



January 16, 2026

SENATE BILL No. 222

DIGEST OF SB 222 (Updated January 14, 2026 2:49 pm - DI 104)

Citations Affected: Numerous provisions 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. Requires certified peers to be trained and certified by the division of mental health and addiction or an approved nationally accredited certification body. 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.
January 15, 2026, amended, reported favorably — Do Pass.

SB 222—LS 6626/DI 104



January 16, 2026

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:

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- (A) The cigarette tax fund in accordance with IC 6-7-1-30.1.
- (B) Excise tax revenue allocated under IC 7.1-4-7-8.
- (C) The local road and street account in accordance with IC 8-14-2-4.
- (2) The board of trustees of Ivy Tech Community College for the board's division of Indiana into service regions under IC 21-22-6-1.
- (3) The division of disability, **aging**, and rehabilitative services, for establishing priorities for community residential facilities under IC 12-11-1.1 and IC 12-28-4-12.
- (4) The department of state revenue, for distribution of money from the motor vehicle highway account fund under IC 8-14-1-3.
- (5) The Indiana economic development corporation, for the evaluation of enterprise zone applications under IC 5-28-15.
- (6) The alcohol and tobacco commission, for the issuance of permits under IC 7.1.
- (7) The state board of accounts, for calculating the state share of 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) 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



(B) in any document submitted to the commission in the course of an investigation necessary to ensure that gaming under IC 4-32.3, IC 4-33, and IC 4-35 is conducted with credibility and integrity.

(2) That a sole proprietorship, a partnership, an association, a fiduciary, a corporation, a limited liability company, or any other business entity include its federal tax identification number on an application for a riverboat owner's license or supplier's license.

(f) Notwithstanding this chapter, the department of education established by IC 20-19-3-1 may require an individual who applies to the department for a license or an endorsement to provide the individual's Social Security number. The Social Security number may be used by the department only for conducting a background investigation, if the department is authorized by statute to conduct a background investigation of an individual for issuance of the license or endorsement.

SECTION 3. IC 4-15-2.2-33, AS ADDED BY P.L.229-2011, SECTION 56, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 33. (a) As used in this section, "individual with a disability" means an individual:

(1) with a physical or mental impairment that substantially limits one (1) or more of the major life activities of the individual; or
(2) who:

(A) has a record of; or
(B) is regarded as;
having an impairment described in subdivision (1).

(b) Notwithstanding any other provision of this chapter, an Indiana rehabilitation facility or the division of disability, **aging**, and rehabilitative services may certify that an individual:

- (1) is an individual with a disability; and
- (2) possesses the required knowledge, skill, and ability to perform the essential functions of a position classification:

- (A) with or without reasonable accommodation; or
- (B) with special accommodation for supported employment.

(c) An applicant with a disability who is certified under subsection (b) may be appointed to a position in a classification for which the applicant is certified.

SECTION 4. IC 4-21.5-3-6, AS AMENDED BY P.L.222-2025, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) Notice shall be given under this section concerning the following:

(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;

(2) contracts with the authority for the financing or refinancing of, or the lease or other acquisition of, health facility property that is 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;



(B) a regional blood center;

(C) a community mental health center or community intellectual disability and other developmental disabilities center (as defined in IC 12-7-2-38 and IC 12-7-2-39 or corresponding provisions of laws of the state in which the property is located);

(D) an entity that:

- (i) contracts with the division of disability, **aging**, and rehabilitative services or the division of mental health and addiction to provide the program described in IC 12-11-1.1-1(e) or IC 12-22-2; or
- (ii) provides a similar program under the laws of the state in which the entity is located;

(E) a vocational rehabilitation center established under IC 12-12-1-4.1(a)(1) or corresponding provisions of the laws of the state in which the property is located;

(F) the owner or operator of a facility that is utilized, directly or indirectly, to provide health care, habilitation, rehabilitation, therapeutic services, medical research, the training or teaching of health care personnel, or any related supporting services, or of a residential facility for individuals with a physical, mental, or emotional disability, individuals with a physical or mental illness, or the elderly;

(G) a licensed child caring institution providing residential care described in IC 12-7-2-29(1) or corresponding provisions of the laws of the state in which the property is located;

(H) an integrated health care system between or among providers, a health care purchasing alliance, a health insurer or third party administrator that is a participant in an integrated health care system, a health maintenance or preferred provider organization, or a foundation that supports a health care provider; or

(I) an individual, business entity, or governmental entity that owns an equity or membership interest in any of the organizations described in clauses (A) through (H); and

(4) in the case of a person, corporation, municipal corporation, political subdivision, or other entity located outside Indiana, is owned or controlled by, under common control with, affiliated with, or part of an obligated group that includes an entity that provides one (1) or more of the following services or facilities in Indiana:

(A) A facility that provides:



(i) health care;
(ii) habilitation, rehabilitation, or therapeutic services;
(iii) medical research;
(iv) training or teaching of health care personnel; or
(v) any related supporting services.

(B) A residential facility for:
(i) individuals with a physical, mental, or emotional disability;
(ii) individuals with a physical or mental illness; or
(iii) the elderly.

(C) A licensed child caring institution providing residential care described in IC 12-7-2-29(1).

SECTION 6. IC 5-10-8-7.3, AS AMENDED BY P.L.143-2022, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7.3. (a) As used in this section, "covered individual" means an individual who is:
(1) covered under a self-insurance program established under section 7(b) of this chapter to provide group health coverage; or
(2) entitled to services under a contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.
(b) As used in this section, "early intervention services" means services provided to a first steps child under IC 12-12.7-2 and 20 U.S.C. 1432(4).
(c) As used in this section, "first steps child" means an infant or toddler from birth through two (2) years of age who is enrolled in the Indiana first steps program and is a covered individual.
(d) As used in this section, "first steps program" refers to the program established under IC 12-12.7-2 and 20 U.S.C. 1431 et seq. to meet the needs of:
(1) children who are eligible for early intervention services; and
(2) their families.
The term includes the coordination of all available federal, state, local, and private resources available to provide early intervention services within Indiana.
(e) As used in this section, "health benefits plan" means a:
(1) self-insurance program established under section 7(b) of this chapter to provide group health coverage; or
(2) contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.
(f) A health benefits plan that provides coverage for early 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) the records of the division of family resources or the division of disability, **aging**, and rehabilitative services; or

(2) the written statement of a physician who is licensed by this state and skilled in the diseases of the eye or of a licensed optometrist.

(c) The application required by this section must contain the record number and page where the contract or memorandum of the contract is recorded if the individual is buying the real property, mobile home, or manufactured home on a contract that provides that the individual is to pay property taxes on the real property, mobile home, or manufactured home.

(d) This section applies only to property taxes imposed for an assessment date before January 1, 2025.

(e) This section expires January 1, 2027.

SECTION 9. IC 10-10.5-1-2, AS ADDED BY P.L.113-2020, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. "Indiana first responder" means an individual who:

(1) is employed by; or

(2) is a member of; or

(2) (3) serves as a volunteer for;

a public safety agency, a 9-8-8 crisis response center (as defined in IC 12-21-8-1), or a mobile crisis team (as defined in IC 12-21-8-3) certified by the division of mental health and addiction under IC 12-21-8-10, and whose duties include responding rapidly to an emergency.

SECTION 10. IC 10-10.5-2-1, AS AMENDED BY P.L.119-2022, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. The state of Indiana designates the following individuals to be Indiana first responders:

(1) A law enforcement officer.

(2) A firefighter, including a volunteer firefighter.

(3) A corrections officer.

(4) A public safety telecommunicator.

(5) An emergency medical technician, emergency medical responder, or paramedic.

(6) An individual performing emergency management services subject to the order or control of, or under a request of, the state or local government, including a volunteer health practitioner registered under IC 10-14-3.5.

(7) Any individual serving in an employee or volunteer capacity 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,



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

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

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

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

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

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

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

SECTION 13. IC 12-7-2-24.8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 24.8. "Caretaker", for purposes of ~~IC 12-10.5~~, **IC 12-10**, has the meaning set forth in ~~IC 12-10.5-1-1~~. **IC 12-10-22-1**.

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

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

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

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

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

(A) A city, a town, a county, or another political subdivision



1 of Indiana.
2 (B) An agency of the state.
3 (C) An agency of the United States.
4 (D) A political subdivision of another state.
5 (E) A hospital owned or operated by a unit of government
6 described in clauses (A) through (D).
7 (F) A building authority organized for the purpose of
8 constructing facilities to be leased to units of government.
9 (G) A corporation incorporated under IC 23-7-1.1 (before its
10 repeal August 1, 1991) or IC 23-17.
11 (H) A nonprofit corporation incorporated in another state.
12 (I) A university or college.
13 (4) Is accredited for the services provided by one (1) of the
14 following organizations:
15 (A) The Commission on Accreditation of Rehabilitation
16 Facilities (CARF), or its successor.
17 (B) The Council on Quality and Leadership in Supports for
18 People with Disabilities, or its successor.
19 (C) The Joint Commission on Accreditation of Healthcare
20 Organizations (JCAHO), or its successor.
21 (D) The National Commission on Quality Assurance, or its
22 successor.
23 (E) An independent national accreditation organization
24 approved by the secretary.

SECTION 16. IC 12-7-2-64, AS AMENDED BY P.L.149-2016, SECTION 42, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 64. "Director" refers to the following:

(1) With respect to a particular division, the director of the division.

(2) With respect to a particular state institution, the director who has administrative control of and responsibility for the state institution.

(3) For purposes of IC 12-10-15, the term refers to the director of the **division bureau** of **better** aging.

(4) For purposes of IC 12-25, the term refers to the director of the division of mental health and addiction.

(5) For purposes of IC 12-26, the term:

(A) refers to the director who has administrative control of and responsibility for the appropriate state institution; and

(B) includes the director's designee.

(6) If subdivisions (1) through (5) do not apply, the term refers to the director of any of the divisions.



1 SECTION 17. IC 12-7-2-69, AS AMENDED BY THE
2 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
3 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4 JULY 1, 2026]: Sec. 69. (a) "Division", except as provided in
5 subsections (b), (c), and (d), refers to any of the following:

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

8 (2) The division of aging established by IC 12-9.1-1-1.

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

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

13 (b) The term refers to the following:

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

17 (A) IC 12-9.

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

19 (C) IC 12-11.

20 (D) IC 12-12.

21 (E) IC 12-12.7.

22 (F) IC 12-28-5.

23 (2) For purposes of the following statutes, the division of **aging**
24 established by IC 12-9.1-1-1:

25 (A) IC 12-9.1.

26 (B) IC 12-10.

27 (C) IC 12-10.5.

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

30 (A) IC 12-8-12.

31 (B) IC 12-13.

32 (C) IC 12-14.

33 (D) IC 12-15.

34 (E) IC 12-16.

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

36 (G) IC 12-17.2.

37 (H) IC 12-18.

38 (I) IC 12-19.

39 (J) IC 12-20.

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

42 (A) IC 12-21.



1 (B) IC 12-22.
2 (C) IC 12-23.
3 (D) IC 12-25.
4 (c) With respect to a particular state institution, the term refers to
5 the division whose director has administrative control of and
6 responsibility for the state institution.
7 (d) For purposes of IC 12-24, IC 12-26, and IC 12-27, the term
8 refers to the division whose director has administrative control of and
9 responsibility for the appropriate state institution.
10 SECTION 18. IC 12-7-2-76.6 IS AMENDED TO READ AS
11 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 76.6. **(a)** "Emergency
12 medical condition", for purposes of IC 12-15-12, has the meaning set
13 forth in IC 12-15-12-0.3.
14 **(b) "Emergency medical responder", for purposes of
15 IC 12-10-21, has the meaning set forth in IC 12-10-21-1.**
16 SECTION 19. IC 12-7-2-99, AS AMENDED BY P.L.160-2012,
17 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
18 JULY 1, 2026]: Sec. 99. "A person with a disability" means, for
19 purposes of the following statutes, an individual who has a physical or
20 mental disability and meets the program eligibility requirements of the
21 division of disability, **aging**, and rehabilitative services:
22 (1) IC 12-8-1.5-10.
23 (2) IC 12-12-1.
24 (3) IC 12-12-6.
25 SECTION 20. IC 12-7-2-146, AS AMENDED BY P.L.174-2025,
26 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
27 JULY 1, 2026]: Sec. 146. "Program" refers to the following:
28 (1) For purposes of IC 12-10-5.7, the meaning set forth in
29 IC 12-10-5.7-2.
30 (2) For purposes of IC 12-10-7, the adult guardianship services
31 program established by IC 12-10-7-5.
32 (3) For purposes of IC 12-10-10, the meaning set forth in
33 IC 12-10-10-5.
34 **(4) For purposes of IC 12-10-21, the meaning set forth in
35 IC 12-10-21-3.**
36 **(4) (5) For purposes of IC 12-15-12.7, the meaning set forth in
37 IC 12-15-12.7-1.**
38 **(5) (6) For purposes of IC 12-17.2-2-14.2, the meaning set forth
39 in IC 12-17.2-2-14.2(a).**
40 **(6) (7) For purposes of IC 12-17.6, the meaning set forth in
41 IC 12-17.6-1-5.**
42 SECTION 21. IC 12-7-2-146.2 IS ADDED TO THE INDIANA



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

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

9 (1) For purposes of **IC 12-15-1-16**: **means:**
 10 (+) **(A)** a school based nurse; or
 11 (2) **(B)** another provider who:
 12 (A) **(i)** is licensed and in good standing with the Indiana
 13 professional licensing agency; and
 14 (B) **(ii)** is employed by or contracts with a school
 15 corporation that participates in Medicaid.
 16 (2) **For purposes of IC 12-15-4, a provider who:**
 17 (A) **is enrolled in the Indiana Medicaid program; and**
 18 (B) **maintains a valid agreement, as prescribed by the**
 19 **office, to make determinations concerning presumptive**
 20 **eligibility.**

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

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

32 (1) supersedes in whole or in part the department of mental health
 33 rule; or
 34 (2) repeals the department of mental health rule.
 35 (b) Notwithstanding subsection (a), if a rule adopted by the
 36 department of mental health before January 1, 1992:
 37 (1) has not been superseded or repealed as provided in subsection
 38 (a); and
 39 (2) provides authority to the department of mental health that has
 40 been transferred to the division of disability, **aging**, and
 41 rehabilitative services under P.L.9-1991;
 42 that rule shall be interpreted to constitute an authorization to the



1 division of disability, **aging**, and rehabilitative services and not the
2 department of mental health.

3 SECTION 25. IC 12-7-3-2, AS AMENDED BY P.L.168-2018,
4 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2026]: Sec. 2. (a) A rule adopted by the department of mental
6 health concerning case management services for developmentally
7 disabled persons under IC 16-14-31 (before its repeal by P.L.9-1991)
8 is valid and effective until the division of disability, **aging**, and
9 rehabilitative services adopts a rule under IC 4-22-2 that:

10 (1) supersedes in whole or in part the department of mental health
11 rule; or
12 (2) repeals the department of mental health rule.

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

15 (1) has not been superseded or repealed as provided in subsection
16 (a); and
17 (2) provides authority to the department of mental health that has
18 been transferred to the division of disability, **aging**, and
19 rehabilitative services under P.L.9-1991;

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

23 SECTION 26. IC 12-7-3-3, AS AMENDED BY P.L.168-2018,
24 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
25 JULY 1, 2026]: Sec. 3. (a) A rule adopted by the department of mental
26 health concerning residential facilities under IC 16-13-21 or
27 IC 16-13-22, as amended by P.L.9-1991 and before their repeal, is
28 valid and effective until the division of disability, **aging**, and
29 rehabilitative services adopts a rule under IC 4-22-2 that:

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

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

35 (1) has not been superseded or repealed as provided in subsection
36 (a); and
37 (2) provides authority to the department of mental health that has
38 been transferred to the division of disability, **aging**, and
39 rehabilitative services under P.L.9-1991;

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



1 SECTION 27. IC 12-7-3-5, AS AMENDED BY P.L.168-2018,
2 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2026]: Sec. 5. (a) A rule adopted by the state department of
4 public welfare concerning room and board assistance under
5 IC 12-1-5.5, as repealed by P.L.9-1991, is valid and effective until the
6 division of disability, **aging**, and rehabilitative services adopts a rule
7 under IC 4-22-2 that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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



1 Indiana department of health shall cooperate to coordinate family and
2 social services programs with related programs administered by the
3 Indiana department of health.

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

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

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

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

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

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

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

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

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

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

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

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

36 (3) Responsibilities in administering the state plan.

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

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

42 (6) That the office and the division agree that, within the limits of



1 42 U.S.C. 1396 et seq., individuals with a developmental
2 disability and long term care recipients cannot be excluded from
3 services on the basis of diagnosis unless these services are
4 otherwise provided and reimbursed under the state plan.

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

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

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

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

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

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

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

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

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

36 (i) IC 12-10-6.
37 (ii) IC 12-10-12 (before its expiration).

38 (B) Epilepsy services.

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

41 (A) The child development associate scholarship program.
42 (B) The dependent care program.



(C) Migrant day care.
(D) The commodities program.
(E) The migrant nutrition program.
(F) Any emergency shelter program.
(G) The energy weatherization program.

(4) The Indiana department of health, for money expended under IC 16-19-10.

(5) The group.

(6) All state agencies, for any other money expended for the purchase of services if all the following apply:

(A) The purchases are made under a contract between the state agency and the office of the secretary.

(B) The contract includes a requirement that the office of the secretary perform the duties and exercise the powers described in this chapter.

(C) The contract is approved by the budget agency.

(7) The division of mental health and addiction.

SECTION 32. IC 12-9-1-1, AS AMENDED BY P.L.141-2006, SECTION 31, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. The division of disability, **aging**, and rehabilitative services is established.

SECTION 33. IC 12-9-1-3, AS AMENDED BY P.L.241-2023, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. The division consists of the following bureaus:

(1) The rehabilitation services bureau established by IC 12-12-1-1.

(2) The bureau of disabilities services established by IC 12-11-1.1-1.

(3) The bureau of child development services established by IC 12-12.7-1-1.

(4) The bureau of better aging established by IC 12-10-1-1.

SECTION 34. IC 12-9-4-2, AS AMENDED BY P.L.143-2022, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. The division of disability and rehabilitative services advisory council is established to advise and assist the division of disability, **aging**, and rehabilitative services in its effort to develop and sustain a system of supports and services for people with intellectual and developmental disabilities. The council will provide technical expertise and lived experiences and advise on specific areas such as:

(1) technology;
(2) health;



- (3) policy;
- (4) law;
- (5) marketing;
- (6) public relations;
- (7) provider services; and
- (8) advocacy.

SECTION 35. IC 12-9-5-1, AS AMENDED BY P.L.210-2015,

SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. The division shall administer money appropriated or allocated to the division by the state, including money appropriated or allocated from the following:

- (1) The federal Vocational Rehabilitation Act (29 U.S.C. 701).
- (2) The federal Social Services Block Grant in-home services for the elderly and disabled (42 U.S.C. 1397 et seq.).
- (3) The federal Randolph Sheppard Act (20 U.S.C. 107 et seq.).
- (4) Medicaid waiver in-home services for the elderly and disabled (42 U.S.C. 1396 et seq.) for treatment of developmental disabilities.
- (5) Improving Access to Assistive Technology for Individuals with Disabilities Act (29 U.S.C. 3001 et seq.).
- (6) The federal Social Security Act Payments for Vocational Rehabilitation Services (42 U.S.C. 422).
- (7) Part C of the federal Individuals with Disabilities Education Act, Subchapter III (20 U.S.C. 1431 et seq.).

(8) The federal Older Americans Act (42 U.S.C. 3001 et seq.).

(9) The United States Department of Agriculture (7 U.S.C. 612c et seq.).

(8) (10) Money appropriated or allocated

administer a program under this title.

(9) (11) Other funding sources that are designated by the general assembly or that are available from the federal government under grants that are consistent with the duties of the division.

SECTION 36. IC 12-9-5-3, AS AMENDED BY P.L.74-2022, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. The division shall administer the following programs:

(1) Programs established under any of the following statutes:

- (A) This article.
- (B) IC 12-10.**
- (C) IC 12-11.
- (D) IC 12-12.
- (E) IC 12-12.7.



(2) Programs under the following statutes, to the extent the division has responsibilities for programs under those statutes:

- (A) IC 12-24.
- (B) IC 12-26.
- (C) IC 12-27.
- (D) IC 12-28.
- (E) IC 12-29.

(3) Supported employment for a person with developmental disabilities.

(4) Epilepsy service centers program.

(5) Epilepsy clinic program.

(6) Medicaid waivers for in-home services for treatment of developmental disabilities.

SECTION 37. IC 12-9-5-3.5, AS ADDED BY P.L.131-2024, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3.5. (a) The **division bureau of better aging** shall provide to the division of disability and rehabilitative services advisory council established by IC 12-9-4-2 quarterly updates regarding the implementation of the recommendations made by the services for individuals with intellectual and other developmental disabilities task force under IC 12-11-15.5 (before its expiration).

(b) This section expires December 31, 2027.

SECTION 38. IC 12-9.1 IS REPEALED [EFFECTIVE JULY 1, 2026]. (Division of Aging).

SECTION 39. IC 12-10-1-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. The bureau of **better aging and in-home services** is established within the division.

SECTION 40. IC 12-10-1-3, AS AMENDED BY P.L.32-2021, SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. The bureau shall administer the following programs:

- (1) The federal Older Americans Act. ~~under IC 12-9.1-4-1~~
- (2) Area agencies on aging services under this article.
- (3) Adult protective services under IC 12-10-3.
- (4) Room and board assistance and assistance to residents in county homes under IC 12-10-6.
- (5) Adult guardianship program under IC 12-10-7.
- (6) Community and home options for the elderly and individuals with a disability under IC 12-10-10.
- (7) Long term care advocacy under IC 12-10-13.
- (8) Nutrition services and home delivered meals.
- (9) Title III B supportive services.



- (10) Title III D in-home services.
- (11) Aging programs under the Social Services Block Grant.
- (12) United States Department of Agriculture elderly feeding program.
- (13) Title V senior employment.
- (14) PASARR under older adult services.

SECTION 41. IC 12-10-1-6, AS AMENDED BY P.L.146-2023,

SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) The area agencies on aging designated by the bureau in each planning and service region shall do the following:

- (1) Determine the needs and resources of the aged in the area.
- (2) Coordinate, in cooperation with other agencies or organizations in the area, region, district, or county, all programs and activities providing health, recreational, educational, or social services for the aged.
- (3) Secure local matching money from public and private sources to provide, improve, or expand the sources available to meet the needs of the aged.
- (4) Develop, in cooperation with the division and in accordance with the regulations of the commissioner of the federal Administration on Aging, an area plan for each planning and service area to provide for the following:
 - (A) A comprehensive and coordinated system for the delivery of services needed by the aged in the area.
 - (B) The collection and dissemination of information and referral sources.
 - (C) The effective and efficient use of all resources meeting the needs of the aged.
 - (D) The inauguration of new services and periodic evaluation of all programs and projects delivering services to the aged, with special emphasis on the low income and minority residents of the planning and service area.
 - (E) The establishment, publication, and maintenance of a toll free telephone number to provide information, counseling, and referral services for the aged residents of the planning and service area.
- (5) Conduct case management (as defined in IC 12-10-10-1).
- (6) Perform any other functions required by regulations established under the Older Americans Act (42 U.S.C. 3001 et seq.).
- (7) Establish a dementia care specialist program as required by IC 12-10-5.7-4.



(8) Perform Aging and Disability Resource Center (as defined in 42 U.S.C. 3002 et seq.) functions.

(b) The division shall pay the costs associated with the toll free telephone number required under subsection (a).

(c) Changes may not be made to the designated coverage area of an area agency on aging until after the following:

(1) The office of the secretary holds a public hearing in each county where the existing area agency on aging is operating to discuss the proposed changes and receive public comment.

(2) One (1) year elapses from the date of the meeting held under subdivision (1).

SECTION 42. IC 12-10-5.7-4, AS ADDED BY P.L.146-2023, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 4. (a) An area agency may establish a dementia care specialist program under which an area agency may designate an employee as a dementia care specialist for the area agency to administer the program.

(b) A specialist may work with the state dementia coordinator under ~~IC 12-9-1-5-4~~ **IC 12-10-20-4** to administer the program through the following actions:

(1) Conducting education and outreach activities to increase community awareness of dementia and resources available to support individuals with dementia and their caregivers.

(2) Consulting with and providing training to individuals, including area agency staff, who interact with an individual or a caregiver caring for a person who:

(A) has dementia; or

(B) suffers from symptoms of dementia or a related cognitive disease.

(3) Establishing relationships with health care providers, health maintenance organizations, and other community-based organizations to serve as a liaison to facilitate increased contact and promote organizational care coordination and dementia-friendly activities.

(4) Providing any other service that is determined to be appropriate by the division or area agency that supports the aims and goals of the dementia strategic plan under **IC 12-9.1-5 IC 12-10-20** or supports a data collection and evaluation plan to determine health outcomes tied to the dementia care specialist programming.

SECTION 43. IC 12-10-5.7-5, AS ADDED BY P.L.146-2023, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



1 JULY 1, 2026]: Sec. 5. A specialist may follow any guidelines or
2 training requirements developed by the dementia care specialist
3 coordinator under **IC 12-9.1-5-4. IC 12-10-20-4.**

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

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

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

23 (c) A service coordinator employed by the division may:
24 (1) evaluate a person seeking admission to a home or facility
25 under subsection (a); or
26 (2) evaluate a person who has been admitted to a home or facility
27 under subsection (a), including a review of the existing
28 evaluations in the person's record at the home or facility.

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

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



1 exceed the state's resource allowance allowed for adults eligible for
2 state supplemental assistance or Medicaid as established by the rules
3 of the office of Medicaid policy and planning.

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

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

17 (g) The personal allowance for one (1) month for an individual
18 described in subsection (a) is the amount that an individual would be
19 entitled to retain under subsection (d) plus an amount equal to one-half
20 (1/2) of the remainder of:

21 (1) gross earned income for that month; minus
22 (2) the sum of:
23 (A) sixteen dollars (\$16); plus
24 (B) the amount withheld from the person's paycheck for that
25 month for payment of state income tax, federal income tax,
26 and the tax prescribed by the federal Insurance Contribution
27 Act (26 U.S.C. 3101 et seq.); plus
28 (C) transportation expenses for that month; plus
29 (D) any mandatory expenses required by the employer as a
30 condition of employment.

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

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

41 (j) A person with a mental illness may not be placed in a Christian
42 Science facility listed and certified by the Commission for



1 Accreditation of Christian Science Nursing Organizations/Facilities,
2 Inc., unless the facility is licensed under IC 16-28.

3 SECTION 45. IC 12-10-11-2, AS AMENDED BY P.L.131-2024,
4 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2026]: Sec. 2. (a) The board consists of the following
6 seventeen (17) members:

- 7 (1) The director of the division of aging or the director's designee.
- 8 (2) The chairman of the Indiana state commission on aging or the
9 chairman's designee.
- 10 (3) Three (3) citizens nominated by two (2) or more organizations
11 that:
 - 12 (A) represent senior citizens; and
 - 13 (B) have statewide membership.

14 At least one (1) member appointed under this subdivision must be
15 a recipient, or the caregiver of a recipient, of services provided
16 under IC 12-10-10.

- 17 (4) One (1) citizen nominated by one (1) or more organizations
18 that:
 - 19 (A) represent individuals with disabilities, including
20 individuals who are less than eighteen (18) years of age; and
 - 21 (B) have statewide membership.

- 22 (5) One (1) citizen nominated by one (1) or more organizations
23 that:
 - 24 (A) represent individuals with mental illness; and
 - 25 (B) have statewide membership.

- 26 (6) One (1) provider who provides services under IC 12-10-10.
- 27 (7) One (1) licensed physician, physician assistant, or registered
28 nurse who specializes either in the field of gerontology or in the
29 field of disabilities.
- 30 (8) Two (2) home care services advocates or policy specialists
31 nominated by two (2) or more:
 - 32 (A) organizations;
 - 33 (B) associations; or
 - 34 (C) nongovernmental agencies;

35 that advocate on behalf of home care consumers, including an
36 organization listed in subdivision (3) that represents senior
37 citizens or persons with disabilities.

- 38 (9) Two (2) members of the senate, who may not be members of
39 the same political party, appointed by the president pro tempore
40 of the senate with the advice of the minority leader of the senate.
- 41 (10) Two (2) members of the house of representatives, who may
42 not be members of the same political party, appointed by the



1 speaker of the house of representatives with the advice of the
 2 minority leader of the house of representatives.

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

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

8 (A) represent direct service workers; and

9 (B) have statewide membership.

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

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

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

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

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

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

34 (1) the area agencies on aging; and

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

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

41 SECTION 47. IC 12-10-20 IS ADDED TO THE INDIANA CODE
 42 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE



1 JULY 1, 2026]:
2

3 **Chapter 20. Dementia Strategic Plan**

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

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

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

9 **(2) Implementation steps.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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



dementia strategic plan; to the general assembly.

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

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

(1) Coordinate implementation of the dementia strategic plan.

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

- (A) Develop or identify best practice guidelines concerning the establishment and administration of a dementia care specialist program in accordance with IC 12-10-5.7.
- (B) Establish training requirements necessary for staff working in a dementia care specialist program.
- (C) Disseminate guidelines and training requirements described in clauses (A) and (B) to each area agency.
- (D) Provide resources and technical assistance to an area agency or dementia care specialist designated by an area agency under IC 12-10-5.7.
- (E) Not later than December 1 of each year, incorporate program reporting and analysis on coordinator activities, program impacts, and health outcomes as a subsection of the division's dementia strategic plan annual report required under section 3 of this chapter.

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

Chapter 21. Yellow Dot Motor Vehicle Medical Information Program

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

- (1) an emergency medical technician;
- (2) an emergency medical technician-paramedic;
- (3) a paramedic; and
- (4) any other emergency services provider, physician, or nurse;

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

Sec. 2. As used in this chapter, "other responder" means a firefighter or law enforcement officer on the scene of a motor



1 **vehicle accident or emergency situation involving a program**
2 **participant.**

3 **Sec. 3. As used in this chapter, "program" means the yellow dot**
4 **motor vehicle medical information program established by section**
5 **5(a) of this chapter.**

6 **Sec. 4. As used in this chapter, "program participant" means an**
7 **individual who acts in accordance with section 8 of this chapter.**
8 **The term includes:**

9 **(1) the operator of a motor vehicle; and**
10 **(2) a passenger of a motor vehicle.**

11 **Sec. 5. (a) The yellow dot motor vehicle medical information**
12 **program is established for the purpose of providing emergency**
13 **medical responders with critical medical information in the event**
14 **of a motor vehicle accident or emergency situation involving a**
15 **program participant.**

16 **(b) The bureau shall administer the program.**

17 **Sec. 6. (a) The bureau shall create a standard medical**
18 **information form that allows a program participant to supply the**
19 **following information:**

20 **(1) The program participant's name.**
21 **(2) A photograph of the program participant.**
22 **(3) The contact information for not more than two (2)**
23 **emergency contacts for the program participant.**
24 **(4) The program participant's medical information, including**
25 **medical conditions, recent surgeries, allergies, and current**
26 **medications.**
27 **(5) The program participant's hospital preference.**
28 **(6) The contact information for not more than two (2) health**
29 **care providers of the program participant.**
30 **(7) The date the program participant completed the form.**

31 **(b) The standard medical information form must include the**
32 **following statements:**

33 **(1) A statement that the program acts as a facilitator only,**
34 **and that all information supplied on the medical information**
35 **form is the sole responsibility of the program participant.**
36 **(2) A statement that the program participant supplies the**
37 **medical information voluntarily, and that the program**
38 **participant authorizes the disclosure and use of the medical**
39 **information for the purposes described in section 9(b) of this**
40 **chapter.**

41 **Sec. 7. (a) The bureau may provide for, assist in, or authorize**
42 **the printing of the medical information form and assembling of a**



1 **yellow dot folder containing:**
2 (1) the medical information form; and
3 (2) a yellow dot decal with adhesive backing.
4 (b) The bureau shall distribute yellow dot folders to area
5 agencies on aging and license branches. The bureau shall provide
6 information on its website regarding how to obtain a yellow dot
7 folder from an area agency on aging or a license branch.
8 (c) The bureau may not charge a fee to participate in the
9 program.

10 **Sec. 8. A program participant shall do the following:**
11 (1) Affix the yellow dot decal on the left lower corner of the
12 rear window of a motor vehicle other than a motorcycle or on
13 a secure visible location on the rear of a motorcycle.
14 (2) Complete the medical information form, place it in the
15 yellow dot folder, and place the yellow dot folder in the glove
16 compartment of the motor vehicle or in the compartment
17 attached to the motorcycle, as appropriate.

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

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

25 (1) identify the program participant;
26 (2) ascertain whether the program participant has a medical
27 condition that may impede communications with the
28 emergency medical responder or other responder;
29 (3) communicate with the program participant's emergency
30 contact about the location and general condition of the
31 program participant; and
32 (4) consider the program participant's current medications
33 and preexisting medical conditions when emergency medical
34 treatment is administered for any injury the program
35 participant suffers.

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

40 (1) is unable to make contact with the program participant's
41 emergency contact after a good faith attempt; or
42 (2) disseminates or fails to disseminate any information from



1 **the yellow dot folder to other emergency medical responders,**
2 **other responders, hospitals, or any health care providers that**
3 **render emergency medical treatment to the program**
4 **participant.**

5 **(b) A health care provider and a health care provider's**
6 **employer are immune from civil and criminal liability if the health**
7 **care provider relies in good faith on the information provided in a**
8 **program participant's yellow dot folder.**

9 SECTION 49. IC 12-10-22 IS ADDED TO THE INDIANA CODE
10 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
11 JULY 1, 2026]:

12 **Chapter 22. Caretaker Support Program**

13 **Sec. 1. As used in this chapter, "caretaker" means an individual**
14 **who:**

15 **(1) provides ongoing care for an individual who:**

- (A) is at least eighteen (18) years of age; and**
- (B) has special needs; and**

18 **(2) does not receive money for the care provided under**
19 **subdivision (1).**

20 **Sec. 2. As used in this chapter, "special needs" means any of the**
21 **following:**

22 **(1) Alzheimer's disease or any related disorder.**

23 **(2) Inability to perform at least two (2) activities of daily**
24 **living.**

25 **(3) Any other condition that the bureau determines by rule**
26 **should be covered by this article.**

27 **Sec. 3. The caretaker support program is established.**

28 **Sec. 4. (a) The bureau shall administer the caretaker support**
29 **program established by this chapter.**

30 **(b) The bureau shall do the following:**

31 **(1) Subject to section 9 of this chapter, adopt rules under**
32 **IC 4-22-2 for the coordination and administration of the**
33 **caretaker support program.**

34 **(2) Administer any money for the caretaker support program**
35 **that is appropriated by the general assembly.**

36 **Sec. 5. An individual who is at least sixty-five (65) years of age**
37 **and:**

38 **(1) a caretaker; or**

39 **(2) an individual with special needs being taken care of by a**
40 **caretaker;**

41 **are eligible for the caretaker support program.**

42 **Sec. 6. Caretaker support program services include the**



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

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

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

14 **Sec. 9. Rules adopted under this chapter must:**

15 (1) **include protections for the rights, safety, and welfare of**
 16 **individuals with special needs receiving care from a caretaker**
 17 **under this chapter, including reasonable monitoring and**
 18 **reporting requirements;**

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

20 (A) **the aged;**

21 (B) **persons with developmental disabilities; and**

22 (C) **persons with physical disabilities;**

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

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

30 (A) **requirements for proof of financial responsibility; and**

31 (B) **monitoring, enforcement, reporting, or other**
 32 **administrative requirements; and**

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

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

38 **Chapter 23. Continuum of Care**

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

40 (1) **provide standards for the training of; and**

41 (2) **promote best practices for;**

42 **continuum of care program providers.**



1 **Sec. 2. Subject to section 3 of this chapter, the bureau may adopt**
 2 **rules under IC 4-22-2 necessary to carry out this chapter.**

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

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

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

7 **(A) the aged;**

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

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

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

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

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

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

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

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

25 SECTION 51. IC 12-10.5 IS REPEALED [EFFECTIVE JULY 1,
 26 2026]. (Respite Care Services).

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

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

32 (A) Eligibility and order of selection.

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

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

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

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



services.

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

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

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

(5) Coordinate with other councils in Indiana.

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

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

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

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

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

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

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

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

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

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

(C) The division of special education of the department of



education.

(2) For persons at least seventeen (17) years of age, to the following:

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

(B) On request, organizations serving the blind or visually impaired and the Indiana department of health.

SECTION 55. IC 12-12-9-4, AS AMENDED BY P.L.141-2006, SECTION 54, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 4. (a) On receiving a report under this chapter, the division of disability, **aging**, and rehabilitative services shall provide information to the visually impaired individual designated in the report concerning available state and local services.

(b) For a visually impaired individual less than seventeen (17) years of age, the Indiana School for the Blind and Visually Impaired:

(1) has the primary duty of initially contacting the visually impaired individual or the individual's family; and

(2) shall notify the division of disability, **aging**, and rehabilitative services and the department of education of the school's findings.

SECTION 56. IC 12-15-1-14.5, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 14.5. (a) The office of the secretary shall prepare a report on the provision of Medicaid services, including Medicaid home and community based waiver services, to recipients who have medically complex conditions. The report must include the following, categorized by whether the recipient was less than, or at least, eighteen (18) years of age:

(1) The number of recipients, by county, who received Medicaid services through:

(A) the state plan;

(B) a Medicaid waiver; or

(C) services under both clause clauses (A) and (B).

(2) A list of the specific services provided to the recipients, by county, and the number of recipients who received each service.

(3) The median length of time recipients have received Medicaid, by county, through the following:

(A) The state plan.

(B) A Medicaid waiver.

(C) Services under both clause **clauses** (A) and (B).

(b) Not later than September 1, 2025, and each September 1 thereafter, the office of the secretary shall submit the report described



1 in subsection (a) to the following:
2 (1) The Medicaid advisory commission, established by
3 IC 12-15-33-2.
4 (2) The Medicaid oversight committee, in an electronic format
5 under IC 5-14-6.
6 (3) The budget committee.
7 (4) The legislative council, in an electronic format under
8 IC 5-14-6.
9 (5) The division of disability and rehabilitative services advisory
10 council established under IC 12-9-4.
11 (c) The division of disability and rehabilitative services advisory
12 council established under IC 12-9-4 shall provide the following
13 recommendations to the division of disability, **aging**, and rehabilitative
14 services to ensure the delivery of appropriate high quality services to
15 recipients, including an evaluation of models of care for complex care
16 assistants used in other states:
17 (1) The potential benefits and risks to recipients and family
18 caregivers.
19 (2) Training and certification requirements.
20 (3) Implementation challenges and strategies to address the
21 challenges.
22 (4) Any potential fiscal impact of implementing a complex care
23 assistant program in Indiana.
24 SECTION 57. IC 12-15-1.3-15, AS AMENDED BY THE
25 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
26 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
27 JULY 1, 2026]: Sec. 15. (a) As used in this section, "division" refers to
28 the division of disability, **aging**, and rehabilitative services established
29 by IC 12-9-1-1.
30 (b) As used in this section, "waiver" refers to any waiver
31 administered by the office and the division under section 1915(c) of the
32 federal Social Security Act.
33 (c) The office shall apply to the United States Department of Health
34 and Human Services for approval to amend a waiver to set an
35 emergency placement priority for individuals in the following
36 situations:
37 (1) Death of a primary caregiver.
38 (2) The primary caregiver is at least eighty (80) years of age.
39 (3) There is evidence of abuse or neglect in the current
40 institutional or home placement.
41 (4) There is evidence of other health and safety risks, as
42 determined by the division director, where other available



1 services through:
 2 (A) the Medicaid program and other federal, state, and local
 3 public programs; and
 4 (B) supports that families and communities provide;
 5 are insufficient to address the other health and safety risks, as
 6 determined by the division director.
 7 (d) The division shall report on a quarterly basis the following
 8 information to the division of disability and rehabilitative services
 9 advisory council established by IC 12-9-4-2 concerning each Medicaid
 10 waiver for which the office has been approved under this section to
 11 administer an emergency placement priority for individuals described
 12 in this section:
 13 (1) The number of applications for emergency placement priority
 14 waivers.
 15 (2) The number of individuals served on the waiver.
 16 (3) The number of individuals on a wait list for the waiver.
 17 (e) Before July 1, 2021, the division, in coordination with the task
 18 force established by IC 12-11-15.5-2 (**before its expiration**), shall
 19 establish new priority categories for individuals served by a waiver.
 20 (f) The office may adopt rules under IC 4-22-2 necessary to
 21 implement this section.

22 SECTION 58. IC 12-15-4-1.5, AS ADDED BY P.L.126-2025,
 23 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 24 JULY 1, 2026]: Sec. 1.5. (a) The office of the secretary shall establish
 25 the following:

26 (1) Performance standards for **hospitals providers** to use in
 27 making presumptive eligibility determinations.
 28 (2) An appeals process for a **hospital provider** that disputes a
 29 determination that a presumptive eligibility standard was violated.

30 The office of the secretary shall limit presumptive eligibility
 31 determination to qualified **hospitals providers**.

32 (b) A **hospital provider** shall do the following when making a
 33 presumptive eligibility determination:

34 (1) Notify the office of the secretary of each presumptive
 35 eligibility determination not later than five (5) business days after
 36 the date of the determination.
 37 (2) Assist individuals whom the **hospital provider** determines are
 38 presumptively eligible with completing and submitting a full
 39 Medicaid application.
 40 (3) Notify the applicant in writing and on all relevant forms with
 41 plain language and large print that if the applicant:
 42 (A) does not file a full Medicaid application with the office of



the secretary before the last day of the following month, presumptive eligibility will end on that last day; and

(B) files a full Medicaid application with the office of the secretary before the last day of the following month, presumptive eligibility will continue until an eligibility determination is made concerning the application.

(c) The office of the secretary shall use the following performance standards to establish and ensure accurate presumptive eligibility determinations by a qualified hospital provider:

(1) Determine whether each presumptive eligibility determination received from the **hospital provider** complied with the time requirement set forth in subsection (b)(1).

(2) Determine whether the office of the secretary received before the expiration of each presumptive eligibility period the full application from the individual determined by the hospital provider to be presumptively eligible.

(3) Determine whether each applicant who was determined by the **hospital provider** to be presumptively eligible was determined to be eligible for Medicaid after the full application was received.

(d) Each single violation by a **hospital provider** of any of the performance standards under subsection (c) counts as one (1) violation for the presumptive eligibility determination. Each subsequent violation of a performance standard is an additional violation for purposes of this section.

(e) For the first violation of a presumptive eligibility standard under this section that a **hospital provider** receives in a calendar year, the office of the secretary shall notify the **hospital provider** in writing not later than five (5) days after the determination of a violation is made. The notice must include the following:

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

(2) Notice that a second finding on noncompliance with a standard will result in a requirement that the ~~hospital's provider's~~ applicable staff participate in mandatory training on ~~hospital provider~~ presumptive eligibility rules and standards that is performed by the office of the secretary.

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

(f) If the office of the secretary determines that a ~~hospital~~ provider has failed to meet any of the presumptive eligibility standards under



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

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

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

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

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

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

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

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

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

42 (3) Notice that, effective immediately from receipt of the notice,



1 the **hospital provider** is no longer qualified to make presumptive
2 eligibility determinations for the Medicaid program.

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

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

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

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

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

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

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

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

41 (3) The development, selection, application, and assessment of
42 interventions for physicians, pharmacists, and patients that are



educational and not punitive in nature.

(4) The publication of an annual report that must be subject to public comment before issuance to the federal Department of Health and Human Services and to the Indiana legislative council by December 1 of each year. The report issued to the legislative council must be in an electronic format under IC 5-14-6.

(5) The development of a working agreement for the board to clarify the areas of responsibility with related boards or agencies, including the following:

(A) The Indiana board of pharmacy.

(B) The medical licensing board of Indiana.

(C) The SURS staff.

(6) The establishment of a grievance and appeals process for physicians or pharmacists under this chapter.

(7) The publication and dissemination of educational information to physicians and pharmacists regarding the board and the DUR program, including information on the following:

(A) Identifying and reducing the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and recipients.

(B) Potential or actual severe or adverse reactions to drugs.

(C) Therapeutic appropriateness.

(D) Overutilization or underutilization.

(E) Appropriate use of gener

(F) Therapeutic duplication.

(G) Drug-disease contraindication

(H) Drug-drug interactions.

(I) Incorrect drug dosage am

(J) Drug allergy interactions.

(K) Clinical abuse and misus

3) The adoption and implementation

ensure the confidentiality of any information collected, stored, retrieved, assessed, or analyzed by the board, staff to the board, or contractors to the DUR program that identifies individual physicians, pharmacists, or recipients.

(9) The implementation of additional drug utilization review with respect to drugs dispensed to residents of nursing facilities shall not be required if the nursing facility is in compliance with the drug regimen procedures under 410 IAC 16.2-3.1 and 42 CFR 483.60.

(10) The research, development, and approval of a preferred drug



1 list for:

2 (A) Medicaid's fee for service program;

3 (B) a risk based managed care program, if the office provides

4 a prescription drug benefit and subject to IC 12-15-5; and

5 (C) the children's health insurance program under IC 12-17.6;

6 in consultation with the therapeutics committee.

7 (11) The approval of the review and maintenance of the preferred

8 drug list at least two (2) times per year.

9 (12) The preparation and submission of a report concerning the

10 preferred drug list at least one (1) time per year to the interim

11 study committee on public health, behavioral health, and human

12 services established by IC 2-5-1.3-4 in an electronic format under

13 IC 5-14-6.

14 (13) The collection of data reflecting prescribing patterns related

15 to treatment of children diagnosed with attention deficit disorder

16 or attention deficit hyperactivity disorder.

17 (14) Advising the Indiana comprehensive health insurance

18 association established by IC 27-8-10-2.1 concerning

19 implementation of chronic disease management and

20 pharmaceutical management programs under IC 27-8-10-3.5.

21 (b) The board shall use the clinical expertise of the therapeutics

22 committee in developing a preferred drug list. The board shall also

23 consider expert testimony in the development of a preferred drug list.

24 (c) In researching and developing a preferred drug list under

25 subsection (a)(10), the board shall do the following:

26 (1) Use literature abstracting technology.

27 (2) Use commonly accepted guidance principles of disease

28 management.

29 (3) Develop therapeutic classifications for the preferred drug list.

30 (4) Give primary consideration to the clinical efficacy or

31 appropriateness of a particular drug in treating a specific medical

32 condition.

33 (5) Include in any cost effectiveness considerations the cost

34 implications of other components of the state's Medicaid program

35 and other state funded programs.

36 (d) Prior authorization is required for coverage under a program

37 described in subsection (a)(10) of a drug that is not included on the

38 preferred drug list.

39 (e) The board shall determine whether to include a single source

40 covered outpatient drug that is newly approved by the federal Food and

41 Drug Administration on the preferred drug list not later than sixty (60)

42 days after the date on which the manufacturer notifies the board in



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

8 (1) in a therapeutic classification:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



(3) The impact of the preferred drug list on the ability of a Medicaid recipient to obtain prescription drugs.

(4) The number of times prior authorization was requested, and the number of times prior authorization was:

- (A) approved; and
- (B) disapproved.

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

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

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

- (1) The department of correction.
- (2) The Indiana department of health.
- (3) The division of mental health and addiction.
- (4) The division of disability, **aging**, and rehabilitative services.

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

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

- (1) Provide for review and approval of services paid under the hospital care for the indigent program.
- (2) Establish limitations consistent with medical necessity on the duration of services to be provided.
- (3) Specify the amount of and method for reimbursement for services.
- (4) Specify the conditions under which payments will be denied and improper payments will be recovered.



1 SECTION 65. IC 12-17.2-7.6-3, AS ADDED BY P.L.92-2024,
2 SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2026]: Sec. 3. (a) Not later than January 1, 2025, after
4 soliciting and considering recommendations from appropriate
5 stakeholders, the office of the secretary shall develop a regulatory
6 model that:
7 (1) is applicable only to micro facilities;
8 (2) incorporates waivers or variances from the office of the
9 secretary's rules applicable to providers under this article; and
10 (3) provides for a balance between the goals of:
11 (A) increasing the availability of child care, particularly in
12 geographic areas facing a critical shortage of child care, by
13 reducing the costs of operating a micro facility; and
14 (B) ensuring the health and safety of children for whom a
15 micro facility provides child care.
16 (b) In determining waivers or variances to be incorporated under
17 subsection (a)(2), the office of the secretary shall consider efficiencies
18 such as:
19 (1) allowing a micro facility to be operated in either a residential
20 or nonresidential building;
21 (2) prescribing educational requirements for staff members of a
22 micro facility that are tailored to the needs of providing child care
23 to groups of thirty (30) children or less; and
24 (3) allowing for supervision of children of diverse age groups in
25 a manner that maximizes use of limited facility space.
26 (c) Not later than March 1, 2025, the office of the secretary shall
27 establish and administer a pilot program under which:
28 (1) a licensee under IC 12-7-2-28.4 or IC 12-7-2-28.8 that:
29 (A) operates an existing micro facility; or
30 (B) proposes to begin operating a new micro facility not more
31 than sixty (60) days after the date of the licensee's application
32 under this subdivision;
33 may apply to participate in the pilot program in a manner
34 prescribed by the office of the secretary;
35 (2) the office of the secretary shall select at least three (3)
36 licensees that apply under subdivision (1) and:
37 (A) allow a selected licensee described in subdivision (1)(A)
38 to operate the licensee's existing micro facility; and
39 (B) allow a selected licensee described in subdivision (1)(B)
40 to operate the licensee's proposed micro facility;
41 under the regulatory model developed under subsection (a); and
42 (3) the office of the secretary shall:



- (A) monitor the operation of the micro facilities operating under the regulatory model under subdivision (2); and
- (B) evaluate the degree to which the operation of the micro facilities under the regulatory model serves the balance described in subsection (a)(3).

(d) The office of the secretary shall, to the extent practicable, select licensees for participation in the pilot program such that the micro facilities operated by the licensees are located in areas:

(1) that are geographically diverse from one another; and

(2) in which there exists a critical shortage of child care providers.

(e) A waiver or variance applied to a micro facility under this section expires on the earlier of:

(1) the date specified by the office of the secretary; or

(2) December 31, 2026. December 31, 2027.

SECTION 66. IC 12-17.2-7.6-5, AS ADDED BY P.L.92-2024, SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. This chapter expires ~~January 1, 2027~~. **January 1, 2028.**

SECTION 67. IC 12-21-2-3, AS AMENDED BY P.L.104-2024, SECTION 47, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. The secretary or the secretary's designee shall do the following:

(1) Organize the division, create the appropriate personnel positions, and employ personnel necessary to discharge the statutory duties and powers of the division or a bureau of the division

(2) Subject to the approval of the state personnel department, establish personnel qualifications for all deputy directors, assistant directors, bureau heads, and superintendents.

(3) Subject to the approval of the budget director and the governor, establish the compensation of all deputy directors, assistant directors, bureau heads, and superintendents.

(4) Study the entire problem of mental health, mental illness, and addictions existing in Indiana.

(5) Adopt rules under IC 4-22-2 for the following:

(A) Standards for the operation of private institutions that are licensed under IC 12-25 for the diagnosis, treatment, and care of individuals with psychiatric disorders, addictions, or other abnormal mental conditions.

(B) Licensing or certifying community residential programs described in IC 12-22-2-3.5 for individuals with serious mental illness (SMI), serious emotional disturbance (SED), or



chronic addiction (CA) with the exception of psychiatric residential treatment facilities.

(C) Subject to IC 12-29-2-21, certifying community mental health centers to operate in Indiana.

(D) Establish exclusive geographic primary service areas for community mental health centers. The rules must include the following:

(i) Criteria and procedures to justify the change to the boundaries of a community mental health center's primary service area.

(ii) Criteria and procedures to justify the change of an assignment of a community mental health center to a primary service area.

(iii) A provision specifying that the criteria and procedures determined in items (i) and (ii) must include an option for the county and the community mental health center to initiate a request for a change in primary service area or provider assignment.

(iv) A provision specifying the criteria and procedures determined in items (i) and (ii) may not limit an eligible consumer's right to choose or access the services of any provider who is certified by the division of mental health and addiction to provide public supported mental health services.

(E) The implementation and administration of certification requirements and standards for the following:

(i) Certified community behavioral health clinics.

(ii) Recovery community organizations.

(iii) Recovery residences, for residential care and supported housing for chronic addiction in a recovery residence.

(iv) Certified peers.

(6) Institute programs, in conjunction with an accredited college or university and with the approval, if required by law, of the commission for higher education, for the instruction of students of mental health and other related occupations. The programs may be designed to meet requirements for undergraduate and postgraduate degrees and to provide continuing education and research.

(7) Develop programs to educate the public in regard to the prevention, diagnosis, treatment, and care of all abnormal mental conditions.



(8) Make the facilities of the state institutions available for the instruction of medical students, student nurses, interns, and resident and fellow physicians under the supervision of the faculty of any accredited school of medicine or osteopathy located in Indiana or an accredited residency or fellowship training program in connection with research and instruction in psychiatric disorders.

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

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

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

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

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

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

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

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

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

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

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

(16) Require the division to:

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

(B) work with community mental health centers in a collaborative manner in order to ensure improved health



1 outcomes as a part of reviews or audits.

2 Documentation developed as a part of an incident or death
3 reporting audit or review is confidential and may only be shared
4 between the division and the community mental health center.

5 SECTION 68. IC 12-21-8-1, AS AMENDED BY P.L.162-2023,
6 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
7 JULY 1, 2026]: Sec. 1. As used in this chapter, "9-8-8 crisis response
8 center" or "center" means a state identified center participating in the
9 9-8-8 suicide and crisis lifeline network to respond to statewide or
10 regional 9-8-8 calls, **text messages, and other messaging services.**

11 SECTION 69. IC 12-21-8-10, AS AMENDED BY P.L.11-2023,
12 SECTION 44, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
13 JULY 1, 2026]: Sec. 10. (a) The division shall coordinate:

14 (1) available onsite response services of crisis calls using state
15 and locally funded mobile crisis teams; and
16 (2) crisis receiving and stabilization services resulting from a
17 9-8-8 call.

18 (b) The mobile crisis teams must **be certified by the division and**
19 **must** include:

20 (1) a peer certified by the division; and
21 (2) at least one (1) of the following:
22 (A) A behavioral health professional licensed under
23 IC 25-23.6.
24 (B) An other behavioral health professional (OBHP), as
25 defined in 440 IAC 11-1-12.
26 (C) Emergency medical services personnel licensed under
27 IC 16-31.
28 (D) Law enforcement based coresponder behavioral health
29 teams.

30 (c) Crisis response services provided by a mobile crisis team must
31 be provided under the supervision of:

32 (1) a behavioral health professional licensed under IC 25-23.6;
33 (2) a licensed physician; or
34 (3) an advanced practice registered nurse (as defined in
35 IC 12-7-2-3.1).

36 The supervision required under this subsection may be performed
37 remotely.

38 SECTION 70. IC 12-24-1-8, AS AMENDED BY P.L.141-2006,
39 SECTION 63, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
40 JULY 1, 2026]: Sec. 8. (a) Each state institution shall post a notice that
41 a resident, the legal representative of the resident, or another individual
42 designated by the resident may request from the individual in charge



1 of each shift information that designates the names of all nursing
2 personnel or direct care staff on duty by job classification for the:

3 (1) wing;

4 (2) unit; or

5 (3) other area as routinely designated by the state institution;
6 where the resident resides.

7 (b) The notice required under subsection (a) must meet the
8 following conditions:

9 (1) Be posted in a conspicuous place that is readily accessible to
10 residents and the public.

11 (2) Be at least 24 point font size on a poster that is at least eleven
12 (11) inches wide and seventeen (17) inches long.

13 (3) Contain the:

14 (A) business telephone number of the superintendent of the
15 state institution; and

16 (B) toll free telephone number for filing complaints with the
17 division that is administratively in charge of the state
18 institution.

19 (4) State that if a resident, the legal representative of the resident,
20 or another individual designated by the resident is unable to
21 obtain the information described in subsection (a) from the
22 individual in charge of each shift, the resident, the legal
23 representative of the resident, or other individual designated by
24 the resident may do any of the following:

25 (A) Contact the superintendent of the state institution.

26 (B) File a complaint with the division that is administratively
27 in charge of the state institution by using the division's toll free
28 telephone number.

29 (c) The director of the:

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

31 (2) division of mental health and addiction;

32 may adopt rules under IC 4-22-2 to carry out this section.

33 SECTION 71. IC 12-24-11-2, AS AMENDED BY P.L.99-2007,
34 SECTION 117, IS AMENDED TO READ AS FOLLOWS
35 [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) This section applies to an
36 individual who has a primary diagnosis of developmental disability.

37 (b) Action contemplated by a patient under this section includes
38 action by the patient's parent or guardian if the patient is not competent.

39 (c) If a patient is admitted to a state institution, the staff of the state
40 institution shall, before the patient is discharged, ask the patient
41 whether the patient's medical and treatment records may be sent to a
42 service coordinator employed by the division of disability, **aging**, and



1 rehabilitative services under IC 12-11-2.1 so the service coordinator
2 may send the records to local agencies serving the needs of individuals
3 with a developmental disability in the area in which the patient will
4 reside.

5 (d) If a patient agrees to release the records, the patient shall sign a
6 form permitting the state institution to release to a service coordinator
7 employed by the division of disability, **aging**, and rehabilitative
8 services under IC 12-11-2.1 a copy of the patient's medical and
9 treatment records to forward to local agencies serving the needs of
10 individuals with a developmental disability in the area in which the
11 patient will reside. The form must read substantially as follows:

**AUTHORIZATION TO RELEASE
MEDICAL AND TREATMENT
RECORDS**

15 I agree to permit _____
16 _____ (name of state institution)
17 to release a copy of the medical and treatment records of
18 _____
19 _____ to _____
20 (patient's name) (name of local agency
21 serving the needs of
22 individuals with a developmental
23 disability)
24 _____
25 (date)
26 _____
27 (signature)
28 _____
29 (address)

27 _____
28 (signature of individual (relationship to patient if
29 securing release of signature is not that of the
30 medical and treatment patient)
31 records)

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

38 (1) The patient's name.
39 (2) The address of the patient's intended residence.
40 (3) The patient's medical records.
41 (4) A complete description of the treatment the patient was
42 receiving at the state institution at the time of the patient's



discharge.

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

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

(1) the patient's name; and

(2) the address of the patient's intended residence;

to local agencies serving the needs of individuals with a developmental disability in the area in which the patient will reside before or at the time the patient is discharged.

SECTION 72. IC 12-24-12-10, AS AMENDED BY P.L.187-2015, SECTION 22, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10. (a) Upon admission to a state institution administered by the division of mental health and addiction, the gatekeeper is one (1) of the following:

(1) For an individual with a psychiatric disorder, the community mental health center that submitted the report to the committing court under IC 12-26.

(2) For an individual with a developmental disability, a division of disability, **aging**, and rehabilitative services service coordinator under IC 12-11-2.1.

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

(1) An individual who is found to have insufficient comprehension to stand trial under IC 35-36-3.

(2) An individual who is found to be not guilty by reason of insanity under IC 35-36-2-4 and is subject to a civil commitment under IC 12-26.

- (3) An individual who is immediately subject to a civil commitment upon the individual's release from incarceration in a facility administered by the department of correction or the Federal Bureau of Prisons, or upon being charged with or convicted of a forcible felony (as defined by IC 35-31.5-2-138).
- (4) An individual transferred from the department of correction under IC 11-10-4

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

SECTION 73. IC 12-26-6-8, AS AMENDED BY P.L.9-2020, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) If, upon the completion of the hearing and consideration of the record, the court finds that the individual is mentally ill and either dangerous or gravely disabled, the court may



1 order the individual to:

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

3 (2) enter an outpatient treatment program under IC 12-26-14 for

4 a period of not more than ninety (90) days.

5 (b) The court's order must require that the superintendent of the

6 facility or the attending physician file a treatment plan with the court

7 within fifteen (15) days of the individual's admission to the facility

8 under a commitment order.

9 (c) If the commitment ordered under subsection (a) is to a state

10 institution administered by the division of mental health and addiction,

11 the record of commitment proceedings must include a report from a

12 community mental health center stating both of the following:

13 (1) That the community mental health center has evaluated the

14 individual.

15 (2) That commitment to a state institution administered by the

16 division of mental health and addiction under this chapter is

17 appropriate.

18 (d) The physician who makes the statement required by section 2(c)

19 of this chapter may be affiliated with the community mental health

20 center that submits to the court the report required by subsection (c).

21 (e) If a commitment ordered under subsection (a) is to a state

22 institution administered by the division of disability, **aging**, and

23 rehabilitative services, the record of commitment proceedings must

24 include a report from a service coordinator employed by the division

25 of disability, **aging**, and rehabilitative services stating that, based on a

26 diagnostic assessment of the individual, commitment to a state

27 institution administered by the division of disability, **aging**, and

28 rehabilitative services under this chapter is appropriate.

29 (f) If the court makes a finding under subsection (a) (including a

30 finding in reference to a child under IC 31-37-18-3), the court shall

31 transmit any information required by the office of judicial

32 administration to the office of judicial administration for transmission

33 to the NICS (as defined in IC 35-47-2.5-2.5) in accordance with

34 IC 33-24-6-3.

35 SECTION 74. IC 12-26-7-3, AS AMENDED BY P.L.9-2020,

36 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

37 JULY 1, 2026]: Sec. 3. (a) A petition filed under section 2 of this

38 chapter must include a physician's written statement that states both of

39 the following:

40 (1) The physician has examined the individual within the past

41 thirty (30) days.

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



23 SECTION 75. IC 12-28-4-4, AS AMENDED BY P.L.99-2007,
24 SECTION 139, IS AMENDED TO READ AS FOLLOWS
25 [EFFECTIVE JULY 1, 2026]: Sec. 4. For residential facilities for
26 individuals with a developmental disability that are certified for
27 financial participation under the Medicaid program, the division of
28 disability, **aging**, and rehabilitative services shall recommend staffing
29 limitations consistent with the program needs of the residents as a part
30 of the office of Medicaid policy and planning's rate setting procedures.

31 SECTION 76. IC 12-28-4-5, AS AMENDED BY P.L.99-2007,
32 SECTION 140, IS AMENDED TO READ AS FOLLOWS
33 [EFFECTIVE JULY 1, 2026]: Sec. 5. For residential facilities for
34 individuals with a developmental disability that are not certified for
35 financial participation under the Medicaid program, the division of
36 disability, **aging**, and rehabilitative services shall approve appropriate
37 staffing limitations consistent with the program needs of the residents
38 as a part of the division's rate setting procedures.

39 SECTION 77. IC 12-28-4-6, AS AMENDED BY P.L.141-2006,
40 SECTION 71, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
41 JULY 1, 2026]: Sec. 6. The office of Medicaid policy and planning and
42 the division of disability, **aging**, and rehabilitative services shall enter



1 into a memorandum of agreement that defines the staffing limitations
 2 to be used by the office of Medicaid policy and planning in establishing
 3 reimbursement rates. The staffing limitations under section 5 of this
 4 chapter may not exceed the staffing limitations defined by the
 5 memorandum of agreement between the office of Medicaid policy and
 6 planning and the division of disability, **aging**, and rehabilitative
 7 services under section 4 of this chapter.

8 SECTION 78. IC 12-28-4-12, AS AMENDED BY P.L.141-2006,
 9 SECTION 72, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 10 JULY 1, 2026]: Sec. 12. (a) Subject to the availability of money and
 11 consistent with needs assessment, the division of disability, **aging**, and
 12 rehabilitative services shall give priority to the establishment of
 13 residential facilities, other than the facilities described in section 3 of
 14 this chapter, in counties in which the ratio of the number of residential
 15 facility beds to county population is in the lowest twenty-five percent
 16 (25%) when compared to all other Indiana counties. The division of
 17 disability, **aging**, and rehabilitative services may operate residential
 18 facilities established under this section.

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

26 SECTION 79. IC 12-28-4-13, AS AMENDED BY P.L.99-2007,
 27 SECTION 145, IS AMENDED TO READ AS FOLLOWS
 28 [EFFECTIVE JULY 1, 2026]: Sec. 13. (a) The division of disability,
 29 **aging**, and rehabilitative services may operate a program known as the
 30 development and lease effort. Under the program, the division of
 31 disability, **aging**, and rehabilitative services may develop contracts
 32 under which the state agrees to lease buildings from private parties for
 33 use as residential facilities for individuals with a mental illness or
 34 individuals with autism or other individuals with a developmental
 35 disability. Notwithstanding any other law, each contract may include
 36 provisions that ensure the following:

- 37 (1) That the state will lease a building for not more than ten (10)
 38 years for use as a residential facility for individuals with autism.
- 39 (2) That the state will retain the right to extend the term of the
 40 lease for not more than ten (10) years at the conclusion of the first
 41 ten (10) years.
- 42 (3) That the state will retain the right to sublease the building to



1 a person who agrees to operate the building as a residential
2 facility for individuals with autism under this chapter.

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

6 SECTION 80. IC 12-28-5-10, AS AMENDED BY P.L.210-2015,
7 SECTION 62, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
8 JULY 1, 2026]: Sec. 10. The division of disability, **aging**, and
9 rehabilitative services shall do the following:

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

15 (2) Determine how the provision of developmental or vocational
16 services for residents in these geographic areas affects the
17 availability of developmental or vocational services to individuals
18 with a developmental disability living in their own homes and,
19 beginning July 1, 2012, report the findings to the division of
20 disability and rehabilitative services advisory council established
21 by IC 12-9-4-2.

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

24 (A) A sanitary and safe environment for residents and
25 employees.

26 (B) Classification of supervised group living facilities.

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

29 (4) Develop standards for the approval of entities providing
30 supported living services.

31 SECTION 81. IC 12-28-5-16, AS AMENDED BY P.L.99-2007,
32 SECTION 149, IS AMENDED TO READ AS FOLLOWS
33 [EFFECTIVE JULY 1, 2026]: Sec. 16. The division of disability,
34 **aging**, and rehabilitative services is the primary state agency
35 responsible for planning, developing, coordinating, and implementing
36 the plan and program of supervised group living facilities and services,
37 including developmental and vocational services, needed for
38 individuals with a developmental disability residing in those facilities.
39 Other state agencies authorized by law or rule to carry out activities and
40 control money that have a direct bearing upon the provision of
41 supervised group living services shall enter into memoranda of
42 understanding or contracts with the division of disability, **aging**, and



1 rehabilitative services to ensure a coordinated utilization of resources
 2 and responsibilities.

3 SECTION 82. IC 12-28-5-18.5, AS ADDED BY P.L.213-2015,
 4 SECTION 137, IS AMENDED TO READ AS FOLLOWS
 5 [EFFECTIVE JULY 1, 2026]: Sec. 18.5. (a) The division of disability,
 6 **aging**, and rehabilitative services shall increase the reimbursement rate
 7 for services provided to an individual who receives services:

8 (1) under a waiver under the federal home and community based
 9 services program; and

10 (2) of greater than thirty-five (35) hours per week.

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

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

16 (A) the reimbursement rate in effect on June 30, 2015;
 17 multiplied by

18 (B) two and one-half percent (2.5%).

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

22 (A) the reimbursement rate in effect on June 30, 2015;
 23 multiplied by

24 (B) five percent (5%).

25 (c) For purposes of this section, the division of disability, **aging**, and
 26 rehabilitative services shall use the daily service hour grid in 460
 27 IAC 13-5-2 multiplied by the number of days in the state fiscal year to
 28 establish the annual Residential Habilitation and Support (Level 2)
 29 hours for each individual. The annual hours times the restored
 30 Residential Habilitation and Support (Level 2) hourly rate shall
 31 establish the maximum annual Residential Habilitation and Support
 32 (Level 2) funding allocation for the individual regardless of whether
 33 the Residential Habilitation and Support (Level 2) are authorized and
 34 paid on a per unit or per day basis, except in those cases where the
 35 division approves a budget modification request to increase the annual
 36 allocation for Residential Habilitation and Support (Level 2) under 460
 37 IAC 13-3-5.

38 SECTION 83. IC 12-29-1-7, AS AMENDED BY P.L.117-2015,
 39 SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 40 JULY 1, 2026]: Sec. 7. (a) On the first Monday in October, the county
 41 auditor shall certify to:

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



1 for a community intellectual disability and other developmental
2 disabilities center; and
3 (2) the president of the board of directors of each center;
4 the amount of money that will be provided to the center under this
5 chapter.

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

9 (1) One-half (1/2) of the county payment to the center shall be
10 made on the second Monday in July.
11 (2) One-half (1/2) of the county payment to the center shall be
12 made on the second Monday in December.
13 (c) Payments by the county fiscal body are in place of grants from
14 agencies supported within the county solely by county tax money.
15 SECTION 84. IC 12-29-3-6, AS AMENDED BY P.L.117-2015,
16 SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
17 JULY 1, 2026]: Sec. 6. (a) As used in this section, "community mental
18 retardation and other developmental disabilities center" means a
19 community center that is:
20 (1) incorporated under IC 23-7-1.1 (before its repeal August 1,
21 1991) or IC 23-17;
22 (2) organized for the purpose of providing services for individuals
23 with an intellectual disability and other individuals with a
24 developmental disability;
25 (3) approved by the division of disability, **aging**, and
26 rehabilitative services; and
27 (4) accredited for the services provided by one (1) of the
28 following organizations:
29 (A) The Commission on Accreditation of Rehabilitation
30 Facilities (CARF), or its successor.
31 (B) The Council on Quality and Leadership in Supports for
32 People with Disabilities, or its successor.
33 (C) The Joint Commission on Accreditation of Healthcare
34 Organizations (JCAHO), or its successor.
35 (D) The National Commission on Quality Assurance, or its
36 successor.
37 (E) An independent national accreditation organization
38 approved by the secretary.
39 (b) The county executive of a county may authorize the furnishing
40 of financial assistance to a community ~~mental retardation and~~
41 **intellectual or** other developmental disabilities center serving the
42 county.



7 SECTION 85. IC 16-27-1-2, AS AMENDED BY P.L.210-2021,
8 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
9 JULY 1, 2026]: Sec. 2. (a) As used in this chapter, "home health
10 agency" means a person that provides or offers to provide:

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

(1) An individual health care professional who provides professional services to a patient in the temporary or permanent residence of the patient.

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

20 (3) A person that:

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

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

(C) serves only individuals with developmental disabilities who are in a placement authorized under JC 12-11-2.14.

(5) A person that only administers home infusion therapy based on a specialty medication prescription received from a pharmacy.

32 on a specialty medication prescription received from a pharmacy.
33 SECTION 86. IC 16-27-4-5, AS AMENDED BY P.L.141-2006,
34 SECTION 83, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
35 JULY 1, 2026]: Sec. 5. (a) As used in this chapter, "personal services
36 agency" means a person that provides or offers to provide a personal
37 service for compensation, whether through the agency's own employees
38 or by arrangement with another person.

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

40 (1) An individual who provides personal services only to the
41 individual's family or to not more than three (3) individuals per
42 residence and not more than a total of seven (7) individuals



1 concurrently. As used in this subdivision, "family" means the
2 individual's spouse, child, parent, parent-in-law, grandparent,
3 grandchild, brother, brother-in-law, sister, sister-in-law, aunt,
4 aunt-in-law, uncle, uncle-in-law, niece, and nephew.

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

7 (3) A person that:

8 (A) is approved by the division of disability, **aging**, and
9 rehabilitative services to provide supported living services or
10 supported living support to individuals with developmental
11 disabilities;

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

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

15 SECTION 87. IC 16-28.5-2-2, AS ADDED BY P.L.147-2023,
16 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
17 JULY 1, 2026]: Sec. 2. A housing with services establishment that
18 offers memory care services must register with the **division of aging**
19 **bureau of better aging** established by **IC 12-9.1-1-1. IC 12-10-1-1**.

20 SECTION 88. IC 16-32-2-3, AS AMENDED BY P.L.56-2023,
21 SECTION 152, IS AMENDED TO READ AS FOLLOWS
22 [EFFECTIVE JULY 1, 2026]: Sec. 3. The committee shall be
23 composed of the following members:

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

26 (2) The commissioner of the Indiana department of administration
27 or the commissioner's designee.

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

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

32 (5) The commissioner of the state department or the
33 commissioner's designee.

34 (6) Three (3) members appointed by the governor to represent the
35 public at large.

36 (7) A representative of the central coordinating agency described
37 in section 7(8) of this chapter.

38 SECTION 89. IC 16-32-2-4, AS AMENDED BY P.L.141-2006,
39 SECTION 87, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
40 JULY 1, 2026]: Sec. 4. The members of the committee shall be
41 reimbursed for expenses at a rate equal to that of state employees on a
42 per diem basis by the division of disability, **aging**, and rehabilitative



1 services.

2 SECTION 90. IC 16-32-2-5, AS AMENDED BY P.L.141-2006,
3 SECTION 88, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4 JULY 1, 2026]: Sec. 5. The director of the division of disability, **aging**,
5 and rehabilitative services shall designate a staff member to act as
6 executive secretary to the committee.

7 SECTION 91. IC 16-36-3-10, AS AMENDED BY P.L.141-2006,
8 SECTION 89, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
9 JULY 1, 2026]: Sec. 10. The superintendent shall compile a report of
10 all medically necessary treatments approved under this chapter during
11 each calendar quarter and send the report to the director of the division
12 of mental health and addiction or the director of the division of
13 disability, **aging**, and rehabilitative services not more than one (1)
14 month after the end of that quarter. The report must contain the
15 following information:

16 (1) The name of the patient.
17 (2) The type of action taken.
18 (3) The date of the action.
19 (4) The reason for the action.
20 (5) The names of the treating physician, the physician
21 independent of the appropriate facility, and any other physician
22 who entered an opinion that was contrary to the treating
23 physician's opinion.

24 SECTION 92. IC 16-39-2-2, AS AMENDED BY P.L.141-2006,
25 SECTION 90, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
26 JULY 1, 2026]: Sec. 2. A record for each patient receiving mental
27 health services shall be maintained by the provider. The mental health
28 record must contain the information that the division of mental health
29 and addiction, the division of disability, **aging**, and rehabilitative
30 services, or the state department requires by rule. The provider is:

31 (1) the owner of the mental health record;
32 (2) responsible for the record's safekeeping; and
33 (3) entitled to retain possession of the record.

34 The information contained in the mental health record belongs to the
35 patient involved as well as to the provider. The provider shall maintain
36 the original mental health record or a microfilm of the mental health
37 record for at least seven (7) years.

38 SECTION 93. IC 16-39-2-6, AS AMENDED BY P.L.243-2025,
39 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
40 JULY 1, 2026]: Sec. 6. (a) Without the consent of the patient, the
41 patient's mental health record may only be disclosed as follows:

42 (1) To individuals who meet the following conditions:



1 (A) Are employed by:
2 (i) the provider at the same facility or agency;
3 (ii) a managed care provider (as defined in IC 12-7-2-127); or
4 (iii) a health care provider or mental health care provider, if
5 the mental health records are needed to provide health care or
6 mental health services to the patient.

7 (B) Are involved in the planning, provision, and monitoring of
8 services.

9 (2) To the extent necessary to obtain payment for services
10 rendered or other benefits to which the patient may be entitled, as
11 provided in IC 16-39-5-3.

12 (3) To the patient's court appointed counsel and to the Indiana
13 protection and advocacy services commission.

14 (4) For research conducted in accordance with IC 16-39-5-3 and
15 the rules of the division of mental health and addiction, the rules
16 of the division of disability, **aging**, and rehabilitative services, the
17 rules of the provider, or the rules of the Indiana archives and
18 records administration and the oversight committee on public
19 records.

20 (5) To the division of mental health and addiction for the purpose
21 of data collection, research, and monitoring managed care
22 providers (as defined in IC 12-7-2-127) who are operating under
23 a contract with the division of mental health and addiction.

24 (6) To the extent necessary to make reports or give testimony
25 required by the statutes pertaining to admissions, transfers,
26 discharges, and guardianship proceedings.

27 (7) To a law enforcement agency if any of the following
28 conditions are met:
29 (A) A patient escapes from a facility to which the patient is
30 committed under IC 12-26.
31 (B) The superintendent of the facility determines that failure to
32 provide the information may result in bodily harm to the patient
33 or another individual.
34 (C) A patient commits or threatens to commit a crime on
35 facility premises or against facility personnel.
36 (D) A patient is in the custody of a law enforcement officer or
37 agency for any reason and:
38 (i) the information to be released is limited to medications
39 currently prescribed for the patient or to the patient's history
40 of adverse medication reactions; and
41 (ii) the provider determines that the release of the medication
42 information will assist in protecting the health, safety, or



(D) The director or superintendent of the facility determines that disclosure of the mental health record may be necessary to protect a person under the protection of the United States Secret Service from serious bodily injury or death.

(E) The United States Secret Service agrees to only use the mental health record information for investigative purposes and not disclose the information publicly.

(F) The mental health record information disclosed to the United States Secret Service includes only:

- (i) the patient's name, age, and address;
- (ii) the date of the patient's admission to or discharge from the facility; and
- (iii) any information that indicates whether or not the patient has a history of violence or presents a danger to the person under protection.

(16) To the statewide bureau of disabilities services ombudsman established under IC 12-11-13, in the performance of the ombudsman's duties.

(b) If a licensed mental health professional, a licensed paramedic, a representative of a mobile integrated healthcare program (as described in IC 16-31-12), or a representative of a mental health community paramedicine program in the course of rendering a treatment intervention, determines that a patient may be a harm to himself or herself or others, the licensed mental health professional, the licensed paramedic, the representative of the mobile integrated healthcare program (as described in IC 16-31-12), or the representative of the mental health community paramedicine program may request a patient's individualized mental health safety plan from a psychiatric crisis center, psychiatric inpatient unit, or psychiatric residential treatment provider. Each psychiatric crisis center, psychiatric inpatient unit, and psychiatric residential treatment provider shall, upon request and without the consent of the patient, share a patient's individualized mental health safety plan that is in the standard format established by the division of mental health and addiction under IC 12-21-5-6 with the following individuals who demonstrate proof of licensure and commit to protecting the information in compliance with state and federal privacy laws:

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



1 program.

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

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

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

12 SECTION 94. IC 16-40-1-2, AS AMENDED BY P.L.146-2008,
13 SECTION 449, IS AMENDED TO READ AS FOLLOWS
14 [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) Except as provided in
15 subsection (b), each:

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

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

28 (b) Each:

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

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

35 SECTION 95. IC 16-41-18.5-2, AS AMENDED BY THE
36 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
37 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
38 JULY 1, 2026]: Sec. 2. (a) The state department may promote a
39 national lupus organization's initiatives to educate and train physicians,
40 other health care providers, and human services providers on the most
41 current and accurate scientific and medical information regarding the
42 following concerning lupus:



1 (1) Diagnosis.
2 (2) Treatment.
3 (3) Risks and benefits of medications.
4 (4) Research advances.
5 (5) Therapeutic decision making, including medical best practices
6 for diagnosing and treatment.

7 (b) The state department may distribute medically sound health
8 information on the state department's **Internet web site website** for
9 review by the following:
10 (1) Local health departments.
11 (2) Schools.
12 (3) The **division bureau of better aging**.
13 (4) Employer wellness programs.
14 (5) Physicians and other health care providers.
15 (6) Hospitals.

16 SECTION 96. IC 16-41-18.5-3, AS ADDED BY P.L.108-2011,
17 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
18 JULY 1, 2026]: Sec. 3. The state department may participate in
19 identifying the appropriate partners to aid in the education components
20 of this chapter, including the following:
21 (1) Local health departments.
22 (2) Schools.
23 (3) **Division Bureau of better aging**.
24 (4) Area agencies on aging.
25 (5) Employer wellness programs.
26 (6) Physicians and other health care providers.
27 (7) Accident and sickness insurance companies and health
28 maintenance organizations.
29 (8) Hospitals.
30 (9) Women's health organizations.
31 (10) Nonprofit entities.
32 (11) Community organizations.

33 SECTION 97. IC 16-41-18.6-2, AS AMENDED BY THE
34 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
35 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
36 JULY 1, 2026]: Sec. 2. (a) The state department may promote a
37 national Parkinson's disease organization's initiatives to educate and
38 train physicians, other health care providers, and human services
39 providers on the most current and accurate scientific and medical
40 information regarding the following concerning Parkinson's disease:
41 (1) Diagnosis.
42 (2) Treatment.



(3) Risks and benefits of medications.
(4) Research advances.
(5) Therapeutic decision making, including medical best practices for diagnosing and treatment.

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

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

SECTION 98. IC 16-41-18.6-3, AS ADDED BY P.L.108-2011, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. The state department may participate in identifying the appropriate partners to aid in the education components of this chapter, including the following:

- (1) Local health departments.
- (2) Schools.
- (3) **Division Bureau of better aging**.
- (4) Area agencies on aging.
- (5) Employer wellness programs.
- (6) Physicians and other health care providers.
- (7) Accident and sickness insurance companies and health maintenance organizations.
- (8) Hospitals.
- (9) Women's health organizations.
- (10) Nonprofit entities.
- (11) Community organizations.

SECTION 99. IC 20-26-11-8, AS AMENDED BY P.L.86-2018, SECTION 176, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) A student who is placed in a state licensed private or public health care facility or child care facility:

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

may attend school in the school corporation in which the facility is located. If the school corporation in which the facility is located is not the school corporation in which the student has legal settlement, the school corporation in which the student has legal settlement shall pay



1 the transfer tuition of the student.

2 (b) A student who is placed in a state licensed private or public

3 health care or child care facility by a parent may attend school in the

4 school corporation in which the facility is located if:

5 (1) the placement is necessary for the student's physical or

6 emotional health and well-being and, if the placement is in a

7 health care facility, is recommended by a physician; and

8 (2) the placement is projected to be for not less than fourteen (14)

9 consecutive calendar days or a total of twenty (20) calendar days.

10 The school corporation in which the student has legal settlement shall

11 pay the transfer tuition of the student. The parent of the student shall

12 notify the school corporation in which the facility is located and the

13 school corporation of the student's legal settlement, if identifiable, of

14 the placement. Not later than thirty (30) days after this notice, the

15 school corporation of legal settlement shall either pay the transfer

16 tuition of the transferred student or appeal the payment by notice to the

17 department. The acceptance or notice of appeal by the school

18 corporation must be given by certified mail to the parent or guardian of

19 the student and any affected school corporation. In the case of a student

20 who is not identified as having a disability under IC 20-35, the state

21 board shall make a determination on transfer tuition according to the

22 procedures in section 15 of this chapter. In the case of a student who

23 has been identified as having a disability under IC 20-35, the

24 determination on transfer tuition shall be made under this subsection

25 and the procedures adopted by the state board.

26 (c) A student who is placed in:

27 (1) an institution operated by the division of disability, **aging**, and

28 rehabilitative services or the division of mental health and

29 addiction; or

30 (2) an institution, a public or private facility, a home, a group

31 home, or an alternative family setting by the division of disability,

32 **aging**, and rehabilitative services or the division of mental health

33 and addiction;

34 may attend school in the school corporation in which the institution is

35 located. The state shall pay the transfer tuition of the student, unless

36 another entity is required to pay the transfer tuition as a result of a

37 placement described in subsection (a) or (b) or another state is

38 obligated to pay the transfer tuition.

39 (d) This subsection applies to a student who is placed:

40 (1) by or with the consent of the department of child services;

41 (2) by a court order; or

42 (3) by a child placing agency licensed by the department of child



1 services;
2 in a foster family home or the home of a relative or other unlicensed
3 caretaker that is not located in the school corporation in which the
4 student has legal settlement. The student may attend school in either
5 the school corporation in which the foster family home or other home
6 is located or the school corporation in which the student has legal
7 settlement. The department of child services and the student's foster
8 parents or caretaker shall make the determination concerning where the
9 student attends school unless that determination is made by a court that
10 has jurisdiction over the student. If a licensed child placing agency is
11 responsible for oversight of the foster family home in which the student
12 is placed or for providing services to the student, the department of
13 child services must consult with the licensed child placing agency
14 concerning the determination of, or the recommendations made to the
15 court concerning, where the student attends school. Except as provided
16 in subsection (e), transfer tuition is not required for the student.

17 (e) If a student to whom subsection (d) applies is attending school
18 in a school corporation that is not the school corporation in which the
19 student has legal settlement, the school corporation in which the
20 student has legal settlement shall pay transfer tuition to the school
21 corporation in which the student is enrolled in school if all of the
22 following conditions apply:

- 23 (1) The student was previously placed in a child caring institution
24 licensed under IC 31-27-3.
- 25 (2) While placed in the child caring institution, the student was
26 enrolled in a school that is:
 - 27 (A) administered by the school corporation in which the child
28 caring institution is located; and
 - 29 (B) located at the child caring institution.
- 30 (3) The student was moved from the child caring institution to a
31 licensed foster family home supervised by the child caring
32 institution either:
 - 33 (A) with the approval of the department of child services and
34 the court having jurisdiction over the student in a case under
35 IC 31-34; or
 - 36 (B) by a court order in a case under IC 31-37.
- 37 (4) After moving from the child caring institution to the foster
38 family home, the student continues to attend the school located at
39 the child caring institution.
- 40 (5) The legal settlement of the student was determined by a
41 juvenile court under IC 31-34-20-5, IC 31-34-21-10,
42 IC 31-37-19-26, or IC 31-37-20-6.



(f) A student:

- (1) who is placed in a facility, home, or institution described in subsection (a), (b), or (c);
- (2) to whom neither subsection (d) nor (e) applies; and
- (3) for whom there is no other entity or person required to pay transfer tuition;

may attend school in the school corporation in which the facility, home, or institution is located. The department shall conduct an investigation and determine whether any other entity or person is required to pay transfer tuition. If the department determines that no other entity or person is required to pay transfer tuition, the state shall pay the transfer tuition for the student out of the funds appropriated for tuition support.

SECTION 100. IC 20-35-3-1, AS AMENDED BY P.L.150-2024, SECTION 64, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. (a) The secretary of education shall appoint a state advisory council on the education of children with disabilities. The state advisory council's duties consist of providing policy guidance concerning special education and related services for children with disabilities. The secretary of education shall appoint at least seventeen (17) members who serve for a term of four (4) years. Vacancies shall be filled in the same manner for the unexpired balance of the term.

(b) The members of the state advisory council must be:

- (1) citizens of Indiana;
- (2) representative of the state's population; and
- (3) selected on the basis of their involvement in or concern with the education of children with disabilities.

(c) A majority of the members of the state advisory council must be individuals with disabilities or the parents of children with disabilities. Members must include the following:

- (1) Parents of children with disabilities.
- (2) Individuals with disabilities.
- (3) Teachers.
- (4) Representatives of postsecondary educational institutions that prepare special education and related services personnel.
- (5) State and local education officials.
- (6) Administrators of programs for children with disabilities.
- (7) Representatives of state agencies involved in the financing or delivery of related services to children with disabilities, including the following:

- (A) The commissioner of the Indiana department of health or the commissioner's designee.
- (B) The director of the division of disability, aging, and





advisory council.

(2) Furnish all professional and clerical assistance necessary for the performance of the state advisory council's powers and duties.

(h) The affirmative votes of a majority of the members appointed to the state advisory council are required for the state advisory council to take action.

SECTION 101. IC 20-35-8-2, AS AMENDED BY P.L.56-2023, SECTION 197, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) The state board shall adopt rules under IC 4-22-2 to establish limits on the amount of transportation that may be provided in the student's individualized education program. Unless otherwise specially shown to be essential by the child's individualized education program, in case of residency in a public or private facility, these rules must limit the transportation required by the student's individualized education program to the following:

(1) The student's first entrance and final departure each school year.

(2) Round trip transportation each school holiday period.

(3) Two (2) additional round trips each school year.

(b) If a student is a transfer student receiving special education in a public school, the state or school corporation responsible for the payment of transfer tuition under IC 20-26-11-1 through IC 20-26-11-4 shall pay the cost of transportation required by the student's individualized education program.

(c) If a student receives a special education:

(1) in a facility operated by:

(A) the Indiana department of health;

(B) the division of disability, **aging**, and rehabilitative services; or

(C) the division of mental health and addiction;

(2) at the Indiana School for the Blind and Visually Impaired; or

(3) at the Indiana School for the Deaf;

the school corporation in which the student has legal settlement shall pay the cost of transportation required by the student's individualized education program. However, if the student's legal settlement cannot be ascertained, the state board shall pay the cost of transportation required by the student's individualized education program.

(d) If a student is placed in a private facility under IC 20-35-6-2 in order to receive a special education because the student's school corporation cannot provide an appropriate special education program, the school corporation in which the student has legal settlement shall



1 pay the cost of transportation required by the student's individualized
2 education program. However, if the student's legal settlement cannot
3 be ascertained, the state board shall pay the cost of transportation
4 required by the student's individualized education program.

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

9 SECTION 102. IC 21-12-2-2, AS ADDED BY P.L.22-2018,
10 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
11 JULY 1, 2026]: Sec. 2. (a) This section applies to an individual who
12 receives financial benefits or financial resources from the following
13 sources:

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

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

21 (3) The federal Social Security Act.

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

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

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

33 (3) The federal Social Security Act.

34 SECTION 103. IC 21-15-2-1, AS AMENDED BY P.L.22-2018,
35 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
36 JULY 1, 2026]: Sec. 1. (a) This section applies to the board of trustees
37 of the following state educational institutions:

38 (1) Ball State University.

39 (2) Indiana University.

40 (3) Indiana State University.

41 (4) Purdue University.

42 (5) University of Southern Indiana.



- (1) scholarships;
- (2) fellowships;
- (3) loans; and

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

8 on the basis of financial need, excellence of academic achievement or
9 potential achievement, or any other basis that the board of trustees
10 finds to be reasonably related to the educational purposes and
11 objectives of the institution.

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

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

(3) The federal Social Security Act.

25 SECTION 104. IC 21-15-2-3, AS AMENDED BY P.L.22-2018,
26 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
27 JULY 1, 2026]: Sec. 3. (a) The board of trustees of Ivy Tech
28 Community College may provide scholarships and remission of fees in
29 proper cases.

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

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

(3) The federal Social Security Act.



1 SECTION 105. IC 21-15-2-5, AS ADDED BY P.L.22-2018,
 2 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 3 JULY 1, 2026]: Sec. 5. (a) This section applies to the board of trustees
 4 of Vincennes University.

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

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

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

17 (3) The federal Social Security Act.

18 SECTION 106. IC 21-38-6-1, AS AMENDED BY P.L.143-2022,
 19 SECTION 53, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 20 JULY 1, 2026]: Sec. 1. (a) An employee health plan that provides
 21 coverage for early intervention services shall reimburse the first steps
 22 program a monthly fee established by the division of disability, **aging**,
 23 and rehabilitative services. Except when the monthly fee is less than
 24 the product determined under IC 12-12.7-2-23(b), the monthly fee shall
 25 be provided instead of claims processing of individual claims.

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

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

33 SECTION 107. IC 22-3-2-2.3, AS AMENDED BY P.L.141-2006,
 34 SECTION 104, IS AMENDED TO READ AS FOLLOWS
 35 [EFFECTIVE JULY 1, 2026]: Sec. 2.3. (a) As used in this section,
 36 "volunteer worker" means a person who:

37 (1) performs services:

38 (A) for a state institution (as defined in IC 12-7-2-184); and
 39 (B) for which the person does not receive compensation of any
 40 nature; and

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



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

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

9 SECTION 108. IC 22-3-12-2, AS AMENDED BY P.L.141-2006,
10 SECTION 105, IS AMENDED TO READ AS FOLLOWS
11 [EFFECTIVE JULY 1, 2026]: Sec. 2. When any compensable injury
12 requires the filing of a first report of injury by an employer, the
13 employer's worker's compensation insurance carrier or the self-insured
14 employer shall forward a copy of the report to the central office of the
15 division of disability, **aging**, and rehabilitative services, rehabilitation
16 services bureau at the earlier of the following occurrences:

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

22 SECTION 109. IC 25-23.6-1-3.9, AS AMENDED BY P.L.56-2023,
23 SECTION 237, IS AMENDED TO READ AS FOLLOWS
24 [EFFECTIVE JULY 1, 2026]: Sec. 3.9. (a) "Governmental employee"
25 means an individual employed by the office of the secretary of family
26 and social services, the division of family resources, the division of
27 mental health and addiction, the division of disability, **aging**, and
28 rehabilitative services, ~~the division of aging~~, the department of
29 correction, the department of child services, or the Indiana department
30 of health in one (1) of the following classifications:

31 (1) 2AA3 Behavioral clinician 3

32 (2) 2AA4 Behavioral clinician 4.

33 (3) 2AA5 Clinical associate 5.

34 (4) 2FL1 Mental health administrator 1.

35 (5) 2FL2 Mental health administrator 2.

(6) 2FL3 Mental health administrator 3.

37 (7) 2AN3 Substance abuse counselor 3.
38 (8) 2AN4 S-1 1 1 1

(9) 2ANS Substance abuse counselor 3.
(10) 2AH2 Social service specialist 2.

(10) 2AH2 Social services specialist 2.
(11) 2AH3 Social services specialist 3.

(11) 2AH3 Social services specialist 3.
(12) 2AH4 Social services specialist 4

42 (12) ZART Social services specialist 4.



(13) 2AI1 Psychiatric services director 1.
(14) 2AE2 Psychiatric social services specialist 2.
(15) 2AE3 Psychiatric social services specialist 3.
(16) 2AP2 Family case manager 2.
(17) 2AP3 Family case manager trainee 3.
(18) 7AP3 Family case manager supervisor 3.
(19) 7AP4 Family case manager supervisor 4.

(b) The term includes any employee of the department of child services, regardless of the employee's job title or classification, who, as part of the employee's assigned job, is carrying out the duties of the department of child services, as set forth in IC 31-25-2-7 and IC 31-25-2-8.

SECTION 110. IC 27-8-12-7.1, AS AMENDED BY P.L.141-2006, SECTION 109, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7.1. The department of insurance shall adopt rules under IC 4-22-2 that establish standards for the qualification of a long term care policy under IC 12-15-39.6. The rules must include the following:

- (1) The standards adopted under section 7 of this chapter.
- (2) The requirement that an insurer or other person who issues a qualified long term care policy must at a minimum offer to each policyholder or prospective policyholder a policy that provides both:
 - (A) long term care facility coverage; and
 - (B) home and community care coverage.
- (3) A provision that an insurer or other person who complies with subdivision (2) may elect to also offer a qualified long term care policy that provides only long term care facility coverage.
- (4) The submission of data by insurers that will allow the department of insurance, the office of Medicaid policy and planning, and the **division bureau of better** aging to administer the Indiana long term care program under IC 12-15-39.6.
- (5) Other standards needed to administer the Indiana long term care program.

SECTION 111. IC 27-8-27-6, AS AMENDED BY P.L.143-2022, SECTION 75, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) A health insurance plan that provides coverage for early intervention services shall reimburse the first steps program a monthly fee established by the division of disability, **aging**, and rehabilitative services. Except when the monthly fee is less than the product determined under IC 12-12.7-2-23(b), the monthly fee shall be provided instead of claims processing of individual claims.



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

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

SECTION 112. IC 29-3-3-5, AS AMENDED BY P.L.141-2006, SECTION 110, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. The chief of social services (or a person designated by the chief of social services) at any institution under the control of the division of mental health and addiction or the division of disability, **aging**, and rehabilitative services may execute the necessary documents to make applications on behalf of a patient in the institution to receive public assistance or to transfer the patient to an alternate care facility without the appointment of a guardian or other order of court.

SECTION 113. IC 33-37-8-4, AS AMENDED BY P.L.187-2015, SECTION 38, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 4. (a) Except as provided in subsection (b), upon receipt of monthly claims submitted on oath to the fiscal body by a program listed in section 3(b) of this chapter, the fiscal body of the city or town shall appropriate from the city or town fund to the program the amount collected for the program fee under IC 33-37-5.

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

- (1) Personnel expenses related to the operation of the program.
- (2) Special training for:
 - (A) a prosecuting attorney;
 - (B) a deputy prosecuting attorney;
 - (C) support staff for a prosecuting attorney or deputy prosecuting attorney; or
 - (D) a law enforcement officer.
- (3) Employment of a deputy prosecutor or prosecutorial support staff.
- (4) Victim assistance.
- (5) Electronic legal research.
- (6) Office equipment, including computers, computer software, communication devices, office machinery, furnishings, and office supplies.
- (7) Expenses of a criminal investigation and prosecution.



(8) An activity or program operated by the prosecuting attorney that is intended to reduce or prevent criminal activity, including:

(A) substance abuse;

(B) child abuse;

(C) domestic violence;

(D) operating while intoxicated; and

(E) juvenile delinquency.

(9) The provision of evidence based mental health and addiction, intellectual disability, developmental disability, autism, and co-occurring autism and mental illness forensic treatment services to reduce the risk of recidivism in a program administered or coordinated by a provider certified or licensed by the division of mental health and addiction or the division of disability, **aging**, and rehabilitative services with expertise in providing evidence based forensic treatment services.

(10) Any other purpose that benefits the office of the prosecuting attorney or law enforcement and that is agreed upon by the county fiscal body and the prosecuting attorney.

(c) Funds described in subsection (b) may be used only in accordance with guidelines adopted by the prosecuting attorneys council under IC 33-39-8-5.

SECTION 114. IC 33-37-8-6, AS AMENDED BY P.L.187-2015, SECTION 39, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) Except as provided in subsection (b), upon receipt of monthly claims submitted on oath to the fiscal body by a program listed in section 5(b) of this chapter, the county fiscal body shall appropriate from the county fund to the program or fund the amount collected for the program under IC 33-37-5.

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

(1) Personnel expenses related to the operation of the program.

(2) Special training for:

(A) a prosecuting attorney;

(B) a deputy prosecuting attorney;

(C) support staff for prosecuting attorney; or

(D) a law enforcement officer.

(3) Employment of a deputy prosecutor or prosecutorial support staff.

(4) Victim assistance.

(5) Electronic legal research.



4 (7) Expenses of a criminal investigation and prosecution.

5 (8) An activity or program operated by the prosecuting attorney
6 that is intended to reduce or prevent criminal activity, including:

7 (A) substance abuse;

8 (B) child abuse;

9 (C) domestic violence;

10 (D) operating while intoxicated; and

11 (E) juvenile delinquency.

12 (9) The provision of evidence based mental health and addiction,
13 intellectual disability, developmental disability, autism, and
14 co-occurring autism and mental illness forensic treatment services
15 to reduce the risk of recidivism in a program administered or
16 coordinated by a provider certified or licensed by the division of
17 mental health and addiction or the division of disability, **aging**,
18 and rehabilitative services with expertise in providing evidence
19 based forensic treatment services.

(10) Any other purpose that benefits the office of the prosecuting attorney or law enforcement and that is agreed upon by the county fiscal body and the prosecuting attorney.

23 (c) Funds described in subsection (b) may be used only in
24 accordance with guidelines adopted by the prosecuting attorneys
25 council under IC 33-39-8-5.

26 SECTION 115. IC 34-30-2.1-129.7 IS REPEALED [EFFECTIVE
27 JULY 1, 2026]. See. 129.7. IC 12-9.1-6-10 (Concerning information
28 provided by a participant in the yellow dot motor vehicle medical
29 information program).

30 SECTION 116. IC 34-30-2.1-136.5 IS ADDED TO THE INDIANA
31 CODE AS A NEW SECTION TO READ AS FOLLOWS
32 [EFFECTIVE JULY 1, 2026]: Sec. 136.5. IC 12-10-21-10
33 (Concerning information provided by a participant in the yellow
34 dot motor vehicle medical information program).

35 SECTION 117. IC 35-46-1-13, AS AMENDED BY P.L.5-2022,
36 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
37 JULY 1, 2026]: Sec. 13. (a) A person who:

38 (1) believes or has reason to believe that an endangered adult or
39 person of any age who has a mental or physical disability is the
40 victim of battery, neglect, or exploitation as prohibited by this
41 chapter or IC 35-42-2-1; and
42 (2) knowingly fails to report the facts supporting that belief to the



1 division of disability, **aging**, and rehabilitative services, ~~the~~
2 ~~division of aging~~, the adult protective services unit designated
3 under IC 12-10-3, or a law enforcement agency having
4 jurisdiction over battery, neglect, or exploitation of an endangered
5 adult;
6 commits a Class B misdemeanor.

7 (b) An officer or employee of the division or adult protective
8 services unit who unlawfully discloses information contained in the
9 records of the ~~division of aging~~ **bureau of better aging** under
10 IC 12-10-3-12 through IC 12-10-3-15 commits a Class C infraction.

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

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

22 SECTION 118. IC 36-2-14-18, AS AMENDED BY P.L.186-2025,
23 SECTION 255, IS AMENDED TO READ AS FOLLOWS
24 [EFFECTIVE JULY 1, 2026]: Sec. 18. (a) Notwithstanding
25 IC 5-14-3-4(b)(1), when a coroner investigates a death, the office of the
26 coroner is required to make available for public inspection and copying
27 the following:

- 28 (1) The name, age, address, sex, and race of the deceased.
- 29 (2) The address where the dead body was found, or if there is no
30 address the location where the dead body was found and, if
31 different, the address where the death occurred, or if there is no
32 address the location where the death occurred.
- 33 (3) The name of the agency to which the death was reported and
34 the name of the person reporting the death.
- 35 (4) The name of any public official or governmental employee
36 present at the scene of the death and the name of the person
37 certifying or pronouncing the death.
- 38 (5) Information regarding an autopsy (requested or performed)
39 limited to the date, the person who performed the autopsy, where
40 the autopsy was performed, and a conclusion as to:
 - 41 (A) the probable cause of death;
 - 42 (B) the probable manner of death; and



(C) the probable mechanism of death.

(6) The location to which the body was removed, the person determining the location to which the body was removed, and the authority under which the decision to remove the body was made.

(7) The records required to be filed by a coroner under section 6 of this chapter and the verdict and the written report required under section 10 of this chapter.

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

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

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

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

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

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

in connection with a division's review of the circumstances surrounding the death of an individual who received services from a division or through a division at the time of the individual's death.

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

(1) the department of child services established by IC 31-25-1-1,



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

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

16 (f) Notwithstanding any other provision of this section, a coroner
17 shall make available, upon written request, a full copy of an autopsy
18 report, including a photograph, a video recording, or an audio recording
19 of the autopsy, to the local fetal-infant mortality review team
20 established under IC 16-49-6 for purposes of the local fetal-infant
21 mortality review team conducting a review or an investigation of the
22 circumstances surrounding a fetal death or an infant death (as defined
23 in IC 16-49-6). An autopsy report made available under this subsection
24 is confidential and shall not be disclosed to another individual or
25 agency, unless otherwise authorized or required by law.

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



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

3 However, if immediately making available an autopsy report under this
4 subsection will interfere with the coroner's investigation or other legal
5 proceedings related to the decedent's death, the coroner may delay
6 making available the requested autopsy related information until the
7 investigation or other legal proceedings are concluded.

11 (1) the autopsy report; or

(2) if applicable, any other report, including a toxicology report, requested by the coroner as part of the coroner's investigation; whichever is completed last.

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

(l) The court shall grant a petition filed under subsection (j) if the prosecuting attorney proves by a preponderance of the evidence that public access or dissemination of the information specified in subsection (a) would create a significant risk of harm to the criminal investigation of the death. The court shall state in the order the reasons for granting or denying the petition. An order issued under this subsection must use the least restrictive means and duration possible when restricting access to the information. Information to which access is restricted under this subsection is confidential.

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

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

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

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

41 (1) summarily grant, modify, or dismiss the petition; or
42 (2) set the matter for hearing.



1 If the court sets the matter for hearing, upon the motion of any party or
2 upon the court's own motion, the court may close the hearing to the
3 public.

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

6 (1) the public interest will be served by allowing access; and
7 (2) access to the information specified in subsection (a) would not
8 create a significant risk to the criminal investigation of the death;
9 the court shall modify or terminate its order restricting access to the
10 information. In ruling on a request under this subsection, the court shall
11 state the court's reasons for granting or denying the request.

12 **SECTION 119. [EFFECTIVE JULY 1, 2026] (a) The publisher of
13 the Indiana Administrative Code and Indiana Register shall
14 transfer rules concerning aging from the title of the Indiana
15 Administrative Code for the division of aging to the title of the
16 Indiana Administrative Code for the division of disability, aging,
17 and rehabilitative services. The rules to be transferred include the
18 following:**

19 **(1) 455 IAC 1.**

20 **(2) 455 IAC 2.**

21 **(3) 455 IAC 3.**

22 **(4) Any other rules the office of the secretary of family and
23 social services identifies to the publisher of the Indiana
24 Administrative Code and Indiana Register concerning aging
25 that are to be transferred.**

26 **(b) The office of the secretary of family and social services shall
27 submit a statement to the publisher of the Indiana Administrative
28 Code and Indiana Register under IC 4-22-7-7 indicating which
29 rules the secretary of family and social services determines should
30 transfer under subsection (a)(4).**

31 **(c) The publisher of the Indiana Administrative Code and
32 Indiana Register shall transfer 470 IAC 3.1 from the division of
33 family resources to the division of disability, aging, and
34 rehabilitative services.**

35 **(d) This SECTION expires December 31, 2026.**

36 **SECTION 120. [EFFECTIVE JULY 1, 2026] (a) The legislative
37 services agency shall prepare legislation for introduction in the
38 2027 regular session of the general assembly to make appropriate
39 changes in statutes that are required by this act.**

40 **(b) This SECTION expires December 31, 2027.**



COMMITTEE REPORT

Mr. President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 222, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 13, line 25, after "addiction" insert "**or an approved nationally accredited certification body**".

Page 54, delete lines 37 through 42.

Page 55, delete lines 1 through 7.

Page 64, line 10, strike "mental retardation and" and insert "**intellectual or**".

Page 86, delete lines 4 through 10.

Page 86, line 27, strike "division of aging" and insert "**bureau of better aging**".

Page 88, line 6, after "IC 12-9-1-1;" insert "**or**".

Page 88, line 8, strike "or".

Page 88, delete lines 9 through 10, begin a new line block indented and insert:

~~"(3) the director of the division of aging established by IC 12-9-1-1;"~~

Page 88, line 11, delete "or bureau's".

Page 88, line 13, delete "from a division or bureau, or through a division or bureau," and insert "from a division or through a division".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 222 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 12, Nays 0.

