

PROPOSED AMENDMENT

HB 1001 # 21

DIGEST

Medicaid buy-in. Amends the definition of "countable resources" for purposes of the Medicaid buy-in program (program). Removes consideration of income in determining an individual's eligibility for participation in the program. Requires the office of the secretary of family and social services (office of the secretary) to apply for a state plan amendment or waiver to implement this provision. Increases the maximum age to be eligible for participation in the program from 64 years of age to 67 years of age. 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 the monthly maximum premium that a recipient must pay. 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.

- 1 Page 110, between lines 32 and 33, begin a new paragraph and
2 insert:
3 "SECTION 59. IC 12-15-41-2, AS AMENDED BY P.L.197-2011,
4 SECTION 42, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2025]: Sec. 2. As used in this chapter, "countable resources"
6 means all cash, other liquid assets, real property, and personal property
7 owned by an applicant for or a recipient of Medicaid under this
8 chapter, or the spouse of an applicant or a recipient, that could be
9 converted to cash to be used for support or maintenance, except the
10 following:
11 (1) All resources disregarded by the office under this article for
12 the purpose of determining eligibility for Medicaid.
13 (2) Any resource eligible for exclusion under 42 U.S.C.
14 1396a(r)(2), including a retirement account established under 26
15 U.S.C. 220 and held by either the applicant or recipient or the
16 applicant's or recipient's spouse.
17 (3) ~~Subject to approval by the office;~~ Not more than twenty

thousand dollars (\$20,000) ~~in independence and self-sufficiency~~
~~accounts held by the applicant or recipient for the sole purpose of~~
~~purchasing goods or services, including assistive technology and~~
~~personal assistance; that~~

~~(A) will~~ **can be used to** increase the employability,
self-sufficiency, or independence of the applicant or recipient.
~~and~~

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

SECTION 60. IC 12-15-41-4 IS AMENDED TO READ AS
 FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 4. To participate in the
 buy-in program, ~~beginning July 1, 2002~~, an individual must meet the
following eligibility requirements: ~~under IC 12-15-2-6, except as~~
~~follows:~~

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

(2) The individual must be at least sixteen (16) years of age but
 not more than ~~sixty-four (64)~~ **sixty-seven (67)** years of age.

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

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

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

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

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

SECTION 61. IC 12-15-41-5 IS AMENDED TO READ AS
 FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 5. An individual who
 is enrolled in the buy-in program and who no longer meets the
 eligibility requirements set forth in section 4 of this chapter due to an
 improvement in the individual's medical condition continues to be
 eligible for Medicaid coverage under the buy-in program if the
 individual meets the following requirements:

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

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

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

(4) The individual is at least sixteen (16) years of age and less than ~~sixty-five (65)~~ **sixty-seven (67)** years of age.

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

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

SECTION 62. IC 12-15-41-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 6. (a) An individual who is enrolled in the buy-in program and who is unable to maintain employment for involuntary reasons, including temporary leave due to a health problem or involuntary termination, continues to be eligible for Medicaid coverage under the buy-in program if the individual meets the following requirements:

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

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

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

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

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

(D) Participation with an approved provider of employment services, **including an employment network recognized by the federal Social Security Administration.**

(E) Provision of documentation from the individual's employer that the individual is on temporary involuntary leave.

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

(4) The individual is at least sixteen (16) years of age and less

1 than ~~sixty-five (65)~~ **sixty-seven (67)** years of age.

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

4 (6) The individual meets all other eligibility requirements under
5 this chapter.

6 (b) The office shall continue Medicaid coverage under the buy-in
7 program for an individual described in subsection (a) for up to twelve
8 (12) months from the date of the individual's involuntary loss of
9 employment.

10 (c) If an individual is ineligible for continued coverage under the
11 buy-in program because the individual:

12 (1) fails to meet the requirements of subsection (a); or

13 (2) has already met twelve (12) months of continuing eligibility
14 under this section;

15 the individual must meet the **applicable** eligibility requirements of
16 ~~IC 12-15-2-6~~ **this article** to continue to be eligible for Medicaid.

17 SECTION 63. IC 12-15-41-7 IS AMENDED TO READ AS
18 FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 7. (a) The office shall
19 develop a sliding scale of premiums for individuals participating in the
20 buy-in program.

21 (b) The sliding scale of premiums required under subsection (a)
22 must:

23 (1) be based on the annual gross income of the individual and, if
24 married, the individual's spouse; and

25 (2) provide for a minimum monthly premium of twenty-five
26 dollars (\$25) and a maximum monthly premium of ~~two hundred~~
27 ~~seventy-five dollars (\$275)~~ **five hundred dollars (\$500)**.

28 (c) Subject to the minimum and maximum amounts described in
29 subsection (b), the office may annually adjust the scale of premiums
30 adopted under this section **only by administrative rule under**
31 **IC 4-22-2**.

32 SECTION 64. IC 12-15-41-8 IS AMENDED TO READ AS
33 FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 8. (a) An individual
34 whose gross annual income, including the gross annual income of the
35 individual's spouse, if married, is less than one hundred fifty percent
36 (150%) of the federal income poverty level for the size of the
37 individual's or couple's family may not be required to pay a premium
38 to participate in the buy-in program.

39 (b) An individual whose gross annual income, including the gross
40 annual income of the individual's spouse, if married, is at least one

hundred fifty percent (150%) ~~but not more than three hundred fifty percent (350%)~~ of the federal income poverty level for the size of the individual's or couple's family, must pay a monthly premium in an amount equal to:

(1) the lesser of:

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

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

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

SECTION 65. IC 12-15-41-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 9. (a) The office ~~shall~~ **may** annually review the amount of the premium that an individual is required to pay under section 8 of this chapter.

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

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

~~and~~

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

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

(4) the office determines that an error was made in calculating the individual's premium.

SECTION 66. IC 12-15-41-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 10. To the greatest extent possible, the office shall use the same administrative procedures regarding premiums for the buy-in program as are used for the children's health insurance program established under IC 12-17.6, including

~~(1)~~ **(1)** the effect of nonpayment of a premium. ~~and~~

~~(2) the collection of premiums.~~

SECTION 67. IC 12-15-41-12 IS AMENDED TO READ AS

FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 12. **(a)** Except as otherwise provided in this chapter, an individual participating in the buy-in program:

(1) shall **be eligible to** receive the same benefits, including home health care services and **other services set forth in IC 12-15-5-1, as a Medicaid recipient; and**

(2) ~~is subject to the same requirements, including cost sharing;~~ **may not be precluded from also participating in a Medicaid waiver program.**

~~as an individual receiving Medicaid under IC 12-15-2-6.~~

(b) If an individual is participating in both the buy-in program and a Medicaid waiver program, the office of the secretary shall disregard the following concerning the Medicaid waiver program ensuring the individual's joint participation:

(1) Income requirements.

(2) Resource requirements.

(3) Cost sharing requirements.

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

Page 120, between lines 30 and 31, begin a new paragraph and insert:

"SECTION 86. [EFFECTIVE JULY 1, 2025] (a) As used in this SECTION, "office" refers to the office of the secretary of family and social services established by IC 12-8-1.5-1.

(b) The office shall apply to the United States Department of Health and Human Services for a state plan amendment or waiver necessary to implement IC 12-15-41-4, as amended by this act.

(c) This SECTION expires December 31, 2027."

Renumber all SECTIONS consecutively.

(Reference is to HB 1001 as introduced.)