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February 8, 2021

## HOUSE BILL No. 1467

DIGEST OF HB 1467 (Updated February 8, 2021 12:47 pm - DI 77)

**Citations Affected:** IC 12-15; IC 12-21; IC 25-23.6; IC 31-25; IC 33-38.

Synopsis: Community mental health center matters. Requires the office of the secretary of family and social services (office) to apply for a Medicaid state plan amendment or Medicaid waiver for the following: (1) Reimbursement of Medicaid rehabilitation option services for a Medicaid eligible recipient who is undertaking an initial assessment, intake, or counseling in a community mental health center. (2) Reimbursement for Medicaid rehabilitation option services concurrently with reimbursement under the residential addiction treatment program. (3) The inclusion of video conferencing and audio services as telehealth for community mental health centers. Amends the definition of "telehealth services" for the Medicaid program. Requires at least two members of the division of mental health and addiction planning and advisory council to be community mental health center chief executive officers or designees. Requires the department of child services to accept certain criminal history checks and fingerprinting performed by community mental health centers for specified professionals if the process used by the community mental health center at least meets or exceeds the department's procedures. Amends the required graduate level courses and clinical experience that an applicant is required to obtain for a license as a clinical addiction counselor. Adds two members to the justice reinvestment advisory council. Makes a conforming change.

Effective: July 1, 2021.

# Davisson

January 14, 2021, read first time and referred to Committee on Public Health. February 8, 2021, amended, reported — Do Pass.



First Regular Session of the 122nd General Assembly (2021)

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 2020 Regular Session of the General Assembly.

## **HOUSE BILL No. 1467**

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

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

SECTION 1. IC 12-15-1.3-20 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 20. (a) Before December 1, 2021, the office shall apply to the United States Department of Health and Human Services for an amendment to the state Medicaid plan that would require reimbursement by:

(1) the office; or

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(2) a contractor of the office;

9 for eligible Medicaid rehabilitation option services provided by a 10 behavioral health professional or other behavioral health 11 professional authorized to provide Medicaid services working in a 12 community mental health center for any Medicaid eligible 13 recipient who is undertaking initial assessment, intake, or 14 counseling in a community mental health center before the 15 development of a plan of treatment.

- (b) This section expires December 31, 2021.
- 17 SECTION 2. IC 12-15-1.3-24 IS ADDED TO THE INDIANA



1 CODE AS A NEW SECTION TO READ AS FOLLOWS 2 [EFFECTIVE JULY 1, 2021]: Sec. 24. Before December 1, 2021, the 3 office shall apply to the United States Department of Health and 4 Human Services for an amendment to the state Medicaid plan to 5 require Medicaid reimbursement for the purpose of authorizing 6 Medicaid rehabilitation option services as an eligible service 7 concurrent with reimbursement under the residential treatment 8 program, level of care 3.1 for the clinically managed low-intensity 9 residential services facilities, as set forth by the American Society 10 of Addiction Medicine (ASAM), if the authorized Medicaid 11 rehabilitation option services are not currently reimbursed as an 12 eligible service under the ASAM 3.1 level of care Section 1115 13 Medicaid demonstration waiver bundled rate. 14 SECTION 3. IC 12-15-5-11, AS AMENDED BY P.L.150-2017, 15 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 16 JULY 1, 2021]: Sec. 11. (a) As used in this section, "telehealth 17 services" means the use of telecommunications and information 18 technology, including for community mental health centers, video 19 conferencing and audio services, to provide access to: 20 (1) health assessment; 21 (2) diagnosis; 22 (3) intervention; 23 (4) consultation; 24 (5) supervision; 25 (6) clinical services; 26 (7) rehabilitation services; and 27 (8) information; 28 across a distance. 29 (b) As used in this section, "telemedicine services" has the meaning 30 set forth for "telemedicine" in IC 25-1-9.5-6. 31 (c) The office shall reimburse a Medicaid provider who is: 32 (1) licensed as a home health agency under IC 16-27-1; or 33 (2) certified as a community mental health center under 34 IC 12-21-2-3(5)(C); 35 for telehealth services. 36 (d) The office shall reimburse the following Medicaid providers for 37 medically necessary telemedicine services: 38 (1) A federally qualified health center (as defined in 42 U.S.C. 39 1396d(1)(2)(B)). 40 (2) A rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)). 41 (3) A community mental health center certified under 42 IC 12-21-2-3(5)(C).



1	(4) A critical access hospital that meets the criteria under 42 CFR
2	485.601 et seq.
3	(5) A provider, as determined by the office to be eligible,
4	providing a covered telemedicine service.
5	(e) The office may not impose any distance restrictions on providers
6	of telehealth services or telemedicine services. Before December 31,
7	2017, the office shall do the following:
8	(1) Submit a Medicaid state plan amendment with the United
9	States Department of Health and Human Services that eliminates
10	distance restrictions for telehealth services or telemedicine
10	services in the state Medicaid plan.
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	(2) Issue a notice of intent to adopt a rule to amend any
13	administrative rules that include distance restrictions for the
14	provision of telehealth services or telemedicine services.
15	(f) Not later than December 1, 2021, the office shall apply to the
16	United States Department of Health and Human Services for any
17	necessary amendment to the state Medicaid plan for authorization
18	to reimburse community mental health centers for telehealth
19	services provided through video conferencing or audio services
20	that are provided within a community mental health center using
21	behavioral health professionals authorized to provide services
22	under the Medicaid program regardless of approved technology
23	used to undertake the service.
23 24	used to undertake the service. (f) (g) The office shall implement any part of this section that is
23 24 25	<b>used to undertake the service.</b> (f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human
23 24 25 26	<b>used to undertake the service.</b> (f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.
23 24 25	<b>used to undertake the service.</b> (f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human
23 24 25 26	<b>used to undertake the service.</b> (f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.
23 24 25 26 27	<ul> <li>used to undertake the service.</li> <li>(f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.</li> <li>(g) (h) The office may adopt rules under IC 4-22-2 necessary to</li> </ul>
23 24 25 26 27 28	<ul> <li>used to undertake the service.</li> <li>(f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.</li> <li>(g) (h) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.</li> </ul>
23 24 25 26 27 28 29	<ul> <li>used to undertake the service.</li> <li>(f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.</li> <li>(g) (h) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.</li> <li>SECTION 4. IC 12-21-4-3, AS AMENDED BY P.L.28-2012,</li> </ul>
23 24 25 26 27 28 29 30	<ul> <li>used to undertake the service.</li> <li>(f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.</li> <li>(g) (h) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.</li> <li>SECTION 4. IC 12-21-4-3, AS AMENDED BY P.L.28-2012, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE]</li> </ul>
23 24 25 26 27 28 29 30 31	<ul> <li>used to undertake the service.</li> <li>(f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.</li> <li>(g) (h) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.</li> <li>SECTION 4. IC 12-21-4-3, AS AMENDED BY P.L.28-2012, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. The council consists of the following twenty-nine (29) members, not less than fifty percent (50%) of whom</li> </ul>
23 24 25 26 27 28 29 30 31 32	<ul> <li>used to undertake the service.</li> <li>(f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.</li> <li>(g) (h) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.</li> <li>SECTION 4. IC 12-21-4-3, AS AMENDED BY P.L.28-2012, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. The council consists of the following</li> </ul>
23 24 25 26 27 28 29 30 31 32 33	<ul> <li>used to undertake the service.</li> <li>(f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.</li> <li>(g) (h) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.</li> <li>SECTION 4. IC 12-21-4-3, AS AMENDED BY P.L.28-2012, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. The council consists of the following twenty-nine (29) members, not less than fifty percent (50%) of whom must be individuals who are not state employees or providers of mental</li> </ul>
23 24 25 26 27 28 29 30 31 32 33 34	<ul> <li>used to undertake the service.</li> <li>(f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.</li> <li>(g) (h) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.</li> <li>SECTION 4. IC 12-21-4-3, AS AMENDED BY P.L.28-2012, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. The council consists of the following twenty-nine (29) members, not less than fifty percent (50%) of whom must be individuals who are not state employees or providers of mental health services:</li> </ul>
23 24 25 26 27 28 29 30 31 32 33 34 35	<ul> <li>used to undertake the service.</li> <li>(f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.</li> <li>(g) (h) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.</li> <li>SECTION 4. IC 12-21-4-3, AS AMENDED BY P.L.28-2012, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. The council consists of the following twenty-nine (29) members, not less than fifty percent (50%) of whom must be individuals who are not state employees or providers of mental health services: <ul> <li>(1) The director.</li> <li>(2) The state superintendent of public instruction or the</li> </ul> </li> </ul>
23 24 25 26 27 28 29 30 31 32 33 34 35 36	<ul> <li>used to undertake the service.</li> <li>(f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.</li> <li>(g) (h) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.</li> <li>SECTION 4. IC 12-21-4-3, AS AMENDED BY P.L.28-2012, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. The council consists of the following twenty-nine (29) members, not less than fifty percent (50%) of whom must be individuals who are not state employees or providers of mental health services: <ul> <li>(1) The director.</li> <li>(2) The state superintendent of public instruction or the superintendent's designee.</li> </ul> </li> </ul>
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37	<ul> <li>used to undertake the service.</li> <li>(f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.</li> <li>(g) (h) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.</li> <li>SECTION 4. IC 12-21-4-3, AS AMENDED BY P.L.28-2012, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. The council consists of the following twenty-nine (29) members, not less than fifty percent (50%) of whom must be individuals who are not state employees or providers of mental health services: <ul> <li>(1) The director.</li> <li>(2) The state superintendent of public instruction or the superintendent's designee.</li> <li>(3) The director of the office of Medicaid policy and planning, or</li> </ul> </li> </ul>
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39	<ul> <li>used to undertake the service.</li> <li>(f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.</li> <li>(g) (h) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.</li> <li>SECTION 4. IC 12-21-4-3, AS AMENDED BY P.L.28-2012, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. The council consists of the following twenty-nine (29) members, not less than fifty percent (50%) of whom must be individuals who are not state employees or providers of mental health services:</li> <li>(1) The director.</li> <li>(2) The state superintendent of public instruction or the superintendent's designee.</li> <li>(3) The director of the office of Medicaid policy and planning, or the director's designee.</li> </ul>
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	<ul> <li>used to undertake the service.</li> <li>(f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.</li> <li>(g) (h) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.</li> <li>SECTION 4. IC 12-21-4-3, AS AMENDED BY P.L.28-2012, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. The council consists of the following twenty-nine (29) members, not less than fifty percent (50%) of whom must be individuals who are not state employees or providers of mental health services:</li> <li>(1) The director.</li> <li>(2) The state superintendent of public instruction or the superintendent's designee.</li> <li>(3) The director of the office of Medicaid policy and planning, or the director's designee.</li> <li>(4) The director of the bureau of rehabilitation services or the</li> </ul>
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39	<ul> <li>used to undertake the service.</li> <li>(f) (g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.</li> <li>(g) (h) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.</li> <li>SECTION 4. IC 12-21-4-3, AS AMENDED BY P.L.28-2012, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. The council consists of the following twenty-nine (29) members, not less than fifty percent (50%) of whom must be individuals who are not state employees or providers of mental health services:</li> <li>(1) The director.</li> <li>(2) The state superintendent of public instruction or the superintendent's designee.</li> <li>(3) The director of the office of Medicaid policy and planning, or the director's designee.</li> </ul>



1	development authority created by IC 5-20-1-3 or the executive
2	director's designee.
3	(6) The director of the criminal justice institute or the director's
4	designee.
5	(7) The director of the department of child services or the
6	director's designee.
7	(8) Twenty-two (22) individuals, at least two (2) of whom are
8	community mental health center chief executive officers or a
9	chief executive officer's designee, who:
10	(A) are appointed by the secretary;
11	(B) have a recognized knowledge of or interest in the
12	programs administered by the division, including
13	representatives of parents of children with serious emotional
14	disturbances;
15	(C) are appointed for a term of four (4) years; and
16	(D) serve until a successor is appointed.
17	SECTION 5. IC 25-23.6-10.5-6, AS AMENDED BY P.L.49-2019,
18	SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
19	JULY 1, 2021]: Sec. 6. (a) An applicant under section 2 of this chapter
20	must complete the following educational requirements:
20	(1) Twenty-seven (27) semester hours or forty-one (41) quarter
22	hours of graduate course work that must include graduate level
23	course credits with material in at least the following content areas:
23 24	(A) Addiction counseling theories and techniques.
2 <del>4</del> 25	(B) Foundations of addiction counseling.
23 26	(C) (B) Psychopharmacology.
20 27	
27	(D) (C) Psychopathology.
28 29	(E) (D) Clinical appraisal and assessment.
	(F) (E) Theory and practice of group addiction counseling.
30	(G) (F) Counseling addicted family systems.
31	(H) (G) Multicultural counseling.
32	(H) (H) Research methods in addictions.
33	$(\mathbf{J})$ ( <b>I</b> ) Areas of content as approved by the board.
34	(2) At least one (1) graduate level course of two (2) semester
35	hours or three (3) quarter hours in the following areas:
36	(A) Legal, ethical, and professional standards issues in the
37	practice of addiction counseling and therapy or an equivalent
38	course approved by the board.
39	(B) Appraisal and assessment for individual or interpersonal
40	disorder or dysfunction.
41	(3) At least one (1) supervised clinical practicum, internship, or
42	field experience in an addiction counseling setting that requires



1 the applicant to provide seven hundred (700) hours of clinical 2 addiction counseling services and that must include the following: 3 (A) Two hundred eighty (280) face to face client contact hours 4 of addiction counseling services under the supervision of a 5 licensed elinical addiction counselor who has at least five (5) 6 years of experience or a qualified supervisor, approved as 7 determined by the board. 8 (B) One hundred (100) Thirty-five (35) hours of supervision 9 from a licensed elinical addiction counselor who has at least 10 five (5) years experience as a qualified supervisor, approved as determined by the board. 11 However, an applicant who has completed a clinical 12 13 practicum, internship, or field experience to obtain another 14 license under this article is not required to complete the 15 clinical addiction counseling services hours required under 16 this subdivision. 17 (4) Any qualifications established by the board under subsection 18 (c). 19 (b) The content areas under subsection (a)(1) may be combined into 20 any one (1) graduate level course if the applicant can prove that the 21 course work was devoted to each content area. 22 (c) The board shall adopt rules to establish any additional 23 educational or clinical qualifications as specified by the Council for 24 Accreditation of Counseling and Related Educational Programs or a 25 successor organization. (d) Notwithstanding subsection (a)(1)(B), an individual is not 26 27 required to have a graduate level course credit in foundations of 28 addiction counseling before July 1, 2021, to be eligible for licensure as 29 a clinical addiction counselor. This subsection expires July 1, 2021. 30 SECTION 6. IC 25-23.6-10.5-7, AS AMENDED BY P.L.160-2018, 31 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 32 JULY 1, 2021]: Sec. 7. (a) An applicant under section 1 of this chapter 33 must have at least two (2) years of addiction counseling experience that 34 must include at least one hundred fifty (150) hours under supervision, 35 one hundred (100) hours of which must be under individual 36 supervision and fifty (50) hours of which must be under group 37 supervision. The supervision required must be provided by a qualified 38 supervisor, as determined by the board. 39 (b) A doctoral internship, or a supervised master's level 40 practicum, internship, or field experience in addiction counseling, 41 may be applied toward the supervised work experience requirement. 42 (c) Except as provided in subsection (d), the experience requirement

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1 may be met by work performed at or away from the premises of the 2 qualified supervisor. 3 (d) Except as provided in subsection (e), the work requirement may 4 not be performed away from the qualified supervisor's premises if: 5 (1) the work is the independent private practice of addiction 6 counseling; and 7 (2) the work is not performed at a place that has the supervision 8 of a qualified supervisor. 9 (e) Up to fifty percent (50%) of the supervised addiction counseling 10 experience hours required under subsection (a) may be accounted for 11 through virtual supervision by a qualified supervisor described in 12 subsection (a). 13 SECTION 7. IC 25-23.6-10.5-8, AS ADDED BY P.L.122-2009, 14 SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 15 JULY 1, 2021]: Sec. 8. (a) An applicant under section 2 of this chapter must have at least two (2) years of clinical addiction counseling 16 17 experience that must include at least two hundred (200) hours under 18 supervision, one hundred (100) hours of which must be under 19 individual supervision and up to one hundred (100) hours of which 20 must may be under group supervision. The supervision required must be provided by a qualified supervisor, as determined by the board. 21 22 (b) A doctoral internship may be applied toward the supervised 23 work experience requirement. 24 (c) Except as provided in subsection (d), the experience requirement 25 may be met by work performed at or away from the premises of the 26 qualified supervisor. 27 (d) The work requirement may not be performed away from the 28 qualified supervisor's premises if: 29 (1) the work is the independent private practice of addiction 30 therapy; and 31 (2) the work is not performed at a place that has the supervision 32 of a qualified supervisor. SECTION 8. IC 31-25-2-15, AS ADDED BY P.L.145-2006, 33 34 SECTION 271, IS AMENDED TO READ AS FOLLOWS 35 [EFFECTIVE JULY 1, 2021]: Sec. 15. (a) Notwithstanding any other law, the department may purchase and use the services of any public 36 37 or private agency if adequate provision is made for continuity of care 38 and accountability. 39 (b) If the department purchases services under this article, the state 40 shall reimburse the expenses, to the extent allowed by state and federal statutes, rules, and regulations, to the locality or agency in the same 41 42 manner and to the same extent as if the services were provided directly



by the department.

1 2 (c) The department shall accept any criminal history checks and 3 fingerprinting performed by the community mental health center 4 certified under IC 12-21-2-3(5)(C) for all licensed professionals and 5 other behavioral health professionals (as defined in 6 IC 12-15-1.3-20) of the community mental health center as long as 7 the community mental health center's procedures for performing 8 the criminal history checks and fingerprinting at least meet or 9 exceed any criminal history or fingerprinting requirements of the 10 department. 11 SECTION 9. IC 33-38-9.5-2, AS AMENDED BY P.L.34-2020, 12 SECTION 2, AND P.L.48-2020, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 2. (a) The 13 14 justice reinvestment advisory council is established. The advisory 15 council consists of the following members: (1) The executive director of the Indiana public defender council 16 17 or the executive director's designee. 18 (2) The executive director of the Indiana prosecuting attorneys council or the executive director's designee. 19 20 (3) The director of the division of mental health and addiction or 21 the director's designee. 22 (4) The president of the Indiana Sheriffs' Association or the 23 president's designee. (5) The commissioner of the Indiana department of correction or 24

25 the commissioner's designee.

(6) The chief administrative officer of the office of judicial 26 27 administration or the chief administrative officer's designee.

28 (7) The executive director of the Indiana criminal justice institute 29 or the executive director's designee.

(8) The president of the Indiana Association of Community 30 Corrections Act Counties or the president's designee. 31

32 (9) The president of the Probation Officers Professional 33 Association of Indiana or the president's designee.

34 (10) The budget director or the budget director's designee.

35 (11) The executive director of the Association of Indiana Counties 36 or the executive director's designee.

37 (12) The president of the Indiana Judges Association or the 38 president's designee.

39 (13) The chair of the Indiana public defender commission or the 40 chair's designee.

(14) The chair of the senate corrections and criminal law 41 42 committee or the chair's designee.



1	(15) The realized minority member of the constant compations and
1 2	(15) The ranking minority member of the senate corrections and
$\frac{2}{3}$	criminal law committee or the ranking minority member's designee.
4	e
4 5	(16) The chair of the house courts and criminal code committee
6	or the chair's designee.
0 7	(17) The ranking minority member of the house courts and
8	criminal code committee or the ranking minority member's
8 9	designee.
-	<ul><li>(18) The governor or the governor's designee.</li><li>(10) The president and chief executive efficience of the Indiana</li></ul>
10	(19) The president and chief executive officer of the Indiana
11	Council of Community Mental Health Centers, or the
12 13	designee of the president and chief executive officer.
13 14	(20) The president and chief executive officer of Mental
	Health America Indiana, or the designee of the president and chief executive officer.
15 16	
10	(b) The chief justice or the chief justice's designee shall serve as
	chairperson of the advisory council.
18	(c) The duties of the advisory council include:
19 20	(1) reviewing and evaluating state and local criminal justice
20	systems and corrections programs, including pretrial services,
21	behavioral health treatment and recovery services, community
22	corrections, county jails, parole, and probation services;
23	(2) reviewing the processes used by the department of correction
24	and the division of mental health and addiction in awarding
25 26	grants;
26	(3) reviewing and evaluating jail overcrowding to identify a range
27	of possible solutions;
28	(4) coordinating with other criminal justice funding sources;
29	(5) establishing committees to inform the work of the advisory
30	council; and
31	(6) performing other relevant duties as determined by the advisory
32	council.
33	(d) The advisory council may make recommendations to:
34	(1) the department of correction, community corrections advisory
35	boards, and the division of mental health and addiction
36	concerning the award of grants;
37	(2) criminal justice systems and corrections programs concerning
38	best practices to improve outcomes of persons under supervision;
39 40	(3) the Indiana general assembly concerning legislation and
40	funding for criminal justice initiatives;
41	(4) the Indiana criminal justice institute concerning criminal
42	justice funding priorities;

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1 (5) the office of judicial administration concerning veterans 2 problem-solving court grants; and 3 (6) the county sheriffs concerning strategies to address jail 4 overcrowding and implementing evidence based practices for 5 reducing recidivism for individuals in county jails. 6 (e) The office of judicial administration shall staff the advisory 7 council. 8 (f) The expenses of the advisory council shall be paid by the office 9 of judicial administration from funds appropriated to the office of 10 judicial administration for the administrative costs of the justice reinvestment advisory council. 11 (g) A member of the advisory council is not entitled to the minimum 12 13 salary per diem provided by IC 4-10-11-2.1(b). The member is, however, entitled to reimbursement for traveling expenses as provided 14 15 under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and 16 17 procedures established by the Indiana department of administration and 18 approved by the budget agency. (h) The affirmative votes of a majority of the voting members 19 20 appointed to the advisory council are required for the advisory council 21 to take action on any measure. 22 (i) The advisory council shall meet as necessary to: 23 (1) work with the department of correction and the division of 24 mental health and addiction to establish the grant criteria and 25 grant reporting requirements described in subsection (1); (2) review grant applications; 26 27 (3) make recommendations and provide feedback to the 28 department of correction and the division of mental health and 29 addiction concerning grants to be awarded; 30 (4) review grants awarded by the department of correction and the 31 division of mental health and addiction; and 32 (5) suggest areas and programs in which the award of future 33 grants might be beneficial. 34 (i) The advisory council, in conjunction with the Indiana criminal 35 justice institute, shall jointly issue an annual report under IC 5-2-6-24. (k) Any entity that receives funds: 36 37 (1) recommended by the advisory council; and 38 (2) appropriated by the department of correction; 39 for the purpose of providing additional treatment or supervision 40 services shall provide the information described in subsection (1) to the 41 department of correction to aid in the compilation of the report 42 described in subsection (j).



1(I) The department of correction shall provide the advisory council2with the following information:3(1) The total number of participants, categorized by level of most4serious offense, who were served by the entity through funds5described in subsection (k).6(2) The percentage of participants, categorized by level of most7serious offense, who completed a treatment program, service, or8level of supervision.9(3) The percentage of participants, categorized by level of most10serious offense, who were discharged from a treatment program,11sericus offense, who were discharged from a treatment program,12(4) The percentage of participants, categorized by level of most13serious offense, who:14(A) completed a funded treatment program, service, or level of15supervision; and16(B) were subsequently committed to the department of17correction;18within twenty-four (24) months after completing the funded19treatment program, service, or level of supervision.20(5) The percentage of participants, categorized by level of most21serious offense, who were:22(A) discharged from a funded treatment program, service, or24(B) subsequently committed to the department of correction;25within twenty-four (24) months after being discharged from the26form a funded treatment program, service, or27(A) discharged from a funded treatment program, service, or<	1	
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35 SECTION 10. An emergency is declared for this act.		
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#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1467, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, delete lines 1 through 17.

Page 2, delete lines 1 through 4.

Page 2, line 7, delete "(a) As used in this section,".

Page 2, delete lines 8 through 42.

Page 3, delete lines 1 through 20.

Page 3, line 21, delete "(d)" and insert "(a)".

Page 2, run in line 7 through page 3, line 21.

Page 3, line 28, delete "qualified".

Page 3, line 29, after "professional" insert "**authorized to provide** Medicaid services".

Page 3, line 33, delete "(e)" and insert "(b)".

Page 3, delete lines 34 through 42.

Page 4, delete lines 1 through 3.

Page 4, line 14, delete "(ASAM)." and insert "(ASAM), if the authorized Medicaid rehabilitation option services are not currently reimbursed as an eligible service under the ASAM 3.1 level of care Section 1115 Medicaid demonstration waiver bundled rate.".

Page 4, line 20, delete "conferencing, telephone services, and text messaging services," and insert "conferencing and audio services,".

Page 5, line 21, delete "conferencing, telephone services," and insert "conferencing or audio services".

Page 5, line 22, delete "or text messaging services".

Page 5, line 23, delete "and at a reimbursement rate determined" and insert "using behavioral health professionals authorized to provide services under the Medicaid program regardless of approved technology used to undertake the service.".

Page 5, delete lines 24 through 25.

Page 5, delete lines 31 through 42.

Delete page 6.

Page 7, line 5, delete "employees: or providers of" and insert "employees or providers of".

Page 7, line 6, reset in roman "mental health services:".

Page 7, line 21, delete "five (5)" and insert "two (2)".

Page 7, between lines 30 and 31, begin a new paragraph and insert: "SECTION 11. IC 25-23.6-10.5-6, AS AMENDED BY



P.L.49-2019, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 6. (a) An applicant under section 2 of this chapter must complete the following educational requirements:

(1) Twenty-seven (27) semester hours or forty-one (41) quarter hours of graduate course work that must include graduate level course credits with material in at least the following content areas:

(A) Addiction counseling theories and techniques.

(B) Foundations of addiction counseling.

(C) (B) Psychopharmacology.

(D) (C) Psychopathology.

(E) (D) Clinical appraisal and assessment.

(F) (E) Theory and practice of group addiction counseling.

(G) (F) Counseling addicted family systems.

(H) (G) Multicultural counseling.

(I) (II) Research methods in addictions.

(J) (I) Areas of content as approved by the board.

(2) At least one (1) graduate level course of two (2) semester hours or three (3) quarter hours in the following areas:

(A) Legal, ethical, and professional standards issues in the practice of addiction counseling and therapy or an equivalent course approved by the board.

(B) Appraisal and assessment for individual or interpersonal disorder or dysfunction.

(3) At least one (1) supervised clinical practicum, internship, or field experience in an addiction counseling setting that requires the applicant to provide seven hundred (700) hours of clinical addiction counseling services and that must include the following:

(A) Two hundred eighty (280) face to face client contact hours of addiction counseling services under the supervision of a licensed clinical addiction counselor who has at least five (5) years of experience or a qualified supervisor, approved as determined by the board.

(B) One hundred (100) Thirty-five (35) hours of supervision from a licensed clinical addiction counselor who has at least five (5) years experience as a qualified supervisor, approved as determined by the board.

However, an applicant who has completed a clinical practicum, internship, or field experience to obtain another license under this article is not required to complete the clinical addiction counseling services hours required under this subdivision.

(4) Any qualifications established by the board under subsection



(c).

(b) The content areas under subsection (a)(1) may be combined into any one (1) graduate level course if the applicant can prove that the course work was devoted to each content area.

(c) The board shall adopt rules to establish any additional educational or clinical qualifications as specified by the Council for Accreditation of Counseling and Related Educational Programs or a successor organization.

(d) Notwithstanding subsection (a)(1)(B), an individual is not required to have a graduate level course credit in foundations of addiction counseling before July 1, 2021, to be eligible for licensure as a clinical addiction counselor. This subsection expires July 1, 2021.

SECTION 12. IC 25-23.6-10.5-7, AS AMENDED BY P.L.160-2018, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 7. (a) An applicant under section 1 of this chapter must have at least two (2) years of addiction counseling experience that must include at least one hundred fifty (150) hours under supervision, one hundred (100) hours of which must be under individual supervision and fifty (50) hours of which must be under group supervision. The supervision required must be provided by a qualified supervisor, as determined by the board.

(b) A doctoral internship, or a supervised master's level practicum, internship, or field experience in addiction counseling, may be applied toward the supervised work experience requirement.

(c) Except as provided in subsection (d), the experience requirement may be met by work performed at or away from the premises of the qualified supervisor.

(d) Except as provided in subsection (e), the work requirement may not be performed away from the qualified supervisor's premises if:

(1) the work is the independent private practice of addiction counseling; and

(2) the work is not performed at a place that has the supervision of a qualified supervisor.

(e) Up to fifty percent (50%) of the supervised addiction counseling experience hours required under subsection (a) may be accounted for through virtual supervision by a qualified supervisor described in subsection (a).

SECTION 13. IC 25-23.6-10.5-8, AS ADDED BY P.L.122-2009, SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 8. (a) An applicant under section 2 of this chapter must have at least two (2) years of clinical addiction counseling experience that must include at least two hundred (200) hours under



supervision, one hundred (100) hours of which must be under individual supervision and **up to** one hundred (100) hours of which must **may** be under group supervision. The supervision required must be provided by a qualified supervisor, as determined by the board.

(b) A doctoral internship may be applied toward the supervised work experience requirement.

(c) Except as provided in subsection (d), the experience requirement may be met by work performed at or away from the premises of the qualified supervisor.

(d) The work requirement may not be performed away from the qualified supervisor's premises if:

(1) the work is the independent private practice of addiction therapy; and

(2) the work is not performed at a place that has the supervision of a qualified supervisor.".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1467 as introduced.)

BARRETT

Committee Vote: yeas 11, nays 0.

