

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1301 Young Street, Room 833  
Dallas, Texas 75202



**Division of Medicaid & Children's Health, Region VI**

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September 30, 2010

Our Reference: SPA LA 10-35

Mr. Don Gregory, State Medicaid Director  
Department of Health and Hospitals  
Bienville Building  
628 North 4<sup>th</sup> St.  
P.O. Box 91030  
Baton Rouge, LA 70821-9030  
Attention: Allyson Lamy

Dear Mr. Gregory:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 10-35. This state plan amendment changes the signature authority on the HCFA Form 179 for submitting changes to the state plan.

In the future, when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's tribal consultation process for the SPA. Pursuant to section 1902 (a) (73) of the Act added by section 5006 (e) of the Recovery and Reinvestment Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state.

Transmittal Number 10-35 is approved with an effective date of September 13, 2010 as requested. A copy of the HCFA – 179, Transmittal No. 10-35 dated September 16, 2010 is enclosed along with the approved plan pages.

If you have any questions please contact Ford J. Blunt III at (214) 767-6381.

Sincerely,

Bill Brooks  
Associate Regional Administrator

Enclosures