

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

1. TRANSMITTAL NUMBER:  
**12-13**

2. STATE  
**Louisiana**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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  
**April 1, 2012**

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:  
**Section 1902(a)(73) of the Social Security Act**

7. FEDERAL BUDGET IMPACT:  
a. FFY 2012      **\$0.00**  
b. FFY 2013      **\$0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
**Section 1.6**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable):  
**None (New Pages)**

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to add language to the State Plan in compliance with the federal regulations to outline the tribal consultation process which seeks advice on a regular, ongoing basis from federally recognized tribes and Indian Health Programs on matters related to Medicaid, CHIP, waiver programs and for consultation on State Plan Amendments prior to the submission to CMS.**

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:

[Redacted Signature]

13. TYPED NAME:  
**Bruce Greenstein**

14. TITLE:  
**Secretary**

15. DATE SUBMITTED:  
**June 15, 2012**

16. RETURN TO:

**Don Gregory, Medicaid Director  
State of Louisiana  
Department of Health and Hospitals  
628 N. 4<sup>th</sup> Street  
PO Box 91030  
Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **19 June, 2012**

18. DATE APPROVED: **14 September, 2013**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**1 April, 2012**

20. SIGNATURE OF REGIONAL OFFICIAL:  
[Redacted Signature]

21. TYPED NAME:  
**Bill Brooks**

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

23. REMARKS: