

## **Table of Contents**

**State/Territory Name: Indiana**

**State Plan Amendment (SPA) #: 26-0002**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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June 2, 2026

Audrey Frenzel  
Medicaid Director  
Office of Medicaid Policy & Planning  
Indiana Family and Social Services Administration  
402 West Washington Street, Room W461, MS 25  
Indianapolis, IN 46204

Re: Indiana State Plan Amendment IN-26-0002

Dear Director Frenzel:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number IN-26-0002. This State Plan Amendment attests to Indiana's compliance with section 5121 of the Consolidated Appropriations Act 2023, to establish Medicaid coverage for eligible incarcerated individuals under 21 and former foster care youth ages 18-26.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act implementing Section 5121 of the Consolidated Appropriations Act 2023. This letter is to inform you that Indiana Medicaid SPA TN 26-0002 was approved on June 1, 2026, with an effective date of January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Indiana's State Plan.

If you have any questions, please contact Rhonda Gray at (410) 786-6140 or via email at [Rhonda.Gray@cms.hhs.gov](mailto:Rhonda.Gray@cms.hhs.gov).

Sincerely,

Nicole McKnight  
Acting Director, Division of Program Operations

Enclosures

cc: LaRisha Ratliff  
Lindsey Kleman Lux

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

1. TRANSMITTAL NUMBER  
2 6 — 0 0 0 2

2. STATE  
I N

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  
January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION  
Section 5121 of the Consolidated Appropriations Act, 2023

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  
Attachment 3.1-M, pages 1 & 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  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

9. SUBJECT OF AMENDMENT  
This SPA attests to Indiana's compliance with section 5121 of the Consolidated Appropriations Act, 2023, establishing Medicaid coverage for eligible incarcerated individuals under 21 and former foster care youth 18-26.

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:

12. TYPED NAME  
Audrey Frenzel

13. TITLE  
Medicaid Director

14. DATE SUBMITTED  
March 31, 2026

15. RETURN TO  
Audrey Frenzel  
Medicaid Director  
Office of Medicaid Policy and Planning  
Indiana Family and Social Services Administration  
402 West Washington Street, Room W374  
Indianapolis, IN 46204  
Attn: Conner Ortman, Government Affairs Analyst

**FOR CMS USE ONLY**

16. DATE RECEIVED  
March 31, 2026

17. DATE APPROVED  
June 1, 2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL  
Acting Director, Division of Program Operations

22. REMARKS

**Mandatory Coverage for  
Eligible Juveniles who are  
Inmates of a Public Institution  
Post Adjudication of Charges**

**State/Territory: Indiana**

General assurances. State must indicate compliance with all four items below with a check.

In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(n) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 26-0002  
Supersedes TN: NEW

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Additional information provided (optional):

No

Yes

The state may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g. unexpected release or short-term stays). The state will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including the mandatory 30-days of targeted case management, screening, and diagnostic services.

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