
SENATE BILL No. 226

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-7-2-131.3; IC 12-15-43.

Synopsis: Annual review of Medicaid nursing home residents. Requires a nursing facility certified to provide nursing facility care to Medicaid recipients to submit minimum data set (MDS) information for each of its patients annually to the office of Medicaid policy and planning (OMPP). Requires OMPP to evaluate the information under specified guidelines. Requires OMPP to counsel an individual on the services available to the individual if OMPP determines that the individual's needs can be met in a cost effective manner in a setting other than a nursing facility. (The introduced version of this bill was prepared by the joint commission on Medicaid oversight.)

Effective: July 1, 2002.

Miller

January 7, 2002, read first time and referred to Committee on Health and Provider Services.

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Second Regular Session 112th General Assembly (2002)

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 2001 General Assembly.

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SENATE BILL No. 226



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 12-7-2-131.3 IS ADDED TO THE INDIANA
2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2002]: **Sec. 131.3. "Minimum data set" or**
4 **"MDS", for purposes of IC 12-15-43, has the meaning set forth in**
5 **IC 12-15-43-1.**

6 SECTION 2. IC 12-15-43 IS ADDED TO THE INDIANA CODE
7 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE
8 JULY 1, 2002]:

9 **Chapter 43. Annual Review of Medicaid Nursing Facility**
10 **Residents**

11 **Sec. 1. "Minimum data set" or "MDS" means a core set of**
12 **screening and assessment elements, including common definitions**
13 **and coding categories, used as:**

- 14 (1) **a comprehensive assessment for all residents of nursing**
- 15 **facilities certified to participate in the Medicaid program; and**
- 16 (2) **a standardized communication about resident problems,**
- 17 **strengths, and conditions within the facilities, between**



1 facilities, and between facilities and outside agencies.

2 **Sec. 2. A nursing facility certified to provide nursing facility**
3 **care to Medicaid recipients shall submit to the office annually**
4 **minimum data set (MDS) information for each of its Medicaid**
5 **residents.**

6 **Sec. 3. (a) The office or the office's designated contractor shall**
7 **evaluate the MDS information submitted for each Medicaid**
8 **resident. The evaluation must consist of an assessment of the**
9 **following:**

10 (1) **The individual's medical needs.**

11 (2) **The availability of services, other than services provided**
12 **in a nursing facility, that are appropriate to the individual's**
13 **needs.**

14 (3) **The cost effectiveness of providing services appropriate to**
15 **the individual's needs that are provided outside, rather than**
16 **within, a nursing facility.**

17 **(b) The assessment must be conducted in accordance with rules**
18 **adopted under IC 4-22-2 by the office.**

19 **Sec. 4. If the office determines under section 3 of this chapter**
20 **that an individual's needs could be met in a cost effective manner**
21 **in a setting other than a nursing facility, the office shall counsel the**
22 **individual and provide the individual with written notice**
23 **containing the following:**

24 (1) **The reasons for the office's determination.**

25 (2) **A detailed description of services available to the**
26 **individual that, if used by the individual, would make the**
27 **continued placement of the individual in a nursing facility**
28 **inappropriate. The detailed description of services available**
29 **must do the following:**

30 **(A) Include a determination of whether the provider of the**
31 **services available has the capacity to provide the services.**

32 **(B) State the name of the provider of the services.**

33 **(C) Designate the specific site where the services are**
34 **available.**

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