State/Territory: Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: /_/No limitations /X/ With limitations*

2.a. Outpatient hospital services.

Provided: /_/No limitations /X/ With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

/X/ Provided: /_/ No limitations /X/With limitations*

/_/ Not provided.

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

/X/ Provided: /_/ No limitations /X/With limitations*

d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.

/_/ Provided: /_/ No limitations /_/With limitations*

3. Other laboratory and x-ray services.

Provided: /_/ No limitations /X/With limitations*

*Description provided on attachment.

State of Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES

FURNISHED TO THE CATEGORICALLY NEEDY

4.a Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: ___ No limitations _X_ With limitations*

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

4.c Family planning services and supplies for individuals of child-bearing age.

Provided: ___ No limitations _X_ With limitations*

4.c (i) Family planning services and supplies for individuals who are not pregnant and for individuals eligible pursuant to Attachment 2.2-A Page 23f.

Provided: ___ No limitations _X_ With limitations*

*Description provided on attachment.

4.d. 1) Face-to-Face Tobacco Dependence Counseling Services provided (by):

☒ (i) By or under supervision of a physician;

☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco dependence services; * or

(iii) Any other health care professional legally authorized to provide tobacco dependence services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

* Limitations to provider type and coverage listed in the Addendum to Attachment 3.1A.

2) Face-to-Face Tobacco Dependence Counseling Services Benefit Package for Pregnant Women

Provided: ☐ No limitations ☒ With limitations*

*Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations: Listed in the Addendum to Attachment 3.1A.

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: _____ No limitations __X___ With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

Provided: _____ No limitations __X___ With limitations*

* Description provided on attachment.

State/Territory: Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services

☒ Provided: ☐ No Limitations ☒ With limitations*

☐ Not provided

c. Chiropractors' services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided

d. Other practitioners' services.

☒ Provided: Identifies on attached sheet with description of limitations, if any.

☐ Not provided

7. Home health services

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a home health agency.

Provided: ☐ No limitations ☒ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: ☐ No limitations ☒ With limitations*

The state will comply with the Electronic Visit Verification (EVV) requirements for home health services by January 1, 2024, in accordance with section 12006 of the 21st Century Cures Act.

State/Territory: Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL
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d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

/X/ Provided: /_/ No limitations /X/With limitations*

/_/ Not provided.

8. Private duty nursing services.

/X/ Provided: /_/ No limitations /X/With limitations*

/_/ Not provided.

*Description provided on attachment.

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

10. Dental services.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

11. Physical therapy and related services.

a. Physical therapy.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

b. Occupational therapy.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

d. Respiratory therapy.

/X/ Provided with limitations.

*Description provided on attachment

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AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

b. Dentures.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

c. Prosthetic devices.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

d. Eyeglasses.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

*Description provided on attachments

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Supersedes
TN No. ~~91-13~~ 95-016

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HCFA ID: 0069P/0002P

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

/XX/ Provided: / / No limitations /XX/ With limitations*

/ / Not provided.

c. Preventive services.

/XX/ Provided: / / No limitations /XX/ With limitations*

/ / Not provided.

d. Rehabilitative services.

/XX/ Provided: / / No limitations /XX/ With limitations*

/ / Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

/XX/ Provided: / / No limitations /XX/ With limitations*

/ / Not provided.

b. Skilled nursing facility services.

/ / Provided: / / No limitations / / With limitations*

/XX/ Not provided.

c. Intermediate care facility services.

/ / Provided: / / No limitations / / With limitations*

/XX/ Not provided.

*Description provided on attachment.

State/Territory_____

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

[X] Provided [ ] No limitations

[X] With limitations* [ ] Not Provided:

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

[X] Provided [ ] No limitations

[X] With limitations* [ ] Not Provided:

16. Inpatient psychiatric facility services for individuals under 22 years of age.

[X] Provided [ ] No limitations

[X] With limitations* [ ] Not Provided:

17. Nurse-midwife services

[X] Provided [ ] No limitations

[X] With limitations* [ ] Not Provided:

18. Hospice care (in accordance with section 1905(o) of the Act).

[X] Provided [ ] No limitations

[X] Provided in accordance with section 2302 of the Affordable Care Act

[X] With limitations* [ ] Not Provided:

*Description provided on attachment

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services & Tuberculosis related services.

a. Case management services as defined in, and according to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

____ Provided: _____ With limitations

__X__ Not provided.

b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.

____ Provided: _____ With limitations *

__X__ Not provided.

20. Extended services for pregnant women

a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

__X__ Additional coverage ++

b. Services for any other medical conditions that may complicate pregnancy.

_____ Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

* Description provided on attachment.

State/Territory: Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

/ / Provided: / / No limitations / / With limitations*

/X/ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

/X/ Provided: /X/ No limitations / /With limitations*

/ / Not provided.

23. Pediatric or family nurse practitioners' services.

Provided: / / No limitations /X/With limitations*

*Description provided on attachment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: Indiana

SECTION 3 – SERVICES: GENERAL PROVISIONS

3.1 Amount, Duration, and Scope of Services

Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245(A)(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

A. Categorically Needy

24. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.

☒ Non-emergency transportation is provided in accordance with 42 CFR §431.53 as an administrative Service.

☐ Without limitations ☒ With limitations (Describe limitations in a Supplement to 3.1A either a Supplement or in Attachment 3.1D)

☐ Non-emergency transportation is provided without a broker in accordance with 42 CFR §440.170 as an optional medical service, excluding "school-based" transportation.

☐ Without limitations ☐ With limitations (Describe limitations in either a Supplement to 3.1A or in Attachment 3.1D)

(If non-emergency transportation is provided without a broker as an optional medical service or as an administrative service, **the state should describe in Attachment 3.1D how the transportation program operates** including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.)

☒ Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

☒ The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

(1) The State will operate the broker program without regard to the requirements of the following paragraphs of section 1902(a);

☐ (1) state-wideness (Please indicate the areas of State that are covered by the broker. If the State chooses to contract with more than one broker the State must provide a separate preprint for each broker)

☒ (10)(B) comparability

☒ (23) freedom of choice

(2) Transportation services provided will include:

☒ wheelchair van

☒ taxi

☒ stretcher car

☒ bus passes

☒ tickets

☒ secured transportation

☒ other transportation (if checked describe below other types of transportation provided.) - **Volunteers, gas reimbursement for family members and close associates**

☒ (3) The State assures that transportation services will be provided under a contract with a broker who:

(i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs:

(ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous:

(iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:

(iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.) The broker shall not itself be a provider of transportation; however the state may require that the broker own/operate and have available vehicles referred to as "quick response vehicles" in the event the scheduled transportation provider is unavailable for transport or if there are no other qualified providers available to provide the transportation. The state acknowledges that the broker will use quick response vehicles only as a back-up measure to assure that beneficiaries are able to access medical service and not as a standard means of transportation. Usage of quick response vehicles are limited to selected counties. The State of Indiana discusses provider network weekly with SET to monitor the situation and to work on solutioning the gaps in the network. These meetings will continue until all QRVs would be retired.

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

☒ Low-income families with children (section 1931)
☒ Deemed AFDC-related eligibles
☒ Poverty-level related pregnant women
☒ Poverty-level infants
☒ Poverty-level children 1 through 5
☒ Poverty-level children 6 – 18
☒ Qualified pregnant women AFDC – related
☒ Qualified children AFDC – related

☐ IV-E foster care and adoption assistance children

☐ TMA recipients (due to employment) (section 1925)

☒ TMA recipients (due to child support)

☒ SSI recipients

☒ Individuals eligible under 1902(a)(10)(A)(i)- new eligibility group VIII (very-low income adults who are not otherwise eligible under any other mandatory eligibility group) – Becomes effective January 1, 2014, but states can elect to cover now as an early option.

(5) (A) The broker contract will provide transportation to the following categorically needy optional populations:

☒ Optional poverty-level - related pregnant women
☒ Optional poverty-level - related infants
☒ Optional targeted low income children
☒ Non IV-E children who are under State adoption assistance agreements
☒ Non IV-E independent foster care adolescents who were in foster care on their 18th birthday
☒ Individuals who meet income and resource requirements of AFDC or SSI
☒ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
☒ Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
☒ Children aged 15-20 who meet AFDC income and resource requirements
☒ Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
☒ Individuals infected with TB
☒ Individuals screened for breast or cervical cancer by CDC program
☐ Individuals receiving COBRA continuation benefits
☒ Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
☒ Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution (please note that the broker may only provide transportation to and from 1905(a) services)
☒ Individuals terminally ill if in a medical institution and will receive hospice care
☒ Individuals aged or disabled with income not above 100% FPL
☒ Individuals receiving only an optional State supplement in a 209(b) State
☒ Individuals working disabled who buy into Medicaid (BBA working disabled group)
☒ Employed medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group
☒ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).

(B) Any beneficiary enrolled in fee-for-service who is also eligible for transportation coverage will have his or her non-emergency transportation arranged through a broker.

i. Non-emergency transportation services for basic life support and advanced life support ambulance transportation.
ii. Non-emergency transportation services for members residing in nursing facilities.

(6) Payment Methodology

(A) Please describe the methodology used by the State to pay the broker:

The broker receives a fixed monthly risk-based capitated payment for all FFS members. This all-inclusive rate will cover all costs associated with the contract. The capitated rate may be adjusted on an annual basis.

(B) Please describe how the transportation provider will be paid:

The broker maintains a network of providers and is responsible for direct payments to providers.

(C) What is the source of the non-Federal share of the transportation payments?

Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

State General Assembly funding

☒ (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

☒ (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

☐ (F) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA–LU grants.

☒ (7) The broker is a non-governmental entity:

☐ The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).

☒ The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:

☐ Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.

☐ Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-government broker

☒The availability of other non-governmental Medicaid participating providers or other Providers determined by the State to be qualified is insufficient to meet the need for transportation. QRVs will operate in the following counties: Allen, Bartholomew, Blackford, Boone, Clark, Clay, Dearborn, Decatur, Delaware, Elkhart, Fayette, Floyd, Franklin, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jefferson, Jennings, Johnson, Knox, Kosciusko, La Porte, LaGrange, Lake, Lawrence, Madison, Marion, Marshall, Monroe, Morgan, Noble, Ohio, Orange, Owen, Porter, Posey, Putnam, Ripley, Rush, Scott, Shelby, St. Joseph, Starke, Vanderburgh, Vermillion, Vigo, Wabash, Warrick, Washington, Wayne, Wells

☐ (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:

☐ Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.

☐ Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.

☐ Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the amount charged to other human services agencies for the same service.

(9) Please provide a complete description of how the NEMT brokerage program operates. Include all services provided by the broker (call center, over-sight of providers, etc.). If applicable, describe any transportation services that will not be provided by the broker and how these services will be

The FSSA contracts with a single broker for the administration of the Non-Emergency Medical Transportation program for the FFS population. The broker is responsible for the following activities:

- **Ensuring that members seeking NEMT services are eligible for Indiana Medicaid services**
- **Ensuring that non-emergency transportation providers are first enrolled as Indiana Health Coverage Programs (IHCP) providers.**
- **Recruiting, maintaining, and continuously improving a network of local qualified transportation providers, which is available statewide. This network includes, but is not limited to, specialized motor vehicles, common vehicles, taxies, and public transit.**
- **Scheduling recurring trips, one-time trips, advance reservations, hospital and emergency room discharges, trip which require prior authorization, and requests for urgent trips.**
- **Determining the appropriate mode of transportation to meet a member's medical needs, including any special transport requirements for medically fragile or physically/mentally challenges members or long-distance travel requirements.**
- **Seeking and confirming any prior authorization requirements in accordance with state and federal requirements.**
- **Responding to telephone and written inquiries from members, their representatives, health care providers, non-emergency transportation providers, and other stakeholders.**
- **Assisting the state with ongoing program operations, policy and procedures development and review, monthly status meetings with FSSA and related contractors, and a monthly quality improvement committee.**
- **Tracking and resolving quality issues and any other issues as identified within the state's quality strategy, as appropriate.**
- **Reimbursing claims for services rendered.**

- **Determining payment based on the least expensive mode and the shortest, most efficient route.**
- **Monitoring and controlling fraud, waste, and abuse from transportation providers.**

The broker is not responsible for the following non-brokered services:

i. Non-emergency transportation services for basic life support and advanced life support ambulance transportation.
ii. Non-emergency transportation services for members residing in nursing facilities.

Nursing facility services for patients under 21 years of age

☒ Provided ☐ No Limitations ☒ With Limitations*☐ Not Provided

Services provided in Religious Nonmedical Health Care Institutions.

☒ Provided ☐ No Limitations ☒ With Limitations*☐ Not Provided

Emergency Hospital Services

☒ Provided ☒ No Limitations ☐ With Limitations*☐ Not Provided

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE ANO SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. 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.

_____provided __X__ not provided

26. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse

☐ Provided ☐ No Limitations ☐ With Limitations*☒ Not Provided

Electronic Visit Verification System. The state became compliant with the Electronic Visit Verification System (EVV) requirements for personal care services on January 1, 2021, in accordance with section 12006 of the 21st Century CURES Act.

State of: Indiana

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

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Categorically Needy

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

_X_ Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

____ No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE

AND SERVICES TO THE CATEGORICALLY NEEDY

Freestanding Birth Center Services (in accordance with section 1905(a)(28) and 1905(1)(3)(A)-(c) of the Act).

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: ☐ No limitations X With limitations ☐ None licensed or approved

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: ☐ No limitations X With limitations

State: Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE

AND SERVICES TO THE CATEGORICALLY NEEDY

29. Psychosocial rehabilitation services

Provided: ☐ No limitations X With limitations

State/Territory: Indiana

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

CATEGORICALLY NEEDY GROUP(S)

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

*The state needs to check each assurance below.

Provided: _X_

I. General Assurances:

Routine Patient Cost – Section 1905(gg)(1)

_X_ Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

Qualifying Clinical Trial – Section 1905(gg)(2)

_X_ A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

Coverage Determination – Section 1905(gg)(3)

_X_ A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unlessit displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 SecurityBoulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.