EPARTMENT OF HEALTH AND HUMAN SERVICES EALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-019
TRANSMITTAL AND NOTICE OF APPROVAL	L OF 1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	12-11	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	ON 3. PROGRAM IDENTIFICATION SOCIAL SECURITY ACT (ME	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	Ê
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICE	February 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One):	<u> </u>	
	A.100	MENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN 6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	ich amenameni)
Section 1866(j) of the Social Security Act	a. FFY 2013	\$0.00
42 CFR 455 Subpart E	b. FFY 2014	\$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHN	MENT: 9. PAGE NUMBER OF THE SUPPLY SECTION OR ATTACHMENT	
Section 4.46	None (New Pages)	(
10. SUBJECT OF AMENDMENT: The purpose of this a	amendment is to comply with the fe	deral requirements (
Medicare, Medicaid and CHIP". 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSE	T OTHER, AS SPECIFIED: The Governor does not rev	
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