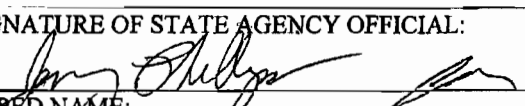
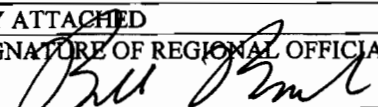


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  <b>11-40</b>	2. STATE  <b>Louisiana</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING 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 440.50</b> <b>42 CFR 447 Subpart A</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> \$612,731 <del>\$601.24</del> b. FFY <u>2013</u> \$778,457 <del>\$761.01</del>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-A Item 5, Page 1b</b> <b>Attachment 3.1-A Item 5, 1b(1)</b> <b>Attachment 4.19-B Item 5, Page 2b(1)</b> <b>Attachment 4.19-B, Item 4b, Page 1m</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Same (TN 11-02)</b> <b>None (New Page)</b> <b>Same (TN 11-02)</b> <b>None (Pending TN 11-39)</b>	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to establish the program criteria and reimbursement methodology for fluoride varnish applications rendered to Medicaid recipients in the Professional Services Program.			
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>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: <b>Pen and Ink change made per State's E-mail dated 12/19/11 requesting change to Budget Impact Blocks 7a 7 7b</b>			