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## SENATE BILL No. 275

Proposed Changes to introduced printing by AM027504

### DIGEST OF PROPOSED AMENDMENT

Home health services reimbursement. Removes SECTION 5 from the bill that would have repealed a provision prohibiting the office of the secretary of family and social services from reducing reimbursement for home health services.

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

18 (1) who is:  
19 (A) at least sixty-five (65) years of age; or

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1 (B) disabled, as determined by the Supplemental Security  
2 Income program; and

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

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

14 (1) The date that the office is informed that the United States  
15 Department of Health and Human Services has approved  
16 Indiana's conversion to 1634 status within the Medicaid  
17 program.

18 (2) January 1, 2014.

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

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

(d) As used in this section, "specified low-income Medicare beneficiary" refers to an individual described in 42 U.S.C. 1396a(a)(10)(E)(iii).

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

28 (1) A qualified Medicare beneficiary whose:

(1) A qualified Medicare beneficiary wife:

- (A) income does not exceed one hundred fifty percent (150%) (100%) of the federal income poverty level; and
- (B) resources do not exceed the resource limits established by the office;

33 is eligible for Medicare Part A and Medicare Part B premiums,  
34 coinsurance, and deductibles

35 (2) A specified low-income Medicare beneficiary whose:  
36 (A) income does not exceed one hundred **seventy twenty**  
37 **1** percent (170%) **(120%)** of the federal income poverty  
38 level; and

41 is eligible for coverage of Medicare Part B premiums.

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(A) income does not exceed one hundred ~~eighty-five~~  
~~thirty-five~~ percent (~~185%~~) (~~135%~~) of the federal income  
poverty level; and

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

is eligible for coverage of Medicare Part B premiums.

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

SECTION 4. IC 12-15-14-8, AS AMENDED BY P.L.241-2023, SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 8. (a) The office may implement an end of therapy reclassification methodology in the RUG-IV, 48-Group model or its successor for payment of nursing facility services.

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

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

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

← SECTION 5. IC 12-15-34-14.5 IS REPEALED [EFFECTIVE UPON PASSAGE]. Sec. 14.5. (a) This section is effective beginning July 1, 2017.

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

— (c) 405 IAC 14.2.4(l) and any successor rule concerning reducing home health services reimbursement are void and may not be renewed or otherwise implemented.

► SECTION ~~46~~5. IC 29-1-14-1, AS AMENDED BY P.L.99-2024, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. (a) Except as provided in IC 29-1-7-7, all claims against a decedent's estate, other than expenses of administration and claims of the United States, the state, or a subdivision of the state, whether due or to become due, absolute or contingent, liquidated or unliquidated, founded on contract or otherwise, shall be forever barred against the estate, the personal representative, the heirs, devisees, and legatees of the decedent, unless filed with the court in which such estate is being administered within:

(1) three (3) months after the date of the first published notice to creditors; or

(2) three (3) months after the court has revoked probate of a will,



1                   in accordance with IC 29-1-7-21, if the claimant was named as  
2                   a beneficiary in that revoked will;  
3                   whichever is later.

9 (1) three (3) months after the date of the first published notice to  
10 creditors; or

14 whichever is later.

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

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

20 (f) Nothing in this section shall affect or prevent the enforcement  
21 of a claim for injury to person or damage to property arising out of  
22 negligence against the estate of a deceased tort feasor within the period  
23 of the statute of limitations provided for the tort action. A tort claim  
24 against the estate of the tort feasor may be opened or reopened and suit  
25 filed against the special representative of the estate within the period  
26 of the statute of limitations of the tort. Any recovery against the tort  
27 feasor's estate shall not affect any interest in the assets of the estate  
28 unless the suit was filed within the time allowed for filing claims  
29 against the estate. The rules of pleading and procedure in such cases  
30 shall be the same as apply in ordinary civil actions.

33                   (1) the unit files a claim in the court in which the decedent's  
34                   estate is being administered; or

35 (2) the unit opens an estate for the decedent and files a claim  
36 against the decedent in the estate;

37 not later than one hundred twenty (120) days after the date of death of  
38 the decedent.

SECTION ~~4~~<sup>6</sup>. An emergency is declared for this act. [

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