

Table of Contents

State/Territory Name: IN

State Plan Amendment (SPA) #: 17-006

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

SEP 18 2017

Allison Taylor, Interim Medicaid Director
Family Social Services Administration
402 West Washington, Room W461
Indianapolis, IN 46204

ATTN: Tim Hawkins

Dear Ms. Taylor:

Effective July 1, 2017, state plan amendment (SPA) 17-0006 makes conforming changes to the state plan to extend payments rate reductions for nursing facilities (NF) that are currently set to expire 6/30/17. Under this State Plan Amendment (SPA), the current rates will continue through June 30, 2019. The state assures that the rates do not impinge on access to NF services and beneficiaries' access to services are adequate. Further, since the NF non-state Government Owned (NSGO) Supplemental Payment program provides additional funding to NSGO NF's, Indiana has seen a dramatic increase in eligible providers. The state received comments from providers opposing the rate freeze, however, the comments did not suggest a loss of access to care. Based on this information, we are inferring that the amendment does not affect consistency with the access to care requirements described in section 1902(a)(30)(A) of the Act.

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 17-0006 is approved effective July 1, 2017. 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.

Sincerely,

A black rectangular box redacting the signature of Kristin Fan.

Kristin Fan
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER: 17-006	2. STATE Indiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE 07/01/2017	

FOR: HEALTH CARE FINANCING ADMINISTRATION

**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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 440.40	7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 2017 (\$8,779) b. FFY 2018 (\$33,596)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19D Page 44Cont	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19D Page 44Cont

10. SUBJECT OF AMENDMENT: This State Plan Amendment extends the rate reductions for nursing facilities (NF) that were to expire on June 30, 2017 for a period of two years. NFs currently have a 3% rate reduction which expires on June 30, 2017. Under this State Plan Amendment, this 3% rate reduction will continue through June 30, 2019. As this amendment is an extension of the current rate reduction, there is no fiscal impact associated with this amendment.

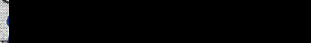
11. GOVERNOR'S REVIEW (Check One):

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: Allison Taylor Interim Medicaid Director Indiana Office of Medicaid Policy and Planning 402 West Washington Street, Room W374 Indianapolis, IN 46204 ATTN: Tim Hawkins, Federal Relations Lead
13. TYPED NAME: Allison Taylor	
14. TITLE: Interim Medicaid Director	
15. DATE SUBMITTED: 7.7.17	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: SEP 18 2017
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: SEP 01 2017	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Kristin FAN	22. TITLE: Director, FMC
23. REMARKS:	

405 IAC 1-14.6-23.1 Reduction to Medicaid rate for nursing facilities

Notwithstanding all other provisions of this rule, reimbursement rates shall be reduced by three percent (3%) per resident per day through June 30, ~~2017~~ **2019** for nursing facility services that have been calculated under this rule except for the following:

(1) The difference between:

(i) the nursing facility quality rate add-on, as described in subsection 7(m) of Legislative Services Agency (LSA) Document #12-279, posted as a final rule in the Indiana Register at:

<http://www.in.gov/legislative/iac/20130626-IR-405120279FRA.xml.pdf>

effective July 1, 2013; and

(ii) the nursing home report card score rate add-on calculated using each facility's current nursing home report card score, and the nursing home report card score rate add-on parameters contained in section 7(k) of LSA Document #10-183, posted as a final rule in the Indiana Register at;

<http://www.in.gov/legislative/iac/20101201-IR-405100183FRA.xml.pdf>

effective December 1, 2010; and

(2) The difference between:

(i) the quality assessment rate add-on calculated using the assessment rates in section 57 of LSA 12-396(E), posted as an emergency rule in the Indiana Register at:

<http://www.in.gov/legislative/iac/20120711-IR-405120396ERA.xml.pdf>

effective July 1, 2012; and

(ii) the quality assessment rate add-on calculated using the assessment rates in section 24(a) of LSA Document #10-65, posted as a final rule in the Indiana Register at :

<http://www.in.gov/legislative/iac/20101201-IR-405100065FRA.xml.pdf>

effective December 1, 2010.

TN: 17-006

Supersedes

TN: 15-012

Approval Date: SEP 18 2017 Effective Date: July 1, 2017