

Indiana Health Coverage Program Policy Manual
Chapter 1000
INTRODUCTIONS
Sections 1000.00.00 – 1040.00.00

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1000.00.00 INTRODUCTION TO THE INDIANA HEALTH COVERAGE PROGRAM POLICY MANUAL (IHCPPM)

The Policy Manual user must have an understanding of the organization and format of the manual. This introduction provides information regarding the following:

- Purpose and Scope of the Manual (Section 1005)
- Manual Organization and Format (Section 1010)
- Manual Numbering Scheme (Section 1015)
- Manual Terminology (Section 1020)
- Manual Categories (Section 1025)
- Accessing the Policy Manual (Section 1030)
- Manual Distribution (Section 1035)
- Future Revisions to the Policy Manual (Section 1040).

1005.00.00 PURPOSE AND SCOPE OF THE MANUAL

The Policy Manual incorporates policies concerning Medical Assistance under the traditional Medicaid program, Hoosier Healthwise, and Healthy Indiana Plan (HIP). The manual is maintained online in an electronic version.

Policy and procedures concerning burial assistance are included in this manual; however, the determination of entitlement to burial assistance is not supported by the Eligibility System. Eligibility for Room and Board Assistance (RBA) must be determined manually by workers within the Division of Aging; however, for RBA eligible recipients, the Eligibility System will determine eligibility for RBA-related Medicaid.

The provisions of this manual apply to the Division of Family Resources (DFR) within the State of Indiana unless otherwise specifically stated. The manual is intended as a guide for implementation of all federal and state laws and regulations relating to the eligibility determination of health coverage programs administered by the DFR. For the purposes of this manual, DFR includes division employees and contractors.

1010.00.00 MANUAL ORGANIZATION AND FORMAT

The manual is organized into the following chapters:

- Chapter 1000 Introduction to the IHCPPM
- Chapter 1200 General Program Information
- Chapter 1400 Administrative Policy
- Chapter 1600 Categories of Assistance
- Chapter 1800 Application Registration
- Chapter 2000 Application Processing

- Chapter 2200 Continuing Case Processing
- Chapter 2400 Non-financial Eligibility Requirements
- Chapter 2600 Resources
- Chapter 2800 Income
- Chapter 3000 Eligibility Standards
- Chapter 3200 Assistance Groups
- Chapter 3300 Medicaid Waivers
- Chapter 3400 Budgeting and Benefit Calculation
- Chapter 3500 Healthy Indiana Plan
- Chapter 3600 Benefit Issuance
- Chapter 3800 Transitional Medical Assistance
- Chapter 4200 Appeals and Hearings
- Chapter 4600 Benefit Recovery
- Chapter 4800 Burial Provisions
- Chapter 5000 Supplemental Assistance for Personal Needs.

Within each chapter, the manual material is organized with policy common to all programs presented first, followed by policy specific to a particular program or group of programs. The first section (or passage, as referred to online) serves as a table of contents for the chapter by listing the main sections contained in the chapter. Legal references are provided in footnotes, which are numbered sequentially within each chapter.

When a policy applies to all Medical Assistance programs, no program designators are listed after the passage title. When a policy applies to only one program, the program designator is listed in parentheses following the passage title.

When a policy in a passage does not pertain to all categories of assistance, the first sentence in the passage will state the specific category or categories for which the passage is applicable. In some instances, the first sentence will state the category or categories for which the passage does not apply.

1015.00.00 MANUAL NUMBERING SCHEME

The numbering scheme used for the Policy Manual provides a method for numbering each chapter and passage of text while providing the flexibility to add or insert passages or chapters without having to renumber or re-index other sections. There may be up to four sets of numbers in each passage number. The first number which represents the chapter and section number is four digits. All other numbers are two digits.

The numbering scheme is illustrated by the following:

- 1600.00.00 indicates Chapter 1600
- 1605.00.00 indicates Chapter 1600, Section 1605

- 1605.05.00 indicates Chapter 1600, Section 1605, Subsection 1605.05
- 1605.05.05 indicates Chapter 1600, Section 1605, Subsection 1605.05, Second Subsection 1605.05.05
- 1605.05.10 indicates Chapter 1600, Section 1605, Subsection 1605.05, Second Subsection 1605.05.10
- 1605.10.05 indicates Chapter 1600, Section 1605, Subsection 1605.10, Second Subsection 1605.10.05
- 1605.10.10.05 indicates Chapter 1600, Section 1605, Subsection 1605.10, Second Subsection 1605.10.10, and Third Subsection 1605.10.10.05.

1020.00.00 MANUAL TERMINOLOGY

Many of the passage titles in the Policy Manual contain "program designators". These program designations are in parentheses at the end of passage titles.

The program designators and the programs they represent are "MED" Medical programs. The medical, or health coverage, programs are traditional Medicaid, Refugee Medical Assistance, Hoosier Healthwise, and Healthy Indiana Plan.

The "MED" classification is divided into four sub-groupings reflective of the similarities which exist in the financial and resource eligibility determinations of the categories in each group. If a policy applies to all categories, there will not be any specific designation. If policy applies to only some of the groupings, one or more specific designators are listed.

The following sections list the specific categories of assistance within each program designation.

1025.00.00 CATEGORIES

The categories within each program designator follow. Further clarification of each category is outlined in Chapter 1600.

1025.10.00 MED 1

Categories in the MED 1 program group include:

- Supplemental Security Income (SSI) Recipients (MASI)
- Aged (MA A)
- Blind (MA B)
- Disabled (MA D)
- Disabled Working (MADW)
 - Disabled-Medically Improved (MADI)
 - RBA-related (MA R).

1025.15.00 MED 2

The category in the MED 2 Program is:

- Refugee Medical Assistance (MA Q).

1025.20.00 MED 3/MAGI

Categories in the MED 3 Program group include:

- Low-Income Caretakers (MAGF)
- Pregnant Women (MAGP) (MAMA)
- Newborns (MA X)
- Transitional Medical Assistance (MA F)
- Child Under One (MA Y)
- Child Under Six (MA Z)
- Child Six to Nineteen (MA 2)
- Child Age 19, 20, and 21 residing in psychiatric facility (MA O)
- Children One to Nineteen (MA 9)
- Children's Health Plan for Children Birth to Nineteen (MA 10)
- Family Planning Services (MA E)
- Independent Former Foster Children Age 18-20 (MA14)
- Former Foster Care Children Age 18-25 (MA15)
- Adult-Hip Plus-Native American Only (MANA)
- Adult-Hip Plus-Co pays (MAPC)
- Adult-Hip Basic (MARB)
- Adult-Hip Basic-State Plan(MASB)
- Adult Hip Plus (MARP)
- Adult Hip Plus-State Plan (MASP).

1025.25.00 MED 4

Categories in the MED 4 program group include:

- Qualified Medicare Beneficiary (MA L)
- Qualified Disabled Worker (MA G)
- Specified Low-Income Medicare Beneficiary (MA J)
- Qualified Individuals (MA I)

1030.00.00 ACCESSING THE ONLINE MANUAL

The manual is available online at the FSSA Home page under the Medical Policy Home tab.

1035.00.00 MANUAL DISTRIBUTION

The manual is available online at <http://www.in.gov/fssa/ompp/4904.htm>.

1035.10.00 SEARCHING THE MANUAL

The manual may be searched by clicking “Find” in the “Edit” menu of your internet browser or by pressing Ctrl + F on your PC keyboard.

1040.00.00 FUTURE REVISIONS TO THE POLICY MANUAL

When the manual needs to be revised or updated, flash bulletins will alert workers that a revision has been made. A numbered manual transmittal letter is used to transmit new or revised manual material.