

Table of Contents

State/Territory Name: Indiana

State Plan Amendment (SPA) #: 17-0021 HHA

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



March 6, 2018

Allison Taylor, Medicaid Director
Family Social Services Administration
402 West Washington, Room W461
Indianapolis, IN 46204

ATTN: Tim, Hawkins, SPA Coordinator

RE: TN 17-0021

Dear Ms. Taylor:

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

Transmittal #17-0021:

- This SPA removes the requirements for Home Health Agency providers to complete cost reports. Additionally, language was changed to bring the State Plan into compliance with 42 CFR 440.70 by not restricting HHA Services to only members who are homebound.
- Effective Date: October 1, 2017
- Approval Date: March 6, 2018

If you have any questions, please have a member of your staff contact Debi Benson at 317-614-0035 or by email at Deborah.Benson@cms.hhs.gov.

Sincerely,

/s/

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

Enclosure

cc: Tim Hawkins, OMPP
Kelly Flynn, OMPP

Modified 3.5.18 by TBH II

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-021	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 October 1, 2017	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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		7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$0.00 b. FFY 2019 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 3, 3a, 3b, 3c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 3, 3a, 3b, 3c, 3c.1, 3c.1.1 3c	
10. SUBJECT OF AMENDMENT: This State Plan Amendment makes conforming changes to the State Plan effective October 1, 2017 to remove the requirement for Home Health Agency providers to complete cost reports. Additionally, language is changed to bring the State Plan into compliance with 42 CFR 440.70 by not restricting HHA services to only members who are homebound.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> 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]		16. RETURN TO: Allison Taylor Medicaid Director Indiana Office of Medicaid Policy and Planning 402 West Washington Street, Room W374 Indianapolis, IN 46204 ATTN: Tim Hawkins, Federal Relations Lead	
13. TYPED NAME: Allison Taylor			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: 12.7.17			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 7, 2017		18. DATE APPROVED: March 6, 2018	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

HOME HEALTH SERVICES

Home health agencies will be reimbursed for covered services provided to Medicaid members through standard, statewide fee schedule rates, as follows:

- (1) one overhead rate per provider visit, per member, per day; plus
- (2) the staffing rate multiplied by the number of billing units spent in the performance of billable patient care activities;

to equal the total payment per visit.

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.

The staffing and overhead billing units for HHA services are as follows:

Home Health Service	Billing unit
Overhead	One unit per provider visit per member per day
Registered Nurse (RN)	Hourly
Licensed Practical Nurse (LPN)	Hourly
Home Health Aide	Hourly
Physical Therapist	15-minute increments
Occupational Therapist	15-minute increments
Speech Pathologist	15-minute increments

Medicaid fee schedule rates effective July 1, 2017 were determined using data from provider cost reports.

All fee schedule rates are available through the agency's website at 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.

HOME HEALTH CARE SERVICES - TELEHEALTH MONITORING

Approved telehealth services are reimbursed separately from other HHA services. The unit of reimbursement for home health telehealth is one calendar day.

(1) The provider may bill a one-time amount of \$14.45 per beneficiary for an initial face-to-face visit necessary to train the beneficiary to appropriately operate the telehealth equipment.

(2) The Provider may bill the daily rate of \$9.84 for each day the telehealth monitoring equipment is used by a registered nurse (RN) to monitor and manage the client's care in accordance with the written order from a physician.

Rates for telehealth monitoring services shall not be adjusted annually.

All equipment and software cost associated with the telehealth monitoring services must be separately identified on the provider's annual cost report so that it may be removed from the calculation of overhead costs.

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