

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-014	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 March 23, 2010 7/01/11 <i>As state request</i>	
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: 1905(o)(1) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$ 80,000 b. FFY 2012 \$ 330,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A Page 7 Attachment 3.1A Addendum Page 11		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1A Page 7 Attachment 3.1A Addendum Page 11	
10. SUBJECT OF AMENDMENT: The attached pages offer affirmation that the State of Indiana does not prohibit curative treatment upon the election of the hospice benefit by or on behalf of a Medicaid or CHIP eligible child.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Indiana's Medicaid State Plan does not require the Governor's review. See Section 7.4 of the State Plan	
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: Audie Gilmer, State Plan Coordinator	
13. TYPED NAME: Patricia Casanova			
14. TITLE: Director of Medicaid			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 08-19-11		18. DATE APPROVED: 4/10/2011 NOV 10 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 03-23-11 7/01/11 <i>As state request</i>		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Ala Freund</i>	
21. TYPED NAME: Verlon Johnson		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			