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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



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,

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 TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 4. PROPOSED EFFECTIVE DATE October 1, 2020 TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 4. PROPOSED EFFECTIVE DATE October 1, 2020 5. TYPE OF PLAN MATERIAL (Check One) MENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment) 7. FEDERAL BUDGET IMPACT (in thousands) : 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Attachment 3.1A Addendum Page 1-1.0 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Attachment 3.1A Addendum Page 1-1.0 SUBJECT OF AMENDMENT: The Office of Medicaid Policy and Planning (OMPP) proposes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	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	FORM APPRC OMB No. 0938-
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23. REMARKS		Director, Division of Program Operations
	23. REMARKS	

FORM CMS-179 (07/92)

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: any procedure ordinarily rendered on an outpatient basis when rendered on an inpatient basis psychiatric inpatient admissions rehabilitation, including substance abuse, inpatient admissions burn inpatient admissions out of state hospitalization nonemergent inpatient admissions The following are exempt form the prior authorization requirements: Inpatient hospital admissions when covered by Medicare. 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

Approval Date: July 14, 2020

covered under the Medicaid program.

Effective Date: October 1, 2020

	Federally Qualified Health	Provided with limitations.
	Center services	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	Provided with limitations.
	X-ray services	
	5	All laboratory and x-ray services must be ordered by a physician or
		other practitioner licensed to do so under state law. Covered when

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

necessitated by a condition-related diagnosis.

TN No. <u>20-003</u> Supersedes TN No<u>. 13-007</u>

Approval Date: July 14, 2020

Effective Date: October 1, 2020