

DEC 19 2011

Ms. Patricia Casanova
Director of Medicaid
Indiana Office of Medicaid Policy and Planning
402 W. Washington Street, Room W382
Indianapolis, IN 46204-2739

ATTN: Audie Gilmer

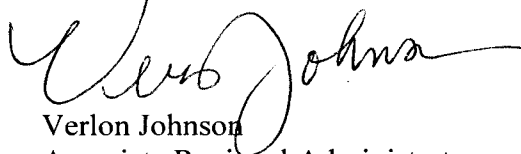
Dear Ms. Casanova:

We are approving the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 11-003. This amendment extends the 5% rate reduction for Home Health services as approved in IN 10-002 that had a sunset of June 30, 2011. Enclosed for your records is a copy of the approved State Plan Amendment (SPA) and finalized Form-179.

Please note, CMS is approving IN 11-003 in recognition that IN 11-017 was submitted to include the missing reimbursement methodology for medical supplies & equipment, which is a required component of home services as found in the regulations implemented at 42 CFR part 440.70.

If you have any questions, please have a member of your staff contact Catherine Leonis at 312-886-5211 or Catherine.Leonis@cms.hhs.gov.

Sincerely,



Verlon Johnson
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure