TRANSMITTAL AND NOTICE OF APPROVAL OF		
	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	10-015	Indiana
	3. PROGRAM IDENTIFICATION: TIT	T E XIX OF THE
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICA	
	Soon E Section 1 Not (Medica	inb)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	October 1, 2010	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
3. I II E of I Exit Will Edital (Check One).		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE O	CONSIDERED AS NEW PLAN	N AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Section 1932(a) of the Social Security Act	a. FFY 2011 \$ 7 9,781,951	.12 Zet M
	b. FFY 2012 \$ -115,058,10	9.25 Zero 3-21-11
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
	OR ATTACHMENT (If Applicable):	
Attachment 3.1 F, Pages 1-26	OKTITITION (I) Inplication	VZguest 3/22
readmining 5.11, 1 ages (-20	None	12
	None	
10. SUBJECT OF AMENDMENT:		
The SPA seeks to move select 1915(b) populations to State Plan services	under 1932(a)	
The service to me to detect to to (o) populations to state I tall bet vices	under 1552(u)	
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPECI	FIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	-	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	AL Indiana's Medicaid State Plan does not require the	
		Plan does not require the
12 SIGNATURE OPETATE AGENCY OFFICIAL:	Governor's review. See Sec	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	Governor's review. See Sec 16. RETURN TO:	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	Governor's review. See Sec 16. RETURN TO: Patricia Casanova	
	Governor's review. See Sec 16. RETURN TO: Patricia Casanova Director of Medicaid	ction 7.4 of the State Plan
- P Casanora	Governor's review. See Sec 16. RETURN TO: Patricia Casanova Director of Medicaid Indiana Office of Medicaid Policy and I	ction 7.4 of the State Plan
13. TYPED NAME: Patricia Casanova	Governor's review. See Second 16. RETURN TO: Patricia Casanova Director of Medicaid Indiana Office of Medicaid Policy and I 402 West Washington Street, Room W3	ction 7.4 of the State Plan
- P Casanora	Governor's review. See Sec 16. RETURN TO: Patricia Casanova Director of Medicaid Indiana Office of Medicaid Policy and I	ction 7.4 of the State Plan
13. TYPED NAME: Patricia Casanova 14. TITLE: Director of Medicaid	Governor's review. See Second 16. RETURN TO: Patricia Casanova Director of Medicaid Indiana Office of Medicaid Policy and I 402 West Washington Street, Room W3	Planning
13. TYPED NAME: Patricia Casanova 14. TITLE: Director of Medicaid 15. DATE SUBMITTED:	Governor's review. See Second 16. RETURN TO: Patricia Casanova Director of Medicaid Indiana Office of Medicaid Policy and I 402 West Washington Street, Room Wallindianapolis, IN 46204	Planning
13. TYPED NAME: Patricia Casanova 14. TITLE: Director of Medicaid 15. DATE SUBMITTED: 12-30-10	Governor's review. See Second 16. RETURN TO: Patricia Casanova Director of Medicaid Indiana Office of Medicaid Policy and I 402 West Washington Street, Room Wallindianapolis, IN 46204 ATTN: Bridget McLaughlin, State Plan	Planning
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13. TYPED NAME: Patricia Casanova 14. TITLE: Director of Medicaid 15. DATE SUBMITTED: 12-30-10 FOR REGIONAL OF 17. DATE RECEIVED: 12-30-10	Governor's review. See Second 16. RETURN TO: Patricia Casanova Director of Medicaid Indiana Office of Medicaid Policy and Identification of Medica	Planning 382 1 Coordinator
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13. TYPED NAME: Patricia Casanova 14. TITLE: Director of Medicaid 15. DATE SUBMITTED: 12-30-10 FOR REGIONAL OF 17. DATE RECEIVED: 12-30-10 PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL:	Governor's review. See Second 16. RETURN TO: Patricia Casanova Director of Medicaid Indiana Office of Medicaid Policy and Identification of Medica	Planning 382 a Coordinator
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