

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850



MAY 30 2014

Debra F. Minott
Secretary
Indiana Family and Social Services Administration
402 W. Washington Street
P.O. Box 7083
Indianapolis, IN 46207-7083

Dear Ms. Minott:

This letter is in response to Indiana's request for temporary transitional support for beneficiaries with end stage renal disease (ESRD) through your section 1115 demonstration, entitled Healthy Indiana Plan (HIP), as the state works to submit a 1915(i) state plan amendment (SPA) to the Centers for Medicare & Medicaid Services by June 30, 2014. I am pleased to inform you that your request is approved. This approach should help to ensure a smooth transition for your beneficiaries and minimize disruptions in coverage.

This letter amends the state's current HIP demonstration (project number 11-W-00237/5) under section 1115 of the Social Security Act (the Act) by granting 1115(a)(2) expenditure authority effective for costs incurred for the period June 1, 2014 through December 31, 2014, by a state-funded program to ensure temporary continued coverage for individuals with ESRD who meet the eligibility criteria that were in effect under the state plan as of May 31, 2014 for the Aged, Blind, and Disabled (ABD) group, including use of a spend down. The state will take administrative action (requiring no beneficiary action) so that such individuals will be enrolled in short-term coverage through the state-funded program when their coverage under the state plan ends. After the state's 1915(i) SPA has been approved, and individuals eligible under the state plan as a result of that SPA are enrolled in coverage under the state plan (but no later than December 31, 2014), demonstration expenditure authority for state costs of this program for temporary coverage will end.

The authorities provided in this demonstration award are subject to CMS receiving your written acknowledgement of this approval and acceptance of these new authorities within 30 days of the date of this letter.

The state's existing approved Special Terms and Conditions (STCs), waivers and expenditure authorities for the demonstration in all other respects remain unchanged, and in effect.

We look forward to continuing to work with you and your staff. If you have questions regarding this award, please contact Mr. Eliot Fishman, Director, Children and Adults Health Programs Group, Center for Medicaid & CHIP Services, at (410) 786-5647.

Sincerely,



Cindy Mann
Director

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cc:

Verlon Johnson, Associate Regional Administrator, Chicago Regional Office