

## **Table of Contents**

**State/Territory Name: Indiana**

**State Plan Amendment (SPA) #: 21-0015**

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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December 27, 2021

Allison Taylor, Medicaid Director  
Indiana Family and Social Services Administration  
402 W. Washington St, Room W374, MS07  
Indianapolis, IN 46204

Re: Indiana State Plan Amendment (SPA) 21-0015

Dear Ms. Taylor:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0015. This amendment proposes to modify the Medicaid Rehabilitation Option (MRO) service requirements to allow other behavioral health professionals to provide MRO services, within their scope of practice and licensure, and to allow certain MRO services to be provided concurrently with other addiction treatment services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.130. This letter is to inform you that Indiana Medicaid SPA 21-0015 was approved on December 27, 2021, with an effective date of January 1, 2022.

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,

James G. Scott, Director  
Division of Program Operations

cc: Madison May Gruthusen

**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**

**1. TRANSMITTAL NUMBER:**  
21-015

**2. STATE**  
Indiana

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

**4. PROPOSED EFFECTIVE DATE:**  
January 1, 2022

**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 440.130

**7. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):**  
a FFY 2022 \$0 b. FFY 2023 \$0

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**

Attachment 3.1-A Addendum Page 8c  
Attachment 3.1-A Addendum Page 10

Attachment 3.1-A Addendum Page 8c  
Attachment 3.1-A Addendum Page 10

**10. SUBJECT OF AMENDMENT:**

This State Plan Amendment proposes to modify the Medicaid Rehabilitation Option (MRO) service requirements allowing other behavioral health professionals to provide MRO services, within their scope and licensure, and to allow certain MRO services to be provided concurrent with other addiction treatment services.

**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:**

**13. TYPED NAME:** Allison Taylor

**14. TITLE:** Medicaid Director

**16. RETURN TO:**

Allison Taylor  
Medicaid Director  
Indiana Office of Medicaid Policy and Planning  
402 West Washington Street, Room W382  
Indianapolis, IN 46204  
ATTN: Madison May-Gruthusen, Federal Relations Lead

**15. DATE SUBMITTED:** December 1<sup>st</sup>, 2021

**FOR REGIONAL OFFICE USE ONLY**

**17. DATE RECEIVED:** 12/1/21

**18. DATE APPROVED:**  
December 27, 2021

**19. EFFECTIVE DATE OF APPROVED MATERIAL:**  
1/1/22

**20.**

**21. TYPED NAME:**  
James Scott

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

**23. REMARKS:**

through structured interventions for attaining recovery goals identified in the individualized integrated care plan and the monitoring of progress in achieving those skills. Services may be provided for persons who are living in the community, or who are residing in an ASAM 3.1 Substance Use Disorder Residential Treatment Facility, and who need aid on an intermittent basis for emotional disturbances, mental illness, or addiction. Services may be provided in an individual or group setting, and with family members or other caretakers of the person in need of services.

The following providers are qualified to deliver this service:

- Licensed professional
- QBHP
- OBHP

Limitations: Service packages authorize the following units of service for 180 days based on a member's level of need (LON). Any additional medically necessary units of service may be prior authorized.

Adult		
Level of Need	Service Type	Units per 180 days (15 min.)
3	Skills Training and Development	600
4	Skills Training and Development	750
5	Skills Training and Development	900
5A	Skills Training and Development	1000

Child/Adolescent		
Level of Need	Service Type	Units per 180 days (15 min.)
3	Skills Training and Development	600
4	Skills Training and Development	750
5 /6	Skills Training and Development	900

- (4) Behavioral Health Level of Need Redetermination. Refers to services required to assess an individual's functional needs and strengths, determine level of need, and make changes to the individualized integrated care plan. The assessment is used as a clinical guide and a treatment planning tool which assists providers in creating a person-centered plan of care. The redetermination includes face-to-face contact with the consumer and face-to-face or telephone collateral contacts with family members or non-professional caretakers, which results in a completed redetermination. Services may be provided for persons who are living in the community and who need aid on an intermittent basis for emotional disturbances, mental illness, or addiction.

The following providers are qualified to deliver this service:

- Individuals meeting the Division of Mental Health and Addiction's (DMHA) training competency standards for the performance of the DMHA approved assessment tool.

Limitations:

- Reimbursement is allowed for one redetermination per 180 days for Adults LON 3-5A and Children/Adolescents LON 3-6.



Adult		
Level of Need	Service Type	Units per 180 days (15 min.)
5	Psychiatric Assessment and Intervention	25
5A	Psychiatric Assessment and Intervention	100

#### Service Packages and Prior Authorization

MRO service packages are assigned to persons with a behavioral health need as demonstrated by a qualifying diagnosis and level of need. Services packages are designed to authorize a set of services and units of service necessary for the majority of persons with similar functional needs to achieve recovery. Service packages are assigned for 180 days based on the level of need assessment. Within the last 30 days of an assigned service package, a provider may reassess the person and a new service package will be assigned to start the day after the existing service package ends.

- Prior authorization is available under the following circumstances: A member depletes units within his or her MRO service package and requires additional units of a medically necessary MRO service.
- A member requires a medically necessary MRO service not authorized in his or her MRO service package.
- A member does not have one or more qualifying MRO diagnoses and/ or LON for the assignment of an MRO service package, and has a significant behavioral health need that requires a medically necessary MRO service.
- A member is newly eligible to the Medicaid program, or had a lapse in his or her Medicaid eligibility, and was determined Medicaid eligible for a retroactive period. In this case, a retroactive request for prior authorization is appropriate for MRO services provided during the retroactive period.

Providers must demonstrate that the service requested is medically necessary.

#### Individualized Integrated Care Plan Requirements

The following providers are able to certify a diagnosis for the purpose of developing an individualized integrated care plan (IICP) and approve the IICP for MRO services:

- A physician
- A licensed psychologist endorsed as a health service provider in psychology (HSPP)
- An advanced practice registered nurse (APRN)
- A licensed clinical social worker (LCSW)
- A licensed marriage and family therapist (LMFT)
- A licensed mental health counselor (LMHC)
- A licensed clinical addiction counselor (LCAC)

The supervising practitioner is responsible for seeing the patient during the intake process or reviewing information submitted by the other licensed professionals, qualified behavioral health provider (QBHP), or other behavioral health provider (OBHP) and approving the individualized integrated care plan within seven (7) days. Services included in an individualized plan of treatment must commence within two (2) weeks upon completion of a patient's intake assessment. The supervising practitioner must provide face to face visits with the patient or review the individualized integrated care plan submitted by the QBHP at intervals not to exceed ninety (90) days. These reviews must be documented and signed by the supervising practitioner assuming responsibility for the care plan