| HEALTH CARE FINANCING ADMINISTRATION | | 7 |
|---|---|--|
| TRANSMITTAL AND NOTICE OF APPROVAL OF | 1. TRANSMITTAL NUMBER: | 2. STATE |
| STATE PLAN MATERIAL | 08-007 | Indiana |
| STATE I LAN MATERIAL | | |
| | 3, PROGRAM IDENTIFICATION: TI | LE XIX OF THE |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | SOCIAL SECURITY ACT (MEDICAID) | |
| | SOCIAL SECURIT I ACT (MEDICALD) | |
| TO DECIONAL ADMINISTRATOR | 4. PROPOSED EFFECTIVE DATE | |
| TO: REGIONAL ADMINISTRATOR | | |
| HEALTH CARE FINANCING ADMINISTRATION | April July 1, 2009 | |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES | January 1, 2010 | |
| 5. TYPE OF PLAN MATERIAL (Check One): | | |
| | | |
| ☐ NEW STATE PLAN ☐ AMENDMENT TO BE O | CONSIDERED AS NEW PLAN | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | |
| | | i amenament) |
| 6. FEDERAL STATUTE/REGULATION CITATION: | 7. FEDERAL BUDGET IMPACT: | 2.502 |
| Section 1920 of the Act | a. FFY 2009 \$ 1.1 million \$44 | |
| Section 1902(a)(47) of the Act | b. FFY 2010 \$ 2.5 million \$1.5 | 8 million \$1,369,760 |
| | FFY 2011 \$ 1,917,190 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: | 9. PAGE NUMBER OF THE SUPERS | EDED PLAN SECTION |
| O, I I I O I I I I I I I I I I I I I I I | OR ATTACHMENT (If Applicable) | |
| | OKTI ITICIINIENI (IJ rappiicuote) | • |
| D 11 101(1) | D 11 101(h) | |
| Pages 11 and 21(b) | Pages 11 and 21(b) | |
| Attachment 2.2-A, Page 23 | Attachment 2.2-A, Page 23 | |
| Attachment 2.6-A, Page 25 | Attachment 2.6-A, Page 25 | |
| | | |
| 10 CVDVECT OF A CENTRALE | · | |
| 10. SUBJECT OF AMENDMENT: | | |
| Presumptive eligibility for pregnant women. | | |
| | | |
| | | |
| 11 COVERNORIC DEVIEW (Cl1 O) | - Walter Walter | |
| 11. GOVERNOR'S REVIEW (Check One): | M orugn Ac encor | EIED. |
| ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT | ☑ OTHER, AS SPECI | FIED: |
| ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | <u> </u> | |
| ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT | Indiana's Medicaid State | Plan does not require the |
| ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | <u> </u> | Plan does not require the |
| ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | Indiana's Medicaid State Governor's review. See Se | Plan does not require the |
| ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: | Indiana's Medicaid State Governor's review. See Se 16. RETURN TO: | Plan does not require the |
| GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: | Indiana's Medicaid State Governor's review. See Se 16. RETURN TO: Patricia Casanova | Plan does not require the |
| ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | Indiana's Medicaid State Governor's review. See Se 16. RETURN TO: Patricia Casanova Director of Medicaid | Plan does not require the ction 7.4 of the State Plan |
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| GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Patricia Casanova | Indiana's Medicaid State Governor's review. See Se 16. RETURN TO: Patricia Casanova Director of Medicaid Indiana Office of Medicaid Policy and 402 West Washington Street, Room Wi | Plan does not require the ction 7.4 of the State Plan |
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