Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 OMB No. 0938-

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

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State/Territory: INDIANA

<u>Citation</u>

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## As a condition for receipt of Federal funds under title XIX of the Social Security Act, the

42 CFR 430.10

## Office of Medicaid Policy and Planning (Single State Agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX' of the Act, and all applicable Federal regulations and other official issuances of the Department.

<b>TN NO.</b> $91-16$			$2 \rightarrow - 2$		
Supersedes	Approval	Date	2-13-12	Effective	Date <u>1-1-92</u>
TN No. <u>76-12</u>					
				HCFA ID:	7982E

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