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State/Territory: Indiana

State Plan Amendment (SPA)#: 20-017

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 4, 2021

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

RE: Transmittal Number (TN) 20-017

Dear Ms. Taylor:

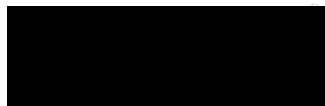
Enclosed for your records is an approved copy of the following State Plan Amendment (SPA):

SPA TN 20-017: - Care Coordination Services for Mental Health and Substance Use Disorders

- Effective Date: January 1, 2021
- Approval date: February 4, 2021

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,

 Digitally signed by James G. Scott -S
Date: 2021.02.04 09:31:28 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosure

cc: Sara Albertson, FSSA

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
20-017

2. STATE
Indiana

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
January 1, 2021

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 438.208

7. FEDERAL BUDGET IMPACT (*thousands*):
a. FFY 2020 \$ 0
b. FFY 2021 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.19-A Addendum Page 9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.19-A Addendum Page 9

10. SUBJECT OF AMENDMENT:

This State Plan amendment updates the definition of care coordination services for mental health or substance use disorders.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

**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 W382
Indianapolis, IN 46204
ATTN: Sara Albertson, Federal Relations Lead

13. TYPED NAME: Allison Taylor

14. TITLE: Medicaid Director

15. DATE SUBMITTED: November 6, 2020

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
November 6, 2020

18. DATE APPROVED:
February 4, 2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL:
 Digitally signed by James G. Scott -S
Date: 2021.02.04 09:34:49 -06'00'

21. TYPED NAME:
James G. Scott

22. TITLE:
Director, Division of Program Operations

23. REMARKS:

- Care Coordination services. Refers to the coordination of services to manage a mental health or substance use disorder. Care coordination services include the assessment of the eligible consumer to determine mental health and substance abuse treatment service needs, development of an individualized integrated care plan, referral and related activities to help the consumer obtain needed services, monitoring and follow-up, and evaluation. Care coordination is a service on behalf of the consumer, not to the consumer, and is management of the case, not the consumer.

The following providers are qualified to deliver this service:

- A licensed professional
- A QBHP
- An OBHP

Limitations:

- Activities billed under behavioral health level of need redetermination.
- The actual or direct provision of medical services or medical treatment.

(5) [Crisis Intervention services has been moved to Attachment 3.1-A, Addendum Page 9c.2].

(6) Child and Adolescent Intensive Resiliency Services (CAIRS). Refers to a time-limited, non-residential service provided in a clinically supervised setting that provides an integrated system of individual, family and group interventions based on an individualized integrated care plan. CAIRS includes therapeutic services such as clinical therapies, psycho-educational groups, and rehabilitative services such as skills training and development and medication training and support. CAIRS is designed to alleviate emotional or behavioral problems with the goal of reintegrating the child into the community setting and restore a beneficiary to his best possible functional level. CAIRS is provided in close coordination with the educational program provided by the local school district. CAIRS is time-limited, curriculum-based, with goals that include reintegration into age appropriate community settings (e.g., school and activities with pro-social peers). Services may be provided for persons who are living in the community and who need aid on an intermittent basis for emotional disturbances, or addiction. Children who do not meet the medical necessity criteria for CAIRS will receive comparable treatment services under Early and Periodic Screening, Diagnostic and Treatment.

The following providers are qualified to deliver this service:

- Licensed professional
- QBHP
- OBHP