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State/Territory Name: IN

State Plan Amendment (SPA) #: 23-0019

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group/ Division of Reimbursement Review

February 27, 2024

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

RE: Indiana State Plan Amendment IN-23-0019

Dear Director Steinmetz,

We have reviewed the proposed Indiana State Plan Amendment, TN: 23-0019 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 15, 2023. This State Plan Amendment (SPA) proposes to make changes to the Medicaid State Plan to establish Medicaid reimbursement rates for applied behavior analysis (ABA) therapy services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. 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 Matthew Klein at 214-767-4625 or matthew.klein@cms.hhs.gov

Sincerely,



Todd McMillion
Division of Reimbursement Review Director

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 1 9</u>	2. STATE <u>I N</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
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Section 1902(a)(30) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
**Attachment 4.19-B Page 1a.2
Attachment 4.19-B Page 1c**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
**Attachment 4.19-B Page 1a.2
Attachment 4.19-B Page 1c**

9. SUBJECT OF AMENDMENT
This State Plan amendment makes changes to the Medicaid State Plan to establish Medicaid reimbursement rates for applied behavior analysis (ABA) therapy services. Medicaid reimbursement for ABA therapy services is currently a percentage of provider charges. The state is implementing reimbursement rates that are based on data from provider cost surveys and market data.

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
[Redacted]

12. TYPED NAME
Cora Steinmetz

13. TITLE
Medicaid Director

14. DATE SUBMITTED
December 15th, 2023

15. RETURN TO
Cora Steinmetz
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 December 15, 2023	17. DATE APPROVED February 27, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL [Redacted]
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

5. Effective for dates of service on or after July 1, 2021, EMT's under the directions of the physician will be reimbursed for appropriate and medically necessary medical care when an ambulance is dispatched, and treatment is provided to the patient without the patient being transported to another site. Reimbursement for treat-no-transport will be made for Healthcare Common Procedure Coding System (HCPCS) code A0998 at the Indiana Medicaid physician fee schedule rate for Current Procedural Terminology (CPT) code 99203.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for governmental and private physicians. All rates are published on the agency's website, at in.gov/Medicaid.

6. Beginning with dates of service on or after September 1, 2022, Medicaid will provide stand-alone general pediatric vaccination counseling as part of the early and periodic screening, diagnostic, and treatment (EPSDT) benefit. Effective for dates of service on or after January 1, 2024, the rate will be reviewed and adjusted at such time as Medicare-based rates are adjusted, taking into account the level of Medicare fee schedule changes. All rates are published at the State's website, in.gov/Medicaid.

7. Effective for dates of service on or after January 1, 2024, the Medicaid reimbursement rates for applied behavior analysis (ABA) therapy are equal to the Indiana Medicaid Practitioner Fee Schedule rates in effect for that date of service. The Medicaid reimbursement rates are established by the Office based on provider cost information that includes direct care wages, fringe benefits, and non-wage related costs. Wage data from the U.S. Bureau of Labor Statistics is used to supplement provider wage data. Reimbursement rates will be reviewed every four years and adjusted as necessary by the office. For years not subject to a rate review a two percent rate adjustment will be made subject to budget approval.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ABA therapy services. The agency's rates are published at the State's website, in.gov/Medicaid.

3. Services provided on or after February 1, 2015 by independently practicing respiratory therapists (42 CFR 440.60), physical therapists' assistants (42 CFR 440.110) and advance practice nurses (42 CFR 440.166) will be reimbursed at seventy-five percent (75%) of the Medicaid RBRVS physician fee schedule amount for that procedure. State developed fee schedule rates are the same for both public and private providers of these services.
4. Services provided for dates of service on or after July 1, 2018 by a certified community health worker and supervised by a physician, health services provider in psychology, advanced practice nurse, physician assistant, dentist, podiatrist, or chiropractor shall be reimbursed at fifty percent (50%) of the Medicaid RBRVS physician fee schedule amount for that procedure.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and privately employed providers. All rates are published at in.gov/Medicaid.

IV. Application of the RBRVS reimbursement methodology for services provided by other licensed practitioners

1. Certified registered nurse anesthetists (CRNAs) and anesthesiologist assistants (AAs) are reimbursed at 60% of the allowable physician rate.
2. Physician assistants are reimbursed at 75% of the allowable physician rate.
3. Outpatient mental health services provided by:

A licensed independent practice school psychologist, a licensed clinical social worker, a licensed marital and family therapist, a licensed mental health counselor, a licensed clinical addiction counselor, or a person holding a master's degree in social work, marital and family therapy, or mental health counseling in a physician-directed outpatient mental health facility will be reimbursed at seventy-five percent (75%) of the Medicaid RBRVS physician fee schedule amount for that procedure.

V. Laboratory services

For laboratory procedures not included in the Medicare Part B fee schedule for physician services, reimbursement is based on the Medicare clinical laboratory fee schedule and is paid on a per test basis. The fee schedule rate for each laboratory procedure does not exceed the current Medicare fee schedule amount. Medicaid clinical diagnostic laboratory fee schedules comply with Section 1903(i)(7) that limits Medicaid payments for clinical diagnostic lab services to the amount paid by Medicare for those services on a per test basis. The Medicaid lab fee schedule will be reviewed annually, taking into account the Medicare lab fee schedule rates published by CMS that take effect January 1 of each calendar year and adjusted as necessary. For procedures without Medicare fee schedule values, reimbursement rates will be reviewed and adjusted at such time as Medicare-based rates are adjusted, taking into account the level of Medicare fee schedule changes.