

IC 12-15-1.3

Chapter 1.3. Medicaid Waivers and Plan Amendments

IC 12-15-1.3-1

Waivers to implement intent of P.L.46-1995; expiration of section

Sec. 1. (a) The terms and conditions of any waivers that are obtained by the state from the United States Department of Health and Human Services or the United States Department of Agriculture before January 1, 1995:

- (1) are valid;
- (2) comply with the legislative intent of P.L.46-1995;
- (3) need not be resubmitted for approval; and
- (4) may be implemented until the terms and conditions of any waivers requested under P.L.46-1995 are received and affidavits are filed with the governor's office and the budget committee attesting that the necessary waiver requests have been approved.

(b) The office of the secretary and the office of Medicaid policy and planning shall:

- (1) provide the greatest effort possible to secure all federal waivers required under P.L.46-1995; and
- (2) reapply for waivers required under P.L.46-1995 but denied by:

- (A) the Secretary of the United States Department of Health and Human Services;
- (B) the Secretary of the United States Department of Agriculture; or
- (C) both the officials described in clauses (A) and (B).

(c) This section expires on the date that all waivers requested under P.L.46-1995 have been obtained.

As added by P.L.220-2011, SEC.264.

IC 12-15-1.3-2

Application of waivers under P.L.46-1995 to certain persons; expiration of section

Sec. 2. (a) Any part of P.L.46-1995 that requires a waiver from the United States Department of Health and Human Services or the United States Department of Agriculture does not apply to a person who first received assistance under IC 12-14 before January 1, 1994.

(b) This section expires on the later of the following:

- (1) January 1, 1996.
- (2) Ninety (90) days after the date that all waivers required to implement P.L.46-1995 have been approved.

As added by P.L.220-2011, SEC.264.

IC 12-15-1.3-3

Application of waivers under P.L.46-1995 to certain persons; expiration of section

Sec. 3. (a) Any part of P.L.46-1995 that requires a waiver from the

United States Department of Health and Human Services or the United States Department of Agriculture does not apply to a person who first received assistance under IC 12-14 after December 31, 1993.

(b) This section expires on the later of the following:

(1) January 1, 1997.

(2) Fifteen (15) months after the date that all waivers required to implement P.L.46-1995 have been approved.

As added by P.L.220-2011, SEC.264.

IC 12-15-1.3-4

Waivers to implement P.L.257-1997

Sec. 4. The division of family resources shall seek any available waivers from the Secretary of the United States Department of Health and Human Services that are required to carry out P.L.257-1997.

As added by P.L.220-2011, SEC.264.

IC 12-15-1.3-5

Expired

(As added by P.L.220-2011, SEC.264. Amended by P.L.229-2011, SEC.122. Expired 12-31-2011 by P.L.220-2011, SEC.264.)

IC 12-15-1.3-6

Waiver application for prescription drug program for low income senior citizens; conditions; changes to program approved by prescription drug advisory committee; limitation of state expenditures; implementation of waiver

Sec. 6. (a) The office shall develop a federal Medicaid waiver application under which a prescription drug program may be established or implemented to provide access to prescription drugs for low income senior citizens.

(b) Before the office may submit an application for a federal Medicaid waiver that will affect the Indiana prescription drug program established under IC 12-10-16, the following must occur:

(1) The office shall submit the proposed Medicaid waiver to the prescription drug advisory committee.

(2) The prescription drug advisory committee must review, allow public comment on, and approve the proposed Medicaid waiver.

(c) A prescription drug program established or implemented by the office or a contractor of the office under this section may not limit access to prescription drugs for prescription drug program recipients, except under the following circumstances:

(1) Access may be limited to the extent that restrictions were in place in the Medicaid program on March 26, 2002.

(2) Except as provided by IC 12-15-35.5-3(b) and IC 12-15-35.5-3(c), access may be limited to:

(A) prevent:

(i) fraud;

- (ii) abuse;
 - (iii) waste;
 - (iv) overutilization of prescription drugs; and
 - (v) inappropriate utilization of prescription drugs; or
- (B) implement a disease management program.

IC 12-15-35.5-7 applies to a limit implemented under this subdivision.

- (d) Changes to a prescription drug program that:
- (1) is established or implemented by the office or a contractor of the office under this section; and
 - (2) uses money from the Indiana prescription drug account established under IC 4-12-8-2;

must be approved by the prescription drug advisory committee.

(e) The office shall apply to the United States Department of Health and Human Services for approval of any waiver necessary under the federal Medicaid program to provide access to prescription drugs for low income senior citizens.

(f) A Medicaid waiver developed under this section must limit a prescription drug program's state expenditures to funding appropriated to the Indiana prescription drug account established under IC 4-12-8-2 from the Indiana tobacco master settlement agreement fund.

(g) The office may not implement a waiver under this section until the office files an affidavit with the governor attesting that the federal waiver applied for under this section is in effect. The office shall file the affidavit under this subsection not later than five (5) days after the office is notified that the waiver is approved.

(h) If the office receives a waiver under this section from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (g), the office shall implement the waiver not more than sixty (60) days after the governor receives the affidavit.

As added by P.L.220-2011, SEC.264.

IC 12-15-1.3-7

Expired

(As added by P.L.220-2011, SEC.264. Expired 12-31-2012 by P.L.220-2011, SEC.264.)

IC 12-15-1.3-8

Expired

(As added by P.L.220-2011, SEC.264. Expired 12-31-2012 by P.L.220-2011, SEC.264.)

IC 12-15-1.3-9

Expired

(As added by P.L.220-2011, SEC.264. Expired 12-31-2013 by P.L.220-2011, SEC.264.)

IC 12-15-1.3-10

Expired

(As added by P.L.220-2011, SEC.264. Expired 7-1-2013 by P.L.220-2011, SEC.264.)

IC 12-15-1.3-11

Expired

(As added by P.L.220-2011, SEC.264. Expired 1-1-2013 by P.L.220-2011, SEC.264.)

IC 12-15-1.3-12

Expired

(As added by P.L.220-2011, SEC.264. Expired 12-31-2013 by P.L.220-2011, SEC.264.)

IC 12-15-1.3-13

Application for waiver to provide presumptive eligibility for certain pregnant women; implementation of waiver; rules

Sec. 13. (a) The office shall apply to the United States Department of Health and Human Services for any amendment to the state Medicaid plan or demonstration waiver that is needed to provide for presumptive eligibility for a pregnant woman described in IC 12-15-2-13.

(b) The office may not implement the amendment or waiver until the office files an affidavit with the governor attesting that the amendment or waiver applied for under this section is in effect. The office shall file the affidavit under this subsection not more than five (5) days after the office is notified that the amendment or waiver is approved.

(c) If the office receives approval for the amendment or waiver under this section from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (b), the office shall implement the amendment or waiver not more than sixty (60) days after the governor receives the affidavit.

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

As added by P.L.220-2011, SEC.264.

IC 12-15-1.3-13.5

Report on use of qualified providers and presumptive eligibility; requirements

Sec. 13.5. (a) As used in this section, "qualified provider" refers to a health provider authorized by the office to provide Medicaid presumptive eligibility services.

(b) The office shall present a report to the interim study committee on public health, behavioral health, and human services not later than September 30 of each year, regarding the use of qualified providers to undertake presumptive eligibility services under the Medicaid

program.

(c) The report must include the following:

- (1) The number of presumptive eligibility qualified providers and their location and distribution in the state.
- (2) The number of presumptive eligibility applications submitted and in a per provider format.
- (3) The number and percent of presumptive eligibility applications submitted that were approved or denied and the information in a per provider and by county format.
- (4) The number and percent of presumptive eligibility applications that resulted in a Medicaid application submission and the information in a per provider and by county format.
- (5) The number and percent of presumptive eligibility applications that were subsequently approved or denied for full coverage and the information in a per provider and by county format.
- (6) The method the office used to communicate presumptive eligibility opportunities to qualified providers and health consumers.
- (7) The error rate of qualified providers in accepting presumptive eligibility applications that were subsequently determined to be ineligible.
- (8) The education and technical assistance and availability provided by the office for ongoing training and retention of qualified providers.
- (9) Any other information the office considers relevant on the use of qualified providers in carrying out presumptive eligibility services under the Medicaid program.

(d) This section expires January 1, 2018.

As added by P.L.185-2015, SEC.10.

IC 12-15-1.3-14

Expired

(As added by P.L.220-2011, SEC.264. Expired 12-31-2013 by P.L.220-2011, SEC.264.)

IC 12-15-1.3-15

Waiver amendment; emergency placement priority

Sec. 15. (a) As used in this section, "division" refers to the division of disability and rehabilitative services established by IC 12-9-1-1.

(b) As used in this section, "waiver" refers to any waiver administered by the office and the division under section 1915(c) of the federal Social Security Act.

(c) Before October 1, 2011, the office shall apply to the United States Department of Health and Human Services for approval to amend a waiver to set an emergency placement priority for individuals in the following situations:

- (1) Death of a primary caregiver where alternative placement in

a supervised group living setting:

(A) is not available; or

(B) is determined by the division to be an inappropriate option.

(2) A situation in which:

(A) the primary caregiver is at least eighty (80) years of age; and

(B) alternate placement in a supervised group living setting is not available or is determined by the division to be an inappropriate option.

(3) There is evidence of abuse or neglect in the current institutional or home placement, and alternate placement in a supervised group living setting is not available or is determined by the division to be an inappropriate option.

(4) There are other health and safety risks, as determined by the division director, and alternate placement in a supervised group living setting is not available or is determined by the division to be an inappropriate option.

(d) The division shall report on a quarterly basis the following information to the division of disability and rehabilitative services advisory council established by IC 12-9-4-2 concerning each Medicaid waiver for which the office has been approved under this section to administer an emergency placement priority for individuals described in this section:

(1) The number of applications for emergency placement priority waivers.

(2) The number of individuals served on the waiver.

(3) The number of individuals on a wait list for the waiver.

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

(f) This section expires July 1, 2016.

As added by P.L.220-2011, SEC.264. Amended by P.L.229-2011, SEC.122.

IC 12-15-1.3-16

Expired

(As added by P.L.220-2011, SEC.264. Expired 12-31-2013 by P.L.220-2011, SEC.264.)

IC 12-15-1.3-17

Expired

(As added by P.L.220-2011, SEC.264. Expired 12-31-2013 by P.L.220-2011, SEC.264.)

IC 12-15-1.3-17.5

Budget committee review of state plan amendments, waiver requests, or revisions

Sec. 17.5. The office may not implement any Medicaid state plan amendments, any Medicaid waiver requests, or any revisions to any

Medicaid state plan amendments or Medicaid waiver requests unless the office has submitted a written report to the budget committee concerning the implementation of the amendment, waiver, or revision and the budget committee has reviewed the amendment, waiver, or revision.

As added by P.L.205-2013, SEC.188.