

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  With limitations\*
- 2.a. Outpatient hospital services.  
Provided:  No limitations  With limitations\*
- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.  
 Provided:  No limitations  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).  
 Provided:  No limitations  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  With limitations\*

\*Description provided on attachment.

TN No. 91-19

Supersedes

TN No. 90-13

Approval Date

3-9-92

Effective Date

1-1-92

HCFA ID: 7986E

State/Territory: Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED 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  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  With limitations\*
- 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  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  With limitations\*

\* Description provided on attachment.

TN No. 93-019  
Supersedes 92-023 Approval Date 9/14/93 Effective Date 7-1-93  
TN No. 92-023

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

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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: Identified 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\*

\*Description provided on attachment.

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TN No. 91-19  
Supersedes 85-12 Approval Date 3-9-92 Effective Date 1-1-92  
TN No. \_\_\_\_\_

HCFA ID: 7986E

State/Territory: Indiana

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

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided:  No limitations  With limitations\*

Not provided.

8. Private duty nursing services.

Provided:  No limitations  With limitations\*

Not provided.

\*Description provided on attachment.

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TN No. 91-19  
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TN No. 85-12

HCFA ID: 7986E

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

9. Clinic services.

Provided:  No limitations  With limitations\*  
 Not provided.

10. Dental services.

Provided:  No limitations  With limitations\*  
 Not provided.

11. Physical therapy and related services.

a. Physical therapy.

Provided:  No limitations  With limitations\*  
 Not provided.

b. Occupational therapy.

Provided:  No limitations  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).

Provided:  No limitations  With limitations\*  
 Not provided.

d. Respiratory therapy.

Provided with limitations.

\*Description provided on attachment 5

TN No. 91-19  
Supersedes  
TN No. 85-12

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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.

Provided:  No limitations  With limitations\*  
 Not provided.

b. Dentures.

Provided:  No limitations  With limitations\*  
 Not provided.

c. Prosthetic devices.

Provided:  No limitations  With limitations\*  
 Not provided.

d. Eyeglasses.

Provided:  No limitations  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.

Provided:  No limitations  With limitations\*  
 Not provided.

\*Description provided on attachment<sup>S</sup>

TN No. ~~95-016~~ 03-017

Supersedes

TN No. ~~91-19~~ 95-016

Approval Date

9/10/03  
~~9/17/95~~

Effective Date

6/1/03  
~~8/1/95~~

HCFA ID: 0069P/0002P

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

b. Screening services.

Provided:  No limitations  With limitations\*  
 Not provided.

c. Preventive services.

Provided:  No limitations  With limitations\*  
 Not provided.

d. Rehabilitative services.

Provided:  No limitations  With limitations\*  
 Not provided.

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

a. Inpatient hospital services.

Provided:  No limitations  With limitations\*  
 Not provided.

b. Skilled nursing facility services.

Provided:  No limitations  With limitations\*  
 Not provided.

c. Intermediate care facility services.

Provided:  No limitations  With limitations\*  
 Not provided.

\*Description provided on attachment.

TN No. 92-11  
Supersedes  
TN No. 91-19

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State/Territory \_\_\_\_\_

AMOUNT, DURATION AND SCOPE OF MEDICAL  
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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.
- Provided  No limitations
- 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.
- Provided  No limitations
- With limitations\*  Not Provided:
16. Inpatient psychiatric facility services for individuals under 22 years of age.
- Provided  No limitations
- With limitations\*  Not Provided:
17. Nurse-midwife services
- Provided  No limitations
- With limitations\*  Not Provided:
18. Hospice care (in accordance with section 1905(o) of the Act).
- Provided  No limitations
- Provided in accordance with section 2302 of the Affordable Care Act
- With limitations\*  Not Provided:

\*Description provided on attachment

TN No. 11-014  
Supersedes  
TN No. 97-009

Approval Date NOV 10 2011 Effective Date March 23, 2010

7/1/11  
AK

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

Not provided.

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

Provided:  With limitations \*

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 60<sup>th</sup> day falls.

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.

TN No. 11-013  
Supersedes  
TN No. 94-013

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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\*

Not provided.

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

Provided:  No limitations  With limitations\*

Not provided.

23. Pediatric or family nurse practitioners' services.

Provided:  No limitations  With limitations\*

\*Description provided on attachment.

TN No. 91-19

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TN No. 90-20

HCFA ID: 7986E

State/Territory: Indiana

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

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

Provided:                       No limitations                       With limitations\*

Not provided.

b. Services provided in Religious Nonmedical Health Care Institutions.

Provided:                       No limitations                       With limitations\*

Not provided.

c. Reserved

d. Nursing facility services for patients under 21 years of age.

Provided:                       No limitations                       With limitations\*

Not provided.

e. Emergency hospital services.

Provided:                       No limitations                       With limitations\*

Not provided.

f. 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.

\* Description provided on attachment

TN No. 01-015

Supersedes

TN No. 91-019

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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