

Table of Contents

State/Territory Name: Indiana

State Plan Amendment (SPA)#: 20-0002

This file contains the following documents in the order listed:

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



Medicaid and CHIP Operations Group

January 27, 2021

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

RE: Transmittal Number (TN) 20-0002

Dear Ms. Taylor:

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

- SPA TN 20-002: - Enrolling Licensed Mental Health Practitioners
- Effective Date: October 1, 2020
 - Approval date: August 20, 2020

This state had identified that Attachment 3.1A, Addendum, pages 10 and 10a were misnumbered as pages 9 and 9a. CMS is reissuing this approval package with the correct page numbers.

If you have any questions, please have a member of your staff contact Mai Le-Yuen at (312) 353-2853 or by email at mai.le-yuen@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott.

Digitally signed by James G.
Scott -5
Date: 2021.01.27 16:16:48
-06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Sara Albertson, FSSA

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 20-002	2. STATE Indiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 1, 2020	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 440.60	7. FEDERAL BUDGET IMPACT (<i>in thousands</i>) : a. FFY 2020 \$ 0.00 b. FFY 2021 \$ 0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A Addendum Page 10-10a, Attachment 3.1A Addendum Page 3.1 and 3a, Attachment 4.19-B Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 3.1A Addendum Page 10-10a, Attachment 3.1A Addendum Page 3.1 and 3a, Attachment 4.19-B

SUBJECT OF AMENDMENT: This State Plan Amendment makes conforming changes to the Indiana Medicaid State Plan to be in compliance with House Enrolled Act (HEA) 1175 from the 2019 Legislative Session. HEA 1175 expanded the provider types eligible to supervise a plan of treatment for a member's outpatient mental health and substance abuse disorder treatment services. Pursuant to HEA 1175, the State is making these changes to allow these licensed professionals to directly enroll as Indiana Health Coverage Program (IHCP) providers. The State proposes to add enrollment types/specialties for the following practitioners: licensed clinical addiction counselors, licensed marriage and family therapists, licensed clinical social workers, and licensed mental health counselors.

10. GOVERNOR'S REVIEW (*Check One*)

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

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 	16. RETURN TO: Allison Taylor Medicaid Director Indiana Office of Medicaid Policy and Planning 402 West Washington Street, Room W461 Indianapolis, IN 46204 ATTN: Gabrielle Koenig, Government Affairs Director
13. TYPED NAME: Allison Taylor	
14. TITLE: Medicaid Director	
15. DATE SUBMITTED 05/26/2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED May 26, 2020	18. DATE APPROVED August 20, 2020
-----------------------------------	--------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL  Digitally signed by James G. Scott -S Date: 2020.08.26 17:12:36 -05'00'
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

6.d. Other Practitioners' services (continued)	Provided with limitations.
Physician Assistants' Services	Licensed Physician Assistants may provide medically necessary healthcare services within their scope of practice according to state law.
Community Health Workers' Services	Reimbursement is available for medically necessary health care services provided by a certified community health worker within the scope of the applicable certification program. The services within the applicable certification program of a certified community health worker should be within the scope of practice for each of the following supervising licensed practitioners: health services provider in psychology, advanced practice nurse, physician assistant, podiatrist, and chiropractor. Supervision of the certified community health worker is included in the scope of practice for each supervising licensed practitioner. Each supervising licensed practitioner shall assume professional responsibility for the services provided by the certified community health worker. Each supervising licensed practitioner shall bill for the services of the certified community health worker
Licensed Behavioral Health Practitioners Services	<p>Licensed Clinical Social Workers may provide medically necessary healthcare services within their scope of practice according to state law.</p> <p>Licensed Marriage and Family Therapists may provide medically necessary healthcare services within their scope of practice according to state law.</p> <p>Licensed Mental Health Counselors may provide medically necessary healthcare services within their scope of practice according to state law.</p> <p>Licensed Clinical Addiction Counselors may provide medically necessary healthcare services within their scope of practice according to state law.</p>

Psychologists' services Psychologists' services include only services that are provided by licensed psychologists within the scope of practice as defined under 868 IAC 1.1-13 and IC 25-33-1.

Reimbursement is available for outpatient mental health and substance abuse treatment services provided by a licensed psychologist endorsed as a health services provider in psychology (HSPP), subject to the following limitations:

- (1) Subject to prior authorization by the office or its designee, Medicaid will reimburse HSPP supervised outpatient mental health services for group, family, and individual outpatient psychotherapy when the services are provided by one (1) of the following practitioners:
 - (A) A licensed psychologist.
 - (B) A licensed independent practice school psychologist.
 - (C) A licensed clinical social worker (LCSW).
 - (D) A licensed marital and family therapist (LMFT).
 - (E) A licensed mental health counselor (LMHC).
 - (F) A licensed clinical addiction counselor (LCAC).
 - (F) A person holding a master's degree in social work, marital and family therapy, or mental health counseling, except that partial hospitalization services provided by such person shall not be reimbursed by Medicaid.
 - (G) An advanced practice nurse who is a licensed, registered nurse with a master's degree in nursing with a major in psychiatric or mental health nursing from an accredited school of nursing.
- (2) A HSPP is responsible for certifying the diagnosis for the purpose of developing the plan of treatment and providing continuous supervision as follows:
 - (A) The supervising practitioner is responsible for seeing the patient during the intake process or reviewing information submitted by the other licensed professionals, qualified behavioral health provider (QBHP), or other behavioral health provider (OBHP) and approving the plan of treatment within seven (7) days.
 - (B) The supervising practitioner must provide face to face visits with the patient or review the plan of treatment submitted by the QBHP at intervals not to exceed ninety (90) days. These reviews must be documented and signed by the supervising practitioner assuming responsibility for the plan of treatment.
- (3) Medicaid will reimburse for evaluation, psychological testing and group, family, and individual psychotherapy when provided by a licensed psychologist, licensed independent practice school psychologist, and a licensed psychologist endorsed as an HSPP.
- (4) Subject to prior authorization by the office or its designee, Medicaid will reimburse for neuropsychological and psychological testing when the services are provided by an HSPP.
- (5) Prior authorization is required for mental health service provided in an outpatient or office setting that exceed twenty (20) units per recipient, per provider, per rolling twelve (12) month period of time, except neuropsychological and psychological testing, which is subject to prior authorization.
- (6) The following are services that are not reimbursable by the Medicaid program:
 - (A) Daycare.
 - (B) Hypnosis.
 - (C) Biofeedback.
 - (D) Missed appointments.

Adult		
Level of Need	Service Type	Units per 180 days (15 min.)
5	Psychiatric Assessment and Intervention	25
5A	Psychiatric Assessment and Intervention	100

Service Packages and Prior Authorization

MRO service packages are assigned to persons with a behavioral health need as demonstrated by a qualifying diagnosis and level of need. Services packages are designed to authorize a set of services and units of service necessary for the majority of persons with similar functional needs to achieve recovery. Service packages are assigned for 180 days based on the level of need assessment. Within the last 30 days of an assigned service package, a provider may reassess the person and a new service package will be assigned to start the day after the existing service package ends.

- Prior authorization is available under the following circumstances: A member depletes units within his or her MRO service package and requires additional units of a medically necessary MRO service.
- A member requires a medically necessary MRO service not authorized in his or her MRO service package.
- A member does not have one or more qualifying MRO diagnoses and/or LON for the assignment of an MRO service package, and has a significant behavioral health need that requires a medically necessary MRO service.
- A member is newly eligible to the Medicaid program, or had a lapse in his or her Medicaid eligibility, and was determined Medicaid eligible for a retroactive period. In this case, a retroactive request for prior authorization is appropriate for MRO services provided during the retroactive period.

Providers must demonstrate that the service requested is medically necessary.

Individualized Integrated Care Plan Requirements

The collaborating physician or health service provider in psychology (HSPP) bears the ultimate responsibility for certifying the diagnosis and individualized integrated care plan for MRO services. The collaborating physician or HSPP is responsible for seeing the patient during the intake process or reviewing information submitted by the other licensed professionals, qualified behavioral health provider (QBHP), or other behavioral health provider (OBHP) and approving the individualized integrated care plan within seven (7) days. The collaborating physician or HSPP must provide face to face visits with the patient or review the individualized integrated care plan submitted by the QBHP at intervals not to exceed ninety (90) days. These reviews must be documented and signed by the physician or HSPP assuming responsibility for the care plan.

Provider Qualification Definitions

A licensed professional is defined as:

- (1) A licensed psychiatrist.
- (2) A licensed physician.
- (3) A licensed independent practice school psychologist.
- (4) A licensed psychologist or a psychologist endorsed as a health service provider in psychology (HSPP).
- (5) A licensed clinical social worker (LCSW).
- (6) A licensed mental health counselor (LMHC).
- (7) A licensed marriage and family therapist (LMFT).
- (8) A licensed clinical addiction counselor (LCAC), as defined under IC 25-23.6-10.5.

A “qualified behavioral health professional” (QBHP) means any of the following persons:

- (1) An individual who has had at least two (2) years of clinical experience treating persons with mental illness under the supervision of a licensed professional, as defined above, with such experience occurring after the completion of a master's degree or doctoral degree, or both, in any of the following disciplines:

- (a) In psychiatric or mental health nursing from an accredited university, plus a license as a registered nurse in Indiana.
- (b) In pastoral counseling from an accredited university.
- (c) In rehabilitation counseling from an accredited university.

- (2) An individual who is under the supervision of a licensed professional, as defined above, is eligible for and working towards licensure, and has completed a master's or doctoral degree, or both, in any of the following disciplines:

- (a) In social work from a university accredited by the Council on Social Work Education.
- (b) In psychology from an accredited university.
- (c) In mental health counseling from an accredited university.
- (d) In marital and family therapy from an accredited university.

- (3) An authorized healthcare provider (AHCP), defined as follows:

- (a) a physician assistant with the authority to prescribe, dispense and administer drugs and medical devices or services under an agreement with a supervising physician and subject to the requirements of their scope of practice as defined by the Indiana Professional Licensing Agency (IPLA) (IC 25-27.5-5)/.
- (b) a nurse practitioner or a clinical nurse specialist, with prescriptive authority and performing duties within the scope of that person's license and under the supervision of, or under a supervisory agreement with, a licensed physician as stated in the section of state law (IC 25-23-1) related to advanced practice nurse collaboration with a licensed practitioner.

Other behavioral health professional (OBHP) means any of the following persons:

- (1) An individual with an associate or bachelor degree, or equivalent behavioral health experience, meeting minimum competency standards set forth by a behavioral health service provider and supervised by either a licensed professional, as defined above, or a QBHP, as defined above.

**REIMBURSEMENT FOR SERVICES PROVIDED BY PHYSICIANS, LIMITED
LICENSE PRACTITIONERS, AND NON-PHYSICIAN PRACTITIONERS**

I. A. Summary of the Resource-Based Relative Value Scale (RBRVS) reimbursement methodology

All services provided by physicians, limited license practitioners, and non-physician practitioners will be reimbursed according to a statewide fee schedule based on a Resource-Based Relative Value Scale (RBRVS). This includes services provided by:

Physicians and Limited License Practitioners

- doctors of medicine,
- osteopaths,
- physician or primary care group practices,
- optometrists,
- podiatrists,
- dentists who are oral surgeons,
- chiropractors, and
- health service providers in psychology.

Non-Physician Practitioners

- audiologists,
- physical, occupational, respiratory, and speech therapists,
- licensed psychologists,
- independent laboratory or radiology providers,
- advance practice nurses,
- dentists who are not oral surgeons.
- board certified behavior analysts
- credentialed registered behavior technicians
- pharmacist for tobacco cessation counseling services

Other Licensed or Certified Practitioners

- physician assistants,
- licensed independent practice school psychologist,
- licensed clinical social worker,
- licensed marital and family therapist,
- licensed mental health counselor,
- person holding a master's degree in social work, marital and family therapy, or mental health counseling,
- licensed clinical addiction counselors
- certified registered nurse anesthetists, and
- anesthesiologist assistants
- community health workers

Other Licensed or Certified Practitioners are required to work under the direct supervision of a physician, except licensed clinical social workers, licensed marital and family therapists, licensed mental health counselors, and licensed clinical addiction counselors. Other Licensed Practitioners or Certified Practitioners, except physician assistants, certified registered nurse anesthetists, licensed clinical social workers, licensed marital and family therapists, licensed mental health counselors, and licensed clinical addiction counselors, must bill under the supervising physician's provider number. Except as otherwise noted in the plan, state-developed fee schedule rates for these services are the same for both governmental and private providers. The agency's fee schedule rates were effective for services provided on or after February 1, 2015. All rates and effective dates are published on the agency's website at www.provider.indianamedicaid.com.

TN # 20-002

Supersedes

TN # 18-005

Approval Date 8/20/20

Effective Date October 1, 2020