Table of Contents

State/Territory Name: IN

State Plan Amendment (SPA) #: 15-023

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 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



Financial Management Group

NOV 0 3 2015

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

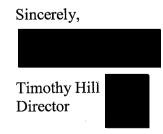
ATTN: Amber Swartzell, State Plan Coordinator

Dear Mr. Moser:

Effective July 1, 2015, this amendment increases Medicaid reimbursement to intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) and community residential facilities for the developmentally disabled (CRFs/DD) by 3% from the methodology in effect on December 31, 2013. OMPP was directed by the Indiana General Assembly to make this change (House Enrolled Act 100 I, Sections 128 and 129 (2015)). Since there was a 3 % rate reduction in place on December 31, 2013 (pursuant to SPA T.N. #13-005), the net effect of a 3% increase to rates that have been reduced by 3%, is a reduction of nine-tenths of one percent (.09%) of the original Medicaid rate.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing federal regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 15-0023 is approved effective July 1, 2015. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Fredrick Sebree at (217) 492-4122 or via email at Fredrick.sebree@cms.hhs.gov.



Enclosures

- (c) Costs related to staffing shall be limited to seven (7) hours worked per patient day.
- (d) All ICFs/IID that are licensed as a CRMNF will be paid at a per diem rate of six hundred thirty-nine dollars and eighteen cents (\$639.18) per resident day.

This per diem rate is available only upon certification as a Medicaid ICF/IID and licensure by the division of disability and rehabilitative services. ICFs/IID that are licensed as CRMNFs are not subject to other rate adjustments identified in this rule except for 405 IAC 1-12-27 and will not receive a base rate nor be subject to the base rate reporting requirements at section 5 of this rule.

TN: <u>15-023</u> Supersedes TN: 13-005

Approval Date: <u>NOV 0 3 2015</u>

Effective Date: July 1, 2015

State: Indiana

Attachment 4.19D Page 119

Effective Date: July 1, 2015

405 IAC 1-12-27 Rate Reduction

Sec. 27. Effective July 1, 2015, per diem Medicaid rates paid to nonstate owned intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) and community residential facilities for the developmentally disabled (CRFs/DD) shall be reduced by nine-tenths of one percent (.09%) per Medicaid resident per day for services that have been calculated under this rule.

TN: <u>15-023</u> Supersedes TN: 14-004

Approval Date: NOV 0 3 2015