HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER:	1 7 6 1 7 1 6
TRANSMITTAL AND NOTICE OF APPROVAL OF	I. IRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		Indiana
	11-003	
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICAID)	
	SOCIAL SECORITI ACT (MEDIC	AID)
TO DEGLOVAL ADMINISTRATION	4. PROPOSED EFFECTIVE DATE	
TO: REGIONAL ADMINISTRATOR		
HEALTH CARE FINANCING ADMINISTRATION	July 1, 2011	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
J. TIPL OF TEAN WATERIAL (Check Only).		
	CONCIDED AS NEW DIAN	
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 440.70 and 42 CFR 441.15	a. FFY 2011 (\$ 1,060 Th	ousands)
42 CFR 440.70 and 42 CFR 441.13		
	b. FFY 2012 (\$ 7,190 Th	iousanus)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	SEDED PLAN SECTION
	OR ATTACHMENT (If Applicable)	):
Augustus and A 10D mags 25 1		
Attachment 4.19B page 3c.1	Aug - house 4 10D mags 2s 1	
Attachment 3.1A Addendum page 4	Attachment 4.19B page 3c.1	
Attachment 3.1A Addendum page 5	Attachment 3.1A Addendum page 4	
	Attachment 3.1A Addendum page 5	
10. SUBJECT OF AMENDMENT:		
Extension of the 5% rate reduction to Medicaid payments made to Home	e Health providers for dates of service beg	ginning July 1, 2011 and
		•
ending June 30, 2013		
West Control of the C		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	🖾 OTHER, AS SPEC	CIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
	T T	
	indiana's Medicaid State	e Plan does not require the
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		e Plan does not require the
	Governor's review. See S	e Plan does not require the ection 7.4 of the State Plan
12. SIGNATURE OF STATE AGENCY OFFICIAL:	Governor's review. See S	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	Governor's review. See S  16. RETURN TO: Patricia Casanova	
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