

## **Table of Contents**

**State/Territory Name: Indiana**

**State Plan Amendment (SPA) #: 17-0012**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages



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September 19, 2017

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

ATTN: Tim Hawkins

RE: Transmittal Number (TN) 17-0012

Dear Ms. Taylor:

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

TN 17-0012: This state plan amendment removes the three percent rate reduction that was applied to the Home Health Agency reimbursement rates.

- Effective Date: July 1, 2017
- Approval Date: September 19, 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](mailto: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

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

1. TRANSMITTAL NUMBER:  
17-012

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  
07/01/2017

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 440.70

7. FEDERAL BUDGET IMPACT: (in thousands) *BT*  
a. FFY 2017 \$2,386  
b. FFY 2018 ~~\$9,904~~ *\$9,511* *8-16-17*

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Attachment 4.19-B Page 3c.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
  
Attachment 4.19-B Page 3c.1

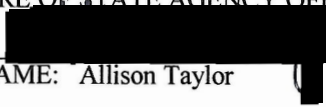
10. SUBJECT OF AMENDMENT: This State Plan amendment makes conforming changes to the State Plan effective July 1, 2017 to remove the 3% rate reduction that was applied to reimbursement rates.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

**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: *7.24.17*

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
July 24, 2017

18. DATE APPROVED:  
September 19, 2017

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:  
  
/s/

21. TYPED NAME:  
Ruth A. Hughes

22. TITLE:  
Associate Regional Administrator

23. REMARKS:

Retroactive payment will be required when any of the following occur:

- (1) A field audit identifies overpayment by Medicaid.
- (2) The provider knowingly receives overpayment of a Medicaid claim from the Office.  
In this event, the provider must:
  - (A) complete appropriate Medicaid billing adjustment forms; and
  - (B) reimburse the Office for the amount of the overpayment.

New rates set on July 1, 2008, shall be:

- (1) effective on July 1; and
- (2) annually adjusted thereafter based upon the most recently submitted financial and statistical documentation as filed by all providers of services who billed Medicaid for services provided during the cost report period.

**All fee schedules are available through the agency's website at [www.indianamedicaid.com](http://www.indianamedicaid.com). Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of home health care. The agency's fee schedule rate was set as of July 1, 2017 and is effective for services provided on or after that date.**

TN# 17-012  
Supersedes  
TN# 16-008

Approval Date: 9/19/17

Effective Date: July 1, 2017