

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

November 10, 2015

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

**RE: Louisiana Title XIX State Plan
Transmittal No. 15-0029**

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kathy H. Kliebert", with the words "Approved" and "FK" written in blue ink to the right of the signature.

Kathy H. Kliebert
Secretary

Attachments (2)

KHK:WJR:JH

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

15-0029

2. STATE

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

December 1, 2015

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:

42 CFR 447, Subparts B & F

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 \$0

b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Item 13.d, Pages 5 and 6

Attachment 3.1-A, Item 13.d, Pages 7 and 8

Attachment 4.19-B, Item 13.d, Page 4

Attachment 4.19-B, Item 13.d, Page 4a

Attachment 4.19-B, Item 13.d, Page 4b

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (*If Applicable*):

SAME (TN 11-10)

NONE – New Pages

SAME (TN 13-38)

SAME (TN 13-19)

NONE – New Page

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing substance abuse services to: 1) update the terminology and service criteria; 2) revise the provisions governing provider certification; and 3) revise the reimbursement methodology for children's services to reflect the integration of specialized behavioral health services into Bayou Health by establishing a capitated rate for recipients enrolled in one of the managed care organizations (MCOs). The non-risk reimbursement methodology will continue to be utilized for children/youth enrolled in the coordinated system of care (CSoC) through a CSoC contractor.**

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:



13. TYPED NAME:

Kathy H. Kliebert

14. TITLE:

Secretary

15. DATE SUBMITTED:

November 10, 2015

16. RETURN TO:

J. Ruth Kennedy, Medicaid Director

State of Louisiana

Department of Health and Hospitals

628 N. 4th Street

P.O. Box 91030

Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION

Rehabilitation Services

42 CFR 440.130(d)

Substance Use Disorders Services

The Medicaid program provides coverage under the Medicaid State Plan for substance use disorders (SUD) services rendered to children and adults. SUD services rendered shall be those services which are medically necessary to reduce the disability resulting from the illness and to restore the individual to his/her best possible functioning level in the community. Children and adults who meet Medicaid eligibility and clinical criteria shall qualify to receive medically necessary SUD services. Qualifying children and adults with an identified SUD diagnosis shall be eligible to receive SUD services.

The agency or individual who has the decision making authority for a child or adolescent in state custody must approve the provision of services to the recipient. Children who are in need of SUD services shall be served within the context of the family and not as an isolated unit.

These services include an array of individual centered outpatient, intensive outpatient, and residential services consistent with the individual's assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance use symptoms and behaviors. Services should address an individual's major lifestyle, attitudinal and behavioral problems that have the potential to undermine the goals of treatment.

Outpatient services may be indicated as an initial modality of service for an individual whose severity of illness warrants this level of treatment, or when an individual's progress warrants a less intensive modality of service than they are currently receiving. Intensive outpatient treatment is provided any time during the day or week and provides essential skill restoration and counseling services.

Outpatient, intensive outpatient, and residential services are delivered on an individual or group basis in a wide variety of settings, including treatment in residential settings of 16 beds or less, designed to help individuals achieve changes in their substance use behaviors.

TN _____ Approval Date _____ Effective Date _____
Supersedes
TN _____

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MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Rehabilitation Services

42 CFR 440.130(d)

Limitations:

These SUD services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid eligible individuals with significant functional impairments resulting from an identified addiction diagnosis. Services are subject to prior approval, must be medically necessary and must be recommended by a licensed mental health practitioner or physician, who is acting within the scope of his/her professional license and applicable state law, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

The activities included in the service must be intended to achieve identified treatment plan goals or objectives. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of rehabilitative services. The treatment plan should identify the medical or remedial services intended to reduce the identified condition as well as the anticipated outcomes of the individual. The treatment plan must specify the frequency, amount and duration of services. The treatment plan must be signed by the licensed mental health practitioner or physician responsible for developing the plan with the participant (or authorized representative) also signing to note concurrence with the treatment plan.

The plan will specify a timeline for re-evaluation of the plan that is at least an annual redetermination. The reevaluation should involve the individual, family and providers and include a reevaluation of plan to determine whether services have contributed to meeting the stated goals. A new treatment plan should be developed if there is no measureable reduction of disability or restoration of functional level. The new plan should identify different rehabilitation strategies with revised goals and services. Providers must maintain medical records that include a copy of the treatment plan, the name of the individual, dates of services provided, nature, content and units of rehabilitation services provided, and progress made toward functional improvement and goals in the treatment plan.

Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the youth's medical record. Components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual are not eligible for Medicaid reimbursement.

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CITATION Rehabilitation Services

42 CFR 440.130(d)

Services provided at a work site must not be job tasks oriented and must be directly related to treatment of an individual's needs. Any services or components of services the basic nature of which are to supplant housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry services) are non-covered. Services cannot be provided in an institute for mental disease (IMD). Room and board is excluded from any rates provided in a residential setting.

The American Society of Addiction Medicine (ASAM) levels of care require prior approval and reviews on an ongoing basis as determined necessary by Department of Health and Hospitals (DHH) to document compliance with the national standards.

Unless otherwise specified, a unit of service is defined according to the Healthcare Common Procedure Coding System (HCPCS) approved code set.

Provider qualifications:

All services shall be delivered in accordance with federal and state laws and regulations, the provider manual, and other notices or directives issued by the Department.

Providers of SUD services shall ensure that all services are authorized and any services that exceed established limitations beyond the initial authorization are approved for re-authorization prior to service delivery.

Anyone providing SUD services must operate within their scope of practice license. Providers shall meet the provisions of the provider manual and the appropriate statutes.

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CITATION

Rehabilitation Services

42 CFR 440.130(d)

Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a High School or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved guidelines. Anyone who is unlicensed providing addiction services must be registered with the Addictive Disorders Regulatory Authority and demonstrate competency as defined by DHH, state law (ACT 803 of the Regular Legislative Session 2004) and regulations. State regulations require supervision of unlicensed professionals by a qualified professional supervisor (QPS). A QPS includes the following professionals who are currently registered with their respective Louisiana board:

- a. licensed psychologists;
- b. licensed clinical social workers;
- c. licensed professional counselors;
- d. licensed addiction counselors;
- e. licensed physicians; and
- f. advanced practice registered nurses.

The following professionals may obtain QPS credentials:

- a. a masters-prepared individual who is registered with the appropriate state board and under the supervision of a licensed psychologist;
- b. licensed professional counselor (LPC); or
- c. licensed clinical social worker (LCSW).

The QPS can provide clinical/administrative oversight and supervision of staff.

Residential addiction treatment facilities shall be accredited by an approved accrediting body and maintain such accreditation. Denial, loss of or any negative change in accreditation status must be reported to the MCO or CSoC contractor, in writing, within the time limit established by the Department.

TN _____ Approval Date _____ Effective Date _____
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TN _____

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Rehabilitation Health Services
42 CFR 440.130 (d)

Substance Use Disorders Services Reimbursement Methodology

Effective for dates of service on or after March 1, 2012, reimbursements for services are based upon a Medicaid fee schedule established by the State of Louisiana. The reimbursement rates for physician services rendered under the Louisiana Behavioral Health Partnership (LBHP) shall be a flat fee for each covered service as specified on the established Medicaid fee schedule. The reimbursement rates shall be based on a percentage of the Louisiana Medicare Region 99 allowable for a specified year.

- If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay Psychologists and APRNs at 80 percent of the LBHP physician rates. If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay LCSWs, LPCs, LMFTs, and LAC's as well as qualified unlicensed practitioners delivering substance abuse services at 70 percent of the LBHP physician rates.
- Where Medicare fees do not exist for a covered code, the fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the Plan are available to individuals at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act 42 CFR 447.200, regarding payments and consistent with economy, efficiency and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.
- Except as otherwise noted in the Plan, the State-developed fee schedule is the same for both governmental and private individual providers. The Agency's fee schedule rate was set as of August 1, 2011 and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com.

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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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CITATION Rehabilitation Health Services
42 CFR 440.130 (d)

- The fee development methodology will primarily be composed of provider cost modeling, though Louisiana provider compensation studies, cost data and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development.
 - 1) Staffing Assumptions and Staff Wages
 - 2) Employee-Related Expenses – Benefits, Employer Taxes (e.g., FICA, unemployment, and workers compensation)
 - 3) Program-Related Expenses (e.g., supplies)
 - 4) Provider Overhead Expenses
 - 5) Program Billable Units

- The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for outpatient substance use disorders (SUD) services provided to children/adolescents shall be reduced by 1.44 percent of the rates in effect on June 30, 2012.

Effective for dates of service on or after April 20, 2013, the reimbursement for behavioral health services rendered by a physician under the LBHP shall be 75 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients.

Effective for dates of service on or after September 1, 2013, the reimbursement for procedure codes 90791, 90792, 90832, 90834, and 90837 shall be excluded from the January 2013 Medicare rate changes and shall remain at the Medicaid fee schedule on file as of December 31, 2012.

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STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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CITATION **Rehabilitation Health Services**
42 CFR 440.130 (d)

Effective for dates of service on or after December 1, 2015, substance use disorders services shall be reimbursed as follows:

- Reimbursement for services shall be based upon the established Medicaid fee schedule for SUD services rendered to recipients enrolled with the Coordinated System of Care (CSoC) contractor. The fee schedule is published on the Medicaid provider website at www.lamedicaid.com.
- Monthly capitation payments shall be made by the Department, or its fiscal intermediary, to the managed care organizations (MCOs) for recipients enrolled in the MCOs. The capitation rates paid to MCOs shall be actuarially sound rates and the MCOs will determine the rates paid to its contracted providers. No payment shall be less than the minimum Medicaid rate.

TN _____
Supersedes
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Effective Date _____

The newspapers of **Louisiana** make public notices from their printed pages available electronically in a single database for the benefit of the public. This enhances the legislative intent of public notice - keeping a free and independent public informed about activities of their government and business activities that may affect them. Importantly, Public Notices now are in one place on the web (www.PublicNoticeAds.com), not scattered among thousands of government web pages.

County: Terrebonne
Printed In: The Courier
Printed On: 2015/05/04

LA SPA TN 15-0029

X000393325, Publication 05/04/2015
PUBLIC NOTICE

Department of Health and Hospitals
Bureau of Health Services Financing and
Office of Behavioral Health

Louisiana Behavioral Health Partnership

The Department of Health and Hospitals provides a comprehensive system for behavioral health services to eligible children and adults through the Louisiana Behavioral Health Partnership under the authority of Sections 1915(b), 1915(c), and 1915(i) of Title XIX of the Social Security Act. Effective December 1, 2015 the implementation of behavioral health services will transition from a single statewide management organization to an integrated behavioral and physical health model which will be administered by the five Bayou Health managed care organizations.

One of our primary goals with Bayou Health is to create better coordination of care and the integration of behavioral health services with other acute care services as the best way for us to meet the health care needs of Louisiana residents. The specialized behavioral health services will be coordinated along with the physical health services managed by Bayou Health plans. The primary purpose of integration is to care for the individual as a whole person rather than compartmentalizing types of services by the provider type. Integrating responsibility for coordinating these services into one entity allows us to better manage an individual's care to promote improvements for both physical and behavioral health care. In addition, certain children with special health care needs that were voluntarily enrolled in managed care will now be mandatory enrollees under the new integrated model.

The department hereby gives public notice of its intent to submit to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), amendments to the 1915(b) Behavioral Health Services Waiver, 1915(c) Coordinated System of Care Waiver, the 1932(a) State Plan authority (which will replace the single statewide management organization with the Bayou Health MCOs), the 1915(i) Behavioral Health section of the State Plan, the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program section of the State Plan, and the associated reimbursement pages of the Medicaid State Plan to: 1) exclude coverage of the medically needy spend down population; 2) revise the payment methodology for children's services to include a per member per month actuarially sound risk-adjusted rate; 3) add crisis stabilization and therapeutic foster care services to the Medicaid State plan; 4) update the quality improvement strategy performance measures in the 1915(c) Waiver and the 1915(i) State Plan; 5) change language in the outpatient reimbursement pages of the State Plan to allow Medicaid coverage of methadone treatment for persons diagnosed with substance use disorder; and 6) update language in the associated reimbursement pages of the State Plan to clarify when annual cost reports must be submitted to the Department by psychiatric residential treatment facility (PRTF) and therapeutic group home (TGH) providers.

Implementation of these provisions may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this public notice. The draft version of the 1915(c) and corresponding State Plan amendments will be available for online viewing at <http://new.dhh.louisiana.gov/index.cfm/subhome/43>. The deadline for receipt of all written comments is June 6, 2015 by 4:30 p.m.

Kathy H. Kliebert
Secretary

Public Notice ID:



State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

May 4, 2015

Karen Matthews, Health Director
Chitimacha Health Clinic
3231 Chitimacha Trail
Jeanerette, LA 70544

Angela Martin
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Anita Molo
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Marshall Pierite, Chairman
Misty Hutchby, Health Director
Tunica-Biloxi Tribe of Louisiana
P. O. Box 1589
Marksville, LA 71351-1589

Lovelin Poncho, Chairman
Paula Manuel, Health Director
Coushatta Tribe of Louisiana
P. O. Box 818
Elton, LA 70532

Chief Beverly Cheryl Smith
Holly Vanhoozen, Health Director
The Jena Band of Choctaw Indians
P. O. Box 14
Jena, LA 71342

Dear Louisiana Tribal Contact:

RE: Notification of Integrated Behavioral Health and Physical Health Managed Care Model

In compliance with the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009, the Department of Health and Hospitals, Bureau of Health Services Financing is taking this opportunity to notify you of our proposal to transition the delivery of behavioral health services from a single statewide management organization to an integrated behavioral and physical health managed care model which will be administered by the five Bayou Health managed care organizations. This transition may have an impact on your tribe.

One of the primary goals with Bayou Health is to create better coordination of care, and the integration of behavioral health services with other acute care services is the best way for us to meet the health care needs of Louisiana residents. The specialized behavioral health services will be coordinated along with the physical health services managed by Bayou Health plans. The primary purpose of integration is to care for the individual as a

whole person rather than compartmentalizing types of services by the provider type. Integrating responsibility for coordinating these services into one entity allows the Department to better manage an individual's care to promote improvements for both physical and behavioral health care. In addition, certain children with special health care needs that were voluntarily enrolled in managed care will now be mandatory enrollees under the new integrated model.

To secure federal approval for the proposed integration, the Department intends to submit to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), amendments to the:

- 1915(b) Behavioral Health Services Waiver;
- 1915(c) Coordinated System of Care Waiver;
- 1932(a) State Plan authority;
- 1915(i) Behavioral Health section of the Medicaid State Plan;
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program section of the Medicaid State Plan; and
- Associated reimbursement pages of the Medicaid State Plan.

Upon CMS approval of the afore-mentioned authorities, the integration will allow the Medicaid Program to:

1. Exclude coverage of the Spend-Down Medically Needy population;
2. Revise the payment methodology for children's special services to include a per member per month actuarially sound risk-adjusted rate;
3. Add crisis stabilization and therapeutic foster care services to the Medicaid State Plan;
4. Update the quality improvement strategy performance measures in the 1915(c) waiver and the 1915(i) State Plan;
5. Change language in the outpatient reimbursement pages of the Medicaid State Plan to allow Medicaid coverage of methadone treatment for persons diagnosed with substance use disorder; and
6. Update language in the associated reimbursement pages of the Medicaid State Plan to clarify when annual cost reports must be submitted to the Department by psychiatric residential treatment facility and therapeutic group home providers.

Please provide any comments you may have by June 3, 2015 to Mrs. Darlene Budgewater via email to Darlene.Budgewater@la.gov or by postal mail to:

Department of Health and Hospitals
Bureau of Health Services Financing
Medicaid Policy and Compliance
P.O. Box 91030
Baton Rouge, LA 70821-9030

Integrated Behavioral Health Tribal Notice
May 4, 2015
Page 3

Should you have additional questions about Medicaid policy, Ms. Budgewater will be glad to assist you. You may reach her by email or by phone at (225) 342-3881. Thanks for your continued support of the tribal consultation process.

Sincerely,

M. Roberta Diaz
for J. Ruth Kennedy
Medicaid Director

JRK/DAB/KS

c: Ford J. Blunt, III
Jeanne Levelle
Stacie Shuman