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State/Territory Name: IN

State Plan Amendment (SPA) #: 13-011

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
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May 14, 2014

Mr. Joseph Moser, Director of Medicaid
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W382
Indianapolis, Indiana 46204

ATTN: Amber Swartzell

Dear Mr. Moser:

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

Transmittal #13-011:

- Removes the 20 mile radius restriction for telemedicine services provided by Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Community Mental Health Centers (CMHCs) and critical access hospitals.
- Provides reimbursement for telehealth services to home health agencies.
- Effective Date: October 1, 2014.

If you have any questions, please have a member of your staff contact Elizabeth Lewis at (312) 353-1756 or by email at elizabeth.lewis@cms.hhs.gov.

Sincerely,

/s/

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: 13-011	2. STATE Indiana
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FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
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TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2014
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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: 42 CFR 440.70	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$2,476.00 (thousands) b. FFY 2015 \$2,476.00 (thousands)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Addendum Page 3.1. Attachment 3.1-A, Addendum Page 3.2, Attachment 3.1-A, Addendum Page 4.1 Attachment 4.19-B, Page 3c.1.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Addendum Page 3.1
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per 5/14/14 email from Steve


10. SUBJECT OF AMENDMENT:
Remove the 20 mile radius restriction for telemedicine services provided by FQHCs, RHCs, CMHCs, and critical access hospitals; provide reimbursement for telehealth services to home health agencies.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Joseph Moser Medicaid Director Indiana Office of Medicaid Policy and Planning 402 West Washington Street, Room W382 Indianapolis, IN 46204 ATTN: Michael Cook, State Plan Coordinator
13. TYPED NAME: Joseph Moser	
14. TITLE: Medicaid Director	
15. DATE SUBMITTED: November 26, 2013	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: November 26, 2013	18. DATE APPROVED: 5/14/14
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2014	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator
23. REMARKS:	

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:
 - (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 by the office or its designee, Medicaid will reimburse 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, except neuropsychological and psychological testing, which is subject to prior authorization.
- (6) The following are services that are not reimbursable by the Medicaid program:
 - (A) Daycare.
 - (B) Hypnosis.
 - (C) Biofeedback.
 - (D) Missed appointments.

TN: 13-011
Supersedes
TN: 11-026

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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.

Reimbursement is available for telemedicine services to the following providers regardless of the distance between the provider and recipient:

- (A) Federally Qualified Health Centers (FQHCs) as defined in 42 U.S.C. 1396d(1)(2)(B).
- (B) Rural Health Centers (RHCs) as defined in 42 U.S.C. 1396d(1)(1).
- (C) Community Mental Health Centers (CMHCs) certified under state law.
- (D) Critical Access Hospitals that meet the criteria under 42 CFR 485.601.

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.

Store and forward technology is not separately reimbursable by Medicaid.

TN: 13-011
Supersedes
TN: New

Approval Date: 5/14/14 Effective Date: 10/1/14

State: Indiana

Attachment 3.1-A
Addendum Page 4.1

Telehealth monitoring services
for home health agencies

Reimbursement is available for telehealth monitoring services to Medicaid providers who are licensed as a home health agency under state law.

Telehealth monitoring services for a beneficiary must be determined as medically necessary.

A registered nurse (RN) licensed by the state must perform the reading of transmitted health information provided to the Medicaid beneficiary, in accordance with the written order from the physician.

TN: 13-011
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TN: New

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HOME HEALTH CARE SERVICES – TELEHEALTH MONITORING

Approved telehealth monitoring services are reimbursed separately from other HHA services. The unit of reimbursement for home health telehealth is one calendar day.

(1) The provider may bill a one-time amount of \$14.45 per beneficiary for an initial face-to-face visit necessary to train the beneficiary to appropriately operate the telehealth equipment.

(2) The Provider may bill the daily rate of \$9.84 for each day the telehealth monitoring equipment is used by a registered nurse (RN) to monitor and manage the client's care in accordance with the written order from a physician.

Rates for telehealth monitoring services shall not be adjusted annually.

All equipment and software cost associated with the telehealth monitoring services must be separately identified on the provider's annual cost report so that it may be removed from the calculation of overhead costs.

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