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State/Territory: Indiana

State Plan Amendment (SPA)#: 20-0019

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form
3) Approved SPA Page
March 4, 2021

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

RE: Transmittal Number (TN) 20-0019

Dear Ms. Taylor:

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

SPA TN 20-0019:  - Optometric Services Delivered via Telemedicine

  - Effective Date: October 22, 2020
  - Approval date: March 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,

James G. Scott, Director
Division of Program Operations

Enclosure

cc: Sara Albertson, FSSA
    BreAnn Gross Teague, FSSA
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER:</th>
<th>20-019</th>
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<tr>
<td>2. STATE:</td>
<td>Indiana</td>
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<td>3. PROGRAM IDENTIFICATION:</td>
<td>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</td>
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<tr>
<td>4. PROPOSED EFFECTIVE DATE:</td>
<td>October 22, 2020</td>
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<td>5. TYPE OF PLAN MATERIAL:</td>
<td>AMENDMENT (Check One):</td>
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<tr>
<td></td>
<td>NEW STATE PLAN</td>
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<tr>
<td></td>
<td>AMENDMENT TO BE CONSIDERED AS NEW PLAN</td>
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<td></td>
<td>AMENDMENT</td>
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**6. FEDERAL STATUTE/REGULATION CITATION:**  
section 1902(a)(30)(A) of the Act

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

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**  
Attachment 3.1-A Addendum Page 3.2

**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):**  
Attachment 3.1-A Addendum Page 3.2

**10. SUBJECT OF AMENDMENT:**  
This State Plan Amendment makes conforming changes to the Medicaid State Plan to bring Indiana Medicaid into compliance with IC 25-1-9.5-4 by making optometric services available via telemedicine in the delivery of health care services. These changes will be effective October 22, 2020.

**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

**12. SIGNATURE OF STATE AGENCY OFFICIAL:**  
Allison Taylor  
Medicaid Director  
Indiana Office of Medicaid Policy and Planning  
402 West Washington Street, Room W382  
Indianapolis, IN 46204

**13. TYPED NAME:** Allison Taylor

**14. TITLE:** Medicaid Director

**15. DATE SUBMITTED:** December 7, 2020

**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

**17. DATE RECEIVED:** December 7, 2020

**18. DATE APPROVED:** March 4, 2021

**19. EFFECTIVE DATE OF APPROVED MATERIAL:** October 22, 2020

**20. SIGNATURE OFFICIAL:***  
James G. Scott  
Director, Division of Program Operations

**21. TYPED NAME:** James G. Scott

**22. TITLE:** Director, Division of Program Operations

**23. REMARKS:**

Indiana’s Medicaid State Plan does not require the Governor’s review. See Section 7.4 of the State Plan.
Telemedicine services Coverage is available for telemedicine service delivery allowing real-time, interactive, face-to-face (via technology) consultation, between the distant site (where the provider is located while providing health care services through telemedicine) and originating site (where the patient is located at the time health care services through telemedicine are provided to the individual).

The following provider types and services may not be covered for telemedicine:

(A) Ambulatory surgical centers.
(B) Outpatient surgical services.
(C) Home health agencies or services.
(D) Radiological services.
(E) Laboratory services.
(F) Long term care facilities, including nursing facilities, intermediate care facilities or community residential facilities for the developmentally disabled.
(G) Anesthesia services or nurse anesthetist services.
(H) Audiological services.
(I) Chiropractic services.
(J) Care coordination services with the member not present.
(K) DME and HME providers.
(L) Podiatric services.
(M) Physical therapy services.
(N) Transportation services.

Store and forward technology is not separately covered by Medicaid.