

HOUSE BILL No. 1007

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-7-2; IC 12-15-12-23; IC 12-23-18-5.5; IC 25-23.6; IC 27-8; IC 27-13-43-3; IC 31-9-2-31.

Synopsis: Health and human services and insurance matters. Allows the division of mental health and addiction to grant approval for nine additional opioid treatment programs that: (1) are operated by a hospital; and (2) meet other specified requirements; if the division determines that there is a need for the program in the proposed location. Makes an exemption for an individual employed by a community mental health center to the requirement that an individual obtaining clinical social work experience be licensed as a social worker. Allows an individual to take the required examination for licensure as a social worker, mental health counselor, or addiction counselor before the individual meets the experience requirement for licensure. Requires: (1) the office of the secretary of family and social services, a contractor, or a managed care organization for purposes of the Medicaid program; (2) an accident and sickness insurer; and (3) a health maintenance organization; to provide provisional credentialing to a provider for which a credentialing determination is not completed in at least 30 days if certain requirements are met, and requires reimbursement for the services provided during the period of provisional credentialing. Requires certain policies of accident and sickness insurance to provide coverage for substance abuse or chemical dependency treatment provided by an addiction counselor.

Effective: July 1, 2018.

Kirchhofer

January 8, 2018, read first time and referred to Committee on Public Health.



Second Regular Session of the 120th General Assembly (2018)

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 2017 Regular Session of the General Assembly.

HOUSE BILL No. 1007

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

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

- 1 SECTION 1. IC 12-7-2-50.5 IS ADDED TO THE INDIANA CODE
- 2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
- 3 1, 2018]: **Sec. 50.5. "Credentialing", for purposes of**
- 4 **IC 12-15-12-23, has the meaning set forth in IC 12-15-12-23(a).**
- 5 SECTION 2. IC 12-7-2-149.1, AS AMENDED BY P.L.225-2013,
- 6 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 7 JULY 1, 2018]: Sec. 149.1. "Provider" means the following:
- 8 (1) For purposes of IC 12-10-7, the meaning set forth in
- 9 IC 12-10-7-3.
- 10 (2) For purposes of the following statutes, an individual, a
- 11 partnership, a corporation, or a governmental entity that is
- 12 enrolled in the Medicaid program under rules adopted under
- 13 IC 4-22-2 by the office of Medicaid policy and planning:
- 14 (A) IC 12-14-1 through IC 12-14-9.5.
- 15 (B) IC 12-15, except **IC 12-15-12-23**, IC 12-15-32,
- 16 IC 12-15-33, and IC 12-15-34.
- 17 (C) IC 12-17.6.



- 1 **(3) For purposes of IC 12-15-12-23, the definition set forth in**
 2 **IC 12-15-12-23(b).**
 3 ~~(4)~~ **(4)** Except as provided in subdivisions ~~(4)~~ **(5)** and ~~(6)~~; **(7)**, for
 4 purposes of IC 12-17.2, a person who operates a child care center
 5 or child care home under IC 12-17.2.
 6 ~~(4)~~ **(5)** For purposes of IC 12-17.2-3.5, a person that:
 7 (A) provides child care; and
 8 (B) is directly paid for the provision of the child care under the
 9 federal Child Care and Development Fund voucher program
 10 administered under 45 CFR 98 and 45 CFR 99.
 11 The term does not include an individual who provides services to
 12 a person described in clauses (A) and (B), regardless of whether
 13 the individual receives compensation.
 14 ~~(5)~~ **(6)** For purposes of IC 12-21-1 through IC 12-29-2, an
 15 organization:
 16 (A) that:
 17 (i) provides mental health services, as defined under 42
 18 U.S.C. 300x-2(c);
 19 (ii) provides addiction services; or
 20 (iii) provides children's mental health services;
 21 (B) that has entered into a provider agreement with the
 22 division of mental health and addiction under IC 12-21-2-7 to
 23 provide services in the least restrictive, most appropriate
 24 setting; and
 25 (C) that is operated by one (1) of the following:
 26 (i) A city, town, county, or other political subdivision of the
 27 state.
 28 (ii) An agency of the state or of the United States.
 29 (iii) A political subdivision of another state.
 30 (iv) A hospital owned or operated by a unit of government
 31 or a building authority that is organized for the purpose of
 32 constructing facilities to be leased to units of government.
 33 (v) A corporation incorporated under IC 23-7-1.1 (before its
 34 repeal August 1, 1991) or IC 23-17.
 35 (vi) An organization that is exempt from federal income
 36 taxation under Section 501(c)(3) of the Internal Revenue
 37 Code.
 38 (vii) A university or college.
 39 ~~(6)~~ **(7)** For purposes of IC 12-17.2-2-10, the following:
 40 (A) A person described in subdivision ~~(4)~~. **(5)**.
 41 (B) A child care center licensed under IC 12-17.2-4.
 42 (C) A child care home licensed under IC 12-17.2-5.



1 SECTION 3. IC 12-7-2-199.2, AS AMENDED BY P.L.225-2013,
 2 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 3 JULY 1, 2018]: Sec. 199.2. "Volunteer", for purposes of IC 12-17.2,
 4 means an individual who, without compensation, provides services to
 5 a child care home, child care center, provider (as defined in section
 6 ~~149.1(4)~~ **149.1(5)** of this chapter), or child care ministry for at least
 7 eight (8) hours per month.

8 SECTION 4. IC 12-15-12-23 IS ADDED TO THE INDIANA
 9 CODE AS A NEW SECTION TO READ AS FOLLOWS
 10 [EFFECTIVE JULY 1, 2018]: **Sec. 23. (a) As used in this section,**
 11 **"credentialing" means a process through which the office, a**
 12 **contractor of the office, or a managed care organization makes a**
 13 **determination:**

14 (1) based on criteria established by the office, the contractor,
 15 or the managed care organization; and

16 (2) concerning whether a provider may serve as a
 17 participating provider under the Medicaid program.

18 (b) As used in this section, "provider" means a physician, a
 19 hospital, or any other person licensed or authorized to furnish
 20 health care services. The term includes an entity that:

21 (1) is owned in whole or in part by one (1) or more physicians,
 22 hospitals, or other persons licensed or authorized to furnish
 23 health care services; and

24 (2) was established for purposes of furnishing health care
 25 services through:

26 (A) contracts; or

27 (B) employment agreements;

28 with one (1) or more physicians, hospitals, or other persons
 29 licensed or authorized to furnish health care services.

30 (c) If the office, a contractor of the office, or a managed care
 31 organization fails to issue a credentialing determination within
 32 thirty (30) days after receiving a completed credentialing
 33 application form from a provider, the provider is deemed to be
 34 provisionally credentialed if the provider meets the following
 35 criteria:

36 (1) The provider has submitted a completed credentialing
 37 application form to the managed care organization.

38 (2) The provider was previously credentialed.

39 (3) The provider is a member of a provider group that is
 40 credentialed and a participating provider with the managed
 41 care organization.

42 (d) A managed care organization shall provide coverage and



1 reimbursement for services rendered by a provider that has
 2 provisional credentialing under subsection (c) under the same
 3 terms and in the same manner as a participating provider in the
 4 applicant's participating provider group. A provider with
 5 provisional credentialing that is not a member of a participating
 6 provider group shall be reimbursed according to the managed care
 7 organization's standard fee schedule.

8 (e) Once a managed care organization approves the
 9 credentialing application of a provider that holds provisional
 10 credentialing, reimbursement payments under the contract shall
 11 be retroactive to the date of the provisional credentialing. A
 12 managed care organization must make retroactive payments for
 13 services provided during a provisional credentialing period unless
 14 the managed care organization takes adverse action on the
 15 provider's credentialing due to the provider's submission of
 16 fraudulent information in the provider's credentialing application.

17 (f) If a managed care organization makes an adverse
 18 credentialing determination on the credentialing application of a
 19 provider that is provisionally credentialed under subsection (c), the
 20 provider loses the provisional credentialing status and the
 21 provisional credentialing is terminated on the date the provider is
 22 notified by the managed care organization of the adverse
 23 credentialing determination.

24 SECTION 5. IC 12-23-18-5.5, AS AMENDED BY P.L.209-2015,
 25 SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 26 JULY 1, 2018]: Sec. 5.5. (a) The division may not grant specific
 27 approval to be a new opioid treatment program. This section does not
 28 apply to applications for new opioid treatment programs:

- 29 (1) pending prior to March 1, 2007; or
 30 (2) that are operated by a hospital licensed under IC 16-21, an
 31 institution licensed under IC 12-25, or a certified community
 32 mental health center:
 33 (A) within the licensed hospital, institution, or center; or
 34 (B) in a separate office that meets federal opioid treatment
 35 program requirements;
 36 and that meets the requirements of this section.

37 (b) A hospital licensed under IC 16-21, an institution licensed under
 38 IC 12-25, or a certified community mental health center may apply to
 39 the division to operate an opioid treatment program. Upon approval,
 40 the hospital, institution, or community mental health center may
 41 operate an opioid treatment program in compliance with this chapter
 42 and federal law.



1 (c) Before June 30, 2018, the division may approve the operation of
 2 not more than five (5) additional opioid treatment programs described
 3 in subsection (a)(2) only if the division determines as described in
 4 subsection ~~(e)~~ (f) that there is a need for a new opioid treatment
 5 program in the proposed location and the requirements of this chapter
 6 are met.

7 **(d) Beginning July 1, 2018, the division may approve the**
 8 **operation of not more than nine (9) additional opioid treatment**
 9 **programs described in subsection (a)(2) only if the division**
 10 **determines as described in subsection (f) that there is a need for a**
 11 **new opioid treatment program in the proposed location and the**
 12 **requirements of this chapter are met.**

13 ~~(d)~~ (e) Not later than June 30, 2018, the division shall report to the
 14 general assembly in an electronic format under IC 5-14-6 concerning
 15 whether any new opioid treatment programs have been approved under
 16 subsection (c). The report must include the following:

- 17 (1) The impact on access to opioid treatment programs.
- 18 (2) The number of individuals served in the opioid treatment
 19 programs approved under subsection (c).
- 20 (3) Treatment outcomes for individuals receiving services in the
 21 opioid treatment programs approved under subsection (c).
- 22 (4) Any recommendations the division has concerning future
 23 treatment programs.

24 ~~(e)~~ (f) The division shall adopt rules under IC 4-22-2 setting forth
 25 the manner in which the division will determine whether there is a need
 26 for a new opioid treatment program in a proposed program location's
 27 geographic area.

28 SECTION 6. IC 25-23.6-5-3.5, AS AMENDED BY P.L.192-2017,
 29 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 30 JULY 1, 2018]: Sec. 3.5. (a) The applicant for a license as a clinical
 31 social worker must have at least two (2) years of clinical social work
 32 experience after receiving a graduate degree in social work and under
 33 the supervision of a qualified supervisor as determined by the board.

34 **(b) This subsection does not apply to an individual who is**
 35 **employed by a community mental health center (as defined in**
 36 **IC 12-7-2-38).** If an individual is obtaining the clinical social work
 37 experience described in subsection (a) in Indiana, the individual must
 38 be licensed as a social worker under section 1 of this chapter.

39 (c) A doctoral internship may be applied toward the supervised
 40 clinical social work experience requirement.

41 (d) Except as provided in subsection (e), the clinical social work
 42 experience requirement may be met by work performed at or away



1 from the premises of the qualified supervisor.

2 (e) The clinical social work requirement may not be performed away
3 from the qualified supervisor's premises if:

4 (1) the work is the independent private practice of clinical social
5 work; and

6 (2) the work is not performed at a place with the supervision of a
7 qualified supervisor available.

8 (f) Any supervised clinical social work experience hours that an
9 applicant accumulates under this chapter do not expire and may be
10 used by the applicant to satisfy the supervised clinical social work
11 experience requirements under this chapter.

12 SECTION 7. IC 25-23.6-5-4 IS AMENDED TO READ AS
13 FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 4. An individual who
14 **completes a social work program that** satisfies the requirements of
15 section ~~1 or 2~~ **3.1** of this chapter ~~and section 3 of this chapter~~ may take
16 the examination provided by the board. **The individual must meet the**
17 **requirements of section 1 or 2 of this chapter before a license may**
18 **be issued to the individual.**

19 SECTION 8. IC 25-23.6-8.5-5, AS AMENDED BY P.L.84-2010,
20 SECTION 64, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
21 JULY 1, 2018]: Sec. 5. An individual who satisfies the requirements of:

22 (1) section 1 ~~or of this chapter, except for the experience~~
23 **requirements of section 1(1)(C) of this chapter;**

24 (2) **section 1.5** of this chapter; and

25 ~~(2) (3)~~ **section 2** of this chapter;

26 may take the examination provided by the board. **The individual must**
27 **meet the experience requirements before a license may be issued to**
28 **the individual.**

29 SECTION 9. IC 25-23.6-10.5-9, AS ADDED BY P.L.122-2009,
30 SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
31 JULY 1, 2018]: Sec. 9. (a) An individual who satisfies the
32 requirements of sections 4 **and 6** ~~and 8~~ of this chapter may take the
33 licensed clinical addiction counselor examination established by the
34 board. **The individual must meet the requirements of section 8 of**
35 **this chapter before a license may be issued to the individual.**

36 (b) An individual who satisfies the requirements of sections 3 **and**
37 **5** ~~and 7~~ of this chapter may take the licensed addiction counselor
38 examination established by the board. **The individual must meet the**
39 **requirements of section 7 of this chapter before a license may be**
40 **issued to the individual.**

41 SECTION 10. IC 27-8-6-7 IS ADDED TO THE INDIANA CODE
42 AS A **NEW SECTION** TO READ AS FOLLOWS [EFFECTIVE JULY



1, 2018]: **Sec. 7. (a) As used in this section, "policy of accident and sickness insurance" has the meaning set forth in IC 27-8-5-1.**

(b) A policy of accident and sickness insurance that provides coverage for substance abuse or chemical dependency treatment shall provide the coverage for substance abuse or chemical dependency treatment that is:

(1) rendered by:

(A) an addiction counselor; or

(B) a clinical addiction counselor;

who is licensed under IC 25-23.6-10.5; and

(2) within the scope of practice of the addiction counselor or clinical addiction counselor.

(c) This section does not require a policy of accident and sickness insurance to provide coverage for substance abuse or chemical dependency treatment generally.

SECTION 11. IC 27-8-11-7, AS ADDED BY P.L.26-2005, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: **Sec. 7. (a) This section applies to an insurer that issues or administers a policy that provides coverage for basic health care services (as defined in IC 27-13-1-4).**

(b) The department of insurance shall prescribe the credentialing application form used by the Council for Affordable Quality Healthcare (CAQH) in electronic or paper format, which must be used by:

(1) a provider who applies for credentialing by an insurer; and

(2) an insurer that performs credentialing activities.

(c) An insurer shall notify a provider concerning a deficiency on a completed credentialing application form submitted by the provider not later than thirty (30) business days after the insurer receives the completed credentialing application form.

(d) An insurer shall notify a provider concerning the status of the provider's completed credentialing application not later than:

(1) sixty (60) days after the insurer receives the completed credentialing application form; and

(2) every thirty (30) days after the notice is provided under subdivision (1), until the insurer makes a final credentialing determination concerning the provider.

(e) Notwithstanding subsection (d), if an insurer fails to issue a credentialing determination within thirty (30) days after receiving a completed credentialing application form from a provider, the provider is deemed to be provisionally credentialed if the provider meets the following criteria:

(1) The provider has submitted a completed credentialing



1 application form to the insurer.

2 (2) The provider was previously credentialed.

3 (3) The provider is a member of a provider group that is
4 credentialed and a participating provider with the insurer.

5 (f) An insurer shall provide coverage and reimbursement for
6 services rendered by a provider that has provisional credentialing
7 under subsection (e) under the same terms and in the same manner
8 as a participating provider in the applicant's participating
9 provider group. A provider with provisional credentialing that is
10 not a member of a participating provider group shall be
11 reimbursed according to the insurer's standard fee schedule.

12 (g) Once an insurer approves the credentialing application of a
13 provider that holds provisional credentialing, reimbursement
14 payments under the contract shall be retroactive to the date of the
15 provisional credentialing. An insurer must make retroactive
16 payments for services provided during a provisional credentialing
17 period unless the insurer takes adverse action on the provider's
18 credentialing due to the provider's submission of fraudulent
19 information in the provider's credentialing application.

20 (h) If an insurer makes an adverse credentialing determination
21 on the credentialing application of a provider that is provisionally
22 credentialed under subsection (e), the provider loses the
23 provisional credentialing status and the provisional credentialing
24 is terminated on the date the provider is notified by the insurer of
25 the adverse credentialing determination.

26 SECTION 12. IC 27-13-43-3 IS ADDED TO THE INDIANA
27 CODE AS A NEW SECTION TO READ AS FOLLOWS
28 [EFFECTIVE JULY 1, 2018]: Sec. 3. (a) Notwithstanding section 2
29 of this chapter, if a health maintenance organization fails to issue
30 a credentialing determination within thirty (30) days after
31 receiving a completed credentialing application form from a
32 provider, the provider is deemed to be provisionally credentialed
33 by the health maintenance organization if the provider meets the
34 following criteria:

35 (1) The provider has submitted a completed credentialing
36 application form to the health maintenance organization.

37 (2) The provider was previously credentialed.

38 (3) The provider is a member of a provider group that is
39 credentialed and a participating provider with the health
40 maintenance organization.

41 (b) A health maintenance organization shall provide coverage
42 and reimbursement for services rendered by a provider that has



1 provisional credentialing under subsection (a) under the same
 2 terms and in the same manner as a participating provider in the
 3 applicant's participating provider group. A provider with
 4 provisional credentialing that is not a member of a participating
 5 provider group shall be reimbursed according to the health
 6 maintenance organization's standard fee schedule.

7 (c) Once a health maintenance organization approves the
 8 credentialing application of a provider that holds provisional
 9 credentialing, reimbursement payments under the contract shall
 10 be retroactive to the date of the provisional credentialing. A health
 11 maintenance organization must make retroactive payments for
 12 services provided during a provisional credentialing period unless
 13 the health maintenance organization takes adverse action on the
 14 provider's credentialing due to the provider's submission of
 15 fraudulent information in the provider's credentialing application.

16 (d) If a health maintenance organization makes an adverse
 17 credentialing determination on the credentialing application of a
 18 provider that is provisionally credentialed under subsection (a), the
 19 provider loses the provisional credentialing status and the
 20 provisional credentialing is terminated on the date the provider is
 21 notified by the health maintenance organization of the adverse
 22 credentialing determination.

23 SECTION 13. IC 31-9-2-31, AS AMENDED BY P.L.162-2011,
 24 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 25 JULY 1, 2018]: Sec. 31. (a) "Custodian", for purposes of the juvenile
 26 law, means a person with whom a child resides.

27 (b) "Custodian", for purposes of IC 31-34-1, includes any person
 28 who is:

29 (1) a license applicant or licensee of:

30 (A) a foster home or residential child care facility that is
 31 required to be licensed or is licensed under IC 31-27;

32 (B) a child care center that is required to be licensed or is
 33 licensed under IC 12-17.2-4; or

34 (C) a child care home that is required to be licensed or is
 35 licensed under IC 12-17.2-5;

36 (2) a person who is responsible for care, supervision, or welfare
 37 of children while providing services as an owner, operator,
 38 director, manager, supervisor, employee, or volunteer at:

39 (A) a home, center, or facility described in subdivision (1);

40 (B) a child care ministry, as defined in IC 12-7-2-28.8, that is
 41 exempt from licensing requirements and is registered or
 42 required to be registered under IC 12-17.2-6;



- 1 (C) a home, center, or facility of a child care provider, as
- 2 defined in ~~IC 12-7-2-149.1(4)~~; **IC 12-7-2-149.1(5)**;
- 3 (D) a home, center, or facility that is the location of a program
- 4 that provides child care, as defined in section 16.3 of this
- 5 chapter, to serve migrant children and that is exempt from
- 6 licensing under IC 12-17.2-2-8(6), whether or not the program
- 7 is certified as described in IC 12-17.2-2-9; or
- 8 (E) a school, as defined in section 113.5 of this chapter;
- 9 (3) a child caregiver, as defined in section 16.4 of this chapter;
- 10 (4) a member of the household of the child's noncustodial parent;
- 11 or
- 12 (5) an individual who has or intends to have direct contact, on a
- 13 regular and continuing basis, with a child for whom the individual
- 14 provides care and supervision.

