

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

1. TRANSMITTAL NUMBER:  
12-003

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, 2013~~  
October 1, 2013 *EX per 9/20/13 email from state*

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:  
42 CFR 430.12 (c)(i) *Section 1915(i) of the Social Security Act*  
*Section 2402(b) through 2402(f) of the Affordable Care Act*  
*with 608b of the Deficit Reduction Act*

7. FEDERAL BUDGET IMPACT:  
a. FFY 2013 ~~\$450~~ (Thousands) *FFY 2013: 31,770 (Thousands)*  
b. FFY 2014 \$1,780 (Thousands) *EX per 9/20/13 email from state*

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
*Attachment 3.1-I Pages 1-86 41-124*  
*Attachment 3.1-G Pages 1-94*  
*Attachment 4.19-B Pages 9, 10, 11, 12*  
*EX per 9/20/13 email from the state*

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  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

10. SUBJECT OF AMENDMENT:  
Establishes a new §1915(i) State Plan Home and Community-Based Services benefit for Adults with Serious Mental Illness

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 AGENCY OFFICIAL:  
*Patricia Casanova DN*

13. TYPED NAME: Patricia Casanova

14. TITLE: Director of Medicaid

15. DATE SUBMITTED:  
May 22, 2012

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
May 22, 2012

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
October 1, 2013

21. TYPED NAME:  
Verlon Johnson

23. REMARKS:

18. DATE APPROVED:  
September 25, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:  
*Verlon Johnson*

22. TITLE:  
Associate Regional Administrator