

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

1. TRANSMITTAL NUMBER:
10-005

2. STATE
Indiana

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
July 1, 2010

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 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 2010 (\$ 10.0 million)

b. FFY 2011 (\$ 40.9 million)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Addendum Pages 8, 8a, 8b, 8c

Attachment 3.1-A, Addendum Page 9, 9a, 9b, 9c

Attachment 3.1-A, Addendum Page 10, 10a, 10b

Attachment 4.19B page 5a *per state*

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A, Addendum Page 8

Attachment 3.1-A, Addendum Page 9

Attachment 3.1-A, Addendum Page 10

Attachment 4.19B page 5a *per state*

10. SUBJECT OF AMENDMENT:

Revises Mental Health Rehabilitation Option (MRO) service definitions.

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:

Indiana's Medicaid State Plan does not require the
Governor's review. See Section 7.4 of the State Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

PCasanova

13. TYPED NAME: Patricia Casanova

14. TITLE: Director of Medicaid

15. DATE SUBMITTED: March 5, 2010

16. RETURN TO:

Patricia Casanova

Director of Medicaid

Indiana Office of Medicaid Policy and Planning

402 West Washington Street, Room W382

Indianapolis, IN 46204

ATTN: Jennifer Jenvey, Interim State Plan Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 5, 2010

18. DATE APPROVED: August 8, 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07-01-10

20. SIGNATURE OF REGIONAL OFFICIAL:

Verlon Johnson, acty

21. TYPED NAME: Verlon Johnson

22. TITLE: Associate Regional Administrator

23. REMARKS: