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**State/Territory Name: Indiana**

**State Plan Amendment (SPA) #: 23-0005**

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- 2) CMS Form 179
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# IN - Submission Package - IN2023MS00020 - (IN-23-0005) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St. Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

September 13, 2023

Cora Steinmetz  
Medicaid Director  
Indiana Family and Social Services Administration  
402 W Washington St  
W374  
Indianapolis, IN 46204

Re: Approval of State Plan Amendment IN-23-0005

Dear Director Steinmetz,

On June 19, 2023, the Centers for Medicare & Medicaid Services (CMS) received Indiana State Plan Amendment (SPA) IN-23-0005. The SPA proposed to exempt structured family caregiver payments as countable income in determining income eligibility for most non-MAGI based eligibility groups.

We approve Indiana State Plan Amendment (SPA) IN-23-0005 with an effective date(s) of April 01, 2023.

If you have any questions regarding this amendment, please contact Mai Le-Yuen at [mai.le-yuen@cms.hhs.gov](mailto:mai.le-yuen@cms.hhs.gov).

Sincerely,  
James G. Scott  
Director, Division of Program Operations  
Center for Medicaid & CHIP Services

# IN - Submission Package - IN2023MS00020 - (IN-23-0005) - Eligibility

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	IN2023MS00020	<b>SPA ID</b>	IN-23-0005
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/19/2023
<b>Approval Date</b>	09/13/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Indiana

**Medicaid Agency Name:** FSSA

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

### Package Header

**Package ID** IN2023MS00020  
**Submission Type** Official  
**Approval Date** 09/13/2023  
**Superseded SPA ID** N/A

**SPA ID** IN-23-0005  
**Initial Submission Date** 6/19/2023  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** IN-23-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	4/1/2023	IN-23-0001
Qualified Medicare Beneficiaries	4/1/2023	TN 13-012
Specified Low Income Medicare Beneficiaries	4/1/2023	TN 13-012
Qualifying Individuals	4/1/2023	TN 13-012
Optional Eligibility Groups	4/1/2023	New
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	4/1/2023	TN 12-006
PACE Participants	4/1/2023	TN 12-006
Age and Disability-Related Poverty Level	4/1/2023	TN 13-012
Ticket to Work Basic	4/1/2023	TN 02-003, TN 13-012
Ticket to Work Medical Improvements	4/1/2023	TN 02-003, TN 13-012
Individuals Receiving State Plan Home and Community-Based Services	4/1/2023	TN 18-011, TN 13-012

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS0002O | IN-23-0005

### Package Header

<b>Package ID</b>	IN2023MS0002O	<b>SPA ID</b>	IN-23-0005
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/19/2023
<b>Approval Date</b>	09/13/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This SPA proposes making structured family caregiver payments exempt as income for all Medicaid non-MAGI based eligibility groups. These structured family caregiver payments are nontaxable and are thus exempt for the Healthy Indiana Plan and Hoosier Healthwise populations as these programs are based on MAGI methodology. Currently, these payments are not exempt for our aged, blind, and disabled population as well as beneficiaries in the Medicare Savings Program. This state plan amendment aims to align the treatment of these family caregiver payments for both Medicaid MAGI and non-MAGI based eligibility groups and exempt structured family caregiver payments for all Medicaid eligibility groups.

### Federal Budget Impact and Statute/Regulation Citation


#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

#### Federal Statute / Regulation Citation

42 CFR § 435.601

#### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
TN 23-0005 Structured Family Caregiving_Fiscal Impact_11.16.22	6/13/2023 2:51 PM EDT	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

### Package Header

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<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** Indiana's State Plan does not require Governor's office review.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

CMS-10434 OMB 0938-1188

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<b>Superseded SPA ID</b>	IN-23-0001		
	System-Derived		

### Mandatory Coverage








A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED



# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005




## Package Header

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<b>Superseded SPA ID</b>	IN-23-0001		
	System-Derived		

### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

### C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Superseded SPA ID</b>	TN 13-012		
	User-Entered		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

# Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

## Package Header

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	User-Entered		

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- A specific percent of the Federal Poverty Level is disregarded:
- Census Bureau wages are disregarded.
- A specified type of income is disregarded:

**FPL** 50.00%

**Description of disregard:** Census Bureau wages disregarded

Name of income type:	Description:
In-kind Support and maintenance	The value of in-kind support and maintenance is disregarded.
Structured Family Caregiving	Income earned through structured family caregiving payments is disregarded

### 3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- Real property not otherwise excluded is disregarded.

**Description of disregard:** Non-Exempt real property (including equity value) which would otherwise render an applicant/recipient ineligible is excluded from eligibility purposes if the applicant/recipient signs an agreement to sell or rent property and offers the property for sale or rent at current market value within 30 days of notification of eligibility in case of an applicant and 30 days from the signing of agreements by recipients.  
B. Income-producing property is exempt if the income is greater than the expenses of ownership.

- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
LTCIP resource disregard (New)	Indiana had a state plan amendment approved as of May 14, 1993, under which individuals with long-term care insurance policies have had resources disregarded. Individuals eligible for

**Name of methodology:**

**Description:**

the disregard include those whose long term care insurance policy was issued in another state with which Indiana has a reciprocity agreement.

If an individual is entitled to a resource disregard under this provision, the individual's resources that are subject to the disregard are also disregarded in determining the eligibility of the individual's spouse or minor child, if the individual's resources would otherwise be considered in determining eligibility for the spouse or child. In determining eligibility for the spouse or child, the disregard applies to the following:

- (1) All resources in the sole name of the individual;
- (2) All ownership interest in resources held jointly with someone other than the Medicaid applicant; and
- (3) Fifty percent (50%) of all resources jointly held with the Medicaid applicant.

For individuals who purchase the State Set dollar amount or more of qualified insurance policy benefit, the amount of the disregard is equal to all of the individual's resources once the insurance policy benefits have been exhausted. The phrase "State set dollar amount" is equal to \$305,603 in calendar year 2014 and increases by 5% compounded each calendar year, rounded to the nearest one dollar (i.e. year 2015 =; 320,883; year 2016 = \$336,927; year 2017 = \$353,773).

# Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

## Package Header

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## C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

## D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

## E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

# Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS0002O | IN-23-0005

## Package Header

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## F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

#### Package Header

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The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

# Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

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User-Entered

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

The less restrictive income methodologies are:

- A specific percent of the Federal Poverty Level is disregarded:  
 Census Bureau wages are disregarded.  
 A specified type of income is disregarded:

**FPL** 50.00%

**Description of disregard:** Census bureau wages are disregard

Name of income type:	Description:
Structured Family Caregiving	Income earned through structured family caregiving payments are disregarded
In-Kind Support and Maintenance	The value of in-kind support and maintenance is disregarded.

### 3. Less restrictive methodologies are used in calculating countable resources.

- Yes  
 No

The less restrictive resource methodologies are:

- Real property not otherwise excluded is disregarded.

**Description of disregard:** A. Non-Exempt real property (including equity value) which would otherwise render an applicant/recipient ineligible is excluded from eligibility purposes if the applicant/recipient signs an agreement to sell or rent property and offers the property for sale or rent at current market value within 30 days of notification of eligibility in case of an applicant and 30 days from the signing of agreements by recipients.  
B. Income-producing property is exempt if the income is greater than the expenses of ownership.



## Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

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### C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

# Specified Low Income Medicare Beneficiaries

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## F. Additional Information (optional)

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## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS0002O | IN-23-0005

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

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The state covers the mandatory qualifying individuals group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

# Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

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## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- A specific percent of the Federal Poverty Level is disregarded:
- Census Bureau wages are disregarded.
- A specified type of income is disregarded:

**FPL** 50.00%

**Description of disregard:** Census Bureau wages are disregarded

Name of income type:	Description:
Structured Family Caregiving	Income earned through structured family caregiving payments are disregarded
In-kind support and maintenance	The value of in-kind support and maintenance is disregarded.

### 3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

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### C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

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### F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# IN - Submission Package - IN2023MS00020 - (IN-23-0005) - Eligibility

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## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

CMS-10434 OMB 0938-1188

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### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.


















Yes
  No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

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## B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No

# Optional Eligibility Groups

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## Package Header

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## C. Additional Information (optional)

### Eligibility Groups Deselected from Coverage

**The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:**

- N/A

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# IN - Submission Package - IN2023MS00020 - (IN-23-0005) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

CMS-10434 OMB 0938-1188

### Package Header

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The state operates the Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules eligibility group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would be eligible for Medicaid if in a medical institution.
2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
  - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
  - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
3. Will receive the waived services.

# Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

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## B. Income and Resource Methodologies

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

The less restrictive income methodologies are:

- The total amount of earned income is disregarded.
- Census Bureau wages are disregarded.

**Description of disregard:** Any structured family caregiving income paid to a Medicaid participant is disregarded.

**Description of disregard:** Currently disregarded under the Indiana Medicaid State Plan

### 3. Less restrictive methodologies are used in calculating countable resources.

- Yes  
 No

# Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

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## C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

# Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

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## D. Additional Information (optional)



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# IN - Submission Package - IN2023MS00020 - (IN-23-0005) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

Individuals who would be eligible for Medicaid under institutional rules and who participate in the PACE program.

CMS-10434 OMB 0938-1188

#### Package Header

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The state operates the PACE Participants eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Would be eligible for one or more of the following Medicaid eligibility groups if in a medical institution:
  - a. Individuals in Institutions Eligible under a Special Income Level
  - b. Age and Disability-related Poverty Level
  - c. Medically Needy Individuals
  - d. Individuals Eligible for but Not Receiving Cash Assistance
  - e. Other eligibility group(s):
- Are enrolled in a Program of All-Inclusive Care for the Elderly (PACE) program under a PACE program agreement.
- Require, or will require in the absence of the continued provision of PACE services, the level of care furnished by a nursing facility.

## PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

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### B. Financial Methodologies

The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

## PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

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### C. Income and Resource Standards

1. The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.
2. An individual's gross income may not exceed 300% of the SSI federal benefit rate.

## PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

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### D. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# IN - Submission Package - IN2023MS00020 - (IN-23-0005) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

Individuals who are age 65 or older or who have a disability, with income no higher than 100% FPL.

CMS-10434 OMB 0938-1188

#### Package Header

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The state covers the optional Age and Disability-Related Poverty Level eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following condition(s):
  - a. Are age 65 or older; or
  - b. Have a disability.
2. Have income and resources at or below the standard for this group.

# Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

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## B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No



# Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

## Package Header

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## C. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

a. The state uses the same less restrictive income methodologies for all individuals covered.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** Census Bureau wages are disregarded.

A specified type of income is disregarded:

Name of income type:	Description:
Child Allocation income Disregard	A child allocation is deducted for each child of the applicant's or the applicant's spouse living in the household. The allocation is equal to the difference between the Supplement Security Income federal benefit rate for a couple and a single individual For the unmarried applicant, an allocation is made for each child of the applicant's living in the applicant's household and is deducted first from the applicant's unearned income, and then, if there is a remainder, from the applicant's earned income. For the married applicant: An allocation is made for each child of the applicant's living in the applicant's household is

Name of income type:	Description:
	<p>deducted from the applicant's and applicant's spouses combined unearned income. If there is a remainder, it is deducted from the applicant's and applicant's spouse's earned income. If a married applicant has stepchildren living in the home, the spouse's income must first be allocated to meet the needs of the spouse's own biological or adoptive dependent children and who are living with the couple and are not dependent children of the applicant. This is done before combining the applicant's spouse's income with the spouse's income, whether the applicant's spouse has earned or unearned income. This allocation for an applicant's step-child is done first from the applicant's spouse's unearned income if the spouse has both earned and unearned income.</p> <p>For the applicant child: An allocation is made from the parent(s)' income to any dependent children that is a sibling of the applicant child living in the household, The allocation is first made from combined unearned income of the each parent living with the applicant child. If there is a remainder, it is deducted from the combined earned income of each parent living with the applicant child</p>
Structured Family Caregiving	Any structured family caregiving income paid to a Medicaid participant is disregarded.

3. Less restrictive methodologies are used in calculating countable resources.

Yes

No

a. The state uses the same less restrictive resource methodologies for all individuals covered.

Yes

No

The less restrictive resource methodologies are:

Real property not otherwise excluded is disregarded.

**Description of disregard:** A. Non-Exempt real property (including equity value) which would otherwise render an applicant/recipient ineligible is excluded from eligibility purposes if the applicant/recipient signs an agreement to sell or rent property and offers the property for sale or rent at current market value within 30 days of notification of eligibility in case of an applicant and 30 days from the signing of agreements by recipients. B. Income-producing property is exempt if the income is greater than the expenses of ownership.

The state uses a less restrictive methodology with respect to resources set aside for burial.

Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Irrevocable trusts/funeral agreements/life insurance policies for funeral and burial expenses	<p>A. One (1) irrevocable trust that has a value of not more than ten thousand dollars (\$10,000), exclusive of interest, and is established for the sole purpose of providing money for the burial of the applicant or recipient is exempt. (1) The entire amount of an irrevocable funeral trust or escrow established under Indiana state law, Ind. Code § 30-2-13 is exempt</p> <p>B. An irrevocable prepaid funeral agreement having a value of not more than ten thousand dollars (\$10,000) is exempt.</p> <p>C. A life insurance policy with a face value of not more than ten thousand dollars (\$10,000) to which provision is made to pay not more than ten thousand dollars (\$10,000) toward the applicant or recipient's funeral expenses is exempt. An applicant or recipient who owns resources described by A, B, or C and the total value of those resources is more than ten thousand dollars (\$10,000), the value of those resources that is more than ten thousand dollars (\$10,000) is not considered an exempt resource in determining the applicant's or recipient's eligibility for Medicaid.</p>

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

The following less restrictive methodologies are used:

Name of methodology:	Description:
LTCIP resource disregard (New)	Indiana had a state plan amendment

<p><b>Name of methodology:</b></p>	<p>approved as of May 14, 1993, under which individuals with long-term care insurance policies have had resources disregarded. Individuals eligible for the disregard include those whose long term care insurance policy was issued in another state with which Indiana has a reciprocity agreement.</p> <p>If an individual is entitled to a resource disregard under this provision, the individual's resources that are subject to the disregard are also disregarded in determining the eligibility of the individual's spouse or minor child, if the individual's resources would otherwise be considered in determining eligibility for the spouse or child. In determining eligibility for the spouse or child, the disregard applies to the following:</p> <p>(1) All resources in the sole name of the individual;</p> <p>(2) All ownership interest in resources held jointly with someone other than the Medicaid applicant; and</p> <p>(3) Fifty percent (50%) of all resources jointly held with the Medicaid applicant.</p> <p>For individuals who purchase the State Set dollar amount or more of qualified insurance policy benefit, the amount of the disregard is equal to all of the individual's resources once the insurance policy benefits have been exhausted. The phrase "State set dollar amount" is equal to \$305,603 in calendar year 2014 and increases by 5% compounded each calendar year,</p>
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Name of methodology:	Description:
	rounded to the nearest one dollar (i.e. year 2015 =; 320,883; year 2016 = \$336,927; year 2017 = \$353,773).

## Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

### Package Header

<b>Package ID</b>	IN2023MS00020	<b>SPA ID</b>	IN-23-0005
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/19/2023
<b>Approval Date</b>	09/13/2023	<b>Effective Date</b>	4/1/2023
<b>Superseded SPA ID</b>	TN 13-012		
	User-Entered		

### D. Income Standard Used

The income standard for this eligibility group is:

- 1. 100% FPL
- 2. A lower percent of the FPL:

# Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

## Package Header

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	User-Entered		

## E. Resource Standard Used

The resource standard used is the resource limit for the SSI program.



## Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

### Package Header

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### F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# IN - Submission Package - IN2023MS0002O - (IN-23-0005) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS0002O | IN-23-0005

Individuals between ages 16 and 64 with a disability, who have earned income.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	IN2023MS0002O	<b>SPA ID</b>	IN-23-0005
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/19/2023
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<b>Superseded SPA ID</b>	TN 02-003, TN 13-012		
	User-Entered		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

## Package Header

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## A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

## Package Header

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## B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- Income from household members is disregarded.
  - Income of the spouse is disregarded.
  - Income of parents is disregarded.
- Census Bureau wages are disregarded.
- A specified type of income is disregarded:

**Description:** The income of the spouse is disregarded

**Description:** Parental income is disregarded

**Description of disregard:** Census income is disregarded.

Name of income type:	Description:
Structured Family Caregiving	Any structured family caregiving income paid to a Medicaid participant is disregarded.

### 3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- A dollar amount of resources in excess of the resource standard is disregarded.
- Resources from household members are disregarded.
  - Resources of parents are disregarded.
- A specified type of resource is disregarded:

**The disregard equals:** \$20000.00

**Description:** Resources of parents are disregarded.

Name of resource type:	Description:
Retirement accounts	All retirement accounts owned by the applicant/recipient and spouse are exempt.
Consideration of real property and life interested in real property	Consideration of real property and life interested in real property disregarded

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

### Package Header

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### C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

**FPL** 350.00%

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

### Package Header

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### D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

### Package Header

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### E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.



## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

### Package Header

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### F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# IN - Submission Package - IN2023MS00020 - (IN-23-0005) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	IN2023MS00020	<b>SPA ID</b>	IN-23-0005
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The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:
  - a. Earning at least the minimum wage and working at least 40 hours per month.
  - b. An alternative definition

**Description of criteria:** If they make over 100% FPL they will be moved to our Ticket to Work Category if otherwise eligible.

5. Have income and resources that do not exceed the standards established by the state.

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

## Package Header

**Package ID** IN2023MS00020

**SPA ID** IN-23-0005

**Submission Type** Official

**Initial Submission Date** 6/19/2023

**Approval Date** 09/13/2023

**Effective Date** 4/1/2023

**Superseded SPA ID** TN 02-003, TN 13-012

User-Entered

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

Income from household members is disregarded.

Income of the spouse is disregarded.

**Description:** The income of the spouse is disregarded

Income of parents is disregarded.

**Description:** Parental income is disregarded

Census Bureau wages are disregarded.

**Description of disregard:** Census income is disregarded.

A specified type of income is disregarded:

Name of income type:	Description:
Structured Family Caregiving	Income from structured family caregiving payments is disregarded

### 3. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

A dollar amount of resources in excess of the resource standard is disregarded.

**The disregard equals:** \$20000.00

Resources from household members are disregarded.

Resources of parents are disregarded.

**Description:** Resources of parents are disregarded

Real property not otherwise excluded is disregarded.

**Description of disregard:** Non-Exempt real property (including equity value) which would otherwise render an applicant/recipient ineligible is excluded from eligibility purposes if the applicant/recipient signs an agreement to sell or rent property and offers the property for sale or rent at current market value within 30 days of notification of eligibility in case of an applicant and 30 days from the signing of agreements by recipients.

B. Income-producing property is exempt if the income is greater than the expenses of ownership.

A specified type of resource is disregarded:

Name of resource type:	Description:
Child Allocation	<p>A child allocation is deducted for each child of the applicant's or the applicant's spouse living in the household. The allocation is equal to the difference between the Supplement Security Income federal benefit rate for a couple and a single individual. For the unmarried applicant, an allocation is made for each child of the applicant's living in the applicant's household and is deducted first from the applicant's unearned income, and then, if there is a remainder, from the applicant's earned income.</p> <p>For the married applicant: An allocation is made for each child of the applicant's living in the applicant's household is deducted from the applicant's and applicant's spouses combined unearned income. If there is a remainder, it is deducted from the applicant's and applicant's spouse's earned income.</p> <p>If a married applicant has stepchildren living in the home, the spouse's income must first be allocated to meet the needs of the spouse's own biological or adoptive dependent children and who are living with the couple and are not dependent children of the applicant. This is done before combining the applicant's spouse's income with the spouse's income, whether the applicant's spouse has III1 earned or earned income. This allocation for an applicant's step-child is done first from the applicant's spouse's unearned income if the spouse has both earned and unearned income.</p> <p>For the applicant child: An allocation is made from the parent(s)' income to any dependent children that is a sibling of the applicant child living in the household, The allocation is first made from combined unearned income of the each parent living with the applicant child. If there is a remainder, it is deducted from the combined earned income of each parent living with the applicant child,</p>
Retirement Accounts	All retirement accounts owned by the applicant/recipient and spouse are exempt.

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

## Package Header

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## C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

350.00% FPL

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

## Package Header

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## D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

## Package Header

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## E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.



# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

## Package Header

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## F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# IN - Submission Package - IN2023MS00020 - (IN-23-0005) - Eligibility

## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Individuals Receiving State Plan Home and Community-Based Services

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

Individuals receiving section 1915(i) state plan home and community-based services.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	IN2023MS00020	<b>SPA ID</b>	IN-23-0005
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<b>Superseded SPA ID</b>	TN 18-011, TN 13-012		
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The state covers the optional Individuals Receiving State Plan Home and Community-Based Services eligibility group in accordance with the following provisions:

Individuals who are eligible under other eligibility groups receive section 1915(i) home and community-based services under the state plan.

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet the needs-based criteria for receiving home and community-based services specified in section 1915(i)(1) of the Act and at 42 CFR 441.715. These are defined in the benefits section of the state plan.
2. Have income that does not exceed the standard described in section D.
3. Will receive at least one state plan home and community-based service as defined at 42 CFR 440.182.

# Individuals Receiving State Plan Home and Community-Based Services

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

## Package Header

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## B. Individuals Covered

### 1. The state covers all individuals who meet the characteristics described in section A.

Yes  No

- a. Individuals age 65 or older
- b. Individuals with blindness
- c. Individuals who have a disability
- d. All children under a specified age limit:
- e. Reasonable classifications of children
- f. Parents and other caretaker relatives
- g. Pregnant women
- h. Other individuals who qualify for home and community-based services under 1915(i)

#### Name of population

Behavioral and Primary Healthcare Coordination (BP)

#### Description

Behavioral and Primary Healthcare Coordination (BPHC) provides behavioral and primary healthcare coordination services to individuals with serious mental illness who demonstrate impairment in self-management of health services, which includes coordination of healthcare services to manage the healthcare needs of the recipient including direct assistance in gaining access to health services, coordination of care within and across systems, oversight of the entire case and linkage to appropriate services.

# Individuals Receiving State Plan Home and Community-Based Services

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

## Package Header

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## C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

Yes  No

2. The financial methodology used is:

- a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- c. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
  - Less restrictive methodologies are used in calculating countable income.

Yes  No
- d. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- e. Other methodology.

# Individuals Receiving State Plan Home and Community-Based Services

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

## Package Header

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## D. Income Standard Used

1. The state uses the same income standard for all individuals covered.

Yes  No

2. The income standard for this eligibility group is:

- a. 150% FPL
- b. A lower percent of the FPL:

# Individuals Receiving State Plan Home and Community-Based Services

MEDICAID | Medicaid State Plan | Eligibility | IN2023MS00020 | IN-23-0005

## Package Header

<b>Package ID</b>	IN2023MS00020	<b>SPA ID</b>	IN-23-0005
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/19/2023
<b>Approval Date</b>	09/13/2023	<b>Effective Date</b>	4/1/2023
<b>Superseded SPA ID</b>	TN 18-011, TN 13-012		
	User-Entered		

## E. Resource Standard Used

There is no resource test for this group.

## F. Additional Information (optional)

Disregard income in the amount of the difference between 150% of the Federal Poverty Level and 300% of the Federal Poverty Level.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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