

State Budget Committee  
Meeting Minutes  
March 26, 2015

**Members:**

Senator Luke Kenley, Chairman  
Senator Karen Tallian  
Representative Tim Brown  
Representative Terry Goodin  
Brian Bailey, State Budget Director

**Alternate Members:**

Senator Ryan Mishler  
Senator John Broden  
Representative Sheila Klinker  
Representative Robert Cherry

The State Budget Committee members independently considered the following items on March 26, 2015

**Review Items**

**1.) §1915(b) Waiver – Hoosier Care Connect**

**Authority: Social Security Act § 1915(b) (42 USC §1396n (b))**

House Enrolled Act 1328 (HEA 1328) passed by the Indiana General Assembly in 2013 tasked the Indiana Family and Social Service Administration's (FSSA) Office of Medicaid Policy and Planning (OMPP) with submission of a report to the Interim Study Committee on Public Health, Behavioral Health, and Human Services regarding options for managing care for Indiana Medicaid's aged, blind and disabled population. In response to HEA 1328, FSSA convened the Aged, Blind and Disabled Task Force (Task Force). The Task Force undertook a comprehensive analysis of current Indiana Medicaid enrollment, expenditures and programming. Additionally, it reviewed nationwide trends and Medicaid managed care strategies available for disabled populations. Throughout this process, stakeholder feedback was garnered through a variety of strategies. Stakeholders were invited to provide proposals or ideas to the Task Force. Additionally, a stakeholder survey was developed and distributed with a total of 143 surveys returned representing providers, consumers, advocates and other stakeholders. The process undertaken by the Task Force, lessons learned, and goals garnered through stakeholder feedback, laid the foundation for development of Hoosier Care Connect.

Hoosier Care Connect is a new coordinated care program for Indiana Medicaid enrollees age 65 and over, or with blindness or a disability who are residing in the community and are not eligible for Medicare. Voluntary enrollment through an opt-in process is also available to

wards of the State, children receiving adoption assistance, foster children and former foster children. Enrollees will select a managed care organization (MCO) responsible for coordinating care in partnership with the individual's medical provider(s). Hoosier Care Connect enrollees will receive all Medicaid covered benefits in addition to care coordination services. Care coordination services will be individualized based on an enrollee's assessed level of need determined through a health screening.

Hoosier Care Connect will be implemented April 1, 2015, and will replace the State's current primary care case management (PCCM) program, Care Select. The state submitted the waiver to the federal government on December 18, 2014 and received approval on March 17, 2015.

**Fiscal Impact (in millions):**

○ Federal Share:	FFY 2015 (\$6.97)	FFY 2016 (\$37.59)
○ State Share:		
Medicaid Assist.	FFY 2015 (\$2.54)	FFY2016 (\$8.23)
HAF Fund	FFY2015 (\$1.05)	FFY2016 (\$10.62)
○ Federal Share	SFY 2015 (\$3.64)	SFY 2016 (\$26.98)
○ State Share:		
Medicaid Assist.	SFY2015 (\$1.39)	SFY 2016 (\$5.42)
HAF Fund	SFY2015 (\$.57)	SFY2016 (\$8.12)

**2) Expansion of Presumptive Eligibility – State Plan Amendment 15-005, MM5**

**Authority: Section 1902(a)(47)(B) of the Social Security Act**

Section 2202 of the Affordable Care Act (ACA) added Section 1902(a) (47) (B) of the Social Security Act to give hospitals the option to determine presumptive eligibility for Medicaid. Indiana implemented the process for hospitals effective January 1, 2014. With the approval of the HIP 2.0 Waiver, Indiana is expanding the presumptive eligibility program in two ways:

- Adding the adult group as an eligible population and
- Adding additional provider types that are able to perform presumptive eligibility determinations.

The expansion of the IHCP Presumptive Eligibility process will be effective April 1, 2015. The following groups of individuals may be found presumptively eligible for Medicaid/HIP:

- Pregnant women
- Infants and children under age 19
- Parents and other caretaker relatives
- Adult group (HIP)
- Individuals eligible for Family Planning Services
- Former foster care children

This change will allow the following providers to join acute care hospitals in making PE

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determinations:

- Psychiatric Hospitals
- Federally Qualified Health Centers
- Rural Health Clinics
- Community Mental Health Centers
- Local county health departments

Providers who meet eligibility requirements must participate in training and attest to adhering to performance standards prior to being deemed a "Qualified Provider" and performing PE activities.

**Fiscal Impact (in millions):**

○ Federal Share:	FFY 2015 \$38.50	FFY 2016 \$32.22
○ State Share:	FFY 2015 \$8.46	FFY 2016 \$8.11
○ Federal Share:	SFY 2015 \$19.25	SFY 2016 \$43.42
○ State Share:	SFY2015 \$4.23	SFY 2016 \$10.32

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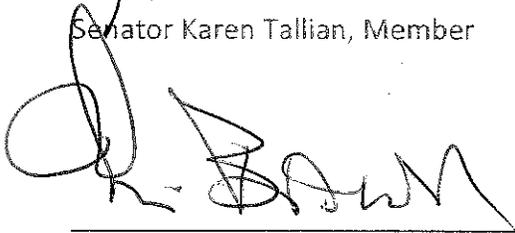
Pursuant to the provisions of IC 4-12-1, the State Budget Committee recommends approval of this project.



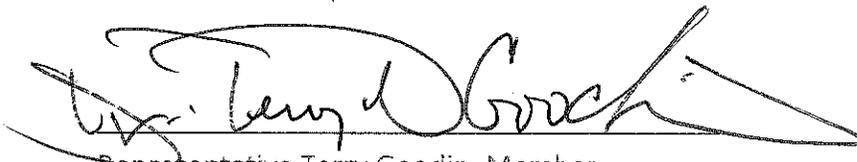
Senator Luke Kenley, Chairman



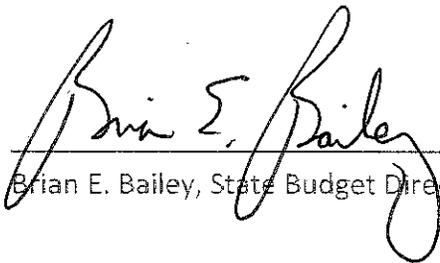
Senator Karen Tallian, Member



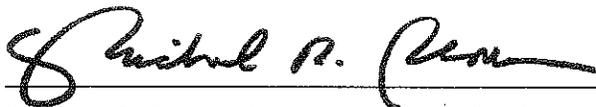
Representative Tim Brown, Member



Representative Terry Goodin, Member



Brian E. Bailey, State Budget Director



Michael R. Pence, Governor, State of Indiana