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**State/Territory Name: IN**

**State Plan Amendment (SPA) #: 22-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

# IN - Submission Package - IN2022MS0001O - (IN-22-0001) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St., Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

September 08, 2022

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

Re: Approval of State Plan Amendment IN-22-0001

Dear Ms. Taylor,

On March 29, 2022, the Centers for Medicare and Medicaid Services (CMS) received Indiana State Plan Amendment (SPA) IN-22-0001, in which Indiana proposed to elect its option to provide 12 months of postpartum coverage to individuals who are enrolled in Medicaid during their pregnancy.

We approve Indiana State Plan Amendment (SPA) IN-22-0001 with an effective date(s) of April 01, 2022.

If you have any questions regarding this amendment, please contact Mai Le-Yuen at 312.353.2853 or by 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

Center for Medicaid & CHIP Services

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IN2022MS0001O | IN-22-0001

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	IN2022MS0001O	<b>SPA ID</b>	IN-22-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/29/2022
<b>Approval Date</b>	9/8/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Indiana

**Medicaid Agency Name:** FSSA

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IN2022MS0001O | IN-22-0001

### Package Header

**Package ID** IN2022MS0001O  
**Submission Type** Official  
**Approval Date** 9/8/2022  
**Superseded SPA ID** N/A

**SPA ID** IN-22-0001  
**Initial Submission Date** 3/29/2022  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** IN-22-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	4/1/2022	New

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IN2022MS0001O | IN-22-0001

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### Executive Summary

**Summary Description Including Goals and Objectives** This Medicaid State Plan Amendment (SPA) would provide Medicaid coverage for an eligible pregnant woman for the duration of the pregnancy and for the 12-month postpartum period that begins on the last day of the pregnancy.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$2500000
Second	2023	\$5000000

#### Federal Statute / Regulation Citation

Section 1902(e)(16) of the Social Security Act  
Section 9812 and 9822 of the American Rescue Plan Act of 2021

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Postpartum Fiscal	4/18/2022 12:49 PM EDT	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IN2022MS0001O | IN-22-0001

### Package Header

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<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** Indiana Medicaid's State Plan does not require Governor Review.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 9/8/2022 1:08 PM EDT*

# IN - Submission Package - IN2022MS0001O - (IN-22-0001) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report Approval Letter RAI

Transaction Logs News **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility and Enrollment Processes

#### Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | IN2022MS0001O | IN-22-0001

CMS-10434 OMB 0938-1188

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<b>Approval Date</b>	9/8/2022	<b>Effective Date</b>	<u>4/1/2022</u>
<b>Superseded SPA ID</b>	New User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

#### A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

#### B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

Yes

No

- This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
- Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
- Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
  - The individual requests voluntary termination of eligibility;
  - The individual ceases to be a resident of the state;
  - The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
  - The individual dies.

#### C. Additional Information (optional)

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