

State of: Indiana

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(26) and 1934

X Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage that is in excess of established service limits for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

TN No. 12-006
Supersedes
TN No. New

Approval Date: 2/8/13 Effective Date: October 1, 2012

State of: Indiana

Program of All-Inclusive Care for the Elderly State Plan Amendment

Citation 3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)
1905(a)(26) and 1934

_____ Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage that is in excess of established service limits for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

TN No. 12-006
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TN No. New

Approval Date: 2/8/13 Effective Date: October 1, 2012

State/Territory: Indiana

Agency*	Citation(s)	Groups Covered
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42 CFR 435.217

B. Optional Groups Other Than the Medically Needy
(Continued)

4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

5. PACE enrollees.

* Agency that determines eligibility for coverage.

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State of: Indiana

Program of All-Inclusive Care for the Elderly State Plan Amendment

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Categorically Needy

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1-A.

X Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

_____ No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

TN No. 12-006
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Approval Date: 2/8/13 Effective Date: October 1, 2012

State of: Indiana

Program of All-Inclusive Care for the Elderly State Plan Amendment

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Medically
Needy

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Supplement 3 to Attachment 3.1-A.

_____ Election of PACE: By virtue of this submittal, the State elects PACE as an
optional State Plan service.

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PACE as an optional State Plan service.

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State of: Indiana

Program of All-Inclusive Care for the Elderly State Plan Amendment

Name and address of State Administering Agency, if different from the State Medicaid Agency.

Division of Aging
402 W. Washington St., MS21 Room W-454
Indianapolis, IN 46204

I. Eligibility

The State determines eligibility for PACE enrollees under rules applying to community groups.

A. X The State determines eligibility for PACE enrollees under rules applying to institutional groups as provided for in section 1902(a)(10)(A)(ii)(VI) of the Act (42 CFR 435.217 in regulations). The State has elected to cover under its State plan the eligibility groups specified under these provisions in the statute and regulations. The applicable groups are:

A special income level equal to 300% of the SSI Federal benefit rate (FBR) (42 CFR 435.236). Spousal impoverishment eligibility rules apply.

(If this option is selected, please identify, by statutory and/or regulatory reference, the institutional eligibility group or groups under which the State determines eligibility for PACE enrollees. Please note that these groups must be covered under the State's Medicaid plan.)

B. _____ The State determines eligibility for PACE enrollees under rules applying to institutional groups, but chooses not to apply post-eligibility treatment of income rules to those individuals. (If this option is selected, skip to II — Compliance and State Monitoring of the PACE Program.

C. X The State determines eligibility for PACE enrollees under rules applying to institutional groups, and applies post-eligibility treatment of income rules to those individuals as specified below. Note that the post-eligibility treatment of income rules specified below are the same as those that apply to the State's approved HCBS waiver(s).

Regular Post Eligibility

1. SSI State. The State is using the post-eligibility rules at 42 CFR 435.726. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

(a). Sec. 435.726—States which do not use more restrictive eligibility requirements than SSI.

1. Allowances for the needs of the:

(A.) Individual (check one)

1. The following standard included under the State plan (check one):

- (a) SSI
- (b) Medically Needy
- (c) The special income level for the institutionalized
- (d) Percent of the Federal Poverty Level: _____%
- (e) Other (specify): _____

2. The following dollar amount: \$ _____

Note: If this amount changes, this item will be revised.

3. The following formula is used to determine the needs allowance:

Note: If the amount protected for PACE enrollees in item 1 is equal to, or greater than the maximum amount of income a PACE enrollee may have and be eligible under PACE, enter N/A in items 2 and 3.

(B.) Spouse only (check one):

- 1. SSI Standard
- 2. Optional State Supplement Standard
- 3. Medically Needy Income Standard
- 4. The following dollar amount: \$ _____

Note: If this amount changes, this item will be revised.

5. The following percentage of the following standard that is not greater than the standards above: _____% of _____ standard.

6. The amount is determined using the following formula:

7. Not applicable (N/A)

(C.) Family (check one):

1. AFDC need standard
2. Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3. The following dollar amount: \$ _____
Note: If this amount changes, this item will be revised.
4. The following percentage of the following standard that is not greater than the standards above: _____ % of _____ standard.
5. The amount is determined using the following formula:

6. Other _____
7. Not applicable (N/A)

(2). Medical and remedial care expenses in 42 CFR 435.726.

Regular Post Eligibility

2. 209(b) State, a State that is using more restrictive eligibility requirements than SSI. The State is using the post-eligibility rules at 42 CFR 435.735. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

(a) **42 CFR 435.735**—States using more restrictive requirements than SSI.

1. Allowances for the needs of the:
 - (A.) Individual (check one)
 1. The following standard included under the State plan (check one):
 - (a) SSI
 - (b) Medically Needy
 - (c) The special income level for the institutionalized
 - (d) Percent of the Federal Poverty Level: _____ %
 - (e) Other (specify): _____
 2. The following dollar amount: \$ _____
Note: If this amount changes, this item will be revised.
 3. The following formula is used to determine the needs allowance:

Note: If the amount protected for PACE enrollees in item 1 is **equal to, or greater than** the maximum amount of income a PACE enrollee may have and be eligible under PACE, **enter N/A in items 2 and 3.**

(B.) Spouse only (check one):

1. The following standard under 42 CFR 435.121:

2. The Medically needy income standard

3. The following dollar amount: \$ _____
Note: If this amount changes, this item will be revised.
4. The following percentage of the following standard that is not greater than the standards above: _____ % of _____ standard.
5. The amount is determined using the following formula:

6. Not applicable (N/A)

(C.) Family (check one):

1. AFDC need standard
2. Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3. The following dollar amount: \$ _____
Note: If this amount changes, this item will be revised.
4. The following percentage of the following standard that is not greater than the standards above: _____ % of _____ standard.
5. The amount is determined using the following formula:

6. Other
7. Not applicable (N/A)

(b) Medical and remedial care expenses specified in 42 CFR 435.735.

II. Rates and Payments

A. The State assures CMS that the capitated rates will be equal to or less than the cost to the agency of providing those same fee-for-service State plan approved services on a fee-for-service basis, to an equivalent non-enrolled population group based upon the following methodology. Please attach a description of the negotiated rate setting methodology and how the State will ensure that rates are less than the cost in fee-for-service.

1. X Rates are set at a percent of fee-for-service costs
2. Experience-based (contractors/State's cost experience or encounter date)(please describe)
3. Adjusted Community Rate (please describe)
4. Other (please describe)

B. The State Medicaid Agency assures that the rates were set in a reasonable and predictable manner. Please list the name, organizational affiliation of any actuary used, and attestation/description for the initial capitation rates.

C. The State will submit all capitated rates to the CMS Regional Office for prior approval.

III. Enrollment and Disenrollment

The State assures that there is a process in place to provide for dissemination of enrollment and disenrollment data between the State and the State Administering Agency. The State assures that it has developed and will implement procedures for the enrollment and disenrollment of participants in the State's management information system, including procedures for any adjustment to account for the difference between the estimated number of participants on which the prospective monthly payment was based and the actual number of participants in that month.

Program of All-Inclusive Care for the Elderly (PACE) Reimbursement Methodology

The PACE capitation rates are developed based on historical fee-for-service data for a total of two fiscal years and are developed using an Upper Payment Limit (UPL) methodology.

DEVELOPMENT OF THE UPL

The historical fee-for-service population data is extracted for claims and eligibility for a PACE eligible population and is summarized on a per member per month (PMPM) basis. Base data will be blended over the two-year period and trended to the appropriate fiscal year and adjusted to develop the UPL amount. The UPL will be reduced accordingly based on the anticipated reductions in health care service costs due to the implementation of the managed care PACE program. The reduction in health care costs is expected in the use of nursing home services with a portion of offsetting costs associated with non-institutional care. A percentage is factored into the rate for administrative expenses based on eligibility category – Medicaid-Medicare dual-eligible and Medicaid only.

DUAL ELIGIBILITY

The PACE capitation rates are developed for both the dual-eligible population and the Medicaid only eligible population. The Medicare eligible populations that are included reflect QMB-Plus and SLMB-Plus only populations.

ELIGIBILITY CATEGORIES

The eligible population base includes the nursing home and waiver level of care populations excluding those with developmental disabilities. The populations are further limited based on age (i.e., age 55 or greater) and include the fee-for-service eligible population only.

CATEGORIES OF SERVICE

All categories of service for the eligible population will be included in the development of the PACE capitation rate. The categories of service are limited to the categories provided in the fee-for-service data extract.

The base rates are developed on a state-wide basis. Geographic factors are developed by comparing the region specific areas to the state-wide expenditures on a PMPM basis. These factors are developed by reviewing nursing home, waiver and home health care expenditures.

RATE CATEGORY GROUPINGS

Rate categories are developed based on age – either pre-65 or post-65. Geographic factors will be reviewed and applied to the state-wide base capitation rates.

The State will submit all capitated rates to the CMS Regional Office for prior approval.