Adopted	Rejected

COMMITTEE REPORT

YES: 7
NO: 4

MR. SPEAKER:

Your Committee on **Public Health**, to which was referred Senate Bill 295, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill **be amended** as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 2-5-31 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Chapter 31. Committee on the Administration of Public Assistance

Sec. 1. As used in this chapter, "committee" refers to the committee on the administration of public assistance established by section 3 of this chapter.

Sec. 2. As used in this chapter, "public assistance" refers to the following:

(1) The federal Supplemental Nutrition Assistance Program (SNAP).

(2) The Temporary Assistance for Needy Families (TANF)

program.

(3) The Medicaid program.

Sec. 3. The committee on the administration of public assistance is established.

Sec. 4. (a) The committee consists of the following members:

(1) Four (4) members of the house of representatives appointed by the speaker of the house of representatives, not more than two (2) of whom may be from the same political party.

(2) Four (4) members of the senate appointed by the president pro tempore of the senate, not more than two (2) of whom may be from the same political party.

(b) If a vacancy on the committee occurs, the person who appointed the member whose position is vacant shall appoint an individual to fill the vacancy using the criteria set forth in subsection (a).

(c) In 2010, the speaker of the house of representatives shall appoint one (1) of the legislative members appointed by the speaker as the chairperson of the committee for a two (2) year period. In 2012, the president pro tempore of the senate shall appoint one (1) of the legislative members appointed by the president pro tempore as the chairperson of the committee for a two (2) year period. Subsequently, the speaker of the house of representatives and the president pro tempore of the senate shall alternate appointing the chairperson every two (2) years.

Sec. 5. The committee shall do the following:

(1) Review the administration of public assistance in Indiana, including the process of making eligibility determinations.

(2) Take public testimony on problems or concerns concerning the administration of public assistance in Indiana.

(3) Receive:

(A) testimony;

(B) responses to committee questions; and

(C) updates;

concerning changes in the public assistance eligibility process in Indiana from the secretary of family and social services, or the director of the office of quality control if the secretary is unavailable.

(4) Make recommendations concerning any changes that the committee considers necessary.

Sec. 6. Five (5) committee members constitute a quorum. The affirmative votes of at least five (5) committee members are necessary for the committee to take official action.

Sec. 7. The legislative services agency shall provide administrative support for the committee.

Sec. 8. (a) The committee shall meet at the call of the chairperson. Beginning April 1, 2010, the committee shall meet at least one (1) time every sixty (60) days.

(b) Except as provided in subsection (c) and section 9 of this chapter, the committee shall operate under the policies governing study committees adopted by the legislative council. The committee shall file an annual report with the legislative council and the general assembly in an electronic format under IC 5-14-6 if official action is taken by the committee.

(c) Beginning April 1, 2010, the committee may meet at any time during the calendar year.

Sec. 9. A member of the committee is not entitled to salary per diem, travel reimbursement, or other expenses incurred in connection with the member's duties on the committee.

Sec. 10. The secretary of family and social services, or the director of the office of quality control established by IC 12-8-15-6 if the secretary is unavailable, shall make an oral and written presentation at each committee meeting concerning the administration of public assistance in Indiana. The office of the secretary shall respond to any question concerning the administration of public assistance that is provided to the office of the secretary by the chairperson before a scheduled committee meeting.".

Page 2, between lines 20 and 21, begin a new paragraph and insert:

"SECTION 3. IC 4-13-2-18.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2010]: **Sec. 18.5. Notwithstanding any other law, the state shall complete the allotment process and either distribute the funds by warrant or make an electronic transfer to the area agencies on aging in a timely manner that does not jeopardize the provision of services, including home and**

community based services.".

Page 4, between lines 33 and 34, begin a new paragraph and insert:

"SECTION 6. IC 12-7-2-152.7 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2010]: **Sec. 152.7. "Public assistance", for purposes of IC 12-8-15, has the meaning set forth in IC 12-8-15-1.**

SECTION 7. IC 12-8-15 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2010]:

Chapter 15. Public Assistance Determinations

Sec. 1. As used in this chapter, "public assistance" refers to the following programs and services:

(1) Medicaid.

(2) The federal Supplemental Nutrition Assistance Program (7 U.S.C. 2011 et seq.).

(3) The federal Temporary Assistance for Needy Families (TANF) program.

Sec. 2. (a) The office of the secretary shall ensure that public assistance services are:

(1) provided in a timely and safe manner;

(2) provided in accordance with state and federal law; and

(3) appropriate to the needs of the individual.

(b) The division of family resources shall establish standards and procedures for improving the initial eligibility application intake process.

Sec. 3. (a) The division of family resources shall operate in each Indiana county at least one (1) county office where any individual may apply in person for public assistance. Each county office:

(1) must be open during state business hours; and

(2) must be in a location that is fully accessible to individuals seeking public assistance services.

The division shall attempt to locate each county office in an area accessible to a public transportation system if a public transportation system exists in the county.

(b) The office of the secretary shall develop a plan at the regional and county levels to address fraud issues and report on the plan to the committee on the administration of public assistance established by IC 2-5-31 and the legislative council in an electronic

format under IC 5-14-6 not later than December 31, 2010.

(c) The division shall maintain the case file of each recipient of public assistance in the county office of the recipient's county of residence and shall make the file available to the recipient or the recipient's legal guardian for review upon request.

(d) The division of family resources shall do the following:

(1) Staff each county office with state employees who are available during state business hours to:

(A) assist public assistance applicants and recipients in the county office; and

(B) assist providers and other social services agencies that provide services to public assistance recipients.

(2) Provide technology in each county office.

(3) Advertise the location, telephone number, and electronic mail address for each county office in the local telephone directory and through local social service agencies and service providers.

Sec. 4. The office of the secretary shall include the following in the office's system for making public assistance determinations for services:

(1) The following methods by which an individual may apply for services:

(A) In person.

(B) By telephone.

(C) By completing an application over the Internet.

(2) An application for services or an application for redetermination of services that is assigned to one (1) employee who collects all the information necessary for the application before sending the application to an employee with the authority to make an eligibility determination.

(3) The goal that all issues during the eligibility determination for services are resolved accurately and quickly.

Sec. 5. The division of family resources shall develop and use eligibility application forms and eligibility redetermination application forms that:

(1) are printed in at least 12 point type; and

(2) are provided along with a separate document that describes the services available.

Sec. 6. (a) The office of quality control is established within the division of family resources. The office of quality control shall establish, implement, and monitor minimum standards for the public assistance program to do the following:

(1) Recognize and investigate the medical, health, and nutritional needs of individuals.

(2) Make proper referrals to an individual for additional services that may include services provided by persons other than the office of the secretary.

(3) Interact with social agencies, community organizations, religious entities, and local providers when necessary to assist an individual in receiving services.

(b) The office of quality control shall maintain contact with county offices and public assistance recipients to ensure the maintenance of quality protocols and measures and take corrective action as needed.

Sec. 7. (a) Before July 1, 2010, the office of the secretary shall establish a monitoring system within the office of quality control established by section 6 of this chapter for the purpose of evaluating the quality of the eligibility determination for services process and subsequent contact with the office by recipients of public assistance services.

(b) The monitoring system must do the following:

(1) Evaluate every point of contact an individual has from the initial application for public assistance to the final determination by the office and track the place in the eligibility determination for services process, including intake, verification, determination, and renewal of an application for services, in which an individual stops participating in the process.

(2) Determine the primary causes for why individuals do not complete the process, including barriers that are a result of state policy or procedures.

(3) Review a monthly written accounting of the operational expenditures spent on eligibility determinations for public assistance services.

(c) The office of the secretary shall use the monitoring system to analyze the eligibility determination for services process and

determine places for improvement of the process.

Sec. 8. The office of the secretary shall make the following information available on the office of the secretary's web site:

(1) A report and any other documents prepared by a person that has contracted with the state to review work performed under a contract for eligibility determinations for services, to be posted not later than thirty (30) days after the office of the secretary has received the report.

(2) Any contract, including the assignment of a contract and an amendment to a contract, that the office of the secretary has entered into for eligibility determinations for services, to be posted not later than thirty (30) days after the effective date of the contract, assignment, or amendment.

(3) Any change order or change in reimbursement or reimbursement schedules related to a contract for eligibility determinations for services, to be posted not later than thirty (30) days after the effective date of the change.

Sec. 9. (a) The implementation of this chapter is subject to the availability of funding to the office of the secretary.

(b) The office of the secretary and the director of the budget agency are responsible for ensuring that the cost of the services provided under this chapter does not exceed the total amount of funding, including state and federal funds, that is made available by the budget agency for the program established under this chapter.

SECTION 8. IC 12-9.1-1-4 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2010]: **Sec. 4. (a) The division may establish an office within the division to implement this chapter.**

(b) Not later than July 1, 2011, the division shall:

(1) implement a program and standards for identifying, recruiting, training, certifying, and enrolling individuals to be independent providers of home and community based care services for individuals; and

(2) establish a network of independent providers of home and community based care services for individuals.

(c) The division may contract with a state educational institution or an area agency on aging in implementing the program described

in subsection (b).

(d) The division shall consult with the following in developing the program and standards described in subsection (b):

(1) The area agencies on aging.

(2) Indiana Home Care Task Force.

(3) Organizations representing senior citizens with statewide membership.

(4) Organizations representing persons with disabilities with statewide membership.

(e) The division shall do the following:

(1) Create and maintain a statewide registry that lists independent home and community based services providers who have been trained and certified by the division, and provide the list of names by each area agencies on aging district.

(2) Identify liability and health insurance options for independent home and community based services providers.

(3) Establish fiscal intermediary services within the division for individuals who are consumers of self-directed home and community based care services through the community and home options to institutional care for the elderly and disabled program (CHOICE) and the Medicaid aged and disabled waiver.

(4) Create in-service training and professional enrichment programs with the area agencies on aging for maintaining the skills and quality of services by independent home and community based services providers.

(5) Maintain a self-directed care hotline and support services to address emergencies and other needs of individuals who are consumers of self-directed home and community based care services.

(f) The division may review options to participate in federal programs that support the establishment and development of networks for home and community based services.".

Page 5, between lines 18 and 19, begin a new paragraph and insert:

"SECTION 12. IC 12-10-1-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2010]: Sec. 6. (a) The area agencies on aging designated by the bureau in each planning and service region

shall do the following:

(1) Determine the needs and resources of the aged in the area.

(2) Coordinate, in cooperation with other agencies or organizations in the area, region, district, or county, all programs and activities providing health, recreational, educational, or social services for the aged.

(3) Secure local matching money from public and private sources to provide, improve, or expand the sources available to meet the needs of the aged.

(4) Develop, in cooperation with the division and in accordance with the regulations of the commissioner of the federal Administration on Aging, an area plan for each planning and service area to provide for the following:

(A) A comprehensive and coordinated system for the delivery of services needed by the aged in the area.

(B) The collection and dissemination of information and referral sources.

(C) The effective and efficient use of all resources meeting the needs of the aged.

(D) The inauguration of new services and periodic evaluation of all programs and projects delivering services to the aged, with special emphasis on the low income and minority residents of the planning and service area.

(E) The establishment, publication, and maintenance of a toll free telephone number to provide information, counseling, and referral services for the aged residents of the planning and service area.

(5) Conduct case management (as defined in IC 12-10-10-1).

(6) Perform any other functions required by regulations established under the Older Americans Act (42 U.S.C. 3001 et seq.).

(b) The division shall pay the costs associated with the toll free telephone number required under subsection (a).

(c) To the extent allowable under federal law concerning the expenditure of funds, the division shall:

(1) authorize area agencies on aging to manage funds for a program specified in section 3 of this chapter with maximum flexibility to allow the delivery of the most appropriate and

cost effective services under the program; and

(2) refrain from imposing any restrictions on an area agency on aging other than those required under the terms of the contract between the division and the area agency on aging or agreed upon by both the division and the area agency on aging.

SECTION 13. IC 12-10-12-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2010]: Sec. 10. (a) The notification required under section 8 of this chapter must notify the applicant of the following:

(1) That the applicant is required under state law to apply to the agency serving the county of the applicant's residence for participation in a nursing facility preadmission screening program.

(2) That the applicant's failure to participate in the nursing facility preadmission screening program could result in the applicant's ineligibility for Medicaid reimbursement for per diem in any nursing facility for not more than one (1) year.

(3) That the nursing facility preadmission screening program consists of an assessment of the applicant's need for care in a nursing facility made by a team of individuals familiar with the needs of individuals seeking admission to nursing facilities.

(4) The contact information for the agency that provides services in the area in which the nursing facility is located.

(5) A list developed by the agency and the office of all long term care options under the law that may be available to the individual.

(b) The notification must be signed by the applicant or the applicant's parent or guardian if the applicant is not competent before admission.

(c) If the applicant is admitted:

(1) the nursing facility shall retain one (1) signed copy of the notification for one (1) year; and

(2) the nursing facility shall deliver one (1) signed copy to the agency serving the county in which the applicant resides.

(d) A person who violates this section commits a Class A infraction.

SECTION 14. IC 12-10-12-16, AS AMENDED BY P.L.121-2008, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

JULY 1, 2010]: Sec. 16. (a) A screening team shall conduct a nursing facility preadmission screening program for each individual within the time permitted under this chapter. The program must consist of an assessment of the following:

(1) The individual's medical needs.

(2) The availability of services, other than services provided in a nursing facility, that are appropriate to the individual's **health and social** needs **to maintain the individual in the least restrictive environment.**

(3) The cost effectiveness of providing services appropriate to the individual's needs that are provided outside of, rather than within, a nursing facility.

(b) The assessment must be conducted in accordance with rules adopted under IC 4-22-2 by the director of the division in cooperation with the office.

(c) Communication among members of a screening team or between a screening team and the division, the office, or the agency during the prescreening process may be conducted by means including any of the following:

(1) Standard mail.

(2) Express mail.

(3) Facsimile machine.

(4) Secured electronic communication.

(d) A representative:

(1) of the agency serving the area in which the individual's residence is located; and

(2) who is familiar with personal care assessment;

shall explain and provide a written copy of the results of the assessment to the individual or the individual's parent or guardian if the individual is not competent, in the least time practicable after the completion of the assessment.

(e) In the explanation required in subsection (d), the representative shall include the services identified in subsection (a)(2).

SECTION 15. IC 12-10-12-28.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2010]: Sec. 28.5. **(a)** Before discharging a patient who will be participating in preadmission screening under this chapter, a hospital licensed under IC 16-21 shall

give the patient a list of all long term care options that:

(1) may be available to the patient;

(2) are located within the hospital's service area; and

(3) are known to the hospital.

(b) The list described in subsection (a) must include:

(1) contact information for the agency that provides services in the area in which the hospital is located; and

(2) a statement that a representative from the agency is available to provide additional information and counseling at no cost to the patient concerning long term care options.

SECTION 16. IC 12-10-17.1-10, AS ADDED BY P.L.141-2006, SECTION 44, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2010]: Sec. 10. (a) An individual may not provide attendant care services for compensation from Medicaid or the community and home options to institutional care for the elderly and disabled program for an individual in need of self-directed in-home care services unless the individual is registered under section 12 of this chapter.

(b) **Subject to rules adopted by the division under IC 4-22-2, the division shall reimburse under this chapter** an individual who is a legally responsible relative of an individual **who is at risk of being institutionalized and** in need of self-directed in-home care ~~including a parent of a minor individual and a spouse, is precluded from providing~~ **to provide** attendant care services ~~for compensation under this chapter.~~ **in an amount not to exceed eight (8) hours a day and five (5) days a week.**".

Page 7, line 36, after "assistance." insert "**However, this subdivision does not apply if the individual is:**

(A) living in a halfway house, a shelter, transitional housing, or other residential housing that is operated by a nonprofit organization; or

(B) enrolled in a substance abuse program certified by the division of mental health and addiction or a federal agency;

and the individual is tested for drug and alcohol usage at least once every two (2) months.".

Page 7, between lines 36 and 37, begin a new paragraph and insert:

"SECTION 18. IC 12-15-2.1 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE

JULY 1, 2010]:

Chapter 2.1. Presumptive Eligibility for Aged and Disabled Medicaid Waiver Applicants

Sec. 1. (a) An area agency on aging employee may determine that an applicant who meets the following conditions is presumptively eligible for the Medicaid aged and disabled waiver:

(1) The applicant or the applicant's legal guardian has completed the required Medicaid application form.

(2) The applicant meets the medical eligibility requirements in IC 12-10-11.5-4(2)(B).

(3) The applicant is at risk for being institutionalized if the applicant does not receive immediate long term care services.

(b) The area agency on aging's determination that an individual is presumptively eligible for the Medicaid aged and disabled waiver under subsection (a):

(1) must be based on information submitted by the applicant; and

(2) authorizes the immediate commencement of the provision of services needed by the applicant in compliance with rules adopted by the office under section 4 of this chapter.

Sec. 2. The office shall apply to the United States Department of Health and Human Services for an amendment to the Medicaid aged and disabled waiver if an amendment is necessary to implement this chapter.

Sec. 3. The area agency on aging shall:

(1) notify the office of the presumptive eligibility determination not later than five (5) business days after the date on which the determination is made; and

(2) forward the application to the county office in the county in which the applicant resides for a final eligibility determination in the manner specified by the office.

Sec. 4. The office:

(1) shall adopt rules under IC 4-22-2 concerning the services an individual may receive if the individual is determined to be presumptively eligible for the Medicaid aged and disabled waiver under this chapter; and

(2) may adopt rules under IC 4-22-2 to implement this chapter.".

Page 14, delete lines 7 through 11, begin a new paragraph and insert:

"**(c) The division of mental health and addiction shall maintain normal patient care, including maintaining the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards for clinical care, at a facility described in subsection (a)(1) or (a)(2) unless a reduction or the termination of normal patient care is specifically authorized by a statute enacted by the general assembly or recommended by the council established by section 3.5 of this chapter.**".

Page 17, after line 26, begin a new paragraph and insert:

"SECTION 31. [EFFECTIVE JULY 1, 2010] **(a) The office of the secretary of family and social services, in consultation with the area agencies on aging, shall calculate:**

(1) the number of individuals during the course of each state fiscal year who would have been served in a health facility; and

(2) the average cost to serve each individual in a health facility or other institution;

under the Medicaid program if this act were not implemented.

(b) The office of the secretary of family and social services shall use the savings calculated under subsection (a) for the purchase of home and community based services for additional individuals.

(c) This act is subject to funding available to the office of the secretary of family and social services, including federal funds. The office of the secretary of family and social services shall ensure that the cost of the services provided under this act does not exceed funding made available to the office of the secretary of family and social services for the programs established under this act.

(d) This SECTION expires July 1, 2011.

SECTION 32. [EFFECTIVE UPON PASSAGE] **(a) As used in this SECTION, "office of the secretary" refers to the office of the secretary of family and social services established by IC 12-8-1-1.**

(b) The office of the secretary shall identify any changes in administration necessary to implement this act.

(c) The office of the secretary and the budget agency shall project the costs and savings as a result of the implementation of this act.

(d) This SECTION expires June 30, 2013.

SECTION 33. [EFFECTIVE UPON PASSAGE] **(a) As used in this SECTION, "office of the secretary" refers to the office of the secretary of family and social services established by IC 12-8-1-1.**

(b) Not later than April 1, 2011, and by April 1 of each year thereafter, the office of the secretary shall report in writing and in an electronic format under IC 5-14-6 concerning the office's progress in implementing this act to the following:

(1) The budget committee.

(2) The legislative council established by IC 2-5-1.1-1.

(c) This SECTION expires July 1, 2015.

SECTION 25. **An emergency is declared for this act.**".

Renumber all SECTIONS consecutively.

(Reference is to SB 295 as reprinted February 2, 2010.)

and when so amended that said bill do pass.

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Representative Brown C