

State/Territory Indiana**Citation****Groups Covered****B. Optional Groups Other Than the Medically Needy
(Continued)**

1902(a)(10)(A)(ii)(XXI)

1902(ii)

27. Individuals who are *not* pregnant and whose income does not exceed the State established income standard of 133 % of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is 200 % of the Federal Poverty Level.

In determining eligibility for this group, the State will use the following household composition:

The State will count all the members of the family in the household unit

The State will use the methodology that is currently used for pregnant women under the State plan, which increases the household size by one.

In determining eligibility for this group, the State will use the following income methodology:

The State considers the income of the applicant and all legally responsible household members (ex. parents and spouses)

The State considers only the income of the applicant or recipient

The State uses another methodology described below

Note: Services are limited to family planning services and family planning-related services as described in section 4.c (i) of Attachment 3.1-A, Addendum Page 2

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Supercedes

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State of Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
FURNISHED TO THE CATEGORICALLY NEEDY

4.a Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations With limitations*

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

4.c Family planning services and supplies for individuals of child-bearing age.

Provided: No limitations With limitations*

4.c (i) Family planning services and supplies for individuals who are not pregnant and for individuals eligible pursuant to Attachment 2.2-A Page 23f.

Provided: No limitations With limitations*

*Description provided on attachment.

4.a. Nursing Facility services for individuals 21 years of age or older

Provided with limitations.
Reimbursement is available for nursing facility services provided by a licensed and certified nursing facility in accordance with Attachment 4.19-D, when rendered to a recipient whose level of care has been approved by the Office of Medicaid Policy and Planning.

Those services and products furnished by the nursing facility for the usual care and treatment of patients are reimbursed in the per diem rate in accordance with State law.

The per diem rate for nursing facilities includes the following services: room and board, room accommodations, all dietary services, and laundry services; nursing care provided by a registered nurse, licensed practical nurse, or nurse's aid; all medical and nonmedical supplies and equipment; durable medical equipment (DME), and associated repair costs routinely required for the care of patients; medically necessary therapy services which include physical, occupational, respiratory, and speech pathology services; transportation to vocational/habilitation service programs; the cost of both legend and non-legend water products in all forms and for all uses.

4.b Early and Periodic Screening, Diagnosis Treatment

Provided in excess of federal requirements.
Treatment services are covered subject to prior authorization requirements and reimbursement limitations.

Any treatment found necessary as a result of a diagnosis pursuant to an initial or periodic screening may be provided subject to any prior authorization requirements for the services. However, if a service is not covered under the state plan, it is still available to EPSDT eligible recipients subject to prior authorization requirements in accordance with State law if it is necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services.

Medicaid reimbursement is available for Individualized Education Program (IEP) nursing services rendered by a Registered Nurse (RN) who is employed by or under contract with a Medicaid-participating school corporation provider when the services are: medically necessary; provided pursuant to a Medicaid-enrolled student's IEP; and provided in a school setting.

4.c. Family Planning services

Provided with limitations.

Family planning services are those services provided to individuals of childbearing age to temporarily or permanently prevent or delay pregnancy. Family planning services includes: diagnosis and treatment of sexually transmitted diseases, if medically indicated; follow-up care for complications associated with contraceptive methods issued by the family planning provider; health education and counseling necessary to make informed choices and understand contraceptive methods; laboratory tests, if medically indicated as part of the decision-making process for choice of contraceptive methods; limited history and physical examination; pregnancy testing and counseling; provision of contraceptive pills, devices, and supplies; screening, testing, and counseling of members at risk for HIV and referral and treatment; tubal ligation or Essure device; and vasectomy.

4c(i) Family Planning services

Provided with limitations

Family planning services are those services provided to individuals who are not pregnant to temporarily or permanently prevent or delay pregnancy. Family planning services include: diagnosis and treatment of sexually transmitted diseases, if medically indicated; follow-up care for complications associated with contraceptive methods issued by the family planning provider; health education and counseling necessary to make informed choices and understand contraceptive methods; laboratory tests, if medically indicated as part of the decision-making process for choice of contraceptive methods; limited history and physical examination, pregnancy testing, and counseling; provision of contraceptive pills, devices, and supplies; screening, testing, and counseling of members at risk for HIV and referral and treatment; tubal ligation or Essure device; and vasectomy.