

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

1. TRANSMITTAL NUMBER:  
13-004

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

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 440.30; 42 CFR 440.100; 42CFR 440.110; 42 CFR 440.120

7. FEDERAL BUDGET IMPACT:  
a. FFY 2014 (~~\$2,426 Thousands~~) ↓ 7278 thousands  
b. FFY 2015 ~~0 Thousands~~ ↓ 10,239 thousands

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Attachment 4.19-B, Page 1a.1  
Attachment 4.19-B, Page 1c.4a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  
  
Attachment 4.19-B, Page 1a.1  
Attachment 4.19-B, Page 1c.4a  
  
9/17/13  
email from  
the state

10. SUBJECT OF AMENDMENT:  
Extension of the 5% rate reduction for reimbursement of dental, therapy, vision, podiatry, laboratory, and radiology services for dates of service beginning July 1, 2011 and ending December 31, 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 AGENCY OFFICIAL:  


13. TYPED NAME: Patricia Casanova

14. TITLE: Director of Medicaid

15. DATE SUBMITTED: 6-27-13

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:  
June 27, 2013

18. DATE APPROVED:  
November 13, 2013

**PLAN APPROVED - ONE COPY ATTACHED**

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

20. SIGNATURE OF REGIONAL OFFICIAL:  
/s/

21. TYPED NAME:  
Alan Freund

22. TITLE:  
Acting Associate Regional Administrator

23. REMARKS: