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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 11-013 | 2. STATE Indiana |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 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 July 1, 2011 | |
| 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: 42 CFR 441.18(a) | | 7. FEDERAL BUDGET IMPACT: a. FFY 2011 (\$ 70 Thousand) b. FFY 2012 (\$ 460 Thousand) | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 8 Attachment 3.1-A Supplement 1 Pages 1 - 19 Attachment 4.19B Pages 4 and 4a | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Page 8 Attachment 3.1-A Supplement 1 Pages 1 - 19 Attachment 4.19B Pages 4 and 4a | |

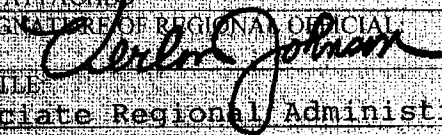
10. SUBJECT OF AMENDMENT:
This amendment seeks to eliminate Targeted Case Management services for Individuals with HIV, Pregnant Woman, Persons Identified as Seriously Mentally Ill or Seriously Emotionally Disturbed, Low Functioning Severely and Persistently Mentally Ill Adults Needing Assertive Community Treatment (ACT), Individuals with Developmental Disabilities, and Case Management for Elderly or Disabled Individuals Diverted/Deinstitutionalized from Nursing Facilities from the State Plan.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Indiana's Medicaid State Plan does not require the Governor's review. See Section 7.4 of the State Plan

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 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: Jennifer Jenvey, State Plan Coordinator |
| 13. TYPED NAME: Patricia Casanova | |
| 14. TITLE: Director of Medicaid | |
| 15. DATE SUBMITTED: 6/30/2011 | |

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| FOR REGIONAL OFFICE USE ONLY | |
| 17. DATE RECEIVED: JUN 30 2011 | 18. DATE APPROVED: FEB 28 2012 |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF AMENDMENT: JUL 1 2011 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Verlon Johnson | 22. TITLE: Associate Regional Administrator |
| 23. REMARKS: | |