

SENATE BILL No. 384

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-7-2-44.9; IC 12-15.

Synopsis: Medicaid buy-in program. Removes consideration of countable resources in determining an individual's eligibility for participation in the Medicaid buy-in program (program). Prohibits the office of the secretary of family and social services (office of the secretary) from considering resources and whether the individual participated in a specified program in determining the individual's eligibility or continuous eligibility for the program. Allows a recipient's participation in an employment network recognized by the federal Social Security Administration to qualify as participating with an approved provider of employment services. Changes minimum and maximum premiums that a recipient must pay and how the amount of premium is calculated for the program. Requires that the premium scale be promulgated by administrative rule. Allows the office of the secretary to annually review the premium amount that a recipient must pay in the program. (Current law requires annual review of the premium amount.) Specifies changes in circumstances that must result in an adjustment of the premium. Specifies that a recipient in the program is eligible for the same services as offered in the Medicaid program. States that an individual's participation in the program does not preclude the individual from participating in a Medicaid waiver program. Specifies that a recipient of the program may simultaneously participate in a Medicaid waiver program and requires the office of the secretary to individually determine eligibility for both programs based on the individual's medical need requirements.

Effective: July 1, 2022.

Yoder

January 11, 2022, read first time and referred to Committee on Health and Provider Services.



Second Regular Session of the 122nd General Assembly (2022)

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 2021 Regular Session of the General Assembly.

SENATE BILL No. 384

A BILL FOR AN ACT to amend the Indiana Code concerning Medicaid.

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

- 1 SECTION 1. IC 12-7-2-44.9 IS REPEALED [EFFECTIVE JULY
- 2 1, 2022]. ~~Sec. 44.9: "Countable resources"; for purposes of~~
- 3 ~~IC 12-15-41, has the meaning set forth in IC 12-15-41-2.~~
- 4 SECTION 2. IC 12-15-2-6.5 IS AMENDED TO READ AS
- 5 FOLLOWS [EFFECTIVE JULY 1, 2022]: ~~Sec. 6.5. Notwithstanding~~
- 6 ~~section 6 of this chapter, beginning July 1, 2002, An individual who~~
- 7 ~~meets the requirements of IC 12-15-41 is eligible for Medicaid.~~
- 8 SECTION 3. IC 12-15-41-2 IS REPEALED [EFFECTIVE JULY 1,
- 9 2022]. ~~Sec. 2: As used in this chapter, "countable resources" means all~~
- 10 ~~cash, other liquid assets, real property, and personal property owned by~~
- 11 ~~an applicant for or a recipient of Medicaid under this chapter, or the~~
- 12 ~~spouse of an applicant or a recipient, that could be converted to cash to~~
- 13 ~~be used for support or maintenance, except the following:~~
- 14 (1) ~~All resources disregarded by the office under this article for~~
- 15 ~~the purpose of determining eligibility for Medicaid.~~
- 16 (2) ~~Any resource eligible for exclusion under 42 U.S.C.~~
- 17 ~~1396a(r)(2), including a retirement account established under 26~~



1 U.S.C. 220 and held by either the applicant or recipient or the
 2 applicant's or recipient's spouse.

3 (3) Subject to approval by the office, not more than twenty
 4 thousand dollars (\$20,000) in independence and self-sufficiency
 5 accounts held by the applicant or recipient for the sole purpose of
 6 purchasing goods or services, including assistive technology and
 7 personal assistance, that:

8 (A) will increase the employability or independence of the
 9 applicant or recipient; and

10 (B) are not services to which the recipient is entitled under
 11 Medicaid or any other publicly funded program.

12 SECTION 4. IC 12-15-41-4 IS AMENDED TO READ AS
 13 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 4. (a) To participate in
 14 the buy-in program beginning July 1, 2002, an individual must meet the
 15 following eligibility requirements: ~~under IC 12-15-2-6, except as~~
 16 follows:

17 (1) The individual has a severe medically determinable
 18 impairment without regard to the individual's employment status.

19 (2) The individual must be at least sixteen (16) years of age but
 20 not more than sixty-four (64) years of age.

21 (3) The individual must be engaged in a substantial and
 22 reasonable work effort as determined by the office and as
 23 permitted by federal law.

24 ~~(4) The individual does not have countable resources that exceed~~
 25 ~~the resource limits for the federal Supplemental Security Income~~
 26 ~~program (42 U.S.C. 1382).~~

27 ~~(5) (4) The individual's annual gross income does not exceed~~
 28 ~~three hundred fifty percent (350%) of the federal income poverty~~
 29 ~~level for an individual. In determining an individual's income~~
 30 ~~under this subdivision, the office may not consider the following:~~

31 (A) The income of the individual's spouse.

32 (B) Income disregarded under the state Medicaid plan's
 33 financial methodology, including income disregarded under
 34 the federal Supplemental Security Income program (42 U.S.C.
 35 1382) as impairment related work expenses (IRWE).

36 (b) Beginning July 1, 2022, in determining an individual's
 37 eligibility and continuous eligibility for the buy-in program, the
 38 office of the secretary may not consider:

39 (1) any resource limitations, including resources of the
 40 individual's spouse, if applicable; or

41 (2) whether the individual is a current or past beneficiary of:
 42 (A) the federal Social Security Administration program; or



1 **(B) the Medicaid program as an individual with a disability**
 2 **under IC 12-15-2-3.5.**

3 SECTION 5. IC 12-15-41-5 IS AMENDED TO READ AS
 4 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 5. An individual who
 5 is enrolled in the buy-in program and who no longer meets the
 6 eligibility requirements set forth in section 4 of this chapter due to an
 7 improvement in the individual's medical condition continues to be
 8 eligible for Medicaid coverage under the buy-in program if the
 9 individual meets the following requirements:

10 (1) The individual continues to have a severe medically
 11 determinable impairment, as determined by the office and as
 12 allowed by federal law.

13 (2) The individual is employed and earning a monthly wage that
 14 is not less than the federal minimum hourly wage times forty (40).

15 (3) The individual does not have income ~~or countable resources~~
 16 in excess of the limits established under section 4 of this chapter.

17 (4) The individual is at least sixteen (16) years of age and less
 18 than sixty-five (65) years of age.

19 (5) The individual pays any premiums ~~or other cost sharing~~
 20 required under this chapter.

21 (6) The individual meets all other eligibility requirements under
 22 this chapter.

23 SECTION 6. IC 12-15-41-6 IS AMENDED TO READ AS
 24 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 6. (a) An individual
 25 who is enrolled in the buy-in program and who is unable to maintain
 26 employment for involuntary reasons, including temporary leave due to
 27 a health problem or involuntary termination, continues to be eligible for
 28 Medicaid coverage under the buy-in program if the individual meets
 29 the following requirements:

30 (1) Within sixty (60) days after the date on which the individual
 31 becomes unemployed, the individual, or an authorized
 32 representative of the individual, submits a ~~written~~ request to the
 33 office that the individual's Medicaid coverage be continued.

34 (2) The individual maintains a connection to the workforce during
 35 the individual's continued eligibility period by participating in at
 36 least one (1) of the following activities:

37 (A) Enrollment in a state or federal vocational rehabilitation
 38 program.

39 (B) Enrollment or registration with the office of workforce
 40 development.

41 (C) Participation in a transition from school to work program.

42 (D) Participation with an approved provider of employment



- 1 services, **including an employment network recognized by**
 2 **the federal Social Security Administration.**
 3 (E) Provision of documentation from the individual's employer
 4 that the individual is on temporary involuntary leave.
 5 (3) The individual does not have income ~~or countable resources~~
 6 in excess of the limits established under section 4 of this chapter.
 7 (4) The individual is at least sixteen (16) years of age and less
 8 than sixty-five (65) years of age.
 9 (5) The individual pays any premiums ~~or other cost sharing~~
 10 required under this chapter.
 11 (6) The individual meets all other eligibility requirements under
 12 this chapter.
 13 (b) The office shall continue Medicaid coverage under the buy-in
 14 program for an individual described in subsection (a) for up to twelve
 15 (12) months from the date of the individual's involuntary loss of
 16 employment.
 17 (c) If an individual is ineligible for continued coverage under the
 18 buy-in program because the individual:
 19 (1) fails to meet the requirements of subsection (a); or
 20 (2) has already met twelve (12) months of continuing eligibility
 21 under this section;
 22 the individual must meet the **applicable** eligibility requirements of
 23 ~~IC 12-15-2-6~~ **this article** to continue to be eligible for Medicaid.
 24 SECTION 7. IC 12-15-41-7 IS AMENDED TO READ AS
 25 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 7. (a) The office shall
 26 develop a sliding scale of premiums for individuals participating in the
 27 buy-in program.
 28 (b) The sliding scale of premiums required under subsection (a)
 29 must:
 30 (1) be based on the annual gross income of the individual and, if
 31 married, the individual's spouse; and
 32 (2) provide for a minimum monthly premium of ~~twenty-five~~
 33 ~~dollars (\$25)~~ **five dollars (\$5)** and a maximum monthly premium
 34 of two hundred ~~seventy-five dollars (\$275).~~ **(\$200).**
 35 (c) Subject to the minimum and maximum amounts described in
 36 subsection (b), the office may annually adjust the scale of premiums
 37 adopted under this section **only by administrative rule under**
 38 **IC 4-22-2.**
 39 SECTION 8. IC 12-15-41-8 IS AMENDED TO READ AS
 40 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 8. ~~(a) An individual~~
 41 ~~whose gross annual income, including the gross annual income of the~~
 42 ~~individual's spouse, if married, is less than one hundred fifty percent~~



1 (~~150%~~) of the federal income poverty level for the size of the
 2 individual's or couple's family may not be required to pay a premium
 3 to participate in the buy-in program.

4 (b) An individual whose gross annual income, including the gross
 5 annual income of the individual's spouse, if married, is at least one
 6 hundred fifty percent (~~150%~~) but not more than three hundred fifty
 7 percent (~~350%~~) of the federal income poverty level for the size of the
 8 individual's or couple's family, must pay a monthly premium in an
 9 amount equal to:

10 (1) ~~the lesser of:~~

11 (A) the amount prescribed by the sliding scale developed by
 12 the office under section 7 of this chapter; ~~or~~

13 (B) ~~seven and one-half percent (7 1/2%) of the individual's or~~
 14 ~~couple's gross annual income divided by twelve (12);~~ minus

15 (2) the monthly amount of any premium paid by the individual,
 16 the individual's spouse, or the individual's parent for health
 17 insurance that covers the individual.

18 SECTION 9. IC 12-15-41-9 IS AMENDED TO READ AS
 19 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 9. (a) The office ~~shall~~
 20 **may** annually review the amount of the premium that an individual is
 21 required to pay under section 8 of this chapter.

22 (b) In addition to the annual review ~~required~~ under subsection (a),
 23 the office shall adjust the premium that an individual is required to pay
 24 under section 8 of this chapter if:

25 (1) a change in the individual's income or family size is verified;
 26 ~~and~~

27 **(2) there is a verified change in the amount of any premiums**
 28 **paid by the individual, the individual's spouse, or the**
 29 **individual's parent for health insurance that covers the**
 30 **individual;**

31 ~~(2)~~ **(3)** the sliding scale adopted under section 7 of this chapter
 32 applied to the individual's changed circumstances prescribes a
 33 premium for the individual that is different from the premium the
 34 individual is paying; ~~or~~

35 **(4) the office determines that an error was made in calculating**
 36 **the individual's premiums.**

37 SECTION 10. IC 12-15-41-10 IS AMENDED TO READ AS
 38 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 10. To the greatest
 39 extent possible, the office shall use the same administrative procedures
 40 regarding premiums for the buy-in program as are used for the
 41 children's health insurance program established under IC 12-17.6,
 42 including



1 (†) the effect of nonpayment of a premium. ~~and~~
 2 (2) the collection of premiums.

3 SECTION 11. IC 12-15-41-12 IS AMENDED TO READ AS
 4 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 12. **(a)** Except as
 5 otherwise provided in this chapter, an individual participating in the
 6 buy-in program:
 7 (1) shall **be eligible to** receive the same benefits, including home
 8 health care services and **other services set forth in IC 12-15-5-1,**
 9 **as a Medicaid recipient; and**
 10 (2) is subject to the same requirements, including cost sharing;
 11 **may not preclude the individual from also participating in a**
 12 **Medicaid waiver program.**
 13 as an individual receiving Medicaid under IC 12-15-2-6.

14 **(b) If an individual is participating in both the buy-in program**
 15 **and a Medicaid waiver program, the office of the secretary shall**
 16 **disregard the following concerning the Medicaid waiver program**
 17 **ensuring the individual's joint participation:**
 18 (1) **Income requirements.**
 19 (2) **Resource requirements.**
 20 (3) **Cost-sharing requirements.**

21 **The office of the secretary shall determine eligibility on an**
 22 **individual basis using medical need requirements of the individual**
 23 **for an individual seeking to simultaneously participate in the**
 24 **buy-in program and a Medicaid waiver program.**

