

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

1. TRANSMITTAL NUMBER:
11-017

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:
42 CFR 440.70(b)(3)

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 (\$ 780 Thousands)
b. FFY 2012 (\$ 4,920 Thousands)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19B Page 3c.3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Request

10. SUBJECT OF AMENDMENT:
This amendment seeks to revise the reimbursement methodology of DME and Hearing Aids as well as reduce the rates by 5% for services rendered between July 1, 2011 and June 30, 2013.

Medical Equipment

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:
PCasanova

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

13. TYPED NAME: Patricia Casanova

14. TITLE: Director of Medicaid

15. DATE SUBMITTED:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: *07-15-11*

18. DATE APPROVED: *03-08-12*

19. EFFECTIVE DATE OF APPROVED MATERIAL: *07-01-11*

20. SIGNATURE OF REGIONAL OFFICIAL: *Verdon Johnson*

21. TYPED NAME: *VERDON JOHNSON*

22. TITLE: *ASSOCIATE REGIONAL ADMINISTRATOR*

23. REMARKS: