



# Medicaid Administration

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

**State Plan Administration Designation and Authority** A1

42 CFR 431.10

**Designation and Authority**

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes  No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes  No



# Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes  No

## State Plan Administration

### Organization and Administration

A2

42 CFR 431.10  
42 CFR 431.11

### Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

In 1991, the Indiana General Assembly established the FSSA in order to consolidate and better integrate the delivery of human services to Indiana residents. The Secretary of FSSA, a cabinet-level position appointed by the Governor, oversees the agency and is the agency's highest-ranking official. Pursuant to P.L. 109-2014, §§ 15-19, the Office of the Secretary of FSSA is now the Medicaid agency. Within the FSSA and under its direction, FSSA's Office of Medicaid Policy and Planning (OMPP) is divided into four units which perform the following functions:

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Indiana

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# Medicaid Administration

- **Eligibility:** OMPP's Eligibility Unit develops eligibility policy and programs and provides guidance and support to agency field offices related to eligibility policy, systems coordination, and customer service.
- **Pharmacy:** OMPP's Pharmacy Unit oversees contractors providing clinical services (including prior authorization), clinical analytics, drug class reviews, drug rebate administration, claims processing, and drug pricing. The Pharmacy Unit also monitors changes to federal and State law to evaluate potential impacts to pharmacy policy and drafts legislative and program policy changes to reflect such changes.
- **Quality:** OMPP's Quality Unit is responsible for monitoring quality performance within the state's medical assistance programs. The Quality Unit also researches policy requests from providers and recommends changes to coverage and benefits.
- **Reimbursement:** OMPP's Reimbursement Unit oversees the process of providing compensation to Indiana Medicaid providers that is in accordance with federal and State laws and the Indiana Medicaid State Plan.

In addition to its function as the Medicaid agency, the Office of the Secretary of FSSA oversees and directs several other divisions that have Medicaid responsibilities. These divisions include the following:

- FSSA's Division of Family Resources (DFR) is responsible for determining eligibility for Medicaid for all populations based on policy developed by the OMPP Eligibility Unit. DFR is also responsible for determining eligibility for and managing timely delivery of other programs, including Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) benefits.
- FSSA's Operations Division includes the Office of Hearings and Appeals and the Medical Review Team (MRT). FSSA's Operations Division also oversees contractors providing services related to prior authorization, the Medicaid Management Information System (MMIS), and managed care. The Office of Hearings and Appeals has responsibility for all fair hearings of Indiana's Medicaid program. Any party complaining of an action made by Medicaid may file a request for an administrative hearing. The hearing is held before an administrative law judge (ALJ) within the Office of Hearings and Appeals. Any party who is not satisfied with the decision of the ALJ may request agency review of the decision. The secretary of the FSSA or the secretary's designee reviews the ALJ's decision to determine if there is evidence in the record to support the decision and the decision is in accordance with policies, rules, statutes, and regulations applicable to the issue.
- FSSA's Office of Compliance oversees the Medicaid Program Integrity Unit, which identifies, investigates and refers suspected fraud cases, and performs audit and investigation functions.
- FSSA's Division of Healthcare Strategies and Technology provides data analytics, project management, and application support for all divisions and units. Additionally, the division oversees HIPAA compliance and data security throughout FSSA.
- FSSA's Division of Aging (DA) establishes and monitors programs that serve the needs of Indiana seniors. DA focuses on home- and community-based services for the elderly and disabled, assists OMPP with nursing home reimbursement policy, and oversees the Residential Care Assistance Program and Money Follows the Person Program. DA also operates the Aged & Disabled Waiver and the Traumatic Brain Injury (TBI) Waiver.
- FSSA's Division of Disability and Rehabilitative Services (DDRS) sets care standards for the provision of needed services for children and adults with physical and cognitive disabilities and provides these individuals with continuous, lifelong support. DDRS also operates the Family Supports Waiver and the Community Integration and Habilitation Waiver.
- FSSA's Division of Mental Health and Addiction (DMHA) sets care standards for the provision of mental health and addiction services. DMHA also certifies all community mental health centers and addiction treatment service providers. Additionally, DMHA operates the Psychiatric Residential Treatment Facility (PRTF) Transition Waiver and three 1915(i) programs, Behavioral & Primary Healthcare Coordination (BPHC), Adult Mental Health & Habilitation (AMHH), and Child Mental Health Wraparound (CMHW).

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

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# Medicaid Administration

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

In 1991, the Indiana General Assembly established the FSSA in order to consolidate and better integrate the delivery of human services to Indiana residents. The Secretary of FSSA, a cabinet-level position appointed by the Governor, oversees the agency and is the agency's highest-ranking official. Pursuant to P.L. 109-2014, §§ 15-19, the Office of the Secretary of FSSA is now the Medicaid agency. No other agencies outside the FSSA have responsibilities for administering Medicaid.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuit to a 1634 agreement, the Social Security Administration determines eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes
- No

State Plan Administration Assurances

A3

42 CFR 431.10  
42 CFR 431.12  
42 CFR 431.50

Assurances



# Medicaid Administration

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

## PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

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

State of Indiana

**ATTORNEY GENERAL'S CERTIFICATION**

Pursuant to the Social Security Act, 42 USC, Section 1396(a) (1965), I certify that the Office of Medicaid Policy and Planning is designated as the single state agency responsible for administering the State Plan under Title XIX of the Social Security Act, effective December 31, 1991 through March 24, 2014. I certify that the Office of the Secretary of the Family and Social Services Administration is designated as the single state agency responsible for administering the State Plan under Title XIX of the Social Security Act, effective March 25, 2014.

The legal authority under which the Office of Medicaid Policy and Planning administers the State Plan on a statewide basis through March 24, 2014 is Indiana Code § 12-8-6.5-3. Effective March 25, 2014, the legal authority under which the Office of the Secretary of the Family and Social Services Administration administers the State Plan on a statewide basis is Indiana Code § 12-8-1.5-10.5.

5/7/14  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Gregory F. Zoeller  
Attorney General of Indiana

TN No. 13-004 MM4

Approval Date: 8/1/14

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Supersedes ATTACHMENT 1.1-A1



STATE OF INDIANA  
**OFFICE OF THE ATTORNEY GENERAL**

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DELEGATION OF AUTHORITY

According to IC 4-6-5-1 and pursuant to IC 1-1-4-1(5), I hereby delegate authority to **MATTHEW JAMES LIGHT**, Deputy Attorney General and Chief Counsel, Advisory Section, to sign on my behalf the following:

- any certifications or other documents required by any federal statute or regulation to be signed by the Attorney General of this State;
- any certifications or other documents required by any state statute, rule, or local ordinance to be signed by the Attorney General of this State;
- contract form approvals to be granted by the Attorney General of this State pursuant to IC 4-13-2-14.3(e);
- opinions of counsel when required to be issued by the Attorney General of this State in connection with financing transactions by bodies corporate and politic, the Indiana Finance Authority, or in connection with any other transaction requiring the Attorney General of this State to issue an opinion of counsel;
- to administer oaths of office to deputy attorneys general pursuant to IC 4-6-1-4 and IC 4-6-5-2;
- Voluntary Remediation Covenants not to Sue authorized by IC 13-25-5-18;
- contract form and legality to be signed by the Attorney General of this State pursuant to IC 4-13-2-14.3; and
- administrative rule approvals for form and legality to be signed by the Attorney General pursuant to IC 4-22-2-32.
- Memoranda of Understanding with state agencies or instrumentalities of the State regarding legal services to be provided by the Office of the Attorney General.

This delegation of authority shall be effective as of January 14, 2013, and shall be effective for only so long as I am the Attorney General of Indiana and Matthew James Light occupies his current position, or until such time as I may specifically revoke this delegation.

  
Gregory V. Zoeller  
Attorney General of Indiana  
Atty. No. 1958-98



# FSSA Organizational Chart

