CONFERENCE COMMITTEE REPORT
DIGEST FOR ESB 15

Citations Affected: Noncode.

Synopsis: Brain injury services and Medicaid. Conference committee report for ESB 15. Requires the state department of health (state department) and the office of the secretary of family and social services (office) to study current brain injury services that are offered in Indiana, determine whether there are deficiencies in the services, and determine how to implement additional services and neurobehavioral rehabilitation programs in Indiana. Establishes an advisory committee to assist the state department and the office in the study. Requires the following to be provided to the health finance commission: (1) Information concerning the study of brain injury services in Indiana; and (2) Information concerning the feasibility and development of a risk based managed care pilot program for aged, blind, and disabled Medicaid recipients. (The introduced version of this bill was prepared by the health finance commission.) **(This conference committee report: (1) removes language requiring the office of Medicaid policy and planning to apply for a Medicaid state plan amendment to include Medicaid reimbursement for brain injury services and neurobehavioral services provided in Indiana; (2) changes the staffing of the brain injury treatment advisory committee from the office to the state department; and (3) requires information to be reported to the health finance commission concerning the feasibility and development of a risk based managed care pilot program for aged, blind, and disabled Medicaid recipients instead of the office developing a pilot program.)**

Effective: Upon passage; July 1, 2012.

CONFERENCE COMMITTEE REPORT

MADAM PRESIDENT:

Your Conference Committee appointed to confer with a like committee from the House upon Engrossed House Amendments to Engrossed Senate Bill No. 15 respectfully reports that said two committees have conferred and agreed as follows to wit:

that the Senate recede from its dissent from all House amendments and that the Senate now concur in all House amendments to the bill and that the bill be further amended as follows:

Delete the title and insert the following:

A BILL FOR AN ACT concerning health.

Delete everything after the enacting clause and insert the following:

SECTION 1. [EFFECTIVE UPON PASSAGE] **(a) The state department of health and the office of the secretary of family and social services shall:**

(1) study the current brain injury services offered in Indiana; and

(2) determine:

(A) any deficiencies in the provision of brain injury services in Indiana; and

(B) how to implement additional brain injury services and neurobehavioral rehabilitation programs in Indiana.

(b) The study described in subsection (a) must include the following:

(1) Development of a licensure category for neurobehavioral rehabilitation facilities and the criteria to be included for the license.

(2) Assessment of whether incentives are needed to encourage the provision of brain injury services and neurobehavioral services in Indiana.

(3) Determination of the adequate reimbursement under the

Medicaid program for brain injury and neurobehavioral services.

(4) Determination of whether funds from the Medicaid health facility closure and conversion fund could be used to assist qualified service providers in opening a neurobehavioral rehabilitation facility or to enhance reimbursement for brain injury or neurobehavioral services in Indiana.

(5) Determination of whether existing Medicaid waivers should be amended to increase the number of individuals covered under the waivers or the services provided to individuals with traumatic brain injuries under the waivers, and the amendments that would be needed.

(c) Before October 1, 2012, the state department of health and the office of the secretary of family and social services shall report orally and in writing to the health finance commission established by IC 2-5-23-3 concerning the study conducted under this SECTION and any recommendations resulting from the study.

(d) The brain injury treatment advisory committee is established for the purpose of assisting the state department of health and the office of the secretary of family and social services with the study described in this SECTION. The committee consists of the following members:

(1) The commissioner of the state department of health or the commissioner's designee, who is the chairperson of the committee.

(2) The director of the office of Medicaid policy and planning, or the director's designee.

(3) The director of the division of aging, or the director's designee.

(4) The director of the rehabilitation services bureau within the office of the secretary of family and social services, or the director's designee.

(5) The following members appointed by the governor not later than May 1, 2012:

(A) One (1) member representing the Brain Injury Association of Indiana.

(B) Six (6) individuals representing any of the following:

(i) Brain injury service providers.

(ii) Residential care providers.

(iii) Health care providers who have knowledge concerning brain injuries.

(C) One (1) representative of the rate setting contractor used by the office of Medicaid policy and planning.

(D) One (1) consumer of brain injury services.

(E) One (1) psychologist licensed under IC 25-33-1 who specializes in the assessment and treatment of individuals with a brain injury.

(F) One (1) individual who is a caregiver of a consumer of brain injury services.

(G) One (1) representative of the Indiana Association of Area Agencies on Aging.

The state department of health shall staff the committee. The committee shall meet at least four (4) times at the call of the chairperson. The members of the committee are not entitled to per diem or reimbursement for expenses incurred in connection with the members' committee duties.

(e) This SECTION expires July 1, 2013.

SECTION 2. [EFFECTIVE JULY 1, 2012] **(a) During the 2012 legislative interim, the office of Medicaid policy and planning shall report to the health finance commission established by IC 2-5-23-3 concerning the feasibility and development of a risk based managed care pilot program for aged, blind, and disabled Medicaid recipients. This SECTION does not authorize the office to implement a risk based managed care pilot program.**

(b) This SECTION expires December 31, 2012.

SECTION 3. **An emergency is declared for this act.**

(Reference is to ESB 15 as reprinted February 29, 2012.)

Conference Committee Report
on
Engrossed Senate Bill 15

Signed by:

Senator Miller Chairperson	Representative Brown T
Senator Breaux	Representative Brown C
Senate Conferees	**House Conferees**