HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	11-25	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONS	IDERED AS NEW PLAN A	MENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMED 6. FEDERAL STATUTE/REGULATION CITATION;	10 DMENT (Separate Transmittal for each of the Transmittal	ch amendment)
42 CFR 447 Subpart C	a. FFY 2011 2 2012 2011 b. FFY 2013 2012	(<u>\$145,308)</u> ; (# 857,667); (<u>\$600,167)</u> (#3,542,311
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Page 11a	9. PAGE NUMBER OF THE SUPE SECTION OR ATTACHMENT (Same (TN-10-47)	
* Attachment 4.19-D, Page 11	Same (TN-10-47)-X	
reimbursement rates for a public ICF/DD community he effective date of July 1, 2011. 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 COMMENTE OF STATE AGENCY OFFICIAL: 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brace Greenstein	☑ OTHER, AS SPECIFIED: The Governor does not revi	ew state plan material.
14. TITLE:	628 N. 4 th Street	crosbinas
Secretary	PO Box 91030	
15. DATE SUBMITTED:	Baton Rouge, LA 70821-9	030
August 24, 2011		
FOR REGIONAL OF	FICE USE ONLY	1212011
17. DATE RECEIVED: 29 August, 2011	18. DATE APPROVED:	61
PLAN APPROVED - ONE		
	20. SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME: 21. TYPED NAME	22. TITLE:	
Z3. REMARKS:	rector	R CMCS
FORM HCFA-179 (07-92) X Pen and ink chan Singleton, Medicai 10/25/11.	ges requested by K	eydra