

Table of Contents

State/Territory Name: Indiana

State Plan Amendment (SPA) #: 23-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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

August 28, 2023

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

Re: Indiana State Plan Amendment (SPA) 23-0010

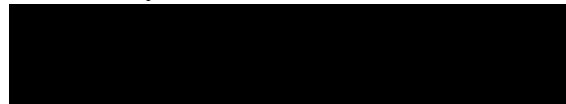
Dear Director Steinmetz:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0010. This amendment proposes to carve out basic life support and advanced life support ambulance transportation as well as non-emergency medical transportation (NEMT) services for nursing facility residents from the fee-for-service Medicaid NEMT brokerage. Nursing facilities will be responsible for providing transportation services for their residents.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act at section 1902(a)(87). This letter is to inform you that Indiana Medicaid SPA 23-0010 was approved on August 28, 2023, with an effective date of July 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,



James G. Scott, Director
Division of Program Operations

Enclosures

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 3 — 0 0 1 0

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

July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act Section 1902(a)(87)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 954,000
b. FFY 2024 \$ 2,360,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A pg 9b
Attachment 3.1-A pg 9d
Attachment 3.1-D pg 1
Attachment 3.1-D pg 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A pg 9b
Attachment 3.1-A pg 9d
Attachment 3.1-D pg 1
Attachment 3.1-D pg 2

9. SUBJECT OF AMENDMENT

This State Plan Amendment makes conforming changes to the Medicaid State Plan to carve out nonemergency medical transportation (NEMT) from FFS brokerage. NEMT ambulance services will no longer be arranged through the NEMT broker and can be scheduled directly with the providers, who will be responsible for filing claims for adjudication. NEMT services for FFS Medicaid members residing in nursing facilities will be carved out from the NEMT brokerage. Nursing facilities will be responsible for providing NEMT services for these residents and will receive a temporary per diem rate increase as reimbursement

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

[Redacted Signature]

12. TYPED NAME
Allison Taylor

13. TITLE
Medicaid Director

14. DATE SUBMITTED
June 26, 2023

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

June 26, 2023

17. DATE APPROVED

August 28, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

- (5) (A) The broker contract will provide transportation to the following categorically needy optional populations:
- IX Optional poverty-level - related pregnant women
 - IX Optional poverty-level - related infants
 - IX Optional targeted low income children
 - IX Non IV-E children who are under State adoption assistance agreements
 - IX Non IV-E independent foster care adolescents who were in foster care on their 18th birthday
 - IX Individuals who meet income and resource requirements of AFDC or SSI
 - IX Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
 - IX Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
 - IX Children aged 15-20 who meet AFDC income and resource requirements
 - IX Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
 - IX Individuals infected with TB
 - IX Individuals screened for breast or cervical cancer by CDC program
 - Individuals receiving COBRA continuation benefits
 - IX Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
 - IX Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution (please note that the broker may only provide transportation to and from 1905(a) services)
 - IX Individuals terminally ill if in a medical institution and will receive hospice care
 - IX Individuals aged or disabled with income not above 100% FPL
 - IX Individuals receiving only an optional State supplement in a 209(b) State
 - IX Individuals working disabled who buy into Medicaid (BBA working disabled group)
 - IX Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group
 - IX Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).

(B) Any beneficiary enrolled in fee-for-service who is also eligible for transportation coverage will have his or her non-emergency transportation arranged through a broker, except for the following non-brokered services:

- i. Non-emergency transportation services for basic life support and advanced life support ambulance transportation.
- ii. Non-emergency transportation services for members residing in nursing facilities.

(6) Payment Methodology

(A) Please describe the methodology used by the State to pay the broker:

The broker receives a fixed monthly risk-based capitated payment for all FFS members. This all-inclusive rate will cover all costs associated with the contract. The capitated rate may be adjusted on an annual basis.

(B) Please describe how the transportation provider will be paid:

The broker maintains a network of providers and is responsible for direct payments to providers.

(C) What is the source of the non-Federal share of the transportation payments?

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, taxis, 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.**

The broker is not responsible for the following non-brokered services:

- i. Non-emergency transportation services for basic life support and advanced life support ambulance transportation.
- ii. Non-emergency transportation services for members residing in nursing facilities.

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

STATE PLAN UNDER XIX OF THE SOCIAL SECURITY
ACT

State of Indiana

METHODS OF PROVIDING TRANSPORTATION

Transportation to and from an Indiana Medicaid covered service is provided as an optional service under this State Plan by the following methods:

- When transportation is unavailable from a non-Medicaid reimbursed source, with the exception of Medicaid payments for family member mileage, Indiana Medicaid reimburses Medicaid-enrolled vendors for the least expensive type of emergency and non-emergency transportation available that meets the medical needs of the recipient.
- Transportation reimbursement includes the cost of meals and lodging en route to and from medical care and while receiving medical care, and the cost of an attendant to accompany the beneficiary, if necessary, and the cost of the attendant's transportation, meals, lodging, and, if the attendant is not a member of the beneficiary's family, a salary.
- Prior authorization is required for the following transportation services:
 - Interstate transportation or transportation services rendered by a provider located out- of-state in a non-designated area
 - All out of state pick up and destination locations, except in designated sister cities
 - Train services
 - Bus services for trips of 50 miles or more one-way
 - Airline or air ambulance services
- The following transportation services do not require prior authorization :
 - Emergency transportation services when destination is a hospital emergency department
 - Transportation for hospital admissions or discharges
 - Transportation for recipients on renal dialysis
 - Transportation for recipients residing in nursing homes
- An NEMT broker is responsible for the administration of non-emergency transportation for all fee-for-service members eligible for transportation services, except for the following non-brokered services:
 - Non-emergency transportation services for basic life support and advanced life support ambulance transportation.
 - Non-emergency transportation services for members residing in nursing facilities.

- 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.