

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**Center for Medicaid , CHIP, and Survey & Certification**

---

Ms. Patricia Casanova, Director of Medicaid  
Indiana Office of Medicaid Policy and Planning  
402 West Washington Street, Room W382  
Indianapolis, IN 46204

AUG - 5 2010

RE: TN 10-006

Dear Ms. Casanova:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 10-006. Effective for services on or after October 1, 2010, this amendment proposes conforming changes to the State plan to comport with Federal requirements for long term care facilities, specifically implementing version 3.0 of the Minimum Data Set (MDS). Additionally, this amendment increases the percentage that the administrative component, of the Medicaid reimbursement rate, is reduced because of unsupported resident assessment data.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 10-006 is approved effective October 1, 2010. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Todd McMillion at (608) 441-5344.

Sincerely,

A handwritten signature in black ink that reads "Bill Pezardi". The signature is written in a cursive style with a large initial "B".

o

Cindy Mann  
Director

Center for Medicaid, CHIP, and Survey & Certification (CMCS)