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State/Territory Name: Indiana

State Plan Amendments (SPA) #: IN-20-0012

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DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-01-16 Baltimore, MD 21244-1850



Children and Adults Health Programs Group

October 29, 2020

Allison Taylor Director of Medicaid Indiana Family and Social Services Administration 402 West Washington Street, Room W461, MS 25 Indianapolis, IN 46204

Dear Ms. Taylor:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number IN-20-0012-CHIP, submitted on August 11, 2020, has been approved. This amendment has an effective date of July 1, 2020.

Through this SPA, Indiana amends its previously approved Modified Adjusted Gross Income (MAGI) Methodology template by updating the budgeting methodology for accounting for reasonable and predictable changes in income. Specifically, the methodology will allow for prorating gross monthly income for temporary or seasonal employment. The state received approval for the same type of amendment under Medicaid SPA IN-20-0008, which was approved August 26, 2020. A copy of the approved CS15 state plan page is attached and to be incorporated into the state's approved CHIP state plan. This page supersedes the previous CS15 that was approved on January 15, 2014.

Your title XXI project officer is Ms. Dietrich Graham. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Graham's contact information is as follows:

> Centers for Medicare & Medicaid Services Center for Medicaid and CHIP Services 233 N. Michigan Avenue, Suite 600 Chicago, IL 60601 Telephone: (312) 353-9355

E-mail: Dietrich.Graham@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Acting Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely.

/signed Amy Lutzky/

Amy Lutzky Acting Deputy Director



CHIP Eligibility

State Name:	Indiana]	OMB Control Number: 0938-1148	
Transmittal 1	Number: IN - 20	- 0012	_		
Separate Child Health Insurance Program CS15					
MAGI-Ba	sed Income M	ethodologies			
2102(b)(1)(E	B)(v) of the SSA ar	nd 42 CFR 457.315			
The CHI below, a	P Agency will app nd consistent with	oly Modified Adjusted Gross Incom 42 CFR 457.315 and 435.603(b) th	e methodologies for all separate CHI rough (i).	P covered groups, as described	
based in	_		termined eligible for CHIP on or before 31, 2014 or the next regularly-schedu		
If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.					
In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:					
The pregnant woman is counted just as herself.					
The pregnant woman is counted just as herself, plus one.					
The pregnant woman is counted as herself, plus the number of children she is expected to deliver.					
Financial eligibility is determined consistent with the following provisions:					
When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.					
When determining eligibility for current beneficiaries, financial eligibility is based on:					
• Current monthly household income and family size.					
O	OProjected annual household income for the remaining months of the current calendar year and family size.				
In determining current monthly or projected annual household income, the state will use reasonable methods to:					
☑ Include a prorated portion of the reasonably predictable increase in future income and/or family size.					
Account for a reasonably predictable decrease in future income and/or family size.					
Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.					
Househo by the p	old income include erson claiming an	es actually available cash support, exindividual described at §435.603(f)	xceeding nominal amounts, provided (2)(i) as a tax dependent.	No	
The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.					
		An attachmer	nt is submitted.		

SPA# IN-20-0012 Approval Date: October 29, 2020 Effective Date: July 1, 2020



CHIP Eligibility

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 50 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.

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SPA# IN-20-0012 Approval Date: October 29, 2020 Effective Date: July 1, 2020