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**State Plan Amendment (SPA) #:** IN-25-0017 and KP/47/2239/EJ KR

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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**

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September 03, 2025

Director E. Mitchell Roob, Jr  
Acting Director of Medicaid  
Indiana Medicaid  
State of Indiana, Family and Social Services Administration  
402 West Washington Street, Room W461, MS 25  
Indianapolis, IN 46204

Dear Director Roob:

Your Title XXI Children's Health Insurance Program (CHIP) State Plan Amendments (SPAs), IN-25-0017 and IN-25-0017-CHIP, submitted on June 30, 2025, have been approved. The effective date for these SPAs is April 1, 2025.

Through SPA IN-25-0017, Indiana removes the State's waiting period and describes the substitution of coverage monitoring strategy. Through SPA IN-25-0017-CHIP, corresponding technical edits are made to remove references to the waiting period.

Your Project Officer is Chanelle Parkar. She is available to answer your questions concerning this amendment and other CHIP-related matters and can be reached at [Chanelle.Parkar@cms.hhs.gov](mailto:Chanelle.Parkar@cms.hhs.gov).

If you have additional questions, please contact Mary Beth Hance, Acting Director, Division of State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,  
**/Signed by Alice Weiss/**

Alice Weiss  
Acting Director  
on Behalf of  
Sarah deLone, Director

# TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Indiana

(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Rachael Foster

Position/Title: CHIP Manager, OMPP

Name: ~~E. Mitchell Roob Jr.~~ ~~Cora Steinmetz~~

Position/Title: Medicaid Director, OMPP

Name: Dr. Daniel Rusyniak

Position/Title: Secretary, FSSA

\*Disclosure. In accordance with 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 (CMS-10398 #34). The time required to complete this information collection is estimated to average 80 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 any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**1.4** Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: October 1, 1997

Implementation Date: July 1, 1998

SPA #254-0017-CHIP002 Purpose of SPA: ~~Removal of Waiting Period~~ Mobile Crisis Benefit SPA

Removed reference to waiting periods in accordance with 42 CFR 457.805

Effective ~~Proposed effective d~~Date: ~~April~~July 1, 2025~~3~~  
~~effective date for mobile crisis services for individuals experiencing a mental health or substance use related crisis.~~

Implementation ~~Proposed implementation d~~Date:  
~~April~~July 1, 2025~~3~~ Implementation date for mobile crisis services benefit.

**1.4- TC**      **Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

Tribal Notice is not required for CHIP State Plan Amendments in the State of Indiana. Indiana does not have any I/T/Us located in the state.

**Section 2.**      **General Background and Description of Approach to Children's Health Insurance Coverage and Coordination**

Guidance:      The demographic information requested in 2.1. can be used for State planning and will be used strictly for informational purposes. THESE NUMBERS WILL NOT BE USED AS A BASIS FOR THE ALLOTMENT.

4.0. ☒

**Medicaid Expansion**

4.0.1. ☒ Ages of each eligibility group and the income standard for that group:  
Refer to CS 3.

4.1. ☒

**Separate Program** Check all standards that will apply to the State plan. (42CFR 457.305(a) and 457.320(a))

4.1.0 ☒ Describe how the State meets the citizenship verification requirements.  
Include whether or not State has opted to use SSA verification option.

Refer to CS 18

4.1.1 ☒ Geographic area served by the Plan if less than Statewide:  
Statewide

4.1.2 ☒ Ages of each eligibility group, including unborn children and pregnant women (if applicable) and the income standard for that group:  
0-18 (less than 19 years of age)

4.1.2.1-PC ☐ Age: through birth (SHO #02-004, issued November 12, 2002)

4.1.3 ☒ Income of each separate eligibility group (if applicable):  
Refer to CS 7.

4.1.3.1-PC ☐ 0% of the FPL (and not eligible for Medicaid) through %  
of the FPL (SHO #02-004, issued November 12, 2002)

4.1.4 ☐ Resources of each separate eligibility group (including any standards relating to spend downs and disposition of resources):

4.1.5 ☒ Residency (so long as residency requirement is not based on length of time in state):  
Refer to CS 17.

4.1.6 ☐ Disability Status (so long as any standard relating to disability status does not restrict eligibility):

4.1.7 ☒ Access to or coverage under other health coverage:

- Children cannot have other creditable health care coverage. Refer to CS 20.  
~~A three month waiting period from the date the child was last covered will be imposed.~~
- Indiana Medicaid/CHIP will continue to collect information about the number of individuals terminating private health coverage and reason for doing so as a voluntary question on the IHCP application for health coverage in order to monitor the "crowd out" of private health insurance by the availability of CHIP coverage. This data can be accessed, reviewed, and made available upon request.
- ~~Exceptions to the waiting period will be provided if the coverage was lost involuntarily (such as through the loss of employment, divorce, etc.), if the child was previously covered by Medicaid, the premium paid by the family~~

for the child for other insurance in a group health plan exceeded 5 percent of the household income, the cost of family coverage that includes the child exceeds 9.5% of the household income, or the child has special health care

have other health insurance. The enhanced match does not apply for these children since they do not fall under the targeted low-income definition due to their other insurance coverage. Children who are above 158% but not more than 250% FPL, who do not have other health coverage and who meet the other CHIP eligibility requirements are enrolled in SCHIP if the parent/guardian agrees to the cost sharing obligation.

4.4.4. ☒ the insurance provided under the State child health plan does not substitute for coverage under group health plans. (Section 2102(b)(3)(C)) (42CFR, 457.805) Indiana has instituted a number of mechanisms designed to address crowd out. To ensure that CHIP enrollees do not have other health insurance, the State requires that all CHIP recipients attest to the lack of current health care coverage and specify the date of last coverage.

Since the MCHIP program limits family income to 158% of poverty, crowd out is not a significant issue because many of the lower income families do not have the option of employer-based health insurance.

Crowd out is of greater concern under SCHIP due to the higher income threshold. As such, Indiana has instituted ~~three-month waiting periods and~~ monthly premiums as crowd out deterrents under the SCHIP program. Also provisions included in Public Law 273-1999 prohibit insurers from knowingly or intentionally referring children covered under their dependent coverage policies to the CHIP program.

The Hoosier Healthwise application asks "Did any applicants who do not have health insurance lose their coverage in the last three months? Please tell us why coverage was lost." The choices are:

Loss of employment  
Could not afford  
Coverage limit reached  
Company ended coverage  
Non-custodial parent dropped coverage  
Divorce  
Other

This information (for both approved and denied children) is ~~entered into the ICES and is~~ monitored for signs of crowd-out among applicants. ~~Applicants who lose coverage involuntarily are not subjected to the three-month waiting period.~~ Denial reasons are tracked, resulting in:

~~Count of applicants who were denied because they voluntarily dropped coverage but did not wait the required three months before applying~~

Count of applicants who were denied because they currently carry private insurance  
Count of currently enrolled children who are denied because they gained private coverage rendering them ineligible for CHIP. This information is monitored using our

discontinued beginning the day the child receives other creditable coverage.

Families who apply for benefits will be advised of the cost sharing requirements under SCHIP, and, to be considered for eligibility under SCHIP, they must agree to meet the cost-sharing requirements if the child is found eligible. In addition a conditional approval notice will be sent to the family and a record will be sent to the premium collection vendor. Once the first premium payment is made, the child becomes enrolled in the program.

At State discretion, requirements related to timely processing of renewals and/or deadlines for families to respond to renewal requests may be temporarily waived for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area.

~~At State discretion, the waiting period policy will be temporarily suspended for CHIP applicants and current enrollees who reside and/or work in a State or Federally declared disaster area.~~

The State will temporarily delay acting on certain changes in circumstances for CHIP beneficiaries whom the state determines are impacted by a State or Federally declared disaster area such that processing the change in a timely manner is not feasible. The state will continue to act on the required changes in circumstance described in 42 CFR 457.342(a) cross-referencing 42 CFR 435.926(d).

At State discretion, requirements related to timely processing of applications may be temporarily waived for CHIP applicants who reside and/or work in a State of Federally declared disaster area.

Guidance: The box below should be checked as related to children and pregnant women. Please note: A State providing dental-only supplemental coverage may not have a waiting list or limit eligibility in any way.

**4.3.1 Limitation on Enrollment** Describe the processes, if any, that a State will use for instituting enrollment caps, establishing waiting lists, and deciding which children will be given priority for enrollment. If this section does not apply to your state, check the box below. (Section 2102(b)(2)) (42CFR, 457.305(b))

The following procedures will be used to determine when the State might need to consider options for containing enrollment and expenditures to ensure that Indiana's budget or annual appropriation is not exceeded. This process was approved by the Children's Health Policy Board in the spring of 2000.

The CHIP office will analyze current and past MCHIP and SCHIP enrollment in order to determine future enrollment trends and projected enrollment levels. CHIP expenditures will be estimated for MCHIP and SCHIP based on previous expenditures and will





# CHIP Eligibility

State Name:

OMB Control Number: 09381148

Transmittal Number: IN - 25 - 0017

## Separate Child Health Insurance Program Non-Financial Eligibility - Substitution of Coverage

CS20

Section 2102(b)(3)(C) of the SSA and 42 CFR 457.340(d)(3), 457.350(i), and 457.805

### Substitution of Coverage

The CHIP Agency provides assurance that it has methods and policies in place to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage. These policies include:

Substitution of coverage prevention strategy:

Add	Name	Description	Remove
<b>Add</b>	Crowd Out	Indiana CHIP will continue to collect information about the number of individuals terminating private health coverage and reason for doing so as a voluntary question on the IHCP application for health coverage in order to monitor the "crowd out" of private health insurance by the availability of CHIP coverage. This data can be accessed, reviewed, and made available upon request. Indiana will check the reports quarterly. If the state observes that reported voluntary terminations of private health coverage have reach 1% of SCHIP enrollment, it will be considered evidence of crowd out and at that point that state will seek CMS guidance to address it.	<b>Remove</b>

A waiting period during which an individual is ineligible due to having dropped group health coverage.

If the state elects to offer dental only supplemental coverage, the following assurances apply:

The other coverage exclusion does not apply to children who are otherwise eligible for dental only supplemental coverage as provided in section 2110(b)(5) of the SSA.

The waiting period does not apply to children eligible for dental only supplemental coverage.

### 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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