

## **Table of Contents**

**State/Territory Name: IN**

**State Plan Amendment (SPA) #: 24-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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## Financial Management Group

August 30, 2024

Cora Steinmetz  
Medicaid Director  
Indiana Office of Medicaid Policy and Planning  
402 West Washington Street, Room W374  
Indianapolis, IN 46204

RE: TN 24-0004

Dear Director Steinmetz,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Indiana State Plan Amendment (SPA) to Attachment 4.19-B TN: #24-0004, which was submitted to CMS on July 5, 2024. This plan amendment updates the rate methodology for the 1915(i) Home and Community Based Services (HCBS) Community Mental Health Wraparound (CMHW) services to align with other HCBS program methodology.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the State, we have approved the amendment with an effective date of December 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Matthew Klein at 214-767-4625 or [matthew.klein@cms.hhs.gov](mailto:matthew.klein@cms.hhs.gov)

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 4

2. STATE

IN

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

December 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 441.710

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0  
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B, Pages 12-14

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

Attachment 4.19B, Pages 12-14 TN:23-0021

9. SUBJECT OF AMENDMENT

This State Plan Amendment updates the rate methodology for the 1915(i) State Plan Home and Community-Based benefit for youth with mental illness.

10. GOVERNOR'S REVIEW (Check One)

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

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

Cora Steinmetz

13. TITLE

Medicaid Director

14. DATE SUBMITTED

July 5, 2024

15. RETURN TO

Cora Steinmetz  
Medicaid Director  
Indiana Office of Medicaid Policy and Planning  
402 West Washington Street, Room W374  
Indianapolis, IN 46204  
Attn: Madison May-Gruthusen, Federal Relations Lead

**FOR CMS USE ONLY**

16. DATE RECEIVED

07/05/2024

17. DATE APPROVED

August 30, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

**Methods and Standards for Establishing Payment Rates**

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

<input type="checkbox"/>	HCBS Case Management
<input type="checkbox"/>	HCBS Homemaker
<input type="checkbox"/>	HCBS Home Health Aide
<input type="checkbox"/>	HCBS Personal Care
<input type="checkbox"/>	HCBS Adult Day Health
<input checked="" type="checkbox"/>	<p>HCBS Habilitation</p> <p>Rates were developed from the ground up using an independent rate model, which used Bureau of Labor Statistics data and market data. The Habilitation payment rate is comprised of cost data obtained from the Bureau of Labor Statistics, including labor costs (salaries and fringe benefits), non-labor costs, and administrative overhead costs. The agency’s fee schedule for Habilitation service was set using the same methodology that was previously applied to the 1915(c) Aged &amp; Disabled waiver. Rates are published on the agency’s website at <a href="http://www.in.gov/medicaid">www.in.gov/medicaid</a></p>

<input checked="" type="checkbox"/>	<p>HCBS Respite Care</p> <p>Rates were developed from the ground up using an independent rate model, which used Bureau of Labor Statistics data and market data. The Respite Care payment rates are comprised of cost data obtained from the Bureau of Labor Statistics, including labor costs (salaries and fringe benefits), non-labor costs, and administrative overhead costs. Productivity adjustments were applied to determine the total cost per billable unit of service. Labor cost was benchmarked to market data from the U.S. Department of Labor, Bureau of Labor Statistics, and labor and BLS data were averaged if the BLS data exceed the labor cost data by a predetermined threshold.</p> <p>The rates will be published at the State's website, <a href="http://www.in.gov/medicaid">www.in.gov/medicaid</a></p> <p>Respite care service has three (3) units of service as the basis for the fee schedule rates:                      1) Respite care provided for less than ten (10) hours per day is based on a 15-minute unit of service.</p>
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<p>2) Respite care provided for ten (10) to twenty-four (24) hours per day is based on a daily unit of service.                  3) Crisis respite care provided for eight (8) to twenty-four (24) hours per day is based on a daily unit of service.</p>	
<p>For Individuals with Chronic Mental Illness, the following services:</p>	
<input type="checkbox"/>	<p>HCBS Day Treatment or Other Partial Hospitalization Services</p>
<input type="checkbox"/>	<p>HCBS Psychosocial Rehabilitation</p>
<input type="checkbox"/>	<p>HCBS Clinic Services (whether or not furnished in a facility for CMI)</p>
<input checked="" type="checkbox"/>	<p>Other Services (specify below)</p>
	<p>Wraparound Facilitation:</p> <p>Rates were developed from the ground up using an independent rate model, which used Bureau of Labor Statistics data and market data. The Wraparound Facilitation payment rate is comprised of cost data obtained from the Bureau of Labor Statistics, including labor costs (salaries and fringe benefits), non-labor costs, and administrative overhead costs. Productivity adjustments were applied to determine the total cost per billable unit of service. Labor cost was benchmarked to market data from the U.S. Department of Labor, Bureau of Labor Statistics, and labor and BLS data were averaged if the BLS data exceed the reported labor data by a predetermined threshold.</p> <p>The rate will be published at the State's website, <a href="http://www.in.gov/medicaid">www.in.gov/medicaid</a></p> <p>The unit of service for wraparound facilitation is a monthly unit.</p>
	<p>Training and Support for Unpaid Caregivers:</p> <p>Rates were developed from the ground up using an independent rate model, which used Bureau of Labor Statistics data and market data. The Training and Support for Unpaid Caregivers payment rates are comprised of cost data obtained from the Bureau of Labor Statistics, including labor costs (salaries and fringe benefits), non-labor costs, and administrative overhead costs. The agency's fee schedule for Training and Support for Unpaid Caregivers service was set using the same methodology that was previously applied to the 1915(c) Aged &amp; Disabled waiver. Rates are published on the agency's website at <a href="http://www.in.gov/medicaid">www.in.gov/medicaid</a></p>

<input type="checkbox"/>	Other HCBS ( <i>Specify</i> ):
For Individuals with Chronic Mental Illness, the following services:	
<input type="checkbox"/>	HCBS Day Treatment or Other Partial Hospitalization Services
<input type="checkbox"/>	HCBS Psychosocial Rehabilitation
<input type="checkbox"/>	HCBS Clinic Services (whether or not furnished in a facility for CMI)

**1915(i) State plan Home and Community-Based Services**

**Methods and Standards for Establishing Payment Rates**

1. **Services Provided Under Section of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. (Check each that applies, and describe methods and standards to set rates):

<input type="checkbox"/>	HCBS Case Management
<input type="checkbox"/>	HCBS Homemaker
<input type="checkbox"/>	HCBS Home Health Aide
<input type="checkbox"/>	HCBS Personal Care
<input type="checkbox"/>	HCBS Adult Day Health
<input checked="" type="checkbox"/>	HCBS Habilitation The agency's fee schedule for CMHW Habilitation service was set using the same methodology that applies to the CMS approved 1915(c) Aged & Disabled waiver, CMS Control Number IN.0210.R06.02. Rates are published on the agency's website at <a href="http://www.in.gov/medicaid">www.in.gov/medicaid</a>
<input checked="" type="checkbox"/>	HCBS Respite Care The agency's fee schedule for CMHW Respite Care service was set using the same methodology that applies to the CMS approved 1915(c) Aged & Disabled waiver, CMS Control Number IN.0210 R06.02. Rates are published on the agency's website at <a href="http://www.in.gov/medicaid">www.in.gov/medicaid</a>
<input checked="" type="checkbox"/>	Other HCBS (Specify): Wraparound facilitation The agency's fee schedule for CMHW Wraparound Facilitation service was set using the same methodology that applies to the CMS approved 1915(c) Aged & Disabled waiver, CMS Control Number IN.0210.R06.02. Rates are published on the agency's website at <a href="http://www.in.gov/medicaid">www.in.gov/medicaid</a>
<input checked="" type="checkbox"/>	Other HCBS (Specify): Training and Support for Unpaid Caregivers The agency's fee schedule for CMHW Wraparound Facilitation service was set using the same methodology that applies to the CMS approved 1915(c) Aged & Disabled waiver, CMS Control Number IN.0210.R06.02. Rates are published on the agency's website at <a href="http://www.in.gov/medicaid">www.in.gov/medicaid</a>
<input checked="" type="checkbox"/>	Other HCBS (Specify): Transportation The agency's fee schedule for CMHW Transportation service was set using the same methodology that applies to the CMS approved 1915(c) Aged & Disabled waiver, CMS Control Number IN.0210.R06.02. All rates are published on the agency's website at <a href="http://www.in.gov/medicaid">www.in.gov/medicaid</a>

TN: 24-0004  
Supersedes  
TN: 23-0021

Approved: August 30, 2024

Effective: December 1, 2024



For individuals with Chronic Mental Illness, the following services:	
<input type="checkbox"/>	HCBS Day Treatment or Other Partial Hospitalization Services
<input type="checkbox"/>	HCBS Psychosocial Rehabilitation
<input type="checkbox"/>	HCBS Clinic Services (whether or not furnished in a facility for CMI)

TN: ~~24-0004~~  
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