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SENATE BILL No. 275

Proposed Changes to introduced printing by AM027503

DIGEST OF PROPOSED AMENDMENT

Medicaid waiver. Requires the office of the secretary of family and social services to apply to the federal Centers for Medicare and Medicaid Services requesting 3,000 additional waiver slots to address the wait list for the pathways home and community based Medicaid waiver. Makes a continuing appropriation.

A BILL FOR AN ACT to amend the Indiana Code concerning human services [and to make an appropriation].

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

1 SECTION 1. IC 12-11-2.1-3, AS AMENDED BY P.L.99-2007,
2 SECTION 78, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2026]: Sec. 3. **(a)** All services provided to an individual must
4 be provided under the individual service plan of the individual with a
5 disability. To the extent that services described in IC 12-11-1.1-1(e) are
6 available and meet the individual's needs, services provided to an
7 individual shall be provided in the least restrictive environment
8 possible.

9 **(b) Pursuant to the applicable home and community based**
10 **services waiver, a request to increase service units on an**
11 **individual's approved service plan must be submitted to the bureau**
12 **for review and approval or denial not later than forty-five (45)**
13 **calendar days from the first day of the qualifying event, as**
14 **prescribed by the bureau.**

15 SECTION 2. IC 12-15-1.3-26.2 IS ADDED TO THE INDIANA
16 CODE AS A NEW SECTION TO READ AS FOLLOWS
17 [EFFECTIVE UPON PASSAGE]: Sec. 26.2. (a) As used in this
18 section, "Medicaid waiver" refers to the pathways home and
19 community based Medicaid waiver.

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1 **(b) Before August 1, 2026, the office of the secretary shall**
 2 **apply to the federal Centers for Medicare and Medicaid Services**
 3 **requesting an additional three thousand (3,000) waiver slots to**
 4 **address the wait list for the Medicaid waiver described in**
 5 **subsection (a).**

6 **(c) Upon approval from the federal Centers for Medicare and**
 7 **Medicaid Services for additional waiver slots for the Medicaid**
 8 **waiver, the office of the secretary shall transition eligible**
 9 **individuals from the Medicaid waiver's wait list onto the**
 10 **appropriate Medicaid waiver for which a slot is available.**

11 **(d) There is continuously appropriated from the state general**
 12 **fund an amount sufficient to pay the state's share of costs incurred**
 13 **for additional slots approved under a Medicaid waiver.**

14 1 SECTION ~~3~~ IC 12-15-2-3.5, AS AMENDED BY
 15 P.L.210-2015, SECTION 45, IS AMENDED TO READ AS
 16 FOLLOWS [EFFECTIVE JULY 1, 2027]: Sec. 3.5. An individual:

17 (1) who is:

18 (A) at least sixty-five (65) years of age; or
 19 (B) disabled, as determined by the Supplemental Security
 20 Income program; and

21 (2) whose income and resources do not exceed those levels
 22 established by the Supplemental Security Income program;
 23 is eligible to receive Medicaid assistance. if the individual's family
 24 income does not exceed one hundred percent (100%) of the federal
 25 income poverty level for the same size family, using income counting
 26 standards and criteria established by the federal Social Security
 27 Administration.

28 SECTION ~~3~~ IC 12-15-2-26, AS ADDED BY P.L.278-2013,
 29 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 30 JULY 1, 2027]: Sec. 26. (a) This section applies beginning the later of
 31 the following:

32 (1) The date that the office is informed that the United States
 33 Department of Health and Human Services has approved
 34 Indiana's conversion to 1634 status within the Medicaid
 35 program.

36 (2) January 1, 2014.

37 (b) As used in this section, "qualified Medicare beneficiary"
 38 means an individual defined in 42 U.S.C. 1396d(p)(1).

39 (c) As used in this section, "qualifying individual" refers to an
 40 individual described in 42 U.S.C. 1396a(a)(10)(E)(iv).

41 (d) As used in this section, "specified low-income Medicare
 42 beneficiary" refers to an individual described in 42 U.S.C.



1 1396a(a)(10)(E)(iii).

2 (e) The following individuals are eligible for the specified
3 coverage under this section:

4 (1) A qualified Medicare beneficiary whose:

5 (A) income does not exceed one hundred ~~fifty~~ percent
6 ~~(+50%) (100%)~~ of the federal income poverty level; and
7 (B) resources do not exceed the resource limits established
8 by the office;

9 is eligible for Medicare Part A and Medicare Part B premiums,
10 coinsurance, and deductibles.

11 (2) A specified low-income Medicare beneficiary whose:

12 (A) income does not exceed one hundred ~~seventy twenty~~
13 ~~1~~ percent ~~(+70%) (120%)~~ of the federal income poverty
14 level; and

15 (B) resources do not exceed the resource limits set by the
16 office;

17 is eligible for coverage of Medicare Part B premiums.

18 (3) A qualifying individual whose:

19 (A) income does not exceed one hundred ~~eighty-five~~
20 ~~thirty-five~~ percent ~~(+85%) (135%)~~ of the federal income
21 poverty level; and

22 (B) resources do not exceed the resource limits set by the
23 office;

24 is eligible for coverage of Medicare Part B premiums.

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

27 SECTION ~~↔~~[\[5\]](#). IC 12-15-14-8, AS AMENDED BY
28 P.L.241-2023, SECTION 15, IS AMENDED TO READ AS
29 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 8. (a) The office
30 may implement an end of therapy reclassification methodology in the
31 RUG-IV, 48-Group model or its successor for payment of nursing
32 facility services.

33 (b) Before the office changes a health facility service
34 reimbursement that results in a reduction in reimbursement, the office
35 shall provide public notice of at least ~~one (+1)~~ year. **six (6) months.** The
36 public notice under this subsection:

37 (1) is not a rulemaking action or part of the administrative
38 rulemaking process under IC 4-22; and

39 (2) must include the fiscal impact of the proposed
40 reimbursement change.

41 SECTION ~~↔~~[\[6\]](#). IC 12-15-34-14.5 IS REPEALED [EFFECTIVE
42 UPON PASSAGE]. Sec. 14.5. (a) This section is effective beginning



1 July 1, 2017.

2 (b) The office of the secretary may not reduce reimbursement for
3 home health services.

4 (c) ~~405 IAC 1-4.2-4(l)~~ and any successor rule concerning reducing
5 home health services reimbursement are void and may not be renewed
6 or otherwise implemented.

7 SECTION ~~←6~~[7]. IC 29-1-14-1, AS AMENDED BY
8 P.L.99-2024, SECTION 9, IS AMENDED TO READ AS FOLLOWS
9 [EFFECTIVE JULY 1, 2026]: Sec. 1. (a) Except as provided in
10 IC 29-1-7-7, all claims against a decedent's estate, other than expenses
11 of administration and claims of the United States, the state, or a
12 subdivision of the state, whether due or to become due, absolute or
13 contingent, liquidated or unliquidated, founded on contract or
14 otherwise, shall be forever barred against the estate, the personal
15 representative, the heirs, devisees, and legatees of the decedent, unless
16 filed with the court in which such estate is being administered within:

17 (1) three (3) months after the date of the first published notice to
18 creditors; or
19 (2) three (3) months after the court has revoked probate of a will,
20 in accordance with IC 29-1-7-21, if the claimant was named as
21 a beneficiary in that revoked will;
22 whichever is later.

23 (b) No claim shall be allowed which was barred by any statute of
24 limitations at the time of decedent's death.

25 (c) No claim shall be barred by the statute of limitations which was
26 not barred at the time of the decedent's death, if the claim shall be filed
27 within:

28 (1) three (3) months after the date of the first published notice to
29 creditors; or
30 (2) three (3) months after the court has revoked probate of a will,
31 in accordance with IC 29-1-7-21, if the claimant was named as
32 a beneficiary in that revoked will;
33 whichever is later.

34 (d) All claims barable under subsection (a) shall be barred if not
35 filed within nine (9) months after the death of the decedent.

36 (e) Nothing in this section shall affect or prevent any action or
37 proceeding to enforce any mortgage, pledge, or other lien upon
38 property of the estate.

39 (f) Nothing in this section shall affect or prevent the enforcement
40 of a claim for injury to person or damage to property arising out of
41 negligence against the estate of a deceased tortfeasor within the period
42 of the statute of limitations provided for the tort action. A tort claim

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1 against the estate of the tortfeasor may be opened or reopened and suit
2 filed against the special representative of the estate within the period
3 of the statute of limitations of the tort. Any recovery against the tort
4 feasor's estate shall not affect any interest in the assets of the estate
5 unless the suit was filed within the time allowed for filing claims
6 against the estate. The rules of pleading and procedure in such cases
7 shall be the same as apply in ordinary civil actions.

8 (g) A claim by the unit against a decedent's estate is forever barred
9 unless:

10 (1) the unit files a claim in the court in which the decedent's
11 estate is being administered; or
12 (2) the unit opens an estate for the decedent and files a claim
13 against the decedent in the estate;
14 not later than one hundred twenty (120) days after the date of death of
15 the decedent.

16 SECTION ~~⇨~~8. An emergency is declared for this act.I

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