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State/Territory: Indiana

State Plan Amendment (SPA)#: 20-0008 MACPro

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IN - Submission Package - IN2020MS0002O - (IN-20-0008) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	IN2020MS0002O	Submission Type	Official
Program Name	N/A	State	IN
SPA ID	IN-20-0008	Region	Chicago, IL
Version Number	4	Package Status	Approved
Submitted By	Gabrielle Koenig	Submission Date	6/11/2020
Package Disposition		Approval Date	8/26/2020 9:49 AM EDT
Priority Code	P2		

TN #20-0008
 Supersedes
 TN #IN13003MM3

Approval Date: 8/26/20

Effective Date: 7/1/20

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



Center for Medicaid & CHIP Services

August 26, 2020

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

Re: Approval of State Plan Amendment IN-20-0008

Dear Ms. Taylor:

On June 11, 2020, the Centers for Medicare and Medicaid Services (CMS) received Indiana State Plan Amendment (SPA) IN-20-0008 to make changes to the MAGI-based income methodology in order to allow an alternative budgeting methodology for reasonable and predictable changes in income. Specifically, the methodology will allow for prorating gross monthly income for temporary or seasonal employment

We approve Indiana State Plan Amendment (SPA) IN-20-0008 on August 26, 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 | Eligibility | IN2020MS00020 | IN-20-0008

Package Header

Package ID	IN2020MS00020	SPA ID	IN-20-0008
Submission Type	Official	Initial Submission Date	6/11/2020
Approval Date	8/26/2020	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Superseded SPA ID	N/A		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 #20-0008
Supersedes
TN #IN13003MM3

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IN2020MS00020 | IN-20-0008

Package Header

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Approval Date	8/26/2020	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID IN-20-0008

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
MAGI-Based Methodologies	7/1/2020	IN13003MM3

TN #20-0008
 Supersedes
 TN #IN13003MM3

Approval Date: 8/26/20

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IN2020MS00020 | IN-20-0008

Package Header

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment makes conforming changes to the Medicaid State Plan in the calculation of income for temporary or seasonal employment.

This State Plan Amendment requests approval of the Reasonable MAGI-based income methodology, allowing an alternative budgeting methodology for reasonable and predictable income. Specifically, the State is requesting prorating gross monthly income received for temporary or seasonal employment over twelve months, which decreases monthly MAGI income. By using the reasonable and predictable MAGI-based methodology, Indiana Medicaid would be able to minimize the impact of temporary or seasonal employment income for Medicaid and CHIP eligibility groups.

This State Plan Amendment is also the result of 2020 Indiana legislation.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$745862
Second	2021	\$745862

Federal Statute / Regulation Citation

42 CFR 435.603(h)(3)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IN2020MS00020 | IN-20-0008

Package Header

Package ID IN2020MS00020
Submission Type Official
Approval Date 8/26/2020
Superseded SPA ID N/A

SPA ID IN-20-0008
Initial Submission Date 6/11/2020
Effective Date N/A

Governor's Office Review

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

Describe The State of Indiana does not require Governor review.

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Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | IN2020MS00020 | IN-20-0008

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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: Jun 10, 2020

Website URL: <http://iac.iga.in.gov/iac/irtoc.htm?view=date&ldate=20200610&hdate=20200610>

Other

- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
IN-TN-20-008	6/11/2020 10:39 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

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Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | IN2020MS00020 | IN-20-0008

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Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

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Medicaid State Plan Eligibility

MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | IN2020MS00020 | IN-20-0008

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	System-Derived		

The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

A. Household Composition

- In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
- In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
 - a. The pregnant woman is counted just as herself.
 - b. The pregnant woman is counted as herself, plus one.
 - c. The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
- In establishing household composition under the rules for non-filers set forth at 42 CFR 435.603(f)(3), the state elects the following age for children:
 - a. Age 19
 - b. Age 19, or in the case of full-time students, age 21

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MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | IN2020MS0002O | IN-20-0008

Package Header

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B. Household Income

Financial eligibility is determined consistent with the following provisions:

1. When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
2. When determining eligibility for current beneficiaries, financial eligibility is based on:
 - a. Current monthly household income and family size
 - b. Projected annual household income and family size for the remaining months of the current calendar year.
3. In determining current monthly or projected annual household income, the state considers reasonably predictable changes in income:
 - Yes No

a. Include a prorated portion of a reasonably predictable increase in future income and/or family size.

The methodology used by the state to account for and verify such change is:

When using the MAGI-based methodology for eligibility determinations and renewals, Indiana will utilize a reasonable methodology for predictable increases in future income over a 12-month period. The methodology applies when the applicant/member has income deemed by agency as highly likely to fluctuate, and/or the applicant/member self-attest that for the upcoming year this annual amount is approximately equal to the annual amount from that income for the current year. The agency will recognize the following sources of income as highly likely to fluctuate; 1. Self-employment 2. Seasonal/temporary earned income (Includes Census Wages) 3. Commission based earned income. This reasonable methodology will use the applicant/member's self-attestation or documentation to prorate, or spread out, expected future changes over 12 months. This conversion will calculate an average monthly amount that will be added to the applicant/member's current monthly non-fluctuating income sources and will be used to determine eligibility for the applicant/member.

For income that has been verified as not set to recur in the following year (such as Census income or a one-time contract), the income will be expired from the budget after the period in which it was annualized and included. Examples of verification that could be submitted to document fluctuation in income include: prior year's tax returns, paystubs, quarterly income, signed letter of explanation of predictable income fluctuations, and self-attestation of predictable fluctuation of annual income. The agency will not apply reasonable methodology for predictable increases in future income under the following conditions;

- (1) Applicant/member does not have income deemed by agency as highly likely to fluctuate.
- (2) Applicant/member has not provided sufficient detail to reasonably calculate an annualized amount of income
- (3) The applicant/member has not attested that the annual amount for the upcoming year for fluctuating income is approximately equal to the annual amount for the current year.

b. Account for a reasonably predictable decrease in future income and/or family size.

The methodology used by the state to account for and verify such change is:

When using the MAGI-based methodology for eligibility determinations and renewals, Indiana will utilize a reasonable methodology for predictable decreases in future income over a 12-month period. The methodology applies when the applicant/member has income deemed by agency as highly likely to fluctuate, and/or the applicant/member self-attest that for the upcoming year this annual amount is approximately equal to the annual amount from that income for the current year. The agency will recognize the following sources of income as highly likely to fluctuate; 1. Self-employment 2. Seasonal/temporary earned income (Includes Census Wages) 3. Commission based earned income

This reasonable methodology will use the applicant/member's self-attestation or documentation to prorate, or spread out, expected future changes over a longer period of time, up to 12 months. This conversion will calculate an average monthly amount that will be added to the applicant/member's current monthly non-fluctuating income sources and will be used to determine eligibility for the applicant/member.

For income that has been verified as not set to recur in the following year (such as Census income or a one-time contract), the income will be expired from the budget after the period in which it was annualized and included. Examples of verification that could be submitted to document fluctuation in income include: prior year's tax returns, paystubs, quarterly income, signed letter of explanation of predictable income fluctuations, and self-attestation of predictable fluctuation of annual income. The agency will not apply reasonable methodology for predictable decreases in future income under the following conditions;

- (1) Applicant/member does not have income deemed by agency as highly likely to fluctuate.
- (2) Applicant/member has not provided sufficient detail to reasonably calculate an annualized amount of income
- (3) The applicant/member has not attested that the annual amount for the upcoming year for fluctuating income is approximately equal to the annual amount for the current year.

4. MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.

5. Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the

individual's household.

6. In determining the eligibility of an individual using MAGI-based income, the state must subtract an amount equivalent to 5 percentage points of the federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.

7. Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

Yes No

†N #20-0008
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MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | IN2020MS00020 | IN-20-0008

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	System-Derived		

C. Resource Test

There is no resource test applied to eligibility groups that use MAGI-based methodologies.

D. Additional Information (optional)

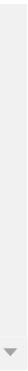
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PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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 8/31/2020 10:41 AM EDT



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