

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	13-002	2. STATE Indiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2013	
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 440.70 and 42 CFR 441.15	7. FEDERAL BUDGET IMPACT: a. FFY 2014 (\$8,181 Thousands) ↓ 3463 thousands b. FFY 2015 (\$6,023 Thousands) ↓ 4015 thousands
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, page 3 Attachment 4.19B page 3c.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, page 3 Attachment 4.19B page 3c.1 per email on 9/16/13 Technical correction

state email on 9/10/13

10. SUBJECT OF AMENDMENT:
Extension of the 5% rate reduction to Medicaid payments made to Home Health providers effective for the period July 1, 2013-December 31, 2013 in addition to a decrease of the 5% rate reduction to 3% effective for the period January 1, 2014-June 30, 2015

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: <i>Patricia Casanova</i>	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
13. TYPED NAME: Patricia Casanova	
14. TITLE: Director of Medicaid	
15. DATE SUBMITTED: 6-18-13	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: June 18, 2013	18. DATE APPROVED: September 13, 2013
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Verlon Johnson</i>
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator
23. REMARKS:	