

Alternative Benefit Plan

State Name: Indiana	Attachment 3.1-L-	OMB Control Number: 0938-1148
Transmittal Number: IN - 15 - 0025		OMB Expiration date: 10/31/2014
General Assurances		rate i de la composició ABP10
Economy and Efficiency of Plans		
The state/territory assures that Alternative Benefit Plan coverage requirements and other economy and efficiency principles that through which the coverage and benefits are obtained.		7
Economy and efficiency will be achieved using the same appro	oach as used for Medicaid sta	te plan services.
Compliance with the Law		
The state/territory will continue to comply with all other provis territory plan under this title.	sions of the Social Security A	ct in the administration of the state/
The state/territory assures that Alternative Benefit Plan benefit CFR 430.2 and 42 CFR 440.347(e).	s designs shall conform to the	e non-discrimination requirements at 42
The state/territory assures that all providers of Alternative Bendthe Base Benchmark Plan and/or the Medicaid state plan.	efit Plan benefits shall meet tl	ne provider qualification requirements of

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415

TN#: 15-0025

Indiana

ABP 10

Approval Date: 10/29/15

Effective Date: October 1, 2015