

HOUSE BILL No. 1391

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-10-10; IC 12-15.

Synopsis: Services for the aged and disabled. Amends the definition of "community and home care services" for purposes of community and home options to institutional care for the elderly and disabled program (CHOICE). Allows a local area agency on aging (area agency) to conduct certain: (1) outreach and education activities; and (2) evidence based activities and programs. Requires the division of aging (division) to develop and implement a process to reimburse an area agency from CHOICE funding for conducting these activities. Requires the division to reimburse an area agency in accordance with this process. Prohibits the division from requiring a CHOICE provider to be certified under a Medicaid waiver program. Requires the office of the secretary of family and social services (office of the secretary), in negotiating reimbursement rates for CHOICE services, to consider the location and availability of service providers. Allows the office of the secretary, a managed care organization that has contracted with the office of Medicaid policy and planning, and a person who has contracted with a certain managed care organization or the office of the secretary to contract with an area agency to provide and receive reimbursement for a level of care assessment for the: (1) health and wellness Medicaid waiver; (2) traumatic brain injury Medicaid waiver; and (3) risk based managed care program for the covered population.

Effective: July 1, 2025.

**Clere, Ledbetter, Goss-Reaves,
Shackleford**

January 13, 2025, read first time and referred to Committee on Public Health.



First Regular Session of the 124th General Assembly (2025)

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 2024 Regular Session of the General Assembly.

HOUSE BILL No. 1391

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 12-10-10-2, AS AMENDED BY P.L.209-2018,
- 2 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 3 JULY 1, 2025]: Sec. 2. As used in this chapter, "community and home
- 4 care services" means services provided within the limits of available
- 5 funding to an eligible individual. The term includes the following:
- 6 (1) Homemaker services and attendant care, including personal
- 7 care services.
- 8 (2) Respite care services and other support services for primary
- 9 or family caregivers.
- 10 (3) Adult day care services.
- 11 (4) Home health services and supplies.
- 12 (5) Home delivered meals.
- 13 (6) Transportation.
- 14 (7) Attendant care services provided by a registered personal
- 15 services attendant under IC 12-10-17.1 to persons described in
- 16 IC 12-10-17.1-6.
- 17 (8) Other services necessary to prevent institutionalization of



eligible individuals when feasible.

(9) Other services, not covered by Medicaid, including equipment and building modifications, necessary to:

(A) prevent individuals with intellectual or developmental disabilities from being institutionalized; and

(B) help an individual described in clause (A) to transition out of a health facility licensed under IC 16-28 or a group home (as defined by IC 31-9-2-48.5).

(10) Support services that provide education, resources, and strategies to help caregivers and family members of individuals with dementia.

SECTION 2. IC 12-10-10-6, AS AMENDED BY P.L.47-2009, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 6. (a) The community and home options to institutional care for the elderly and disabled program is established. The division shall administer the program and shall do the following:

(1) Adopt rules under IC 4-22-2 for the coordination of the program.

(2) Administer state and federal money for the program.

(3) Develop and implement a process for the management and operation of the program locally through the area agencies on aging based upon criteria developed by the division.

(4) Approve the selection of community and home care services providers based upon criteria developed by the division.

(5) Review and approve community and home care services plans developed by services providers.

(6) Provide training and technical assistance for the staff providers.

(7) Select or contract with agencies throughout Indiana to provide community and home care services.

(8) Assist the office in applying for Medicaid waivers from the United States Department of Health and Human Services to fund community and home care services needed by eligible individuals under this chapter.

(9) Have self-directed care options and services available for an eligible individual who chooses self-directed care services.

(10) Develop and implement a process to reimburse an area agency on aging from program funding for conducting the activities described in section 7.5 of this chapter.

(11) Reimburse an area agency on aging in accordance with the process described in subdivision (10).

(b) The division may not require a provider seeking to provide



1 services under the program to be certified under a Medicaid
2 waiver program.

3 SECTION 3. IC 12-10-10-7.5 IS ADDED TO THE INDIANA
4 CODE AS A NEW SECTION TO READ AS FOLLOWS
5 [EFFECTIVE JULY 1, 2025]: **Sec. 7.5. An area agency on aging may**
6 **do the following:**

7 (1) **Conduct outreach and education activities to increase**
8 **awareness of services available under this chapter.**

9 (2) **Conduct evidence based activities and programs to:**

10 (A) **promote the health and well being of;**

11 (B) **prevent disease in; or**

12 (C) **prevent institutional care of;**

13 **individuals at risk of losing their independence.**

14 SECTION 4. IC 12-10-10-12, AS ADDED BY P.L.246-2005,
15 SECTION 100, IS AMENDED TO READ AS FOLLOWS
16 [EFFECTIVE JULY 1, 2025]: **Sec. 12. (a)** The office of the secretary,
17 in consultation with the local area agencies on aging, shall negotiate
18 reimbursement rates for services provided under this chapter.

19 (b) Payments for services under this chapter may not be counted in
20 a Medicaid recipient's spend down requirement in IC 12-15.

21 (c) **In negotiating the reimbursement rates described in**
22 **subsection (a), the office of the secretary shall consider the:**

23 (1) **location; and**

24 (2) **availability;**

25 **of providers who provide services under this chapter.**

26 SECTION 5. IC 12-15-1.3-18.5 IS ADDED TO THE INDIANA
27 CODE AS A NEW SECTION TO READ AS FOLLOWS
28 [EFFECTIVE JULY 1, 2025]: **Sec. 18.5. (a)** As used in this section,
29 "office" includes the following:

30 (1) **The office of the secretary of family and social services.**

31 (2) **A managed care organization that has contracted with the**
32 **office of Medicaid policy and planning under this article.**

33 (3) **A person that has contracted with:**

34 (A) **the office of the secretary of family and social services;**

35 **or**

36 (B) **a managed care organization described in subdivision**

37 **(2).**

38 (b) **The office may contract with an area agency on aging to**
39 **provide and receive reimbursement for a level of care assessment**
40 **for the following:**

41 (1) **The health and wellness Medicaid waiver.**

42 (2) **The traumatic brain injury Medicaid waiver.**



SECTION 6. IC 12-15-12.5 IS ADDED TO THE INDIANA CODE
AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2025]:

Chapter 12.5. Managed Care for the Aging

Sec. 1. As used in this chapter, "area agency" means an area agency on aging designated by the bureau of aging and in-home services under IC 12-10-1-4.

Sec. 2. As used in this chapter, "covered population" means all Medicaid recipients who meet the criteria set forth in section 4 of this chapter.

Sec. 3. As used in this chapter, "office" includes the following:

- (1) The office of the secretary of family and social services.
- (2) A managed care organization that has contracted with the office of Medicaid policy and planning under this article.
- (3) A person that has contracted with:
 - (A) the office of the secretary of family and social services;
 - or
 - (B) a managed care organization described in subdivision (2).

Sec. 4. An individual is a member of the covered population if the individual:

- (1) is eligible to participate in the federal Medicare program (42 U.S.C. 1395 et seq.) and receives nursing facility services; or
- (2) is:
 - (A) at least sixty (60) years of age;
 - (B) blind, aged, or disabled; and
 - (C) receiving services through one (1) of the following:
 - (i) The aged and disabled Medicaid waiver.
 - (ii) A risk based managed care program for aged, blind, or disabled individuals who are not eligible to participate in the federal Medicare program.
 - (iii) The state Medicaid plan.

Sec. 5. The office may contract with an area agency to:

- (1) provide; and
- (2) receive reimbursement for;
 - a level of care assessment for the risk based managed care program for the covered population through an area agency's aging and disability resource center.

