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Revision:	HCFA-PM-91 AUGUST 1991	-4 (BPD)		OMB No.:	0938-
	State/Terri	tory:		Indiana		
<u>Citation</u>	3.1	Amount,	Durat:	Lon, and Scope	of Services (o	continued)
42 CFR Par Subpart B	t 440, (a)(2) <u>Me</u>	<u>dical</u>	ly needy.		
		Th	e ser		s the medically i below and in	
	<i>1</i>	S€	rvice	s for the media	cally needy in	clude:
1902(a)(10 of the Act		(i)	dise the any need list (17) list serv 440,	ases or an int mentally retar medically need y group is pro ed in section of the Act, o ed in section ices are provi Subpart A and of the Act. Not applicat nurse-midwif 1902(a)(17).	y group, then vided either t 1905(a)(1) thr r seven of the 1905(a)(1)thro ded as defined	facility for are provided to each medically he services ough (5) and services ugh (20). The in 42 CFR Part 902, 1905, and t to er section res are not

(ii) Prenatal care and delivery services for pregnant women.

TN No. 91-17				
Supersedes	Approval Date	3-13-92	Effective Date _	1-1-92
TN No87-4				

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HCFA ID: 7982E

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1902(e)(5) of the Act

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	Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.:	0938-
		State/Territor	y:	ndiana			·
	<u>Citation</u>	3.1(a)(2)		unt, Dura Lically Ne	ation, and So edy (Continu	cope of Se ued)	ervices:
•		,	(111)	planning a 60-day pregnancy month in to women for, app	period (beg: y ends) and a which the 60	nd postpar inning on any remain Oth day fa pregnant, d received	tum services for the day the ning days in the alls are provided were eligible i medical
		Ĺ	/(iv)	may comp pregnanc	licate the p	regnancy d postpart	l condition that (other than tum services) are
			(v)	<u>3.1-B</u> , f	or recipient	s under a	ed in <u>ATTACHMENT</u> ge 18 and utional services.
Č				en pl	titled to in	stitution cover tho	pect to recipients al services; the se services for
((vi)	nursing		vices as	ients entitled to indicated in item
	42 CFR 44 440.150, Subpart B		_/(vii)Services diseases	in an insti for individ	tution fo luals over	r mental age 65
	442.441, Subpart C 1902(a)(2		/(viii		in an inter for the mer		

TN No. 91-17		
Supersedes Approval Date 3-13-92	Effective Date	1-1-92
TN No. <u>87-4</u>		
	HCFA ID: 7982E	

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Revision:	HCFA-PM-93- 5	(MB)
	MAY 1993	

MAY 1993 State:	INDIANA
Citation	3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)
1902(e)(9) of Act	<pre>(x) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.</pre>
1905(a)(23) and 1929 of the Act	(xi) Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.
	ATTACHMENT 3.1-B identifies the services provided to each Covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

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State of: Indiana

Program of All-Inclusive Care for the Elderly State Plan Amendment

Citation

3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued) 1905(a)(26) and 1934

Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage that is in excess of established service limits for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

TN No. <u>12-006</u> Supersedes TN No. <u>New</u> Approval Date: 2/8/13

Effective Date: October 1, 2012