

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

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 447.40

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.16-C, Page 19 *Per state request*

1. TRANSMITTAL NUMBER:
10-013

2. STATE
Indiana

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

4. PROPOSED EFFECTIVE DATE
February 1, 2011

7. FEDERAL BUDGET IMPACT:

- a. FFY 2011 \$ (1.05 M)
b. FFY 2012 \$ (1.71 M)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.16-C, Page 19 *Per state request*

10. SUBJECT OF AMENDMENT:

Eliminate payment for Nursing Facility leave days.

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

13. TYPED NAME: Patricia Casanova

14. TITLE: Director of Medicaid

15. DATE SUBMITTED:

DECEMBER 17, 2010

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

17. DATE RECEIVED:

December 17, 2010

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

MAR - 4 2011

19. EFFECTIVE DATE OF APPROVED MATERIAL:

FEB - 1 2011

21. TYPED NAME:

Verlon Johnson

23. REMARKS:

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE:

Associate Regional Administrator