

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 11-14	2. STATE Louisiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE April 22, 2011	

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:

42 CFR 440.20, 42 CFR 441, Subpart B

42 CFR 447, Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 2011 **\$0.00**

b. FFY 2012 **\$0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Item 4b, Page 9

Attachment 4.19-B, Item 4b, Page 4b

Attachment 3.1-A Item 4b pages 9a to 9c

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Same (TN 00-13)

None (New Page)

None (New Page)

10. SUBJECT OF AMENDMENT: **The purpose of this State Plan is to clarify services and reimbursement methodology of substance abuse services covered under the Early and Periodic Screening, Diagnosis Treatment Program to Medicaid eligible recipients under the age of 21.**

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 27, 2011

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: **29 June. 2011**

18. DATE APPROVED: **22 May 2012**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

22 April, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bill Brooks

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

23. REMARKS:

Pen and Ink change made to add Attachment 3.1-A, Item 4b pages 9a to 9c, per the State's E-mail Dated 20 April, 2012756