

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

JUN 22 2011

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

RE: TN 11-004

Dear Ms. Casanova:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 11-004. Effective for services on or after July 1, 2011 this amendment extends the 3% reduction in Medicaid reimbursement to large private intermediate care facilities for the mentally retarded (ICF/MR) and community residential facilities for the developmentally disabled (CFR/DD) for dates of service July 1, 2011 through June 30, 2013.

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 hereby inform you that Medicaid State plan amendment 11-004 is approved effective July 1, 2011. 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,


Cindy Mahn,
Director, CMCS