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State/Territory Name: Indiana

State Plan Amendment (SPA) #: 23-0009-A

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# IN - Submission Package - IN2023MS0003O - (IN-23-0009-A) - Eligibility

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**DEPARTMENT OF HEALTH & HUMAN SERVICES** Centers for Medicare & Medicaid Services The Medicaid CHIP Operations Group 601 E. 12th St. Room 355 Kansas City, MI 64106



## **Center for Medicaid & CHIP Services**

January 04, 2024

Cora Steinmetz Medicaid Director Indiana Office of Medicaid Policy and Planning 402 W Washington St W 374 Indianapolis, IN 46204

Approval of State Plan Amendment IN-23-0009-A

Dear Director Steinmetz,

On November 02, 2023, the Centers for Medicare and Medicaid Services (CMS) received Indiana State Plan Amendment (SPA) IN-23-0009-A to make conforming changes to the Medicaid State Plan to modify 12-month continuous eligibility policies for children.

We approve Indiana State Plan Amendment (SPA) IN-23-0009-A with an effective date(s) of January 01, 2024.

If you have any questions regarding this amendment, please contact rhonda gray at rhonda.gray@cms.hhs.gov

Sincerely,

James G. Scott

Director, Division of Program Operations

Center for Medicaid & CHIP Services

# IN - Submission Package - IN2023MS0003O - (IN-23-0009-A) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs

News Related Actions

# **Submission - Summary**

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS0003O | IN-23-0009-A

CMS-10434 OMB 0938-1188

## **Package Header**

Package ID IN2023MS0003O

Submission Type Official

Approval Date 01/04/2024

Superseded SPA ID N/A

## **State Information**

State/Territory Name: Indiana

**Submission Component** 

State Plan Amendment

**SPA ID** IN-23-0009-A

Initial Submission Date 11/2/2023

Effective Date N/A

Medicaid Agency Name: FSSA

Medicaid

CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS0003O | IN-23-0009-A

## **Package Header**

Package ID IN2023MS0003O

Submission Type Official

Approval Date 01/04/2024

Superseded SPA ID N/A

**SPA ID** IN-23-0009-A

Initial Submission Date 11/2/2023

Effective Date N/A

## **SPA ID and Effective Date**

**SPA ID** IN-23-0009-A

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Children	1/1/2024	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

## **Submission - Summary**

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS0003O | IN-23-0009-A

## **Package Header**

Package ID IN2023MS0003O

Submission Type Official

Approval Date 01/04/2024

Superseded SPA ID N/A

**SPA ID** IN-23-0009-A

Initial Submission Date 11/2/2023

Effective Date N/A

## **Executive Summary**

Summary Description Including This State Plan Amendment makes conforming changes to the Medicaid State Plan to modify 12-month continuous eligibility Goals and Objectives policies for children. A child enrolled in Medicaid is not required to submit eligibility documentation more than once a year when the annual eligibility review (redetermination) occurs. Previously this applied to children up to age three years old, but this provision will now apply to all children up to 19 years old.

## Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

#### Federal Statute / Regulation Citation

Consolidated Appropriations Act, 2023

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created		
11-Continuous Eligibility for Children	10/31/2023 12:48 PM EDT	PDF	

## **Submission - Summary**

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00030 | IN-23-0009-A

## **Package Header**

Package ID IN2023MS0003O

Submission Type Official

Approval Date 01/04/2024

Superseded SPA ID N/A

**SPA ID** IN-23-0009-A

**Initial Submission Date** 11/2/2023

Effective Date N/A

#### **Governor's Office Review**

No comment

Comments received

Maryland 21244-1850.

No response within 45 days

Other

**Describe** Indiana's State Plan does not require Governor's Office Review

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore,

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# IN - Submission Package - IN2023MS0003O - (IN-23-0009-A) - Eligibility

Reviewable Units

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## **Medicaid State Plan Eligibility**

## **Eligibility and Enrollment Processes**

## Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00030 | IN-23-0009-A

CMS-10434 OMB 0938-1188

## **Package Header**

Package ID IN2023MS0003O

SPA ID IN-23-0009-A Initial Submission Date 11/2/2023

Submission Type Official

Effective Date 1/1/2024

Approval Date 01/04/2024 Superseded SPA ID New

User-Entered

The state provides continuous eligibility for children in accordance with the following provisions:

### A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

- 1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
- 2. Would remain eligible but for attaining such age.

## **B. Options for Continuous Eligibility for Children**

The state provides continuous eligibility to children.	
• Yes	
○ No	
1. Continuous eligibility is provided to all children of the following a	ge:
• a. Under age 19	
<ul><li>b. Under other age</li></ul>	

- 2. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:
  - a. The month that the child's age exceeds the age limit to which this provision applies
  - b. The end of the continuous eligibility period, which is:
  - i. 12 months
  - ii. Another period of continuous eligibility, not to exceed 12 months
- 3. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:
  - a. The child dies:
  - b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
  - c. The child ceases to be a resident of the state;
  - d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
  - e. The child attains the maximum age specified in B.

## C. Additional Information (optional)

and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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