

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
12-13

2. STATE
Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
April 1, 2012

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902(a)(73) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 **\$0.00**
b. FFY 2013 **\$0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Section 1.6

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
None (New Pages)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to add language to the State Plan in compliance with the federal regulations to outline the tribal consultation process which seeks advice on a regular, ongoing basis from federally recognized tribes and Indian Health Programs on matters related to Medicaid, CHIP, waiver programs and for consultation on State Plan Amendments prior to the submission to CMS.**

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:
The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:
Bruce Greenstein

14. TITLE:
Secretary

15. DATE SUBMITTED:
June 15, 2012

16. RETURN TO:

**Don Gregory, Medicaid Director
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **19 June, 2012**

18. DATE APPROVED: **14 September, 2013**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1 April, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:
Bill Brooks

22. TITLE: **Associate Regional Administrator
Division of Medicaid & Children's Health**

23. REMARKS: