

**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: 11-024  
2. STATE: Indiana

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

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 U.S.C. §§1905(a)(28) and 1905(l)(3)(A)-(C) of the Social Security Act.

7. FEDERAL BUDGET IMPACT:  
a. FFY 2011      \$10 Thousands  
b. FFY 2012      \$10 Thousands

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Attachment 3.1-A Page 11  
Attachment 3.1-A Addendum Page 14  
Attachment 4.19-B Page 2.0(a)

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

10. SUBJECT OF AMENDMENT:  
This amendment seeks to revise the state plan to add freestanding birthing centers and provide Medicaid coverage and reimbursement for services provided in those centers.

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:  
*Patricia Casanova*  
13. TYPED NAME: Patricia Casanova  
14. TITLE: Director of Medicaid  
15. DATE SUBMITTED: 12-6-2011

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: Audie Gilmer, State Plan Coordinator

**FOR REGIONAL OFFICE USE ONLY**  
17. DATE RECEIVED: December 6, 2011  
18. DATE APPROVED: MAR - 2 2012  
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2011  
20. SIGNATURE OF REGIONAL OFFICIAL: *Verlon Johnson*  
21. TYPED NAME: Verlon Johnson  
22. TITLE: Associate Regional Administrator

23. REMARKS: