - Medicare Buy-Ins & Supplements

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | (2,828,050) |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 2,828,050 |
| **TOTAL MEANS OF FINANCING** | **—** |

### AUTHORIZED POSITIONS

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

### EXPENDITURES

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

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request is to refinance the FY27 existing operating budget based on the annual change in FMAP (Federal Medical Assistance Percentage) so that the FY28 starting point is appropriate for the other requested adjustments. The FMAPs are calculated pursuant to the Social Security Act (the Act). Sections 1905(b) and 1101(a)(8)(B) of the Act require the Secretary of Health and Human Services Department (HHS) to publish the FMAP rates each year, and that notice is done in the Federal Register. The Secretary calculates the percentages, using formulas in sections 1905(b) and 1101(a)(8), and calculations by the Department of Commerce of average income per person in each state and for the United States (meaning, for this purpose, the fifty states and the District of Columbia). The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state and 78.03% federal and the Title XIX Federal Fiscal Year 2027 rate is 31.94% state and 68.06% federal. T he FMAP for the adult 'expansion' group, as added to the Act by section 2001 of the Patient Protection and Affordable Care Act of 2010, changed to 90% in calendar year 2020, where it remains indefinitely. |
| **Cite performance indicators for the adjustment.** | Specific performance indicators cannot be addressed in relation to this adjustment as it affects the entire agency. |
| **What would the impact be if this is not funded?** | Without correcting the means of financing, Medical Vendor Payments would not have sufficient revenues to support existing expenditures. Claims payments cannot exceed the available revenue. |
| **Is revenue a fixed amount or can it be adjusted?** | The revenue can be adjusted based upon the recommended level of expenditures. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59604 — 3064 - MOF Swap due to FMAP Change -Uncompensated Care Costs

## 3064 - Uncompensated Care Costs

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | (1,835,784) |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 1,835,784 |
| **TOTAL MEANS OF FINANCING** | **—** |

### AUTHORIZED POSITIONS

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

### EXPENDITURES

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

### Statutory Dedications

| | Amount |
|---|---|
| **Total:** | **—** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request is to refinance the FY27 existing operating budget based on the annual change in FMAP (Federal Medical Assistance Percentage) so that the FY28 starting point is appropriate for the other requested adjustments. The FMAPs are calculated pursuant to the Social Security Act (the Act). Sections 1905(b) and 1101(a)(8)(B) of the Act require the Secretary of Health and Human Services Department (HHS) to publish the FMAP rates each year, and that notice is done in the Federal Register. The Secretary calculates the percentages, using formulas in sections 1905(b) and 1101(a)(8), and calculations by the Department of Commerce of average income per person in each state and for the United States (meaning, for this purpose, the fifty states and the District of Columbia). The match rates for FY28 are as follows: the Title XIX blended rate is 31.39% state and 68.61% federal, the LaCHIP blended rate is 21.97% state and 78.03% federal and the Title XIX Federal Fiscal Year 2027 rate is 31.94% state and 68.06% federal. The FMAP for the adult 'expansion' group, as added to the Act by section 2001 of the Patient Protection and Affordable Care Act of 2010, changed to 90% in calendar year 2020, where it remains indefinitely. |
| **Cite performance indicators for the adjustment.** | Specific performance indicators cannot be addressed in relation to this adjustment as it affects the entire agency. |
| **What would the impact be if this is not funded?** | Without correcting the means of financing, Medical Vendor Payments would not have sufficient revenues to support existing expenditures. Claims payments cannot exceed the available revenue. |
| **Is revenue a fixed amount or can it be adjusted?** | The revenue can be adjusted based upon the recommended level of expenditures. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59611 — 3061 - Certified Community Behavioral Health Clinics (CCBHC)

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 5,889,245 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 1,410,429 |
| FEDERAL FUNDS | 25,806,826 |
| **TOTAL MEANS OF FINANCING** | **$33,106,500** |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 33,106,500 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$33,106,500** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$33,106,500** |

### AUTHORIZED POSITIONS

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

### Statutory Dedications

| | Amount |
|---|---|
| Louisiana Medical Assistance Trust Fund | 1,410,429 |
| **Total:** | **$1,410,429** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | In June 2026, Louisiana was one of ten states selected to participate in the federal CCBHC Demonstration Program for a four-year period beginning on or after January 1, 2027. The program will be administered by the Office of Behavioral Health (OBH). CCBHC uses the FY28 LA LaCHIP enhanced match rate of 21.97% SGF and 78.03% federal. State-certified CCBHCs will bill Medicaid for covered services under a Prospective Payment System rate approved by CMS. It is anticipated that on average each CCBHC clinic will be able to serve approximately 5,000 individuals. The CCBHC model provides comprehensive, coordinated, community-based care across the lifespan for individuals with or at risk for serious mental illness (SMI), serious emotional disturbance (SED), substance use disorders (SUD), and/or co-occurring mental health and substance use disorders. The model is designed to increase access to outpatient behavioral health services, including crisis services; incorporate evidence-based practices; and establish care coordination as a central component of service delivery. CCBHCs serve individuals in need of coordinated, integrated, accessible care without rejection of services based on ability to pay or place of residence. |
| **Cite performance indicators for the adjustment.** | This request impacts the following performance indicators: 25603 Percentage of Medicaid enrollee expenditures under a managed care model, and 25604 Annual amount of premium taxes paid by Medicaid managed care plans. |
| **What would the impact be if this is not funded?** | There is no mandate, federal/state rule or law that requires participation in the Demonstration Program, however, when applying for the CCBHC Planning Grant a state agrees to complete the required activities, one of which is submitting an application to participate in the four-year CCBHC Demonstration Program. In addition, although Louisiana has six CCBHCs currently funded by SAMHSA, those grants are for a four-year period. In 2026, four of the CCBHC SAMHSA Expansion Grants will end. If Louisiana is not a part of the Demonstration Program a sustainability path for the CCBHCs will likely not be available and will jeopardize the provision of the behavioral health services being provided through these entities. |
| **Is revenue a fixed amount or can it be adjusted?** | The requested amount may be adjusted based on the recommended level of expenditure. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59617 — 3061 - PACE Enrollment

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 645,770 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 1,411,477 |
| **TOTAL MEANS OF FINANCING** | **$2,057,247** |

### AUTHORIZED POSITIONS

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

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 2,057,247 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$2,057,247** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$2,057,247** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | Program of All Inclusive Care for the Elderly (PACE) is a successful model for providing truly integrated care for frail elders who meet nursing facility level of care. In addition to delaying and preventing nursing facility placement, PACE receives a capitated payment for both Medicaid and Medicare covered services and is therefore able to coordinate medical, social, and behavioral health services across all payer sources. Expanding PACE was an LDH Business Plan initiative started in SFY22 and continues to be a department priority. LDH EMT has set goals for statewide expansion to increase access to home and community-based care for the aging. PACE New Orleans has capacity to serve 210 individuals, Baton Rouge and Lafayette each have capacity for 200. PACE Alexandria opened in June of 2024 and has capacity to serve up to 200 individuals. A center in Shreveport is under development and expected to open before the end of SFY28. An RFI was released in July 2026 to identify additional PACE organizations that can serve areas of the state currently without access to a PACE provider. This funding request is to annualize costs of new enrollment during SFY27 and continue the phased expansion of PACE enrollment by 102 participants during SFY28. Average monthly cost of a PACE participant is approximately $3,831. |
| **Cite performance indicators for the adjustment.** | There are no performance indicators associated with this request. |
| **What would the impact be if this is not funded?** | The PACE program serves frail elders who meet nursing facility level of care in a community-based, integrated care model. Not funding this service would negatively impact both participants and their families who utilize these services, and would likely lead to increased poor health outcomes, and increased nursing facility admissions, which are more costly to the state. |
| **Is revenue a fixed amount or can it be adjusted?** | N/A |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59656 — 3061 - New Opportunities Waiver Fund (NOW) MOF Swap

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 8,347,827 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | (8,347,827) |
| FEDERAL FUNDS | — |
| **TOTAL MEANS OF FINANCING** | **—** |

### EXPENDITURES

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

### AUTHORIZED POSITIONS

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

### Statutory Dedications

| | Amount |
|---|---|
| New Opportunities Waiver (NOW) Fund | (8,347,827) |
| **Total:** | **$(8,347,827)** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request replaces $8,347,827 from the New Opportunities Waiver Fund with SGF, with no change in total expenditures. Annual expenditures from the fund have exceeded deposits, and deposits have declined significantly. The adjustment is needed to address the projected SFY28 funding shortfall and continue existing waiver slots, provider rate increases, and supplemental payments. |
| **Cite performance indicators for the adjustment.** | N/A |
| **What would the impact be if this is not funded?** | Without the adjustment, the New Opportunities Waiver Fund is projected to become insufficient during SFY28. LDH will be unable to maintain the 650 waiver slots and related provider rate increases and supplemental payments currently supported by the fund. This will require service or rate reductions and will result in the reestablishment of a waiver waiting list. |
| **Is revenue a fixed amount or can it be adjusted?** | The requested SGF amount may be adjusted based on the projected SFY27 ending fund balance and the revenue forecast adopted by the Revenue Estimating Conference. The SGF will replace unavailable New Opportunities Waiver Fund revenues used for existing waiver payments and related rate increases and supplemental payments. It does not increase total program expenditures. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59659 — 3061 - Coordinated System of Care (CSoC)

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 1,866,436 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 186,241 |
| FEDERAL FUNDS | 4,719,705 |
| **TOTAL MEANS OF FINANCING** | **$6,772,382** |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 6,772,382 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$6,772,382** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$6,772,382** |

### AUTHORIZED POSITIONS

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

### Statutory Dedications

| | Amount |
|---|---|
| Louisiana Medical Assistance Trust Fund | 186,241 |
| **Total:** | **$186,241** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | The contractor operating the Coordinated System of Care is responsible for coordination and management of specialized Medicaid behavioral health benefits and services included in the Louisiana Medicaid State Plan and the CMS-approved waivers to Medicaid children and youth, ages 5 through 20, who are at risk of out-of-home placement. CSoC is guided by an overarching philosophy and values which include: family driven, youth guided, home and community based, strengths based, individualized, culturally and linguistically competent, integration across systems, connection to natural supports, data driven and outcomes oriented, and unconditional care. The CSoC program includes coordination with the Department of Children and Family Services (DCFS) through an integrated, multi-agency infrastructure. Since CSoC is specifically designed for youth with complex behavioral health challenges who are in or at imminent risk of out-of-home placement, such as foster care, close alignment with DCFS child welfare services is essential. Payments are made via a PMPM rate developed by LDHís third-party actuaries, which takes into consideration historical service utilization patterns, projected enrollment trends, medical and administrative cost estimates, risk adjustments, and actuarial soundness standards in accordance with CMS requirements. The contractor is paid a PMPM for a maximum of 2,900 youth per month. The projected PMPM for SFY28 is $2,510.47. The average rate for FY27 was $2,421.99. |
| **Cite performance indicators for the adjustment.** | This request impacts the following performance indicators: 25603 Percentage of Medicaid enrollee expenditures under a managed care model, and 25604 Annual amount of premium taxes paid by Medicaid managed care plans. |
| **What would the impact be if this is not funded?** | If this workload is not funded, the program would be at risk of being partially funded and would therefore not operate at capacity. For youth already in DCFS custody, such as foster care, who also have high-risk behavioral profiles, CSoCís managed care structure mandates formal coordination. When a youth in foster care requires intensive care, DCFS staff are embedded directly into the youthís multidisciplinary team to ensure that state child welfare goals match the childís behavioral treatment plan. The assigned wraparound facilitator works alongside the DCFS caseworker to ensure the youth does not navigate two conflicting plans while combining resources to build a single, family-driven community care plan. This plan incorporates specialized CSoC services directly into the childís stable living or reunification goals. By coordinating early referrals and leveraging Medicaid-funded community interventions through CSoC, DCFS can frequently stabilize children with profound behavioral needs within their own families or relative placements, safely preventing entries or prolonged stays in high-cost institutional settings or residential group homes. Without sufficient funding, qualifying youth could be unable to obtain CSoC services in a timely manner and may need to seek services in more restrictive inpatient or residential settings. |
| **Is revenue a fixed amount or can it be adjusted?** | The requested amount may be adjusted based on the recommended level of expenditure. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59672 — 3061 - Crisis Services Rate Adjustment

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 408,818 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 39,254 |
| FEDERAL FUNDS | 979,364 |
| **TOTAL MEANS OF FINANCING** | **$1,427,436** |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 1,427,436 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$1,427,436** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$1,427,436** |

### AUTHORIZED POSITIONS

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

### Statutory Dedications

| | Amount |
|---|---|
| Louisiana Medical Assistance Trust Fund | 39,254 |
| **Total:** | **$39,254** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request provides funding for adjustments to Medicaid crisis service rates. Despite extensive provider recruitment and technical assistance efforts, gaps in crisis service availability remain, limiting statewide implementation of the crisis continuum, particularly in underserved areas. OBH is working with a third party to evaluate the rates to ensure they are adequate and appropriate to support recruitment and retention of a crisis provider network and the sustainability of the crisis continuum of care. |
| **Cite performance indicators for the adjustment.** | N/A |
| **What would the impact be if this is not funded?** | Despite the efforts made to date in reference to expansion of crisis services, geographic and service gaps remain, including areas where components of the crisis continuum are unavailable. In the absence of adequate rates, the ability to recruit and retain providers may continue to be an obstacle for the statewide implementation of a comprehensive crisis continuum of care within Louisiana. |
| **Is revenue a fixed amount or can it be adjusted?** | The requested amount may be adjusted based on the recommended level of expenditure. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | |

# Form 59677 — 3064 - DSH Payments to Hospitals per CMS Mandated Audit 2022

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

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

### EXPENDITURES

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

### AUTHORIZED POSITIONS

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

### Statutory Dedications

| | Amount |
|---|---|
| **Total:** | **—** |

## 3064 - Uncompensated Care Costs

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | — |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | 20,344,309 |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 58,570,776 |
| **TOTAL MEANS OF FINANCING** | **$78,915,085** |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 78,915,085 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$78,915,085** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$78,915,085** |

### AUTHORIZED POSITIONS

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

### Fees and Self-Generated

| | Amount |
|---|---|
| Fees & Self-generated Revenues | 20,344,309 |
| **Total:** | **$20,344,309** |

### Statutory Dedications

| | Amount |
|---|---|
| **Total:** | **—** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | CMS mandates that disproportionate share (DSH) payments be audited and hospitals are limited to cost. The audit for SFY 2022 was completed and filed in December 2025. LDH has 2 years to make any additional payments from the time of the filed audit, so any additional payments for 2022 must be made by December 31, 2027. This request is for expenditure authority to pay hospitals with eligible individual cap and remaining global cap. |
| **Cite performance indicators for the adjustment.** | These payments would be included in the PI codes 17040, 17041, 17042 which all address DSH. |
| **What would the impact be if this is not funded?** | Hospitals that treat the Medicaid population and uninsured will complain that they expended cost that are reimbursable and there is global cap to make payments. |
| **Is revenue a fixed amount or can it be adjusted?** | State match for DSH payments are calculated based on the FMAP for the applicable FFY. Match for these payment is 25.78% and will be intergovernmental transfer from a public entity. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59682 — 3061 - HCBS Additional Rate Increase - OAAS Component

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | — |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 15,091,089 |
| FEDERAL FUNDS | 32,985,016 |
| **TOTAL MEANS OF FINANCING** | **$48,076,105** |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 48,076,105 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$48,076,105** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$48,076,105** |

### AUTHORIZED POSITIONS

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

### Statutory Dedications

| | Amount |
|---|---|
| Community Options Waiver Fund | 15,091,089 |
| **Total:** | **$15,091,089** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This budget request is needed for additional HCBS rate increases based on the rate study completed by LDH in CY25. The study recommended increases for some services and decreases for others, with the largest fiscal impact resulting from an increase to Individual and Family Support (IFS) rates. The fiscal impact of the proposed rate increases to OAAS-related HCBS services is $60,555,335. During the 2026 Legislative Session, $3,985,866 was appropriated from the Community Options Waiver Fund (equates to $12,479,230 with federal funds) to cover a partial rate increase based on the CY 25 rate recommendations. This request is intended, at a minimum, to address the remaining prior-year rate study recommendations. Stat Ded source is the Community Options Waiver Fund. |
| **Cite performance indicators for the adjustment.** | Percentage of Medicaid spending for elderly and disabled LTC that goes towards community-based services rather than nursing homes is expected to increase if this request is funded. |
| **What would the impact be if this is not funded?** | Without a competitive wage, it is hard to recruit and retain quality staff and without quality staff, individuals may no longer be able to be served in their homes and are at risk for higher cost institutional placement. |
| **Is revenue a fixed amount or can it be adjusted?** | An adjustment to the recommended amount would fund a lower rate increase. |
| **Is the expenditure of these revenues restricted?** | Expenditure of these revenues is restricted to Community Choices waiver, Adult Day Health Care waiver and Long Term Personal Care Services. |
| **Additional information or comments.** | N/A |

# Form 59684 — 3061 - HCBS Additional Rate Increase - OIDD Component

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 20,575,104 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 4,921,346 |
| FEDERAL FUNDS | 55,728,302 |
| **TOTAL MEANS OF FINANCING** | **$81,224,752** |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 81,224,752 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$81,224,752** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$81,224,752** |

### AUTHORIZED POSITIONS

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

### Statutory Dedications

| | Amount |
|---|---|
| Disability Services Fund | 4,921,346 |
| **Total:** | **$4,921,346** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This budget request is needed for additional HCBS rate increases based on the rate study completed by LDH in CY25. The study recommended increases for some services and decreases for others, with the largest fiscal impact resulting from an increase to Individual and Family Support (IFS) rates. The fiscal impact of the proposed rate increases to OIDD-related HCBS services is $102,308,453. During the 2026 Legislative Session, $6,734,134 was appropriated from the Disability Services Fund (equates to $21,083,701 with federal funds) to cover a partial rate increase based on the CY 25 rate recommendations. This request is intended, at a minimum, to address the remaining prior-year rate study recommendations. Stat Ded source is the Disability Services Fund. |
| **Cite performance indicators for the adjustment.** | Percentage of Medicaid spending for elderly and disabled LTC that goes towards community-based services rather than nursing homes is expected to increase if this request is funded. |
| **What would the impact be if this is not funded?** | Without a competitive wage, it is hard to recruit and retain quality staff and without quality staff, individuals may no longer be able to be served in their homes and are at risk for higher cost institutional placement. |
| **Is revenue a fixed amount or can it be adjusted?** | An adjustment to the recommended amount would fund a lower rate increase. |
| **Is the expenditure of these revenues restricted?** | Expenditure of these revenues is restricted to Children's Choice Waiver, New Opportunities Waiver, Residential Options Waiver, and Supports Waiver. |
| **Additional information or comments.** | N/A |

# Form 59692 — 3061 - GLP-1 Coverage for Obesity

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 2,368,377 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 666,111 |
| FEDERAL FUNDS | 10,254,851 |
| **TOTAL MEANS OF FINANCING** | **$13,289,339** |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 13,289,339 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$13,289,339** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$13,289,339** |

### AUTHORIZED POSITIONS

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

### Statutory Dedications

| | Amount |
|---|---|
| Louisiana Medical Assistance Trust Fund | 666,111 |
| **Total:** | **$666,111** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request supports expansion of GLP-1 coverage for obesity treatment beginning in SFY27, for a full year of coverage in SFY28. The cost for expanded coverage is $29.6M; however, it is offset by increased supplemental rebates through the Sovereign States Drug Consortium. |
| **Cite performance indicators for the adjustment.** | The managed care component of this request impacts the following performance indicators: 25603 Percentage of Medicaid enrollee expenditures under a managed care model, and 25604 Annual amount of premium taxes paid by Medicaid managed care plans. |
| **What would the impact be if this is not funded?** | LDH would need to absorb the funding gap within existing Medicaid resources or modify the scope, timing, or coverage criteria for the planned obesity benefit. |
| **Is revenue a fixed amount or can it be adjusted?** | The requested amount is based on projected utilization, drug costs, rebates, and rebate timing and can be adjusted if those assumptions change. A lower funding level could require changes to coverage criteria, utilization management, or implementation. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59694 — 3061 - Nursing Home Ascend

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 12,869,900 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 28,130,100 |
| **TOTAL MEANS OF FINANCING** | **$41,000,000** |

### AUTHORIZED POSITIONS

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

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 41,000,000 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$41,000,000** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$41,000,000** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | The Nursing Home Ascend initiative is helping transform nursing home quality across the state through collaboration, innovation, and shared accountability. Built around the goals of Senate Bill 405 by Senator Kirk Talbot, Ascend is built to help the Office of Aging and Adult Services identify solutions that improve resident outcomes and elevate the standard of care in Louisiana nursing homes. |
| **Cite performance indicators for the adjustment.** | N/A |
| **What would the impact be if this is not funded?** | If the Nursing Home Ascend initiative is not funded, there will be no funding to create the incentive pool to incentivize nursing homes to improve quality performance. |
| **Is revenue a fixed amount or can it be adjusted?** | Revenue is dependent on appropriation by the Louisiana legislature, federal match, and nursing home utilization to create the incentive pool for the program. |
| **Is the expenditure of these revenues restricted?** | Expenditures will be restricted to eligible nursing homes participating in the Nursing Home Ascend quality program. |
| **Additional information or comments.** | N/A |

# Form 59700 — 3061 - Newborn and Postpartum Visits

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 458,000 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | 242,000 |
| FEDERAL FUNDS | 3,700,000 |
| **TOTAL MEANS OF FINANCING** | **$4,400,000** |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 4,400,000 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$4,400,000** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$4,400,000** |

### AUTHORIZED POSITIONS

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

### Statutory Dedications

| | Amount |
|---|---|
| Louisiana Medical Assistance Trust Fund | 242,000 |
| **Total:** | **$242,000** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | Newborn Nurse and Postpartum Visits addresses a gap in postpartum care by providing nurse home visits to Medicaid mothers and newborns during the first six months after birth. These visits include physical assessments, screening for postpartum depression, substance use disorder, and social determinants of health, as well as referrals to needed medical and community services. The goal is to increase access to postpartum healthcare and improve health outcomes. |
| **Cite performance indicators for the adjustment.** | This request impacts the following performance indicators: 25603 Percentage of Medicaid enrollee expenditures under a managed care model, and 25604 Annual amount of premium taxes paid by Medicaid managed care plans. |
| **What would the impact be if this is not funded?** | Reduced access to postpartum nurse home visits that are intended to identify and address medical, behavioral health, and social needs during the critical postpartum period. This could limit opportunities for early intervention, care coordination, and referrals to needed services, potentially reducing the program's ability to improve health outcomes for mothers and newborns. The service is intended to increase access to postpartum healthcare and improve outcomes. |
| **Is revenue a fixed amount or can it be adjusted?** | These services will be incorporated into the actuarially sound capitation rates paid to the Managed Care Organizations. If the requested amount is not funded, LDH could revise the coverage criteria, scope, or utilization paramaters to align the benefit to the available funding. |
| **Is the expenditure of these revenues restricted?** | N/A |
| **Additional information or comments.** | N/A |

# Form 59701 — 3061 - HCBS Additional Rate Increase - EPSDT Component

## 3061 - Payments to Private Providers

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 539,102 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 1,178,330 |
| **TOTAL MEANS OF FINANCING** | **$1,717,432** |

### AUTHORIZED POSITIONS

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

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 1,717,432 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$1,717,432** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$1,717,432** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | The CY25 Rate Study identified rate adequacy recommendations for Home and Community Based Services (HCBS). This request is for funding for EPSDT PCS and Support Coordination. Funding will support the recommended rate increases and align these services with comparable OAAS and OIDD services |
| **Cite performance indicators for the adjustment.** | N/A |
| **What would the impact be if this is not funded?** | If the request is not funded, LDH will not be able to implement the recommended rate increase. Complaints from stakeholders may be received due to not implementing recommended increases as a result of the rate study. |
| **Is revenue a fixed amount or can it be adjusted?** | The requested amount is based on the recommended rate and projected expenditures. An adjustment to the amount would fund a lower rate increase. |
| **Is the expenditure of these revenues restricted?** | The funds are restricted to Medicaid reimbursement for EPSDT PCS and Support Coordination. |
| **Additional information or comments.** | N/A |




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# Technical and Other Adjustments

# AGENCY SUMMARY STATEMENT

## Total Agency

| Means of Financing | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in this Adjustment Package | FY2027-2028 Requested Realignment |
|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 2,472,046,088 | 53,074,661 | — | 2,525,120,749 |
| STATE GENERAL FUND BY: | — | — | — | — |
| INTERAGENCY TRANSFERS | 230,943,581 | (31,584,479) | — | 199,359,102 |
| FEES & SELF-GENERATED | 850,116,601 | (121,281,935) | — | 728,834,666 |
| STATUTORY DEDICATIONS | 1,889,159,170 | (75,750,533) | — | 1,813,408,637 |
| FEDERAL FUNDS | 16,601,653,171 | (852,595,974) | — | 15,749,057,197 |
| **TOTAL MEANS OF FINANCING** | **$22,043,918,611** | **$(1,028,138,260)** | **—** | **$21,015,780,351** |
| Salaries | — | — | — | — |
| Other Compensation | — | — | — | — |
| Related Benefits | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — |
| Operating Services | — | — | — | — |
| Supplies | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** |
| Other Charges | 21,670,405,371 | (1,006,771,872) | — | 20,663,633,499 |
| Debt Service | — | — | — | — |
| Interagency Transfers | 373,513,240 | (21,366,388) | — | 352,146,852 |
| **TOTAL OTHER CHARGES** | **$22,043,918,611** | **$(1,028,138,260)** | **—** | **$21,015,780,351** |
| Acquisitions | — | — | — | — |
| Major Repairs | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$22,043,918,611** | **$(1,028,138,260)** | **—** | **$21,015,780,351** |
| **Classified** | **—** | **—** | **—** | **—** |
| **Unclassified** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **—** | **—** | **—** | **—** |

# PROGRAM BREAKOUT

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

# PROGRAM SUMMARY STATEMENT

## 3061 - Payments to Private Providers

| Means of Financing | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in this Adjustment Package | FY2027-2028 Requested Realignment |
|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 1,922,130,408 | 58,120,612 | — | 1,980,251,020 |
| STATE GENERAL FUND BY: | — | — | — | — |
| INTERAGENCY TRANSFERS | 217,204,171 | (31,584,479) | — | 185,619,692 |
| FEES & SELF-GENERATED | 826,011,347 | (141,626,244) | — | 684,385,103 |
| STATUTORY DEDICATIONS | 1,880,011,304 | (75,750,533) | — | 1,804,260,771 |
| FEDERAL FUNDS | 15,687,776,283 | (870,418,178) | — | 14,817,358,105 |
| **TOTAL MEANS OF FINANCING** | **$20,533,133,513** | **$(1,061,258,822)** | **—** | **$19,471,874,691** |
| Salaries | — | — | — | — |
| Other Compensation | — | — | — | — |
| Related Benefits | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — |
| Operating Services | — | — | — | — |
| Supplies | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** |
| Other Charges | 20,511,767,125 | (1,039,892,434) | — | 19,471,874,691 |
| Debt Service | — | — | — | — |
| Interagency Transfers | 21,366,388 | (21,366,388) | — | — |
| **TOTAL OTHER CHARGES** | **$20,533,133,513** | **$(1,061,258,822)** | **—** | **$19,471,874,691** |
| Acquisitions | — | — | — | — |
| Major Repairs | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$20,533,133,513** | **$(1,061,258,822)** | **—** | **$19,471,874,691** |
| **Classified** | **—** | **—** | **—** | **—** |
| **Unclassified** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **—** | **—** | **—** | **—** |

## 3062 - Payments to Public Providers

| Means of Financing | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in this Adjustment Package | FY2027-2028 Requested Realignment |
|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 60,438,276 | (382,117) | — | 60,056,159 |
| STATE GENERAL FUND BY: | — | — | — | — |
| INTERAGENCY TRANSFERS | — | — | — | — |
| FEES & SELF-GENERATED | — | — | — | — |
| STATUTORY DEDICATIONS | 9,147,866 | — | — | 9,147,866 |
| FEDERAL FUNDS | 247,116,176 | (45,412,406) | — | 201,703,770 |
| **TOTAL MEANS OF FINANCING** | **$316,702,318** | **$(45,794,523)** | **—** | **$270,907,795** |
| Salaries | — | — | — | — |
| Other Compensation | — | — | — | — |
| Related Benefits | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — |
| Operating Services | — | — | — | — |
| Supplies | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** |
| Other Charges | 96,237,123 | (45,794,523) | — | 50,442,600 |
| Debt Service | — | — | — | — |
| Interagency Transfers | 220,465,195 | — | — | 220,465,195 |
| **TOTAL OTHER CHARGES** | **$316,702,318** | **$(45,794,523)** | **—** | **$270,907,795** |
| Acquisitions | — | — | — | — |
| Major Repairs | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$316,702,318** | **$(45,794,523)** | **—** | **$270,907,795** |
| **Classified** | **—** | **—** | **—** | **—** |
| **Unclassified** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **—** | **—** | **—** | **—** |

## 3063 - Medicare Buy-Ins & Supplements

| Means of Financing | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in this Adjustment Package | FY2027-2028 Requested Realignment |
|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 434,176,547 | (2,828,050) | — | 431,348,497 |
| STATE GENERAL FUND BY: | — | — | — | — |
| INTERAGENCY TRANSFERS | — | — | — | — |
| FEES & SELF-GENERATED | — | — | — | — |
| STATUTORY DEDICATIONS | — | — | — | — |
| FEDERAL FUNDS | 467,527,953 | 2,828,050 | — | 470,356,003 |
| **TOTAL MEANS OF FINANCING** | **$901,704,500** | **—** | **—** | **$901,704,500** |
| Salaries | — | — | — | — |
| Other Compensation | — | — | — | — |
| Related Benefits | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — |
| Operating Services | — | — | — | — |
| Supplies | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** |
| Other Charges | 901,704,500 | — | — | 901,704,500 |
| Debt Service | — | — | — | — |
| Interagency Transfers | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$901,704,500** | **—** | **—** | **$901,704,500** |
| Acquisitions | — | — | — | — |
| Major Repairs | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$901,704,500** | **—** | **—** | **$901,704,500** |
| **Classified** | **—** | **—** | **—** | **—** |
| **Unclassified** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **—** | **—** | **—** | **—** |

## 3064 - Uncompensated Care Costs

| Means of Financing | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in this Adjustment Package | FY2027-2028 Requested Realignment |
|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 55,300,857 | (1,835,784) | — | 53,465,073 |
| STATE GENERAL FUND BY: | — | — | — | — |
| INTERAGENCY TRANSFERS | 13,739,410 | — | — | 13,739,410 |
| FEES & SELF-GENERATED | 24,105,254 | 20,344,309 | — | 44,449,563 |
| STATUTORY DEDICATIONS | — | — | — | — |
| FEDERAL FUNDS | 199,232,759 | 60,406,560 | — | 259,639,319 |
| **TOTAL MEANS OF FINANCING** | **$292,378,280** | **$78,915,085** | **—** | **$371,293,365** |
| Salaries | — | — | — | — |
| Other Compensation | — | — | — | — |
| Related Benefits | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — |
| Operating Services | — | — | — | — |
| Supplies | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** |
| Other Charges | 160,696,623 | 78,915,085 | — | 239,611,708 |
| Debt Service | — | — | — | — |
| Interagency Transfers | 131,681,657 | — | — | 131,681,657 |
| **TOTAL OTHER CHARGES** | **$292,378,280** | **$78,915,085** | **—** | **$371,293,365** |
| Acquisitions | — | — | — | — |
| Major Repairs | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$292,378,280** | **$78,915,085** | **—** | **$371,293,365** |
| **Classified** | **—** | **—** | **—** | **—** |
| **Unclassified** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **—** | **—** | **—** | **—** |




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# New or Expanded Requests

# AGENCY SUMMARY STATEMENT

## Total Agency

| Means of Financing and Expenditures | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 2,472,046,088 | 53,074,661 | — | — | 2,525,120,749 |
| STATE GENERAL FUND BY: | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 230,943,581 | (31,584,479) | — | — | 199,359,102 |
| FEES & SELF-GENERATED | 850,116,601 | (121,281,935) | — | — | 728,834,666 |
| STATUTORY DEDICATIONS | 1,889,159,170 | (75,750,533) | — | — | 1,813,408,637 |
| FEDERAL FUNDS | 16,601,653,171 | (852,595,974) | — | — | 15,749,057,197 |
| **TOTAL MEANS OF FINANCING** | **$22,043,918,611** | **$(1,028,138,260)** | **—** | **—** | **$21,015,780,351** |
| Salaries | — | — | — | — | — |
| Other Compensation | — | — | — | — | — |
| Related Benefits | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — |
| Operating Services | — | — | — | — | — |
| Supplies | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 21,670,405,371 | (1,006,771,872) | — | — | 20,663,633,499 |
| Debt Service | — | — | — | — | — |
| Interagency Transfers | 373,513,240 | (21,366,388) | — | — | 352,146,852 |
| **TOTAL OTHER CHARGES** | **$22,043,918,611** | **$(1,028,138,260)** | **—** | **—** | **$21,015,780,351** |
| Acquisitions | — | — | — | — | — |
| Major Repairs | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$22,043,918,611** | **$(1,028,138,260)** | **—** | **—** | **$21,015,780,351** |
| Classified | — | — | — | — | — |
| Unclassified | — | — | — | — | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — | — | — | — | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — | — | — | — | — |
| TOTAL NON-T.O. FTE POSITIONS | — | — | — | — | — |

## Fees and Self-Generated

| Description | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| Fees & Self-generated Revenues | 850,116,601 | (121,281,935) | — | — | 728,834,666 |
| **Total:** | **$850,116,601** | **$(121,281,935)** | **—** | **—** | **$728,834,666** |

## Statutory Dedications

| Description | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| Community Options Waiver Fund | 26,067,136 | 21,851,593 | — | — | 47,918,729 |
| Disability Services Fund | 9,122,634 | 4,921,346 | — | — | 14,043,980 |
| Health Excellence Fund | 41,970,568 | — | — | — | 41,970,568 |
| Hospital Stabilization Fund | 660,046,246 | — | — | — | 660,046,246 |
| Louisiana Fund | 19,330,482 | — | — | — | 19,330,482 |
| Louisiana Medical Assistance Trust Fund | 1,089,274,038 | (94,175,645) | — | — | 995,098,393 |
| New Opportunities Waiver (NOW) Fund | 43,348,066 | (8,347,827) | — | — | 35,000,239 |
| **Total:** | **$1,889,159,170** | **$(75,750,533)** | **—** | **—** | **$1,813,408,637** |

# PROGRAM SUMMARY STATEMENT

## 3061 - Payments to Private Providers

| Means of Financing and Expenditures | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 1,922,130,408 | 58,120,612 | — | — | 1,980,251,020 |
| STATE GENERAL FUND BY: | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 217,204,171 | (31,584,479) | — | — | 185,619,692 |
| FEES & SELF-GENERATED | 826,011,347 | (141,626,244) | — | — | 684,385,103 |
| STATUTORY DEDICATIONS | 1,880,011,304 | (75,750,533) | — | — | 1,804,260,771 |
| FEDERAL FUNDS | 15,687,776,283 | (870,418,178) | — | — | 14,817,358,105 |
| **TOTAL MEANS OF FINANCING** | **$20,533,133,513** | **$(1,061,258,822)** | **—** | **—** | **$19,471,874,691** |
| Salaries | — | — | — | — | — |
| Other Compensation | — | — | — | — | — |
| Related Benefits | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — |
| Operating Services | — | — | — | — | — |
| Supplies | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 20,511,767,125 | (1,039,892,434) | — | — | 19,471,874,691 |
| Debt Service | — | — | — | — | — |
| Interagency Transfers | 21,366,388 | (21,366,388) | — | — | — |
| **TOTAL OTHER CHARGES** | **$20,533,133,513** | **$(1,061,258,822)** | **—** | **—** | **$19,471,874,691** |
| Acquisitions | — | — | — | — | — |
| Major Repairs | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$20,533,133,513** | **$(1,061,258,822)** | **—** | **—** | **$19,471,874,691** |
| Classified | — | — | — | — | — |
| Unclassified | — | — | — | — | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — | — | — | — | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — | — | — | — | — |
| TOTAL NON-T.O. FTE POSITIONS | — | — | — | — | — |

## Fees and Self-Generated

| Description | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| Fees & Self-generated Revenues | 826,011,347 | (141,626,244) | — | — | 684,385,103 |
| **Total:** | **$826,011,347** | **$(141,626,244)** | **—** | **—** | **$684,385,103** |

## Statutory Dedications

| Description | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| Community Options Waiver Fund | 26,067,136 | 21,851,593 | — | — | 47,918,729 |
| Disability Services Fund | 9,122,634 | 4,921,346 | — | — | 14,043,980 |
| Health Excellence Fund | 41,970,568 | — | — | — | 41,970,568 |
| Hospital Stabilization Fund | 660,046,246 | — | — | — | 660,046,246 |
| Louisiana Fund | 19,330,482 | — | — | — | 19,330,482 |
| Louisiana Medical Assistance Trust Fund | 1,080,126,172 | (94,175,645) | — | — | 985,950,527 |
| New Opportunities Waiver (NOW) Fund | 43,348,066 | (8,347,827) | — | — | 35,000,239 |
| **Total:** | **$1,880,011,304** | **$(75,750,533)** | **—** | **—** | **$1,804,260,771** |

## 3062 - Payments to Public Providers

| Means of Financing and Expenditures | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 60,438,276 | (382,117) | — | — | 60,056,159 |
| STATE GENERAL FUND BY: | — | — | — | — | — |
| INTERAGENCY TRANSFERS | — | — | — | — | — |
| FEES & SELF-GENERATED | — | — | — | — | — |
| STATUTORY DEDICATIONS | 9,147,866 | — | — | — | 9,147,866 |
| FEDERAL FUNDS | 247,116,176 | (45,412,406) | — | — | 201,703,770 |
| **TOTAL MEANS OF FINANCING** | **$316,702,318** | **$(45,794,523)** | **—** | **—** | **$270,907,795** |
| Salaries | — | — | — | — | — |
| Other Compensation | — | — | — | — | — |
| Related Benefits | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — |
| Operating Services | — | — | — | — | — |
| Supplies | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 96,237,123 | (45,794,523) | — | — | 50,442,600 |
| Debt Service | — | — | — | — | — |
| Interagency Transfers | 220,465,195 | — | — | — | 220,465,195 |
| **TOTAL OTHER CHARGES** | **$316,702,318** | **$(45,794,523)** | **—** | **—** | **$270,907,795** |
| Acquisitions | — | — | — | — | — |
| Major Repairs | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$316,702,318** | **$(45,794,523)** | **—** | **—** | **$270,907,795** |
| Classified | — | — | — | — | — |
| Unclassified | — | — | — | — | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — | — | — | — | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — | — | — | — | — |
| TOTAL NON-T.O. FTE POSITIONS | — | — | — | — | — |

## Statutory Dedications

| Description | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| Louisiana Medical Assistance Trust Fund | 9,147,866 | — | — | — | 9,147,866 |
| **Total:** | **$9,147,866** | **—** | **—** | **—** | **$9,147,866** |

## 3063 - Medicare Buy-Ins & Supplements

| Means of Financing and Expenditures | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 434,176,547 | (2,828,050) | — | — | 431,348,497 |
| STATE GENERAL FUND BY: | — | — | — | — | — |
| INTERAGENCY TRANSFERS | — | — | — | — | — |
| FEES & SELF-GENERATED | — | — | — | — | — |
| STATUTORY DEDICATIONS | — | — | — | — | — |
| FEDERAL FUNDS | 467,527,953 | 2,828,050 | — | — | 470,356,003 |
| **TOTAL MEANS OF FINANCING** | **$901,704,500** | **—** | **—** | **—** | **$901,704,500** |
| Salaries | — | — | — | — | — |
| Other Compensation | — | — | — | — | — |
| Related Benefits | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — |
| Operating Services | — | — | — | — | — |
| Supplies | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 901,704,500 | — | — | — | 901,704,500 |
| Debt Service | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$901,704,500** | **—** | **—** | **—** | **$901,704,500** |
| Acquisitions | — | — | — | — | — |
| Major Repairs | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$901,704,500** | **—** | **—** | **—** | **$901,704,500** |
| Classified | — | — | — | — | — |
| Unclassified | — | — | — | — | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — | — | — | — | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — | — | — | — | — |
| TOTAL NON-T.O. FTE POSITIONS | — | — | — | — | — |

## Statutory Dedications

| Description | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| Total: | — | — | — | — | — |

## 3064 - Uncompensated Care Costs

| Means of Financing and Expenditures | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 55,300,857 | (1,835,784) | — | — | 53,465,073 |
| STATE GENERAL FUND BY: | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 13,739,410 | — | — | — | 13,739,410 |
| FEES & SELF-GENERATED | 24,105,254 | 20,344,309 | — | — | 44,449,563 |
| STATUTORY DEDICATIONS | — | — | — | — | — |
| FEDERAL FUNDS | 199,232,759 | 60,406,560 | — | — | 259,639,319 |
| **TOTAL MEANS OF FINANCING** | **$292,378,280** | **$78,915,085** | **—** | **—** | **$371,293,365** |
| Salaries | — | — | — | — | — |
| Other Compensation | — | — | — | — | — |
| Related Benefits | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — |
| Operating Services | — | — | — | — | — |
| Supplies | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 160,696,623 | 78,915,085 | — | — | 239,611,708 |
| Debt Service | — | — | — | — | — |
| Interagency Transfers | 131,681,657 | — | — | — | 131,681,657 |
| **TOTAL OTHER CHARGES** | **$292,378,280** | **$78,915,085** | **—** | **—** | **$371,293,365** |
| Acquisitions | — | — | — | — | — |
| Major Repairs | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$292,378,280** | **$78,915,085** | **—** | **—** | **$371,293,365** |
| Classified | — | — | — | — | — |
| Unclassified | — | — | — | — | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — | — | — | — | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — | — | — | — | — |
| TOTAL NON-T.O. FTE POSITIONS | — | — | — | — | — |

## Fees and Self-Generated

| Description | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| Fees & Self-generated Revenues | 24,105,254 | 20,344,309 | — | — | 44,449,563 |
| **Total:** | **$24,105,254** | **$20,344,309** | **—** | **—** | **$44,449,563** |

## Statutory Dedications

| Description | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| **Total:** | **—** | **—** | **—** | **—** | **—** |




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# Total Request Summary

# AGENCY SUMMARY STATEMENT

## Total Agency

### Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 2,391,588,684 | 2,472,046,088 | 53,074,661 | — | — | 2,525,120,749 | 53,074,661 |
| STATE GENERAL FUND BY: | — | — | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 151,433,519 | 230,943,581 | (31,584,479) | — | — | 199,359,102 | (31,584,479) |
| FEES & SELF-GENERATED | 575,025,478 | 850,116,601 | (121,281,935) | — | — | 728,834,666 | (121,281,935) |
| STATUTORY DEDICATIONS | 1,701,622,090 | 1,889,159,170 | (75,750,533) | — | — | 1,813,408,637 | (75,750,533) |
| FEDERAL FUNDS | 14,826,378,034 | 16,601,653,171 | (852,595,974) | — | — | 15,749,057,197 | (852,595,974) |
| **TOTAL MEANS OF FINANCING** | **$19,646,047,804** | **$22,043,918,611** | **$(1,028,138,260)** | **—** | **—** | **$21,015,780,351** | **$(1,028,138,260)** |

## Statutory Dedications

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| Community Options Waiver Fund | 12,081,168 | 26,067,136 | 21,851,593 | — | — | 47,918,729 | 21,851,593 |
| Disability Services Fund | 2,388,500 | 9,122,634 | 4,921,346 | — | — | 14,043,980 | 4,921,346 |
| Health Excellence Fund | 42,835,724 | 41,970,568 | — | — | — | 41,970,568 | — |
| Hospital Stabilization Fund | 612,767,934 | 660,046,246 | — | — | — | 660,046,246 | — |
| Louisiana Fund | 18,895,147 | 19,330,482 | — | — | — | 19,330,482 | — |
| Louisiana Medical Assistance Trust Fund | 972,302,325 | 1,089,274,038 | (94,175,645) | — | — | 995,098,393 | (94,175,645) |
| Medicaid Trust Fund for the Elderly | 1,741,651 | — | — | — | — | — | — |
| New Opportunities Waiver (NOW) Fund | 38,609,641 | 43,348,066 | (8,347,827) | — | — | 35,000,239 | (8,347,827) |
| **Total:** | **$1,701,622,090** | **$1,889,159,170** | **$(75,750,533)** | **—** | **—** | **$1,813,408,637** | **$(75,750,533)** |

## Expenditures and Positions

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 19,301,578,289 | 21,670,405,371 | (1,006,771,872) | — | — | 20,663,633,499 | (1,006,771,872) |
| Debt Service | — | — | — | — | — | — | — |
| Interagency Transfers | 344,469,515 | 373,513,240 | (21,366,388) | — | — | 352,146,852 | (21,366,388) |
| **TOTAL OTHER CHARGES** | **$19,646,047,804** | **$22,043,918,611** | **$(1,028,138,260)** | **—** | **—** | **$21,015,780,351** | **$(1,028,138,260)** |
| Acquisitions | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$19,646,047,804** | **$22,043,918,611** | **$(1,028,138,260)** | **—** | **—** | **$21,015,780,351** | **$(1,028,138,260)** |
| Classified | — | — | — | — | — | — | — |
| Unclassified | — | — | — | — | — | — | — |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

# PROGRAM SUMMARY STATEMENT

## 3061 - Payments to Private Providers

### Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 1,938,424,287 | 1,922,130,408 | 58,120,612 | — | — | 1,980,251,020 | 58,120,612 |
| STATE GENERAL FUND BY: | — | — | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 142,433,519 | 217,204,171 | (31,584,479) | — | — | 185,619,692 | (31,584,479) |
| FEES & SELF-GENERATED | 558,025,478 | 826,011,347 | (141,626,244) | — | — | 684,385,103 | (141,626,244) |
| STATUTORY DEDICATIONS | 1,692,474,224 | 1,880,011,304 | (75,750,533) | — | — | 1,804,260,771 | (75,750,533) |
| FEDERAL FUNDS | 14,133,811,870 | 15,687,776,283 | (870,418,178) | — | — | 14,817,358,105 | (870,418,178) |
| **TOTAL MEANS OF FINANCING** | **$18,465,169,377** | **$20,533,133,513** | **$(1,061,258,822)** | **—** | **—** | **$19,471,874,691** | **$(1,061,258,822)** |

## Statutory Dedications

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| Community Options Waiver Fund | 12,081,168 | 26,067,136 | 21,851,593 | — | — | 47,918,729 | 21,851,593 |
| Disability Services Fund | 2,388,500 | 9,122,634 | 4,921,346 | — | — | 14,043,980 | 4,921,346 |
| Health Excellence Fund | 42,835,724 | 41,970,568 | — | — | — | 41,970,568 | — |
| Hospital Stabilization Fund | 612,767,934 | 660,046,246 | — | — | — | 660,046,246 | — |
| Louisiana Fund | 18,895,147 | 19,330,482 | — | — | — | 19,330,482 | — |
| Louisiana Medical Assistance Trust Fund | 963,154,459 | 1,080,126,172 | (94,175,645) | — | — | 985,950,527 | (94,175,645) |
| Medicaid Trust Fund for the Elderly | 1,741,651 | — | — | — | — | — | — |
| New Opportunities Waiver (NOW) Fund | 38,609,641 | 43,348,066 | (8,347,827) | — | — | 35,000,239 | (8,347,827) |
| **Total:** | **$1,692,474,224** | **$1,880,011,304** | **$(75,750,533)** | **—** | **—** | **$1,804,260,771** | **$(75,750,533)** |

## Expenditures and Positions

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 18,464,690,216 | 20,511,767,125 | (1,039,892,434) | — | — | 19,471,874,691 | (1,039,892,434) |
| Debt Service | — | — | — | — | — | — | — |
| Interagency Transfers | 479,161 | 21,366,388 | (21,366,388) | — | — | — | (21,366,388) |
| **TOTAL OTHER CHARGES** | **$18,465,169,377** | **$20,533,133,513** | **$(1,061,258,822)** | **—** | **—** | **$19,471,874,691** | **$(1,061,258,822)** |
| Acquisitions | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$18,465,169,377** | **$20,533,133,513** | **$(1,061,258,822)** | **—** | **—** | **$19,471,874,691** | **$(1,061,258,822)** |
| Classified | — | — | — | — | — | — | — |
| Unclassified | — | — | — | — | — | — | — |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

# 3062 - Payments to Public Providers

## Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 56,203,591 | 60,438,276 | (382,117) | — | — | 60,056,159 | (382,117) |
| STATE GENERAL FUND BY: | — | — | — | — | — | — | — |
| INTERAGENCY TRANSFERS | — | — | — | — | — | — | — |
| FEES & SELF-GENERATED | — | — | — | — | — | — | — |
| STATUTORY DEDICATIONS | 9,147,866 | 9,147,866 | — | — | — | 9,147,866 | — |
| FEDERAL FUNDS | 193,998,345 | 247,116,176 | (45,412,406) | — | — | 201,703,770 | (45,412,406) |
| **TOTAL MEANS OF FINANCING** | **$259,349,802** | **$316,702,318** | **$(45,794,523)** | **—** | **—** | **$270,907,795** | **$(45,794,523)** |

## Statutory Dedications

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| Louisiana Medical Assistance Trust Fund | 9,147,866 | 9,147,866 | — | — | — | 9,147,866 | — |
| **Total:** | **$9,147,866** | **$9,147,866** | **—** | **—** | **—** | **$9,147,866** | **—** |

## Expenditures and Positions

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 45,475,275 | 96,237,123 | (45,794,523) | — | — | 50,442,600 | (45,794,523) |
| Debt Service | — | — | — | — | — | — | — |
| Interagency Transfers | 213,874,527 | 220,465,195 | — | — | — | 220,465,195 | — |
| **TOTAL OTHER CHARGES** | **$259,349,802** | **$316,702,318** | **$(45,794,523)** | **—** | **—** | **$270,907,795** | **$(45,794,523)** |
| Acquisitions | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$259,349,802** | **$316,702,318** | **$(45,794,523)** | **—** | **—** | **$270,907,795** | **$(45,794,523)** |
| Classified | — | — | — | — | — | — | — |
| Unclassified | — | — | — | — | — | — | — |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

# 3063 - Medicare Buy-Ins & Supplements

## Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 339,126,652 | 434,176,547 | (2,828,050) | — | — | 431,348,497 | (2,828,050) |
| STATE GENERAL FUND BY: | — | — | — | — | — | — | — |
| INTERAGENCY TRANSFERS | — | — | — | — | — | — | — |
| FEES & SELF-GENERATED | — | — | — | — | — | — | — |
| STATUTORY DEDICATIONS | — | — | — | — | — | — | — |
| FEDERAL FUNDS | 300,955,388 | 467,527,953 | 2,828,050 | — | — | 470,356,003 | 2,828,050 |
| **TOTAL MEANS OF FINANCING** | **$640,082,040** | **$901,704,500** | **—** | **—** | **—** | **$901,704,500** | **—** |

## Expenditures and Positions

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 640,082,040 | 901,704,500 | — | — | — | 901,704,500 | — |
| Debt Service | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$640,082,040** | **$901,704,500** | **—** | **—** | **—** | **$901,704,500** | **—** |
| Acquisitions | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$640,082,040** | **$901,704,500** | **—** | **—** | **—** | **$901,704,500** | **—** |
| Classified | — | — | — | — | — | — | — |
| Unclassified | — | — | — | — | — | — | — |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

# 3064 - Uncompensated Care Costs

## Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 57,834,154 | 55,300,857 | (1,835,784) | — | — | 53,465,073 | (1,835,784) |
| STATE GENERAL FUND BY: | — | — | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 9,000,000 | 13,739,410 | — | — | — | 13,739,410 | — |
| FEES & SELF-GENERATED | 17,000,000 | 24,105,254 | 20,344,309 | — | — | 44,449,563 | 20,344,309 |
| STATUTORY DEDICATIONS | — | — | — | — | — | — | — |
| FEDERAL FUNDS | 197,612,431 | 199,232,759 | 60,406,560 | — | — | 259,639,319 | 60,406,560 |
| **TOTAL MEANS OF FINANCING** | **$281,446,585** | **$292,378,280** | **$78,915,085** | **—** | **—** | **$371,293,365** | **$78,915,085** |

## Expenditures and Positions

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| Salaries | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 151,330,758 | 160,696,623 | 78,915,085 | — | — | 239,611,708 | 78,915,085 |
| Debt Service | — | — | — | — | — | — | — |
| Interagency Transfers | 130,115,827 | 131,681,657 | — | — | — | 131,681,657 | — |
| **TOTAL OTHER CHARGES** | **$281,446,585** | **$292,378,280** | **$78,915,085** | **—** | **—** | **$371,293,365** | **$78,915,085** |
| Acquisitions | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$281,446,585** | **$292,378,280** | **$78,915,085** | **—** | **—** | **$371,293,365** | **$78,915,085** |
| Classified | — | — | — | — | — | — | — |
| Unclassified | — | — | — | — | — | — | — |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

# Addenda

Department: 09A - LDH

Agency: 306 MEDICAL VENDOR PAYMENTS

# STATE OF LOUISIANA
## Childrens Budget
## Department Summary

CHILD - DS

Fiscal Year 2027 - 2028

Report Date: 10/31/26

| Service Number | Service Name | Agency Number | Agency Name | General Fund | IAT | Self Generated | Stat Deds | Federal Funds | Total Funds | Positions |
|---|---|---|---|---|---|---|---|---|---|---|
| MVP01 | Medical Services for Medicaid Eligible Children | 306 | Medical Vendor Payments | $606,840,504 | $51,602,455 | $105,913,053 | $375,393,549 | $3,101,867,895 | $4,241,617,456 | 0 |
| | | | **Total:** | **$606,840,504** | **$51,602,455** | **$105,913,053** | **$375,393,549** | **$3,101,867,895** | **$4,241,617,456** | **0** |

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

# STATE OF LOUISIANA
## Childrens Budget
## by Department

CHILD - DC
Fiscal Year 2027 - 2028
Report Date: 10/31/26

| Means of Financing: | Existing Operating Budget | Requested Continuation | Requested NE | Total Requested | Total Recommended |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | $586,621,428 | $20,219,076 | $0 | $606,840,504 | $0 |
| STATE GENERAL FUND BY: | | | | | |
| INTERAGENCY TRANSFERS | $61,229,318 | ($9,626,863) | $0 | $51,602,455 | $0 |
| FEES & SELF-GENERATED | $139,630,128 | ($33,717,075) | $0 | $105,913,053 | $0 |
| STATUTORY DEDICATIONS | $391,509,810 | ($16,116,261) | $0 | $375,393,549 | $0 |
| FEDERAL FUNDS | $3,164,719,864 | ($62,851,969) | $0 | $3,101,867,895 | $0 |
| **TOTAL MEANS OF FINANCING** | **$4,343,710,548** | **($102,093,092)** | **$0** | **$4,241,617,456** | **$0** |
| Salaries | $0 | $0 | $0 | $0 | $0 |
| Other Compensation | $0 | $0 | $0 | $0 | $0 |
| Related Benefits | $0 | $0 | $0 | $0 | $0 |
| **TOTAL PERSONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Travel | $0 | $0 | $0 | $0 | $0 |
| Operating Services | $0 | $0 | $0 | $0 | $0 |
| Supplies | $0 | $0 | $0 | $0 | $0 |
| **TOTAL OPERATING EXPENSES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| **PROFESSIONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Other Charges | $4,223,313,159 | ($95,016,438) | $0 | $4,128,296,721 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $120,397,389 | ($7,076,654) | $0 | $113,320,735 | $0 |
| **TOTAL OTHER CHARGES** | **$4,343,710,548** | **($102,093,092)** | **$0** | **$4,241,617,456** | **$0** |
| Acquisitions | $0 | $0 | $0 | $0 | $0 |
| Major Repairs | $0 | $0 | $0 | $0 | $0 |
| **TOTAL ACQ. & MAJOR REPAIRS** | **$0** | **$0** | **$0** | **$0** | **$0** |

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

# STATE OF LOUISIANA
## Childrens Budget
## by Department

CHILD - DC
Fiscal Year 2027 - 2028
Report Date: 10/31/26

| | | | | | |
|---|---|---|---|---|---|
| **TOTAL EXPENDITURES** | **$4,343,710,548** | **($102,093,092)** | **$0** | **$4,241,617,456** | **$0** |
| Classified | 0 | 0 | 0 | 0 | 0 |
| Unclassified | 0 | 0 | 0 | 0 | 0 |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **0** | **0** | **0** | **0** | **0** |

## 306 - Medical Vendor Payments

| Service Number | Service Name | Program Number | Program Name | General Fund | IAT | Self Generated | Stat Deds | Federal Funds | Total Funds | Positions |
|---|---|---|---|---|---|---|---|---|---|---|
| MVP01 | Medical Services for Medicaid Eligible Children | 3061 | Payments to Private Providers | $568,994,672 | $47,141,580 | $91,348,487 | $372,363,730 | $2,949,068,776 | $4,028,917,245 | 0 |
| MVP01 | Medical Services for Medicaid Eligible Children | 3062 | Payments to Public Providers | $19,890,898 | $0 | $0 | $3,029,819 | $66,805,289 | $89,726,006 | 0 |
| MVP01 | Medical Services for Medicaid Eligible Children | 3064 | Uncompensated Care Costs | $17,954,934 | $4,460,875 | $14,564,566 | $0 | $85,993,830 | $122,974,205 | 0 |
| | | | **Total:** | **$606,840,504** | **$51,602,455** | **$105,913,053** | **$375,393,549** | **$3,101,867,895** | **$4,241,617,456** | **0** |

## 306 - Medical Vendor Payments

| Means of Financing: | Existing Operating Budget | Requested Continuation | Requested NE | Total Requested | Total Recommended |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | $586,621,428 | $20,219,076 | $0 | $606,840,504 | $0 |
| STATE GENERAL FUND BY: | | | | | |
| INTERAGENCY TRANSFERS | $61,229,318 | ($9,626,863) | $0 | $51,602,455 | $0 |
| FEES & SELF-GENERATED | $139,630,128 | ($33,717,075) | $0 | $105,913,053 | $0 |
| STATUTORY DEDICATIONS | $391,509,810 | ($16,116,261) | $0 | $375,393,549 | $0 |
| FEDERAL FUNDS | $3,164,719,864 | ($62,851,969) | $0 | $3,101,867,895 | $0 |
| **TOTAL MEANS OF FINANCING** | **$4,343,710,548** | **($102,093,092)** | **$0** | **$4,241,617,456** | **$0** |
| Salaries | $0 | $0 | $0 | $0 | $0 |
| Other Compensation | $0 | $0 | $0 | $0 | $0 |
| Related Benefits | $0 | $0 | $0 | $0 | $0 |
| **TOTAL PERSONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Travel | $0 | $0 | $0 | $0 | $0 |
| Operating Services | $0 | $0 | $0 | $0 | $0 |
| Supplies | $0 | $0 | $0 | $0 | $0 |
| **TOTAL OPERATING EXPENSES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| **PROFESSIONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Other Charges | $4,223,313,159 | ($95,016,438) | $0 | $4,128,296,721 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $120,397,389 | ($7,076,654) | $0 | $113,320,735 | $0 |
| **TOTAL OTHER CHARGES** | **$4,343,710,548** | **($102,093,092)** | **$0** | **$4,241,617,456** | **$0** |
| Acquisitions | $0 | $0 | $0 | $0 | $0 |
| Major Repairs | $0 | $0 | $0 | $0 | $0 |

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

# STATE OF LOUISIANA
## Childrens Budget
## by Agency

CHILD - AC
Fiscal Year 2027 - 2028
Report Date: 10/31/26

| | | | | | |
|---|---|---|---|---|---|
| **TOTAL ACQ. & MAJOR REPAIRS** | **$0** | **$0** | **$0** | **$0** | **$0** |
| **TOTAL EXPENDITURES** | **$4,343,710,548** | **($102,093,092)** | **$0** | **$4,241,617,456** | **$0** |
| Classified | **0** | **0** | **0** | **0** | **0** |
| Unclassified | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITION** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **0** | **0** | **0** | **0** | **0** |

# 306 - Medical Vendor Payments

## 3061 - Payments to Private Providers

### MVP01 - Medical Services for Medicaid Eligible Children

| Means of Financing: | Existing Operating Budget | Requested Continuation | Requested NE | Total Requested | Total Recommended |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | $548,288,053 | $20,706,619 | $0 | $568,994,672 | $0 |
| STATE GENERAL FUND BY: | | | | | |
| INTERAGENCY TRANSFERS | $56,678,757 | ($9,537,177) | $0 | $47,141,580 | $0 |
| FEES & SELF-GENERATED | $131,646,348 | ($40,297,861) | $0 | $91,348,487 | $0 |
| STATUTORY DEDICATIONS | $388,479,991 | ($16,116,261) | $0 | $372,363,730 | $0 |
| FEDERAL FUNDS | $3,016,886,883 | ($67,818,107) | $0 | $2,949,068,776 | $0 |
| **TOTAL MEANS OF FINANCING** | **$4,141,980,032** | **($113,062,787)** | **$0** | **$4,028,917,245** | **$0** |
| Salaries | $0 | $0 | $0 | $0 | $0 |
| Other Compensation | $0 | $0 | $0 | $0 | $0 |
| Related Benefits | $0 | $0 | $0 | $0 | $0 |
| **TOTAL PERSONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Travel | $0 | $0 | $0 | $0 | $0 |
| Operating Services | $0 | $0 | $0 | $0 | $0 |
| Supplies | $0 | $0 | $0 | $0 | $0 |
| **TOTAL OPERATING EXPENSES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| **PROFESSIONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Other Charges | $4,134,903,378 | ($105,986,133) | $0 | $4,028,917,245 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $7,076,654 | ($7,076,654) | $0 | $0 | $0 |
| **TOTAL OTHER CHARGES** | **$4,141,980,032** | **($113,062,787)** | **$0** | **$4,028,917,245** | **$0** |

| | | | | | |
|---|---|---|---|---|---|
| Acquisitions | $0 | $0 | $0 | $0 | $0 |
| Major Repairs | $0 | $0 | $0 | $0 | $0 |
| **TOTAL ACQ. & MAJOR REPAIRS** | **$0** | **$0** | **$0** | **$0** | **$0** |
| **TOTAL EXPENDITURES** | **$4,141,980,032** | **($113,062,787)** | **$0** | **$4,028,917,245** | **$0** |
| Classified | **0** | **0** | **0** | **0** | **0** |
| Unclassified | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITION** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **0** | **0** | **0** | **0** | **0** |

## 3062 - Payments to Public Providers

### MVP01 - Medical Services for Medicaid Eligible Children

| Means of Financing: | Existing Operating Budget | Requested Continuation | Requested NE | Total Requested | Total Recommended |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | $20,017,457 | ($126,559) | $0 | $19,890,898 | $0 |
| STATE GENERAL FUND BY: | | | | | |
| INTERAGENCY TRANSFERS | $0 | $0 | $0 | $0 | $0 |
| FEES & SELF-GENERATED | $0 | $0 | $0 | $0 | $0 |
| STATUTORY DEDICATIONS | $3,029,819 | $0 | $0 | $3,029,819 | $0 |
| FEDERAL FUNDS | $81,846,103 | ($15,040,814) | $0 | $66,805,289 | $0 |
| **TOTAL MEANS OF FINANCING** | **$104,893,379** | **($15,167,373)** | **$0** | **$89,726,006** | **$0** |
| Salaries | $0 | $0 | $0 | $0 | $0 |
| Other Compensation | $0 | $0 | $0 | $0 | $0 |
| Related Benefits | $0 | $0 | $0 | $0 | $0 |
| **TOTAL PERSONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Travel | $0 | $0 | $0 | $0 | $0 |
| Operating Services | $0 | $0 | $0 | $0 | $0 |
| Supplies | $0 | $0 | $0 | $0 | $0 |
| **TOTAL OPERATING EXPENSES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| **PROFESSIONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Other Charges | $35,186,262 | ($15,167,373) | $0 | $20,018,889 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $69,707,117 | $0 | $0 | $69,707,117 | $0 |
| **TOTAL OTHER CHARGES** | **$104,893,379** | **($15,167,373)** | **$0** | **$89,726,006** | **$0** |
| Acquisitions | $0 | $0 | $0 | $0 | $0 |

| | | | | | |
|---|---|---|---|---|---|
| Major Repairs | $0 | $0 | $0 | $0 | $0 |
| **TOTAL ACQ. & MAJOR REPAIRS** | **$0** | **$0** | **$0** | **$0** | **$0** |
| **TOTAL EXPENDITURES** | **$104,893,379** | **($15,167,373)** | **$0** | **$89,726,006** | **$0** |
| Classified | **0** | **0** | **0** | **0** | **0** |
| Unclassified | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITION** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **0** | **0** | **0** | **0** | **0** |

## 3064 - Uncompensated Care Costs

### MVP01 - Medical Services for Medicaid Eligible Children

| Means of Financing: | Existing Operating Budget | Requested Continuation | Requested NE | Total Requested | Total Recommended |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | $18,315,918 | ($360,984) | $0 | $17,954,934 | $0 |
| STATE GENERAL FUND BY: | | | | | |
| INTERAGENCY TRANSFERS | $4,550,561 | ($89,686) | $0 | $4,460,875 | $0 |
| FEES & SELF-GENERATED | $7,983,780 | $6,580,786 | $0 | $14,564,566 | $0 |
| STATUTORY DEDICATIONS | $0 | $0 | $0 | $0 | $0 |
| FEDERAL FUNDS | $65,986,878 | $20,006,952 | $0 | $85,993,830 | $0 |
| **TOTAL MEANS OF FINANCING** | **$96,837,137** | **$26,137,068** | **$0** | **$122,974,205** | **$0** |
| Salaries | $0 | $0 | $0 | $0 | $0 |
| Other Compensation | $0 | $0 | $0 | $0 | $0 |
| Related Benefits | $0 | $0 | $0 | $0 | $0 |
| **TOTAL PERSONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Travel | $0 | $0 | $0 | $0 | $0 |
| Operating Services | $0 | $0 | $0 | $0 | $0 |
| Supplies | $0 | $0 | $0 | $0 | $0 |
| **TOTAL OPERATING EXPENSES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| **PROFESSIONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Other Charges | $53,223,519 | $26,137,068 | $0 | $79,360,587 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $43,613,618 | $0 | $0 | $43,613,618 | $0 |
| **TOTAL OTHER CHARGES** | **$96,837,137** | **$26,137,068** | **$0** | **$122,974,205** | **$0** |
| Acquisitions | $0 | $0 | $0 | $0 | $0 |

| | | | | | |
|---|---|---|---|---|---|
| Major Repairs | $0 | $0 | $0 | $0 | $0 |
| **TOTAL ACQ. & MAJOR REPAIRS** | **$0** | **$0** | **$0** | **$0** | **$0** |
| **TOTAL EXPENDITURES** | **$96,837,137** | **$26,137,068** | **$0** | **$122,974,205** | **$0** |
| Classified | **0** | **0** | **0** | **0** | **0** |
| Unclassified | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITION** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **0** | **0** | **0** | **0** | **0** |

| | |
|---|---|
| **Form ID:** | 58150 |
| **Form Description:** | 306 - Private Providers Children's Budg |
| **Service:** | MVP01 - Medical Services for Medicaid Eligible Children |

| Question and Narrative Response |
|---|
| **Describe the service:** |
| This service consists of medically necessary health care services and products provided to Medicaid-eligible children. For purposes of the Children's Budget, expenditures attributable to children ages 17 and under are estimated and reported. Services include inpatient and outpatient hospital care, physician services, laboratory and radiology services, prescription drugs, dental services, preventive and screening services, and other covered benefits under the Medicaid State Plan and applicable waivers.<br><br>Medicaid provides comprehensive health coverage to eligible low-income children and children with disabilities. The Louisiana Children's Health Insurance Program (LaCHIP) also provides coverage to eligible children. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services are available to eligible Medicaid beneficiaries under age 21 and include preventive screenings, diagnostic services, and medically necessary treatment. Medicaid also provides home and community-based services and other specialized services to eligible children. |
| **How does this fulfill the program's mission?** |
| This service supports the Louisiana Department of Health's mission by providing eligible children with access to comprehensive, medically necessary health care services, promoting preventive care, and improving health outcomes in accordance with the approved Medicaid State Plan and applicable waivers. |
| **Who are the principal users?** |
| The principal users are Medicaid-eligible children, including children from low-income families and children with disabilities. |
| **Who primarily benefits from the service?** |
| .<br><br>The primary beneficiaries are Medicaid-eligible children who receive preventive, diagnostic, treatment, and other medically necessary health care services. |
| **Related objectives and performance measures:** |

**Question and Narrative Response**

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

- 3061004 - Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year.
- 3061005 - Percentage of enrolled children ages one through under age 21 who received at least two dental topical fluoride applications within the measurement year.
- 3061006 - Percentage of enrolled children who have ever received a sealant on a permanent first molar tooth.
- 3061001 - Percentage of well care visits for children in the first 15 months of age.
- 3061002 - Percentage of well care visits for children 15 to 30 months of age.
- 3061003 - Percentage of child and adolescent well care visits.

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

- 26589 - Percentage of providers compliant with the State’s EVV standard.
- 26590 - Percentage of LTSS recipients receiving Home and Community Based Services.

| | |
|---|---|
| **Form ID:** | 58151 |
| **Form Description:** | 306 - Public Providers Children's Budg |
| **Service:** | MVP01 - Medical Services for Medicaid Eligible Children |

| Question and Narrative Response |
|---|
| **Describe the service:** |
| This service consists of medically necessary health care services provided to Medicaid-eligible children through public providers, including public health care facilities and Local Education Agencies. For purposes of the Children's Budget, expenditures attributable to children ages 17 and under are estimated and reported.<br><br>Covered services include hospital care, physician services, preventive and screening services, school-based health services, nursing services, and other medically necessary services authorized under the Medicaid State Plan and applicable waivers. Medicaid reimbursement to participating Local Education Agencies supports the delivery of eligible health services in school settings, helping children access services necessary to maintain their health and participate in educational activities. |
| **How does this fulfill the program's mission?** |
| This service supports the Louisiana Department of Health's mission by promoting access to medically necessary health care services for eligible children through public providers, including school-based services that support early identification and treatment of health conditions. |
| **Who are the principal users?** |
| The principal users are Medicaid-eligible children, including children from low-income families and children with disabilities who receive services through public providers. |
| **Who primarily benefits from the service?** |
| The primary beneficiaries are Medicaid-eligible children who receive medically necessary health care services through public facilities, Local Education Agencies, and other participating public providers. |
| **Related objectives and performance measures:** |

**Question and Narrative Response**

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

- 24092 - Number of Local Education Agencies participating in School Nursing Services.
- 25580 - Number of unduplicated recipients Receiving School Nursing Services from Local Education Agencies.
- 25582 - Number of school nurses in participating Local Education Agencies.

# STATE OF LOUISIANA
## Childrens Budget
## Narrative



| | |
|---|---|
| **Form ID:** | 58152 |
| **Form Description:** | 306 UCC Children's Budget |
| **Service:** | MVP01 - Medical Services for Medicaid Eligible Children |

| Question and Narrative Response |
|---|
| **Describe the service:** |
| The Uncompensated Care Costs program provides payments to qualifying health care providers for eligible uncompensated costs associated with furnishing health care services, including services provided to uninsured individuals, in accordance with applicable federal and state requirements.<br><br>These payments help support the availability of health care services for vulnerable populations, including children who may otherwise face barriers to accessing necessary care. For purposes of the Children's Budget, the portion of eligible expenditures attributable to children ages 17 and under is estimated and reported. |
| **How does this fulfill the program's mission?** |
| This service supports the Louisiana Department of Health's mission by helping maintain access to medically necessary health care services for vulnerable populations, including children, through financial support for qualifying health care providers. |
| **Who are the principal users?** |
| The principal users are individuals receiving health care services from qualifying providers, including uninsured children and other individuals whose care results in eligible uncompensated costs. |
| **Who primarily benefits from the service?** |
| The primary beneficiaries are individuals who receive health care services from qualifying providers, including children who may otherwise experience barriers to accessing care. |
| **Related objectives and performance measures:** |
| There are no specific objectives or performance measures associated with the Children's Budget in the Uncompensated Care Costs Program. |




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