

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**Center for Medicaid, CHIP, and Survey & Certification**

---

Ms. Patricia Casanova, Director of Medicaid  
Indiana Office of Medicaid Policy and Planning  
402 West Washington Street, Room W382  
Indianapolis, IN 46204

**MAR 28 2012**

RE: TN 11-021

Dear Ms. Casanova:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 11-021. Effective for services on or after October 1, 2011, this amendment proposes technical changes to the reimbursement methodology for private intermediate care facilities for the mentally retarded (ICF/MR) and community residential facilities for the developmentally disabled (CFR/DD). Specifically, this amendment clarifies cost reporting policy, revises the actions taken by the State in response to field audits finding inadequate or lack of supporting cost data, enhances the list of those considered to be immediate family for purposes of determining services provided by related parties, modify the requirements to receive a related party exception, and clarifies the administrative reconsideration and appeals process.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 11-021 is approved effective October 1, 2011. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Todd McMillion at (608) 441-5344.

Sincerely,

A handwritten signature in black ink, appearing to read "Cindy Mann". The signature is written in a cursive, flowing style.

Cindy Mann,  
Director, CMCS