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**State/Territory Name: IN** 

State Plan Amendment (SPA) #: 12-008

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 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



September 7, 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 #12-008

-- Disability Reviews

-- Effective Date: April 1, 2012

If you have any questions, please have a member of your staff contact Pamela Carson at (312) 353-0108 or by email at <a href="mailto:Pamela.Carson@cms.hhs.gov">Pamela.Carson@cms.hhs.gov</a>

Sincerely,



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

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	12-008	Indiana		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT			
FOR HEALTH CINE I WANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICA	AID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
HEALTH CARE FINANCING ADMINISTRATION	April 1, 2012			
DEPARTMENT OF HEALTH AND HUMAN SERVICES	14pm 1, 2012			
5. TYPE OF PLAN MATERIAL (Check One):				
3.111 bot 1 sant mit bank book book				
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT				
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	ı amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:			
42 CFR 435.541	a. FFY 2013 \$0.00 (Thousands)			
	b. FFY 2014 \$0.00 (Thousands)			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS			
	OR ATTACHMENT (If Applicable)	•		
Attachment 2.2-A Page 6a	Attachment 2.2-A Page 6a			
Attachment 2.2-A Page oa	Attachment 2.2-A Page 0a			
10. SUBJECT OF AMENDMENT:		<del></del>		
This SPA removes the operational requirement for the Medicaid Medica	l Review Team to review the disability sta	atus of Medicaid applicants		
who receive SSDI or SSI as disabled individuals. Indiana will continue				
209(b) States that use the SSA disability definition.	to definite to the requirements in 12 of R	55.5 II us they apply to		
11. GOVERNOR'S REVIEW (Check One):		Manda		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	🛛 OTHER, AS SPECI	FIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED				
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
A CONTRACT OF THE PROPERTY OF	Governor's review. See Se	ction 7.4 of the State Plan		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
	Patricia Casanova Director of Medicaid			
13. TYPED NAME: Patricia Casanova	Indiana Office of Medicaid Policy and	Planning		
	402 West Washington Street, Room W.			
14. TITLE: Director of Medicaid	Indianapolis, IN 46204			
15. DATE SUBMITTED:	ATTN: Audie Gilmer, State Plan Coor	dinator		
15. DATE SUBMITTED: 6-11-12				
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED:	18. DATE APPROVED: SEP -	7 2012		
June 11, 2012				
PLAN APPROVED – ON				
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICANOR		
April 1, 2012		monto, domo de como de como en		
21. TYPED NAME:	22 TITLE:   Associate Regional Ad	ministrator		
Verlon Johnson				
23. REMARKS:				
or a company and the company of the	and resident 1857 Profesional Resident Control Control Control Control	大型TANK 1996年 1997年 1		

Revision: HCFA-PM-91-4 (BPD) June 2012

ATTACHMENT 2.2 – A

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OMB NO.: 0938-

		State:	India	na	
Citation (s)		C	Broups Cove	red	
	Α.	<u>Mandat</u> (Continu		e – Categorically Needy and Other Required Special Groups	
435.121	13.	[X]	b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(I) of the		
1619(b)(l)			-	nd who met the State's more restrictive requirements for	
of the Act			Medi- under 1619() contin	caid in the month before the month they qualified for SSI section 1619(a) or met the requirements under section b)(l) of the Act. Medicaid eligibility for these individuals use as long as they continue to meet the 1619(a) eligibility and or the requirements of section 1619(b) of the Act.)	
			<u>X</u>	Aged	
			<u>X</u> X	Blind	
			. <u>X</u> X	Disabled	
			<u>X</u> <u>X</u>	Blind and disabled individuals receiving SSI and except for receipt of SSI would be eligible for AFDC	
			The more	e restrictive categorical eligibility criteria are described below:	
			(Financia	al criteria are described in <u>ATTACHMENT 2.6A</u> )	

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TN No. <u>12-008</u> Supersedes TN No. <u>06-006</u>

Approval Date SEP - 7 2012

Effective Date April 1, 2012

HCFA ID: 7983E