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State/Territory Name: Indiana

State Plan Amendment (SPA) #: 17-0003

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



April 14, 2017

Joe Moser, Director
Family Social Services Administration
Office of Medicaid Policy and Planning
402 West Washington, Room W374
Indianapolis, IN 46204

ATTN: Tim Hawkins

RE: Transmittal Number (TN) 17-0003

Dear Mr. Moser:

Enclosed for your records is an approved copy of the following state plan amendment.

TN 17-0003:

- This state plan amendment removes the twelve week coverage limitation for tobacco cessation services and adds optometrists, clinical social workers, marital and family counselors, mental health counselors, and licensed clinical addiction counselors to the practitioners who may provide tobacco dependence counseling services.
- Effective Date: January 1, 2017
- Approval Date: April 14, 2017

If you have any questions, please have a member of your staff contact Jennifer Maslowski at (217) 492-4120 or by email at jennifer.maslowski@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Tim Hawkins, OMPP
Kelly Flynn, OMPP

4.6.17
Revised 4.4.17 by TSHH

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL.	1. TRANSMITTAL NUMBER: 17-003	2. STATE Indiana
FUR: 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 January 1, 2017	

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 433.51 42 CFR 440.130 <i>ZA</i>	7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 2016 \$24 2017 \$48 <i>ZA</i> b. FFY 2017 \$98 2018 \$96 <i>ZA</i>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A - Addendum Page 2.0 <i>ZA</i> Attachment 3.1A - Page 2a <i>Attachment 3.1A - Addendum Page 7a.1</i> <i>Attachment 4.19-B, Page 1</i> <i>ZA</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1A - Addendum Page 2.0 Attachment 3.1A - Page 2a <i>ZA</i> <i>Attachment 4.19-B, Page 1</i>

10. SUBJECT OF AMENDMENT: OMPP proposes to remove the twelve-week coverage limitation for tobacco cessation services. The proposed change will allow Medicaid coverage of tobacco dependence treatment to align with nationally accepted guidelines regarding the appropriate length of tobacco dependence treatment. OMPP also proposes to add optometrists, clinical social workers, marital and family counselors, mental health counselors, and licensed clinical addiction counselors to the practitioners who may provide tobacco dependence counseling services. The proposed change will improve access to tobacco dependence treatment.

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: Tim Hawkins, Federal Relations Lead
13. TYPED NAME: Joseph Moser	
14. TITLE: Medicaid Director	
15. DATE SUBMITTED: 01.23.2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: January 23, 2017	18. DATE APPROVED: April 14, 2017
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Ruth A. Hughes	22. TITLE: Associate Regional Administrator

23. REMARKS:

4.d. 1) Face-to-Face Tobacco Dependence Counseling Services provided (by):

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco dependence services; * or

(iii) Any other health care professional legally authorized to provide tobacco dependence services under State law and who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

* Limitations to provider type and coverage listed in the Addendum to Attachment 3.1A.

2) Face-to-Face Tobacco Dependence Counseling Services Benefit Package for Pregnant Women

Provided: No limitations With limitations*

* Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations: Listed in the Addendum to Attachment 3.1A.

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

Provided: No limitations With limitations*

* Description provided on attachment.

4.d.1 Face-to-Face Tobacco
Dependence Services

Provided with Limitations:
Reimbursement is available for tobacco dependence treatment.

Tobacco dependence treatment includes covered legend or nonlegend drugs intended to reduce an individual's dependence on tobacco products as well as tobacco dependence counseling. A member prescribed a legend or nonlegend drug intended to reduce an individual's dependence on tobacco products must engage in tobacco dependence counseling in conjunction with the receipt of said legend or nonlegend drug therapy.

Reimbursement is available for tobacco dependence counseling services rendered by licensed practitioners under applicable Indiana law participating in the Indiana Medicaid program.

The following may provide tobacco dependence counseling services when prescribed by a practitioner within the scope of his license under Indiana law and within the limitations set out in this state plan:

- (1) A physician.
- (2) A physician's assistant.
- (3) A nurse practitioner.
- (4) A registered nurse.
- (5) A psychologist.
- (6) A pharmacist.
- (7) A dentist.
- (8) An optometrist.
- (9) A clinical social worker.
- (10) A marital and family counselor.
- (11) A mental health counselor.
- (12) A licensed clinical addictions counselor.

13.a.1 Face-to-Face Tobacco
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- (7) A dentist.
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- (9) A clinical social worker.
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- (11) A mental health counselor.
- (12) A licensed clinical addictions counselor.

**REIMBURSEMENT FOR SERVICES PROVIDED BY PHYSICIANS, LIMITED
LICENSE PRACTITIONERS, AND NON-PHYSICIAN PRACTITIONERS**

I. A. Summary of the Resource-Based Relative Value Scale (RBRVS) reimbursement methodology

All services provided by physicians, limited license practitioners, and non-physician practitioners will be reimbursed according to a statewide fee schedule based on a Resource-Based Relative Value Scale (RBRVS). This includes services provided by:

Physicians and Limited License Practitioners

- doctors of medicine,
- osteopaths,
- physician or primary care group practices,
- optometrists,
- podiatrists,
- dentists who are oral surgeons,
- chiropractors, and
- health service providers in psychology.

Non-Physician Practitioners

- audiologists,
- physical, occupational, respiratory, and speech therapists,
- licensed psychologists,
- independent laboratory or radiology providers,
- advance practice nurses,
- dentists who are not oral surgeons.
- board certified behavior analysts
- credentialed registered behavior technicians
- pharmacist for tobacco cessation counseling services

Other Licensed Practitioners

- physician assistants,
- licensed independent practice school psychologist,
- licensed clinical social worker,
- licensed marital and family therapist,
- licensed mental health counselor,
- person holding a master's degree in social work, marital and family therapy, or mental health counseling,
- licensed clinical addiction counselors
- certified registered nurse anesthetists, and
- anesthesiologist assistants

All Other Licensed Practitioners are required to work under the direct supervision of a physician. All Other Licensed Practitioners, except CRNAs, must bill under the supervising physician's provider number.

Except as otherwise noted in the plan, state-developed fee schedule rates for these services are the same for both governmental and private providers. The agency's fee schedule rates were effective for services provided on or after February 1, 2015. All rates and effective dates are published on the agency's website at www.indianamedicaid.com.

TN # 17-003

Supersedes

TN # 16-012

Approval Date 4/14/17

Effective Date January 1, 2017