

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 10-015	2. STATE Indiana
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 October 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1932(a) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2011      \$ <del>79,781,951.12</del> Zero <i>✓</i> b. FFY 2012      \$ <del>115,058,109.25</del> Zero 3-21-11	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1 F, Pages 1-26		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None <i>Per State request. 3/22/11</i>	
10. SUBJECT OF AMENDMENT: The SPA seeks to move select 1915(b) populations to State Plan services under 1932(a)			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <b>Indiana's Medicaid State Plan does not require the Governor's review. See Section 7.4 of the State Plan</b>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Patricia Casanova</i>		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: Bridget McLaughlin, State Plan Coordinator	
13. TYPED NAME: Patricia Casanova			
14. TITLE: Director of Medicaid			
15. DATE SUBMITTED: 12-30-10			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 12-30-10		18. DATE APPROVED: 03-25-11	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10-01-10		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Verlon Johnson</i>	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			