

Revision: HCFA-PM-97-4  
AUGUST 1991

(BPD)

OMB No. 0938-

State/Territory: LOUISIANA

Citation

7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide the opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

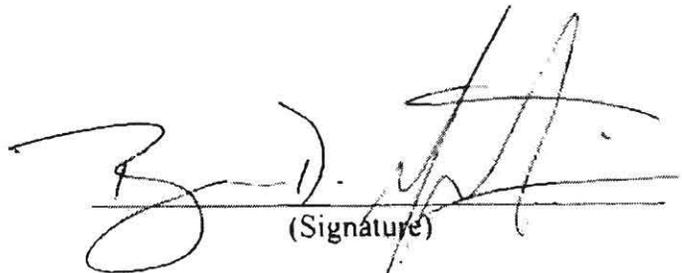
- Not applicable. The Governor - -
- Does not wish to review state plan material.
- Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

DEPARTMENT OF HEALTH AND HOSPITALS

(Designated Single State Agency)

Date: 9/13/2010

  
\_\_\_\_\_  
(Signature)

SECRETARY  
\_\_\_\_\_  
(Title)

STATE	<u>Louisiana</u>
DATE REC'D	<u>9-24-10</u>
DATE APP'VD	<u>9-30-10</u>
DATE EFF	<u>9-13-10</u>
HCFA 179	<u>10-35</u>

TN# 10-35 Approval Date 9-30-10 Effective Date 9-13-10

Supersedes

TN# 10-34

SUPERSEDES: TN# 10-34