

HOUSE BILL No. 1012

DIGEST OF INTRODUCED BILL

Citations Affected: IC 4-13-2-19; IC 12-8-1.6; IC 12-15.

Synopsis: Medicaid matters. Amends the duties of the office of the secretary of family and social services (office) concerning home and community based services waivers (waiver). Requires a waiver recipient to review the recipient's monthly statement and report errors or inconsistencies. Requires a provider of waiver services to provide a recipient and the recipient's care coordinator with certain billing statements. Establishes the home and community based services waiver waiting list assistance fund (fund) to provide individuals on a waiver waiting list with access to certain supports. Provides that when the office determines an individual is ineligible for Medicaid, the office shall provide the specific reason for determining the individual is ineligible. Provides that appropriations in the budget bill for Medicaid assistance that are budgeted for a waiver that remain unexpended and unencumbered at the close of the state fiscal year and that would otherwise lapse and be returned to the state general fund do not revert to the state general fund, but instead shall be deposited in the fund.

Effective: July 1, 2026.

**Clere, Garcia Wilburn,
Goss-Reaves, Cash**

December 1, 2025, read first time and referred to Committee on Public Health.



Second Regular Session of the 124th General Assembly (2026)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2025 Regular Session of the General Assembly.

HOUSE BILL No. 1012

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 4-13-2-19, AS AMENDED BY P.L.9-2024,
2 SECTION 90, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2026]: Sec. 19. (a) Except as specifically provided for in
4 appropriation acts, every appropriation or part thereof remaining
5 unexpended and unencumbered at the close of any fiscal year shall
6 lapse and be returned to the general revenue fund. However, an
7 appropriation for purchase of real estate or for construction or other
8 permanent improvement shall not lapse until the purposes for which
9 the appropriation was made shall have been accomplished or
10 abandoned, unless such appropriation has remained during an entire
11 fiscal biennium without any expenditure therefrom or encumbrance
12 thereon.

13 (b) Except as otherwise expressly provided by law, the provisions
14 of this section shall apply to every appropriation of a stated sum for a
15 specified purpose or purposes made from the general revenue fund, but
16 shall not, unless expressly so provided by law, apply to any fund or
17 balance of a fund derived wholly or partly from special taxes, fees,



1 earnings, fines, federal grants, or other sources which are by law
 2 appropriated for special purposes by standing, continuing, rotary, or
 3 revolving appropriations.

4 (c) In the case of federal funds encumbered by a state agency that
 5 is the recipient of the federal grant, for purposes of meeting
 6 reimbursements that are to come due after the expiration of the federal
 7 grant, the state agency's encumbrance on its ledgers shall be recognized
 8 as valid by the state comptroller for one (1) year or until the money is
 9 expended, whichever is sooner.

10 **(d) Notwithstanding subsection (a), beginning with the state**
 11 **fiscal year ending June 30, 2026, and each state fiscal year**
 12 **thereafter, appropriations in the budget bill for Medicaid**
 13 **assistance that are budgeted for a home and community based**
 14 **services waiver (as defined in IC 12-8-1.6-2) that remain**
 15 **unexpended and unencumbered at the close of the state fiscal year**
 16 **and that would otherwise lapse and be returned to the state general**
 17 **fund shall not revert to the state general fund, but instead shall be**
 18 **deposited in the home and community based services waiver**
 19 **waiting list assistance fund established by IC 12-8-1.6-11.5.**

20 SECTION 2. IC 12-8-1.6-4, AS ADDED BY P.L.174-2025,
 21 SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 22 JULY 1, 2026]: Sec. 4. (a) The office of the secretary has all powers
 23 necessary and convenient to administer a home and community based
 24 services waiver.

25 (b) The office of the secretary shall do the following:

26 (1) Administer money appropriated or allocated to the office of
 27 the secretary by the state, including money appropriated or
 28 allocated for a home and community based services waiver.

29 (2) Take any action necessary to implement a home and
 30 community based services waiver, including applying to the
 31 United States Department of Health and Human Services for
 32 approval to amend or renew the waiver, implement a new
 33 Medicaid waiver, or amend the Medicaid state plan.

34 (3) Ensure that a home and community based services waiver is
 35 subject to funding available to the office of the secretary.

36 (4) Ensure, in coordination with the budget agency, that the cost
 37 of a home and community based services waiver does not exceed
 38 the total amount of funding available by the budget agency,
 39 including state and federal funds, for the Medicaid programs
 40 established to provide services under a home and community
 41 based services waiver.

42 (5) Establish and administer a program for a home and



community based services waiver to provide an eligible individual with care that does not cost more than services provided to a similarly situated individual residing in an institution.

(6) Within the limits of available resources, provide service coordination services to individuals receiving services under a home and community based services waiver, including the development of an individual service plan that:

(A) addresses an individual's needs;

(B) identifies and considers family and community resources that are potentially available to meet the individual's needs; and

(C) is consistent with the person centered care approach for receiving services under a waiver.

(7) Monitor services provided by a provider that:

(A) provides services to an individual using funds provided by the office of the secretary or under the authority of the office of the secretary; or

(B) entered into one (1) or more provider agreements to provide services under a home and community based services waiver.

(8) Establish and administer a confidential complaint process for:

(A) an individual receiving; or

(B) a provider described in subdivision (7) providing; services under a home and community based services waiver.

(9) Establish a procedure for documenting compliance with subdivision (6) in the individual service plan of an individual receiving services under a home and community based services waiver, which must include provider attestation that services delivered to a recipient align with the recipient's individual service plan.

(10) Provide a monthly statement in electronic form, or in paper form upon a recipient's request, to an individual receiving services under a home and community based services waiver that includes the following information:

(A) The state contribution amount to the services provided to the recipient.

(B) The amount the recipient is required to pay for services provided to the recipient.

(C) The reason for any denial of services to the recipient.

(11) Annually publish on the office of the secretary's website the following information on each home and community based



services waiver for the preceding state fiscal year:

(A) The amount of state funds that were:

(i) budgeted for; and

(ii) spent under;

each waiver.

(B) The amount billed by providers for each service under each waiver.

(C) Comparative data on providers, including quality measures, credentialing, accreditation, and incident rates.

(12) Not later than January 1, 2027, in collaboration with the division of disability and rehabilitative services advisory council established by IC 12-9-4-2, redesign the list of service providers, including case management organization providers, available under a home and community based services waiver to meet the following requirements:

(A) Be electronically searchable by the public.

(B) Be consumer friendly.

(C) Only display information about providers that are accepting new patients by geographic area.

(D) Include the following information for each provider described in clause (C):

(i) Provider credentialing and accreditation.

(ii) Performance data, including the results of any provider satisfaction survey.

(13) Each month, publish on the office of the secretary's website the number of home and community based services waiver slots that were:

(A) released;

(B) accepted;

(C) declined; and

(D) rescinded;

during the previous month, and the reason for a denial or rescission.

(14) Provide annual updates concerning home and community based services waivers to the division of disability and rehabilitative services advisory council established by IC 12-9-4-2.

(15) Review the criteria and process for approving, monitoring, and removing providers of services under a home and community based services waiver, including removing providers that mismanage funds or have consistently high incident rates as determined by the office of the secretary.



(16) After reviewing the criteria and process described in subdivision (15), make any changes necessary to ensure provider accountability and the provision of high quality services.

(17) At least once each year, conduct an audit of a provider of services under a home and community based services waiver.

(c) The office of the secretary may do the following:

(1) At the office's discretion, delegate any of its authority under this chapter to any division or office within the office of the secretary.

(2) Issue administrative orders under IC 4-21.5-3-6 regarding the provision of a home and community based services waiver.

SECTION 3. IC 12-8-1.6-9.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 9.5. In order to continue to receive services under a home and community based services waiver, an individual receiving services under the waiver shall do the following:**

(1) Review the recipient's monthly statement received under section 4(b)(10) of this chapter.

(2) Not later than thirty (30) days after receiving each monthly statement, report to the office of the secretary or other appropriate entity any:

(A) error in the statement; or

(B) inconsistency between the statement and services received.

SECTION 4. IC 12-8-1.6-11.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 11.5. (a) As used in this section, "fund" refers to the home and community based services waiver waiting list assistance fund established by subsection (b).**

(b) The home and community based services waiver waiting list assistance fund is established to provide individuals on a home and community based services waiver waiting list with access to supports that promote stability, readiness, and crisis prevention.

(c) The office of the secretary shall administer the fund.

(d) The fund consists of money from the reversion of Medicaid assistance appropriations deposited in the fund under IC 4-13-2-19(d).

(e) Money in the fund may be used to provide an individual on a home and community based services waiver waiting list with any of the following:



(1) Caregiver or individual training, such as person centered planning training, skill building training, and self-advocacy workshops.

(2) Assistive technology devices or adaptive equipment to support an individual's independence.

(3) Short term stabilization supports to prevent institutionalization, such as respite care services or transitional assistance.

(4) Care coordination planning.

(5) Any other supports that promote stability, readiness, and crisis prevention, as determined by the office of the secretary.

(f) The expenses of administering the fund shall be paid from money in the fund.

(g) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested.

(h) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

SECTION 5. IC 12-15-2-27 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 27. When the office of the secretary determines that an individual is ineligible for Medicaid under this article, the office of the secretary shall provide to the individual the specific reason for determining that the individual is ineligible.**

SECTION 6. IC 12-15-11-11 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 11. A provider of services under a home and community based services waiver (as defined in IC 12-8-1.6-2) shall do the following:**

(1) Not later than fifteen (15) days before an individual receiving services under the waiver has a meeting with the recipient's care coordination team, provide the recipient's care coordinator with the provider's billing records for the recipient.

(2) Biannually provide to an individual receiving services under the waiver an itemized statement of the services billed by the provider for the recipient. The statement must be in plain language.

