TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION 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 New STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT ACCEPT 440 Subpart B ACCEPT 447 Subpart F A CEPT 447 Subpart F PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: A PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: A PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: A PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: B PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: B PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None (New page) Same (TN 11-3) Same (Pending TN 11-37) 10. SUBJECT OF AMENDMENT: The purpose of this amendment is to adopt provisions for coverage of fluoride varnish applications rendered to Medicaid recipients in Rural Health Clinics (RHC). 11. GOVERNOR-S REVIEW (Check One): GOVERNOR-S REVIEW (Check One): GOVERNOR OF STORE REPORTED NO COMMENT ON REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brice D NAME: Brice D NAME: 14. TITLE: Secretary 15. DATE SUBMITTED: December 14, 2011 FOR REGIONAL OFFICE WE ONLY 17. DATE RECEIVED: 16 December 2. 2011 PLAN APPROVED ONE COPY APTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: 10. SIGNATURE OF REGIONAL OFFICIAL: 10. SIGNATURE OF APPROVED MATERIAL: 11. GOVERNOR-S GOVERNOR'S OFFICE WE COSCODE 14. TITLE: 15. DATE SUBMITTED: 16. RETURN TO: 17. DATE RECEIVED: 18. DATE APPROVED ONE COPY APTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: 10. SIGNATURE OF REGIONAL OFFICIAL: 11. TYPED NAME: 11. TYPED NAME:	DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
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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 □COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Coparate Transmittal for each amendment) 6. FEDERAL STATUTEREGULATION CITATION: 42 CPR 440 Subpart B 42 CPR 447 Subpart B 42 CPR 447 Subpart B 43 CPR 448 Subpart B 44 CPR 447 Subpart B 45 CPR 449 Subpart B 46 CPR 449 Subpart B 47 CPR 449 Subpart B 48 CPR 449 Subpart B 49 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Item 2b, Page 2b Attachment 4.19-B, Item 2b, Page 3 Attachment 4.19-B, Item 4b, Page 1m 10. SUBJECT OF AMENDMENT: The purpose of this amendment is to adopt provisions for coverage of fluoride varush applications rendered to Medicaid recipients in Rural Health Clinics (RHC). 11. GOVERNOR-S REVIEW (Check One): □GOVERNOR'S OFFICE REPORTED NO COMMENT □COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECIEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: 14. TITLE: Secretary 15. DATE SUBMITTED: December 14, 2011 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 16. December, 2011 FOR REGIONAL OFFICE USE ONLY 19. EFFECTIVE DATE OF APPROVED MATERIAL: □December, 2011 20. SIGNATURE OF REGIONAL OFFICIAL: □December, 2011 10. SUBJECT OF AMENDMENT (If Applicable): None (New page) Same (TRI 11-33) Same (Pending TN 11-37) Same (Pending TN 11-37) Same (Pending TN 11-37) 10. SUBJECT OF AMENDMENT: The purpose of this amendment is to adopt provisions for coverage of fluoride variations rendered to Medicaid recipients in Rural Health Clinics (RHC). 11. GOVERNOR'S OFFICE REPORTED NO COMMENT 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: 14. TITLE: Secretary 15. DATE SUBMITTED: December 14, 2011 16. RETURN TO: Don Gregory, Medicaid Director Department of Health and Hospitals 628 N. **Street PO Box 91030 Baton Rouge, LA 70821-9030 Baton Rouge, LA 70821-9030 19. EFFECTIVE DATE OF APPROVED - ONE COPY APTOCHED -	FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE	
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COMPLETE BLOCKS 5 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitted) for each amendment) 6. FEDERAL SUATURE (FREQUENTION CITATION: 42 CFR 449 Subpart B 42 CFR 447 Subpart B 42 CFR 447 Subpart F 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. FFY _2012	· · · · · · · · · · · · · · · · · · ·		
42 CFR 440 Subpart B 42 CFR 447 Subpart F 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT: 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None (New page) Same (TN 11-37) 10. SUBJECT OF AMENDMENT: The purpose of this amendment is to adopt provisions for coverage of fluoride varuish applications rendered to Medicaid recipients in Rural Health Clinics (RHC). 11. GOVERNORS OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE REPORTED NO COMMENT OF GOVERNOR'S OFFICE REPORTED NO COMMENT OF GOVERNOR'S OFFICE EXCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STAZE AGENCY OFFICIAL: 13. EXPED NAME: 14. TITLE: 15. DATE SUBMITTED: 16. December 14, 2011 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: 19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 December, 2011 21. TYPED NAME: 19. BII Brooks 10. SIGNATURE OF REGIONAL OFFICIAL: 22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Hea 23. REMARKS:			
### A2 CFR 440 Subpart B 42 CFR 447 Subpart B 42 CFR 447 Subpart F 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ### RPAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ### Attachment 3.1-A Item 2b, Page 2b			ch amendment)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4. SECTION OR ATTACHMENT (If Applicable): 8. None (New page) 8. Same (TN 11-03) 8. Same (Pending TN 11-37) 10. SUBJECT OF AMENDMENT: The purpose of this amendment is to adopt provisions for coverage of fluoride varnish applications rendered to Medicaid recipients in Rural Health Clinics (RHC). 11. GOVERNOR-S REVIEW (Check One): 9. OTHER, AS SPECIFIED: 12. SIGNATURE OF STAYE AGENCY OFFICE ALCOSED NOR REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STAYE AGENCY OFFICIAL: 13. TYPED NAME: 9. Bruce D. Greenstein 14. TITLE: 15. DATE SUBMITTED: December 14, 2011 FOR REGIONAL OFFICE USE ONLY 15. DATE SUBMITTED: 16. DECEmber, 2011 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED 19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 December, 2011 PLAN APPROVED—ONE COPY APTACHED 20. SIGNATURE OF REGIONAL OFFICIAL: 1 December, 2011 12. TYPED NAME: 1 December, 2011 PLAN APPROVED—ONE COPY APTACHED 20. SIGNATURE OF REGIONAL OFFICIAL: 1 December, 2011 12. TYPED NAME: 1 December, 2011 22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Hea		I	\$ 9.30
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Item 2b, Page 2b Attachment 4.19-B, Item 2b, Page 3 Attachment 4.19-B, Item 4b, Page 1m 10. SUBJECT OF AMENDMENT: The purpose of this amendment is to adopt provisions for coverage of fluoride variish applications rendered to Medicaid recipients in Rural Health Clinics (RHC). 11. GOVERNOR-S REVIEW (Check One): GOVERNOR-S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STAYE AGENCY OFFICIAL: 13. JAYED NAME: Bruce D. Greenstein Attitle Submitted: December 14, 2011 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 16 December, 2011 PLAN APPROVED — ONE COPY APPROVED 19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 December, 2011 10. December, 2011 PLAN APPROVED — ONE COPY APPROVED 20. SIGNATURE OF REGIONAL OFFICIAL: 1 December, 2011 19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 December, 2011 10. EXAMPLE OF APPROVED MATERIAL: 1 December, 2011 10. EXECUTION OR ATTACHMENT (If Applicable): None (New page) Same (TN 11-03) Same (Pending TN 11-37) OTHER, AS SPECIFIED: The Governor does not review state plan mate The Governor does not re			
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