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State/Territory Name: Indiana

State Plan Amendment (SPA) #: IN-15-0001-MM1

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

February 12, 2015

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

Transmittal #15-001-MM1:

- Elect eligibility for the new adult group under Medicaid expansion.
- Effective date: February 1, 2015

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/

Alan Freund
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

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.

15001MM1

Proposed Effective Date

02/01/2015

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.119

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$1442050000.00
Second Year	2016	\$3061580000.00

Subject of Amendment

S32 New Adult Group. This SPA supersedes S32 in TN No. 13-001-MM1.

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:

Indiana's State Plan does not require Governor's office review. Please see Section 7.4 of the State Plan.

Signature of State Agency Official

Submitted By:

[Redacted]

Last Revision Date:

Feb 11, 2015

Submit Date:

Feb 9, 2015

PLAN APPROVED – ONE COPY ATTACHED

Date Received:
February 9, 2015

Date Approved:
February 12, 2015

Effective Date of Approved Material:
February 1, 2015

Signature:
/s/

Typed Name:
Alan Freund

Title:
Associate Regional Administrator



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: IN - 15 - 0001

Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Adult Group

S32

1902(a)(10)(A)(i)(VIII)
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

Yes No

Adult Group - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Have attained age 19 but not age 65.

Are not pregnant.

Are not entitled to or enrolled for Part A or B Medicare benefits.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

Have household income at or below 133% FPL.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is

receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

Under age 19, or

A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes No



Medicaid Eligibility

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.

V.20140415