

## **Table of Contents**

**State/Territory Name: Indiana**

**State Plan Amendment (SPA) #: IN-16- 008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



---

August 30, 2016

Joe Moser, Director of Medicaid  
Indiana Office of Medicaid Policy and Planning  
402 West Washington Street, Room W374  
Indianapolis, Indiana 46204

ATTN: Tim Hawkins

RE: IN SPA TN# 16-0008, Home Health Rates

Dear Mr. Moser:

Enclosed for your records is an approved copy of the following State Plan Amendment.

Transmittal #16-0008:

- This State Plan Amendment establishes rates for home health services on or after July 1, 2016 at the same rates that were in effect for state fiscal year 2016.
- Effective Date: July 1, 2016

If you have any questions, please have a member of your staff contact Tannisse Joyce at (312) 886-5121 or by email at [tannisse.joyce@cms.hhs.gov](mailto:tannisse.joyce@cms.hhs.gov).

Sincerely,

/s/

Ruth A. Hughes  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosure

cc: Danielle Motley, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
16-008

2. STATE  
Indiana

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
07/01/2016

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 440.70; ATT 4.19-B Item 7

7. FEDERAL BUDGET IMPACT:  
a. FFY 2016 \$2,603 (thousands)  
b. FFY 2017 \$7,809 (thousands)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B Page 3c.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.19-B Page 3c.1

10. SUBJECT OF AMENDMENT:

This State Plan Amendment makes conforming changes to the State Plan to establish rates for services on or after July 1, 2016 at the same rates that were in effect for SFY 2016.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

**Indiana's Medicaid State Plan does not require the  
Governor's review. See Section 7.4 of the State Plan**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

13. TYPED NAME: Joseph Moser

14. TITLE: Medicaid Director

15. DATE SUBMITTED: 8.8.16

16. RETURN TO:

Joseph Moser  
Medicaid Director  
Indiana Office of Medicaid Policy and Planning  
402 West Washington Street, Room W382  
Indianapolis, IN 46204  
ATTN: Kelly Flynn, State Plan and Waiver Manager

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
August 8, 2016

18. DATE APPROVED:  
August 30, 2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:  
/s/

21. TYPED NAME:  
Ruth A. Hughes

22. TITLE:  
Associate Regional Administrator

23. REMARKS:

Retroactive payment will be required when any of the following occur:

- (1) A field audit identifies overpayment by Medicaid.
- (2) The provider knowingly receives overpayment of a Medicaid claim from the Office.  
In this event, the provider must:
  - (A) complete appropriate Medicaid billing adjustment forms; and
  - (B) reimburse the Office for the amount of the overpayment.

New rates set on July 1, 2008, shall be:

- (1) effective on July 1; and
- (2) annually adjusted thereafter based upon the most recently submitted financial and statistical documentation as filed by all providers of services who billed Medicaid for services provided during the cost report period.

The rates for home health services provided on or after July 1, 2016 will be those in effect for SFY 2016. All fee schedules are available through the agency's website at [www.indianamedicaid.com](http://www.indianamedicaid.com). Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of home health care. The agency's fee schedule rate was set as of July 1, 2016 and is effective for services provided on or after that date.

TN# 16-008  
Supersedes  
TN# 15-022

Approval Date: 8/30/16

Effective Date: July 1, 2016