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State/Territory Name: IN

State Plan Amendment (SPA) #: 23-0021

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group/ Division of Reimbursement Review

December 7, 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-23-0021

Dear Director Steinmetz,

We have reviewed the proposed Indiana State Plan Amendment, TN: 23-0021 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2023. This State Plan Amendment (SPA) proposes to increase the rate methodology for the 1915(i) State Plan Home and Community-Based benefit for youth with mental illness (Child Mental Health Wraparound (CMHW)).

Based upon the information provided by the State, we have approved the amendment with an effective date of December 7, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Matthew Klein at 214-767-4625 or matthew.klein@cms.hhs.gov

Sincerely,



Todd McMillion
Division of Reimbursement Review Director

Enclosures

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

1. TRANSMITTAL NUMBER
2 3 — 0 0 2 1

2. STATE
IN

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
December 7, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 441.710

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 1,050,000
b. FFY 2025 \$ 1,060,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19B, Pages 12-14

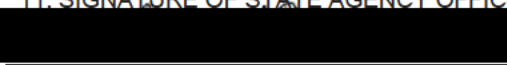
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
**Attachment 4.19B,
Pages 12-12b supersedes TN: 19-014
Pages 13-14 supersedes TN: 12-013**

9. SUBJECT OF AMENDMENT
This State Plan Amendment updates the rate methodology for the 1915(i) State Plan Home and Community-Based benefit for youth with mental illness.

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


12. TYPED NAME
Cora Steinmetz

13. TITLE
Medicaid Director

14. DATE SUBMITTED
September 29, 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: Madison May-Gruthusen, Federal Relations Lead

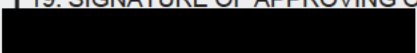
FOR CMS USE ONLY

16. DATE RECEIVED
September 29, 2023

17. DATE APPROVED
December 7, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
December 7, 2023

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

<input type="checkbox"/>	HCBS Case Management
<input type="checkbox"/>	HCBS Homemaker
<input type="checkbox"/>	HCBS Home Health Aide
<input type="checkbox"/>	HCBS Personal Care
<input type="checkbox"/>	HCBS Adult Day Health
<input checked="" type="checkbox"/>	<p>HCBS Habilitation</p> <p>Rates were developed from the ground up using an independent rate model, which used Bureau of Labor Statistics data and market data. The Habilitation payment rate is comprised of cost data obtained from the Bureau of Labor Statistics, including labor costs (salaries and fringe benefits), non-labor costs, and administrative overhead costs. The agency’s fee schedule for Habilitation service was set using the same methodology that was previously applied to the 1915(c) Aged & Disabled waiver. A cost-of-living increase of 2% will be applied annually until the next rate review which will take place every 4 years. Rates are published on the agency’s website at www.indianamedicaid.com.</p>

<input checked="" type="checkbox"/>	<p>HCBS Respite Care</p> <p>Rates were developed from the ground up using an independent rate model, which used Bureau of Labor Statistics data and market data. The Respite Care payment rates are comprised of cost data obtained from the Bureau of Labor Statistics, including labor costs (salaries and fringe benefits), non-labor costs, and administrative overhead costs. Productivity adjustments were applied to determine the total cost per billable unit of service. A cost-of-living increase of 2% will be applied annually until the next rate review which will take place every 4 years. Labor cost was benchmarked to market data from the U.S. Department of Labor, Bureau of Labor Statistics, and labor and BLS data were averaged if the BLS data exceed the labor cost data by a predetermined threshold.</p> <p>The rates will be published at the State's website, www.indianamedicaid.com.</p> <p>Respite care service has three (3) units of service as the basis for the fee schedule rates: 1) Respite care provided for less than ten (10) hours per day is based on a 15-minute unit of service.</p>
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	<p>2) Respite care provided for ten (10) to twenty-four (24) hours per day is based on a daily unit of service. 3) Crisis respite care provided for eight (8) to twenty-four (24) hours per day is based on a daily unit of service.</p>
<p>For Individuals with Chronic Mental Illness, the following services:</p>	
<input type="checkbox"/>	<p>HCBS Day Treatment or Other Partial Hospitalization Services</p>
<input type="checkbox"/>	<p>HCBS Psychosocial Rehabilitation</p>
<input type="checkbox"/>	<p>HCBS Clinic Services (whether or not furnished in a facility for CMI)</p>
<input checked="" type="checkbox"/>	<p>Other Services (specify below)</p>
	<p>Wraparound Facilitation:</p> <p>Rates were developed from the ground up using an independent rate model, which used Bureau of Labor Statistics data and market data. The Wraparound Facilitation payment rate is comprised of cost data obtained from the Bureau of Labor Statistics, including labor costs (salaries and fringe benefits), non-labor costs, and administrative overhead costs. Productivity adjustments were applied to determine the total cost per billable unit of service. A cost-of-living increase of 2% will be applied annually until the next rate review which will take place every 4 years. Labor cost was benchmarked to market data from the U.S. Department of Labor, Bureau of Labor Statistics, and labor and BLS data were averaged if the BLS data exceed the reported labor data by a predetermined threshold.</p> <p>The rate will be published at the State's website, www.indianamedicaid.com.</p> <p>The unit of service for wraparound facilitation is a monthly unit.</p>
	<p>Training and Support for Unpaid Caregivers:</p> <p>Rates were developed from the ground up using an independent rate model, which used Bureau of Labor Statistics data and market data. The Training and Support for Unpaid Caregivers payment rates are comprised of cost data obtained from the Bureau of Labor Statistics, including labor costs (salaries and fringe benefits), non-labor costs, and administrative overhead costs. The agency's fee schedule for Training and Support for Unpaid Caregivers service was set using the same methodology that was previously applied to the 1915(c) Aged & Disabled waiver. A cost-of-living increase of 2% will be applied annually until the next rate review which will take place every 4 years. Rates are published on the agency's website at www.indianamedicaid.com.</p>

<input type="checkbox"/>	Other HCBS (<i>Specify</i>):
For Individuals with Chronic Mental Illness, the following services:	
<input type="checkbox"/>	HCBS Day Treatment or Other Partial Hospitalization Services
<input type="checkbox"/>	HCBS Psychosocial Rehabilitation
<input type="checkbox"/>	HCBS Clinic Services (whether or not furnished in a facility for CMI)

1915(i) State plan Home and Community-Based Services

Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. (Check each that applies, and describe methods and standards to set rates):

<input type="checkbox"/>	HCBS Case Management
<input type="checkbox"/>	HCBS Homemaker
<input type="checkbox"/>	HCBS Home Health Aide
<input type="checkbox"/>	HCBS Personal Care
<input type="checkbox"/>	HCBS Adult Day Health
<input checked="" type="checkbox"/>	<p>HCBS Habilitation</p> <p>The agency's fee schedule for CMHW Habilitation service was set using the same methodology that applies to the CMS approved 1915(c) Aged & Disabled waiver, CMS Control Number IN.0210.R06.02. Rates are published on the agency's website at www.indianamedicaid.com</p>
<input checked="" type="checkbox"/>	<p>HCBS Respite Care</p> <p>The agency's fee schedule for CMHW Respite Care service was set using the same methodology that applies to the CMS approved 1915(c) Aged & Disabled waiver, CMS Control Number IN.0210 R06.02. Rates are published on the agency's website at www.indianamedicaid.com</p>
<input checked="" type="checkbox"/>	<p>Other HCBS (<i>Specify</i>): Wraparound facilitation</p> <p>The agency's fee schedule for CMHW Wraparound Facilitation service was set using the same methodology that applies to the CMS approved 1915(c) Aged & Disabled waiver, CMS Control Number IN.0210.R06.02. Rates are published on the agency's website at www.indianamedicaid.com</p>
<input checked="" type="checkbox"/>	<p>Other HCBS (<i>Specify</i>): Training and Support for Unpaid Caregivers</p> <p>The agency's fee schedule for CMHW Wraparound Facilitation service was set using the same methodology that applies to the CMS approved 1915(c) Aged & Disabled waiver, CMS Control Number IN.0210.R06.02. Rates are published on the agency's website at www.indianamedicaid.com</p>
<input checked="" type="checkbox"/>	<p>Other HCBS (<i>Specify</i>): Transportation</p> <p>The agency's fee schedule for CMHW Transportation service was set using the same methodology that applies to the CMS approved 1915(c) Aged & Disabled waiver, CMS Control Number IN.0210.R06.02. All rates are published on the agency's website at www.indianamedicaid.com.</p>

TN: 23-0021
 Supersedes
 TN: 12-013

Approved: December 7, 2023 Effective: December 7, 2023

For individuals with Chronic Mental Illness, the following services:	
<input type="checkbox"/>	HCBS Day Treatment or Other Partial Hospitalization Services
<input type="checkbox"/>	HCBS Psychosocial Rehabilitation
<input type="checkbox"/>	HCBS Clinic Services (whether or not furnished in a facility for CMI)