

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

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

JUN 21 2011

RE: TN 11-001


Dear Ms. Casanova:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 11-001. Effective for services on or after July 1, 2011 this amendment reduces Medicaid per diem reimbursement to nursing facilities by 5% 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 11-006 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,


2 Cindy Mann
Director, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1. TRANSMITTAL NUMBER:

11-001

2. STATE

Indiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2011

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(a)(13) of the Social Security Act (42 USC 1396a(a)(13))
and 42 CFR 447, Subpart C

7. FEDERAL BUDGET IMPACT:

a. FFY 2011 (\$ 8.12 Million)

b. FFY 2012 (\$ 46.07 Million)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19d, Page 44B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

New Page

10. SUBJECT OF AMENDMENT:

Reduce Medicaid per diem reimbursement to Nursing Facilities by 5% for dates of service July 1, 2011 through June 30, 2013.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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 REPRESENTATIVE:

13. TYPED NAME: Patricia Casanova

14. TITLE: Director of Medicaid

15. DATE SUBMITTED:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

06-21-11

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July - 1 2011

20.

21. TYPED NAME: William Lasowski

22. TITLE:

Deputy Director, CMCS

23. REMARKS:

405 IAC 1-14.6-26 Rate Reduction

Sec. 26. (a) Notwithstanding all other provisions of this rule, for the period beginning July 1, 2011, and continuing through June 30, 2013, all rates that have been calculated under this rule shall be reduced by five percent (5%) per resident per day.

TN: 11-001
Supercedes
TN: New

Approval Date: JUN 21 2011 Effective Date: 7/1/2011