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State/Territory: Indiana

State Plan Amendment (SPA)#: 20-0019

This file contains the following documents in the order listed:

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

## **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

March 4, 2021

Allison Taylor, Medicaid Director Family and Social Services Administration 402 W. Washington, Room W374 Indianapolis, IN 46204

RE: Transmittal Number (TN) 20-0019

Dear Ms. Taylor:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA):

SPA TN 20-0019: - Optometric Services Delivered via Telemedicine

- Effective Date: October 22, 2020

- Approval date: March 4, 2021

If you have any questions, please have a member of your staff contact Mai Le-Yuen at (312) 353-2853 or by email at mai.le-yuen@cms.hhs.gov.

Sincerely,

Digitally signed by James G.
Scott -S
Date: 2021.03.04 12:48:18
-06'00'

James G. Scott, Director Division of Program Operations

## Enclosure

cc: Sara Albertson, FSSA

BreAnn Gross Teague, FSSA

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	20-019	Indiana
STATE I DAIN MATERIAL		
	3. PROGRAM IDENTIFICATION: TI	TLE XIX OF THE
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICAID)	
	Social Section (Medicine)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE:	
HEALTH CARE FINANCING ADMINISTRATION	October 22, 2020	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	, , , , ,	
5. TYPE OF PLAN MATERIAL (Check One):	<u> </u>	
3. I II E OI I EMINIMITEMINE (CHECK ONE).		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE O	CONSIDERED AS NEW PLAN	□ AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT (thousands):	
	· ·	jusanas).
section 1902(a)(30)(A) of the Act	a. FFY 2020 \$ 0	
	b. FFY 2021 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
	OR ATTACHMENT (If Applicable):	
Attachment 3.1-A Addendum Page 3.2	Attachment 3.1-A Addendum Page 3.2	
10. SUBJECT OF AMENDMENT:		
	dissid Ctata Dlan ta buina Indiana Ma	dissid into someliness
This State Plan Amendment makes conforming changes to the Medicaid State Plan to bring Indiana Medicaid into compliance		
with IC 25-1-9.5-4 by making optometric services available via telemedicine in the delivery of health care services. These		
changes will be effective October 22, 2020.		
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	IFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Indiana's Medicaid State Plan does not require the		
Governor's review. See Section 7.4 of the State Plan		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
12. SIGNATURE OF STATE AGENCY OFFICIAL.	Allison Taylor	
	Medicaid Director	
		Dlanning
*	Indiana Office of Medicaid Policy and Planning 402 West Washington Street, Room W382	
13. TYPED NAME: Allison Taylor		
	Indianapolis, IN 46204	Y 1
14. TITLE: Medicaid Director	ATTN: Sara Albertson, Federal Relati	ons Lead
15. DATE SUBMITTED: December 7, 2020		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
December 7, 2020	March 4, 2	021
PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIG NAL OF	FFICIAL: ally signed by James G. Scott -S
0-4-122 2020		
October 22, 2020	Date:	2021.03.04 12:48:58 -06'00'
21. TYPED NAME:	22. TITLE:	
	Date:	
21. TYPED NAME:	22. TITLE:	
21. TYPED NAME:  James G. Scott	22. TITLE:	
21. TYPED NAME:  James G. Scott	22. TITLE:	
21. TYPED NAME:  James G. Scott	22. TITLE:	
21. TYPED NAME:  James G. Scott	22. TITLE:	

State: Indiana Attachment 3.1-A
Addendum Page 3.2

Telemedicine services

Coverage is available for telemedicine service delivery allowing real-time, interactive, face-to-face (via technology) consultation, between the distant site (where the provider is located while providing health care services through telemedicine) and originating site (where the patient is located at the time health care services through telemedicine are provided to the individual).

The following provider types and services may not be covered for telemedicine:

- (A) Ambulatory surgical centers.
- (B) Outpatient surgical services.
- (C) Home health agencies or services.
- (D) Radiological services.
- (E) Laboratory services.
- (F) Long term care facilities, including nursing facilities, intermediate care facilities or community residential facilities for the developmentally disabled.
- (G) Anesthesia services or nurse anesthetist services.
- (H) Audiological services.
- (I) Chiropractic services.
- (J) Care coordination services with the member not present.
- (K) DME and HME providers.
- (L) Podiatric services.
- (M) Physical therapy services.
- (N) Transportation services.

Store and forward technology is not separately covered by Medicaid.

TN: <u>20-019</u> Supersedes TN: <u>17-020</u>

N: <u>17-020</u> Approval Date: <u>3/4/2021</u> Effective Date: <u>October 22, 2020</u>