

## **Table of Contents**

**State/Territory Name: Indiana**

**State Plan Amendment (SPA) #: 21-0003**

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 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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November 23, 2021

Allison Taylor, Medicaid Director  
Office of Medicaid Policy and Planning  
Indiana Family and Social Services Administration  
402 W. Washington, Room W374 MS 07  
Indianapolis, IN 46204

Re: Indiana State Plan Amendment (SPA) 21-0003

Dear Ms. Taylor

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0003. This amendment proposes to remove certain providers from the excluded provider type/services list and changes the term “telemedicine” to “telehealth services.”

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that Indiana Medicaid SPA 21-0003 was approved on November 19, 2021, with an effective date of July 11, 2021.

If you have any questions, please contact Mai Le-Yuen at 312.353.2853 or via email at [mai.le-yuen@cms.hhs.gov](mailto:mai.le-yuen@cms.hhs.gov).

Sincerely,

Ruth A. Hughes, Acting  
Director Division of Program  
Operations

cc: Madison May Gruthusen  
BreAnn Gross Teague

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

1. TRANSMITTAL NUMBER:  
21-003

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:  
July 11, 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 410.78

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Addendum Page 3.2  
Attachment 3.1-A Addendum Page 4.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 3.1-A Addendum Page 3.2  
Attachment 3.1-A Addendum Page 4.1

10. SUBJECT OF AMENDMENT:

This State Plan Amendment updates the term "telemedicine" to "telehealth services" and removes certain providers from the excluded provider type/services list. This State Plan Amendment aligns the Indiana Medicaid State Plan with newly passed state legislation.

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

TATE AGENCY OFFICIAL:

13. TYPED NAME: Allison Taylor

14. TITLE: Medicaid Director

15. DATE SUBMITTED: September 24, 2021

16. RETURN TO:

Allison Taylor  
Medicaid Director  
Indiana Office of Medicaid Policy and Planning  
402 West Washington Street, Room W374  
Indianapolis, IN 46204  
ATTN: Amy Owens, Government Relations Manager

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 9/24/21

18. DATE APPROVED:  
November 19, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 11, 2021

20. SIGNATURE

21. TYPED NAME:  
Ruth Hughes

22. TITLE: Acting Director, Division of Program Operations

23. REMARKS:

State: Indiana

Attachment 3.1-A  
Addendum Page 3.2

Telehealth

Coverage is available for health care services delivered via telehealth. Telehealth must be provided in accordance with Indiana state law.

The following services may not be delivered via telehealth:

- (A) Ambulatory surgical services.
- (B) Outpatient surgical services.
- (C) Radiological services.
- (D) Laboratory services.
- (E) Anesthesia services or nurse anesthetist services.
- (F) DME and HME services.
- (G) Transportation services.

For more information on telehealth monitoring reimbursement for home health care services, please refer to Attachment 4.19-B, Page 3c. 1.1

TN: 21-003

Supersedes  
TN: 20-019

Approval Date: November 19, 2021 Effective Date: July 11, 2021

State: Indiana

Attachment 3.1-A  
Addendum Page 4.1

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TN: 21-003  
Supersedes  
TN: 13-011

Approval Date: November 19, 2021      Effective Date: July 11, 2021