
Synopsis: Community health workers and Medicaid. Requires Medicaid to provide community health services at a calendar month of either: (1) not more than 30 units; or (2) a greater monthly unit amount, as determined by the office of the secretary of family and social services. Includes community health workers as a provider of telemedicine under the Medicaid program.

Effective: July 1, 2021.
HOUSE BILL No. 1147

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

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

SECTION 1. IC 12-15-5-6.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 6.5. (a) Community health services are provided for a Medicaid recipient per calendar month at either:

(1) not more than thirty (30) units, with one (1) unit consisting of thirty (30) minutes; or

(2) a monthly unit amount greater than subdivision (1), as determined by the office.

(b) The office shall apply to the United States Department of Health and Human Services for any Medicaid state plan amendment or waiver necessary to implement this section.

SECTION 2. IC 12-15-5-11, AS AMENDED BY P.L.150-2017, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 11. (a) As used in this section, "telehealth services" means the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across a
(b) As used in this section, "telemedicine services" has the meaning set forth for "telemedicine" in IC 25-1-9.5-6.

(c) The office shall reimburse a Medicaid provider who is licensed as a home health agency under IC 16-27-1 for telehealth services.

(d) The office shall reimburse the following Medicaid providers for medically necessary telemedicine services:

(1) A federally qualified health center (as defined in 42 U.S.C. 1396d(l)(2)(B)).

(2) A rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)).

(3) A community mental health center certified under IC 12-21-2-3(5)(C).

(4) A critical access hospital that meets the criteria under 42 CFR 485.601 et seq.

(5) A provider, as determined by the office to be eligible, providing a covered telemedicine service.

(6) A community health worker.

(e) The office may not impose any distance restrictions on providers of telehealth services or telemedicine services. Before December 31, 2021, the office shall do the following:

(1) Submit a Medicaid state plan amendment with the United States Department of Health and Human Services that eliminates distance restrictions for telehealth services or telemedicine services in the state Medicaid plan.

(2) Issue a notice of intent to adopt a rule to amend any administrative rules that include distance restrictions for the provision of telehealth services or telemedicine services.

(f) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.

(g) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.