



PREVAILED	Roll Call No. _____
FAILED	Ayes _____
WITHDRAWN	Noes _____
RULED OUT OF ORDER	

HOUSE MOTION _____

MR. SPEAKER:

I move that Engrossed Senate Bill 275 be amended to read as follows:

- 1 Page 1, between the enacting clause and line 1, begin a new
- 2 paragraph and insert:
- 3 "SECTION 1. IC 12-8-1.6-4, AS ADDED BY P.L.174-2025,
- 4 SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 5 JULY 1, 2026]: Sec. 4. (a) The office of the secretary has all powers
- 6 necessary and convenient to administer a home and community based
- 7 services waiver.
- 8 (b) The office of the secretary shall do the following:
- 9 (1) Administer money appropriated or allocated to the office of
- 10 the secretary by the state, including money appropriated or
- 11 allocated for a home and community based services waiver.
- 12 (2) Take any action necessary to implement a home and
- 13 community based services waiver, including applying to the
- 14 United States Department of Health and Human Services for
- 15 approval to amend or renew the waiver, implement a new
- 16 Medicaid waiver, or amend the Medicaid state plan.
- 17 (3) Ensure that a home and community based services waiver is
- 18 subject to funding available to the office of the secretary.
- 19 (4) Ensure, in coordination with the budget agency, that the cost
- 20 of a home and community based services waiver does not exceed
- 21 the total amount of funding available by the budget agency,

1 including state and federal funds, for the Medicaid programs
 2 established to provide services under a home and community
 3 based services waiver.

4 (5) Establish and administer a program for a home and
 5 community based services waiver to provide an eligible
 6 individual with care that does not cost more than services
 7 provided to a similarly situated individual residing in an
 8 institution.

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

13 (A) addresses an individual's needs;

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

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

19 (7) Monitor services provided by a provider that:

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

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

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

27 (A) an individual receiving; or

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

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

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

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

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

42 SECTION 2. IC 12-8-1.6-9.5 IS ADDED TO THE INDIANA
 43 CODE AS A NEW SECTION TO READ AS FOLLOWS
 44 [EFFECTIVE JULY 1, 2026]: **Sec. 9.5. (a) An individual receiving**
 45 **services under a home and community based services waiver shall**
 46 **do the following:**

- 1 **(1) Review any record or statement the individual receives**
- 2 **under IC 12-15-11-11.**
- 3 **(2) Not later than forty-five (45) days after receiving a record**
- 4 **or statement described in subdivision (1), report to the office**
- 5 **of the secretary or other appropriate entity any:**
- 6 **(A) error in the record or statement; or**
- 7 **(B) inconsistency between the record or statement and**
- 8 **services received.**
- 9 **(b) Upon request, the case manager of a recipient described in**
- 10 **subsection (a) shall do the following:**
- 11 **(1) Assist the recipient in reviewing the recipient's record or**
- 12 **statement described in subsection (a)(1).**
- 13 **(2) Assist in reporting and resolving any error or**
- 14 **inconsistency under subsection (a)."**

15 Page 2, between lines 11 and 12, begin a new paragraph and insert:
 16 "SECTION 5. IC 12-15-12.7-2, AS ADDED BY P.L.174-2025,
 17 SECTION 41, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 18 JULY 1, 2026]: Sec. 2. (a) The office of the secretary shall determine
 19 the base reimbursement rate structure, methodology, and
 20 reimbursement rates that may be paid to a provider for the services
 21 rendered under the program.

22 **(b) This subsection does not apply to a value based health care**
 23 **reimbursement agreement (as defined in IC 27-1-37.6-15) entered**
 24 **into between a managed care organization and a provider. A**
 25 **managed care organization may not pay a provider less than the**
 26 **reimbursement rates established by the office of the secretary under**
 27 **this section."**

28 Page 3, between lines 2 and 3, begin a new paragraph and insert:
 29 "SECTION 9. IC 12-15-44.5-5, AS AMENDED BY P.L.201-2023,
 30 SECTION 136, IS AMENDED TO READ AS FOLLOWS
 31 [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) A managed care organization
 32 that contracts with the office to provide health coverage, dental
 33 coverage, or vision coverage to an individual who participates in the
 34 plan:

- 35 (1) is responsible for the claim processing for the coverage;
- 36 (2) shall, **except in the case of a value based health care**
- 37 **reimbursement agreement (as defined in IC 27-1-37.6-15)**
- 38 **entered into between the managed care organization and a**
- 39 **provider, reimburse providers at a rate that is not less than the**
- 40 rate established by the secretary; and
- 41 (3) may not deny coverage to an eligible individual who has been
- 42 approved by the office to participate in the plan.

43 (b) A managed care organization that contracts with the office to
 44 provide health coverage under the plan must incorporate cultural
 45 competency standards established by the office. The standards must
 46 include standards for non-English speaking, minority, and disabled

- 1 populations."
- 2 Renumber all SECTIONS consecutively.
(Reference is to ESB 275 as printed February 18, 2026.)

Representative Lopez