April 7, 2023

ENGROSSED
HOUSE BILL No. 1513

DIGEST OF HB 1513 (Updated April 5, 2023 9:44 am - DI 140)

Citations Affected: IC 4-21.5; IC 12-7; IC 12-9; IC 12-11; IC 12-12; IC 12-13; IC 12-15; IC 31-37; noncode.

Synopsis: FSSA matters. Changes the name of the bureau of developmental disabilities services to the bureau of disabilities services. Removes certain members from the 211 advisory committee. Repeals Medicaid copayment provisions that: (1) require the office of the secretary of family and social services (office) to apply a copayment for certain Medicaid services; (2) require a recipient to make a copayment upon the receipt of services and for a provider not to

(Continued next page)

Effective: July 1, 2023.

Barrett, Porter, Cash, Olthoff

(SENATE SPONSOR — CHARBONNEAU)

January 19, 2023, read first time and referred to Committee on Public Health.
January 31, 2023, amended, reported — Do Pass. Referred to Committee on Ways and Means pursuant to Rule 127.
February 9, 2023, reported — Do Pass.
February 14, 2023, read second time, amended, ordered engrossed.
February 15, 2023, engrossed.
February 16, 2023, read third time, passed. Yeas 91, nays 0.

SENATE ACTION

February 27, 2023, read first time and referred to Committee on Health and Provider Services.
April 6, 2023, reported favorably — Do Pass; reassigned to Committee on Appropriations.

voluntarily waive a copayment; (3) set forth exemptions from copayment requirements; and (4) require the provider to charge the maximum allowable copayment. Allows for an enrollment fee, a premium, a copyament, or a similar charge to be imposed as a condition of an individual's eligibility for the healthy Indiana plan and the children's health insurance program. Removes a prohibition on the office from: (1) requiring certain providers to submit non-Medicaid revenue information in the provider's annual historical financial report; and (2) only requesting balance sheets from certain providers that apply directly to the provider's facility. Allows the office to implement an end of therapy reclassification methodology in a successor of the RUG-IV, 48-Group model for payment of nursing facility services.

April 7, 2023

First Regular Session of the 123rd General Assembly (2023)

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 2022 Regular Session of the General Assembly.

ENGROSSED
HOUSE BILL No. 1513

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:

SECTION 1. IC 4-21.5-3-6, AS AMENDED BY P.L.35-2016, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) Notice shall be given under this section concerning the following:

(1) A safety order under IC 22-8-1.1.

(2) Any order that:

(A) imposes a sanction on a person or terminates a legal right, duty, privilege, immunity, or other legal interest of a person;

(B) is not described in section 4 or 5 of this chapter or IC 4-21.5-4; and

(C) by statute becomes effective without a proceeding under this chapter if there is no request for a review of the order within a specified period after the order is issued or served.

(3) A notice of program reimbursement or equivalent determination or other notice regarding a hospital's reimbursement issued by the office of Medicaid policy and planning or by a contractor of the office of Medicaid policy and

planning regarding a hospital's year end cost settlement.

(4) A determination of audit findings or an equivalent determination by the office of Medicaid policy and planning or by a contractor of the office of Medicaid policy and planning arising from a Medicaid postpayment or concurrent audit of a hospital's Medicaid claims.

(5) A license suspension or revocation under:

(A) IC 24-4.4-2;

(B) IC 24-4.5-3;

(C) IC 28-1-29;

(D) IC 28-7-5;

(E) IC 28-8-4; or

(F) IC 28-8-5.

(6) An order issued by the secretary or the secretary's designee against providers regulated by the division of aging or the bureau of ~~developmental~~ disabilities services and not licensed by the ~~state~~ **Indiana** department of health under IC 16-27 or IC 16-28.

(b) When an agency issues an order described by subsection (a), the agency shall give notice to the following persons:

(1) Each person to whom the order is specifically directed.

(2) Each person to whom a law requires notice to be given.

A person who is entitled to notice under this subsection is not a party to any proceeding resulting from the grant of a petition for review under section 7 of this chapter unless the person is designated as a party in the record of the proceeding.

(c) The notice must include the following:

(1) A brief description of the order.

(2) A brief explanation of the available procedures and the time limit for seeking administrative review of the order under section 7 of this chapter.

(3) Any other information required by law.

(d) An order described in subsection (a) is effective fifteen (15) days after the order is served, unless a statute other than this article specifies a different date or the agency specifies a later date in its order. This subsection does not preclude an agency from issuing, under IC 4-21.5-4, an emergency or other temporary order concerning the subject of an order described in subsection (a).

(e) If a petition for review of an order described in subsection (a) is filed within the period set by section 7 of this chapter and a petition for stay of effectiveness of the order is filed by a party or another person who has a pending petition for intervention in the proceeding, an administrative law judge shall, as soon as practicable, conduct a

preliminary hearing to determine whether the order should be stayed in whole or in part. The burden of proof in the preliminary hearing is on the person seeking the stay. The administrative law judge may stay the order in whole or in part. The order concerning the stay may be issued after an order described in subsection (a) becomes effective. The resulting order concerning the stay shall be served on the parties and any person who has a pending petition for intervention in the proceeding. It must include a statement of the facts and law on which it is based.

SECTION 2. IC 12-7-2-24, AS AMENDED BY P.L.74-2022, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 24. "Bureau" means the following:

(1) For purposes of IC 12-10, the bureau of aging and in-home services established by IC 12-10-1-1.

(2) For purposes of IC 12-11, the bureau of ~~developmental~~ disabilities services established by IC 12-11-1.1-1.

(3) For purposes of IC 12-12, the rehabilitation services bureau of the division of disability and rehabilitative services established by IC 12-12-1-1.

SECTION 3. IC 12-9-1-3, AS AMENDED BY P.L.74-2022, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. The division consists of the following bureaus:

(1) The rehabilitation services bureau established by IC 12-12-1-1.

(2) The bureau of ~~developmental~~ disabilities services established by IC 12-11-1.1-1.

(3) The bureau of child development services established by IC 12-12.7-1-1.

SECTION 4. IC 12-9-4-3, AS AMENDED BY P.L.143-2022, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. The council consists of the following sixteen (16) members:

(1) The director.

(2) An individual representing The Arc of Indiana, appointed by The Arc of Indiana.

(3) An individual representing the Indiana Association of Rehabilitation Facilities (INARF), appointed by INARF.

(4) An individual representing the Self-Advocates of Indiana, appointed by the Self-Advocates of Indiana.

(5) A representative of the governor's council for people with disabilities established by IC 4-23-29-7, appointed by the director.

(6) A representative of a case management provider contracting

with the bureau of ~~developmental~~ disabilities services established by IC 12-11-1.1-1 to provide family supports Medicaid waiver and community integration habilitation Medicaid waiver case management services, appointed by the director.

(7) An individual representing the Indiana Association of Behavior Consultants, appointed by the Indiana Association of Behavior Consultants.

(8) An individual representing the Indiana Institute on Disability and Community, appointed by the Indiana Institute on Disability and Community.

(9) An individual representing the Indiana Resource Center for Families with Special Needs (INSOURCE), appointed by INSOURCE.

(10) An individual representing Indiana Disability Rights, appointed by Indiana Disability Rights.

(11) An individual representing Indiana Family to Family, appointed by Indiana Family to Family.

(12) Two (2) members, appointed by the director, each of whom is an individual with an intellectual or other developmental disability.

(13) Two (2) members, appointed by the director, each of whom is an immediate or extended family member of an individual with an intellectual or other developmental disability.

(14) One (1) member, appointed by the director, who is employed by an agency that provides services to people with intellectual or other developmental disabilities.

SECTION 5. IC 12-11-1.1-1, AS AMENDED BY P.L.74-2022, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) The bureau of ~~developmental~~ disabilities services is established within the division.

(b) The bureau shall plan, coordinate, and administer the provision of individualized, integrated community based services for individuals with a developmental disability and their families, within the limits of available resources. The planning and delivery of services must be based on future plans of the individual with a developmental disability rather than on traditional determinations of eligibility for discrete services, with an emphasis on the preferences of the individual with a developmental disability and that individual's family.

(c) Services for individuals with a developmental disability must be services that meet the following conditions:

(1) Are provided under public supervision.

(2) Are designed to meet the developmental needs of individuals

with a developmental disability.

(3) Meet all required state and federal standards.

(4) Are provided by qualified personnel.

(5) To the extent appropriate, are provided in home and community based settings in which individuals without disabilities participate.

(6) Are provided in conformity with a service plan developed under IC 12-11-2.1-2.

(d) The bureau shall approve entities to provide community based services and supports as follows:

(1) ~~Beginning July 1, 2011,~~ The bureau shall ensure that an entity approved to provide day services, identified day habilitation, including facility based or community based habilitation, prevocational services, or employment services under home and community based services waivers is accredited by an approved national accrediting body described in subsection (j).

(2) ~~Beginning July 1, 2012,~~ The bureau shall ensure that an entity approved to provide residential habilitation and support services under home and community based services waivers is accredited by an approved national accrediting body. ~~However, if an entity is accredited to provide home and community based services under subdivision (1) other than residential habilitation and support services, the bureau may extend the time that the entity has to comply with this subdivision until the earlier of the following:~~

~~(A) The completion of the entity's next scheduled accreditation survey.~~

~~(B) July 1, 2015.~~

(e) Subject to subsection (k), the bureau shall initially approve, reapprove, and monitor community based residential, habilitation, and employment service providers that provide alternatives to placement of individuals with a developmental disability in state institutions and health facilities licensed under IC 16-28 for individuals with a developmental disability. The services must simulate, to the extent feasible, patterns and conditions of everyday life that are as close as possible to the conditions in which individuals without disabilities participate. The community based service categories include the following:

(1) Supervised group living programs, which serve at least four (4) individuals and not more than eight (8) individuals, are funded by Medicaid, and are licensed by the division.

(2) Supported living service arrangements to meet the unique

needs of individuals in integrated settings. Supported living service arrangements providing residential services may not serve more than four (4) unrelated individuals in any one (1) setting. However, a program that:

(A) is in existence on January 1, 2013, as a supervised group living program described in subdivision (1); and

(B) has more than four (4) individuals residing as part of the program;

may convert to a supported living service arrangement under this subdivision and continue to provide services to up to the same number of individuals in the supported living setting.

(f) To the extent that services described in subsection (e) are available and meet the individual's needs, an individual is entitled to receive services in the least restrictive environment possible.

(g) Community based services under subsection (e)(1) or (e)(2) must consider the needs of and provide choices and options for:

(1) individuals with a developmental disability; and

(2) families of individuals with a developmental disability.

(h) The bureau shall administer a system of service coordination to carry out this chapter.

(i) The bureau may issue orders under IC 4-21.5-3-6 against a provider that violates rules issued by the bureau for programs in which the provider is providing services in accordance with section 11 of this chapter.

(j) For purposes of subsections (d) and (k), "approved national accrediting body" means any of the following:

(1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.

(2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor.

(3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.

(4) The ISO-9001 human services QA system.

(5) The Council on Accreditation, or its successor.

(6) An independent national accreditation organization approved by the secretary.

(k) An entity that is accredited by an approved national accrediting body is not subject to reapproval surveys or routine monitoring surveys by the division or bureau, including any reapproval survey under a home and community based services waiver. However, the bureau may perform validation surveys and complaint investigations of an entity accredited by an approved national accrediting body.

(l) The bureau shall monitor services provided by the following:

(1) An entity that provides services to an individual with funds provided by the bureau or under the authority of the bureau.

(2) An entity that has entered into a provider agreement under IC 12-15-11 to provide Medicaid in-home waiver services.

(m) The bureau shall establish and administer a complaint process for the following:

(1) An individual who receives services from an entity with funds provided through the bureau or under the authority of the bureau.

(2) An entity that has entered into a provider agreement under IC 12-15-11 to provide Medicaid in-home waiver services.

SECTION 6. IC 12-12-2-3, AS AMENDED BY P.L.114-2018, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) The commission consists of at least nineteen (19) members appointed by the governor as follows:

(1) At least one (1) representative of a statewide consumer organization of people with disabilities.

(2) At least one (1) representative of a statewide organization that advocates for people with intellectual and other developmental disabilities.

(3) At least one (1) representative of a statewide organization that advocates for people with a diagnosis of a mental illness or addiction.

(4) At least one (1) member representing current or former applicants for or recipients of vocational rehabilitation services.

(5) The chairperson of the statewide Independent Living Council or the chairperson's designee.

(6) At least one (1) representative of a parent training and information center established by the individuals with disabilities education act.

(7) The director of the client assistance program administered by the Indiana protection and advocacy services commission under IC 12-28-1-12, or a representative recommended by the director of the client assistance program.

(8) At least one (1) representative of community rehabilitation program service providers.

(9) Four (4) representatives of business, industry, and labor.

(10) The director of the rehabilitation services bureau who serves as an ex officio nonvoting member.

(11) A vocational rehabilitation counselor shall serve as a nonvoting member.

(12) A representative of a local workforce development board.

(13) A representative of the department of education.

(14) At least one (1) member who is a representative of the division of mental health and addiction who serves as a nonvoting member.

(15) At least one (1) member who is a representative of the bureau of ~~developmental~~ disabilities services who serves as a nonvoting member.

(16) At least one (1) representative representing a trade association of providers that deliver services to people with intellectual and other developmental disabilities.

(b) Not more than nine (9) members of the commission may be from the same political party.

(c) At least fifty-one percent (51%) of the commission must be persons with disabilities who are not employees of the rehabilitation services bureau.

SECTION 7. IC 12-13-16-9, AS AMENDED BY P.L.114-2022, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 9. (a) The 211 advisory committee is established. The advisory committee includes the following members appointed by the governor or the governor's designee:

(1) Two (2) members, each of whom represents a different Indiana United Way entity.

~~(2) Two (2) members who have experience working for or with Indiana 211 Partnership, Inc., or the Indiana 211 board of directors.~~

~~(3)~~ **(2)** Two (2) members, each of whom represents a different local service agency that receives referrals from 211.

~~(4)~~ **(3)** Seven (7) members representing the types of human services provided under this chapter.

~~(5)~~ **(4)** One (1) individual representing the Indiana Association of Rehabilitation Facilities.

(b) The initial members of the advisory committee serve the following terms:

(1) Three (3) members serve a term of one (1) year.

(2) Five (5) members serve a term of two (2) years.

(3) Five (5) members serve a term of four (4) years.

Members appointed to the advisory committee thereafter serve terms of four (4) years.

(c) The governor or the governor's designee shall appoint the chairperson of the advisory committee.

(d) The advisory committee shall do the following:

(1) Provide input and consultation regarding implementation and

administration of 211 services by the office of the secretary to ensure compliance with any requirements or obligations under this chapter.

(2) Advise the office of the secretary and make recommendations concerning the use of and goals for 211 services.

(e) The office of the secretary shall staff the advisory committee. The expenses of the advisory committee shall be paid by the office of the secretary.

(f) Each member of the advisory committee who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(g) Each member of the advisory committee who is a state employee is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

SECTION 8. IC 12-15-6-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. Except ~~as provided in section 2 of this chapter, and beginning July 1, 2002, except~~ as provided in IC 12-15-41, **IC 12-15-44.5, and IC 12-17.6,** an enrollment fee, a premium, **a copayment,** or a similar charge may not be imposed as a condition of an individual's eligibility for Medicaid.

SECTION 9. IC 12-15-6-2 IS REPEALED [EFFECTIVE JULY 1, 2023]. ~~Sec. 2. The office shall apply a copayment for certain types of Medicaid.~~

SECTION 10. IC 12-15-6-3 IS REPEALED [EFFECTIVE JULY 1, 2023]. ~~Sec. 3. (a) A copayment shall be made by the recipient of Medicaid upon receipt of assistance. If a recipient of Medicaid does not make the copayment, the office may not require the provider to collect the copayment. However, a provider may not voluntarily waive the copayment by the recipient under this section.~~

~~(b) The office may adopt rules under IC 4-22-2 to prescribe that the copayment amount is not deducted from the reimbursement to the provider for services provided by the provider if a recipient of Medicaid does not make the copayment.~~

SECTION 11. IC 12-15-6-4 IS REPEALED [EFFECTIVE JULY 1, 2023]. ~~Sec. 4. A copayment applies to all services except the following:~~

~~(1) Services furnished to individuals less than eighteen (18) years of age.~~

~~(2) Services furnished to pregnant women if the services relate to the pregnancy or to any other medical condition that might complicate the pregnancy.~~

~~(3) Emergency services as defined by regulations adopted by the Secretary of the United States Department of Health and Human Services.~~

~~(4) Family planning services and supplies described in 42 U.S.C. 1396d(a)(4)(C).~~

~~(5) Physical examinations to determine the need for medical services.~~

SECTION 12. IC 12-15-6-5 IS REPEALED [EFFECTIVE JULY 1, 2023]. ~~Sec. 5. A provider shall charge the maximum copayment allowable under federal statute or regulation.~~

SECTION 13. IC 12-15-14-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 2. (a) Payment of nursing facility services shall be determined in accordance with 42 U.S.C. 1396a(a)(13)(A) and any other applicable federal statutes or regulations governing such payments.

~~(b) The office may not require a provider to submit non-Medicaid revenue information in the provider's annual historical financial report. Non-Medicaid revenue information obtained by Medicaid auditors in the course of their audits may not be used for public reporting purposes.~~

~~(c) The office may only request complete balance sheet data that applies directly to the provider's facility. Complete balance sheet data acquired by the office under this subsection:~~

~~(1) is confidential; and~~

~~(2) may only be disclosed:~~

~~(A) in the aggregate; or~~

~~(B) for an individual facility;~~

~~if the office removes all non-Medicaid data.~~

~~(d)~~ **(b)** The office of the secretary shall adopt rules under IC 4-22-2 to implement the reimbursement system required by this section.

SECTION 14. IC 12-15-14-8, AS AMENDED BY P.L.165-2021, SECTION 140, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. (a) ~~Beginning July 1, 2018,~~ 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. 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 15. IC 12-15-44.5-3, AS AMENDED BY P.L.152-2017, SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) The healthy Indiana plan is established.

(b) The office shall administer the plan.

(c) The following individuals are eligible for the plan:

(1) The adult group described in 42 CFR 435.119.

(2) Parents and caretaker relatives eligible under 42 CFR 435.110.

(3) Low income individuals who are:

(A) at least nineteen (19) years of age; and

(B) less than twenty-one (21) years of age;

and eligible under 42 CFR 435.222.

(4) Individuals, for purposes of receiving transitional medical assistance.

An individual must meet the Medicaid residency requirements under IC 12-15-4-4 and this article to be eligible for the plan.

(d) The following individuals are not eligible for the plan:

(1) An individual who participates in the federal Medicare program (42 U.S.C. 1395 et seq.).

(2) An individual who is otherwise eligible and enrolled for medical assistance.

(e) The department of insurance and the office of the secretary shall provide oversight of the marketing practices of the plan.

(f) The office shall promote the plan and provide information to potential eligible individuals who live in medically underserved rural areas of Indiana.

(g) The office shall, to the extent possible, ensure that enrollment in the plan is distributed throughout Indiana in proportion to the number of individuals throughout Indiana who are eligible for participation in the plan.

(h) The office shall establish standards for consumer protection, including the following:

(1) Quality of care standards.

(2) A uniform process for participant grievances and appeals.

(3) Standardized reporting concerning provider performance, consumer experience, and cost.

(i) A health care provider that provides care to an individual who receives health coverage under the plan shall also participate in the Medicaid program under this article.

(j) The following do not apply to the plan:

~~(1) IC 12-15-6.~~

~~(2)~~ **(1)** IC 12-15-12.

~~(3)~~ **(2)** IC 12-15-13.

~~(4)~~ **(3)** IC 12-15-14.

~~(5)~~ **(4)** IC 12-15-15.

~~(6)~~ **(5)** IC 12-15-21.

~~(7)~~ **(6)** IC 12-15-26.

~~(8)~~ **(7)** IC 12-15-31.1.

~~(9)~~ **(8)** IC 12-15-34.

~~(10)~~ **(9)** IC 12-15-35.

~~(11)~~ **(10)** IC 16-42-22-10.

SECTION 16. IC 31-37-26-6, AS ADDED BY P.L.157-2021, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. (a) If the court determines that the juvenile is competent, the court shall proceed with the delinquency proceedings as provided by law. No statement that a child makes during an evaluation or hearing conducted under this chapter may be used against the child in any juvenile or adult proceeding.

(b) If the court determines that the juvenile is not competent, the court shall determine whether the child may attain competency within:

(1) one hundred eighty (180) days, if the child is alleged to have committed an act that would be a felony if committed by an adult; or

(2) ninety (90) days, if the child is alleged to have committed an act that would not be a felony if committed by an adult.

(c) If the court determines that the juvenile is not competent and will not attain competency within the relevant time periods as described in subsection (b), the court shall:

(1) dismiss the allegations without prejudice; or

(2) delay dismissing the allegations for not more than ninety (90) days and:

(A) refer the matter to the department and request that the department determine whether the child may be a child in need of services; or

(B) order a probation officer to:

(i) refer the child or the child's family to an entity certified or licensed by the division of mental health and addiction, or the bureau of ~~developmental~~ disabilities services; or

(ii) otherwise secure services to reduce the potential that the child will engage in behavior that could result in delinquent child or other criminal charges.

If the court determines that the options described in subdivisions (1) and (2) are not in the best interests of the child, the court may, if it appears to the court that a child is mentally ill, refer the matter to the court having probate jurisdiction for civil commitment proceedings under IC 12-26 or initiate a civil commitment proceeding under IC 12-26.

(d) If the court determines that the juvenile is not competent but is reasonably likely to attain competency within the relevant time periods as described in subsection (b), the court may order the child to participate in services, other than a state institution, specifically designed to help the child attain competency, to be paid by the department subject to the requirements described in IC 31-37. If the court orders the child to receive competency attainment services, the court shall:

(1) identify a qualified provider to deliver the competency attainment services; and

(2) order a probation officer to contact that provider by a specified date to arrange for services.

(e) Not later than ten (10) days after the court identifies the qualified competency attainment services provider as described in subsection (d), the court shall transmit to the provider a copy of each competency assessment report it has received for review. The provider shall return the copies of the reports to the court upon the termination of the services.

(f) Not later than thirty (30) days after the probation officer contacts the competency attainment services provider under subsection (d), the provider shall submit to the court a competency attainment plan for the court's approval. If the court approves the plan, the court shall provide copies of the plan to the prosecuting attorney, the child's attorney, the child's guardian ad litem, if any, and the child's parents, guardian, or custodian.

(g) Competency attainment services provided to a child are subject to the following conditions and time periods measured from the date the court approves the plan:

(1) Services shall be provided in the least restrictive setting that is consistent with the child's ability to attain competency, and the safety of both the child and the community. If the child has been released on a temporary or interim order and refuses or fails to cooperate with the provider, the court may reassess the order and

amend it to require a more appropriate setting.

(2) No child may be required to participate in competency attainment services for longer than is required for the child to attain competency. In addition, if a child is:

(A) in a nonresidential setting, the child may not be required to participate for more than:

(i) ninety (90) days if the child is charged with an act that would not be a felony if committed by an adult; or

(ii) one hundred eighty (180) days if the child is charged with an act that would be a felony or murder if committed by an adult;

(B) in a residential setting that is operated solely or in part for the purpose of providing competency attainment services, the child may not be ordered to participate for more than:

(i) forty-five (45) days if the child is charged with an act that would not be a felony if committed by an adult;

(ii) ninety (90) days if the child is charged with an act that would be a Level 4, Level 5, or Level 6 felony if committed by an adult; or

(iii) one hundred eighty (180) days if the child is charged with an act that would be murder or a Level 1, Level 2, or Level 3 felony if committed by an adult; and

(C) in a residential, detention, or other secured setting where the child has been placed for reasons other than to participate in competency attainment services, but where the child is also ordered to participate in competency attainment services, the child may not be required to participate for more than:

(i) ninety (90) days if the child is charged with an act that would not be a felony if committed by an adult; or

(ii) one hundred eighty (180) days if the child is charged with an act that would be a felony or murder if committed by an adult.

(h) The provider that provides the child's competency attainment services shall submit reports to the court as follows:

(1) The provider shall report on the child's progress every thirty (30) days, and upon the termination of services. The report may not include any details of the alleged offense as reported by the child.

(2) If the provider determines that the current setting is no longer the least restrictive setting that is consistent with the child's ability to attain competency and the safety of both the child and the community, the provider shall report this to the court within three

(3) days of the determination.

(3) If the provider determines that the child has achieved the goals of the plan and is able to understand the nature and objectives of the proceeding against the child and to assist in the child's defense, with or without reasonable accommodations, the provider shall issue a report informing the court of that determination within three (3) days of the determination. If the provider believes that accommodations are necessary or desirable, the report shall include recommendations for accommodations.

(4) If the provider determines that the child will not achieve the goals of the plan within the applicable period of time under this section, the provider shall issue a report informing the court of the determination within three (3) days of the determination. The report shall include recommendations for services for the child that would support the safety of the child or the community.

(i) The court shall provide a copy of any report received under subsection (h) to the following:

(1) The prosecuting attorney.

(2) The attorney representing the child.

(3) The child's guardian ad litem, if any.

(4) The child's parent, guardian, or custodian, unless the court finds that providing a copy of the report is not in the best interests of the child.

(j) Not later than fifteen (15) days after receiving a report under subsection (h), the court may hold a hearing to determine if it should issue a new order. The court may order a new competency evaluation if the court believes that it may assist the court in making its determination. The child shall continue to participate in competency attainment services until a new order is issued or the required period of participation ends.

(k) If, following a hearing held under subsection (j), the court determines that the child has not or will not attain competency within the relevant period of time under subsection (g), the court shall:

(1) dismiss the allegations without prejudice; or

(2) delay dismissing the allegations for not more than ninety (90) days and:

(A) refer the matter to the department and request that the department determine whether the child may be a child in need of services; or

(B) order a probation officer to:

(i) refer the child or the child's family to an entity certified or licensed by the division of mental health and addiction, or

the bureau of ~~developmental~~ disabilities services; or

(ii) otherwise secure services to reduce the potential that the child will engage in behavior that could result in delinquent child or other criminal charges.

If the court determines that the options described in subdivision (1) or (2) are not in the best interests of the child, the court may, if it appears to the court that a child is mentally ill, refer the matter to the court having probate jurisdiction for civil commitment proceedings under IC 12-26 or initiate a civil commitment proceeding under IC 12-26.

(l) If, following a hearing held under subsection (j), the court determines that the child is competent, the court shall proceed with the delinquency proceedings as described in subsection (a).

(m) Allegations dismissed under subsections (c) and (k) do not preclude:

(1) a future proceeding against the child if the child eventually attains competency; or

(2) a civil action against the child based on the conduct that formed the basis of the allegations against the child.

(n) A referral made under subsection (c) or (k) does not establish an obligation on the division of mental health and addiction, a state institution, or the bureau of ~~developmental~~ disabilities services to provide services to a referred child.

(o) Proceedings under this chapter do not toll the time limits under IC 31-37-11-5.

SECTION 17. [EFFECTIVE JULY 1, 2023] **(a) The publisher of the Indiana Administrative Code shall change any reference in the Indiana Administrative Code of the bureau of developmental disabilities services to the bureau of disabilities services.**

(b) This SECTION expires December 31, 2023.

COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1513, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 8, between lines 15 and 16, begin a new paragraph and insert:

"SECTION 1. IC 12-13-16-9, AS AMENDED BY P.L.114-2022, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 9. (a) The 211 advisory committee is established. The advisory committee includes the following members appointed by the governor or the governor's designee:

(1) Two (2) members, each of whom represents a different Indiana United Way entity.

~~(2) Two (2) members who have experience working for or with Indiana 211 Partnership, Inc., or the Indiana 211 board of directors.~~

~~(3)~~ **(2)** Two (2) members, each of whom represents a different local service agency that receives referrals from 211.

~~(4)~~ **(3)** Seven (7) members representing the types of human services provided under this chapter.

~~(5)~~ **(4)** One (1) individual representing the Indiana Association of Rehabilitation Facilities.

(b) The initial members of the advisory committee serve the following terms:

(1) Three (3) members serve a term of one (1) year.

(2) Five (5) members serve a term of two (2) years.

(3) Five (5) members serve a term of four (4) years.

Members appointed to the advisory committee thereafter serve terms of four (4) years.

(c) The governor or the governor's designee shall appoint the chairperson of the advisory committee.

(d) The advisory committee shall do the following:

(1) Provide input and consultation regarding implementation and administration of 211 services by the office of the secretary to ensure compliance with any requirements or obligations under this chapter.

(2) Advise the office of the secretary and make recommendations concerning the use of and goals for 211 services.

(e) The office of the secretary shall staff the advisory committee. The expenses of the advisory committee shall be paid by the office of the secretary.

(f) Each member of the advisory committee who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(g) Each member of the advisory committee who is a state employee is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1513 as introduced.)

BARRETT

Committee Vote: yeas 13, nays 0.

COMMITTEE REPORT

Mr. Speaker: Your Committee on Ways and Means, to which was referred House Bill 1513, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

(Reference is to HB 1513 as printed January 31, 2023.)

THOMPSON

Committee Vote: Yeas 24, Nays 0

HOUSE MOTION

Mr. Speaker: I move that House Bill 1513 be amended to read as follows:

Page 9, delete lines 22 through 27, begin a new paragraph and insert:

"SECTION 8. IC 12-15-6-1 IS AMENDED TO READ AS

FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. Except ~~as provided in section 2 of this chapter, and beginning July 1, 2002, except~~ as provided in IC 12-15-41, **IC 12-15-44.5, and IC 12-17.6,** an enrollment fee, a premium, **a copayment,** or a similar charge may not be imposed as a condition of an individual's eligibility for Medicaid.".

Page 11, between lines 7 and 8, begin a new paragraph and insert:

"SECTION 15. IC 12-15-44.5-3, AS AMENDED BY P.L.152-2017, SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) The healthy Indiana plan is established.

(b) The office shall administer the plan.

(c) The following individuals are eligible for the plan:

(1) The adult group described in 42 CFR 435.119.

(2) Parents and caretaker relatives eligible under 42 CFR 435.110.

(3) Low income individuals who are:

(A) at least nineteen (19) years of age; and

(B) less than twenty-one (21) years of age;

and eligible under 42 CFR 435.222.

(4) Individuals, for purposes of receiving transitional medical assistance.

An individual must meet the Medicaid residency requirements under IC 12-15-4-4 and this article to be eligible for the plan.

(d) The following individuals are not eligible for the plan:

(1) An individual who participates in the federal Medicare program (42 U.S.C. 1395 et seq.).

(2) An individual who is otherwise eligible and enrolled for medical assistance.

(e) The department of insurance and the office of the secretary shall provide oversight of the marketing practices of the plan.

(f) The office shall promote the plan and provide information to potential eligible individuals who live in medically underserved rural areas of Indiana.

(g) The office shall, to the extent possible, ensure that enrollment in the plan is distributed throughout Indiana in proportion to the number of individuals throughout Indiana who are eligible for participation in the plan.

(h) The office shall establish standards for consumer protection, including the following:

(1) Quality of care standards.

(2) A uniform process for participant grievances and appeals.

(3) Standardized reporting concerning provider performance, consumer experience, and cost.

(i) A health care provider that provides care to an individual who

receives health coverage under the plan shall also participate in the Medicaid program under this article.

(j) The following do not apply to the plan:

~~(1) IC 12-15-6.~~

~~(2)~~ **(1)** IC 12-15-12.

~~(3)~~ **(2)** IC 12-15-13.

~~(4)~~ **(3)** IC 12-15-14.

~~(5)~~ **(4)** IC 12-15-15.

~~(6)~~ **(5)** IC 12-15-21.

~~(7)~~ **(6)** IC 12-15-26.

~~(8)~~ **(7)** IC 12-15-31.1.

~~(9)~~ **(8)** IC 12-15-34.

~~(10)~~ **(9)** IC 12-15-35.

~~(11)~~ **(10)** IC 16-42-22-10.".

Renumber all SECTIONS consecutively.

(Reference is to HB 1513 as printed February 9, 2023.)

BARRETT

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1513, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS and be reassigned to the Senate Committee on Appropriations.

(Reference is to HB 1513 as reprinted February 15, 2023.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 10, Nays 0