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State/Territory Name: Indiana

State Plan Amendment (SPA) #: 25-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
 - 2) Form CMS-179
 - 3) Approved SPA Pages
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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

October 9, 2025

E. Mitchell Roob Jr., Medicaid Director
Indiana Family and Social Services Administration
402 W. Washington St.
Room W374
Indianapolis, IN 46204

RE: Indiana SPA # 25-0018 §1915(i) Home and Community-Based Services (HCBS) State Plan Amendment (SPA)

Dear Director Roob:

The Centers for Medicare & Medicaid Services (CMS) approves the state's request to amend its 1915(i) state plan home and community-based services (HCBS) benefit, transmittal number IN-25-0018. The effective date for this amendment is November 18, 2025. With this amendment, the state is making a technical change to remove the reference to the National Wraparound Implementation Center (NWIC).

Enclosed is the following approved SPA page that should be incorporated into your approved state plan: State Plan Attachment 3.1-i-A, page 11.

It is important to note that CMS approval of this change to the state's 1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Mansi Shukla at mansi.shukla@cms.hhs.gov or 410-786-3574.

Sincerely,

George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

Enclosure

cc: Rhonda Grey
Kevin Patterson
Cynthia Nanes

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

1. TRANSMITTAL NUMBER <u>2 5</u> — <u>0 0</u> <u>1 8</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
November 18, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 441.710

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
SPA 3.1-i-A Page 11

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
SPA 3.1-i-A Page 11

9. SUBJECT OF AMENDMENT
This State Plan Amendment makes technical changes to remove reference to the National Wraparound Implementation Center.

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
Interim Medicaid Director

14. DATE SUBMITTED
8/18/2025

15. RETURN TO
E Mitchell Roob Jr.
Interim Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W374
Indianapolis, IN 46204
Attn: Madison Brian Gilbert, HCBS Program Manager

FOR CMS USE ONLY

16. DATE RECEIVED 8/18/2025	17. DATE APPROVED October 9, 2025
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL November 18, 2025	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL George P. Failla, Jr.	21. TITLE OF APPROVING OFFICIAL Director, Division of HCBS Operations & Oversight

22. REMARKS

<input checked="" type="checkbox"/>	Directly by the Medicaid agency
	By Other (<i>specify State agency or entity under contract with the State Medicaid agency</i>):

2. Qualifications of Individuals Performing Evaluation/Reevaluation. The independent evaluation is performed by an agent that is independent and qualified. There are qualifications (that are reasonably related to performing evaluations) for the individual responsible for evaluation/reevaluation of needs-based eligibility for State plan HCBS. (*Specify qualifications*):

All determinations of eligibility, whether initial or renewal, are made by the State employee based upon the review of applications submitted by the access site (initials) or Wraparound Facilitators (renewals).

State employees making eligibility review decisions must meet the following qualifications:

- 1) Bachelor’s degree in social services or related field
- 2) Experience working with children/youth identified as severely emotionally disturbed
- 3) Experience with the Child Adolescent Needs and Strengths (CANS) assessment tool and set algorithms established by the DMHA in partnership with the Praed Foundation and Indiana University.

The individual administering the CANS assessment tool and collecting clinical information and data used to determine an individual’s level of need for CMHW services must meet the following qualifications and standards:

- 4) Affiliated with a DMHA-authorized access site (Initial) or DMHA-authorized Wraparound facilitation agency (renewal).
- 5) One of the following clinical qualifications:
 - a) A psychiatrist;
 - b) A physician;
 - c) A licensed psychologist or a psychologist endorsed as a health service provider in psychology (HSPP);
 - d) A licensed clinical social worker;
 - e) A licensed mental health counselor;
 - f) A licensed marriage and family therapist;
 - g) An advanced practice registered nurse under IC 25-23-1-1(b)(3) who is credentialed in psychiatric or mental health nursing by the American Nurses Credentialing Center;
 - h) A licensed independent practice school psychologist; or
 - i) The provider must have a bachelor's degree or a master’s degree with two (2) or more years of one or a combination of the following experience:
 - i. Clinical
 - ii. Case management
 - iii. Skills building
 - iv. Child welfare
 - v. Juvenile justice
 - vi. Education in a K-12 school setting

Successful completion of DMHA/OMPP required training and certification (certification refers to the CANS assessment tool certification program).