

Table of Contents

State/Territory: Indiana

State Plan Amendment (SPA)#: 20-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

[Records](#) / [Submission Packages - View All](#)

IN - Submission Package - IN2020MS0001O - (IN-20-0007) - Administration

- [Summary](#)
- [Reviewable Units](#)
- [Versions](#)
- [Correspondence Log](#)
- [Compare Doc Change Report](#)
- [Analyst Notes](#)
- [Review Assessment Report](#)
- [Approval Letter](#)
- [Transaction Logs](#)
- [News](#)
- [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	IN2020MS0001O	Submission Type	Official
Program Name	N/A	State	IN
SPA ID	IN-20-0007	Region	Chicago, IL
Version Number	9	Package Status	Approved
Submitted By	Gabrielle Koenig	Submission Date	4/28/2020
Package Disposition		Approval Date	7/10/2020 11:18 AM EDT
Priority Code	P2		

TN #20-0007
 Supersedes
 TN #92-22,13-004MM4

Approval Date: 7/10/20

Effective Date: 7/1/20

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St. Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

July 10, 2020

Allison Taylor
Medicaid Director
Family and Social Services Administration
402 W Washington St
W374
Indianapolis, IN 46204

Re: Approval of State Plan Amendment IN-20-0007

Dear Allison Taylor:

On April 28, 2020, the Centers for Medicare and Medicaid Services (CMS) received Indiana State Plan Amendment (SPA) IN-20-0007 to delegate conducting and issuing preliminary decisions for Medicaid fair hearings to the Indiana Office of Administrative Law Proceedings (OALP).

We approve Indiana State Plan Amendment (SPA) IN-20-0007 on July 10, 2020 with an effective date(s) of July 01, 2020.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Mai Le-Yuen at mai.le-yuen@cms.hhs.gov.

Sincerely,
James G. Scott
Director
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

Package ID	IN2020MS0001O	SPA ID	IN-20-0007
Submission Type	Official	Initial Submission Date	4/28/2020
Approval Date	7/10/2020	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Indiana

Medicaid Agency Name: FSSA

Submission Component

- State Plan Amendment
 Medicaid
 CHIP

TN #20-0007
Supersedes
TN #92-22,13-004MM4

Approval Date: 7/10/20

Effective Date: 7/1/20

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

Package ID IN2020MS0001O	SPA ID IN-20-0007
Submission Type Official	Initial Submission Date 4/28/2020
Approval Date 7/10/2020	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID IN-20-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	7/1/2020	IN13004MM4
Intergovernmental Cooperation Act Waivers	7/1/2020	IN13004MM4
Eligibility Determinations and Fair Hearings	7/1/2020	IN-92-22; IN13004MM4
Organization and Administration	7/1/2020	IN13004MM4
Single State Agency Assurances	7/1/2020	IN13004MM4

TN #20-0007
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 TN #92-22,13-004MM4

Approval Date: 7/10/20

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Submission - Summary

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

Package ID	IN2020MS0001O	SPA ID	IN-20-0007
Submission Type	Official	Initial Submission Date	4/28/2020
Approval Date	7/10/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment proposes to delegate the administrative law proceedings authority to the Indiana Office of Administrative Law Proceedings (OALP). The OALP was formed in 2019 by HEA 1223 to provide Indiana with a central and independent hearing process for the many types of disputes involving Indiana's state agencies. The OALP is not the ultimate authority in any administrative proceeding and the OALP's decisions are not final agency actions. There is no fiscal impact.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$0
Second	2021	\$0

Federal Statute / Regulation Citation

42 CFR 431.10

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

TN #20-0007
 Supersedes
 TN #92-22, 13-004MM4

Approval Date: 7/10/20

Effective Date: 7/1/20

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

Package ID IN2020MS0001O
Submission Type Official
Approval Date 7/10/2020
Superseded SPA ID N/A

SPA ID IN-20-0007
Initial Submission Date 4/28/2020
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Indiana Medicaid's State Plan does not require Governor review.

TN #20-0007
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 TN #92-22,13-004MM4

Approval Date: 7/10/20

Effective Date: 7/1/20

Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

Package ID	IN2020MS0001O	SPA ID	IN-20-0007
Submission Type	Official	Initial Submission Date	4/28/2020
Approval Date	7/10/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
 Public notice was not federally required, but comment was solicited
 Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement
 Publication in state's administrative record, in accordance with the administrative procedures requirements
 Email to Electronic Mailing List or Similar Mechanism
 Website Notice

Select the type of website

- Website of the State Medicaid Agency or Responsible Agency
 Website for State Regulations

Date of Posting: Apr 8, 2020

Website URL: <http://iac.iga.in.gov/iac/irtoc.htm>

Other

Public Hearing or Meeting

Other method

Upload copies of public notices and other documents used

Name	Date Created	
20200408-IR-405200202ONA.xml	4/27/2020 11:23 AM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility
 Benefits
 Service delivery
 Other issue

TN #20-0007
Supersedes
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Approval Date: 7/10/20

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Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

Package ID	IN2020MS0001O	SPA ID	IN-20-0007
Submission Type	Official	Initial Submission Date	4/28/2020
Approval Date	7/10/2020	Effective Date	N/A
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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

TN #20-0007
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Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

Package ID	IN2020MS0001O	SPA ID	IN-20-0007
Submission Type	Official	Initial Submission Date	4/28/2020
Approval Date	7/10/2020	Effective Date	7/1/2020
Superseded SPA ID	IN13004MM4		
	System-Derived		

A. Single State Agency

1. State Name: Indiana

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:

The Family and Social Services Administration (FSSA)

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
Signed AG certification	6/4/2020 10:36 AM EDT	

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.
- a. The single state agency supervises the administration through counties or local government entities.
 - b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.
 - c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

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Designation and Authority

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

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	System-Derived		

D. Additional information (optional)

TN #20-0007
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Medicaid State Plan Administration

Organization

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

Package ID	IN2020MS0001O	SPA ID	IN-20-0007
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Superseded SPA ID	IN13004MM4		
	System-Derived		

A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

View Waiver Office of Administrative Law Proceedings (OALP)

1. Name of state agency to which responsibility is delegated:

Office of Administrative Law Proceedings (OALP)

2. Date waiver granted:

7/1/2020

3. The type of responsibility delegated is (check all that apply):

- a. Conducting fair hearings
- b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

The Medicaid agency has delegated the authority to conduct fair hearings and to issue preliminary decisions to Indiana's Office of Administrative Law Proceedings (OALP) pursuant to Indiana Code Section 4-15-10.5. The Medicaid Agency will review all decisions from the Office of Administrative Law Proceedings, and has not delegated final agency authority to any agency. There is a written agreement between the Medicaid agency and the Office of Administrative Law Proceeding defining the relationship and respective responsibilities of the agencies.

An applicant's appeal automatically goes to the administrative law judge (ALJ) within OALP unless the applicant asks for a review by the single state agency. If the OALP decision is challenged, there is no new evidence presented, the ALJ decision is reviewed by the FSSA and either confirmed or remanded.

5. Methods for coordinating responsibilities between the agencies include:

- a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
- i. A written agreement between the agencies.
 - ii. State statutory and/or regulatory provisions.

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- Yes
- No
- The Medicaid agency only reviews fair hearing decisions issued by the delegated entity with respect to the proper application of federal and state law regulations and policies. The review process is conducted by an impartial official not involved in the initial determination.

7. Additional methods for coordinating responsibilities among the agencies (optional):

TN #20-0007
Supersedes
TN #92-22,13-004MM4

Approval Date: 7/10/20

Effective Date: 7/1/20

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

Package ID	IN2020MS0001O	SPA ID	IN-20-0007
Submission Type	Official	Initial Submission Date	4/28/2020
Approval Date	7/10/2020	Effective Date	7/1/2020
Superseded SPA ID	IN13004MM4		
	System-Derived		

B. Additional information (optional)

TN #20-0007
Supersedes
TN #92-22,13-004MM4

Approval Date: 7/10/20

Effective Date: 7/1/20

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

Package ID	IN2020MS0001O	SPA ID	IN-20-0007
Submission Type	Official	Initial Submission Date	4/28/2020
Approval Date	7/10/2020	Effective Date	7/1/2020
Superseded SPA ID	IN-92-22; IN13004MM4		
	User-Entered		

A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency
- c. Local governmental entities

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
- c. Local governmental entities

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

TN #20-0007
Supersedes
TN #92-22,13-004MM4

Approval Date: 7/10/20

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Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

Package ID	IN2020MS0001O	SPA ID	IN-20-0007
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Superseded SPA ID	IN-92-22; IN13004MM4 User-Entered		

B. Fair Hearings (including any delegations)

- The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
- The Medicaid agency is responsible for all Medicaid fair hearings.
 1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:
 - a. Medicaid agency
 - b. State agency to which fair hearing authority is delegated under an Intergovernmental Cooperation Act waiver.
 - c. Local governmental entities
 - d. Delegated governmental agency
 3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):
 - All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

TN #20-0007
Supersedes
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Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

Package ID	IN2020MS0001O	SPA ID	IN-20-0007
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Approval Date	7/10/2020	Effective Date	7/1/2020
Superseded SPA ID	IN-92-22; IN13004MM4 User-Entered		

C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- Yes
- No

D. Additional information (optional)

TN #20-0007
 Supersedes
 TN #92-22,13-004MM4

Approval Date: 7/10/20

Effective Date: 7/1/20

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

Package ID	IN2020MS0001O	SPA ID	IN-20-0007
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Approval Date	7/10/2020	Effective Date	7/1/2020
Superseded SPA ID	IN13004MM4		
	System-Derived		

A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

Description:

Human Services, including the Title IV-A (TANF) Agency.

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

FSSA's Division of Family Resources (DFR) is responsible for determining eligibility for Medicaid for all populations, which is done at the county level. DFR is also responsible for determining eligibility for, and managing timely delivery of other programs including SNAP and TANF benefits. The Office of Medicaid Policy and Planning (OMPP)'s eligibility section develops policy and programs and provides guidance and support to agency field offices related to eligibility policy, systems coordination, and customer services.

b. Fair Hearings (including expedited fair hearings)

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E. Any party complaining of an action made by Medicaid may file a request for an administrative hearing with the Office of Administrative Law Proceedings (OALP). FSSA has an Intergovernmental Cooperation Act Waiver with OALP. An applicant's appeal automatically goes to OALP unless the applicant asks for a review by the single state agency. The hearing is held before an administrative law judge (ALJ) within the OALP. Any party who is not satisfied with the decision of the ALJ may request FSSA review of the decision. If the OALP decision is challenged, there is no new evidence presented. The Secretary of the FSSA, or the Secretary designee, reviews the ALJ decision to determine if there is evidence in the record to support the decision and the decision is in accordance with policies, rules, statutes, and regulations applicable to the issue.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

The Office of Medicaid Policy and Planning's (OMPP)'s Pharmacy Section oversees clinical analytics, drug class reviews, drug rebate administration, claims processing, and drug pricing. The section also monitors changes of federal and state law to evaluate potential impacts to pharmacy policy; it drafts program policy changes to reflect those changes. OMPP's Quality and Outcomes section is responsible for monitoring quality performance within the Medicaid program. It also oversees the relationships with managed care entities and provides regulatory/compliance oversight. OMPP's Coverage and Benefits section evaluates the potential health care benefits and services that Indiana Medicaid can, or must, cover. It also monitors federal and state law to evaluate potential impacts to policy, and drafts program policy changes to reflect those changes.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

OMPP's government affairs section oversees the State Plan, waivers, and demonstrations. It monitors changes to federal and state law, evaluates potential impacts to policy, and assists in any necessary changes to reflect such policy changes. FSSA's Division of Aging operates the Aged and Disabled waiver and the Traumatic Brain Injury waiver. It focuses on Home and Community Based Services (HCBS) for the elderly and disabled and assists OMPP with policy changes. FSSA's Division of Disability and Rehabilitative Services operates the Family Supports waiver and Community Integration Habilitation waiver. It focuses on HCBS services for children and adults with physical and cognitive disabilities. FSSA's Division of Mental Health and Addiction operates the three 1915(i) programs: Behavioral & Primary Healthcare Coordination, Adult Mental Health Habilitation, and Child Mental Health Wraparound. It focuses on the provision of mental health and addiction services.

e. Administration, including budget, legal counsel

FSSA is the single state Medicaid agency.

FSSA is broken up into seven divisions: Office of Medicaid Policy and Planning, Division of Family Resources, Division of Disability and Rehabilitative Services, Division of Aging, Division of Mental Health and Addiction, Office of Early Childhood and Out of School Learning, and Office of General Counsel. Within the FSSA and under its direction, FSSA's Office of Medicaid Policy and Planning is divided into sections: Eligibility, Program Integrity, Quality and Outcomes, Operations, Government Affairs, Pharmacy, Coverage and Benefits, Reimbursement, finance and Provider Relations.

FSSA's Office of General Counsel (OGC) oversees all legal aspects of the Medicaid program and ensures that the policies comport with Indiana Administrative Code and Statutes. FSSA's Finance staff oversees the agency's budget.

f. Financial management, including processing of provider claims and other health care financing

OMPP's Reimbursement Section oversees the process of providing compensation to Indiana Medicaid providers that is in accordance with federal and state laws, and the Indiana State Plan. OMPP's Program Integrity Section identifies, investigates, and refers suspected fraud cases, and performs audit and investigative functions.

TN #20-0007

g. Systems administration, including MMIS, eligibility systems

OMPP's Reimbursement and Eligibility Sections oversee contractors and develops system coordination, for all systems such as MMIS. OMPP's Operations Section also oversees contractors and develops system coordination.

h. Other functions, e.g., TPL, utilization management (optional)

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
OMPP Organizational Chart	7/7/2020 3:32 PM EDT	
FSSA Org Chart	7/8/2020 10:29 AM EDT	

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

Package ID	IN2020MS0001O	SPA ID	IN-20-0007
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Superseded SPA ID	IN13004MM4		
	System-Derived		

TN #20-0007
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Approval Date: 7/10/20

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Organization and Administration

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

Package Header

Package ID	IN2020MS0001O	SPA ID	IN-20-0007
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D. Supervision of the Administration of the State Plan through Local Government Entities

1. The types of the local government entities that administer the state plan under the supervision of the Medicaid agency are:

- a. Counties
- b. Parishes
- c. Other

a. Counties

2. Are all of the local government entities selected used to administer the state plan?

- Yes
- No

3. The number used to administer the state plan is:

92

4. The functions staff perform in carrying out the entity's responsibilities are described below:

- a. Eligibility Determinations
- b. Fair Hearings
- c. Other

TN #20-0007
Supersedes
TN #92-22,13-004MM4

Approval Date: 7/10/20

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Organization and Administration

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

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Approval Date	7/10/2020	Effective Date	7/1/2020
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	System-Derived		

E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):

- Yes
- No

TN #20-0007
Supersedes
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Organization and Administration

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

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F. Additional information (optional)

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Medicaid State Plan Administration

Organization

Single State Agency Assurances

MEDICAID | Medicaid State Plan | Administration | IN2020MS0001O | IN-20-0007

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A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.
- 7. The plan is locally administered and state supervised. The requirements of 42 CFR 432.10 are met with respect to local agency administration.

B. Additional information (optional)

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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 0938-1188. The time required to complete this information collection is estimated to average 40 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.

This view was generated on 7/24/2020 9:14 AM EDT