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State/Territory Name: IN

State Plan Amendment (SPA) #: 14-002

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



May 28, 2014

Mr. Joseph Moser, Director of Medicaid
Office of Medicaid Policy and Planning
Indiana Family and Social Services Administration
402 West Washington Street, Room W461
Indianapolis, IN 46204-2739

ATTN: Amber Swartzell, State Plan Coordinator

RE: IN SPA 14-002 and IN.03. New 1915(b)(4) waiver, Medicaid Rehabilitation Option (MRO)

Dear Mr. Moser:

We have reviewed two State actions concurrently: IN SPA 14-002 that clarifies that only Community Mental Health Centers (CMHCs) may provide MRO services, and a new 1915(b)(4) waiver to allow for selective contracting of providers for MRO services, specifically for Community Mental Health Centers (CMHCs) to provide the services.

Based on our review, the State has satisfactorily demonstrated that it is meeting the statutory and regulatory requirements for this SPA and waiver action. The CMS approves IN SPA 14-002 and the concurrent 1915(b)(4) waiver amendment, control number IN.03. The effective date for both actions is June 1, 2014. Please note that the formal approval letter for the 1915(b)(4) waiver amendment with control number IN.03 will be issued separately, from the CMS Central Office.

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

Transmittal # 14-002


- Clarifies that only Community Mental Health Centers (CMHCs) are allowed to provide MRO services.

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, or Alexis Gibson at (410) 786-2813 or by email at alexis.gibson@cms.hhs.gov.

Sincerely,

/s/ Alan Freund, Acting ARA

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: IN-14-002	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 6/1/14	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130(d)		7. FEDERAL BUDGET IMPACT: a. FFY 2014: \$0 b. FFY 2015: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A, Addendum Page 10a and 10b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1A, Addendum Page 10a and 10b	
10. SUBJECT OF AMENDMENT: Clarifies that only Community Mental Health Centers (CMHCs) are allowed to provide MRO services.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> 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: Amber Swartzell, State Plan Coordinator	
13. TYPED NAME: Joseph Moser			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: 3/31/14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3/31/14		18. DATE APPROVED: 5/28/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Alan Freund		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

- (a) In psychiatric or mental health nursing from an accredited university, plus a license as a registered nurse in Indiana.
- (b) In pastoral counseling from an accredited university.
- (c) In rehabilitation counseling from an accredited university.
- (2) An individual who is under the supervision of a licensed professional, as defined above, is eligible for and working towards licensure, and has completed a master's or doctoral degree, or both, in any of the following disciplines:
 - (a) In social work from a university accredited by the Council on Social Work Education.
 - (b) In psychology from an accredited university.
 - (c) In mental health counseling from an accredited university.
 - (d) In marital and family therapy from an accredited university.
- (3) A licensed independent practice school psychologist under the supervision of a licensed professional, as defined in subsection (b) above. (4) An authorized healthcare provider (AHCP), defined as follows:
 - (a) a physician assistant with the authority to prescribe, dispense and administer drugs and medical devices or services under an agreement with a supervising physician and subject to the requirements of IC 25-27.5-5.
 - (b) a nurse practitioner or a clinical nurse specialist, with prescriptive authority and performing duties within the scope of that person's license and under the supervision of, or under a supervisory agreement with, a licensed physician pursuant to IC 25-23-1.

Other behavioral health professional (OBHP) means any of the following persons:

- (1) An individual with an associate or bachelor degree, or equivalent behavioral health experience, meeting minimum competency standards set forth by a behavioral health service provider and supervised by either a licensed professional, as defined above, or a QBHP, as defined above.
- (2) A licensed addiction counselor, as defined under IC 25-23.6-10.5 supervised by either a licensed professional, as defined above, or a QBHP, as defined above.

Assurances.

- All medically necessary MRO services will be provided to children under the age of 21.
- All rehabilitative services are provided to or directed exclusively toward the treatment of Medicaid eligible individual.
- Any willing and qualified provider may participate in the delivery of MRO services.
- Individuals denied prior authorization for MRO services shall have an opportunity for a fair hearing.
- MRO services are sufficiently available in amount, duration and scope to reasonably achieve their purpose.

Limitations. Medicaid will reimburse for Medicaid Rehabilitation Option services when:

- (a) provided to a person who
 - i. meets specific diagnosis and level of need criteria under the approved DMHA assessment tool demonstrating a behavioral health need or
 - ii. receives prior authorization approval for a medically necessary service;
- (b) provided by personnel who meet appropriate federal, state and local regulations for their respective discipline or are under the supervision/direction of a qualified behavioral health professional; and through a behavioral health service provider that is an enrolled as a Medicaid provider that offers a full continuum of care as defined as a range of services the provision of which is assured by a provider. The term includes the following individualized treatment planning to increase patient coping skills and symptom management, which

TN No. 14-002
Supersedes
TN No. 10-005

Approval Date: 5/28/14

Effective Date: June 1, 2014

may include: twenty-four (24) hour a day crisis intervention; care coordination to fulfill individual patient needs, including assertive care coordination when indicated; outpatient services, including intensive outpatient services, substance abuse services, counseling, and treatment; acute stabilization services, including detoxification services; residential services; day treatment; family support services; medication evaluation and monitoring; and services to prevent unnecessary and inappropriate treatment and hospitalization.

- (c) Community Mental Health Centers wishing to provide MRO services must be certified to provide a continuum of care to Medicaid consumers. These providers may subcontract for services as appropriate.
- (d) This MRO State Plan service is to run concurrently with the 1915(b)(4) fee-for-service selective contracting waiver (IN.03).

14. Services for individuals age 65 or older in institutions for mental diseases

Provided with limitations.

14.a.

Inpatient hospital services Reimbursement is available for medically reasonable and necessary inpatient psychiatric hospital services. Medically reasonable and necessary service is defined as a covered service required for the care or well being of the patient and is provided in accordance with generally accepted standards of medical or professional practice.

Prior authorization is required for all inpatient psychiatric admissions including admissions for substance abuse

Reimbursement is available for emergency admissions only in cases of a sudden onset of a psychiatric condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in one (1) of the following:

- (1) Danger to the individual.
- (2) Danger to others.
- (3) Death of the individual.

Medicaid reimbursement will be denied for any days during which the inpatient psychiatric hospitalization or stay in a psychiatric residential treatment facility is found not to have been medically necessary.