

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

1. TRANSMITTAL NUMBER:  
11-021

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  
October 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.

7. FEDERAL BUDGET IMPACT:  
a. FFY 2011      \$0.00 Thousands  
b. FFY 2012      \$0.00 Thousands

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19D Pages 73, 74, 75, 90, 91, 117, 118, 119

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  
Attachment 4.19D Pages 73, 74, 75, 90, 91, 117, 118, 119

10. SUBJECT OF AMENDMENT:  
This amendment makes changes to the State plan to modify provider requirements during an audit, revise the related party definition and the requirement to receive a related party exception, and clarify the administrative reconsideration and appeals process.

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
**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:  


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: 12-29-11

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED: **MAR 28 2012**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: **OCT - 1 2011**

20. SIGNATURE OF REGIONAL OFFICIAL:  


21. TYPED NAME: Penny Thompson

22. TITLE: Deputy Director, CMCS

23. REMARKS: