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State/Territory Name: Indiana

State Plan Amendment (SPA) #: 22-0013

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

December 13, 2022

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

Re: Indiana State Plan Amendment (SPA) 22-0013

Dear Ms. Taylor:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0013. This amendment assures compliance with electronic visit verification for personal care services as required by the 21st Century Cures Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and section 120006 of the 21st Century Cures Act. This letter is to inform you that Indiana Medicaid SPA 22-0013 was approved on December 13, 2022, with an effective date of January 1, 2023.

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,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by
James G. Scott -S
Date: 2022.12.13
13:58:46 -06'00'

James G. Scott, Director
Division of Program Operations

cc: Madison May Gruthusen, FSSA
Keith McConomy, FSSA

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 3

2. STATE

I N

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

Section 12006 of the 21st Century CURES Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A page 9d
Attachment 3.1-A page 10

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A page 9d
Attachment 3.1-A page 10

9. SUBJECT OF AMENDMENT

This SPA aligns Indiana Medicaid with the 21st Century Cures Act by including EVV assurance for personal care services.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME
Allison Taylor

13. TITLE
Medicaid Director

14. DATE SUBMITTED
10/31/2022

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

FOR CMS USE ONLY

16. DATE RECEIVED
10/31/22

17. DATE APPROVED
December 13, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted Signature] Digitally signed by James G. Scott -S
Date: 2022.12.13 14:08:43 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the amount charged to other human services agencies for the same service.

(9) Please provide a complete description of how the NEMT brokerage program operates. Include all services provided by the broker (call center, over-sight of providers, etc.). If applicable, describe any transportation services that will not be provided by the broker and how these services will be

The FSSA contracts with a single broker for the administration of the Non-Emergency Medical Transportation program for the FFS population. The broker is responsible for the following activities:

- Ensuring that members seeking NEMT services are eligible for Indiana Medicaid services
 - Ensuring that non-emergency transportation providers are first enrolled as Indiana Health Coverage Programs (IHCP) providers.
 - Recruiting, maintaining, and continuously improving a network of local qualified transportation providers, which is available statewide. This network includes, but is not limited to, specialized motor vehicles, common vehicles, taxies, and public transit.
 - Scheduling recurring trips, one-time trips, advance reservations, hospital and emergency room discharges, trip which require prior authorization, and requests for urgent trips.
 - Determining the appropriate mode of transportation to meet a member’s medical needs, including any special transport requirements for medically fragile or physically/mentally challenges members or long-distance travel requirements.
 - Seeking and confirming any prior authorization requirements in accordance with state and federal requirements.
 - Responding to telephone and written inquiries from members, their representatives, health care providers, non-emergency transportation providers, and other stakeholders.
 - Assisting the state with ongoing program operations, policy and procedures development and review, monthly status meetings with FSSA and related contractors, and a monthly quality improvement committee.
 - Tracking and resolving quality issues and any other issues as identified within the state’s quality strategy, as appropriate.
 - Reimbursing claims for services rendered.
-
- Determining payment based on the least expensive mode and the shortest, most efficient route.
 - Monitoring and controlling fraud, waste, and abuse from transportation providers.

Nursing facility services for patients under 21 years of age

Provided No Limitations With Limitations* Not Provided

Services provided in Religious Nonmedical Health Care Institutions.

Provided No Limitations With Limitations* Not Provided

Emergency Hospital Services

Provided No Limitations With Limitations* Not Provided

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

_____ provided X not provided

26. Personal care services in recipient’s home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse

Provided No Limitations With Limitations* Not Provided

Electronic Visit Verification System. The state became compliant with the Electronic Visit Verification System (EVV) requirements for personal care services on January 1, 2021, in accordance with section 12006 of the 21st Century CURES Act.