

Table of Contents

State/Territory Name: IN

State Plan Amendment (SPA) #: 23-0004

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



Financial Management Group

June 26, 2023

Allison Taylor, Medicaid Director
Family Social Services Administration
402 West Washington, Room W461
Indianapolis, IN 46204

RE: State Plan Amendment (SPA) 23-0004

Dear Ms. Taylor:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 23-0004. This State Plan Amendment proposes update Nonstate Operated Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) and Community Residential Facilities for the Developmentally Disabled (CRFs/DD).

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of April 1, 2023. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please contact Fredrick Sebree at Fredrick.sebree@cms.hhs.gov.

Sincerely,

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

Rory Howe
Director

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 4

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

April 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(13)(A) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 399,000b. FFY 2024 \$ 760,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D page 111

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-D page 111

9. SUBJECT OF AMENDMENT

This State Plan amendment proposes to increase the rate paid to any Medicaid-enrolled Large Private Intermediate Care Facilities for Individuals with Intellectual Disabilities that is licensed as a Comprehensive Rehabilitative Management Needs Facility.

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 S

12. TYPED NAME

Allison Taylor

13. TITLE

Medicaid Director

14. DATE SUBMITTED

April 20, 2023

15. RETURN TO

Allison Taylor

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 4/20/2023

17. DATE APPROVED

June 26, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

4/1/2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, FMG

22. REMARKS

State updated block 1 to annotate 23-0004 as opposed to 22-0004 on 6/15/2023

405 IAC 1-12-21 Nonstate-operated intermediate care facilities for individuals with intellectual disabilities; allowable costs; compensation; per diem rate

Sec. 21. (a) The procedures described in this section are applicable to ICFs/IID with nine (9) or more beds only, notwithstanding the application of standards and procedures set forth in sections 1 through 20 of this rule.

(b) The per diem rate for ICFs/IID is an all-inclusive rate. The per diem rate includes all services provided to patients by the facility.

(c) Costs related to staffing shall be limited to seven (7) hours worked per patient day.

(d) Any ICFs/IID that is licensed as a CRMNF will be paid at a rate of seven hundred three dollars and ten cents (\$703.10) per resident day. This per diem rate is available only upon certification as a Medicaid ICF/IID and licensure by DDRS. ICFs/IID that are licensed as CRMNFs are not subject to other rate adjustments identified in this rule and will not receive a base rate nor be subject to the base rate reporting requirements at section 5 of this rule.