

**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:**  
09-002

**2. STATE**  
Indiana

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

**4. PROPOSED EFFECTIVE DATE**  
July 1, 2009

**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 447.371

**7. FEDERAL BUDGET IMPACT:**

a. FFY 2009 \$ 473,824 \$ 480,164\*

b. FFY 2010 \$ 1,895,293 \$ 1,920,656\*

\*revised 8-14-2009 per question #4 of Informal RAI issued 7-21-2009

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**

Attachment 4.19 B, Page 3d.2 - 3d.3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

None

**10. SUBJECT OF AMENDMENT:**

Makes conforming changes to the State Plan to add an alternative payment methodology for FQHC  
integration of primary and behavioral health care services.

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

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

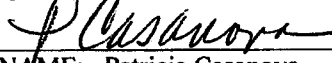
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ 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: Original SPA submission: 3-12-2009  
HCFA 179 revised: 8-14-2009**

**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: Bridget McLaughlin, State Plan Coordinator

**FOR REGIONAL OFFICE USE ONLY**

**17. DATE RECEIVED:**

March 12, 2009

**18. DATE APPROVED:**

SEP 25 2009

**PLAN APPROVED - ONE COPY ATTACHED**

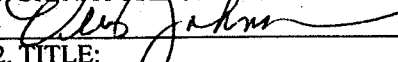
**19. EFFECTIVE DATE OF APPROVED MATERIAL:**

July 1, 2009

**21. TYPED NAME:**

Verlon Johnson

**20. SIGNATURE OF REGIONAL OFFICIAL:**



**22. TITLE:**

Associate Regional Administrator

**23. REMARKS:**