

SENATE BILL No. 222

DIGEST OF INTRODUCED BILL

Citations Affected: Numerous citations throughout the Indiana Code.

Synopsis: Family and social services administration matters. Adds the 9-8-8 crisis response center and a mobile crisis team as first responders. Provides civil and criminal immunity for these first responders. Requires certified peers to be trained and certified by the division of mental health and addiction. Amends the definition of "qualified provider" concerning the Medicaid program. Requires the office of the secretary of family and social services to limit presumptive eligibility determinations to qualified providers and sets forth requirements. Requires rules to be adopted concerning the implementation and administration of certification requirements for specified entities and amends standards. Changes the name of the division of disability and rehabilitative services to the division of disability, aging, and rehabilitative services. Repeals the division of aging and moves existing statutes and administrative rules to other locations. Renames the bureau of aging and in-home services to the bureau of better aging (bureau) and designates the bureau to perform certain duties once performed by the division of aging. Eliminates the requirement of a preferred drug list report. Extends the expiration of the micro facility pilot program. Authorizes the legislative services agency to prepare any legislation necessary to conform with the changes made.

Effective: July 1, 2026.

Charbonneau

January 8, 2026, read first time and referred to Committee on Health and Provider Services.



Second Regular Session of the 124th General Assembly (2026)

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 2025 Regular Session of the General Assembly.

SENATE BILL No. 222

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:

1 SECTION 1. IC 1-1-3.5-5, AS AMENDED BY P.L.9-2024,
2 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2026]: Sec. 5. (a) The governor shall forward a copy of the
4 executive order issued under section 3 of this chapter to:
5 (1) the director of the Indiana state library;
6 (2) the election division; and
7 (3) the Indiana Register.
8 (b) The director of the Indiana state library, or an employee of the
9 Indiana state library designated by the director to supervise a state data
10 center established under IC 4-23-7.1, shall notify each state agency
11 using population counts as a basis for the distribution of funds or
12 services of the effective date of the tabulation of population or
13 corrected population count.
14 (c) The agencies that the director of the Indiana state library must
15 notify under subsection (b) include the following:
16 (1) The state comptroller, for distribution of money from the
17 following:



- 1 (A) The cigarette tax fund in accordance with IC 6-7-1-30.1.
 2 (B) Excise tax revenue allocated under IC 7.1-4-7-8.
 3 (C) The local road and street account in accordance with
 4 IC 8-14-2-4.
- 5 (2) The board of trustees of Ivy Tech Community College for the
 6 board's division of Indiana into service regions under
 7 IC 21-22-6-1.
- 8 (3) The division of disability, **aging**, and rehabilitative services,
 9 for establishing priorities for community residential facilities
 10 under IC 12-11-1.1 and IC 12-28-4-12.
- 11 (4) The department of state revenue, for distribution of money
 12 from the motor vehicle highway account fund under IC 8-14-1-3.
- 13 (5) The Indiana economic development corporation, for the
 14 evaluation of enterprise zone applications under IC 5-28-15.
- 15 (6) The alcohol and tobacco commission, for the issuance of
 16 permits under IC 7.1.
- 17 (7) The state board of accounts, for calculating the state share of
 18 salaries paid under IC 33-38-5, IC 33-39-6, and IC 33-41-2.
- 19 SECTION 2. IC 4-1-8-1, AS AMENDED BY P.L.9-2024,
 20 SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 21 JULY 1, 2026]: Sec. 1. (a) No individual may be compelled by any
 22 state agency, board, commission, department, bureau, or other entity of
 23 state government (referred to as "state agency" in this chapter) to
 24 provide the individual's Social Security number to the state agency
 25 against the individual's will, absent federal requirements to the
 26 contrary. However, the provisions of this chapter do not apply to the
 27 following:
- 28 (1) Department of state revenue.
 29 (2) Department of workforce development.
 30 (3) The programs administered by:
 31 (A) the division of family resources;
 32 (B) the division of mental health and addiction;
 33 (C) the division of disability, **aging**, and rehabilitative
 34 services; **and**
 35 ~~(D)~~ **(D)** the division of aging; and
 36 ~~(E)~~ **(D)** the office of Medicaid policy and planning;
 37 of the office of the secretary of family and social services.
 38 (4) State comptroller.
 39 (5) State personnel department.
 40 (6) Secretary of state, with respect to the registration of
 41 broker-dealers, agents, and investment advisors.
 42 (7) The lobby registration commission, with respect to the



- 1 registration of lobbyists.
- 2 (8) Indiana department of administration, with respect to bidders
- 3 on contracts.
- 4 (9) Indiana department of transportation, with respect to bidders
- 5 on contracts.
- 6 (10) Indiana professional licensing agency.
- 7 (11) Department of insurance, with respect to licensing of
- 8 insurance producers.
- 9 (12) The department of child services.
- 10 (13) A pension fund administered by the board of trustees of the
- 11 Indiana public retirement system.
- 12 (14) The state police benefit system.
- 13 (15) The alcohol and tobacco commission.
- 14 (16) The Indiana department of health, for purposes of licensing
- 15 radiologic technologists under IC 16-41-35-29(c).
- 16 (b) The bureau of motor vehicles may, notwithstanding this chapter,
- 17 require the following:
- 18 (1) That an individual include the individual's Social Security
- 19 number in an application for an official certificate of title for any
- 20 vehicle required to be titled under IC 9-17.
- 21 (2) That an individual include the individual's Social Security
- 22 number on an application for registration.
- 23 (3) That a corporation, limited liability company, firm,
- 24 partnership, or other business entity include its federal tax
- 25 identification number on an application for registration.
- 26 (4) That an individual include the individual's Social Security
- 27 number on an application for a license, a permit, or an
- 28 identification card.
- 29 (c) The Indiana department of administration, the Indiana
- 30 department of transportation, and the Indiana professional licensing
- 31 agency may require an employer to provide its federal employer
- 32 identification number.
- 33 (d) The department of correction may require a committed offender
- 34 to provide the offender's Social Security number for purposes of
- 35 matching data with the Social Security Administration to determine
- 36 benefit eligibility.
- 37 (e) The Indiana gaming commission may, notwithstanding this
- 38 chapter, require the following:
- 39 (1) That an individual include the individual's Social Security
- 40 number:
- 41 (A) in any application for a riverboat owner's license,
- 42 supplier's license, or occupational license; or



- 1 (B) in any document submitted to the commission in the
 2 course of an investigation necessary to ensure that gaming
 3 under IC 4-32.3, IC 4-33, and IC 4-35 is conducted with
 4 credibility and integrity.
- 5 (2) That a sole proprietorship, a partnership, an association, a
 6 fiduciary, a corporation, a limited liability company, or any other
 7 business entity include its federal tax identification number on an
 8 application for a riverboat owner's license or supplier's license.
- 9 (f) Notwithstanding this chapter, the department of education
 10 established by IC 20-19-3-1 may require an individual who applies to
 11 the department for a license or an endorsement to provide the
 12 individual's Social Security number. The Social Security number may
 13 be used by the department only for conducting a background
 14 investigation, if the department is authorized by statute to conduct a
 15 background investigation of an individual for issuance of the license or
 16 endorsement.
- 17 SECTION 3. IC 4-15-2.2-33, AS ADDED BY P.L.229-2011,
 18 SECTION 56, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 19 JULY 1, 2026]: Sec. 33. (a) As used in this section, "individual with a
 20 disability" means an individual:
- 21 (1) with a physical or mental impairment that substantially limits
 22 one (1) or more of the major life activities of the individual; or
 23 (2) who:
- 24 (A) has a record of; or
 25 (B) is regarded as;
 26 having an impairment described in subdivision (1).
- 27 (b) Notwithstanding any other provision of this chapter, an Indiana
 28 rehabilitation facility or the division of disability, **aging**, and
 29 rehabilitative services may certify that an individual:
- 30 (1) is an individual with a disability; and
 31 (2) possesses the required knowledge, skill, and ability to perform
 32 the essential functions of a position classification:
- 33 (A) with or without reasonable accommodation; or
 34 (B) with special accommodation for supported employment.
- 35 (c) An applicant with a disability who is certified under subsection
 36 (b) may be appointed to a position in a classification for which the
 37 applicant is certified.
- 38 SECTION 4. IC 4-21.5-3-6, AS AMENDED BY P.L.222-2025,
 39 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 40 JULY 1, 2026]: Sec. 6. (a) Notice shall be given under this section
 41 concerning the following:
- 42 (1) A safety order under IC 22-8-1.1.



- 1 (2) Any order that:
 2 (A) imposes a sanction on a person or terminates a legal right,
 3 duty, privilege, immunity, or other legal interest of a person;
 4 (B) is not described in section 4 or 5 of this chapter or
 5 IC 4-21.5-4; and
 6 (C) by statute becomes effective without a proceeding under
 7 this chapter if there is no request for a review of the order
 8 within a specified period after the order is issued or served.
- 9 (3) A notice of program reimbursement or equivalent
 10 determination or other notice regarding a hospital's
 11 reimbursement issued by the office of Medicaid policy and
 12 planning or by a contractor of the office of Medicaid policy and
 13 planning regarding a hospital's year end cost settlement.
- 14 (4) A determination of audit findings or an equivalent
 15 determination by the office of Medicaid policy and planning or by
 16 a contractor of the office of Medicaid policy and planning arising
 17 from a Medicaid postpayment or concurrent audit of a hospital's
 18 Medicaid claims.
- 19 (5) A license suspension or revocation under:
 20 (A) IC 24-4.4-2;
 21 (B) IC 24-4.5-3;
 22 (C) IC 28-1-29;
 23 (D) IC 28-7-5;
 24 (E) IC 28-8-4.1;
 25 (F) IC 28-8-5; or
 26 (G) IC 28-8-6.
- 27 (6) An order issued by the secretary or the secretary's designee
 28 against providers regulated by the office of the secretary, the
 29 ~~division~~ **bureau** of ~~better~~ aging or the bureau of disabilities
 30 services and not licensed by the Indiana department of health
 31 under IC 16-27 or IC 16-28.
- 32 (b) When an agency issues an order described by subsection (a), the
 33 agency shall give notice to the following persons:
 34 (1) Each person to whom the order is specifically directed.
 35 (2) Each person to whom a law requires notice to be given.
- 36 A person who is entitled to notice under this subsection is not a party
 37 to any proceeding resulting from the grant of a petition for review
 38 under section 7 of this chapter unless the person is designated as a
 39 party in the record of the proceeding.
- 40 (c) The notice must include the following:
 41 (1) A brief description of the order.
 42 (2) A brief explanation of the available procedures and the time



1 limit for seeking administrative review of the order under section
2 7 of this chapter.

3 (3) Any other information required by law.

4 (d) An order described in subsection (a) is effective fifteen (15) days
5 after the order is served, unless a statute other than this article specifies
6 a different date or the agency specifies a later date in its order. This
7 subsection does not preclude an agency from issuing, under
8 IC 4-21.5-4, an emergency or other temporary order concerning the
9 subject of an order described in subsection (a).

10 (e) If a petition for review of an order described in subsection (a) is
11 filed within the period set by section 7 of this chapter and a petition for
12 stay of effectiveness of the order is filed by a party or another person
13 who has a pending petition for intervention in the proceeding, an
14 administrative law judge shall, as soon as practicable, conduct a
15 preliminary hearing to determine whether the order should be stayed in
16 whole or in part. The burden of proof in the preliminary hearing is on
17 the person seeking the stay. The administrative law judge may stay the
18 order in whole or in part. The order concerning the stay may be issued
19 after an order described in subsection (a) becomes effective. The
20 resulting order concerning the stay shall be served on the parties and
21 any person who has a pending petition for intervention in the
22 proceeding. It must include a statement of the facts and law on which
23 it is based.

24 SECTION 5. IC 5-1.2-2-55, AS ADDED BY P.L.189-2018,
25 SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
26 JULY 1, 2026]: Sec. 55. "Participating provider", for purposes of
27 financing a health facility and health facility property under IC 5-1.2-7,
28 means a person, corporation, municipal corporation, political
29 subdivision, or other entity, public or private, that:

- 30 (1) is located in Indiana or outside Indiana;
31 (2) contracts with the authority for the financing or refinancing of,
32 or the lease or other acquisition of, health facility property that is
33 located:
34 (A) in Indiana; or
35 (B) outside Indiana, if the financing, refinancing, lease, or
36 other acquisition also includes a substantial component, as
37 determined by the authority, for the benefit of a health facility
38 or facilities located in Indiana;
39 (3) is:
40 (A) licensed under IC 12-25, IC 16-21, IC 16-28, or
41 corresponding laws of the state in which the property is
42 located;



- 1 (B) a regional blood center;
- 2 (C) a community mental health center or community
- 3 intellectual disability and other developmental disabilities
- 4 center (as defined in IC 12-7-2-38 and IC 12-7-2-39 or
- 5 corresponding provisions of laws of the state in which the
- 6 property is located);
- 7 (D) an entity that:
- 8 (i) contracts with the division of disability, **aging**, and
- 9 rehabilitative services or the division of mental health and
- 10 addiction to provide the program described in
- 11 IC 12-11-1.1-1(e) or IC 12-22-2; or
- 12 (ii) provides a similar program under the laws of the state in
- 13 which the entity is located;
- 14 (E) a vocational rehabilitation center established under
- 15 IC 12-12-1-4.1(a)(1) or corresponding provisions of the laws
- 16 of the state in which the property is located;
- 17 (F) the owner or operator of a facility that is utilized, directly
- 18 or indirectly, to provide health care, habilitation, rehabilitation,
- 19 therapeutic services, medical research, the training or teaching
- 20 of health care personnel, or any related supporting services, or
- 21 of a residential facility for individuals with a physical, mental,
- 22 or emotional disability, individuals with a physical or mental
- 23 illness, or the elderly;
- 24 (G) a licensed child caring institution providing residential
- 25 care described in IC 12-7-2-29(1) or corresponding provisions
- 26 of the laws of the state in which the property is located;
- 27 (H) an integrated health care system between or among
- 28 providers, a health care purchasing alliance, a health insurer
- 29 or third party administrator that is a participant in an integrated
- 30 health care system, a health maintenance or preferred provider
- 31 organization, or a foundation that supports a health care
- 32 provider; or
- 33 (I) an individual, business entity, or governmental entity that
- 34 owns an equity or membership interest in any of the
- 35 organizations described in clauses (A) through (H); and
- 36 (4) in the case of a person, corporation, municipal corporation,
- 37 political subdivision, or other entity located outside Indiana, is
- 38 owned or controlled by, under common control with, affiliated
- 39 with, or part of an obligated group that includes an entity that
- 40 provides one (1) or more of the following services or facilities in
- 41 Indiana:
- 42 (A) A facility that provides:



- 1 (i) health care;
 2 (ii) habilitation, rehabilitation, or therapeutic services;
 3 (iii) medical research;
 4 (iv) training or teaching of health care personnel; or
 5 (v) any related supporting services.
- 6 (B) A residential facility for:
 7 (i) individuals with a physical, mental, or emotional
 8 disability;
 9 (ii) individuals with a physical or mental illness; or
 10 (iii) the elderly.
- 11 (C) A licensed child caring institution providing residential
 12 care described in IC 12-7-2-29(1).
- 13 SECTION 6. IC 5-10-8-7.3, AS AMENDED BY P.L.143-2022,
 14 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 15 JULY 1, 2026]: Sec. 7.3. (a) As used in this section, "covered
 16 individual" means an individual who is:
 17 (1) covered under a self-insurance program established under
 18 section 7(b) of this chapter to provide group health coverage; or
 19 (2) entitled to services under a contract with a prepaid health care
 20 delivery plan that is entered into or renewed under section 7(c) of
 21 this chapter.
- 22 (b) As used in this section, "early intervention services" means
 23 services provided to a first steps child under IC 12-12.7-2 and 20
 24 U.S.C. 1432(4).
- 25 (c) As used in this section, "first steps child" means an infant or
 26 toddler from birth through two (2) years of age who is enrolled in the
 27 Indiana first steps program and is a covered individual.
- 28 (d) As used in this section, "first steps program" refers to the
 29 program established under IC 12-12.7-2 and 20 U.S.C. 1431 et seq. to
 30 meet the needs of:
 31 (1) children who are eligible for early intervention services; and
 32 (2) their families.
- 33 The term includes the coordination of all available federal, state, local,
 34 and private resources available to provide early intervention services
 35 within Indiana.
- 36 (e) As used in this section, "health benefits plan" means a:
 37 (1) self-insurance program established under section 7(b) of this
 38 chapter to provide group health coverage; or
 39 (2) contract with a prepaid health care delivery plan that is
 40 entered into or renewed under section 7(c) of this chapter.
- 41 (f) A health benefits plan that provides coverage for early
 42 intervention services shall reimburse the first steps program a monthly



1 fee established by the division of disability, **aging**, and rehabilitative
 2 services established by IC 12-9-1-1. Except when the monthly fee is
 3 less than the product determined under IC 12-12.7-2-23(b), the
 4 monthly fee shall be provided instead of claims processing of
 5 individual claims.

6 (g) The reimbursement required under subsection (f) may not be
 7 applied to any annual or aggregate lifetime limit on the first steps
 8 child's coverage under the health benefits plan.

9 (h) The first steps program may pay required deductibles,
 10 copayments, or other out-of-pocket expenses for a first steps child
 11 directly to a provider. A health benefits plan shall apply any payments
 12 made by the first steps program to the health benefits plan's
 13 deductibles, copayments, or other out-of-pocket expenses according to
 14 the terms and conditions of the health benefits plan.

15 (i) A health benefits plan may not require authorization for services
 16 specified in the covered individual's individualized family service plan,
 17 if those services are a covered benefit under the plan, once the
 18 individualized family service plan is signed by a physician, an
 19 advanced practice registered nurse, or a physician assistant.

20 (j) The department of insurance shall adopt rules under IC 4-22-2
 21 to ensure compliance with this section.

22 SECTION 7. IC 5-22-12-2, AS AMENDED BY P.L.141-2006,
 23 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 24 JULY 1, 2026]: Sec. 2. As used in this chapter, "bureau" refers to the
 25 rehabilitation services bureau of the division of disability, **aging**, and
 26 rehabilitative services established ~~under~~ **by** IC 12-12-1-1.

27 SECTION 8. IC 6-1.1-12-12, AS AMENDED BY P.L.68-2025,
 28 SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 29 JULY 1, 2026]: Sec. 12. (a) Except as provided in section 17.8 of this
 30 chapter and subject to section 45 of this chapter, a person who desires
 31 to claim the deduction provided in section 11 of this chapter must file
 32 an application, on forms prescribed by the department of local
 33 government finance, with the auditor of the county in which the real
 34 property, mobile home not assessed as real property, or manufactured
 35 home not assessed as real property is located. To obtain the deduction
 36 for a desired calendar year in which property taxes are first due and
 37 payable, the application must be completed, dated, and filed with the
 38 county auditor on or before January 15 of the calendar year in which
 39 the property taxes are first due and payable. The application may be
 40 filed in person or by mail. If mailed, the mailing must be postmarked
 41 on or before the last day for filing.

42 (b) Proof of blindness may be supported by:



- 1 (1) the records of the division of family resources or the division
- 2 of disability, **aging**, and rehabilitative services; or
- 3 (2) the written statement of a physician who is licensed by this
- 4 state and skilled in the diseases of the eye or of a licensed
- 5 optometrist.
- 6 (c) The application required by this section must contain the record
- 7 number and page where the contract or memorandum of the contract
- 8 is recorded if the individual is buying the real property, mobile home,
- 9 or manufactured home on a contract that provides that the individual
- 10 is to pay property taxes on the real property, mobile home, or
- 11 manufactured home.
- 12 (d) This section applies only to property taxes imposed for an
- 13 assessment date before January 1, 2025.
- 14 (e) This section expires January 1, 2027.
- 15 SECTION 9. IC 10-10.5-1-2, AS ADDED BY P.L.113-2020,
- 16 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 17 JULY 1, 2026]: Sec. 2. "Indiana first responder" means an individual
- 18 who:
- 19 (1) is employed by; ~~or~~
- 20 **(2) is a member of; or**
- 21 ~~(3)~~ **(3) serves as a volunteer for;**
- 22 a public safety agency, **a 9-8-8 crisis response center (as defined in**
- 23 **IC 12-21-8-1), or a mobile crisis team (as defined in IC 12-21-8-3)**
- 24 **certified by the division of mental health and addiction under**
- 25 **IC 12-21-8-10,** and whose duties include responding rapidly to an
- 26 emergency.
- 27 SECTION 10. IC 10-10.5-2-1, AS AMENDED BY P.L.119-2022,
- 28 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 29 JULY 1, 2026]: Sec. 1. The state of Indiana designates the following
- 30 individuals to be Indiana first responders:
- 31 (1) A law enforcement officer.
- 32 (2) A firefighter, including a volunteer firefighter.
- 33 (3) A corrections officer.
- 34 (4) A public safety telecommunicator.
- 35 (5) An emergency medical technician, emergency medical
- 36 responder, or paramedic.
- 37 (6) An individual performing emergency management services
- 38 subject to the order or control of, or under a request of, the state
- 39 or local government, including a volunteer health practitioner
- 40 registered under IC 10-14-3.5.
- 41 (7) Any individual serving in an employee or volunteer capacity
- 42 for a public safety agency whose duties include rapid emergency



1 response.

2 (8) A county coroner or deputy county coroner.

3 **(9) Any individual serving in an employee or volunteer**
 4 **capacity for a 9-8-8 crisis response center (as defined in**
 5 **IC 12-21-8-1).**

6 **(10) A member of a mobile crisis team (as defined in**
 7 **IC 12-21-8-3) certified by the division of mental health and**
 8 **addiction under IC 12-21-8-10.**

9 SECTION 11. IC 11-13-1-8, AS AMENDED BY P.L.161-2018,
 10 SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 11 JULY 1, 2026]: Sec. 8. (a) As used in this section, "board" refers to the
 12 board of directors of the judicial conference of Indiana established by
 13 IC 33-38-9-3.

14 (b) The board shall adopt rules consistent with this chapter,
 15 prescribing minimum standards concerning:

16 (1) educational and occupational qualifications for employment
 17 as a probation officer;

18 (2) compensation of probation officers;

19 (3) protection of probation records and disclosure of information
 20 contained in those records;

21 (4) presentence investigation reports;

22 (5) a schedule of progressive probation incentives and violation
 23 sanctions, including judicial review procedures; and

24 (6) qualifications for probation officers to administer probation
 25 violation sanctions under IC 35-38-2-3(e).

26 (c) The conference shall prepare a written examination to be used
 27 in establishing lists of persons eligible for appointment as probation
 28 officers. The conference shall prescribe the qualifications for entrance
 29 to the examination and establish a minimum passing score and rules for
 30 the administration of the examination after obtaining recommendations
 31 on these matters from the probation standards and practices advisory
 32 committee. The examination must be offered at least once every other
 33 month.

34 (d) The conference shall, by its rules, establish an effective date for
 35 the minimum standards and written examination for probation officers.

36 (e) The conference shall provide probation departments with
 37 training and technical assistance for:

38 (1) the implementation and management of probation case
 39 classification; and

40 (2) the development and use of workload information.

41 The staff of the office of judicial administration may include a
 42 probation case management coordinator and probation case



- 1 management assistant.
- 2 (f) The conference shall, in cooperation with the department of child
 3 services and the department of education, provide probation
 4 departments with training and technical assistance relating to special
 5 education services and programs that may be available for delinquent
 6 children or children in need of services. The subjects addressed by the
 7 training and technical assistance must include the following:
- 8 (1) Eligibility standards.
 - 9 (2) Testing requirements and procedures.
 - 10 (3) Procedures and requirements for placement in programs
 11 provided by school corporations or special education cooperatives
 12 under IC 20-35-5.
 - 13 (4) Procedures and requirements for placement in residential
 14 special education institutions or facilities under IC 20-35-6-2.
 - 15 (5) Development and implementation of individual education
 16 programs for eligible children in:
 - 17 (A) accordance with applicable requirements of state and
 18 federal laws and rules; and
 - 19 (B) coordination with:
 - 20 (i) individual case plans; and
 - 21 (ii) informal adjustment programs or dispositional decrees
 22 entered by courts having juvenile jurisdiction under
 23 IC 31-34 and IC 31-37.
 - 24 (6) Sources of federal, state, and local funding that is or may be
 25 available to support special education programs for children for
 26 whom proceedings have been initiated under IC 31-34 and
 27 IC 31-37.
- 28 Training for probation departments may be provided jointly with
 29 training provided to child welfare caseworkers relating to the same
 30 subject matter.
- 31 (g) The conference shall, in cooperation with the division of mental
 32 health and addiction (IC 12-21) and the division of disability, **aging**,
 33 and rehabilitative services (IC 12-9-1), provide probation departments
 34 with training and technical assistance concerning mental illness,
 35 addictive disorders, intellectual disabilities, and developmental
 36 disabilities, including evidence based treatment programs for mental
 37 illness and addictive disorders and cognitive behavior treatment.
- 38 (h) The conference shall make recommendations to courts and
 39 probation departments concerning:
- 40 (1) selection, training, distribution, and removal of probation
 41 officers;
 - 42 (2) methods and procedure for the administration of probation,



1 including investigation, supervision, workloads, record keeping,
2 and reporting; and

3 (3) use of citizen volunteers and public and private agencies.

4 (i) The conference may delegate any of the functions described in
5 this section to the advisory committee or the office of judicial
6 administration.

7 SECTION 12. IC 12-7-2-24, AS AMENDED BY P.L.241-2023,
8 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
9 JULY 1, 2026]: Sec. 24. "Bureau" means the following:

10 (1) For purposes of IC 12-10, the bureau of **better** aging ~~and~~
11 ~~in-home services~~ established by IC 12-10-1-1.

12 (2) For purposes of IC 12-11, the bureau of disabilities services
13 established by IC 12-11-1.1-1.

14 (3) For purposes of IC 12-12, the rehabilitation services bureau of
15 the division of disability, **aging**, and rehabilitative services
16 established by IC 12-12-1-1.

17 SECTION 13. IC 12-7-2-24.8 IS AMENDED TO READ AS
18 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 24.8. "Caretaker", for
19 purposes of ~~IC 12-10-5~~; **IC 12-10**, has the meaning set forth in
20 ~~IC 12-10-5-1-1~~. **IC 12-10-22-1**.

21 SECTION 14. IC 12-7-2-26.4 IS ADDED TO THE INDIANA
22 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
23 [EFFECTIVE JULY 1, 2026]: **Sec. 26.4. "Certified peer", for**
24 **purposes of IC 12-21, means an individual who is trained and**
25 **certified by the division of mental health and addiction to provide**
26 **ongoing support to individuals and families of individuals who are**
27 **receiving mental health or substance use recovery supports and**
28 **services.**

29 SECTION 15. IC 12-7-2-39, AS AMENDED BY P.L.117-2015,
30 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
31 JULY 1, 2026]: Sec. 39. "Community intellectual disability and other
32 developmental disabilities centers", for purposes of IC 12-29 (except
33 as provided in IC 12-29-3-6), means a program of services that meets
34 the following conditions:

35 (1) Is approved by the division of disability, **aging**, and
36 rehabilitative services.

37 (2) Is organized for the purpose of providing multiple services for
38 persons with developmental disabilities.

39 (3) Is operated by one (1) of the following or any combination of
40 the following:

41 (A) A city, a town, a county, or another political subdivision
42 of Indiana.



- 1 (B) An agency of the state.
- 2 (C) An agency of the United States.
- 3 (D) A political subdivision of another state.
- 4 (E) A hospital owned or operated by a unit of government
- 5 described in clauses (A) through (D).
- 6 (F) A building authority organized for the purpose of
- 7 constructing facilities to be leased to units of government.
- 8 (G) A corporation incorporated under IC 23-7-1.1 (before its
- 9 repeal August 1, 1991) or IC 23-17.
- 10 (H) A nonprofit corporation incorporated in another state.
- 11 (I) A university or college.
- 12 (4) Is accredited for the services provided by one (1) of the
- 13 following organizations:
- 14 (A) The Commission on Accreditation of Rehabilitation
- 15 Facilities (CARF), or its successor.
- 16 (B) The Council on Quality and Leadership in Supports for
- 17 People with Disabilities, or its successor.
- 18 (C) The Joint Commission on Accreditation of Healthcare
- 19 Organizations (JCAHO), or its successor.
- 20 (D) The National Commission on Quality Assurance, or its
- 21 successor.
- 22 (E) An independent national accreditation organization
- 23 approved by the secretary.
- 24 SECTION 16. IC 12-7-2-64, AS AMENDED BY P.L.149-2016,
- 25 SECTION 42, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 26 JULY 1, 2026]: Sec. 64. "Director" refers to the following:
- 27 (1) With respect to a particular division, the director of the
- 28 division.
- 29 (2) With respect to a particular state institution, the director who
- 30 has administrative control of and responsibility for the state
- 31 institution.
- 32 (3) For purposes of IC 12-10-15, the term refers to the director of
- 33 the ~~division~~ **bureau** of **better** aging.
- 34 (4) For purposes of IC 12-25, the term refers to the director of the
- 35 division of mental health and addiction.
- 36 (5) For purposes of IC 12-26, the term:
- 37 (A) refers to the director who has administrative control of and
- 38 responsibility for the appropriate state institution; and
- 39 (B) includes the director's designee.
- 40 (6) If subdivisions (1) through (5) do not apply, the term refers to
- 41 the director of any of the divisions.
- 42 SECTION 17. IC 12-7-2-69, AS AMENDED BY THE



1 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
 2 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 3 JULY 1, 2026]: Sec. 69. (a) "Division", except as provided in
 4 subsections (b), (c), and (d), refers to any of the following:

5 (1) The division of disability, **aging**, and rehabilitative services
 6 established by IC 12-9-1-1.

7 ~~(2) The division of aging established by IC 12-9-1-1-1.~~

8 ~~(3) (2)~~ The division of family resources established by
 9 IC 12-13-1-1.

10 ~~(4) (3)~~ The division of mental health and addiction established by
 11 IC 12-21-1-1.

12 (b) The term refers to the following:

13 (1) For purposes of the following statutes, the division of
 14 disability, **aging**, and rehabilitative services established by
 15 IC 12-9-1-1:

16 (A) IC 12-9.

17 **(B) IC 12-10.**

18 ~~(B) (C)~~ IC 12-11.

19 ~~(C) (D)~~ IC 12-12.

20 ~~(D) (E)~~ IC 12-12.7.

21 ~~(E) (F)~~ IC 12-28-5.

22 ~~(2) For purposes of the following statutes, the division of aging~~
 23 ~~established by IC 12-9-1-1-1:~~

24 ~~(A) IC 12-9-1.~~

25 ~~(B) IC 12-10.~~

26 ~~(C) IC 12-10-5.~~

27 ~~(3) (2)~~ For purposes of the following statutes, the division of
 28 family resources established by IC 12-13-1-1:

29 (A) IC 12-8-12.

30 (B) IC 12-13.

31 (C) IC 12-14.

32 (D) IC 12-15.

33 (E) IC 12-16.

34 **(F) IC 12-17.**

35 ~~(F) (G)~~ IC 12-17.2.

36 ~~(G) (H)~~ IC 12-18.

37 ~~(H) (I)~~ IC 12-19.

38 ~~(I) (J)~~ IC 12-20.

39 ~~(4) (3)~~ For purposes of the following statutes, the division of
 40 mental health and addiction established by IC 12-21-1-1:

41 (A) IC 12-21.

42 (B) IC 12-22.



1 (C) IC 12-23.

2 (D) IC 12-25.

3 (c) With respect to a particular state institution, the term refers to
4 the division whose director has administrative control of and
5 responsibility for the state institution.

6 (d) For purposes of IC 12-24, IC 12-26, and IC 12-27, the term
7 refers to the division whose director has administrative control of and
8 responsibility for the appropriate state institution.

9 SECTION 18. IC 12-7-2-76.6 IS AMENDED TO READ AS
10 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 76.6. (a) "Emergency
11 medical condition", for purposes of IC 12-15-12, has the meaning set
12 forth in IC 12-15-12-0.3.

13 (b) **"Emergency medical responder", for purposes of**
14 **IC 12-10-21, has the meaning set forth in IC 12-10-21-1.**

15 SECTION 19. IC 12-7-2-99, AS AMENDED BY P.L.160-2012,
16 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
17 JULY 1, 2026]: Sec. 99. "A person with a disability" means, for
18 purposes of the following statutes, an individual who has a physical or
19 mental disability and meets the program eligibility requirements of the
20 division of disability, **aging**, and rehabilitative services:

21 (1) IC 12-8-1.5-10.

22 (2) IC 12-12-1.

23 (3) IC 12-12-6.

24 SECTION 20. IC 12-7-2-146, AS AMENDED BY P.L.174-2025,
25 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
26 JULY 1, 2026]: Sec. 146. "Program" refers to the following:

27 (1) For purposes of IC 12-10-5.7, the meaning set forth in
28 IC 12-10-5.7-2.

29 (2) For purposes of IC 12-10-7, the adult guardianship services
30 program established by IC 12-10-7-5.

31 (3) For purposes of IC 12-10-10, the meaning set forth in
32 IC 12-10-10-5.

33 (4) **For purposes of IC 12-10-21, the meaning set forth in**
34 **IC 12-10-21-3.**

35 ~~(5)~~ (5) For purposes of IC 12-15-12.7, the meaning set forth in
36 IC 12-15-12.7-1.

37 ~~(6)~~ (6) For purposes of IC 12-17.2-2-14.2, the meaning set forth
38 in IC 12-17.2-2-14.2(a).

39 ~~(7)~~ (7) For purposes of IC 12-17.6, the meaning set forth in
40 IC 12-17.6-1-5.

41 SECTION 21. IC 12-7-2-146.2 IS ADDED TO THE INDIANA
42 CODE AS A NEW SECTION TO READ AS FOLLOWS



1 [EFFECTIVE JULY 1, 2026]: **Sec. 146.2. "Program participant", for**
 2 **purposes of IC 12-10-21, has the meaning set forth in**
 3 **IC 12-10-21-4.**

4 SECTION 22. IC 12-7-2-155.4, AS ADDED BY P.L.35-2022,
 5 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 6 JULY 1, 2026]: Sec. 155.4. "Qualified provider", **means the**
 7 **following:**

8 (1) For purposes of IC 12-15-1-16: ~~means:~~

9 ~~(A)~~ (A) a school based nurse; or

10 ~~(B)~~ (B) another provider who:

11 ~~(A)~~ (i) is licensed and in good standing with the Indiana
 12 professional licensing agency; and

13 ~~(B)~~ (ii) is employed by or contracts with a school
 14 corporation that participates in Medicaid.

15 (2) For purposes of IC 12-15-4, a provider who:

16 (A) is enrolled in the Indiana Medicaid program; and

17 (B) maintains a valid agreement, as prescribed by the
 18 office, to make determinations concerning presumptive
 19 eligibility.

20 SECTION 23. IC 12-7-2-180.1 IS AMENDED TO READ AS
 21 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 180.1. "Special needs",
 22 for purposes of ~~IC 12-10-5~~, **IC 12-10**, has the meaning set forth in
 23 ~~IC 12-10-5-1-2~~. **IC 12-10-22-2.**

24 SECTION 24. IC 12-7-3-1, AS AMENDED BY P.L.168-2018,
 25 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 26 JULY 1, 2026]: Sec. 1. (a) A rule adopted by the department of mental
 27 health concerning developmental disabilities under IC 16-13-1 (before
 28 its repeal by P.L.9-1991) is valid and effective until the division of
 29 disability, **aging**, and rehabilitative services adopts a rule under
 30 IC 4-22-2 that:

31 (1) supersedes in whole or in part the department of mental health
 32 rule; or

33 (2) repeals the department of mental health rule.

34 (b) Notwithstanding subsection (a), if a rule adopted by the
 35 department of mental health before January 1, 1992:

36 (1) has not been superseded or repealed as provided in subsection
 37 (a); and

38 (2) provides authority to the department of mental health that has
 39 been transferred to the division of disability, **aging**, and
 40 rehabilitative services under P.L.9-1991;

41 that rule shall be interpreted to constitute an authorization to the
 42 division of disability, **aging**, and rehabilitative services and not the



- 1 department of mental health.
- 2 SECTION 25. IC 12-7-3-2, AS AMENDED BY P.L.168-2018,
 3 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 4 JULY 1, 2026]: Sec. 2. (a) A rule adopted by the department of mental
 5 health concerning case management services for developmentally
 6 disabled persons under IC 16-14-31 (before its repeal by P.L.9-1991)
 7 is valid and effective until the division of disability, **aging**, and
 8 rehabilitative services adopts a rule under IC 4-22-2 that:
- 9 (1) supersedes in whole or in part the department of mental health
 10 rule; or
 11 (2) repeals the department of mental health rule.
- 12 (b) Notwithstanding subsection (a), if a rule adopted by the
 13 department of mental health before January 1, 1992:
- 14 (1) has not been superseded or repealed as provided in subsection
 15 (a); and
 16 (2) provides authority to the department of mental health that has
 17 been transferred to the division of disability, **aging**, and
 18 rehabilitative services under P.L.9-1991;
- 19 that rule shall be interpreted to constitute an authorization to the
 20 division of disability, **aging**, and rehabilitative services and not the
 21 department of mental health.
- 22 SECTION 26. IC 12-7-3-3, AS AMENDED BY P.L.168-2018,
 23 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 24 JULY 1, 2026]: Sec. 3. (a) A rule adopted by the department of mental
 25 health concerning residential facilities under IC 16-13-21 or
 26 IC 16-13-22, as amended by P.L.9-1991 and before their repeal, is
 27 valid and effective until the division of disability, **aging**, and
 28 rehabilitative services adopts a rule under IC 4-22-2 that:
- 29 (1) supersedes in whole or in part the department of mental health
 30 rule; or
 31 (2) repeals the department of mental health rule.
- 32 (b) Notwithstanding subsection (a), if a rule adopted by the
 33 department of mental health before January 1, 1992:
- 34 (1) has not been superseded or repealed as provided in subsection
 35 (a); and
 36 (2) provides authority to the department of mental health that has
 37 been transferred to the division of disability, **aging**, and
 38 rehabilitative services under P.L.9-1991;
- 39 that rule shall be interpreted to constitute an authorization to the
 40 division of disability, **aging**, and rehabilitative services and not the
 41 department of mental health.
- 42 SECTION 27. IC 12-7-3-5, AS AMENDED BY P.L.168-2018,



1 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
2 JULY 1, 2026]: Sec. 5. (a) A rule adopted by the state department of
3 public welfare concerning room and board assistance under
4 IC 12-1-5.5, as repealed by P.L.9-1991, is valid and effective until the
5 division of disability, **aging**, and rehabilitative services adopts a rule
6 under IC 4-22-2 that:

7 (1) supersedes in whole or in part the state department of public
8 welfare rule; or

9 (2) repeals the state department of public welfare rule.

10 (b) Notwithstanding subsection (a), if a rule adopted by the state
11 department of public welfare before January 1, 1992:

12 (1) has not been superseded or repealed as provided in subsection
13 (a); and

14 (2) provides authority to the state department of public welfare
15 that has been transferred to the division of disability, **aging**, and
16 rehabilitative services under P.L.9-1991;

17 that rule shall be interpreted to constitute an authorization to the office
18 of Medicaid policy and planning established under IC 12-6-6 (before
19 its repeal) and not the state board of public welfare.

20 SECTION 28. IC 12-7-3-9, AS AMENDED BY P.L.168-2018,
21 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
22 JULY 1, 2026]: Sec. 9. (a) A rule adopted by the department of mental
23 health concerning epilepsy services is valid and effective until the
24 division of disability, **aging**, and rehabilitative services adopts a rule
25 under IC 4-22-2 that:

26 (1) supersedes in whole or in part the department of mental health
27 rule; or

28 (2) repeals the department of mental health rule.

29 (b) Notwithstanding subsection (a), if a rule adopted by the
30 department of mental health before January 1, 1992:

31 (1) has not been superseded or repealed as provided in subsection
32 (a); and

33 (2) provides authority to the department of mental health that has
34 been transferred to the division of disability, **aging**, and
35 rehabilitative services under P.L.9-1991;

36 that rule shall be interpreted to constitute an authorization to the
37 division of disability, **aging**, and rehabilitative services and not the
38 department of mental health.

39 SECTION 29. IC 12-8-1.5-6, AS AMENDED BY P.L.56-2023,
40 SECTION 84, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
41 JULY 1, 2026]: Sec. 6. (a) The secretary and the commissioner of the
42 Indiana department of health shall cooperate to coordinate family and



1 social services programs with related programs administered by the
2 Indiana department of health.

3 (b) The secretary, in cooperation with the commissioner of the
4 Indiana department of health, is accountable for the following:

5 (1) Resolving administrative, jurisdictional, or policy conflicts
6 between a division and the Indiana department of health.

7 (2) Formulating overall policy for family, health, and social
8 services in Indiana.

9 (3) Coordinating activities between the programs of the division
10 of family resources and the maternal and child health programs of
11 the Indiana department of health.

12 (4) Coordinating activities concerning long term care between the
13 division of disability, **aging**, and rehabilitative services and the
14 Indiana department of health.

15 (5) Developing and implementing a statewide family, health, and
16 social services plan that includes a set of goals and priorities.

17 (c) The office shall cooperate with the Indiana department of health
18 in providing the information required for the commissioner of the
19 Indiana department of health or the commissioner's designee to
20 complete the:

21 (1) state comprehensive care bed need rate calculation under
22 IC 16-29-7-8; and

23 (2) county comprehensive care bed need calculation under
24 IC 16-29-7-9.

25 SECTION 30. IC 12-8-6.5-8, AS ADDED BY P.L.160-2012,
26 SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
27 JULY 1, 2026]: Sec. 8. The office and the division of disability, **aging**,
28 and rehabilitative services shall develop a written memorandum of
29 understanding that provides the following:

30 (1) Program responsibilities for the provision of care and
31 treatment for individuals with a developmental disability and long
32 term care recipients.

33 (2) Responsibilities to educate and inform vendors of the proper
34 billing procedures.

35 (3) Responsibilities in administering the state plan.

36 (4) Responsibilities for Medicaid fiscal and quality accountability
37 and audits for developmental disability and long term care
38 services.

39 (5) That the division shall recommend options and services to be
40 reimbursed under the state plan.

41 (6) That the office and the division agree that, within the limits of
42 42 U.S.C. 1396 et seq., individuals with a developmental



1 disability and long term care recipients cannot be excluded from
 2 services on the basis of diagnosis unless these services are
 3 otherwise provided and reimbursed under the state plan.

4 (7) That the office shall seek review and comment from the
 5 division before the adoption of rules or standards that may affect
 6 the service, programs, or providers of medical assistance services
 7 for individuals with a developmental disability and long term care
 8 recipients.

9 (8) That the division shall develop rate setting policies for
 10 medical assistance services for individuals with a developmental
 11 disability and long term care recipients.

12 (9) That the office, with the assistance of the division, shall apply
 13 for waivers from the United States Department of Health and
 14 Human Services to fund community and home based long term
 15 care services as alternatives to institutionalization.

16 (10) Policies to facilitate communication between the office and
 17 the division.

18 (11) Any additional provisions that enhance communication
 19 between the office and the division or facilitate more efficient or
 20 effective delivery of developmental disability or long term care
 21 services.

22 SECTION 31. IC 12-8-10-1, AS AMENDED BY P.L.56-2023,
 23 SECTION 85, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 24 JULY 1, 2026]: Sec. 1. This chapter applies only to the indicated
 25 money of the following state agencies to the extent that the money is
 26 used by the agency to obtain services from grantee agencies to carry
 27 out the program functions of the agency:

28 (1) Money appropriated or allocated to a state agency from money
 29 received by the state under the federal Social Services Block
 30 Grant Act (42 U.S.C. 1397 et seq.).

31 (2) The ~~division~~ **bureau of better** aging, except this chapter does
 32 not apply to money expended under the following:

33 (A) The following statutes, unless application of this chapter
 34 is required by another subdivision of this section:

35 (i) IC 12-10-6.

36 (ii) IC 12-10-12 (before its expiration).

37 (B) Epilepsy services.

38 (3) The division of family resources, for money expended under
 39 the following programs:

40 (A) The child development associate scholarship program.

41 (B) The dependent care program.

42 (C) Migrant day care.



- 1 (D) The commodities program.
 2 (E) The migrant nutrition program.
 3 (F) Any emergency shelter program.
 4 (G) The energy weatherization program.
 5 (4) The Indiana department of health, for money expended under
 6 IC 16-19-10.
 7 (5) The group.
 8 (6) All state agencies, for any other money expended for the
 9 purchase of services if all the following apply:
 10 (A) The purchases are made under a contract between the state
 11 agency and the office of the secretary.
 12 (B) The contract includes a requirement that the office of the
 13 secretary perform the duties and exercise the powers described
 14 in this chapter.
 15 (C) The contract is approved by the budget agency.
 16 (7) The division of mental health and addiction.
 17 SECTION 32. IC 12-9-1-1, AS AMENDED BY P.L.141-2006,
 18 SECTION 31, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 19 JULY 1, 2026]: Sec. 1. The division of disability, **aging**, and
 20 rehabilitative services is established.
 21 SECTION 33. IC 12-9-1-3, AS AMENDED BY P.L.241-2023,
 22 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 23 JULY 1, 2026]: Sec. 3. The division consists of the following bureaus:
 24 (1) The rehabilitation services bureau established by
 25 IC 12-12-1-1.
 26 (2) The bureau of disabilities services established by
 27 IC 12-11-1.1-1.
 28 (3) The bureau of child development services established by
 29 IC 12-12.7-1-1.
 30 **(4) The bureau of better aging established by IC 12-10-1-1.**
 31 SECTION 34. IC 12-9-4-2, AS AMENDED BY P.L.143-2022,
 32 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 33 JULY 1, 2026]: Sec. 2. The division of disability and rehabilitative
 34 services advisory council is established to advise and assist the division
 35 of disability, **aging**, and rehabilitative services in its effort to develop
 36 and sustain a system of supports and services for people with
 37 intellectual and developmental disabilities. The council will provide
 38 technical expertise and lived experiences and advise on specific areas
 39 such as:
 40 (1) technology;
 41 (2) health;
 42 (3) policy;



- 1 (4) law;
 2 (5) marketing;
 3 (6) public relations;
 4 (7) provider services; and
 5 (8) advocacy.
- 6 SECTION 35. IC 12-9-5-1, AS AMENDED BY P.L.210-2015,
 7 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 8 JULY 1, 2026]: Sec. 1. The division shall administer money
 9 appropriated or allocated to the division by the state, including money
 10 appropriated or allocated from the following:
- 11 (1) The federal Vocational Rehabilitation Act (29 U.S.C. 701).
 12 (2) The federal Social Services Block Grant in-home services for
 13 the elderly and disabled (42 U.S.C. 1397 et seq.).
 14 (3) The federal Randolph Sheppard Act (20 U.S.C. 107 et seq.).
 15 (4) Medicaid waiver in-home services for the elderly and disabled
 16 (42 U.S.C. 1396 et seq.) for treatment of developmental
 17 disabilities.
 18 (5) Improving Access to Assistive Technology for Individuals
 19 with Disabilities Act (29 U.S.C. 3001 et seq.).
 20 (6) The federal Social Security Act Payments for Vocational
 21 Rehabilitation Services (42 U.S.C. 422).
 22 (7) Part C of the federal Individuals with Disabilities Education
 23 Act, Subchapter III (20 U.S.C. 1431 et seq.).
 24 **(8) The federal Older Americans Act (42 U.S.C. 3001 et seq.).**
 25 **(9) The United States Department of Agriculture (7 U.S.C.**
 26 **612c et seq.).**
 27 ~~(8)~~ **(10)** Money appropriated or allocated to the division to
 28 administer a program under this title.
 29 ~~(9)~~ **(11)** Other funding sources that are designated by the general
 30 assembly or that are available from the federal government under
 31 grants that are consistent with the duties of the division.
- 32 SECTION 36. IC 12-9-5-3, AS AMENDED BY P.L.74-2022,
 33 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 34 JULY 1, 2026]: Sec. 3. The division shall administer the following
 35 programs:
- 36 (1) Programs established under any of the following statutes:
 37 (A) This article.
 38 **(B) IC 12-10.**
 39 ~~(B)~~ **(C)** IC 12-11.
 40 ~~(C)~~ **(D)** IC 12-12.
 41 ~~(D)~~ **(E)** IC 12-12.7.
 42 (2) Programs under the following statutes, to the extent the



- 1 division has responsibilities for programs under those statutes:
- 2 (A) IC 12-24.
- 3 (B) IC 12-26.
- 4 (C) IC 12-27.
- 5 (D) IC 12-28.
- 6 (E) IC 12-29.
- 7 (3) Supported employment for a person with developmental
- 8 disabilities.
- 9 (4) Epilepsy service centers program.
- 10 (5) Epilepsy clinic program.
- 11 (6) Medicaid waivers for in-home services for treatment of
- 12 developmental disabilities.
- 13 SECTION 37. IC 12-9-5-3.5, AS ADDED BY P.L.131-2024,
- 14 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 15 JULY 1, 2026]: Sec. 3.5. (a) The ~~division~~ **bureau of better aging** shall
- 16 provide to the division of disability and rehabilitative services advisory
- 17 council established by IC 12-9-4-2 quarterly updates regarding the
- 18 implementation of the recommendations made by the services for
- 19 individuals with intellectual and other developmental disabilities task
- 20 force under IC 12-11-15.5 (before its expiration).
- 21 (b) This section expires December 31, 2027.
- 22 SECTION 38. IC 12-9.1 IS REPEALED [EFFECTIVE JULY 1,
- 23 2026]. (Division of Aging).
- 24 SECTION 39. IC 12-10-1-1 IS AMENDED TO READ AS
- 25 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. The bureau of **better**
- 26 **aging and in-home services** is established within the division.
- 27 SECTION 40. IC 12-10-1-3, AS AMENDED BY P.L.32-2021,
- 28 SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 29 JULY 1, 2026]: Sec. 3. The bureau shall administer the following
- 30 programs:
- 31 (1) The federal Older Americans Act. ~~under IC 12-9-1-4-1.~~
- 32 (2) Area agencies on aging services under this article.
- 33 (3) Adult protective services under IC 12-10-3.
- 34 (4) Room and board assistance and assistance to residents in
- 35 county homes under IC 12-10-6.
- 36 (5) Adult guardianship program under IC 12-10-7.
- 37 (6) Community and home options for the elderly and individuals
- 38 with a disability under IC 12-10-10.
- 39 (7) Long term care advocacy under IC 12-10-13.
- 40 (8) Nutrition services and home delivered meals.
- 41 (9) Title III B supportive services.
- 42 (10) Title III D in-home services.



- 1 (11) Aging programs under the Social Services Block Grant.
- 2 (12) United States Department of Agriculture elderly feeding
- 3 program.
- 4 (13) Title V senior employment.
- 5 (14) PASARR under older adult services.
- 6 SECTION 41. IC 12-10-1-6, AS AMENDED BY P.L.146-2023,
- 7 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 8 JULY 1, 2026]: Sec. 6. (a) The area agencies on aging designated by
- 9 the bureau in each planning and service region shall do the following:
- 10 (1) Determine the needs and resources of the aged in the area.
- 11 (2) Coordinate, in cooperation with other agencies or
- 12 organizations in the area, region, district, or county, all programs
- 13 and activities providing health, recreational, educational, or social
- 14 services for the aged.
- 15 (3) Secure local matching money from public and private sources
- 16 to provide, improve, or expand the sources available to meet the
- 17 needs of the aged.
- 18 (4) Develop, in cooperation with the division and in accordance
- 19 with the regulations of the commissioner of the federal
- 20 Administration on Aging, an area plan for each planning and
- 21 service area to provide for the following:
- 22 (A) A comprehensive and coordinated system for the delivery
- 23 of services needed by the aged in the area.
- 24 (B) The collection and dissemination of information and
- 25 referral sources.
- 26 (C) The effective and efficient use of all resources meeting the
- 27 needs of the aged.
- 28 (D) The inauguration of new services and periodic evaluation
- 29 of all programs and projects delivering services to the aged,
- 30 with special emphasis on the low income and minority
- 31 residents of the planning and service area.
- 32 (E) The establishment, publication, and maintenance of a toll
- 33 free telephone number to provide information, counseling, and
- 34 referral services for the aged residents of the planning and
- 35 service area.
- 36 (5) Conduct case management (as defined in IC 12-10-10-1).
- 37 (6) Perform any other functions required by regulations
- 38 established under the Older Americans Act (42 U.S.C. 3001 et
- 39 seq.).
- 40 (7) Establish a dementia care specialist program as required by
- 41 IC 12-10-5.7-4.
- 42 **(8) Perform Aging and Disability Resource Center (as defined**



1 **in 42 U.S.C. 3002 et seq.) functions.**
2 (b) The division shall pay the costs associated with the toll free
3 telephone number required under subsection (a).
4 (c) Changes may not be made to the designated coverage area of an
5 area agency on aging until after the following:
6 (1) The office of the secretary holds a public hearing in each
7 county where the existing area agency on aging is operating to
8 discuss the proposed changes and receive public comment.
9 (2) One (1) year elapses from the date of the meeting held under
10 subdivision (1).
11 SECTION 42. IC 12-10-5.7-4, AS ADDED BY P.L.146-2023,
12 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
13 JULY 1, 2026]: Sec. 4. (a) An area agency may establish a dementia
14 care specialist program under which an area agency may designate an
15 employee as a dementia care specialist for the area agency to
16 administer the program.
17 (b) A specialist may work with the state dementia coordinator under
18 ~~IC 12-9.1-5-4~~ **IC 12-10-20-4** to administer the program through the
19 following actions:
20 (1) Conducting education and outreach activities to increase
21 community awareness of dementia and resources available to
22 support individuals with dementia and their caregivers.
23 (2) Consulting with and providing training to individuals,
24 including area agency staff, who interact with an individual or a
25 caregiver caring for a person who:
26 (A) has dementia; or
27 (B) suffers from symptoms of dementia or a related cognitive
28 disease.
29 (3) Establishing relationships with health care providers, health
30 maintenance organizations, and other community-based
31 organizations to serve as a liaison to facilitate increased contact
32 and promote organizational care coordination and
33 dementia-friendly activities.
34 (4) Providing any other service that is determined to be
35 appropriate by the division or area agency that supports the aims
36 and goals of the dementia strategic plan under ~~IC 12-9.1-5~~
37 **IC 12-10-20** or supports a data collection and evaluation plan to
38 determine health outcomes tied to the dementia care specialist
39 programming.
40 SECTION 43. IC 12-10-5.7-5, AS ADDED BY P.L.146-2023,
41 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
42 JULY 1, 2026]: Sec. 5. A specialist may follow any guidelines or



1 training requirements developed by the dementia care specialist
 2 coordinator under ~~IC 12-9.1-5-4~~ **IC 12-10-20-4**.

3 SECTION 44. IC 12-10-6-2.1, AS AMENDED BY P.L.117-2015,
 4 SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 5 JULY 1, 2026]: Sec. 2.1. (a) An individual who is incapable of residing
 6 in the individual's own home may apply for residential care assistance
 7 under this section. The determination of eligibility for residential care
 8 assistance is the responsibility of the division. Except as provided in
 9 subsection (h), an individual is eligible for residential care assistance
 10 if the division determines that the individual:

- 11 (1) is a recipient of Medicaid or the federal Supplemental Security
 12 Income program;
- 13 (2) is incapable of residing in the individual's own home because
 14 of dementia, mental illness, or a physical disability;
- 15 (3) requires a degree of care less than that provided by a health
 16 care facility licensed under IC 16-28;
- 17 (4) can be adequately cared for in a residential care setting; and
- 18 (5) has not made any asset transfer prohibited under the state plan
 19 or in 42 U.S.C. 1396p(c) in order to be eligible for Medicaid.

20 (b) Individuals with an intellectual disability may not be admitted
 21 to a home or facility that provides residential care under this section.

22 (c) A service coordinator employed by the division may:

- 23 (1) evaluate a person seeking admission to a home or facility
 24 under subsection (a); or
- 25 (2) evaluate a person who has been admitted to a home or facility
 26 under subsection (a), including a review of the existing
 27 evaluations in the person's record at the home or facility.

28 If the service coordinator determines the person evaluated under this
 29 subsection has an intellectual disability, the service coordinator may
 30 recommend an alternative placement for the person.

31 (d) Except as provided in section 5 of this chapter, residential care
 32 consists of only room, board, and laundry, along with minimal
 33 administrative direction. The recipient may retain from the recipient's
 34 income a monthly personal allowance of fifty-two dollars (\$52). This
 35 amount is exempt from income eligibility consideration by the division
 36 and may be exclusively used by the recipient for the recipient's
 37 personal needs. However, if the recipient's income is less than the
 38 amount of the personal allowance, the division shall pay to the
 39 recipient the difference between the amount of the personal allowance
 40 and the recipient's income. A reserve or an accumulated balance from
 41 such a source, together with other sources, may not be allowed to
 42 exceed the state's resource allowance allowed for adults eligible for



1 state supplemental assistance or Medicaid as established by the rules
2 of the office of Medicaid policy and planning.

3 (e) In addition to the amount that may be retained as a personal
4 allowance under this section, an individual shall be allowed to retain
5 an amount equal to the individual's state and local income tax liability.
6 The amount that may be retained during a month may not exceed
7 one-third (1/3) of the individual's state and local income tax liability for
8 the calendar quarter in which that month occurs. This amount is
9 exempt from income eligibility consideration by the division. The
10 amount retained shall be used by the individual to pay any state or local
11 income taxes owed.

12 (f) In addition to the amounts that may be retained under
13 subsections (d) and (e), an eligible individual may retain a Holocaust
14 victim's settlement payment. The payment is exempt from income
15 eligibility consideration by the division.

16 (g) The personal allowance for one (1) month for an individual
17 described in subsection (a) is the amount that an individual would be
18 entitled to retain under subsection (d) plus an amount equal to one-half
19 (1/2) of the remainder of:

20 (1) gross earned income for that month; minus

21 (2) the sum of:

22 (A) sixteen dollars (\$16); plus

23 (B) the amount withheld from the person's paycheck for that
24 month for payment of state income tax, federal income tax,
25 and the tax prescribed by the federal Insurance Contribution
26 Act (26 U.S.C. 3101 et seq.); plus

27 (C) transportation expenses for that month; plus

28 (D) any mandatory expenses required by the employer as a
29 condition of employment.

30 (h) An individual who, before September 1, 1983, has been admitted
31 to a home or facility that provides residential care under this section is
32 eligible for residential care in the home or facility.

33 (i) The director of the division may contract with the division of
34 mental health and addiction or the division of disability, **aging**, and
35 rehabilitative services to purchase services for individuals with a
36 mental illness or a developmental disability by providing money to
37 supplement the appropriation for community based residential care
38 programs established under IC 12-22-2 or community based residential
39 programs established under IC 12-11-1.1-1.

40 (j) A person with a mental illness may not be placed in a Christian
41 Science facility listed and certified by the Commission for
42 Accreditation of Christian Science Nursing Organizations/Facilities,



- 1 Inc., unless the facility is licensed under IC 16-28.
- 2 SECTION 45. IC 12-10-11-2, AS AMENDED BY P.L.131-2024,
3 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4 JULY 1, 2026]: Sec. 2. (a) The board consists of the following
5 seventeen (17) members:
- 6 (1) The director of the division of aging or the director's designee.
 - 7 (2) The chairman of the Indiana state commission on aging or the
8 chairman's designee.
 - 9 (3) Three (3) citizens nominated by two (2) or more organizations
10 that:
 - 11 (A) represent senior citizens; and
 - 12 (B) have statewide membership.
 - 13 At least one (1) member appointed under this subdivision must be
14 a recipient, or the caregiver of a recipient, of services provided
15 under IC 12-10-10.
 - 16 (4) One (1) citizen nominated by one (1) or more organizations
17 that:
 - 18 (A) represent individuals with disabilities, including
19 individuals who are less than eighteen (18) years of age; and
 - 20 (B) have statewide membership.
 - 21 (5) One (1) citizen nominated by one (1) or more organizations
22 that:
 - 23 (A) represent individuals with mental illness; and
 - 24 (B) have statewide membership.
 - 25 (6) One (1) provider who provides services under IC 12-10-10.
 - 26 (7) One (1) licensed physician, physician assistant, or registered
27 nurse who specializes either in the field of gerontology or in the
28 field of disabilities.
 - 29 (8) Two (2) home care services advocates or policy specialists
30 nominated by two (2) or more:
 - 31 (A) organizations;
 - 32 (B) associations; or
 - 33 (C) nongovernmental agencies;
 - 34 that advocate on behalf of home care consumers, including an
35 organization listed in subdivision (3) that represents senior
36 citizens or persons with disabilities.
 - 37 (9) Two (2) members of the senate, who may not be members of
38 the same political party, appointed by the president pro tempore
39 of the senate with the advice of the minority leader of the senate.
 - 40 (10) Two (2) members of the house of representatives, who may
41 not be members of the same political party, appointed by the
42 speaker of the house of representatives with the advice of the



1 minority leader of the house of representatives.

2 (11) The executive director of the Indiana housing and
3 community development authority or the executive director's
4 designee.

5 (12) One (1) citizen nominated by one (1) or more organizations
6 that:

7 (A) represent direct service workers; and

8 (B) have statewide membership.

9 The members of the board listed in subdivisions (9) and (10) are
10 nonvoting members who serve two (2) year terms ending June 30 of
11 each odd-numbered year. A legislative member serves at the pleasure
12 of the appointing authority and may be reappointed to successive terms.
13 A vacancy among the legislative members shall be filled by the
14 appropriate appointing authority. An individual appointed to fill a
15 vacancy serves for the unexpired term of the individual's predecessor.

16 (b) The members of the board designated by subsection (a)(3)
17 through (a)(8) and (a)(12) shall be appointed by the governor for terms
18 of four (4) years. The initial term of the member appointed under
19 subsection (a)(12) is three (3) years and the length of each successive
20 term is four (4) years. The term of a member of the board expires as
21 follows:

22 (1) For a member appointed under subsection (a)(3) through
23 (a)(5), June 30, 2025, and every fourth year thereafter.

24 (2) For a member appointed under subsection (a)(6) through
25 (a)(8) and (a)(12), June 30, 2027, and every fourth year thereafter.

26 A member described in this subsection may be reappointed to
27 successive terms. However, a member may continue to serve until a
28 successor is appointed. In case of a vacancy, the governor shall appoint
29 an individual to serve for the remainder of the unexpired term.

30 (c) The division shall establish notice and selection procedures to
31 notify the public of the board's nomination process described in this
32 chapter. Information must be distributed through:

33 (1) the area agencies on aging; and

34 (2) all organizations, associations, and nongovernmental agencies
35 that work with the division on home care issues and programs.

36 SECTION 46. IC 12-10-11-7, AS AMENDED BY P.L.42-2024,
37 SECTION 84, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
38 JULY 1, 2026]: Sec. 7. The division of aging shall provide staff
39 services for the board.

40 SECTION 47. IC 12-10-20 IS ADDED TO THE INDIANA CODE
41 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
42 JULY 1, 2026]:



1 **Chapter 20. Dementia Strategic Plan**

2 **Sec. 1. The bureau shall develop a dementia strategic plan to**
 3 **identify and significantly reduce the prevalence of dementia in**
 4 **Indiana.**

5 **Sec. 2. (a) The dementia strategic plan must include the**
 6 **following:**

7 **(1) Proposed state actions.**

8 **(2) Implementation steps.**

9 **(3) Recommendations to carry out the purposes of the**
 10 **dementia strategic plan.**

11 **(b) The dementia strategic plan must do the following:**

12 **(1) Assess Indiana's current and future status concerning**
 13 **dementia, including the following:**

14 **(A) Determine Indiana trends concerning the diagnosis of**
 15 **dementia, and the current and future economic cost on**
 16 **Indiana.**

17 **(B) Evaluate the services, resources, and care available to**
 18 **address the needs of individuals with dementia, and their**
 19 **families and caregivers.**

20 **(C) Identify methods to reduce the financial costs of**
 21 **dementia care while improving care and services in**
 22 **Indiana.**

23 **(2) Identify strategies to increase awareness of dementia,**
 24 **including the following:**

25 **(A) Educate health care providers on:**

26 **(i) the importance of early detection and diagnosis of**
 27 **Alzheimer's disease and dementia;**

28 **(ii) the importance of an annual wellness visit for**
 29 **cognitive health; and**

30 **(iii) Medicare having a billing code for individuals with**
 31 **cognitive impairment.**

32 **(B) Promote culturally appropriate public health**
 33 **campaigns to increase understanding and awareness of**
 34 **early warning symptoms of dementia, and the value of**
 35 **early detection and diagnosis.**

36 **(C) Incorporate messages on brain health, including how**
 37 **to reduce the risk of cognitive decline, in existing public**
 38 **health campaigns and in diverse community settings where**
 39 **there is a greater risk of developing dementia.**

40 **(3) Identify strategies to enhance Indiana's dementia based**
 41 **workforce, including the following:**

42 **(A) Analyze dementia specific training requirements for**



- 1 **paid professionals engaged in the care of individuals with**
 2 **dementia in institutions and home and community based**
 3 **settings.**
 4 **(B) Increase the number of individuals pursuing careers in**
 5 **dementia care and geriatric occupations to meet future**
 6 **state needs.**
 7 **(C) Enhance the capacity of adult protective services**
 8 **workers and law enforcement to properly respond to**
 9 **individuals with dementia.**
 10 **(4) Identify strategies to increase access to home and**
 11 **community based services for individuals with dementia,**
 12 **including the following:**
 13 **(A) Identify the type, cost, and variety of dementia services**
 14 **in Indiana.**
 15 **(B) Assess capacity and access to adult day care, respite**
 16 **care, assisted living, and long term care services.**
 17 **(C) Identify methods to expand Indiana's health care**
 18 **system capacity to meet the growing number and needs of**
 19 **individuals with Alzheimer's disease and dementia.**
 20 **(5) Identify strategies to enhance the quality of care for**
 21 **individuals with dementia, including the following:**
 22 **(A) Assess quality care measures for long term care**
 23 **facilities, assisted living facilities, and residential programs**
 24 **available to care for individuals with dementia.**
 25 **(B) Uncover any existing gaps in dementia services and**
 26 **determine a plan to cover the gap in service.**
 27 **(C) Identify methods to improve dementia services**
 28 **provided in home and community based settings.**
 29 **(6) Recommend strategies to decrease health disparities**
 30 **concerning dementia in ethnic and racial populations in**
 31 **Indiana.**
 32 **(7) Identify and increase state based support for Alzheimer's**
 33 **disease research through Indiana universities and other**
 34 **resources.**
 35 **(8) Identify needed state policies or actions to act upon**
 36 **findings under this section and implement the**
 37 **recommendations of the dementia strategic plan, setting forth**
 38 **a time frame for implementation.**
 39 **Sec. 3. (a) The bureau shall submit annually:**
 40 **(1) a summary of the dementia strategic plan; and**
 41 **(2) a report concerning outcomes from implementation of the**
 42 **dementia strategic plan;**



1 to the general assembly.

2 (b) The dementia strategic plan and report required under
3 subsection (a) must be submitted in an electronic format under
4 IC 5-14-6.

5 Sec. 4. The bureau may employ a dementia care coordinator to
6 do the following:

7 (1) Coordinate implementation of the dementia strategic plan.

8 (2) Regarding the dementia care specialist program
9 established under IC 12-10-5.7, do the following:

10 (A) Develop or identify best practice guidelines concerning
11 the establishment and administration of a dementia care
12 specialist program in accordance with IC 12-10-5.7.

13 (B) Establish training requirements necessary for staff
14 working in a dementia care specialist program.

15 (C) Disseminate guidelines and training requirements
16 described in clauses (A) and (B) to each area agency.

17 (D) Provide resources and technical assistance to an area
18 agency or dementia care specialist designated by an area
19 agency under IC 12-10-5.7.

20 (E) Not later than December 1 of each year, incorporate
21 program reporting and analysis on coordinator activities,
22 program impacts, and health outcomes as a subsection of
23 the division's dementia strategic plan annual report
24 required under section 3 of this chapter.

25 SECTION 48. IC 12-10-21 IS ADDED TO THE INDIANA CODE
26 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
27 JULY 1, 2026]:

28 **Chapter 21. Yellow Dot Motor Vehicle Medical Information
29 Program**

30 **Sec. 1. As used in this chapter, "emergency medical responder"**
31 **means:**

32 (1) an emergency medical technician;

33 (2) an emergency medical technician-paramedic;

34 (3) a paramedic; and

35 (4) any other emergency services provider, physician, or
36 nurse;

37 on the scene of a motor vehicle accident or emergency situation
38 involving a program participant or accompanying or attending to
39 a program participant patient in an ambulance.

40 **Sec. 2. As used in this chapter, "other responder" means a**
41 **firefighter or law enforcement officer on the scene of a motor**
42 **vehicle accident or emergency situation involving a program**



- 1 participant.
- 2 **Sec. 3.** As used in this chapter, "program" means the yellow dot
3 motor vehicle medical information program established by section
4 5(a) of this chapter.
- 5 **Sec. 4.** As used in this chapter, "program participant" means an
6 individual who acts in accordance with section 8 of this chapter.
7 The term includes:
- 8 (1) the operator of a motor vehicle; and
9 (2) a passenger of a motor vehicle.
- 10 **Sec. 5.** (a) The yellow dot motor vehicle medical information
11 program is established for the purpose of providing emergency
12 medical responders with critical medical information in the event
13 of a motor vehicle accident or emergency situation involving a
14 program participant.
- 15 (b) The bureau shall administer the program.
- 16 **Sec. 6.** (a) The bureau shall create a standard medical
17 information form that allows a program participant to supply the
18 following information:
- 19 (1) The program participant's name.
20 (2) A photograph of the program participant.
21 (3) The contact information for not more than two (2)
22 emergency contacts for the program participant.
23 (4) The program participant's medical information, including
24 medical conditions, recent surgeries, allergies, and current
25 medications.
26 (5) The program participant's hospital preference.
27 (6) The contact information for not more than two (2) health
28 care providers of the program participant.
29 (7) The date the program participant completed the form.
- 30 (b) The standard medical information form must include the
31 following statements:
- 32 (1) A statement that the program acts as a facilitator only,
33 and that all information supplied on the medical information
34 form is the sole responsibility of the program participant.
35 (2) A statement that the program participant supplies the
36 medical information voluntarily, and that the program
37 participant authorizes the disclosure and use of the medical
38 information for the purposes described in section 9(b) of this
39 chapter.
- 40 **Sec. 7.** (a) The bureau may provide for, assist in, or authorize
41 the printing of the medical information form and assembling of a
42 yellow dot folder containing:



1 (1) the medical information form; and

2 (2) a yellow dot decal with adhesive backing.

3 (b) The bureau shall distribute yellow dot folders to area
4 agencies on aging and license branches. The bureau shall provide
5 information on its website regarding how to obtain a yellow dot
6 folder from an area agency on aging or a license branch.

7 (c) The bureau may not charge a fee to participate in the
8 program.

9 **Sec. 8. A program participant shall do the following:**

10 (1) Affix the yellow dot decal on the left lower corner of the
11 rear window of a motor vehicle other than a motorcycle or on
12 a secure visible location on the rear of a motorcycle.

13 (2) Complete the medical information form, place it in the
14 yellow dot folder, and place the yellow dot folder in the glove
15 compartment of the motor vehicle or in the compartment
16 attached to the motorcycle, as appropriate.

17 **Sec. 9. (a) If a yellow dot decal is affixed to a motor vehicle that**
18 **is involved in a motor vehicle accident or emergency situation, an**
19 **emergency medical responder or other responder on the scene is**
20 **authorized to search the vehicle compartment indicated under**
21 **section 8(2) of this chapter for a yellow dot folder.**

22 (b) An emergency medical responder or other responder may
23 use the information contained in the yellow dot folder to:

24 (1) identify the program participant;

25 (2) ascertain whether the program participant has a medical
26 condition that may impede communications with the
27 emergency medical responder or other responder;

28 (3) communicate with the program participant's emergency
29 contact about the location and general condition of the
30 program participant; and

31 (4) consider the program participant's current medications
32 and preexisting medical conditions when emergency medical
33 treatment is administered for any injury the program
34 participant suffers.

35 **Sec. 10. (a) An emergency medical responder, other responder,**
36 **emergency medical responder's employer, and other responder's**
37 **employer are immune from civil liability if the emergency medical**
38 **responder or other responder:**

39 (1) is unable to make contact with the program participant's
40 emergency contact after a good faith attempt; or

41 (2) disseminates or fails to disseminate any information from
42 the yellow dot folder to other emergency medical responders,



- 1 other responders, hospitals, or any health care providers that
 2 render emergency medical treatment to the program
 3 participant.
- 4 (b) A health care provider and a health care provider's
 5 employer are immune from civil and criminal liability if the health
 6 care provider relies in good faith on the information provided in a
 7 program participant's yellow dot folder.
- 8 SECTION 49. IC 12-10-22 IS ADDED TO THE INDIANA CODE
 9 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
 10 JULY 1, 2026]:
- 11 **Chapter 22. Caretaker Support Program**
- 12 **Sec. 1. As used in this chapter, "caretaker" means an individual**
 13 **who:**
- 14 (1) provides ongoing care for an individual who:
 15 (A) is at least eighteen (18) years of age; and
 16 (B) has special needs; and
 17 (2) does not receive money for the care provided under
 18 subdivision (1).
- 19 **Sec. 2. As used in this chapter, "special needs" means any of the**
 20 **following:**
- 21 (1) Alzheimer's disease or any related disorder.
 22 (2) Inability to perform at least two (2) activities of daily
 23 living.
 24 (3) Any other condition that the bureau determines by rule
 25 should be covered by this article.
- 26 **Sec. 3. The caretaker support program is established.**
- 27 **Sec. 4. (a) The bureau shall administer the caretaker support**
 28 **program established by this chapter.**
- 29 (b) The bureau shall do the following:
 30 (1) Subject to section 9 of this chapter, adopt rules under
 31 IC 4-22-2 for the coordination and administration of the
 32 caretaker support program.
 33 (2) Administer any money for the caretaker support program
 34 that is appropriated by the general assembly.
- 35 **Sec. 5. An individual who is at least sixty-five (65) years of age**
 36 **and:**
- 37 (1) a caretaker; or
 38 (2) an individual with special needs being taken care of by a
 39 caretaker;
 40 are eligible for the caretaker support program.
- 41 **Sec. 6. Caretaker support program services include the**
 42 **following services administered by the area agencies on aging:**



- 1 (1) Information for caretakers about available services.
- 2 (2) Assistance to caretakers in gaining access to the services.
- 3 (3) Individual counseling, organization of support groups, and
- 4 caretaker training to assist caretakers in making decisions
- 5 and solving problems in the individual's role as caretaker.
- 6 (4) Respite care to offer caretakers temporary relief from
- 7 caretaker responsibilities.

8 Sec. 7. The bureau shall develop and implement a client cost
9 share formula for respite care services.

10 Sec. 8. When possible, the bureau shall make use of volunteers
11 and volunteer groups, including faith based groups, when
12 executing its duties under this article.

13 Sec. 9. Rules adopted under this chapter must:

- 14 (1) include protections for the rights, safety, and welfare of
- 15 individuals with special needs receiving care from a caretaker
- 16 under this chapter, including reasonable monitoring and
- 17 reporting requirements;
- 18 (2) serve distinct populations, including:
 - 19 (A) the aged;
 - 20 (B) persons with developmental disabilities; and
 - 21 (C) persons with physical disabilities;

22 in a manner that recognizes, and appropriately responds to,
23 the particular needs of the population;

- 24 (3) not create barriers to the availability of home and
- 25 community based services under IC 12-10-10 and
- 26 IC 12-10-11.5 by imposing costly or unduly burdensome
- 27 requirements on caretakers or other service providers,
- 28 including:

- 29 (A) requirements for proof of financial responsibility; and
- 30 (B) monitoring, enforcement, reporting, or other
- 31 administrative requirements; and

- 32 (4) otherwise comply with IC 12-10-10, IC 12-10-11.5, and this
- 33 chapter.

34 SECTION 50. IC 12-10-23 IS ADDED TO THE INDIANA CODE
35 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
36 JULY 1, 2026]:

37 **Chapter 23. Continuum of Care**

38 **Sec. 1. The bureau shall:**

- 39 (1) provide standards for the training of; and
 - 40 (2) promote best practices for;
- 41 continuum of care program providers.

42 **Sec. 2. Subject to section 3 of this chapter, the bureau may adopt**



1 rules under IC 4-22-2 necessary to carry out this chapter.

2 **Sec. 3. (a) Rules adopted under this chapter must:**

3 **(1) include protections for the rights, safety, and welfare of**
 4 **individuals receiving care under this chapter;**

5 **(2) serve distinct populations, including:**

6 **(A) the aged;**

7 **(B) individuals with developmental disabilities; and**

8 **(C) individuals with physical disabilities;**

9 **in a manner that recognizes, and appropriately responds to,**
 10 **the particular needs of the population; and**

11 **(3) otherwise comply with IC 12-10-10, IC 12-10-11.5, and this**
 12 **chapter.**

13 **(b) Rules adopted under this chapter may not create barriers to**
 14 **the availability of home and community based services under**
 15 **IC 12-10-10 and IC 12-10-11.5 by imposing costly or unduly**
 16 **burdensome requirements on continuum of care providers or other**
 17 **service providers, including:**

18 **(1) requirements for proof of financial responsibility; and**

19 **(2) monitoring, enforcement, reporting, or other**
 20 **administrative requirements.**

21 **Sec. 4. The continuum of care provided under this article must**
 22 **include services that support prevention and treatment of mental**
 23 **illness and addiction.**

24 SECTION 51. IC 12-10.5 IS REPEALED [EFFECTIVE JULY 1,
 25 2026]. (Respite Care Services).

26 SECTION 52. IC 12-12-2-7, AS AMENDED BY P.L.68-2017,
 27 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 28 JULY 1, 2026]: Sec. 7. The commission shall do the following:

29 (1) Advise the rehabilitation services bureau concerning the
 30 bureau's performance in the following areas:

31 (A) Eligibility and order of selection.

32 (B) Scope, extent, and effectiveness of services.

33 (C) Functions of state agencies in addition to vocational
 34 rehabilitation affecting individuals in achieving rehabilitation
 35 goals.

36 (2) Advise the division of disability, **aging**, and rehabilitative
 37 services and the rehabilitation services bureau concerning the
 38 state plan, applications, and the strategic plan.

39 (3) Review and analyze the effectiveness and consumer
 40 satisfaction with the functions of the agencies dealing with
 41 persons with disabilities and with vocational rehabilitation
 42 services.



1 (4) Prepare and submit an annual report to the governor and the
 2 rehabilitation services administration commissioner in accordance
 3 with federal requirements concerning:

4 (A) the status of vocational rehabilitation programs in Indiana;
 5 and

6 (B) recommendations concerning the implementation and
 7 progress toward advancing competitive integrated employment
 8 for individuals with disabilities as described in IC 22-9-11.

9 (5) Coordinate with other councils in Indiana.

10 (6) Advise and provide for coordination and working
 11 relationships between the state agency and the Independent
 12 Living Council and Independent Living centers.

13 (7) Develop a statewide plan to support the advancement of
 14 competitive integrated employment, including self-employment,
 15 as the first and preferred option when providing services to
 16 individuals with disabilities. The plan, at a minimum, must
 17 include the following:

18 (A) Identification of barriers to employment for individuals
 19 with disabilities.

20 (B) An analysis of federal, state, and local agency policies
 21 concerning the provision of services to individuals with
 22 disabilities, including the impact of those policies on
 23 opportunities for competitive integrated employment.

24 (C) Recommendations to advance competitive integrated
 25 employment for individuals with disabilities.

26 SECTION 53. IC 12-12-2-11, AS AMENDED BY P.L.141-2006,
 27 SECTION 48, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 28 JULY 1, 2026]: Sec. 11. The commission, in conjunction with the
 29 division of disability, **aging**, and rehabilitative services, may employ
 30 staff and other personnel as necessary.

31 SECTION 54. IC 12-12-9-2, AS AMENDED BY P.L.56-2023,
 32 SECTION 97, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 33 JULY 1, 2026]: Sec. 2. The office of the secretary shall, on the first
 34 business day of each month, send a copy of a report filed under section
 35 1 of this chapter to the following persons:

36 (1) For persons less than seventeen (17) years of age, to the
 37 following:

38 (A) The Indiana School for the Blind and Visually Impaired.

39 (B) The division of disability, **aging**, and rehabilitative
 40 services.

41 (C) The division of special education of the department of
 42 education.



- 1 (2) For persons at least seventeen (17) years of age, to the
 2 following:
- 3 (A) The division of disability, **aging**, and rehabilitative
 4 services.
- 5 (B) On request, organizations serving the blind or visually
 6 impaired and the Indiana department of health.
- 7 SECTION 55. IC 12-12-9-4, AS AMENDED BY P.L.141-2006,
 8 SECTION 54, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 9 JULY 1, 2026]: Sec. 4. (a) On receiving a report under this chapter, the
 10 division of disability, **aging**, and rehabilitative services shall provide
 11 information to the visually impaired individual designated in the report
 12 concerning available state and local services.
- 13 (b) For a visually impaired individual less than seventeen (17) years
 14 of age, the Indiana School for the Blind and Visually Impaired:
- 15 (1) has the primary duty of initially contacting the visually
 16 impaired individual or the individual's family; and
- 17 (2) shall notify the division of disability, **aging**, and rehabilitative
 18 services and the department of education of the school's findings.
- 19 SECTION 56. IC 12-15-1-14.5, AS AMENDED BY THE
 20 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
 21 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 22 JULY 1, 2026]: Sec. 14.5. (a) The office of the secretary shall prepare
 23 a report on the provision of Medicaid services, including Medicaid
 24 home and community based waiver services, to recipients who have
 25 medically complex conditions. The report must include the following,
 26 categorized by whether the recipient was less than, or at least, eighteen
 27 (18) years of age:
- 28 (1) The number of recipients, by county, who received Medicaid
 29 services through:
- 30 (A) the state plan;
- 31 (B) a Medicaid waiver; or
- 32 (C) services under both ~~clause~~ **clauses** (A) and (B).
- 33 (2) A list of the specific services provided to the recipients, by
 34 county, and the number of recipients who received each service.
- 35 (3) The median length of time recipients have received Medicaid,
 36 by county, through the following:
- 37 (A) The state plan.
- 38 (B) A Medicaid waiver.
- 39 (C) Services under both ~~clause~~ **clauses** (A) and (B).
- 40 (b) Not later than September 1, 2025, and each September 1
 41 thereafter, the office of the secretary shall submit the report described
 42 in subsection (a) to the following:



- 1 (1) The Medicaid advisory commission, established by
- 2 IC 12-15-33-2.
- 3 (2) The Medicaid oversight committee, in an electronic format
- 4 under IC 5-14-6.
- 5 (3) The budget committee.
- 6 (4) The legislative council, in an electronic format under
- 7 IC 5-14-6.
- 8 (5) The division of disability and rehabilitative services advisory
- 9 council established under IC 12-9-4.

10 (c) The division of disability and rehabilitative services advisory
 11 council established under IC 12-9-4 shall provide the following
 12 recommendations to the division of disability, **aging**, and rehabilitative
 13 services to ensure the delivery of appropriate high quality services to
 14 recipients, including an evaluation of models of care for complex care
 15 assistants used in other states:

- 16 (1) The potential benefits and risks to recipients and family
- 17 caregivers.
- 18 (2) Training and certification requirements.
- 19 (3) Implementation challenges and strategies to address the
- 20 challenges.
- 21 (4) Any potential fiscal impact of implementing a complex care
- 22 assistant program in Indiana.

23 SECTION 57. IC 12-15-1.3-15, AS AMENDED BY THE
 24 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
 25 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 26 JULY 1, 2026]: Sec. 15. (a) As used in this section, "division" refers to
 27 the division of disability, **aging**, and rehabilitative services established
 28 by IC 12-9-1-1.

29 (b) As used in this section, "waiver" refers to any waiver
 30 administered by the office and the division under section 1915(c) of the
 31 federal Social Security Act.

32 (c) The office shall apply to the United States Department of Health
 33 and Human Services for approval to amend a waiver to set an
 34 emergency placement priority for individuals in the following
 35 situations:

- 36 (1) Death of a primary caregiver.
- 37 (2) The primary caregiver is at least eighty (80) years of age.
- 38 (3) There is evidence of abuse or neglect in the current
- 39 institutional or home placement.
- 40 (4) There is evidence of other health and safety risks, as
- 41 determined by the division director, where other available
- 42 services through:



- 1 (A) the Medicaid program and other federal, state, and local
2 public programs; and
3 (B) supports that families and communities provide;
4 are insufficient to address the other health and safety risks, as
5 determined by the division director.
- 6 (d) The division shall report on a quarterly basis the following
7 information to the division of disability and rehabilitative services
8 advisory council established by IC 12-9-4-2 concerning each Medicaid
9 waiver for which the office has been approved under this section to
10 administer an emergency placement priority for individuals described
11 in this section:
- 12 (1) The number of applications for emergency placement priority
13 waivers.
14 (2) The number of individuals served on the waiver.
15 (3) The number of individuals on a wait list for the waiver.
- 16 (e) Before July 1, 2021, the division, in coordination with the task
17 force established by IC 12-11-15.5-2 (**before its expiration**), shall
18 establish new priority categories for individuals served by a waiver.
- 19 (f) The office may adopt rules under IC 4-22-2 necessary to
20 implement this section.
- 21 SECTION 58. IC 12-15-4-1.5, AS ADDED BY P.L.126-2025,
22 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
23 JULY 1, 2026]: Sec. 1.5. (a) The office of the secretary shall establish
24 the following:
- 25 (1) Performance standards for ~~hospitals~~ **providers** to use in
26 making presumptive eligibility determinations.
27 (2) An appeals process for a ~~hospital~~ **provider** that disputes a
28 determination that a presumptive eligibility standard was violated.
29 The office of the secretary shall limit presumptive eligibility
30 determination to qualified ~~hospitals~~ **providers**.
- 31 (b) A ~~hospital~~ **provider** shall do the following when making a
32 presumptive eligibility determination:
- 33 (1) Notify the office of the secretary of each presumptive
34 eligibility determination not later than five (5) business days after
35 the date of the determination.
36 (2) Assist individuals whom the ~~hospital~~ **provider** determines are
37 presumptively eligible with completing and submitting a full
38 Medicaid application.
39 (3) Notify the applicant in writing and on all relevant forms with
40 plain language and large print that if the applicant:
41 (A) does not file a full Medicaid application with the office of
42 the secretary before the last day of the following month,



- 1 presumptive eligibility will end on that last day; and
 2 (B) files a full Medicaid application with the office of the
 3 secretary before the last day of the following month,
 4 presumptive eligibility will continue until an eligibility
 5 determination is made concerning the application.
- 6 (c) The office of the secretary shall use the following performance
 7 standards to establish and ensure accurate presumptive eligibility
 8 determinations by a qualified ~~hospital~~ **provider**:
- 9 (1) Determine whether each presumptive eligibility determination
 10 received from the ~~hospital~~ **provider** complied with the time
 11 requirement set forth in subsection (b)(1).
 12 (2) Determine whether the office of the secretary received before
 13 the expiration of each presumptive eligibility period the full
 14 application from the individual determined by the ~~hospital~~
 15 **provider** to be presumptively eligible.
 16 (3) Determine whether each applicant who was determined by the
 17 ~~hospital~~ **provider** to be presumptively eligible was determined to
 18 be eligible for Medicaid after the full application was received.
- 19 (d) Each single violation by a ~~hospital~~ **provider** of any of the
 20 performance standards under subsection (c) counts as one (1) violation
 21 for the presumptive eligibility determination. Each subsequent
 22 violation of a performance standard is an additional violation for
 23 purposes of this section.
- 24 (e) For the first violation of a presumptive eligibility standard under
 25 this section that a ~~hospital~~ **provider** receives in a calendar year, the
 26 office of the secretary shall notify the ~~hospital~~ **provider** in writing not
 27 later than five (5) days after the determination of a violation is made.
 28 The notice must include the following:
- 29 (1) A description of the standard that was not met and an
 30 explanation of why the ~~hospital~~ **provider** did not meet the
 31 standard.
 32 (2) Notice that a second finding on noncompliance with a
 33 standard will result in a requirement that the ~~hospital's~~ **provider's**
 34 applicable staff participate in mandatory training on ~~hospital~~
 35 **provider** presumptive eligibility rules and standards that is
 36 performed by the office of the secretary.
 37 (3) A description of the available appeal procedures that the
 38 ~~hospital~~ **provider** may use to dispute the finding of a violation of
 39 presumptive eligibility standards.
- 40 (f) If the office of the secretary determines that a ~~hospital~~ **provider**
 41 has failed to meet any of the presumptive eligibility standards under
 42 this section in any presumptive eligibility determination by the ~~hospital~~



1 **provider** for a second time within a twelve (12) month period of a first
 2 violation, the office of the secretary shall notify the ~~hospital~~ **provider**
 3 in writing not later than five (5) days after the determination that a
 4 second violation has occurred. The written notice must include the
 5 following:

6 (1) A description of the standard that was not met and an
 7 explanation of why the ~~hospital~~ **provider** did not meet the
 8 standard.

9 (2) Notice that the ~~hospital's~~ **provider's** applicable staff must
 10 participate in mandatory training on ~~hospital~~ **provider**
 11 presumptive eligibility rules and standards that is performed by
 12 the office of the secretary, and information concerning the date,
 13 time, and location of the training by the office.

14 (3) A description of the available appeal procedures that the
 15 ~~hospital~~ **provider** may use to dispute the finding of a violation of
 16 presumptive eligibility standards.

17 (4) Notice that a third violation by the ~~hospital~~ **provider** of a
 18 presumptive eligibility standard within a twelve (12) month
 19 period from the second violation will result in the ~~hospital~~
 20 **provider** no longer being qualified to make presumptive
 21 eligibility determinations.

22 If a ~~hospital~~ **provider** appeals a finding of a violation of presumptive
 23 eligibility standards described in this subsection, the ~~hospital~~ **provider**
 24 must provide clear and convincing evidence during the appeals process
 25 that the standard was met by the ~~hospital~~ **provider**.

26 (g) If the office of the secretary determines that a ~~hospital~~ **provider**
 27 has failed to meet any of the presumptive eligibility standards under
 28 this section in any presumptive eligibility determination by the ~~hospital~~
 29 **provider** for a third time within a twelve (12) month period of the
 30 second violation by the ~~hospital~~, **provider**, the office of the secretary
 31 shall notify the ~~hospital~~ **provider** in writing not later than five (5) days
 32 from a determination that a presumptive eligibility standard was
 33 violated by the ~~hospital~~ **provider** for the third time. The written notice
 34 must include the following:

35 (1) A description of the standard that was not met and an
 36 explanation of why the ~~hospital~~ **provider** did not meet the
 37 standard.

38 (2) A description of the available appeal procedures that the
 39 ~~hospital~~ **provider** may use to dispute the finding of a violation of
 40 presumptive eligibility standards.

41 (3) Notice that, effective immediately from receipt of the notice,
 42 the ~~hospital~~ **provider** is no longer qualified to make presumptive



1 eligibility determinations for the Medicaid program.

2 (h) If a **hospital provider** appeals a finding of a violation of
3 presumptive eligibility standards described in subsection (g), the
4 **hospital provider** must provide clear and convincing evidence during
5 the appeals process that the standard was met by the **hospital**
6 **provider**.

7 SECTION 59. IC 12-15-12.5-1, AS ADDED BY P.L.167-2025,
8 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
9 JULY 1, 2026]: Sec. 1. As used in this chapter, "area agency" means an
10 area agency on aging designated by the bureau of **better** aging **and**
11 **in-home services** under IC 12-10-1-4.

12 SECTION 60. IC 12-15-32-10, AS AMENDED BY P.L.141-2006,
13 SECTION 55, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
14 JULY 1, 2026]: Sec. 10. (a) An applicant for Medicaid who desires to
15 be placed in a community residential facility must first receive a
16 diagnostic evaluation to be provided by the division of disability,
17 **aging**, and rehabilitative services.

18 (b) Subsequent diagnostic evaluations by the division of disability,
19 **aging**, and rehabilitative services shall be provided at least every
20 twelve (12) months to review the individual's need for services.

21 (c) The office shall consider the evaluations in determining the
22 appropriateness of placement.

23 SECTION 61. IC 12-15-35-28, AS AMENDED BY P.L.213-2025,
24 SECTION 114, IS AMENDED TO READ AS FOLLOWS
25 [EFFECTIVE JULY 1, 2026]: Sec. 28. (a) The board has the following
26 duties:

27 (1) The implementation of a Medicaid retrospective and
28 prospective DUR program as outlined in this chapter, including
29 the approval of software programs to be used by the pharmacist
30 for prospective DUR and recommendations concerning the
31 provisions of the contractual agreement between the state and any
32 other entity that will be processing and reviewing Medicaid drug
33 claims and profiles for the DUR program under this chapter.

34 (2) The development and application of the predetermined criteria
35 and standards for appropriate prescribing to be used in
36 retrospective and prospective DUR to ensure that such criteria
37 and standards for appropriate prescribing are based on the
38 compendia and developed with professional input with provisions
39 for timely revisions and assessments as necessary.

40 (3) The development, selection, application, and assessment of
41 interventions for physicians, pharmacists, and patients that are
42 educational and not punitive in nature.



- 1 (4) The publication of an annual report that must be subject to
 2 public comment before issuance to the federal Department of
 3 Health and Human Services and to the Indiana legislative council
 4 by December 1 of each year. The report issued to the legislative
 5 council must be in an electronic format under IC 5-14-6.
 6 (5) The development of a working agreement for the board to
 7 clarify the areas of responsibility with related boards or agencies,
 8 including the following:
 9 (A) The Indiana board of pharmacy.
 10 (B) The medical licensing board of Indiana.
 11 (C) The SURS staff.
 12 (6) The establishment of a grievance and appeals process for
 13 physicians or pharmacists under this chapter.
 14 (7) The publication and dissemination of educational information
 15 to physicians and pharmacists regarding the board and the DUR
 16 program, including information on the following:
 17 (A) Identifying and reducing the frequency of patterns of
 18 fraud, abuse, gross overuse, or inappropriate or medically
 19 unnecessary care among physicians, pharmacists, and
 20 recipients.
 21 (B) Potential or actual severe or adverse reactions to drugs.
 22 (C) Therapeutic appropriateness.
 23 (D) Overutilization or underutilization.
 24 (E) Appropriate use of generic drugs.
 25 (F) Therapeutic duplication.
 26 (G) Drug-disease contraindications.
 27 (H) Drug-drug interactions.
 28 (I) Incorrect drug dosage and duration of drug treatment.
 29 (J) Drug allergy interactions.
 30 (K) Clinical abuse and misuse.
 31 (8) The adoption and implementation of procedures designed to
 32 ensure the confidentiality of any information collected, stored,
 33 retrieved, assessed, or analyzed by the board, staff to the board, or
 34 contractors to the DUR program that identifies individual
 35 physicians, pharmacists, or recipients.
 36 (9) The implementation of additional drug utilization review with
 37 respect to drugs dispensed to residents of nursing facilities shall
 38 not be required if the nursing facility is in compliance with the
 39 drug regimen procedures under 410 IAC 16.2-3.1 and 42 CFR
 40 483.60.
 41 (10) The research, development, and approval of a preferred drug
 42 list for:



- 1 (A) Medicaid's fee for service program;
 2 (B) a risk based managed care program, if the office provides
 3 a prescription drug benefit and subject to IC 12-15-5; and
 4 (C) the children's health insurance program under IC 12-17.6;
 5 in consultation with the therapeutics committee.
 6 (11) The approval of the review and maintenance of the preferred
 7 drug list at least two (2) times per year.
 8 (12) The preparation and submission of a report concerning the
 9 preferred drug list at least one (1) time per year to the interim
 10 study committee on public health, behavioral health, and human
 11 services established by IC 2-5-1.3-4 in an electronic format under
 12 IC 5-14-6.
 13 (13) The collection of data reflecting prescribing patterns related
 14 to treatment of children diagnosed with attention deficit disorder
 15 or attention deficit hyperactivity disorder.
 16 (14) Advising the Indiana comprehensive health insurance
 17 association established by IC 27-8-10-2.1 concerning
 18 implementation of chronic disease management and
 19 pharmaceutical management programs under IC 27-8-10-3.5.
 20 (b) The board shall use the clinical expertise of the therapeutics
 21 committee in developing a preferred drug list. The board shall also
 22 consider expert testimony in the development of a preferred drug list.
 23 (c) In researching and developing a preferred drug list under
 24 subsection (a)(10), the board shall do the following:
 25 (1) Use literature abstracting technology.
 26 (2) Use commonly accepted guidance principles of disease
 27 management.
 28 (3) Develop therapeutic classifications for the preferred drug list.
 29 (4) Give primary consideration to the clinical efficacy or
 30 appropriateness of a particular drug in treating a specific medical
 31 condition.
 32 (5) Include in any cost effectiveness considerations the cost
 33 implications of other components of the state's Medicaid program
 34 and other state funded programs.
 35 (d) Prior authorization is required for coverage under a program
 36 described in subsection (a)(10) of a drug that is not included on the
 37 preferred drug list.
 38 (e) The board shall determine whether to include a single source
 39 covered outpatient drug that is newly approved by the federal Food and
 40 Drug Administration on the preferred drug list not later than sixty (60)
 41 days after the date on which the manufacturer notifies the board in
 42 writing of the drug's approval. However, if the board determines that



1 there is inadequate information about the drug available to the board
 2 to make a determination, the board may have an additional sixty (60)
 3 days to make a determination from the date that the board receives
 4 adequate information to perform the board's review. Prior authorization
 5 may not be automatically required for a single source drug that is newly
 6 approved by the federal Food and Drug Administration, and that is:

7 (1) in a therapeutic classification:

8 (A) that has not been reviewed by the board; and

9 (B) for which prior authorization is not required; or

10 (2) the sole drug in a new therapeutic classification that has not
 11 been reviewed by the board.

12 (f) The board may not exclude a drug from the preferred drug list
 13 based solely on price.

14 (g) The following requirements apply to a preferred drug list
 15 developed under subsection (a)(10):

16 (1) The office or the board may require prior authorization for a
 17 drug that is included on the preferred drug list under the following
 18 circumstances:

19 (A) To override a prospective drug utilization review alert.

20 (B) To permit reimbursement for a medically necessary brand
 21 name drug that is subject to generic substitution under
 22 IC 16-42-22-10.

23 (C) To prevent fraud, abuse, waste, overutilization, or
 24 inappropriate utilization.

25 (D) To permit implementation of a disease management
 26 program.

27 (E) To implement other initiatives permitted by state or federal
 28 law.

29 (2) The office may add a drug that has been approved by the
 30 federal Food and Drug Administration to the preferred drug list
 31 without prior approval from the board.

32 (3) The board may add a drug that has been approved by the
 33 federal Food and Drug Administration to the preferred drug list.

34 ~~(h) At least one (1) time each year, the board shall provide a report~~
 35 ~~to the interim study committee on public health, behavioral health, and~~
 36 ~~human services established by IC 2-5-1.3-4 in an electronic format~~
 37 ~~under IC 5-14-6. The report must contain the following information:~~

38 ~~(1) The cost of administering the preferred drug list.~~

39 ~~(2) Any increase in Medicaid physician, laboratory, or hospital~~
 40 ~~costs or in other state funded programs as a result of the preferred~~
 41 ~~drug list.~~

42 ~~(3) The impact of the preferred drug list on the ability of a~~



1 Medicaid recipient to obtain prescription drugs.

2 ~~(4) The number of times prior authorization was requested; and~~
3 ~~the number of times prior authorization was:~~

4 ~~(A) approved; and~~

5 ~~(B) disapproved.~~

6 (5) Any recommendations received from the mental health
7 Medicaid quality advisory committee under section 51(h) of this
8 chapter.

9 (i) ~~The board shall provide the first report required under subsection~~
10 ~~(h) not later than six (6) months after the board submits an initial~~
11 ~~preferred drug list to the office.~~

12 SECTION 62. IC 12-16-1-1, AS AMENDED BY P.L.56-2023,
13 SECTION 114, IS AMENDED TO READ AS FOLLOWS
14 [EFFECTIVE JULY 1, 2026]: Sec. 1. As used in this chapter, "affected
15 agency" means any of the following:

16 (1) The department of correction.

17 (2) The Indiana department of health.

18 (3) The division of mental health and addiction.

19 (4) The division of disability, **aging**, and rehabilitative services.

20 SECTION 63. IC 12-16-2.5-5, AS AMENDED BY P.L.56-2023,
21 SECTION 115, IS AMENDED TO READ AS FOLLOWS
22 [EFFECTIVE JULY 1, 2026]: Sec. 5. The hospital care for the indigent
23 program does not apply to inmates and patients of institutions of the
24 department of correction, the Indiana department of health, the division
25 of mental health and addiction, ~~the division of aging~~, or the division of
26 disability, **aging**, and rehabilitative services.

27 SECTION 64. IC 12-16-10.5-1, AS AMENDED BY P.L.141-2006,
28 SECTION 58, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
29 JULY 1, 2026]: Sec. 1. The division shall, with the advice of the
30 division's medical staff, the division of mental health and addiction, ~~the~~
31 ~~division of aging~~, the division of disability, **aging**, and rehabilitative
32 services, and other individuals selected by the director of the division,
33 adopt rules under IC 4-22-2 to do the following:

34 (1) Provide for review and approval of services paid under the
35 hospital care for the indigent program.

36 (2) Establish limitations consistent with medical necessity on the
37 duration of services to be provided.

38 (3) Specify the amount of and method for reimbursement for
39 services.

40 (4) Specify the conditions under which payments will be denied
41 and improper payments will be recovered.

42 SECTION 65. IC 12-17.2-7.6-3, AS ADDED BY P.L.92-2024,



1 SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
2 JULY 1, 2026]: Sec. 3. (a) Not later than January 1, 2025, after
3 soliciting and considering recommendations from appropriate
4 stakeholders, the office of the secretary shall develop a regulatory
5 model that:

- 6 (1) is applicable only to micro facilities;
7 (2) incorporates waivers or variances from the office of the
8 secretary's rules applicable to providers under this article; and
9 (3) provides for a balance between the goals of:
10 (A) increasing the availability of child care, particularly in
11 geographic areas facing a critical shortage of child care, by
12 reducing the costs of operating a micro facility; and
13 (B) ensuring the health and safety of children for whom a
14 micro facility provides child care.

15 (b) In determining waivers or variances to be incorporated under
16 subsection (a)(2), the office of the secretary shall consider efficiencies
17 such as:

- 18 (1) allowing a micro facility to be operated in either a residential
19 or nonresidential building;
20 (2) prescribing educational requirements for staff members of a
21 micro facility that are tailored to the needs of providing child care
22 to groups of thirty (30) children or less; and
23 (3) allowing for supervision of children of diverse age groups in
24 a manner that maximizes use of limited facility space.

25 (c) Not later than March 1, 2025, the office of the secretary shall
26 establish and administer a pilot program under which:

- 27 (1) a licensee under IC 12-7-2-28.4 or IC 12-7-2-28.8 that:
28 (A) operates an existing micro facility; or
29 (B) proposes to begin operating a new micro facility not more
30 than sixty (60) days after the date of the licensee's application
31 under this subdivision;
32 may apply to participate in the pilot program in a manner
33 prescribed by the office of the secretary;
34 (2) the office of the secretary shall select at least three (3)
35 licensees that apply under subdivision (1) and:
36 (A) allow a selected licensee described in subdivision (1)(A)
37 to operate the licensee's existing micro facility; and
38 (B) allow a selected licensee described in subdivision (1)(B)
39 to operate the licensee's proposed micro facility;
40 under the regulatory model developed under subsection (a); and
41 (3) the office of the secretary shall:
42 (A) monitor the operation of the micro facilities operating



- 1 under the regulatory model under subdivision (2); and
 2 (B) evaluate the degree to which the operation of the micro
 3 facilities under the regulatory model serves the balance
 4 described in subsection (a)(3).
- 5 (d) The office of the secretary shall, to the extent practicable, select
 6 licensees for participation in the pilot program such that the micro
 7 facilities operated by the licensees are located in areas:
 8 (1) that are geographically diverse from one another; and
 9 (2) in which there exists a critical shortage of child care providers.
- 10 (e) A waiver or variance applied to a micro facility under this
 11 section expires on the earlier of:
 12 (1) the date specified by the office of the secretary; or
 13 (2) ~~December 31, 2026~~ **December 31, 2027**.
- 14 SECTION 66. IC 12-17.2-7.6-5, AS ADDED BY P.L.92-2024,
 15 SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 16 JULY 1, 2026]: Sec. 5. This chapter expires ~~January 1, 2027~~ **January**
 17 **1, 2028**.
- 18 SECTION 67. IC 12-21-2-3, AS AMENDED BY P.L.104-2024,
 19 SECTION 47, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 20 JULY 1, 2026]: Sec. 3. The secretary or the secretary's designee shall
 21 do the following:
 22 (1) Organize the division, create the appropriate personnel
 23 positions, and employ personnel necessary to discharge the
 24 statutory duties and powers of the division or a bureau of the
 25 division.
 26 (2) Subject to the approval of the state personnel department,
 27 establish personnel qualifications for all deputy directors,
 28 assistant directors, bureau heads, and superintendents.
 29 (3) Subject to the approval of the budget director and the
 30 governor, establish the compensation of all deputy directors,
 31 assistant directors, bureau heads, and superintendents.
 32 (4) Study the entire problem of mental health, mental illness, and
 33 addictions existing in Indiana.
 34 (5) Adopt rules under IC 4-22-2 for the following:
 35 (A) Standards for the operation of private institutions that are
 36 licensed under IC 12-25 for the diagnosis, treatment, and care
 37 of individuals with psychiatric disorders, addictions, or other
 38 abnormal mental conditions.
 39 (B) Licensing or certifying community residential programs
 40 described in IC 12-22-2-3.5 for individuals with serious
 41 mental illness (SMI), serious emotional disturbance (SED), or
 42 chronic addiction (CA) with the exception of psychiatric



- 1 residential treatment facilities.
- 2 (C) Subject to IC 12-29-2-21, certifying community mental
- 3 health centers to operate in Indiana.
- 4 (D) Establish exclusive geographic primary service areas for
- 5 community mental health centers. The rules must include the
- 6 following:
- 7 (i) Criteria and procedures to justify the change to the
- 8 boundaries of a community mental health center's primary
- 9 service area.
- 10 (ii) Criteria and procedures to justify the change of an
- 11 assignment of a community mental health center to a
- 12 primary service area.
- 13 (iii) A provision specifying that the criteria and procedures
- 14 determined in items (i) and (ii) must include an option for
- 15 the county and the community mental health center to
- 16 initiate a request for a change in primary service area or
- 17 provider assignment.
- 18 (iv) A provision specifying the criteria and procedures
- 19 determined in items (i) and (ii) may not limit an eligible
- 20 consumer's right to choose or access the services of any
- 21 provider who is certified by the division of mental health
- 22 and addiction to provide public supported mental health
- 23 services.
- 24 **(E) The implementation and administration of certification**
- 25 **requirements and standards for the following:**
- 26 **(i) Certified community behavioral health clinics.**
- 27 **(ii) Recovery community organizations.**
- 28 **(iii) Recovery residences, for residential care and**
- 29 **supported housing for chronic addiction in a recovery**
- 30 **residence.**
- 31 **(iv) Certified peers.**
- 32 (6) Institute programs, in conjunction with an accredited college
- 33 or university and with the approval, if required by law, of the
- 34 commission for higher education, for the instruction of students
- 35 of mental health and other related occupations. The programs may
- 36 be designed to meet requirements for undergraduate and
- 37 postgraduate degrees and to provide continuing education and
- 38 research.
- 39 (7) Develop programs to educate the public in regard to the
- 40 prevention, diagnosis, treatment, and care of all abnormal mental
- 41 conditions.
- 42 (8) Make the facilities of the state institutions available for the



1 instruction of medical students, student nurses, interns, and
 2 resident and fellow physicians under the supervision of the faculty
 3 of any accredited school of medicine or osteopathy located in
 4 Indiana or an accredited residency or fellowship training program
 5 in connection with research and instruction in psychiatric
 6 disorders.

7 (9) Institute a stipend program designed to improve the quality
 8 and quantity of staff that state institutions employ.

9 (10) Establish, supervise, and conduct community programs,
 10 either directly or by contract, for the diagnosis, treatment, and
 11 prevention of psychiatric disorders.

12 (11) Adopt rules under IC 4-22-2 concerning the records and data
 13 to be kept concerning individuals admitted to state institutions,
 14 community mental health centers, or other providers.

15 (12) Compile information and statistics concerning the ethnicity
 16 and gender of a program or service recipient.

17 (13) Establish standards for services described in IC 12-7-2-40.6
 18 for community mental health centers and other providers.

19 (14) Provide that the standards for services provided by recovery
 20 residences for residential care and supported housing for chronic
 21 addiction, when used as a recovery residence, ~~to~~

22 ~~(A) be certified through an entity approved by the division or~~
 23 ~~the division's designee to ensure adherence to standards~~
 24 ~~determined by the National Alliance for Recovery Residences~~
 25 ~~(NARR) or a similar entity; and~~

26 ~~(B) meet other standards established by the division under~~
 27 ~~rules adopted under IC 4-22-2. **division.**~~

28 (15) Provide that the standards for services provided by recovery
 29 community organizations for behavioral health recovery, when
 30 used as a recovery community organization,

31 ~~(A) be certified through an entity approved by the division or~~
 32 ~~the division's designee to ensure adherence to standards~~
 33 ~~determined by the Indiana Recovery Network or similar entity~~
 34 ~~that certifies recovery community organizations; and~~

35 ~~(B) meet other standards established by the division under~~
 36 ~~rules adopted under IC 4-22-2. **division.**~~

37 (16) Require the division to:

38 (A) provide best practice recommendations to community
 39 mental health centers; and

40 (B) work with community mental health centers in a
 41 collaborative manner in order to ensure improved health
 42 outcomes as a part of reviews or audits.



- 1 Documentation developed as a part of an incident or death
 2 reporting audit or review is confidential and may only be shared
 3 between the division and the community mental health center.
- 4 SECTION 68. IC 12-21-8-1, AS AMENDED BY P.L.162-2023,
 5 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 6 JULY 1, 2026]: Sec. 1. As used in this chapter, "9-8-8 crisis response
 7 center" or "center" means a state identified center participating in the
 8 9-8-8 suicide and crisis lifeline network to respond to statewide or
 9 regional 9-8-8 calls, **text messages, and other messaging services.**
- 10 SECTION 69. IC 12-21-8-10, AS AMENDED BY P.L.11-2023,
 11 SECTION 44, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 12 JULY 1, 2026]: Sec. 10. (a) The division shall coordinate:
- 13 (1) available onsite response services of crisis calls using state
 14 and locally funded mobile crisis teams; and
 15 (2) crisis receiving and stabilization services resulting from a
 16 9-8-8 call.
- 17 (b) The mobile crisis teams must **be certified by the division and**
 18 **must** include:
- 19 (1) a peer certified by the division; and
 20 (2) at least one (1) of the following:
- 21 (A) A behavioral health professional licensed under
 22 IC 25-23.6.
 23 (B) An other behavioral health professional (OBHP), as
 24 defined in 440 IAC 11-1-12.
 25 (C) Emergency medical services personnel licensed under
 26 IC 16-31.
 27 (D) Law enforcement based coresponder behavioral health
 28 teams.
- 29 (c) Crisis response services provided by a mobile crisis team must
 30 be provided under the supervision of:
- 31 (1) a behavioral health professional licensed under IC 25-23.6;
 32 (2) a licensed physician; or
 33 (3) an advanced practice registered nurse (as defined in
 34 IC 12-7-2-3.1).
- 35 The supervision required under this subsection may be performed
 36 remotely.
- 37 SECTION 70. IC 12-21-8-10.5 IS ADDED TO THE INDIANA
 38 CODE AS A **NEW SECTION** TO READ AS FOLLOWS
 39 [EFFECTIVE JULY 1, 2026]: **Sec. 10.5. Notwithstanding any other**
 40 **law:**
- 41 (1) **a designated 9-8-8 crisis response center;**
 42 (2) **an employee, director, officer, or agent of a designated**



1 **9-8-8 crisis response center; or**
 2 **(3) a member of a certified mobile crisis team;**
 3 **establishing, developing, implementing, maintaining, operating,**
 4 **and providing crisis response services under this chapter is not**
 5 **liable in a civil or criminal action for the death, injury, or loss of**
 6 **person or property except for in the case of willful or wanton**
 7 **misconduct.**

8 SECTION 71. IC 12-24-1-8, AS AMENDED BY P.L.141-2006,
 9 SECTION 63, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 10 JULY 1, 2026]: Sec. 8. (a) Each state institution shall post a notice that
 11 a resident, the legal representative of the resident, or another individual
 12 designated by the resident may request from the individual in charge
 13 of each shift information that designates the names of all nursing
 14 personnel or direct care staff on duty by job classification for the:

- 15 (1) wing;
- 16 (2) unit; or
- 17 (3) other area as routinely designated by the state institution;

18 where the resident resides.

19 (b) The notice required under subsection (a) must meet the
 20 following conditions:

- 21 (1) Be posted in a conspicuous place that is readily accessible to
 22 residents and the public.
- 23 (2) Be at least 24 point font size on a poster that is at least eleven
 24 (11) inches wide and seventeen (17) inches long.
- 25 (3) Contain the:
 - 26 (A) business telephone number of the superintendent of the
 27 state institution; and
 - 28 (B) toll free telephone number for filing complaints with the
 29 division that is administratively in charge of the state
 30 institution.

31 (4) State that if a resident, the legal representative of the resident,
 32 or another individual designated by the resident is unable to
 33 obtain the information described in subsection (a) from the
 34 individual in charge of each shift, the resident, the legal
 35 representative of the resident, or other individual designated by
 36 the resident may do any of the following:

- 37 (A) Contact the superintendent of the state institution.
- 38 (B) File a complaint with the division that is administratively
 39 in charge of the state institution by using the division's toll free
 40 telephone number.

41 (c) The director of the:

- 42 (1) division of disability, **aging**, and rehabilitative services; and



1 (2) division of mental health and addiction;
 2 may adopt rules under IC 4-22-2 to carry out this section.
 3 SECTION 72. IC 12-24-11-2, AS AMENDED BY P.L.99-2007,
 4 SECTION 117, IS AMENDED TO READ AS FOLLOWS
 5 [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) This section applies to an
 6 individual who has a primary diagnosis of developmental disability.
 7 (b) Action contemplated by a patient under this section includes
 8 action by the patient's parent or guardian if the patient is not competent.
 9 (c) If a patient is admitted to a state institution, the staff of the state
 10 institution shall, before the patient is discharged, ask the patient
 11 whether the patient's medical and treatment records may be sent to a
 12 service coordinator employed by the division of disability, **aging**, and
 13 rehabilitative services under IC 12-11-2.1 so the service coordinator
 14 may send the records to local agencies serving the needs of individuals
 15 with a developmental disability in the area in which the patient will
 16 reside.
 17 (d) If a patient agrees to release the records, the patient shall sign a
 18 form permitting the state institution to release to a service coordinator
 19 employed by the division of disability, **aging**, and rehabilitative
 20 services under IC 12-11-2.1 a copy of the patient's medical and
 21 treatment records to forward to local agencies serving the needs of
 22 individuals with a developmental disability in the area in which the
 23 patient will reside. The form must read substantially as follows:

24 AUTHORIZATION TO RELEASE
 25 MEDICAL AND TREATMENT
 26 RECORDS

27 I agree to permit _____
 28 (name of state institution)
 29 to release a copy of the medical and treatment records of
 30 _____ to _____
 31 (patient's name) (name of local agency
 32 serving the needs of
 33 individuals with a developmental
 34 disability)
 35 _____
 36 (date) (signature)
 37 _____
 38 (address)
 39 _____
 40 (signature of individual (relationship to patient if
 41 securing release of signature is not that of the
 42 medical and treatment patient)



1 records)

2 (e) If a patient knowingly signs the form for the release of medical
3 records under subsection (d), a service coordinator employed by the
4 division of disability, **aging**, and rehabilitative services under
5 IC 12-11-2.1 shall allow local agencies serving the needs of individuals
6 with a developmental disability in the area in which the patient will
7 reside to obtain the following:

- 8 (1) The patient's name.
9 (2) The address of the patient's intended residence.
10 (3) The patient's medical records.
11 (4) A complete description of the treatment the patient was
12 receiving at the state institution at the time of the patient's
13 discharge.

14 (f) If the local agency does not obtain a patient's records, the state
15 institution shall deliver the medical records to the local agency before
16 or at the time the patient is discharged.

17 (g) If a patient does not agree to permit the release of the patient's
18 medical and treatment records, the service coordinator shall deliver:

- 19 (1) the patient's name; and
20 (2) the address of the patient's intended residence;
21 to local agencies serving the needs of individuals with a developmental
22 disability in the area in which the patient will reside before or at the
23 time the patient is discharged.

24 SECTION 73. IC 12-24-12-10, AS AMENDED BY P.L.187-2015,
25 SECTION 22, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
26 JULY 1, 2026]: Sec. 10. (a) Upon admission to a state institution
27 administered by the division of mental health and addiction, the
28 gatekeeper is one (1) of the following:

- 29 (1) For an individual with a psychiatric disorder, the community
30 mental health center that submitted the report to the committing
31 court under IC 12-26.
32 (2) For an individual with a developmental disability, a division
33 of disability, **aging**, and rehabilitative services service coordinator
34 under IC 12-11-2.1.

35 (b) The division is the gatekeeper for the following:

- 36 (1) An individual who is found to have insufficient
37 comprehension to stand trial under IC 35-36-3.
38 (2) An individual who is found to be not guilty by reason of
39 insanity under IC 35-36-2-4 and is subject to a civil commitment
40 under IC 12-26.
41 (3) An individual who is immediately subject to a civil
42 commitment upon the individual's release from incarceration in



1 a facility administered by the department of correction or the
 2 Federal Bureau of Prisons, or upon being charged with or
 3 convicted of a forcible felony (as defined by IC 35-31.5-2-138).

4 (4) An individual transferred from the department of correction
 5 under IC 11-10-4.

6 (5) An individual placed under the supervision of the division for
 7 addictions treatment under IC 12-23-7.1 and IC 12-23-8.1.

8 SECTION 74. IC 12-26-6-8, AS AMENDED BY P.L.9-2020,
 9 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 10 JULY 1, 2026]: Sec. 8. (a) If, upon the completion of the hearing and
 11 consideration of the record, the court finds that the individual is
 12 mentally ill and either dangerous or gravely disabled, the court may
 13 order the individual to:

14 (1) be committed to an appropriate facility; or

15 (2) enter an outpatient treatment program under IC 12-26-14 for
 16 a period of not more than ninety (90) days.

17 (b) The court's order must require that the superintendent of the
 18 facility or the attending physician file a treatment plan with the court
 19 within fifteen (15) days of the individual's admission to the facility
 20 under a commitment order.

21 (c) If the commitment ordered under subsection (a) is to a state
 22 institution administered by the division of mental health and addiction,
 23 the record of commitment proceedings must include a report from a
 24 community mental health center stating both of the following:

25 (1) That the community mental health center has evaluated the
 26 individual.

27 (2) That commitment to a state institution administered by the
 28 division of mental health and addiction under this chapter is
 29 appropriate.

30 (d) The physician who makes the statement required by section 2(c)
 31 of this chapter may be affiliated with the community mental health
 32 center that submits to the court the report required by subsection (c).

33 (e) If a commitment ordered under subsection (a) is to a state
 34 institution administered by the division of disability, **aging**, and
 35 rehabilitative services, the record of commitment proceedings must
 36 include a report from a service coordinator employed by the division
 37 of disability, **aging**, and rehabilitative services stating that, based on a
 38 diagnostic assessment of the individual, commitment to a state
 39 institution administered by the division of disability, **aging**, and
 40 rehabilitative services under this chapter is appropriate.

41 (f) If the court makes a finding under subsection (a) (including a
 42 finding in reference to a child under IC 31-37-18-3), the court shall



1 transmit any information required by the office of judicial
 2 administration to the office of judicial administration for transmission
 3 to the NICS (as defined in IC 35-47-2.5-2.5) in accordance with
 4 IC 33-24-6-3.

5 SECTION 75. IC 12-26-7-3, AS AMENDED BY P.L.9-2020,
 6 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 7 JULY 1, 2026]: Sec. 3. (a) A petition filed under section 2 of this
 8 chapter must include a physician's written statement that states both of
 9 the following:

10 (1) The physician has examined the individual within the past
 11 thirty (30) days.

12 (2) The physician believes that the individual is:

13 (A) mentally ill and either dangerous or gravely disabled; and

14 (B) in need of custody, care, or treatment in a facility for a
 15 period expected to be more than ninety (90) days.

16 (b) If the commitment is to a state institution administered by the
 17 division of mental health and addiction, the record of the proceedings
 18 must include a report from a community mental health center stating
 19 both of the following:

20 (1) The community mental health center has evaluated the
 21 individual.

22 (2) Commitment to a state institution administered by the division
 23 of mental health and addiction under this chapter is appropriate.

24 (c) The physician who makes the statement required by subsection
 25 (a) may be affiliated with the community mental health center that
 26 makes the report required by subsection (b).

27 (d) If a commitment ordered under subsection (a) is to a state
 28 institution administered by the division of disability, **aging**, and
 29 rehabilitative services, the record of commitment proceedings must
 30 include a report from a service coordinator employed by the division
 31 of disability, **aging**, and rehabilitative services stating that, based on a
 32 diagnostic assessment of the individual, commitment to a state
 33 institution administered by the division of disability, **aging**, and
 34 rehabilitative services under this chapter is appropriate.

35 SECTION 76. IC 12-28-4-4, AS AMENDED BY P.L.99-2007,
 36 SECTION 139, IS AMENDED TO READ AS FOLLOWS
 37 [EFFECTIVE JULY 1, 2026]: Sec. 4. For residential facilities for
 38 individuals with a developmental disability that are certified for
 39 financial participation under the Medicaid program, the division of
 40 disability, **aging**, and rehabilitative services shall recommend staffing
 41 limitations consistent with the program needs of the residents as a part
 42 of the office of Medicaid policy and planning's rate setting procedures.



1 SECTION 77. IC 12-28-4-5, AS AMENDED BY P.L.99-2007,
2 SECTION 140, IS AMENDED TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2026]: Sec. 5. For residential facilities for
4 individuals with a developmental disability that are not certified for
5 financial participation under the Medicaid program, the division of
6 disability, **aging**, and rehabilitative services shall approve appropriate
7 staffing limitations consistent with the program needs of the residents
8 as a part of the division's rate setting procedures.

9 SECTION 78. IC 12-28-4-6, AS AMENDED BY P.L.141-2006,
10 SECTION 71, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
11 JULY 1, 2026]: Sec. 6. The office of Medicaid policy and planning and
12 the division of disability, **aging**, and rehabilitative services shall enter
13 into a memorandum of agreement that defines the staffing limitations
14 to be used by the office of Medicaid policy and planning in establishing
15 reimbursement rates. The staffing limitations under section 5 of this
16 chapter may not exceed the staffing limitations defined by the
17 memorandum of agreement between the office of Medicaid policy and
18 planning and the division of disability, **aging**, and rehabilitative
19 services under section 4 of this chapter.

20 SECTION 79. IC 12-28-4-12, AS AMENDED BY P.L.141-2006,
21 SECTION 72, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
22 JULY 1, 2026]: Sec. 12. (a) Subject to the availability of money and
23 consistent with needs assessment, the division of disability, **aging**, and
24 rehabilitative services shall give priority to the establishment of
25 residential facilities, other than the facilities described in section 3 of
26 this chapter, in counties in which the ratio of the number of residential
27 facility beds to county population is in the lowest twenty-five percent
28 (25%) when compared to all other Indiana counties. The division of
29 disability, **aging**, and rehabilitative services may operate residential
30 facilities established under this section.

31 (b) Before the division of disability, **aging**, and rehabilitative
32 services takes any steps to establish a residential facility under this
33 section, the division shall place at least two (2) legal advertisements in
34 a newspaper having a general circulation in the county. These
35 advertisements must be aimed at recruiting private parties to serve as
36 operators of residential facilities in the county. The advertisements
37 must be published at intervals at least one (1) month apart.

38 SECTION 80. IC 12-28-4-13, AS AMENDED BY P.L.99-2007,
39 SECTION 145, IS AMENDED TO READ AS FOLLOWS
40 [EFFECTIVE JULY 1, 2026]: Sec. 13. (a) The division of disability,
41 **aging**, and rehabilitative services may operate a program known as the
42 development and lease effort. Under the program, the division of



1 disability, **aging**, and rehabilitative services may develop contracts
 2 under which the state agrees to lease buildings from private parties for
 3 use as residential facilities for individuals with a mental illness or
 4 individuals with autism or other individuals with a developmental
 5 disability. Notwithstanding any other law, each contract may include
 6 provisions that ensure the following:

7 (1) That the state will lease a building for not more than ten (10)
 8 years for use as a residential facility for individuals with autism.

9 (2) That the state will retain the right to extend the term of the
 10 lease for not more than ten (10) years at the conclusion of the first
 11 ten (10) years.

12 (3) That the state will retain the right to sublease the building to
 13 a person who agrees to operate the building as a residential
 14 facility for individuals with autism under this chapter.

15 (b) Leases entered into under this section are subject to the approval
 16 of the Indiana department of administration, the attorney general, the
 17 governor, and the budget agency, as provided by law.

18 SECTION 81. IC 12-28-5-10, AS AMENDED BY P.L.210-2015,
 19 SECTION 62, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 20 JULY 1, 2026]: Sec. 10. The division of disability, **aging**, and
 21 rehabilitative services shall do the following:

22 (1) Determine the current and projected needs of each geographic
 23 area of Indiana for residential services for individuals with a
 24 developmental disability and, beginning July 1, 2012, annually
 25 report the findings to the division of disability and rehabilitative
 26 services advisory council established by IC 12-9-4-2.

27 (2) Determine how the provision of developmental or vocational
 28 services for residents in these geographic areas affects the
 29 availability of developmental or vocational services to individuals
 30 with a developmental disability living in their own homes and,
 31 beginning July 1, 2012, report the findings to the division of
 32 disability and rehabilitative services advisory council established
 33 by IC 12-9-4-2.

34 (3) Develop standards for licensure of supervised group living
 35 facilities regarding the following:

36 (A) A sanitary and safe environment for residents and
 37 employees.

38 (B) Classification of supervised group living facilities.

39 (C) Any other matters that will ensure that the residents will
 40 receive a residential environment.

41 (4) Develop standards for the approval of entities providing
 42 supported living services.



1 SECTION 82. IC 12-28-5-16, AS AMENDED BY P.L.99-2007,
 2 SECTION 149, IS AMENDED TO READ AS FOLLOWS
 3 [EFFECTIVE JULY 1, 2026]: Sec. 16. The division of disability,
 4 **aging**, and rehabilitative services is the primary state agency
 5 responsible for planning, developing, coordinating, and implementing
 6 the plan and program of supervised group living facilities and services,
 7 including developmental and vocational services, needed for
 8 individuals with a developmental disability residing in those facilities.
 9 Other state agencies authorized by law or rule to carry out activities and
 10 control money that have a direct bearing upon the provision of
 11 supervised group living services shall enter into memoranda of
 12 understanding or contracts with the division of disability, **aging**, and
 13 rehabilitative services to ensure a coordinated utilization of resources
 14 and responsibilities.

15 SECTION 83. IC 12-28-5-18.5, AS ADDED BY P.L.213-2015,
 16 SECTION 137, IS AMENDED TO READ AS FOLLOWS
 17 [EFFECTIVE JULY 1, 2026]: Sec. 18.5. (a) The division of disability,
 18 **aging**, and rehabilitative services shall increase the reimbursement rate
 19 for services provided to an individual who receives services:

- 20 (1) under a waiver under the federal home and community based
 21 services program; and
 22 (2) of greater than thirty-five (35) hours per week.

23 (b) The amount of the increase in the reimbursement rate described
 24 in subsection (a) shall be as follows:

- 25 (1) For the state fiscal year beginning July 1, 2015, and ending
 26 June 30, 2016, the reimbursement rate shall be increased by an
 27 amount equal to:

- 28 (A) the reimbursement rate in effect on June 30, 2015;
 29 multiplied by
 30 (B) two and one-half percent (2.5%).

- 31 (2) For the state fiscal year beginning July 1, 2016, and ending
 32 June 30, 2017, the reimbursement rate shall be increased by an
 33 amount equal to:

- 34 (A) the reimbursement rate in effect on June 30, 2015;
 35 multiplied by
 36 (B) five percent (5%).

37 (c) For purposes of this section, the division of disability, **aging**, and
 38 rehabilitative services shall use the daily service hour grid in 460
 39 IAC 13-5-2 multiplied by the number of days in the state fiscal year to
 40 establish the annual Residential Habilitation and Support (Level 2)
 41 hours for each individual. The annual hours times the restored
 42 Residential Habilitation and Support (Level 2) hourly rate shall



1 establish the maximum annual Residential Habilitation and Support
 2 (Level 2) funding allocation for the individual regardless of whether
 3 the Residential Habilitation and Support (Level 2) are authorized and
 4 paid on a per unit or per day basis, except in those cases where the
 5 division approves a budget modification request to increase the annual
 6 allocation for Residential Habilitation and Support (Level 2) under 460
 7 IAC 13-3-5.

8 SECTION 84. IC 12-29-1-7, AS AMENDED BY P.L.117-2015,
 9 SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 10 JULY 1, 2026]: Sec. 7. (a) On the first Monday in October, the county
 11 auditor shall certify to:

12 (1) the division of disability, **aging**, and rehabilitative services,
 13 for a community intellectual disability and other developmental
 14 disabilities center; and

15 (2) the president of the board of directors of each center;

16 the amount of money that will be provided to the center under this
 17 chapter.

18 (b) The county payment to the center shall be paid by the county
 19 treasurer to the treasurer of each center's board of directors in the
 20 following manner:

21 (1) One-half (1/2) of the county payment to the center shall be
 22 made on the second Monday in July.

23 (2) One-half (1/2) of the county payment to the center shall be
 24 made on the second Monday in December.

25 (c) Payments by the county fiscal body are in place of grants from
 26 agencies supported within the county solely by county tax money.

27 SECTION 85. IC 12-29-3-6, AS AMENDED BY P.L.117-2015,
 28 SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 29 JULY 1, 2026]: Sec. 6. (a) As used in this section, "community mental
 30 retardation and other developmental disabilities center" means a
 31 community center that is:

32 (1) incorporated under IC 23-7-1.1 (before its repeal August 1,
 33 1991) or IC 23-17;

34 (2) organized for the purpose of providing services for individuals
 35 with an intellectual disability and other individuals with a
 36 developmental disability;

37 (3) approved by the division of disability, **aging**, and
 38 rehabilitative services; and

39 (4) accredited for the services provided by one (1) of the
 40 following organizations:

41 (A) The Commission on Accreditation of Rehabilitation
 42 Facilities (CARF), or its successor.



- 1 (B) The Council on Quality and Leadership in Supports for
 2 People with Disabilities, or its successor.
 3 (C) The Joint Commission on Accreditation of Healthcare
 4 Organizations (JCAHO), or its successor.
 5 (D) The National Commission on Quality Assurance, or its
 6 successor.
 7 (E) An independent national accreditation organization
 8 approved by the secretary.
- 9 (b) The county executive of a county may authorize the furnishing
 10 of financial assistance to a community mental retardation and other
 11 developmental disabilities center serving the county.
- 12 (c) Upon the request of the county executive, the county fiscal body
 13 may appropriate annually, from the general fund of the county, money
 14 to provide financial assistance in an amount not to exceed the amount
 15 that could be collected from the annual tax levy of sixty-seven
 16 hundredths of one cent (\$0.0067) on each one hundred dollars (\$100)
 17 of taxable property.
- 18 SECTION 86. IC 16-27-1-2, AS AMENDED BY P.L.210-2021,
 19 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 20 JULY 1, 2026]: Sec. 2. (a) As used in this chapter, "home health
 21 agency" means a person that provides or offers to provide:
 22 (1) nursing services; or
 23 (2) nursing services and at least one (1) home health service;
 24 for compensation.
- 25 (b) The term does not include the following:
 26 (1) An individual health care professional who provides
 27 professional services to a patient in the temporary or permanent
 28 residence of the patient.
 29 (2) A local health department as described in IC 16-20 or
 30 IC 16-22-8.
 31 (3) A person that:
 32 (A) is approved by the division of disability, **aging**, and
 33 rehabilitative services to provide supported living services or
 34 supported living supports to individuals with developmental
 35 disabilities;
 36 (B) is subject to rules adopted under IC 12-11-2.1; and
 37 (C) serves only individuals with developmental disabilities who
 38 are in a placement authorized under IC 12-11-2.1-4.
 39 (4) A person providing services under the Program of
 40 All-Inclusive Care for the Elderly (PACE) described in
 41 IC 12-15-43.
 42 (5) A person that only administers home infusion therapy based



1 on a specialty medication prescription received from a pharmacy.
 2 SECTION 87. IC 16-27-4-5, AS AMENDED BY P.L.141-2006,
 3 SECTION 83, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 4 JULY 1, 2026]: Sec. 5. (a) As used in this chapter, "personal services
 5 agency" means a person that provides or offers to provide a personal
 6 service for compensation, whether through the agency's own employees
 7 or by arrangement with another person.

8 (b) The term does not include the following:

9 (1) An individual who provides personal services only to the
 10 individual's family or to not more than three (3) individuals per
 11 residence and not more than a total of seven (7) individuals
 12 concurrently. As used in this subdivision, "family" means the
 13 individual's spouse, child, parent, parent-in-law, grandparent,
 14 grandchild, brother, brother-in-law, sister, sister-in-law, aunt,
 15 aunt-in-law, uncle, uncle-in-law, niece, and nephew.

16 (2) A local health department as described in IC 16-20 or
 17 IC 16-22-8.

18 (3) A person that:

19 (A) is approved by the division of disability, **aging**, and
 20 rehabilitative services to provide supported living services or
 21 supported living support to individuals with developmental
 22 disabilities;

23 (B) is subject to rules adopted under IC 12-11-2.1; and

24 (C) serves only individuals with developmental disabilities who
 25 are in a placement authorized under IC 12-11-2.1-4.

26 SECTION 88. IC 16-28.5-2-2, AS ADDED BY P.L.147-2023,
 27 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 28 JULY 1, 2026]: Sec. 2. A housing with services establishment that
 29 offers memory care services must register with the ~~division of aging~~
 30 **bureau of better aging** established by ~~IC 12-9-1-1-1~~ **IC 12-10-1-1**.

31 SECTION 89. IC 16-32-2-3, AS AMENDED BY P.L.56-2023,
 32 SECTION 152, IS AMENDED TO READ AS FOLLOWS
 33 [EFFECTIVE JULY 1, 2026]: Sec. 3. The committee shall be
 34 composed of the following members:

35 (1) The director of the division of disability, **aging**, and
 36 rehabilitative services or the director's designee.

37 (2) The commissioner of the Indiana department of administration
 38 or the commissioner's designee.

39 (3) The executive director of the governor's planning council on
 40 people with disabilities.

41 (4) The director of the division of mental health and addiction or
 42 the director's designee.



- 1 (5) The commissioner of the state department or the
- 2 commissioner's designee.
- 3 (6) Three (3) members appointed by the governor to represent the
- 4 public at large.
- 5 (7) A representative of the central coordinating agency described
- 6 in section 7(8) of this chapter.

7 SECTION 90. IC 16-32-2-4, AS AMENDED BY P.L.141-2006,
 8 SECTION 87, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 9 JULY 1, 2026]: Sec. 4. The members of the committee shall be
 10 reimbursed for expenses at a rate equal to that of state employees on a
 11 per diem basis by the division of disability, **aging**, and rehabilitative
 12 services.

13 SECTION 91. IC 16-32-2-5, AS AMENDED BY P.L.141-2006,
 14 SECTION 88, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 15 JULY 1, 2026]: Sec. 5. The director of the division of disability, **aging**,
 16 and rehabilitative services shall designate a staff member to act as
 17 executive secretary to the committee.

18 SECTION 92. IC 16-36-3-10, AS AMENDED BY P.L.141-2006,
 19 SECTION 89, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 20 JULY 1, 2026]: Sec. 10. The superintendent shall compile a report of
 21 all medically necessary treatments approved under this chapter during
 22 each calendar quarter and send the report to the director of the division
 23 of mental health and addiction or the director of the division of
 24 disability, **aging**, and rehabilitative services not more than one (1)
 25 month after the end of that quarter. The report must contain the
 26 following information:

- 27 (1) The name of the patient.
- 28 (2) The type of action taken.
- 29 (3) The date of the action.
- 30 (4) The reason for the action.
- 31 (5) The names of the treating physician, the physician
- 32 independent of the appropriate facility, and any other physician
- 33 who entered an opinion that was contrary to the treating
- 34 physician's opinion.

35 SECTION 93. IC 16-39-2-2, AS AMENDED BY P.L.141-2006,
 36 SECTION 90, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 37 JULY 1, 2026]: Sec. 2. A record for each patient receiving mental
 38 health services shall be maintained by the provider. The mental health
 39 record must contain the information that the division of mental health
 40 and addiction, the division of disability, **aging**, and rehabilitative
 41 services, or the state department requires by rule. The provider is:

- 42 (1) the owner of the mental health record;



- 1 (2) responsible for the record's safekeeping; and
 2 (3) entitled to retain possession of the record.
 3 The information contained in the mental health record belongs to the
 4 patient involved as well as to the provider. The provider shall maintain
 5 the original mental health record or a microfilm of the mental health
 6 record for at least seven (7) years.
 7 SECTION 94. IC 16-39-2-6, AS AMENDED BY P.L.243-2025,
 8 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 9 JULY 1, 2026]: Sec. 6. (a) Without the consent of the patient, the
 10 patient's mental health record may only be disclosed as follows:
 11 (1) To individuals who meet the following conditions:
 12 (A) Are employed by:
 13 (i) the provider at the same facility or agency;
 14 (ii) a managed care provider (as defined in IC 12-7-2-127); or
 15 (iii) a health care provider or mental health care provider, if
 16 the mental health records are needed to provide health care or
 17 mental health services to the patient.
 18 (B) Are involved in the planning, provision, and monitoring of
 19 services.
 20 (2) To the extent necessary to obtain payment for services
 21 rendered or other benefits to which the patient may be entitled, as
 22 provided in IC 16-39-5-3.
 23 (3) To the patient's court appointed counsel and to the Indiana
 24 protection and advocacy services commission.
 25 (4) For research conducted in accordance with IC 16-39-5-3 and
 26 the rules of the division of mental health and addiction, the rules
 27 of the division of disability, **aging**, and rehabilitative services, the
 28 rules of the provider, or the rules of the Indiana archives and
 29 records administration and the oversight committee on public
 30 records.
 31 (5) To the division of mental health and addiction for the purpose
 32 of data collection, research, and monitoring managed care
 33 providers (as defined in IC 12-7-2-127) who are operating under
 34 a contract with the division of mental health and addiction.
 35 (6) To the extent necessary to make reports or give testimony
 36 required by the statutes pertaining to admissions, transfers,
 37 discharges, and guardianship proceedings.
 38 (7) To a law enforcement agency if any of the following
 39 conditions are met:
 40 (A) A patient escapes from a facility to which the patient is
 41 committed under IC 12-26.
 42 (B) The superintendent of the facility determines that failure to



- 1 provide the information may result in bodily harm to the patient
 2 or another individual.
- 3 (C) A patient commits or threatens to commit a crime on
 4 facility premises or against facility personnel.
- 5 (D) A patient is in the custody of a law enforcement officer or
 6 agency for any reason and:
- 7 (i) the information to be released is limited to medications
 8 currently prescribed for the patient or to the patient's history
 9 of adverse medication reactions; and
- 10 (ii) the provider determines that the release of the medication
 11 information will assist in protecting the health, safety, or
 12 welfare of the patient.
- 13 Mental health records released under this clause must be
 14 maintained in confidence by the law enforcement agency
 15 receiving them.
- 16 (8) To a coroner or medical examiner, in the performance of the
 17 individual's duties.
- 18 (9) To a school in which the patient is enrolled if the
 19 superintendent of the facility determines that the information will
 20 assist the school in meeting educational needs of the patient.
- 21 (10) To the extent necessary to satisfy reporting requirements
 22 under the following statutes:
- 23 (A) IC 12-10-3-10.
 24 (B) IC 12-24-17-5.
 25 (C) IC 16-41-2-3.
 26 (D) IC 16-49-3-3.
 27 (E) IC 16-49-4-5.
 28 (F) IC 16-49-6-6.
 29 (G) IC 16-49.5-2-6.
 30 (H) IC 16-50-1-8.
 31 (I) IC 31-25-3-2.
 32 (J) IC 31-33-5-4.
 33 (K) IC 34-30-16-2.
 34 (L) IC 35-46-1-13.
- 35 (11) To the extent necessary to satisfy release of information
 36 requirements under the following statutes:
- 37 (A) IC 12-24-11-2.
 38 (B) IC 12-24-12-3, IC 12-24-12-4, and IC 12-24-12-6.
 39 (C) IC 12-26-11.
- 40 (12) To another health care provider in a health care emergency.
 41 (13) For legitimate business purposes as described in
 42 IC 16-39-5-3.



- 1 (14) Under a court order under IC 16-39-3.
 2 (15) With respect to records from a mental health or
 3 developmental disability facility, to the United States Secret
 4 Service if the following conditions are met:
 5 (A) The request does not apply to alcohol or drug abuse records
 6 described in 42 U.S.C. 290dd-2 unless authorized by a court
 7 order under 42 U.S.C. 290dd-2(b)(2)(c).
 8 (B) The request relates to the United States Secret Service's
 9 protective responsibility and investigative authority under 18
 10 U.S.C. 3056, 18 U.S.C. 871, or 18 U.S.C. 879.
 11 (C) The request specifies an individual patient.
 12 (D) The director or superintendent of the facility determines
 13 that disclosure of the mental health record may be necessary to
 14 protect a person under the protection of the United States Secret
 15 Service from serious bodily injury or death.
 16 (E) The United States Secret Service agrees to only use the
 17 mental health record information for investigative purposes and
 18 not disclose the information publicly.
 19 (F) The mental health record information disclosed to the
 20 United States Secret Service includes only:
 21 (i) the patient's name, age, and address;
 22 (ii) the date of the patient's admission to or discharge from
 23 the facility; and
 24 (iii) any information that indicates whether or not the patient
 25 has a history of violence or presents a danger to the person
 26 under protection.
 27 (16) To the statewide bureau of disabilities services ombudsman
 28 established under IC 12-11-13, in the performance of the
 29 ombudsman's duties.
 30 (b) If a licensed mental health professional, a licensed paramedic,
 31 a representative of a mobile integrated healthcare program (as
 32 described in IC 16-31-12), or a representative of a mental health
 33 community paramedicine program in the course of rendering a
 34 treatment intervention, determines that a patient may be a harm to
 35 himself or herself or others, the licensed mental health professional, the
 36 licensed paramedic, the representative of the mobile integrated
 37 healthcare program (as described in IC 16-31-12), or the representative
 38 of the mental health community paramedicine program may request a
 39 patient's individualized mental health safety plan from a psychiatric
 40 crisis center, psychiatric inpatient unit, or psychiatric residential
 41 treatment provider. Each psychiatric crisis center, psychiatric inpatient
 42 unit, and psychiatric residential treatment provider shall, upon request



1 and without the consent of the patient, share a patient's individualized
 2 mental health safety plan that is in the standard format established by
 3 the division of mental health and addiction under IC 12-21-5-6 with the
 4 following individuals who demonstrate proof of licensure and commit
 5 to protecting the information in compliance with state and federal
 6 privacy laws:

- 7 (1) A licensed mental health professional.
- 8 (2) A licensed paramedic.
- 9 (3) A representative of a mobile integrated healthcare program (as
 10 described in IC 16-31-12).
- 11 (4) A representative of a mental health community paramedicine
 12 program.

13 An individualized mental health safety plan disclosed under this
 14 subsection may be used only to support a patient's welfare and safety
 15 and is considered otherwise confidential information under applicable
 16 state and federal laws.

17 (c) After information is disclosed under subsection (a)(15) and if the
 18 patient is evaluated to be dangerous, the records shall be interpreted in
 19 consultation with a licensed mental health professional on the staff of
 20 the United States Secret Service.

21 (d) A person who discloses information under subsection (a)(7),
 22 (a)(15), or (b) in good faith is immune from civil and criminal liability.

23 SECTION 95. IC 16-40-1-2, AS AMENDED BY P.L.146-2008,
 24 SECTION 449, IS AMENDED TO READ AS FOLLOWS
 25 [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) Except as provided in
 26 subsection (b), each:

- 27 (1) physician;
- 28 (2) superintendent of a hospital;
- 29 (3) director of a local health department;
- 30 (4) director of a local office of the department of child services;
- 31 (5) director of the division of disability, **aging**, and rehabilitative
 32 services;
- 33 (6) superintendent of a state institution serving individuals with
 34 a disability; or
- 35 (7) superintendent of a school corporation;

36 who diagnoses, treats, provides, or cares for a person with a disability
 37 shall report the disabling condition to the state department within sixty
 38 (60) days.

39 (b) Each:

- 40 (1) physician holding an unlimited license to practice medicine;
- 41 or
- 42 (2) optometrist licensed under IC 25-24-1;



1 shall file a report regarding a person who is blind or has a visual
 2 impairment with the office of the secretary of family and social services
 3 in accordance with IC 12-12-9.

4 SECTION 96. IC 16-41-18.5-2, AS AMENDED BY THE
 5 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
 6 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 7 JULY 1, 2026]: Sec. 2. (a) The state department may promote a
 8 national lupus organization's initiatives to educate and train physicians,
 9 other health care providers, and human services providers on the most
 10 current and accurate scientific and medical information regarding the
 11 following concerning lupus:

- 12 (1) Diagnosis.
- 13 (2) Treatment.
- 14 (3) Risks and benefits of medications.
- 15 (4) Research advances.
- 16 (5) Therapeutic decision making, including medical best practices
 17 for diagnosing and treatment.

18 (b) The state department may distribute medically sound health
 19 information on the state department's ~~Internet web site~~ **website** for
 20 review by the following:

- 21 (1) Local health departments.
- 22 (2) Schools.
- 23 (3) The ~~division bureau~~ **bureau of better** aging.
- 24 (4) Employer wellness programs.
- 25 (5) Physicians and other health care providers.
- 26 (6) Hospitals.

27 SECTION 97. IC 16-41-18.5-3, AS ADDED BY P.L.108-2011,
 28 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 29 JULY 1, 2026]: Sec. 3. The state department may participate in
 30 identifying the appropriate partners to aid in the education components
 31 of this chapter, including the following:

- 32 (1) Local health departments.
- 33 (2) Schools.
- 34 (3) ~~Division Bureau~~ **Bureau of better** aging.
- 35 (4) Area agencies on aging.
- 36 (5) Employer wellness programs.
- 37 (6) Physicians and other health care providers.
- 38 (7) Accident and sickness insurance companies and health
 39 maintenance organizations.
- 40 (8) Hospitals.
- 41 (9) Women's health organizations.
- 42 (10) Nonprofit entities.



- 1 (11) Community organizations.
- 2 SECTION 98. IC 16-41-18.6-2, AS AMENDED BY THE
- 3 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
- 4 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 5 JULY 1, 2026]: Sec. 2. (a) The state department may promote a
- 6 national Parkinson's disease organization's initiatives to educate and
- 7 train physicians, other health care providers, and human services
- 8 providers on the most current and accurate scientific and medical
- 9 information regarding the following concerning Parkinson's disease:
- 10 (1) Diagnosis.
- 11 (2) Treatment.
- 12 (3) Risks and benefits of medications.
- 13 (4) Research advances.
- 14 (5) Therapeutic decision making, including medical best practices
- 15 for diagnosing and treatment.
- 16 (b) The state department may distribute medically sound health
- 17 information on the state department's ~~Internet web site~~ **website** for
- 18 review by the following:
- 19 (1) Local health departments.
- 20 (2) Schools.
- 21 (3) The ~~division bureau~~ **bureau of better** aging.
- 22 (4) Employer wellness programs.
- 23 (5) Physicians and other health care providers.
- 24 (6) Hospitals.
- 25 SECTION 99. IC 16-41-18.6-3, AS ADDED BY P.L.108-2011,
- 26 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 27 JULY 1, 2026]: Sec. 3. The state department may participate in
- 28 identifying the appropriate partners to aid in the education components
- 29 of this chapter, including the following:
- 30 (1) Local health departments.
- 31 (2) Schools.
- 32 (3) ~~Division Bureau~~ **Bureau of better** aging.
- 33 (4) Area agencies on aging.
- 34 (5) Employer wellness programs.
- 35 (6) Physicians and other health care providers.
- 36 (7) Accident and sickness insurance companies and health
- 37 maintenance organizations.
- 38 (8) Hospitals.
- 39 (9) Women's health organizations.
- 40 (10) Nonprofit entities.
- 41 (11) Community organizations.
- 42 SECTION 100. IC 20-26-11-8, AS AMENDED BY P.L.86-2018,



1 SECTION 176, IS AMENDED TO READ AS FOLLOWS
 2 [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) A student who is placed in a
 3 state licensed private or public health care facility or child care facility:

- 4 (1) by or with the consent of the department of child services;
 5 (2) by a court order; or
 6 (3) by a child placing agency licensed by the department of child
 7 services;

8 may attend school in the school corporation in which the facility is
 9 located. If the school corporation in which the facility is located is not
 10 the school corporation in which the student has legal settlement, the
 11 school corporation in which the student has legal settlement shall pay
 12 the transfer tuition of the student.

13 (b) A student who is placed in a state licensed private or public
 14 health care or child care facility by a parent may attend school in the
 15 school corporation in which the facility is located if:

- 16 (1) the placement is necessary for the student's physical or
 17 emotional health and well-being and, if the placement is in a
 18 health care facility, is recommended by a physician; and
 19 (2) the placement is projected to be for not less than fourteen (14)
 20 consecutive calendar days or a total of twenty (20) calendar days.

21 The school corporation in which the student has legal settlement shall
 22 pay the transfer tuition of the student. The parent of the student shall
 23 notify the school corporation in which the facility is located and the
 24 school corporation of the student's legal settlement, if identifiable, of
 25 the placement. Not later than thirty (30) days after this notice, the
 26 school corporation of legal settlement shall either pay the transfer
 27 tuition of the transferred student or appeal the payment by notice to the
 28 department. The acceptance or notice of appeal by the school
 29 corporation must be given by certified mail to the parent or guardian of
 30 the student and any affected school corporation. In the case of a student
 31 who is not identified as having a disability under IC 20-35, the state
 32 board shall make a determination on transfer tuition according to the
 33 procedures in section 15 of this chapter. In the case of a student who
 34 has been identified as having a disability under IC 20-35, the
 35 determination on transfer tuition shall be made under this subsection
 36 and the procedures adopted by the state board.

37 (c) A student who is placed in:

- 38 (1) an institution operated by the division of disability, **aging**, and
 39 rehabilitative services or the division of mental health and
 40 addiction; or
 41 (2) an institution, a public or private facility, a home, a group
 42 home, or an alternative family setting by the division of disability,



- 1 **aging**, and rehabilitative services or the division of mental health
 2 and addiction;
 3 may attend school in the school corporation in which the institution is
 4 located. The state shall pay the transfer tuition of the student, unless
 5 another entity is required to pay the transfer tuition as a result of a
 6 placement described in subsection (a) or (b) or another state is
 7 obligated to pay the transfer tuition.
- 8 (d) This subsection applies to a student who is placed:
 9 (1) by or with the consent of the department of child services;
 10 (2) by a court order; or
 11 (3) by a child placing agency licensed by the department of child
 12 services;
 13 in a foster family home or the home of a relative or other unlicensed
 14 caretaker that is not located in the school corporation in which the
 15 student has legal settlement. The student may attend school in either
 16 the school corporation in which the foster family home or other home
 17 is located or the school corporation in which the student has legal
 18 settlement. The department of child services and the student's foster
 19 parents or caretaker shall make the determination concerning where the
 20 student attends school unless that determination is made by a court that
 21 has jurisdiction over the student. If a licensed child placing agency is
 22 responsible for oversight of the foster family home in which the student
 23 is placed or for providing services to the student, the department of
 24 child services must consult with the licensed child placing agency
 25 concerning the determination of, or the recommendations made to the
 26 court concerning, where the student attends school. Except as provided
 27 in subsection (e), transfer tuition is not required for the student.
- 28 (e) If a student to whom subsection (d) applies is attending school
 29 in a school corporation that is not the school corporation in which the
 30 student has legal settlement, the school corporation in which the
 31 student has legal settlement shall pay transfer tuition to the school
 32 corporation in which the student is enrolled in school if all of the
 33 following conditions apply:
 34 (1) The student was previously placed in a child caring institution
 35 licensed under IC 31-27-3.
 36 (2) While placed in the child caring institution, the student was
 37 enrolled in a school that is:
 38 (A) administered by the school corporation in which the child
 39 caring institution is located; and
 40 (B) located at the child caring institution.
 41 (3) The student was moved from the child caring institution to a
 42 licensed foster family home supervised by the child caring



- 1 institution either:
- 2 (A) with the approval of the department of child services and
- 3 the court having jurisdiction over the student in a case under
- 4 IC 31-34; or
- 5 (B) by a court order in a case under IC 31-37.
- 6 (4) After moving from the child caring institution to the foster
- 7 family home, the student continues to attend the school located at
- 8 the child caring institution.
- 9 (5) The legal settlement of the student was determined by a
- 10 juvenile court under IC 31-34-20-5, IC 31-34-21-10,
- 11 IC 31-37-19-26, or IC 31-37-20-6.
- 12 (f) A student:
- 13 (1) who is placed in a facility, home, or institution described in
- 14 subsection (a), (b), or (c);
- 15 (2) to whom neither subsection (d) nor (e) applies; and
- 16 (3) for whom there is no other entity or person required to pay
- 17 transfer tuition;
- 18 may attend school in the school corporation in which the facility, home,
- 19 or institution is located. The department shall conduct an investigation
- 20 and determine whether any other entity or person is required to pay
- 21 transfer tuition. If the department determines that no other entity or
- 22 person is required to pay transfer tuition, the state shall pay the transfer
- 23 tuition for the student out of the funds appropriated for tuition support.
- 24 SECTION 101. IC 20-35-3-1, AS AMENDED BY P.L.150-2024,
- 25 SECTION 64, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 26 JULY 1, 2026]: Sec. 1. (a) The secretary of education shall appoint a
- 27 state advisory council on the education of children with disabilities.
- 28 The state advisory council's duties consist of providing policy guidance
- 29 concerning special education and related services for children with
- 30 disabilities. The secretary of education shall appoint at least seventeen
- 31 (17) members who serve for a term of four (4) years. Vacancies shall
- 32 be filled in the same manner for the unexpired balance of the term.
- 33 (b) The members of the state advisory council must be:
- 34 (1) citizens of Indiana;
- 35 (2) representative of the state's population; and
- 36 (3) selected on the basis of their involvement in or concern with
- 37 the education of children with disabilities.
- 38 (c) A majority of the members of the state advisory council must be
- 39 individuals with disabilities or the parents of children with disabilities.
- 40 Members must include the following:
- 41 (1) Parents of children with disabilities.
- 42 (2) Individuals with disabilities.



- 1 (3) Teachers.
- 2 (4) Representatives of postsecondary educational institutions that
- 3 prepare special education and related services personnel.
- 4 (5) State and local education officials.
- 5 (6) Administrators of programs for children with disabilities.
- 6 (7) Representatives of state agencies involved in the financing or
- 7 delivery of related services to children with disabilities, including
- 8 the following:
- 9 (A) The commissioner of the Indiana department of health or
- 10 the commissioner's designee.
- 11 (B) The director of the division of disability, **aging**, and
- 12 rehabilitative services or the director's designee.
- 13 (C) The director of the division of mental health and addiction
- 14 or the director's designee.
- 15 (D) The director of the department of child services or the
- 16 director's designee.
- 17 (8) Representatives of nonpublic schools and freeway schools.
- 18 (9) One (1) or more representatives of vocational, community, or
- 19 business organizations concerned with the provision of
- 20 transitional services to children with disabilities.
- 21 (10) Representatives of the department of correction.
- 22 (11) A representative from each of the following:
- 23 (A) The Indiana School for the Blind and Visually Impaired
- 24 board.
- 25 (B) The Indiana School for the Deaf board.
- 26 (12) A representative from the Arc of Indiana.
- 27 (d) The responsibilities of the state advisory council are as follows:
- 28 (1) To advise the secretary of education and the state board
- 29 regarding all rules pertaining to children with disabilities.
- 30 (2) To advise the department of unmet needs within Indiana in the
- 31 education of children with disabilities.
- 32 (3) To provide public comment on rules proposed by the state
- 33 board regarding the education of children with disabilities.
- 34 (4) To advise the department in developing evaluations and
- 35 reporting data to the United States Secretary of Education under
- 36 20 U.S.C. 1418.
- 37 (5) To advise the department in developing corrective action
- 38 plans to address findings identified in federal monitoring reports
- 39 under 20 U.S.C. 1400 et seq.
- 40 (6) To advise the department in developing and implementing
- 41 policies related to the coordination of services for children with
- 42 disabilities.



- 1 (e) The state advisory council shall do the following:
 2 (1) Organize with a chairperson selected by the secretary of
 3 education.
 4 (2) Meet as often as necessary to conduct the council's business
 5 at the call of the chairperson, upon ten (10) days written notice,
 6 but not less than four (4) times a year.
 7 (f) Members of the state advisory council are entitled to reasonable
 8 amounts for expenses necessarily incurred in the performance of their
 9 duties.
 10 (g) The secretary of education shall do the following:
 11 (1) Designate the director to act as executive secretary of the state
 12 advisory council.
 13 (2) Furnish all professional and clerical assistance necessary for
 14 the performance of the state advisory council's powers and duties.
 15 (h) The affirmative votes of a majority of the members appointed to
 16 the state advisory council are required for the state advisory council to
 17 take action.
 18 SECTION 102. IC 20-35-8-2, AS AMENDED BY P.L.56-2023,
 19 SECTION 197, IS AMENDED TO READ AS FOLLOWS
 20 [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) The state board shall adopt
 21 rules under IC 4-22-2 to establish limits on the amount of
 22 transportation that may be provided in the student's individualized
 23 education program. Unless otherwise specially shown to be essential
 24 by the child's individualized education program, in case of residency in
 25 a public or private facility, these rules must limit the transportation
 26 required by the student's individualized education program to the
 27 following:
 28 (1) The student's first entrance and final departure each school
 29 year.
 30 (2) Round trip transportation each school holiday period.
 31 (3) Two (2) additional round trips each school year.
 32 (b) If a student is a transfer student receiving special education in
 33 a public school, the state or school corporation responsible for the
 34 payment of transfer tuition under IC 20-26-11-1 through IC 20-26-11-4
 35 shall pay the cost of transportation required by the student's
 36 individualized education program.
 37 (c) If a student receives a special education:
 38 (1) in a facility operated by:
 39 (A) the Indiana department of health;
 40 (B) the division of disability, **aging**, and rehabilitative services;
 41 or
 42 (C) the division of mental health and addiction;



1 (2) at the Indiana School for the Blind and Visually Impaired; or
 2 (3) at the Indiana School for the Deaf;
 3 the school corporation in which the student has legal settlement shall
 4 pay the cost of transportation required by the student's individualized
 5 education program. However, if the student's legal settlement cannot
 6 be ascertained, the state board shall pay the cost of transportation
 7 required by the student's individualized education program.

8 (d) If a student is placed in a private facility under IC 20-35-6-2 in
 9 order to receive a special education because the student's school
 10 corporation cannot provide an appropriate special education program,
 11 the school corporation in which the student has legal settlement shall
 12 pay the cost of transportation required by the student's individualized
 13 education program. However, if the student's legal settlement cannot
 14 be ascertained, the state board shall pay the cost of transportation
 15 required by the student's individualized education program.

16 (e) A student's individualized education program may allow for the
 17 student's transportation by appropriate vehicle. The state board shall
 18 adopt rules under IC 4-22-2 governing transportation of students by
 19 appropriate vehicle.

20 SECTION 103. IC 21-12-2-2, AS ADDED BY P.L.22-2018,
 21 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 22 JULY 1, 2026]: Sec. 2. (a) This section applies to an individual who
 23 receives financial benefits or financial resources from the following
 24 sources:

- 25 (1) The Servicemen's Readjustment Act of 1944, as amended, and
 26 other acts of Congress granting a right, privilege, or benefit to
 27 veterans.
 28 (2) The federal Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.)
 29 and amendments to that statute, including programs administered
 30 by the division of disability, **aging**, and rehabilitative services
 31 established by IC 12-9-1-1 under the federal act.
 32 (3) The federal Social Security Act.

33 (b) When determining financial eligibility for need based financial
 34 aid available to a veteran student (as defined in IC 21-41-12-2), the
 35 commission shall exclude any financial benefit or financial resources
 36 received by the veteran student from any of the following sources:

- 37 (1) The Servicemen's Readjustment Act of 1944, as amended, and
 38 other acts of Congress granting a right, privilege, or benefit to
 39 veterans.
 40 (2) The federal Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.)
 41 and amendments to that statute, including programs administered
 42 by the division of disability, **aging**, and rehabilitative services



1 established by IC 12-9-1-1 under the federal act.

2 (3) The federal Social Security Act.

3 SECTION 104. IC 21-15-2-1, AS AMENDED BY P.L.22-2018,
4 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2026]: Sec. 1. (a) This section applies to the board of trustees
6 of the following state educational institutions:

7 (1) Ball State University.

8 (2) Indiana University.

9 (3) Indiana State University.

10 (4) Purdue University.

11 (5) University of Southern Indiana.

12 (b) The board of trustees of a state educational institution may
13 award financial aid to students and groups of students out of the
14 available resources of the state educational institution through:

15 (1) scholarships;

16 (2) fellowships;

17 (3) loans; and

18 (4) remissions of fees, tuition, charges, or other funds;

19 on the basis of financial need, excellence of academic achievement or
20 potential achievement, or any other basis that the board of trustees
21 finds to be reasonably related to the educational purposes and
22 objectives of the institution.

23 (c) When determining financial eligibility for need based financial
24 aid available to a veteran student (as defined in IC 21-41-12-2), each
25 state educational institution shall exclude any financial benefit or
26 financial resources received by the veteran student from any of the
27 following sources:

28 (1) The Servicemen's Readjustment Act of 1944, as amended, and
29 other acts of Congress granting a right, privilege, or benefit to
30 veterans.

31 (2) The federal Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.)
32 and amendments to that statute, including programs administered
33 by the division of disability, **aging**, and rehabilitative services
34 established by IC 12-9-1-1 under the federal act.

35 (3) The federal Social Security Act.

36 SECTION 105. IC 21-15-2-3, AS AMENDED BY P.L.22-2018,
37 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
38 JULY 1, 2026]: Sec. 3. (a) The board of trustees of Ivy Tech
39 Community College may provide scholarships and remission of fees in
40 proper cases.

41 (b) When determining financial eligibility for need based financial
42 aid available to a veteran student (as defined in IC 21-41-12-2), the



1 board of trustees of Ivy Tech Community College may exclude any
 2 financial benefit or financial resources received by the veteran student
 3 from any of the following sources:

4 (1) The Servicemen's Readjustment Act of 1944, as amended, and
 5 other acts of Congress granting a right, privilege, or benefit to
 6 veterans.

7 (2) The federal Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.)
 8 and amendments to that statute, including programs administered
 9 by the division of disability, **aging**, and rehabilitative services
 10 established by IC 12-9-1-1 under the federal act.

11 (3) The federal Social Security Act.

12 SECTION 106. IC 21-15-2-5, AS ADDED BY P.L.22-2018,
 13 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 14 JULY 1, 2026]: Sec. 5. (a) This section applies to the board of trustees
 15 of Vincennes University.

16 (b) When determining financial eligibility for need based financial
 17 aid available to a veteran student (as defined in IC 21-41-12-2), the
 18 board of trustees of Vincennes University may exclude any financial
 19 benefit or financial resources received by the veteran student from any
 20 of the following sources:

21 (1) The Servicemen's Readjustment Act of 1944, as amended, and
 22 other acts of Congress granting a right, privilege, or benefit to
 23 veterans.

24 (2) The federal Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.)
 25 and amendments to that statute, including programs administered
 26 by the division of disability, **aging**, and rehabilitative services
 27 established by IC 12-9-1-1 under the federal act.

28 (3) The federal Social Security Act.

29 SECTION 107. IC 21-38-6-1, AS AMENDED BY P.L.143-2022,
 30 SECTION 53, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 31 JULY 1, 2026]: Sec. 1. (a) An employee health plan that provides
 32 coverage for early intervention services shall reimburse the first steps
 33 program a monthly fee established by the division of disability, **aging**,
 34 and rehabilitative services. Except when the monthly fee is less than
 35 the product determined under IC 12-12.7-2-23(b), the monthly fee shall
 36 be provided instead of claims processing of individual claims.

37 (b) An employee health plan may not require authorization for
 38 services specified in the covered individual's individualized family
 39 service plan, if those services are a covered benefit under the plan,
 40 once the individualized family service plan is signed by a physician, an
 41 advanced practice registered nurse, or a physician assistant.

42 (c) The department of insurance shall adopt rules under IC 4-22-2



1 to ensure compliance with this section.

2 SECTION 108. IC 22-3-2-2.3, AS AMENDED BY P.L.141-2006,
3 SECTION 104, IS AMENDED TO READ AS FOLLOWS
4 [EFFECTIVE JULY 1, 2026]: Sec. 2.3. (a) As used in this section,
5 "volunteer worker" means a person who:

6 (1) performs services:

7 (A) for a state institution (as defined in IC 12-7-2-184); and

8 (B) for which the person does not receive compensation of any
9 nature; and

10 (2) has been approved and accepted as a volunteer worker by the
11 director of:

12 (A) the division of disability, **aging**, and rehabilitative services;
13 or

14 (B) the division of mental health and addiction.

15 (b) Services of any nature performed by a volunteer worker for a
16 state institution (as defined in IC 12-7-2-184) are governmental
17 services. A volunteer worker is subject to the medical benefits
18 described under this chapter through IC 22-3-6. However, a volunteer
19 worker is not under this chapter through IC 22-3-6.

20 SECTION 109. IC 22-3-12-2, AS AMENDED BY P.L.141-2006,
21 SECTION 105, IS AMENDED TO READ AS FOLLOWS
22 [EFFECTIVE JULY 1, 2026]: Sec. 2. When any compensable injury
23 requires the filing of a first report of injury by an employer, the
24 employer's worker's compensation insurance carrier or the self-insured
25 employer shall forward a copy of the report to the central office of the
26 division of disability, **aging**, and rehabilitative services, rehabilitation
27 services bureau at the earlier of the following occurrences:

28 (1) When the compensable injury has resulted in temporary total
29 disability of longer than twenty-one (21) days.

30 (2) When it appears that the compensable injury may be of such
31 a nature as to permanently prevent the injured employee from
32 returning to the injured employee's previous employment.

33 SECTION 110. IC 25-23.6-1-3.9, AS AMENDED BY P.L.56-2023,
34 SECTION 237, IS AMENDED TO READ AS FOLLOWS
35 [EFFECTIVE JULY 1, 2026]: Sec. 3.9. (a) "Governmental employee"
36 means an individual employed by the office of the secretary of family
37 and social services, the division of family resources, the division of
38 mental health and addiction, the division of disability, **aging**, and
39 rehabilitative services, ~~the division of aging~~, the department of
40 correction, the department of child services, or the Indiana department
41 of health in one (1) of the following classifications:

42 (1) 2AA3 Behavioral clinician 3.



- 1 (2) 2AA4 Behavioral clinician 4.
 2 (3) 2AA5 Clinical associate 5.
 3 (4) 2FL1 Mental health administrator 1.
 4 (5) 2FL2 Mental health administrator 2.
 5 (6) 2FL3 Mental health administrator 3.
 6 (7) 2AN3 Substance abuse counselor 3.
 7 (8) 2AN4 Substance abuse counselor 4.
 8 (9) 2AN5 Substance abuse counselor 5.
 9 (10) 2AH2 Social services specialist 2.
 10 (11) 2AH3 Social services specialist 3.
 11 (12) 2AH4 Social services specialist 4.
 12 (13) 2AI1 Psychiatric services director 1.
 13 (14) 2AE2 Psychiatric social services specialist 2.
 14 (15) 2AE3 Psychiatric social services specialist 3.
 15 (16) 2AP2 Family case manager 2.
 16 (17) 2AP3 Family case manager trainee 3.
 17 (18) 7AP3 Family case manager supervisor 3.
 18 (19) 7AP4 Family case manager supervisor 4.
 19 (b) The term includes any employee of the department of child
 20 services, regardless of the employee's job title or classification, who, as
 21 part of the employee's assigned job, is carrying out the duties of the
 22 department of child services, as set forth in IC 31-25-2-7 and
 23 IC 31-25-2-8.
 24 SECTION 111. IC 27-8-12-7.1, AS AMENDED BY P.L.141-2006,
 25 SECTION 109, IS AMENDED TO READ AS FOLLOWS
 26 [EFFECTIVE JULY 1, 2026]: Sec. 7.1. The department of insurance
 27 shall adopt rules under IC 4-22-2 that establish standards for the
 28 qualification of a long term care policy under IC 12-15-39.6. The rules
 29 must include the following:
 30 (1) The standards adopted under section 7 of this chapter.
 31 (2) The requirement that an insurer or other person who issues a
 32 qualified long term care policy must at a minimum offer to each
 33 policyholder or prospective policyholder a policy that provides
 34 both:
 35 (A) long term care facility coverage; and
 36 (B) home and community care coverage.
 37 (3) A provision that an insurer or other person who complies with
 38 subdivision (2) may elect to also offer a qualified long term care
 39 policy that provides only long term care facility coverage.
 40 (4) The submission of data by insurers that will allow the
 41 department of insurance, the office of Medicaid policy and
 42 planning, and the ~~division bureau~~ of **better** aging to administer



1 the Indiana long term care program under IC 12-15-39.6.

2 (5) Other standards needed to administer the Indiana long term
3 care program.

4 SECTION 112. IC 27-8-27-6, AS AMENDED BY P.L.143-2022,
5 SECTION 75, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
6 JULY 1, 2026]: Sec. 6. (a) A health insurance plan that provides
7 coverage for early intervention services shall reimburse the first steps
8 program a monthly fee established by the division of disability, **aging**,
9 and rehabilitative services. Except when the monthly fee is less than
10 the product determined under IC 12-12.7-2-23(b), the monthly fee shall
11 be provided instead of claims processing of individual claims.

12 (b) A health insurance plan may not require authorization for
13 services specified in the covered individual's individualized family
14 service plan, if those services are a covered benefit under the plan,
15 once the individualized family service plan is signed by a physician, an
16 advanced practice registered nurse, or a physician assistant.

17 (c) The department of insurance shall adopt rules under IC 4-22-2
18 to ensure compliance with this section.

19 SECTION 113. IC 29-3-3-5, AS AMENDED BY P.L.141-2006,
20 SECTION 110, IS AMENDED TO READ AS FOLLOWS
21 [EFFECTIVE JULY 1, 2026]: Sec. 5. The chief of social services (or
22 a person designated by the chief of social services) at any institution
23 under the control of the division of mental health and addiction or the
24 division of disability, **aging**, and rehabilitative services may execute
25 the necessary documents to make applications on behalf of a patient in
26 the institution to receive public assistance or to transfer the patient to
27 an alternate care facility without the appointment of a guardian or other
28 order of court.

29 SECTION 114. IC 33-37-8-4, AS AMENDED BY P.L.187-2015,
30 SECTION 38, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
31 JULY 1, 2026]: Sec. 4. (a) Except as provided in subsection (b), upon
32 receipt of monthly claims submitted on oath to the fiscal body by a
33 program listed in section 3(b) of this chapter, the fiscal body of the city
34 or town shall appropriate from the city or town fund to the program the
35 amount collected for the program fee under IC 33-37-5.

36 (b) Funds derived from a deferral program or a pretrial diversion
37 program may be disbursed only by the adoption of an ordinance
38 appropriating the funds for one (1) or more of the following purposes:

- 39 (1) Personnel expenses related to the operation of the program.
40 (2) Special training for:
41 (A) a prosecuting attorney;
42 (B) a deputy prosecuting attorney;



- 1 (C) support staff for a prosecuting attorney or deputy
 2 prosecuting attorney; or
 3 (D) a law enforcement officer.
- 4 (3) Employment of a deputy prosecutor or prosecutorial support
 5 staff.
 6 (4) Victim assistance.
 7 (5) Electronic legal research.
 8 (6) Office equipment, including computers, computer software,
 9 communication devices, office machinery, furnishings, and office
 10 supplies.
 11 (7) Expenses of a criminal investigation and prosecution.
 12 (8) An activity or program operated by the prosecuting attorney
 13 that is intended to reduce or prevent criminal activity, including:
 14 (A) substance abuse;
 15 (B) child abuse;
 16 (C) domestic violence;
 17 (D) operating while intoxicated; and
 18 (E) juvenile delinquency.
- 19 (9) The provision of evidence based mental health and addiction,
 20 intellectual disability, developmental disability, autism, and
 21 co-occurring autism and mental illness forensic treatment services
 22 to reduce the risk of recidivism in a program administered or
 23 coordinated by a provider certified or licensed by the division of
 24 mental health and addiction or the division of disability, **aging**,
 25 and rehabilitative services with expertise in providing evidence
 26 based forensic treatment services.
- 27 (10) Any other purpose that benefits the office of the prosecuting
 28 attorney or law enforcement and that is agreed upon by the county
 29 fiscal body and the prosecuting attorney.
- 30 (c) Funds described in subsection (b) may be used only in
 31 accordance with guidelines adopted by the prosecuting attorneys
 32 council under IC 33-39-8-5.
- 33 SECTION 115. IC 33-37-8-6, AS AMENDED BY P.L.187-2015,
 34 SECTION 39, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 35 JULY 1, 2026]: Sec. 6. (a) Except as provided in subsection (b), upon
 36 receipt of monthly claims submitted on oath to the fiscal body by a
 37 program listed in section 5(b) of this chapter, the county fiscal body
 38 shall appropriate from the county fund to the program or fund the
 39 amount collected for the program under IC 33-37-5.
- 40 (b) Funds derived from a deferral program or a pretrial diversion
 41 program may be disbursed only by the adoption of an ordinance
 42 appropriating the funds for one (1) or more of the following purposes:



- 1 (1) Personnel expenses related to the operation of the program.
 2 (2) Special training for:
 3 (A) a prosecuting attorney;
 4 (B) a deputy prosecuting attorney;
 5 (C) support staff for a prosecuting attorney or deputy
 6 prosecuting attorney; or
 7 (D) a law enforcement officer.
 8 (3) Employment of a deputy prosecutor or prosecutorial support
 9 staff.
 10 (4) Victim assistance.
 11 (5) Electronic legal research.
 12 (6) Office equipment, including computers, computer software,
 13 communication devices, office machinery, furnishings, and office
 14 supplies.
 15 (7) Expenses of a criminal investigation and prosecution.
 16 (8) An activity or program operated by the prosecuting attorney
 17 that is intended to reduce or prevent criminal activity, including:
 18 (A) substance abuse;
 19 (B) child abuse;
 20 (C) domestic violence;
 21 (D) operating while intoxicated; and
 22 (E) juvenile delinquency.
 23 (9) The provision of evidence based mental health and addiction,
 24 intellectual disability, developmental disability, autism, and
 25 co-occurring autism and mental illness forensic treatment services
 26 to reduce the risk of recidivism in a program administered or
 27 coordinated by a provider certified or licensed by the division of
 28 mental health and addiction or the division of disability, **aging**,
 29 and rehabilitative services with expertise in providing evidence
 30 based forensic treatment services.
 31 (10) Any other purpose that benefits the office of the prosecuting
 32 attorney or law enforcement and that is agreed upon by the county
 33 fiscal body and the prosecuting attorney.
 34 (c) Funds described in subsection (b) may be used only in
 35 accordance with guidelines adopted by the prosecuting attorneys
 36 council under IC 33-39-8-5.
 37 SECTION 116. IC 34-30-2.1-129.7 IS REPEALED [EFFECTIVE
 38 JULY 1, 2026]. ~~Sec. 129.7. IC 12-9.1-6-10 (Concerning information~~
 39 ~~provided by a participant in the yellow dot motor vehicle medical~~
 40 ~~information program).~~
 41 SECTION 117. IC 34-30-2.1-136.5 IS ADDED TO THE INDIANA
 42 CODE AS A NEW SECTION TO READ AS FOLLOWS



1 [EFFECTIVE JULY 1, 2026]: **Sec. 136.5. IC 12-10-21-10**
 2 **(Concerning information provided by a participant in the yellow**
 3 **dot motor vehicle medical information program).**

4 SECTION 118. IC 34-30-2.1-147.5 IS ADDED TO THE INDIANA
 5 CODE AS A NEW SECTION TO READ AS FOLLOWS
 6 [EFFECTIVE JULY 1, 2026]: **Sec. 147.5. IC 12-21-8-10.5**
 7 **(Concerning a designated 9-8-8 crisis response center, an employee,**
 8 **director, officer, or agent of a designated 9-8-8 crisis response**
 9 **center, or a member of a certified mobile crisis team providing**
 10 **crisis response services).**

11 SECTION 119. IC 35-46-1-13, AS AMENDED BY P.L.5-2022,
 12 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 13 JULY 1, 2026]: Sec. 13. (a) A person who:

14 (1) believes or has reason to believe that an endangered adult or
 15 person of any age who has a mental or physical disability is the
 16 victim of battery, neglect, or exploitation as prohibited by this
 17 chapter or IC 35-42-2-1; and

18 (2) knowingly fails to report the facts supporting that belief to the
 19 division of disability, **aging**, and rehabilitative services, ~~the~~
 20 ~~division of aging~~, the adult protective services unit designated
 21 under IC 12-10-3, or a law enforcement agency having
 22 jurisdiction over battery, neglect, or exploitation of an endangered
 23 adult;

24 commits a Class B misdemeanor.

25 (b) An officer or employee of the division or adult protective
 26 services unit who unlawfully discloses information contained in the
 27 records of the division of aging under IC 12-10-3-12 through
 28 IC 12-10-3-15 commits a Class C infraction.

29 (c) A law enforcement agency that receives a report that an
 30 endangered adult or person of any age who has a mental or physical
 31 disability is or may be a victim of battery, neglect, or exploitation as
 32 prohibited by this chapter or IC 35-42-2-1 shall immediately transmit
 33 the report to the adult protective services unit designated under
 34 IC 12-10-3.

35 (d) An individual who discharges, demotes, transfers, prepares a
 36 negative work performance evaluation, reduces benefits, pay, or work
 37 privileges, or takes other action to retaliate against an individual who
 38 in good faith makes a report under IC 12-10-3-9 concerning an
 39 endangered individual commits a Class A infraction.

40 SECTION 120. IC 36-2-14-18, AS AMENDED BY P.L.186-2025,
 41 SECTION 255, IS AMENDED TO READ AS FOLLOWS
 42 [EFFECTIVE JULY 1, 2026]: Sec. 18. (a) Notwithstanding



1 IC 5-14-3-4(b)(1), when a coroner investigates a death, the office of the
2 coroner is required to make available for public inspection and copying
3 the following:

- 4 (1) The name, age, address, sex, and race of the deceased.
5 (2) The address where the dead body was found, or if there is no
6 address the location where the dead body was found and, if
7 different, the address where the death occurred, or if there is no
8 address the location where the death occurred.
9 (3) The name of the agency to which the death was reported and
10 the name of the person reporting the death.
11 (4) The name of any public official or governmental employee
12 present at the scene of the death and the name of the person
13 certifying or pronouncing the death.
14 (5) Information regarding an autopsy (requested or performed)
15 limited to the date, the person who performed the autopsy, where
16 the autopsy was performed, and a conclusion as to:
17 (A) the probable cause of death;
18 (B) the probable manner of death; and
19 (C) the probable mechanism of death.
20 (6) The location to which the body was removed, the person
21 determining the location to which the body was removed, and the
22 authority under which the decision to remove the body was made.
23 (7) The records required to be filed by a coroner under section 6
24 of this chapter and the verdict and the written report required
25 under section 10 of this chapter.

26 (b) A county coroner or a coroner's deputy who receives an
27 investigatory record from a law enforcement agency shall treat the
28 investigatory record with the same confidentiality as the law
29 enforcement agency would treat the investigatory record.

30 (c) Notwithstanding any other provision of this section, a coroner
31 shall make available a full copy of an autopsy report, other than a
32 photograph, a video recording, or an audio recording of the autopsy,
33 upon the written request of a parent of the decedent, an adult child of
34 the decedent, a next of kin of the decedent, or an insurance company
35 investigating a claim arising from the death of the individual upon
36 whom the autopsy was performed. A parent of the decedent, an adult
37 child of the decedent, a next of kin of the decedent, and an insurance
38 company are prohibited from publicly disclosing any information
39 contained in the report beyond that information that may otherwise be
40 disclosed by a coroner under this section. This prohibition does not
41 apply to information disclosed in communications in conjunction with
42 the investigation, settlement, or payment of the claim.



1 (d) Notwithstanding any other provision of this section, a coroner
 2 shall make available a full copy of an autopsy report, other than a
 3 photograph, a video recording, or an audio recording of the autopsy,
 4 upon the written request of:

5 (1) the director of the division of disability, **aging**, and
 6 rehabilitative services established by IC 12-9-1-1;

7 (2) the director of the division of mental health and addiction
 8 established by IC 12-21-1-1; or

9 (3) the director of the ~~division~~ **bureau of better aging** established
 10 by ~~IC 12-9-1-1-1~~; **IC 12-10-1-1**;

11 in connection with a division's **or bureau's** review of the
 12 circumstances surrounding the death of an individual who received
 13 services from a division **or bureau**, or through a division **or bureau**,
 14 at the time of the individual's death.

15 (e) Notwithstanding any other provision of this section, a coroner
 16 shall make available, upon written request, a full copy of an autopsy
 17 report, including a photograph, a video recording, or an audio recording
 18 of the autopsy, to:

19 (1) the department of child services established by IC 31-25-1-1,
 20 including an office of the department located in the county where
 21 the death occurred;

22 (2) the statewide child fatality review committee established by
 23 IC 16-49-4; or

24 (3) a county child fatality review team or regional child fatality
 25 review team established under IC 16-49-2 for the area where the
 26 death occurred;

27 for purposes of an entity described in subdivisions (1) through (3)
 28 conducting a review or an investigation of the circumstances
 29 surrounding the death of a child (as defined in IC 16-49-1-2) and
 30 making a determination as to whether the death of the child was a
 31 result of abuse, abandonment, or neglect. An autopsy report made
 32 available under this subsection is confidential and shall not be
 33 disclosed to another individual or agency, unless otherwise authorized
 34 or required by law.

35 (f) Notwithstanding any other provision of this section, a coroner
 36 shall make available, upon written request, a full copy of an autopsy
 37 report, including a photograph, a video recording, or an audio recording
 38 of the autopsy, to the local fetal-infant mortality review team
 39 established under IC 16-49-6 for purposes of the local fetal-infant
 40 mortality review team conducting a review or an investigation of the
 41 circumstances surrounding a fetal death or an infant death (as defined
 42 in IC 16-49-6). An autopsy report made available under this subsection



1 is confidential and shall not be disclosed to another individual or
2 agency, unless otherwise authorized or required by law.

3 (g) Notwithstanding any other provision of this section, a coroner
4 shall make available, upon written request, a full copy of an autopsy
5 report, including a photograph, a video recording, or an audio recording
6 of the autopsy, to the statewide maternity mortality review committee
7 established under IC 16-50-1.

8 (h) Notwithstanding any other provision of this section, and except
9 as otherwise provided in this subsection, a coroner may make available,
10 upon written request, a full copy of an autopsy report to the peer review
11 committee (as defined in IC 34-6-2.1-145) of a hospital at which the
12 decedent was treated immediately before death for purposes of the
13 hospital's peer review activities. An autopsy report made available
14 under this subsection:

15 (1) may not include:

- 16 (A) a photograph;
 - 17 (B) a video recording; or
 - 18 (C) an audio recording;
- 19 of the autopsy; and

20 (2) is confidential and may not be disclosed to another individual
21 or agency, unless otherwise authorized or required by law.

22 However, if immediately making available an autopsy report under this
23 subsection will interfere with the coroner's investigation or other legal
24 proceedings related to the decedent's death, the coroner may delay
25 making available the requested autopsy related information until the
26 investigation or other legal proceedings are concluded.

27 (i) Except as provided in subsection (j), the information required to
28 be available under subsection (a) must be completed not later than
29 fourteen (14) days after the completion of:

- 30 (1) the autopsy report; or
- 31 (2) if applicable, any other report, including a toxicology report,
32 requested by the coroner as part of the coroner's investigation;
33 whichever is completed last.

34 (j) The prosecuting attorney may petition a circuit or superior court
35 for an order prohibiting the coroner from publicly disclosing the
36 information required in subsection (a). The prosecuting attorney shall
37 serve a copy of the petition on the coroner.

38 (k) Upon receipt of a copy of the petition described in subsection (j),
39 the coroner shall keep the information confidential until the court rules
40 on the petition.

41 (l) The court shall grant a petition filed under subsection (j) if the
42 prosecuting attorney proves by a preponderance of the evidence that



1 public access or dissemination of the information specified in
 2 subsection (a) would create a significant risk of harm to the criminal
 3 investigation of the death. The court shall state in the order the reasons
 4 for granting or denying the petition. An order issued under this
 5 subsection must use the least restrictive means and duration possible
 6 when restricting access to the information. Information to which access
 7 is restricted under this subsection is confidential.

8 (m) Any person may petition the court to modify or terminate an
 9 order issued under subsection (l). The petition for modification or
 10 termination must allege facts demonstrating that:

- 11 (1) the public interest will be served by allowing access; and
- 12 (2) access to the information specified in subsection (a) would not
 13 create a significant risk to the criminal investigation of the death.

14 The person petitioning the court for modification or termination shall
 15 serve a copy of the petition on the prosecuting attorney and the coroner.

16 (n) Upon receipt of a petition for modification or termination filed
 17 under subsection (m), the court may:

- 18 (1) summarily grant, modify, or dismiss the petition; or
- 19 (2) set the matter for hearing.

20 If the court sets the matter for hearing, upon the motion of any party or
 21 upon the court's own motion, the court may close the hearing to the
 22 public.

23 (o) If the person filing the petition for modification or termination
 24 proves by a preponderance of the evidence that:

- 25 (1) the public interest will be served by allowing access; and
- 26 (2) access to the information specified in subsection (a) would not
 27 create a significant risk to the criminal investigation of the death;

28 the court shall modify or terminate its order restricting access to the
 29 information. In ruling on a request under this subsection, the court shall
 30 state the court's reasons for granting or denying the request.

31 **SECTION 121. [EFFECTIVE JULY 1, 2026] (a) The publisher of**
 32 **the Indiana Administrative Code and Indiana Register shall**
 33 **transfer rules concerning aging from the title of the Indiana**
 34 **Administrative Code for the division of aging to the title of the**
 35 **Indiana Administrative Code for the division of disability, aging,**
 36 **and rehabilitative services. The rules to be transferred include the**
 37 **following:**

- 38 (1) 455 IAC 1.
- 39 (2) 455 IAC 2.
- 40 (3) 455 IAC 3.
- 41 (4) Any other rules the office of the secretary of family and
 42 social services identifies to the publisher of the Indiana



1 **Administrative Code and Indiana Register concerning aging**
2 **that are to be transferred.**
3 **(b) The office of the secretary of family and social services shall**
4 **submit a statement to the publisher of the Indiana Administrative**
5 **Code and Indiana Register under IC 4-22-7-7 indicating which**
6 **rules the secretary of family and social services determines should**
7 **transfer under subsection (a)(4).**
8 **(c) The publisher of the Indiana Administrative Code and**
9 **Indiana Register shall transfer 470 IAC 3.1 from the division of**
10 **family resources to the division of disability, aging, and**
11 **rehabilitative services.**
12 **(d) This SECTION expires December 31, 2026.**
13 **SECTION 122. [EFFECTIVE JULY 1, 2026] (a) The legislative**
14 **services agency shall prepare legislation for introduction in the**
15 **2027 regular session of the general assembly to make appropriate**
16 **changes in statutes that are required by this act.**
17 **(b) This SECTION expires December 31, 2027.**

