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State/Territory: Indiana

State Plan Amendment (SPA)#: 20-003

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

July 14, 2020

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

RE: Transmittal Number (TN) 20-003

Dear Ms. Taylor:

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

SPA TN 20-003: - Medicaid Reimbursement for FQHCs and RHCs to Add Eligible Practitioners

- Effective Date: October 1, 2020
- Approval date: July 14, 2020

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 solid black rectangular box used to redact the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosure

cc: Gabrielle Koenig, FSSA
Sara Albertson, FSSA

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

1. TRANSMITTAL NUMBER 20-003	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*)

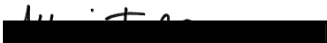
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.20	7. FEDERAL BUDGET IMPACT (<i>in thousands</i>) : a. FFY 2021 \$ 143 b. FFY 2022 \$ 145
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A Addendum Page 1-1.0	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 3.1A Addendum Page 1-1.0

SUBJECT OF AMENDMENT: The Office of Medicaid Policy and Planning (OMPP) proposes to revise Medicaid reimbursement for Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) to add the following practitioners as eligible practitioners under the Medicaid prospective payment system: licensed clinical addiction counselors (LCACs), licensed marriage and family therapists (LMFTs), and licensed mental health counselors (LMHCs). Additionally, this State Plan Amendment makes corrections to outdated Medicaid State Plan language.

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 5/27/2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 05/27/2020	18. DATE APPROVED 07/14/2020
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2020	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

1. Inpatient Hospital services Provided with limitations.
Inpatient hospital services are covered when provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the recipient's condition. Reimbursement shall not be made for any hospital services not covered under the Medicaid program.
The following require prior authorization:
- (1) any procedure ordinarily rendered on an outpatient basis when rendered on an inpatient basis
 - (2) psychiatric inpatient admissions
 - (3) rehabilitation, including substance abuse, inpatient admissions
 - (4) burn inpatient admissions
 - (5) out of state hospitalization
 - (6) nonemergent inpatient admissions
- The following are exempt from the prior authorization requirements:
- (1) Inpatient hospital admissions when covered by Medicare.
 - (2) Routine vaginal and cesarean section deliveries.
- If an inpatient procedure requires prior authorization and prior authorization is either not obtained or denied, reimbursement for the inpatient procedure and any associated services, including inpatient days, shall be denied.
- 2.a. Outpatient Hospital services Provided with limitations.
Outpatient hospital services are covered when provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the recipient's condition. Reimbursement shall not be made for any hospital services not covered under the Medicaid program. For general anesthesia services, documentation in the patient's record must include specific reasons why such services are needed, if such services are to be provided on an outpatient basis.
- 2.b. Rural Health Clinic services Provided with limitations.
Reimbursement is available to rural health clinics for medically necessary services provided by a physician, physician assistant, nurse practitioner, clinical psychologist, clinical social worker, dentist, dental hygienist, podiatrist, optometrist, chiropractor, licensed clinical addiction counselor, licensed marriage and family therapist, or licensed mental health counselor employed by the rural health clinic. Reimbursement shall not be made for any services not covered under the Medicaid program.

2.c. Federally Qualified Health
Center services

Provided with limitations.

Reimbursement is available to FQHCs for medically necessary services provided by a physician, as defined in 42 C.F.R. 405.2412, physician assistant, nurse practitioner, clinical psychologist, clinical social worker, dentist, dental hygienist, podiatrist, optometrist, chiropractor, licensed clinical addiction counselor, licensed marriage and family therapist, or licensed mental health counselor. Reimbursement is also available for services and supplies incident to such services as would otherwise be covered if furnished by a physician or as an incident to a physician's services. Services to a homebound individual are only available in the case of those FQHCs that are located in an area that has a shortage of home health agencies as determined by Medicaid. Any other ambulatory service included in the Medicaid state plan is considered a covered FQHC service if the FQHC offers such a service. Reimbursement shall not be made for any service not covered under the Medicaid program.

3. Other Laboratory and
X-ray services

Provided with limitations.

All laboratory and x-ray services must be ordered by a physician or other practitioner licensed to do so under state law. Covered when necessitated by a condition-related diagnosis.

Only one (1) charge per day for each patient is allowed for venipuncture.