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## Ihcp provider manual

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The manual includes eligibility and administrative policies based on state and federal laws and regulations governing programs, as well as system procedures using Indiana's customer eligibility system. ICES listed the automated eligibility system used by local offices of the Family Resources Division in determining eligibility for applications. The Medicaid Office of Policy and Planning runs Medicaid programs for the government. First-time manual users are encouraged to read through Chapter 1000 to understand the terminology and manual organization, especially to learn how to apply sections to different apps and categories of apps. Disclaimer: This manual is constantly being revised so some of the available information may be outdated. This manual is intended for informational purposes only. Chapter 1000: Introduction to IHCPMChapter 1200: General Program InformationChapter 1400: Administrative PolicyChapter 1600: Category of AssistanceChapter 1800: Program RegistrationChapter 200 0: Application ProcessingChapter 2200: Continuing Case ProcessingChapter 2400: Nonfinancial Eligibility RequirementsChapter 2600: ResourcesChapter 2800: IncomeChapter 3000: StandardsChapter 3200: Assistance GroupsChapter 3300: Medicaid WaiversChapter 3400 Budget: Budgeting and Benefit CalculationChapter 3500: Healthy Indiana PlanChapter 3600: Benefit IssuanceChapter 380 0: Transitional Medical Aid Chapter 4200: Appeal and HearingChapter 4600: RecoveryChapter Benefits 4800: Burial RegulationChapter 5000: Supplementary Assistance for Personal NeedsAll Medical Transition Chapter Medical Policy Manual

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