

MAR 28 2012

Patricia Casanova, Director of Medicaid
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W382
Indianapolis, Indiana 46204

ATTN: Audie Gilmer

Dear Ms. Casanova:

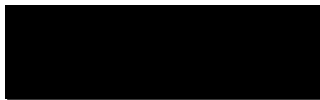
Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #11-026 - Approves Indiana's amendment making conforming changes to provide for Medicaid coverage of comprehensive tobacco cessation counseling services for pregnant women as required under the Affordable Care Act.

--Effective Date: October 1, 2011

If you have any questions, please have a member of your staff contact Shelley Rania at (317) 614-0036 or by email at Shelley.Rania@cms.hhs.gov

Sincerely,



Verlon
Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
11-026

2. STATE
Indiana

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2011

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1905 of the Social Security Act (42 U.S.C. 1396d)

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 \$ 0
b. FFY 2013 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 2a
Attachment 3.1-A Addendum Page 2.0
Attachment 3.1-A Addendum Page 3.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A Addendum Page 3.1

10. SUBJECT OF AMENDMENT: This SPA makes changes to the State Plan as a result of Section 4107 of the Affordable Care Act that amends section 1905 of the Social Security Act to require coverage of counseling and pharmacotherapy for cessation of tobacco use by pregnant women.

11. 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:

Indiana's Medicaid State Plan does not require the
Governor's review. See Section 7.4 of the State Plan

12. SIGNATURE  AL:

13. TYPED NAME: Patricia Casanova

14. TITLE: Director of Medicaid

15. DATE SUBMITTED: 12-29-11

16. RETURN TO:

Patricia Casanova
Director of Medicaid
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W382
Indianapolis, IN 46204
ATTN: Audie Gilmer, State Plan Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
12-29-11

18. DATE APPROVED: **MAR 28 2012**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL: 

21. TYPED NAME:
Alan Freund

22. TITLE:
Acting Associate Regional Administrator

23. REMARKS:

4.d. 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

- (i) By or under supervision of a physician;
- (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; * or
- (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

* Limitations to provider type and coverage listed in the Addendum to Attachment 3.1A.

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided: No limitations With limitations*

*Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations: Listed in the Addendum to Attachment 3.1A.

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: _____ No limitations X With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

Provided: _____ No limitations X With limitations*

* Description provided on attachment.

4.d.1 Face-to-Face Tobacco Cessation
Counseling Services

Provided with Limitations

Reimbursement is available for one (1) twelve (12) week course of smoking cessation treatment per recipient per calendar year.

The twelve (12) week course of treatment may include prescription of any combination of smoking cessation products and counseling. One (1) or more modalities of treatment may be prescribed. Counseling must be included in any combination of treatment. Providers must perform counseling for a minimum of 30 minutes (two units) and a maximum of 150 minutes (10 units) within the 12 weeks.

Reimbursement is available for smoking cessation counseling services rendered by licensed practitioners under applicable Indiana law participating in the Indiana Medicaid program.

The following may provide smoking cessation counseling services when prescribed by a practitioner within the scope of his license under Indiana law and within the limitations set out in this state plan:

- (1) A physician.
- (2) A physician's assistant.
- (3) A nurse practitioner.
- (4) A registered nurse.
- (5) A psychologist.
- (6) A pharmacist.
- (7) A dentist.

4.d.2 Face-to-Face Tobacco Cessation
Counseling Services Benefit
Package for Pregnant Women

Provided with Limitations

Reimbursement is available for one (1) twelve (12) week course of smoking cessation treatment per recipient per calendar year.

The twelve (12) week course of treatment may include prescription of any combination of smoking cessation products and counseling. One (1) or more modalities of treatment may be prescribed. Counseling must be included in any combination of treatment. Providers must perform counseling for a minimum of 30 minutes (two units) and a maximum of 150 minutes (10 units) within the 12 weeks.

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- (1) A physician.
- (2) A physician's assistant.
- (3) A nurse practitioner.
- (4) A registered nurse.
- (5) A psychologist.
- (6) A pharmacist.
- (7) A dentist.

Psychologists' services

Psychologists' services include only services that are provided by licensed psychologists within the scope of practice as defined by state law.

Reimbursement is available for outpatient mental health services provided by a licensed psychologist endorsed as a health services provider in psychology (HSPP), subject to the following limitations:

- (1) Subject to prior authorization by the office or its designee, Medicaid will reimburse HSPP directed outpatient mental health services for group, family, and individual outpatient psychotherapy when the services are provided by one (1) of the following practitioners in accordance with the psychologist scope of practice. The supervising psychologist assumes professional responsibility for the services provided by any unlicensed practitioner:
 - (A) A licensed psychologist.
 - (B) A licensed independent practice school psychologist.
 - (C) A licensed clinical social worker.
 - (D) A licensed marital and family therapist.
 - (E) A licensed mental health counselor.
 - (F) A person holding a master's degree in social work, marital and family therapy, or mental health counseling, except that partial hospitalization services provided by such person shall not be reimbursed by Medicaid.
 - (G) An advanced practice nurse who is a licensed, registered nurse with a master's degree in nursing with a major in psychiatric or mental health nursing from an accredited school of nursing.
- (2) The HSPP is responsible for certifying the diagnosis and for supervising the plan of treatment described as follows:
 - (A) The HSPP is responsible for seeing the recipient during the intake process or reviewing the medical information obtained by the practitioner within seven (7) days of the intake process. This review by the HSPP must be documented in writing.
 - (B) The HSPP must again see the patient or review the medical information and certify medical necessity on the basis of medical information provided by the practitioner at intervals not to exceed ninety (90) days. This review must be documented in writing.
- (3) Medicaid will reimburse for evaluation and group, family, and individual psychotherapy when provided by a psychologist endorsed as an HSPP.
- (4) Subject to prior authorization, reimbursement is available for neuropsychological and psychological testing when the services are provided by an HSPP.
- (5) Prior authorization is required for mental health services provided in an outpatient or office setting that exceed twenty (20) units per recipient, per provider, per rolling twelve (12) month period of time
- (6) The following are services that are not reimbursable by the Medicaid program:
 - (A) Daycare.
 - (B) Hypnosis.
 - (C) Biofeedback.
 - (D) Missed appointments.

Telemedicine services

Reimbursement is available only for IATV (interactive television) telemedicine services, allowing real-time, interactive, face-to-face (via technology) consultation, when the hub site (location of physician or practitioner providing the consultation services) and spoke site (location of patient when service is provided) are greater than twenty (20) miles apart. Store and forward technology is not separately reimbursable by Medicaid. The following provider types and services may not be reimbursed 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.
- (K) DME, medical supplies, hearing aids or oxygen.
- (L) Optical or optometric services.
- (M) Podiatric services.
- (N) Services billed by school corporations.
- (O) Physical or speech therapy services.
- (P) Transportation services.
- (Q) Services provided under a Medicaid waiver.