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State/Territory Name: Indiana

State Plan Amendment (SPA) #: 18-012

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Regional Operations Group

March 19, 2019

Allison Taylor, Medicaid Director
Family and Social Services Administration
402 West Washington, Room W374
Indianapolis, IN 46204

ATTN: Gabrielle Koenig

RE: Transmittal Number (TN) 18-012

Dear Ms. Taylor:

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

TN 18-012: This SPA expands crisis intervention services, intensive outpatient program services, and peer recovery services to all Indiana Medicaid programs. Previously, these services were limited to the Medicaid Rehabilitation Option program.

- Effective Date: July 1, 2019
- Approval Date: March 18, 2019

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
Deputy Director
Centers for Medicaid & CHIP Services
Regional Operations Group

Enclosure

cc: Gabrielle Koenig, OMPP
Kelly Flynn, OMPP

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Regional Operations Group

March 19, 2019

Allison Taylor, Medicaid Director
Family Social Services Administration
402 West Washington, Room W374
Indianapolis, IN 46204

Re: CMS Companion Letter – TN 18-012

Dear Ms. Taylor:

This letter is sent as a companion to the Centers for Medicare & Medicaid Services' (CMS) approval of Indiana state plan amendment Transmittal Number (TN) 18-012, which expands crisis intervention services, intensive outpatient program services, and peer recovery services to all Indiana Medicaid programs. During our review of TN 18-012, we identified the following same page review concerns that need to be addressed.

Rehabilitative Services

Section 1905(a)(13) of the Social Security Act (the Act) and the Code of Federal Regulations (CFR) at 42 CFR 440.130(d) provide that rehabilitative services include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law, for maximum reduction of physical or mental disability and restoration of a beneficiary to the individual's best possible functional level. It is not clear whether all of the services meet the requirements for rehabilitative services. Specific points of clarification are noted below.

1. Care coordination services, as described in the state plan, appear to be targeted case management (TCM) services under item 19 of the state plan. The state can either move the services to item 19 and meet all the TCM requirements at 42 CFR 440.169 and 441.18, or revise the service description to include only care coordination of mental and/or substance use disorders.
2. Please clarify how the components of child and adolescent intensive resiliency services (CAIRS), adult intensive resiliency services (AIRS), and addiction counseling services are coverable rehabilitative services.
3. It appears that addiction counseling services also include family therapy. Since Medicaid covered services are those services that are furnished to the Medicaid beneficiary, please add the following language to addiction counseling services:

Family therapy is for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

4. Please include a description of the component services for “psychiatric assessment and intervention services” so CMS can determine if they are coverable rehabilitative services.

Comparability

Pursuant to 42 CFR 440.240, all members of a categorically needy group must receive comparable services. If CAIRS are targeted to an age segment of the Early and Periodic Screening, Diagnostic and Treatment population, please add an assurance to the state plan that children who do not meet the medical necessity criteria for CAIRS will receive comparable services.

Freedom of Choice

Section 1902(a)(23) of the Act provides that “any individual eligible for medical assistance... may obtain such assistance from any institution, agency, community pharmacy, or person, qualified to perform the service or services required... who undertakes to provide him such services.” On Attachment 3.1-A, Addendum Page 9c, please include in the state plan each of the “authorized healthcare professionals” who can furnish addiction counseling services, along with their practitioner qualifications.

The state has 90 days from the date of this letter to address the issues described above. During this time period, the state must either submit a state plan amendment with the additional information or a corrective action plan describing in detail how the state will resolve the issues in a timely manner. Failure to respond may result in the initiation of a formal compliance process. During the 90-day compliance period, CMS will be available to provide technical assistance if needed.

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
Deputy Director
Centers for Medicaid & CHIP Services
Regional Operations Group

cc: Gabrielle Koenig, OMPP
Kelly Flynn, OMPP

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 18-012	2. STATE Indiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2019

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 440.130

7. FEDERAL BUDGET IMPACT (*in thousands*):
a. FFY 2019 \$ 173
b. FFY 2020 \$ 734

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Addendum Pages 9 to 9c
Attachment 3.1-A Addendum Page 9c.2 to 9c.3
Attachment 4.19B Page 5d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)


Attachment 3.1-A Addendum Pages 9 to 9c

10. SUBJECT OF AMENDMENT: This State Plan amendment makes conforming changes to the State Plan to expand crisis intervention services, intensive outpatient treatment (IOT) services, and peer recovery services to all Indiana Medicaid programs. Previously, these services were limited to the Medicaid Rehabilitation Option (MRO) program. This change will provide increased access to these services for Medicaid recipients.

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


13. TYPED NAME: Allison Taylor

14. TITLE: Medicaid Director
10/3/18

15. DATE SUBMITTED

16. RETURN TO:
Allison Taylor
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W461
Indianapolis, IN 46204
ATTN: Gabrielle Koenig, Federal Relations Lead

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
October 3, 2018

18. DATE APPROVED
March 18, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL
/s/

21. TYPED NAME
Ruth A. Hughes

22. TITLE
Deputy Director

23. REMARKS

- Care Coordination services. Refers to services that help consumers gain access to needed medical, social, educational, and other services. Care coordination services include the assessment of the eligible consumer to determine service needs, development of an individualized integrated care plan, referral and related activities to help the consumer obtain needed services, monitoring and follow-up, and evaluation. Care coordination is a service on behalf of the consumer, not to the consumer, and is management of the case, not the consumer. The following providers are qualified to deliver this service:

- A licensed professional
- A QBHP
- An OBHP

Limitations:

- Activities billed under behavioral health level of need redetermination.
- The actual or direct provision of medical services or medical treatment.

(5) [Crisis Intervention services has been moved to Attachment 3.1-A, Addendum Page 9c.2].

(6) Child and Adolescent Intensive Resiliency Services (CAIRS). Refers to a time-limited, non-residential service provided in a clinically supervised setting that provides an integrated system of individual, family and group interventions based on an individualized integrated care plan. CAIRS includes therapeutic services such as clinical therapies, psycho-educational groups, and rehabilitative services such as skills training and development and medication training and support. CAIRS is designed to alleviate emotional or behavioral problems with the goal of reintegrating the child into the community setting. CAIRS is provided in close coordination with the educational program provided by the local school district. CAIRS is time-limited, curriculum-based, with goals that include reintegration into age appropriate community settings (e.g., school and activities with pro-social peers). Services may be provided for persons who are living in the community and who need aid on an intermittent basis for emotional disturbances, or addiction.

The following providers are qualified to deliver this service:

- Licensed professional
- QBHP
- OBHP

Limitations:

- The program is required to operate 2-4 hours per day and 3-5 days per week.
- Service packages authorize the following units of service for 180 days based on a member’s level of need (LON). Any additional medically necessary units of service may be prior authorized.

Child/Adolescent		
Level of Need	Service Type	Units per 180 days (1 hour)
4	CAIRS	252-Limited to 90 consecutive days
5 /6	CAIRS	252-Limited to 90 consecutive days

(7) Adults Intensive Rehabilitative Services (AIRS). Refers to a time-limited, non-residential service provided in a clinically supervised setting for consumers who require structured rehabilitative services to maintain the consumer on an outpatient basis. AIRS is curriculum based and designed to alleviate emotional or behavior problems with the goal of reintegrating the consumer into the community, increasing social connectedness beyond a clinical setting, and/or employment. AIRS includes therapeutic services such as clinical therapies, psycho-educational groups, and rehabilitative services such as skills training and development and medication training and support. Services may be provided for persons who are living in the community and who need aid on an intermittent basis for mental illness, or addiction.

The following providers are qualified to deliver this service:

- Licensed professional
- QBHP
- OBHP

Limitations:

- The program is required to operate 2-6 hours per day and 3-5 days per week
- Service packages authorize the following units of service for 180 days based on a member’s level of need (LON). Any additional medically necessary units of service may be prior authorized.

Adult		
Level of Need	Service Type	Units per 180 days (1 hour)
4	CAIRS	270-Limited to 90 consecutive days
5 /6	CAIRS	270-Limited to 90 consecutive days

(8) [Intensive Outpatient Treatment (IOT) has been moved to Attachment 3.1-A, Addendum Page 9c.2].

(9) Addiction Counseling services. Refers to a planned and organized service where addiction professionals and clinicians provide counseling intervention. Addiction counseling services to the beneficiary’s family and caretakers is for the direct benefit of the beneficiary, in accordance with the beneficiary’s needs and treatment goals identified in the beneficiary’s treatment plan, and for the purpose of assisting in the beneficiary’s recovery. In addition to individual, group, and family addiction counseling, other activities included are: education on addiction disorders and skills training in communication, anger management, stress management and relapse prevention. Services may be provided for persons who are living in the community and who need aid on an intermittent basis for emotional disturbances, mental illness, or addiction. Services may be provided in an individual or group setting, and with family members or other caretakers of the person in need of services.

The following providers are qualified to deliver this service:

- Licensed professional
- QBHP

Limitations: Service packages authorize the following units of service for 180 days based on a member’s level of need (LON). Any additional medically necessary units of service may be prior authorized.

Adult		
Level of Need	Service Type	Units per 180 days (1 hour)
3	Addiction Counseling	32
4	Addiction Counseling	32
5	Addiction Counseling	32
5A	Addiction Counseling	50

Child/Adolescent		
Level of Need	Service Type	Units per 180 days (1 hour)
3	Addiction Counseling	32
4	Addiction Counseling	32
5 /6	Addiction Counseling	32

(10) [Peer Recovery Services has been moved to Attachment 3.1-A, Addendum Page 9c.3].

(11) Psychiatric Assessment and Intervention services. Refers to face-to-face and non-face-to-face activities that are designed to provide psychiatric assessment, consultation, and intervention services to consumers who are receiving services from an interdisciplinary team. Services may be provided for persons with a history of multiple hospitalizations and severe challenges in maintaining independent living within the community.

The following providers are qualified to deliver this service:

- Physician
- Authorized healthcare professional

Limitations: Service packages authorize the following units of service for 180 days based on a member’s level of need (LON). Any additional medically necessary units of service may be prior authorized.

Adult		
Level of Need	Service Type	Units per 180 days (15 min.)
5	Psychiatric Assessment and Intervention	25
5A	Psychiatric Assessment and Intervention	100

MRO SERVICES WILL CONTINUE ON PAGE 9d**Crisis Intervention Services**

Refers to short-term emergency behavioral health services, available twenty-four (24) hours a day, seven (7) days a week. Crisis Intervention includes, but is not limited to crisis assessment planning and counseling specific to the crisis, intervention at the site of the crisis (when clinically appropriate), and pre-hospital assessment. The goal of Crisis Intervention is to resolve the crisis, and transition the consumer to routine care through stabilization of the acute crisis and linkage to necessary services. Crisis Intervention may be provided in an emergency room, clinic setting, or within the community. Services may be provided to any Medicaid eligible individual in need of crisis services.

The following providers are qualified to deliver this service:

- Licensed professional
- QBHP
- OBHP

There are no limitations on this service.

Intensive Outpatient Treatment (IOT)

Reimbursement is available for intensive outpatient treatment when provided to treat substance abuse or psychiatric disorders, subject to prior authorization. IOT must operate at least three (3) hours per day, at least three (3) days per week and must be based on an individualized integrated care plan.

The Medicaid covered service components are covered by the State through licensed professionals under 42 C.F.R. 440.60 and are as follows:

- Individual/Family Therapy (Attachment 3.1-A Addendum Page 3.1); and
- Group Therapy (Attachment 3.1-A Addendum Page 3.1).

The Medicaid covered service components and the practitioners who are qualified to provide them are as follows:

- Skills Training (Attachment 3.1A Addendum Page 8b and 8c);
- Medication Training and Support (Attachment 3.1A Addendum Page 8b);
- Peer Recovery Services (Attachment 3.1A Addendum Page 9c.3); and
- Care Coordination (Attachment 3.1A Addendum Page 9).

Services may be provided for persons who are living in the community and who need aid on an intermittent basis for emotional disturbances, mental illness, or addiction. Therapy services to the beneficiary's family and caretakers are for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

The following providers are qualified to deliver Individual/Family Therapy; Group Therapy; Skills Training; Medication Training and Support; Peer Recovery Services; and Care Coordination.

- Licensed professional
- QBHP
- OBHP

MRO SERVICES WILL CONTINUE ON PAGE 9d

MRO SERVICES WILL CONTINUE ON PAGE 9d

Peer Recovery Services

Refers to individual face-to-face services that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Services which may be provided include:

- Assisting the consumer with developing self-care plans, and other formal mentoring activities aimed at increasing active participation in person-centered planning and delivery of individualized services.
- Assisting the consumer in the development of psychiatric advanced directives.
- Supporting day-to-day problem solving related to normalization and reintegration into the community.
- Education and promotion of recovery and anti-stigma activities associated with mental illness and addiction.

Peer Recovery Services must demonstrate progress toward and/or achievement of consumer treatment goals identified in the individualized integrated care plan (IICP). An IICP is developed with the consumer and must reflect the consumer’s desires and choices. Services may be provided for persons who are living in the community and who need aid on an intermittent basis for mental illness or addiction. Services must be provided at home or at other locations outside the clinic setting.

The following providers are qualified to deliver this service:

- Individuals certified in Peer Recovery Services. Individuals providing Peer Recovery Services must be under the supervision of a Licensed professional or QBHP and must be self-identified consumers who are in recovery from mental illness and/or substance use disorders, are trained in a basic set of competencies necessary to perform the peer support function, have demonstrated the ability to support the recovery of others from mental illness and/or substance use disorders, and receive continuing and ongoing education as administered by agencies certified by the Department of Mental Health and Addiction (DMHA).

MRO SERVICES WILL CONTINUE ON PAGE 9d

Item 13D. Rehabilitation

Intensive Outpatient Treatment (IOT)

Payment for IOT will be based on blended payment rates that are for the Medicaid covered services found on Addendum 3.1-A Item 13.d Rehabilitative Services for Intensive Outpatient Treatment (IOT). The Medicaid covered service components are:

- Individual/Family Therapy; Group Therapy;
- Skills Training;
- Medication Training and Support;
- Peer Recovery Services; and
- Care Coordination

IOT blended payment rates are based on established individual Medicaid payment rates for the Medicaid covered service components, adjusted to reflect utilization of these services in the IOT model. The rates do not include costs related to room and board or other unallowable facility costs.

The state will periodically monitor the actual provision of IOT services paid under a blended rate to ensure that the beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the blended rate.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of IOT services. The agency's rates are effective as of July 1, 2019, and are published at the State's website, www.indianamedicaid.com.