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State/Territory Name Indiana

State Plan Amendment (SPA) #: 25-0006

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IN - Submission Package - IN2025MS0001O - (IN-25-0006) - Administration

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



Center for Medicaid & CHIP Services

July 25, 2025

Mitch Roob
Agency Secretary
FSSA
402 W Washington St
W374
Indianapolis, IN 46204

Re: Approval of State Plan Amendment IN-25-0006

Dear Mitch Roob,

On July 03, 2025, the Centers for Medicare and Medicaid Services (CMS) received Indiana State Plan Amendment (SPA) IN-25-0006 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15. This SPA attests to Indiana Medicaid's adherence with federal reporting requirements.

We approve Indiana State Plan Amendment (SPA) IN-25-0006 with an effective date(s) of April 01, 2025.

If you have any questions regarding this amendment, please contact Rhonda Gray at Rhonda.Gray@cms.hhs.gov.

Sincerely,

Nicole McKnight

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

IN - Submission Package - IN2025MS0001O - (IN-25-0006) - Administration

- Summary
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Submission - Summary

MEDICAID | Medicaid State Plan | Administration | IN2025MS0001O | IN-25-0006

CMS-10434 OMB 0938-1188

Package Header

| | | | |
|-------------------|---------------|-------------------------|------------|
| Package ID | IN2025MS0001O | SPA ID | IN-25-0006 |
| Submission Type | Official | Initial Submission Date | 7/3/2025 |
| Approval Date | 07/25/2025 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |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 | Administration | IN2025MS0001O | IN-25-0006

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SPA ID and Effective Date

SPA ID IN-25-0006

| | | |
|-----------------|-------------------------|-------------------|
| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
| Reporting | 4/1/2025 | New |

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | IN2025MS0001O | IN-25-0006

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Executive Summary

Summary Description Including Goals and Objectives The purpose of this SPA is to attest that Indiana Medicaid complies with the reporting requirements outlined in 42 CFR 431.16 and the annual Child and Adult Core Quality Measure Sets reporting requirements in 42 CFR 437.10 through 437.15. Indiana Medicaid reports annually on all Child Core Set measures and all behavioral health measures from the Adult Core Set, as identified by the Secretary pursuant to 42 CFR 437.10. This SPA attests to Indiana Medicaid's adherence with federal reporting requirements.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First | 2025 | \$0 |
| Second | 2026 | \$0 |

Federal Statute / Regulation Citation

42 CFR 431.16; 42 CFR 437.10 through 437.15

Supporting documentation of budget impact is uploaded (optional).

| Name | Date Created | |
|--------------------|--------------|--|
| No items available | | |

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | IN2025MS0001O | IN-25-0006

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Governor's Office Review

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

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.

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IN - Submission Package - IN2025MS0001O - (IN-25-0006) - Administration

Medicaid State Plan Administration

General Administration

Reporting

MEDICAID | Medicaid State Plan | Administration | IN2025MS0001O | IN-25-0006

CMS-10434 OMB 0938-1188

Package Header

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| Superseded SPA ID | New | | |
| | User-Entered | | |

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- ☒
1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

- ☒
1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- ☒
2. The agency reports annually, by December 31, on:

a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

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.

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