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State/Territory Name: Indiana

State Plan Amendment (SPA) #: 21-0018

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

January 5, 2022

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) 21-0018

Dear Ms. Taylor:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0018. This amendment proposes to add assurances for certain transportation providers.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act section 1902(a)(87). This letter is to inform you that Indiana Medicaid SPA 21-0018 was approved on January 5, 2022, with an effective date of December 27, 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.

Sincerely,

 Digitally signed by James
.Scott -S
ate: 2022.01.05 11:22:21
06'00'

James G. Scott, Director
Division of Program Operations

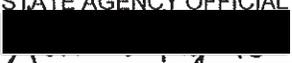
cc: Madison May Gruthusen

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 1 - 0 0 1 8</u>	2. STATE <u>IN</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 27th, 2021	
5. FEDERAL STATUTE/REGULATION CITATION Social Security Act Section 1902(a)(87)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1 D Page 2	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1 D Page 2	

9. SUBJECT OF AMENDMENT
This Medicaid State Plan Amendment makes conforming changes to the Medicaid State Plan to add assurances for certain transportation providers as required by the Center for Medicaid and CHIP Services (CMCS).

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Allison Taylor Medicaid Director: Indiana Office of Medicaid Policy and Planning 402 West Washington Street, Room W374 Indianapolis, IN 46204 Attn: Madison May Gruthusen, Federal Relations Lead
12. TYPED NAME Allison Taylor	
13. TITLE Medicaid Director	
14. DATE SUBMITTED Dec 21st, 2021	

FOR CMS USE ONLY

16. DATE RECEIVED 12/21/21	17. DATE APPROVED January 5, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL December 27, 2021	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2022.01.05 11:22:59 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

- Members enrolled in risk-based managed care receive non-emergency transportation through an NEMT broker contracted with the managed care entity.
- Family members enrolled as transportation providers are eligible for reimbursement for mileage only. Family members or close associates must be enrolled as an Indiana Medicaid provider. Trips are approved by the appropriate NEMT broker. This benefit is provided as an administrative service.

Any provider (including a transportation network company) or individual driver of non-emergency transportation to medically necessary services receiving payments under the State Plan must meet specified minimum requirements:

These minimum requirements include:

- (A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- (B) Each such individual driver has a valid driver's license;
- (C) Each such provider has in place a process to address any violation of a state drug law; and
- (D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.