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State/Territory Name: IN

State Plan Amendment (SPA) #: 13-002-MM2

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) Summary Form (with 179-like data)
- 4) Approved SPA Pages
- 5) Interim Application Placeholder Documents

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Chicago Regional Office
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519
DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS



January 29, 2014

Joe Moser, Director of Medicaid
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W374
Indianapolis, Indiana 46204

ATTN: Amber Swartzell

Dear Mr. Moser:

Enclosed is a corrected copy of Indiana's state plan amendment (SPA) 13-002-MM2, which was originally approved on January 23, 2013. SPA 13-002-MM2 incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into Indiana's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

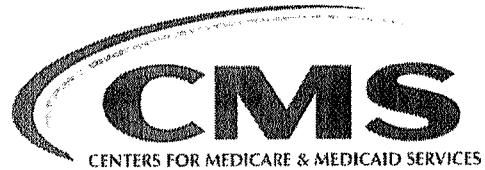
If you have any questions concerning this SPA, please contact Elizabeth Lewis, of my staff, at (312) 353-1756 or elizabeth.lewis@cms.hhs.gov.

Sincerely,

/s/

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Chicago Regional Office
233 North Michigan Avenue, Suite 600
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DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

January 23, 2014

Joe Moser, Director of Medicaid
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W374
Indianapolis, Indiana 46204

ATTN: Amber Swartzell

Dear Mr. Moser:

This letter is being sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) transmittal IN#13-002-MM2. CMS is granting approval for Form S94 – Eligibility Process IN#13-002-MM2, which was submitted to CMS on October 25, 2013. Our review of this submission included the review of the alternative single streamlined paper and online applications developed by the state.

Until April 19, 2014, the state is using an interim alternative single streamlined paper application. Until March 1, 2015, the state is using an interim alternative single streamlined online application. Both interim application needs to be revised to reflect the following changes.

Necessary changes to online application:	Date by which changes will be completed:
The question on the online application on loss of health insurance and reason should only appear for children who are applying.	April 19, 2014
Questions on the online application on citizenship, immigration, incarceration, and foster care should not appear for non-applicant household members.	April 19, 2014
Need on the online application to indicate that this plan selection is only for Medicaid and CHIP, and there will be a separate process to pick a Marketplace plan.	April 19, 2014
Non-MAGI screening questions on the online application should be asking only about applicants, not everyone in the household.	April 19, 2014

Need on the online application to remove requests for non-MAGI income types, when there is no indication that applicants are eligible on a non-MAGI basis.	June 30, 2014
Need on the online application to dynamically trigger the resource section to appear only if there is an applicant who is over 65 or is potentially disabled based on non-MAGI screen questions.	April 19, 2014
Need on the online application to only show questions about offers of employer sponsored coverage, outside of what is needed for TPL, for applicants above the Medicaid and CHIP income range.	March 1, 2015
The state will include language to inform the client that they can choose a plan later or switch plans.	March 29, 2014
Need on the online application to determine whether an applicant is being claimed as a dependent by a tax filer who is living outside the household.	April 19, 2014
Necessary changes to paper application:	Date by which changes will be completed:
The state will remove resource questions from the paper application.	March 29, 2014
Section 2 of the Paper Application: In addition to SSN being optional, please note that citizenship and immigration status (section 7) should be skipped.	April 19, 2014
Section 7 of the Paper Application: If this person is not applying for health coverage, skip to section 9 for tax filing information.	April 19, 2014

Please submit the revised alternative paper application to CMS for review no later than March 19, 2014 to ensure approval by April 19, 2014. In addition, please submit the revised alternative online application to CMS for review no later than February 1, 2015 to ensure approval by March 1, 2015. We continue to be available to provide technical assistance. If you

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Mr. Joe Moser

have any questions about your application, please contact Dena Greenblum at Dena.Greenblum@cms.hhs.gov or (410) 786-8684. If you have any questions about this letter, please contact Elizabeth Lewis, of my staff, at (312) 353-1756 or elizabeth.lewis@cms.hhs.gov.

Sincerely,

/s/

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

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Indiana**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

IN13002MM2

Proposed Effective Date

~~01/01/2014~~ - 10/1/13 (mm/dd/yyyy)
 per 1/28/14 email from State

Federal Statute/Regulation Citation

S94

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$0.00
Second Year	2015	\$0.00

Subject of Amendment

General Eligibility Requirements: Eligibility Process

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

CMS has approved Indians's certification attesting that the Governor does not wish to review any plan materials.

Signature of State Agency Official

Submitted By: **Audie Gilmer**
 Last Revision Date: **Oct 25, 2013**
 Submit Date: **Oct 25, 2013**

DATE RECEIVED: 10/25/2013	DATE APPROVED: 1/23/14
PLAN APPROVED - ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2013	SIGNATURE OF REGIONAL OFFICIAL: /s/
TYPED NAME Verlon Johnson	TITLE Associate Regional Administrator



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

42 CFR 435, Subpart J and Subpart M

Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted:

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted:

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted:

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted:

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes No



Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
	Fax	State accepts faxed applications	

- The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:

Once every 12 months

Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency

If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):

Once every 12 months

Once every 6 months

Other, more often than once every 12 months

Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application Online Application

TRANSMITTAL NUMBER:

13-002-MM2

STATE:

Indiana

Through March 1, 2015, the state is using an interim alternative single streamlined application. After March 1, 2015, the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application

Online Application

TRANSMITTAL NUMBER:

13-002-MM2

STATE:

Indiana

Through April 19, 2014, the state is using an interim alternative single streamlined application. After April 19, 2014, the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.