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State/Territory Name: Indiana

State Plan Amendment (SPA) #: 23-0014

This file contains the following documents in the order listed:

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

December 6, 2023

Cora Steinmetz
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W374
Indianapolis, IN 46204

Re: Indiana State Plan Amendment IN-23-0014

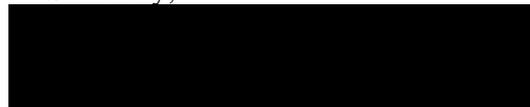
Dear Director Steinmetz:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number IN-23-0014. This amendment adds community-based palliative care as a service under the home health benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 Code of Federal Regulation (CFR) 440.70. This letter is to inform you that Indiana Medicaid SPA IN-23-0014 was approved on December 6, 2023, with an effective date of July 14, 2023.

If you have any questions, please contact Rhonda Gray at 410-786-6140 or via email at Rhonda.Gray@cms.hhs.gov.

Sincerely,



Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Madison May-Gruthusen

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

1. TRANSMITTAL NUMBER <u>2 3 — 0 0 1 4</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
July 14, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.70

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, Addendum Page 4

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A, Addendum Page 4

9. SUBJECT OF AMENDMENT
This State Plan Amendment will add community-based palliative care as a service provided to a patient by a home health agency.

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
Cora Steinmetz

12. TYPED NAME
Cora Steinmetz

13. TITLE
Medicaid Director

14. DATE SUBMITTED
September 15, 2023

15. RETURN TO
Cora Steinmetz
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W374
Indianapolis, IN 46204
Attn: Conner Ortman, Government Affairs Analyst

FOR CMS USE ONLY

16. DATE RECEIVED September 15, 2023	17. DATE APPROVED December 6, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL July 14, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS

7. Home Health Services

Home Health Services are provided in accordance with 42 CFR 440.70 and include:

- (1) Intermittent or part-time nursing services in accordance with 42 CFR 440.70(b)(1).
- (2) Home health aide services in accordance with 42 CFR 440.70(b)(2).
- (3) Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place in accordance with 42 CFR 440.70(b)(3).
- (4) Physical Therapy, Occupational Therapy, or Speech Pathology and Audiology services provided by a home health agency or medical rehabilitation facility in accordance with 42 CFR 440.70(b)(4) and 42 CFR 440.110.

Coverage for Home Health Services provided by a home health agency that meets the Medicare Conditions of Participation (COP) requirements, and are ordered in accordance with 42 CFR 440.70(a) with prior authorization, for medically necessary care.

All medically necessary Home Health Services will be provided to children under the age of 21.

Medically necessary and reasonable service is defined as a covered service required for the care or well being of the patient and is provided in accordance with generally accepted standards of medical or professional practice.

Home Health Services require medical necessity review through the prior authorization process by the Office of Medicaid Policy & Planning (OMPP). However, prior authorization is not required for home health under the following circumstances which are determined to be medically necessary:

- (1) Services are ordered in writing prior to inpatient hospital discharge provided by an RN, LPN, or home health aide, and the services do not exceed 120 units within 30 calendar days following hospital discharge. Services exceeding this amount must be reviewed for medical necessity through the prior authorization process.
- (2) Intermittent nursing or part-time nursing services which are not provided as emergency services are added to the plan of care and provided for a recipient for whom other home health services have been currently authorized. New nursing services provided to recipients who do not have home health services outlined in their plan of care must be reviewed for medical necessity through the prior authorization process.

Coverage is not available for:

- (1) Homemaker, chore services, and sitter/companion service.
- (2) Educational activities.
- (3) Out of state home health agency services except as required by 42 CFR § 431.52.
- (4) Therapy rendered for diversional, vocational, recreational, or avocational purposes.
- (5) Activities that can be conducted by non-medical personnel.
- (6) Community-base palliative care which does not meet the definition of home health services as defined above and provided in accordance with 42 CFR 440.70.
- (7) Medical social services which does not meet the definition of home health services as defined above and provided in accordance with 42 CFR 440.70.

All incontinence supplies must be provided by the one provider under contract with the Indiana Medicaid program to provide incontinence supplies.

TN: 23-0014

Supersedes

TN: 11-003

Approval Date: December 6, 2023

Effective Date: July 14, 2023