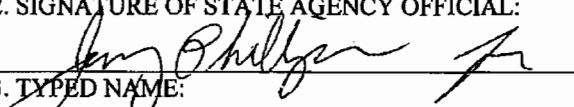
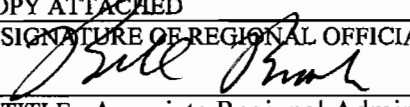


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>11-37</b>	2. STATE <b>Louisiana</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>December 1, 2011</b>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 440 Subpart B</b> <b>42 CFR 447 Subpart A</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> <span style="float: right;"><b>\$ 9.30</b></span> b. FFY <u>2013</u> <span style="float: right;"><b>\$11.77</b></span>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-A Item 2c, Page 1b</b> <b>Attachment 4.19-B, Item 2c, Page 4</b> <b>Attachment 4.19-B, Item 2c, Page 4a</b> <b>Attachment 4.19-B, Item 4b, Page 1m</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>None (New Page)</b> <b>Same (TN 11-04)</b> <b>None (New Page)</b> <b>None (New Page)</b>	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to adopt provisions for coverage of fluoride varnish applications rendered to Medicaid recipients in federally qualified health centers (FQHC).			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>The Governor does not review state plan material.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  <b>Don Gregory, Medicaid Director</b> <b>Department of Health and Hospitals</b> <b>628 N. 4<sup>th</sup> Street</b> <b>PO Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>	
13. TYPED NAME: <b>Bruce D. Greenstein</b>			
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>December 14, 2011</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>16 December, 2011</b>		18. DATE APPROVED: <b>5 March, 2012</b>	
<b>PLAN APPROVED -- ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 December, 2011</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Bill Brooks</b>		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			