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State/Territory Name: Indiana

State Plan Amendment (SPA) #: 25-0016

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
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

September 29, 2026

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

RE: TN 25-0016

Dear Director Frenzel,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Indiana state plan amendment (SPA) to Attachment 4.19-D IN-25-0015 which was submitted to CMS on September 29, 2025. This plan amendment proposes to update current supplemental payment program quarterly acuity calculation to a semi-annual calculation that is aligned with the acuity methodology used for Medicaid base rates.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2025. 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 Sudev Varma at via email at sudev.varma@cms.hhs.gov

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Rory Howe
Director
Financial Management Group

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 6

2. STATE

I N3. 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, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.203(b); 42 CFR 447.204; Section 1902(a) of the Social S

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025\$ 0b. FFY 2026\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D page 42(o)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-D page 42(o)

9. SUBJECT OF AMENDMENT

This State Plan Amendment proposes to update current supplemental payment program quarterly acuity calculation to a semi-ann

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

E. Mitchell Roob Jr.

13. TITLE

Acting Medicaid Director and Secretary of Indiana's Family and S

14. DATE SUBMITTED

September 29, 2025

15. RETURN TO

E. Mitchell Roob Jr.

Secretary, Indiana Family and Social Services Administration

Acting 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 29, 2025

17. DATE APPROVED

September 29, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director of the Financial Management Group

22. REMARKS

estimated Medicare payments. The MDS reporting periods utilized to determine the interim and final supplemental payment periods are as follows:

For Supplemental Payment Periods July 1, 2024 through June 30, 2025		
Supplemental Payment Period	Interim Supplemental Payment MDS Reporting Period	Final Supplemental Payment MDS Reporting Period
July 1 – September 30	March 1 – May 31	June 1 – August 31
October 1 – December 31	June 1 – August 31	September 1 – November 30
January 1 – March 31	September 1 – November 30	December 1 – February 28 (Feb. 29 in leap year)
April 1 – June 30	December 1 – February 28 (Feb. 29 in leap year)	March 1 – May 31

For Supplemental Payment Periods Beginning July 1, 2025	
Supplemental Payment Period	Interim & Final Supplemental Payment MDS Reporting Period
July 1 – September 30	September 1 – February 28 (Feb. 29 in leap year)
October 1 – December 31	September 1 – February 28 (Feb. 29 in leap year)
January 1 – March 31	March 1 – August 31
April 1 – June 30	March 1 – August 31

(B) Establish the estimated Medicaid payments for each provider. For each provider, the most recently available Medicaid per diem rate, inclusive of the per diem impact of the Medicaid add-on payments determined in section 7, is multiplied by their Medicaid resident days (eligible for supplemental payment) for both fee-for-service and managed Medicaid populations to establish total Medicaid payments for each provider.

(C) Determine the total UPL gap for each provider. For each provider the estimated total Medicaid payment in clause (B) shall be subtracted from their estimated total Medicare payments in clause (A) to determine their UPL gap. For interim payment periods, any provider with a negative UPL gap (Medicaid payments exceed their specific Medicare UPL limit) shall not receive a payment under the legacy method, nor be required refund the Medicaid program at that