IC 12-15-46

Chapter 46. Medicaid Waivers and State Plan Amendments

IC 12-15-46-1

Eligibility for family planning services; state plan amendment; rules

Sec. 1. (a) As used in this section, "family planning services" does not include the performance of abortions or the use of a drug or device intended to terminate fertilization.

(b) As used in this section, "fertilization" means the joining of a human egg cell with a human sperm cell.

(c) As used in this section, "state plan amendment" refers to an amendment to Indiana's Medicaid State Plan as authorized by Section 1902(a)(10)(A)(ii)(XXI) of the federal Social Security Act (42 U.S.C. 1315).

(d) Before January 1, 2012, the office shall do the following:

(1) Apply to the United States Department of Health and Human Services for approval of a state plan amendment to expand the population eligible for family planning services and supplies as permitted by Section 1902(a)(10)(A)(ii)(XXI) of the federal Social Security Act (42 U.S.C. 1315). In determining what population is eligible for this expansion, the state must incorporate the following:

(A) Inclusion of women and men.

(B) Setting income eligibility at one hundred thirty-three percent (133%) of the federal income poverty level.

(C) Adopting presumptive eligibility for services to this population.

(2) Consider the inclusion of additional:

(A) medical diagnosis; and

(B) treatment services;

that are provided for family planning services in a family planning setting for the population designated in subdivision (1) in the state plan amendment.

(e) The office may adopt rules under IC 4-22-2 to implement this section.

(f) This section expires January 1, 2016.

As added by P.L.6-2012, SEC.95. Amended by P.L.205-2013, SEC.208.

IC 12-15-46-2

Report by division concerning review of plan to reduce cost of waiver

Sec. 2. (a) As used in this section, "commission" refers to the select joint commission on Medicaid oversight established by IC 2-5-26-3 (before its repeal).

(b) As used in this section, "division" refers to the division of disability and rehabilitative services established by IC 12-9-1-1.

(c) As used in this chapter, "waiver" refers to the federal Medicaid developmental disabilities home and community based services

waiver program that is administered by the office and the division.

(d) Before July 1, 2012, the division shall report orally and in writing to the commission for review of a plan to reduce the aggregate and per capita cost of the waiver by implementing changes to the waiver, which may include the following:

(1) Calculating budget neutrality on an individual rather than an aggregate basis.

(2) Instituting a family care program to provide recipients with another option for receiving services.

(3) Evaluating the current system to determine whether a group home or a waiver home is the most appropriate use of resources for placement of the individual.

(4) Evaluating alternative placements for high cost individuals to ensure individuals are served in the most integrated setting appropriate to the individual's needs and within the resources available to the state.

(5) Migrating individuals from the waiver to a redesigned waiver that provides options to individuals for receiving services and supports appropriate to meet the individual's needs and that are cost effective and high quality and focus on social and health outcomes.

(6) Requiring cost participation by a recipient whose family income exceeds five hundred percent (500%) of the federal income poverty level, factoring in medical expenses and personal care needs expenses of the recipient.

(e) After the division makes the report required under subsection (d), the division may consult with the office and take any action necessary to carry out the requirements of this section, including applying to the federal Department of Health and Human Services for approval to amend the waiver.

As added by P.L.6-2012, SEC.95. Amended by P.L.205-2013, SEC.209.