



February 3, 2026

ENGROSSED
SENATE BILL No. 222

DIGEST OF SB 222 (Updated February 3, 2026 9:44 am - 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.
(Continued next page)

Effective: Upon passage; July 1, 2026.

Charbonneau, Busch, Crider,
Randolph Lonnie M
(HOUSE SPONSOR — BARRETT)

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

January 15, 2026, amended, reported favorably — Do Pass.

January 20, 2026, read second time, ordered engrossed. Engrossed.

January 22, 2026, read third time, passed. Yeas 44, nays 1.

HOUSE ACTION

January 28, 2026, read first time and referred to Committee on Public Health.

February 3, 2026, amended, reported — Do Pass.

ES 222—LS 6626/DI 104



Digest Continued

Requires rules to be adopted concerning the implementation and administration of certification requirements for specified entities and amends standards. Allows a home health agency that meets certain conditions to continue to provide services to a Medicaid recipient and receive Medicaid reimbursement while the home health agency's application for Medicare enrollment is pending if the home health agency submitted the application or initiated the enrollment process before April 1, 2026. 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.

ES 222—LS 6626/DI 104



February 3, 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.

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



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



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



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



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

3 (3) Any other information required by law.

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

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

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

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



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



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



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

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

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

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

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

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

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

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



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



- 1 response.
- 2 (8) A county coroner or deputy county coroner.
- 3 **(9) Any individual serving in an employee or volunteer**
- 4 **capacity for a 9-8-8 crisis response center (as defined in**
- 5 **IC 12-21-8-1).**
- 6 **(10) A member of a mobile crisis team (as defined in**
- 7 **IC 12-21-8-3) certified by the division of mental health and**
- 8 **addiction under IC 12-21-8-10.**
- 9 SECTION 11. IC 11-13-1-8, AS AMENDED BY P.L.161-2018,
- 10 SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 11 JULY 1, 2026]: Sec. 8. (a) As used in this section, "board" refers to the
- 12 board of directors of the judicial conference of Indiana established by
- 13 IC 33-38-9-3.
- 14 (b) The board shall adopt rules consistent with this chapter,
- 15 prescribing minimum standards concerning:
- 16 (1) educational and occupational qualifications for employment
- 17 as a probation officer;
- 18 (2) compensation of probation officers;
- 19 (3) protection of probation records and disclosure of information
- 20 contained in those records;
- 21 (4) presentence investigation reports;
- 22 (5) a schedule of progressive probation incentives and violation
- 23 sanctions, including judicial review procedures; and
- 24 (6) qualifications for probation officers to administer probation
- 25 violation sanctions under IC 35-38-2-3(e).
- 26 (c) The conference shall prepare a written examination to be used
- 27 in establishing lists of persons eligible for appointment as probation
- 28 officers. The conference shall prescribe the qualifications for entrance
- 29 to the examination and establish a minimum passing score and rules for
- 30 the administration of the examination after obtaining recommendations
- 31 on these matters from the probation standards and practices advisory
- 32 committee. The examination must be offered at least once every other
- 33 month.
- 34 (d) The conference shall, by its rules, establish an effective date for
- 35 the minimum standards and written examination for probation officers.
- 36 (e) The conference shall provide probation departments with
- 37 training and technical assistance for:
- 38 (1) the implementation and management of probation case
- 39 classification; and
- 40 (2) the development and use of workload information.
- 41 The staff of the office of judicial administration may include a
- 42 probation case management coordinator and probation case



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



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

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

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

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

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

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

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

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

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

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

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

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

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

42 (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.
- 25 SECTION 16. IC 12-7-2-64, AS AMENDED BY P.L.149-2016,
- 26 SECTION 42, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 27 JULY 1, 2026]: Sec. 64. "Director" refers to the following:
- 28 (1) With respect to a particular division, the director of the
- 29 division.
- 30 (2) With respect to a particular state institution, the director who
- 31 has administrative control of and responsibility for the state
- 32 institution.
- 33 (3) For purposes of IC 12-10-15, the term refers to the director of
- 34 the ~~division~~ **bureau** of **better** aging.
- 35 (4) For purposes of IC 12-25, the term refers to the director of the
- 36 division of mental health and addiction.
- 37 (5) For purposes of IC 12-26, the term:
- 38 (A) refers to the director who has administrative control of and
- 39 responsibility for the appropriate state institution; and
- 40 (B) includes the director's designee.
- 41 (6) If subdivisions (1) through (5) do not apply, the term refers to
- 42 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) (2)~~ 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 ~~(B) (C)~~ IC 12-11.

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

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

22 ~~(E) (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
 29 family 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 ~~(F) (G)~~ IC 12-17.2.

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

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

39 ~~(I) (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 (1) (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.



- 1 (C) Migrant day care.
- 2 (D) The commodities program.
- 3 (E) The migrant nutrition program.
- 4 (F) Any emergency shelter program.
- 5 (G) The energy weatherization program.
- 6 (4) The Indiana department of health, for money expended under
- 7 IC 16-19-10.
- 8 (5) The group.
- 9 (6) All state agencies, for any other money expended for the
- 10 purchase of services if all the following apply:
- 11 (A) The purchases are made under a contract between the state
- 12 agency and the office of the secretary.
- 13 (B) The contract includes a requirement that the office of the
- 14 secretary perform the duties and exercise the powers described
- 15 in this chapter.
- 16 (C) The contract is approved by the budget agency.
- 17 (7) The division of mental health and addiction.

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

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

- 25 (1) The rehabilitation services bureau established by
- 26 IC 12-12-1-1.
- 27 (2) The bureau of disabilities services established by
- 28 IC 12-11-1.1-1.
- 29 (3) The bureau of child development services established by
- 30 IC 12-12.7-1-1.

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

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

- 41 (1) technology;
- 42 (2) health;



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



- 1 (2) Programs under the following statutes, to the extent the
- 2 division has responsibilities for programs under those statutes:
- 3 (A) IC 12-24.
- 4 (B) IC 12-26.
- 5 (C) IC 12-27.
- 6 (D) IC 12-28.
- 7 (E) IC 12-29.
- 8 (3) Supported employment for a person with developmental
- 9 disabilities.
- 10 (4) Epilepsy service centers program.
- 11 (5) Epilepsy clinic program.
- 12 (6) Medicaid waivers for in-home services for treatment of
- 13 developmental disabilities.

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

22 (b) This section expires December 31, 2027.

23 SECTION 38. IC 12-9.1 IS REPEALED [EFFECTIVE JULY 1,
 24 2026]. (Division of Aging).

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

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

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



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



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

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



1 dementia strategic plan;
2 to the general assembly.

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

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

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

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

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

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

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

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

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

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

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

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

33 (1) an emergency medical technician;

34 (2) an emergency medical technician-paramedic;

35 (3) a paramedic; and

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

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

41 Sec. 2. As used in this chapter, "other responder" means a
42 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:

16 (A) is at least eighteen (18) years of age; and

17 (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



- 1 services.
- 2 (4) Prepare and submit an annual report to the governor and the
- 3 rehabilitation services administration commissioner in accordance
- 4 with federal requirements concerning:
- 5 (A) the status of vocational rehabilitation programs in Indiana;
- 6 and
- 7 (B) recommendations concerning the implementation and
- 8 progress toward advancing competitive integrated employment
- 9 for individuals with disabilities as described in IC 22-9-11.
- 10 (5) Coordinate with other councils in Indiana.
- 11 (6) Advise and provide for coordination and working
- 12 relationships between the state agency and the Independent
- 13 Living Council and Independent Living centers.
- 14 (7) Develop a statewide plan to support the advancement of
- 15 competitive integrated employment, including self-employment,
- 16 as the first and preferred option when providing services to
- 17 individuals with disabilities. The plan, at a minimum, must
- 18 include the following:
- 19 (A) Identification of barriers to employment for individuals
- 20 with disabilities.
- 21 (B) An analysis of federal, state, and local agency policies
- 22 concerning the provision of services to individuals with
- 23 disabilities, including the impact of those policies on
- 24 opportunities for competitive integrated employment.
- 25 (C) Recommendations to advance competitive integrated
- 26 employment for individuals with disabilities.
- 27 SECTION 53. IC 12-12-2-11, AS AMENDED BY P.L.141-2006,
- 28 SECTION 48, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 29 JULY 1, 2026]: Sec. 11. The commission, in conjunction with the
- 30 division of disability, **aging**, and rehabilitative services, may employ
- 31 staff and other personnel as necessary.
- 32 SECTION 54. IC 12-12-9-2, AS AMENDED BY P.L.56-2023,
- 33 SECTION 97, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 34 JULY 1, 2026]: Sec. 2. The office of the secretary shall, on the first
- 35 business day of each month, send a copy of a report filed under section
- 36 1 of this chapter to the following persons:
- 37 (1) For persons less than seventeen (17) years of age, to the
- 38 following:
- 39 (A) The Indiana School for the Blind and Visually Impaired.
- 40 (B) The division of disability, **aging**, and rehabilitative
- 41 services.
- 42 (C) The division of special education of the department of



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



- 1 the secretary before the last day of the following month,
 2 presumptive eligibility will end on that last day; and
 3 (B) files a full Medicaid application with the office of the
 4 secretary before the last day of the following month,
 5 presumptive eligibility will continue until an eligibility
 6 determination is made concerning the application.
- 7 (c) The office of the secretary shall use the following performance
 8 standards to establish and ensure accurate presumptive eligibility
 9 determinations by a qualified ~~hospital~~ **provider**:
- 10 (1) Determine whether each presumptive eligibility determination
 11 received from the ~~hospital~~ **provider** complied with the time
 12 requirement set forth in subsection (b)(1).
 13 (2) Determine whether the office of the secretary received before
 14 the expiration of each presumptive eligibility period the full
 15 application from the individual determined by the ~~hospital~~
 16 **provider** to be presumptively eligible.
 17 (3) Determine whether each applicant who was determined by the
 18 ~~hospital~~ **provider** to be presumptively eligible was determined to
 19 be eligible for Medicaid after the full application was received.
- 20 (d) Each single violation by a ~~hospital~~ **provider** of any of the
 21 performance standards under subsection (c) counts as one (1) violation
 22 for the presumptive eligibility determination. Each subsequent
 23 violation of a performance standard is an additional violation for
 24 purposes of this section.
- 25 (e) For the first violation of a presumptive eligibility standard under
 26 this section that a ~~hospital~~ **provider** receives in a calendar year, the
 27 office of the secretary shall notify the ~~hospital~~ **provider** in writing not
 28 later than five (5) days after the determination of a violation is made.
 29 The notice must include the following:
- 30 (1) A description of the standard that was not met and an
 31 explanation of why the ~~hospital~~ **provider** did not meet the
 32 standard.
 33 (2) Notice that a second finding on noncompliance with a
 34 standard will result in a requirement that the ~~hospital's~~ **provider's**
 35 applicable staff participate in mandatory training on ~~hospital~~
 36 **provider** presumptive eligibility rules and standards that is
 37 performed by the office of the secretary.
 38 (3) A description of the available appeal procedures that the
 39 ~~hospital~~ **provider** may use to dispute the finding of a violation of
 40 presumptive eligibility standards.
- 41 (f) If the office of the secretary determines that a ~~hospital~~ **provider**
 42 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 12-15-13-10 IS ADDED TO THE INDIANA
14 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
15 [EFFECTIVE UPON PASSAGE]: **Sec. 10. (a) This section applies to**
16 **a home health agency that is:**
- 17 (1) **licensed under IC 16-27-1;**
18 (2) **enrolled as a Medicaid provider; and**
19 (3) **in good standing as a Medicaid provider, as determined by**
20 **the office of the secretary.**
- 21 **(b) Notwithstanding any other law, rule, or bulletin, a home**
22 **health agency licensed under IC 16-27-1 may continue to provide**
23 **services to a Medicaid recipient and receive Medicaid**
24 **reimbursement for the services while the home health agency's**
25 **application for Medicare enrollment is pending if the home health**
26 **agency:**
- 27 (1) **submitted a Medicare enrollment application to the**
28 **federal Centers for Medicare and Medicaid Services; or**
29 (2) **initiated the enrollment process with a federal Centers for**
30 **Medicare and Medicaid Services approved accrediting**
31 **organization;**
- 32 **before April 1, 2026.**
- 33 SECTION 61. IC 12-15-32-10, AS AMENDED BY P.L.141-2006,
34 SECTION 55, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
35 JULY 1, 2026]: Sec. 10. (a) An applicant for Medicaid who desires to
36 be placed in a community residential facility must first receive a
37 diagnostic evaluation to be provided by the division of disability,
38 **aging**, and rehabilitative services.
- 39 (b) Subsequent diagnostic evaluations by the division of disability,
40 **aging**, and rehabilitative services shall be provided at least every
41 twelve (12) months to review the individual's need for services.
- 42 (c) The office shall consider the evaluations in determining the



1 appropriateness of placement.

2 SECTION 62. IC 12-15-35-28, AS AMENDED BY P.L.213-2025,
3 SECTION 114, IS AMENDED TO READ AS FOLLOWS
4 [EFFECTIVE JULY 1, 2026]: Sec. 28. (a) The board has the following
5 duties:

6 (1) The implementation of a Medicaid retrospective and
7 prospective DUR program as outlined in this chapter, including
8 the approval of software programs to be used by the pharmacist
9 for prospective DUR and recommendations concerning the
10 provisions of the contractual agreement between the state and any
11 other entity that will be processing and reviewing Medicaid drug
12 claims and profiles for the DUR program under this chapter.

13 (2) The development and application of the predetermined criteria
14 and standards for appropriate prescribing to be used in
15 retrospective and prospective DUR to ensure that such criteria
16 and standards for appropriate prescribing are based on the
17 compendia and developed with professional input with provisions
18 for timely revisions and assessments as necessary.

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

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

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

30 (A) The Indiana board of pharmacy.

31 (B) The medical licensing board of Indiana.

32 (C) The SURS staff.

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

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

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

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



- 1 (C) Therapeutic appropriateness.
 2 (D) Overutilization or underutilization.
 3 (E) Appropriate use of generic drugs.
 4 (F) Therapeutic duplication.
 5 (G) Drug-disease contraindications.
 6 (H) Drug-drug interactions.
 7 (I) Incorrect drug dosage and duration of drug treatment.
 8 (J) Drug allergy interactions.
 9 (K) Clinical abuse and misuse.
- 10 (8) The adoption and implementation of procedures designed to
 11 ensure the confidentiality of any information collected, stored,
 12 retrieved, assessed, or analyzed by the board, staff to the board, or
 13 contractors to the DUR program that identifies individual
 14 physicians, pharmacists, or recipients.
- 15 (9) The implementation of additional drug utilization review with
 16 respect to drugs dispensed to residents of nursing facilities shall
 17 not be required if the nursing facility is in compliance with the
 18 drug regimen procedures under 410 IAC 16.2-3.1 and 42 CFR
 19 483.60.
- 20 (10) The research, development, and approval of a preferred drug
 21 list for:
 22 (A) Medicaid's fee for service program;
 23 (B) a risk based managed care program, if the office provides
 24 a prescription drug benefit and subject to IC 12-15-5; and
 25 (C) the children's health insurance program under IC 12-17.6;
 26 in consultation with the therapeutics committee.
- 27 (11) The approval of the review and maintenance of the preferred
 28 drug list at least two (2) times per year.
- 29 (12) The preparation and submission of a report concerning the
 30 preferred drug list at least one (1) time per year to the interim
 31 study committee on public health, behavioral health, and human
 32 services established by IC 2-5-1.3-4 in an electronic format under
 33 IC 5-14-6.
- 34 (13) The collection of data reflecting prescribing patterns related
 35 to treatment of children diagnosed with attention deficit disorder
 36 or attention deficit hyperactivity disorder.
- 37 (14) Advising the Indiana comprehensive health insurance
 38 association established by IC 27-8-10-2.1 concerning
 39 implementation of chronic disease management and
 40 pharmaceutical management programs under IC 27-8-10-3.5.
- 41 (b) The board shall use the clinical expertise of the therapeutics
 42 committee in developing a preferred drug list. The board shall also



- 1 consider expert testimony in the development of a preferred drug list.
- 2 (c) In researching and developing a preferred drug list under
- 3 subsection (a)(10), the board shall do the following:
- 4 (1) Use literature abstracting technology.
- 5 (2) Use commonly accepted guidance principles of disease
- 6 management.
- 7 (3) Develop therapeutic classifications for the preferred drug list.
- 8 (4) Give primary consideration to the clinical efficacy or
- 9 appropriateness of a particular drug in treating a specific medical
- 10 condition.
- 11 (5) Include in any cost effectiveness considerations the cost
- 12 implications of other components of the state's Medicaid program
- 13 and other state funded programs.
- 14 (d) Prior authorization is required for coverage under a program
- 15 described in subsection (a)(10) of a drug that is not included on the
- 16 preferred drug list.
- 17 (e) The board shall determine whether to include a single source
- 18 covered outpatient drug that is newly approved by the federal Food and
- 19 Drug Administration on the preferred drug list not later than sixty (60)
- 20 days after the date on which the manufacturer notifies the board in
- 21 writing of the drug's approval. However, if the board determines that
- 22 there is inadequate information about the drug available to the board
- 23 to make a determination, the board may have an additional sixty (60)
- 24 days to make a determination from the date that the board receives
- 25 adequate information to perform the board's review. Prior authorization
- 26 may not be automatically required for a single source drug that is newly
- 27 approved by the federal Food and Drug Administration, and that is:
- 28 (1) in a therapeutic classification:
- 29 (A) that has not been reviewed by the board; and
- 30 (B) for which prior authorization is not required; or
- 31 (2) the sole drug in a new therapeutic classification that has not
- 32 been reviewed by the board.
- 33 (f) The board may not exclude a drug from the preferred drug list
- 34 based solely on price.
- 35 (g) The following requirements apply to a preferred drug list
- 36 developed under subsection (a)(10):
- 37 (1) The office or the board may require prior authorization for a
- 38 drug that is included on the preferred drug list under the following
- 39 circumstances:
- 40 (A) To override a prospective drug utilization review alert.
- 41 (B) To permit reimbursement for a medically necessary brand
- 42 name drug that is subject to generic substitution under



- 1 IC 16-42-22-10.
- 2 (C) To prevent fraud, abuse, waste, overutilization, or
- 3 inappropriate utilization.
- 4 (D) To permit implementation of a disease management
- 5 program.
- 6 (E) To implement other initiatives permitted by state or federal
- 7 law.
- 8 (2) The office may add a drug that has been approved by the
- 9 federal Food and Drug Administration to the preferred drug list
- 10 without prior approval from the board.
- 11 (3) The board may add a drug that has been approved by the
- 12 federal Food and Drug Administration to the preferred drug list.
- 13 ~~(h) At least one (1) time each year, the board shall provide a report~~
- 14 ~~to the interim study committee on public health, behavioral health, and~~
- 15 ~~human services established by IC 2-5-1.3-4 in an electronic format~~
- 16 ~~under IC 5-14-6. The report must contain the following information:~~
- 17 ~~(1) The cost of administering the preferred drug list.~~
- 18 ~~(2) Any increase in Medicaid physician, laboratory, or hospital~~
- 19 ~~costs or in other state funded programs as a result of the preferred~~
- 20 ~~drug list.~~
- 21 ~~(3) The impact of the preferred drug list on the ability of a~~
- 22 ~~Medicaid recipient to obtain prescription drugs.~~
- 23 ~~(4) The number of times prior authorization was requested, and~~
- 24 ~~the number of times prior authorization was:~~
- 25 ~~(A) approved; and~~
- 26 ~~(B) disapproved.~~
- 27 ~~(5) Any recommendations received from the mental health~~
- 28 ~~Medicaid quality advisory committee under section 51(h) of this~~
- 29 ~~chapter.~~
- 30 ~~(i) The board shall provide the first report required under subsection~~
- 31 ~~(h) not later than six (6) months after the board submits an initial~~
- 32 ~~preferred drug list to the office.~~
- 33 SECTION 63. IC 12-16-1-1, AS AMENDED BY P.L.56-2023,
- 34 SECTION 114, IS AMENDED TO READ AS FOLLOWS
- 35 [EFFECTIVE JULY 1, 2026]: Sec. 1. As used in this chapter, "affected
- 36 agency" means any of the following:
- 37 (1) The department of correction.
- 38 (2) The Indiana department of health.
- 39 (3) The division of mental health and addiction.
- 40 (4) The division of disability, **aging**, and rehabilitative services.
- 41 SECTION 64. IC 12-16-2.5-5, AS AMENDED BY P.L.56-2023,
- 42 SECTION 115, IS AMENDED TO READ AS FOLLOWS



1 [EFFECTIVE JULY 1, 2026]: Sec. 5. The hospital care for the indigent
 2 program does not apply to inmates and patients of institutions of the
 3 department of correction, the Indiana department of health, the division
 4 of mental health and addiction, ~~the division of aging~~, or the division of
 5 disability, **aging**, and rehabilitative services.

6 SECTION 65. IC 12-16-10.5-1, AS AMENDED BY P.L.141-2006,
 7 SECTION 58, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 8 JULY 1, 2026]: Sec. 1. The division shall, with the advice of the
 9 division's medical staff, the division of mental health and addiction, ~~the~~
 10 ~~division of aging~~, the division of disability, **aging**, and rehabilitative
 11 services, and other individuals selected by the director of the division,
 12 adopt rules under IC 4-22-2 to do the following:

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

21 SECTION 66. IC 12-17.2-7.6-3, AS ADDED BY P.L.92-2024,
 22 SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 23 JULY 1, 2026]: Sec. 3. (a) Not later than January 1, 2025, after
 24 soliciting and considering recommendations from appropriate
 25 stakeholders, the office of the secretary shall develop a regulatory
 26 model that:

- 27 (1) is applicable only to micro facilities;
- 28 (2) incorporates waivers or variances from the office of the
 29 secretary's rules applicable to providers under this article; and
- 30 (3) provides for a balance between the goals of:
 - 31 (A) increasing the availability of child care, particularly in
 32 geographic areas facing a critical shortage of child care, by
 33 reducing the costs of operating a micro facility; and
 - 34 (B) ensuring the health and safety of children for whom a
 35 micro facility provides child care.

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

- 39 (1) allowing a micro facility to be operated in either a residential
 40 or nonresidential building;
- 41 (2) prescribing educational requirements for staff members of a
 42 micro facility that are tailored to the needs of providing child care



- 1 to groups of thirty (30) children or less; and
 2 (3) allowing for supervision of children of diverse age groups in
 3 a manner that maximizes use of limited facility space.
 4 (c) Not later than March 1, 2025, the office of the secretary shall
 5 establish and administer a pilot program under which:
 6 (1) a licensee under IC 12-7-2-28.4 or IC 12-7-2-28.8 that:
 7 (A) operates an existing micro facility; or
 8 (B) proposes to begin operating a new micro facility not more
 9 than sixty (60) days after the date of the licensee's application
 10 under this subdivision;
 11 may apply to participate in the pilot program in a manner
 12 prescribed by the office of the secretary;
 13 (2) the office of the secretary shall select at least three (3)
 14 licensees that apply under subdivision (1) and:
 15 (A) allow a selected licensee described in subdivision (1)(A)
 16 to operate the licensee's existing micro facility; and
 17 (B) allow a selected licensee described in subdivision (1)(B)
 18 to operate the licensee's proposed micro facility;
 19 under the regulatory model developed under subsection (a); and
 20 (3) the office of the secretary shall:
 21 (A) monitor the operation of the micro facilities operating
 22 under the regulatory model under subdivision (2); and
 23 (B) evaluate the degree to which the operation of the micro
 24 facilities under the regulatory model serves the balance
 25 described in subsection (a)(3).
 26 (d) The office of the secretary shall, to the extent practicable, select
 27 licensees for participation in the pilot program such that the micro
 28 facilities operated by the licensees are located in areas:
 29 (1) that are geographically diverse from one another; and
 30 (2) in which there exists a critical shortage of child care providers.
 31 (e) A waiver or variance applied to a micro facility under this
 32 section expires on the earlier of:
 33 (1) the date specified by the office of the secretary; or
 34 (2) ~~December 31, 2026.~~ **December 31, 2027.**
 35 SECTION 67. IC 12-17.2-7.6-5, AS ADDED BY P.L.92-2024,
 36 SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 37 JULY 1, 2026]: Sec. 5. This chapter expires ~~January 1, 2027.~~ **January**
 38 **1, 2028.**
 39 SECTION 68. IC 12-21-2-3, AS AMENDED BY P.L.104-2024,
 40 SECTION 47, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 41 JULY 1, 2026]: Sec. 3. The secretary or the secretary's designee shall
 42 do the following:



- 1 (1) Organize the division, create the appropriate personnel
2 positions, and employ personnel necessary to discharge the
3 statutory duties and powers of the division or a bureau of the
4 division.
- 5 (2) Subject to the approval of the state personnel department,
6 establish personnel qualifications for all deputy directors,
7 assistant directors, bureau heads, and superintendents.
- 8 (3) Subject to the approval of the budget director and the
9 governor, establish the compensation of all deputy directors,
10 assistant directors, bureau heads, and superintendents.
- 11 (4) Study the entire problem of mental health, mental illness, and
12 addictions existing in Indiana.
- 13 (5) Adopt rules under IC 4-22-2 for the following:
 - 14 (A) Standards for the operation of private institutions that are
15 licensed under IC 12-25 for the diagnosis, treatment, and care
16 of individuals with psychiatric disorders, addictions, or other
17 abnormal mental conditions.
 - 18 (B) Licensing or certifying community residential programs
19 described in IC 12-22-2-3.5 for individuals with serious
20 mental illness (SMI), serious emotional disturbance (SED), or
21 chronic addiction (CA) with the exception of psychiatric
22 residential treatment facilities.
 - 23 (C) Subject to IC 12-29-2-21, certifying community mental
24 health centers to operate in Indiana.
 - 25 (D) Establish exclusive geographic primary service areas for
26 community mental health centers. The rules must include the
27 following:
 - 28 (i) Criteria and procedures to justify the change to the
29 boundaries of a community mental health center's primary
30 service area.
 - 31 (ii) Criteria and procedures to justify the change of an
32 assignment of a community mental health center to a
33 primary service area.
 - 34 (iii) A provision specifying that the criteria and procedures
35 determined in items (i) and (ii) must include an option for
36 the county and the community mental health center to
37 initiate a request for a change in primary service area or
38 provider assignment.
 - 39 (iv) A provision specifying the criteria and procedures
40 determined in items (i) and (ii) may not limit an eligible
41 consumer's right to choose or access the services of any
42 provider who is certified by the division of mental health



- 1 and addiction to provide public supported mental health
 2 services.
- 3 **(E) The implementation and administration of certification**
 4 **requirements and standards for the following:**
- 5 **(i) Certified community behavioral health clinics.**
 6 **(ii) Recovery community organizations.**
 7 **(iii) Recovery residences, for residential care and**
 8 **supported housing for chronic addiction in a recovery**
 9 **residence.**
 10 **(iv) Certified peers.**
- 11 (6) Institute programs, in conjunction with an accredited college
 12 or university and with the approval, if required by law, of the
 13 commission for higher education, for the instruction of students
 14 of mental health and other related occupations. The programs may
 15 be designed to meet requirements for undergraduate and
 16 postgraduate degrees and to provide continuing education and
 17 research.
- 18 (7) Develop programs to educate the public in regard to the
 19 prevention, diagnosis, treatment, and care of all abnormal mental
 20 conditions.
- 21 (8) Make the facilities of the state institutions available for the
 22 instruction of medical students, student nurses, interns, and
 23 resident and fellow physicians under the supervision of the faculty
 24 of any accredited school of medicine or osteopathy located in
 25 Indiana or an accredited residency or fellowship training program
 26 in connection with research and instruction in psychiatric
 27 disorders.
- 28 (9) Institute a stipend program designed to improve the quality
 29 and quantity of staff that state institutions employ.
- 30 (10) Establish, supervise, and conduct community programs,
 31 either directly or by contract, for the diagnosis, treatment, and
 32 prevention of psychiatric disorders.
- 33 (11) Adopt rules under IC 4-22-2 concerning the records and data
 34 to be kept concerning individuals admitted to state institutions,
 35 community mental health centers, or other providers.
- 36 (12) Compile information and statistics concerning the ethnicity
 37 and gender of a program or service recipient.
- 38 (13) Establish standards for services described in IC 12-7-2-40.6
 39 for community mental health centers and other providers.
- 40 (14) Provide that the standards for services provided by recovery
 41 residences for residential care and supported housing for chronic
 42 addiction, when used as a recovery residence, to



- 1 (A) be certified ~~through an entity approved~~ by the division or
 2 **the division's designee** to ensure adherence to standards
 3 determined by the ~~National Alliance for Recovery Residences~~
 4 ~~(NARR) or a similar entity; and~~
 5 ~~(B) meet other standards established by the division under~~
 6 ~~rules adopted under IC 4-22-2.~~ **division.**
- 7 (15) Provide that the standards for services provided by recovery
 8 community organizations for behavioral health recovery, when
 9 used as a recovery community organization,
 10 ~~(A) be certified through an entity approved~~ by the division or
 11 **the division's designee** to ensure adherence to standards
 12 determined by the ~~Indiana Recovery Network or similar entity~~
 13 ~~that certifies recovery community organizations; and~~
 14 ~~(B) meet other standards established by the division under~~
 15 ~~rules adopted under IC 4-22-2.~~ **division.**
- 16 (16) Require the division to:
 17 (A) provide best practice recommendations to community
 18 mental health centers; and
 19 (B) work with community mental health centers in a
 20 collaborative manner in order to ensure improved health
 21 outcomes as a part of reviews or audits.
- 22 Documentation developed as a part of an incident or death
 23 reporting audit or review is confidential and may only be shared
 24 between the division and the community mental health center.
- 25 SECTION 69. IC 12-21-8-1, AS AMENDED BY P.L.162-2023,
 26 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 27 JULY 1, 2026]: Sec. 1. As used in this chapter, "9-8-8 crisis response
 28 center" or "center" means a state identified center participating in the
 29 9-8-8 suicide and crisis lifeline network to respond to statewide or
 30 regional 9-8-8 calls, **text messages, and other messaging services.**
- 31 SECTION 70. IC 12-21-8-10, AS AMENDED BY P.L.11-2023,
 32 SECTION 44, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 33 JULY 1, 2026]: Sec. 10. (a) The division shall coordinate:
 34 (1) available onsite response services of crisis calls using state
 35 and locally funded mobile crisis teams; and
 36 (2) crisis receiving and stabilization services resulting from a
 37 9-8-8 call.
- 38 (b) The mobile crisis teams must **be certified by the division and**
 39 **must** include:
 40 (1) a peer certified by the division; and
 41 (2) at least one (1) of the following:
 42 (A) A behavioral health professional licensed under



- 1 IC 25-23.6.
- 2 (B) An other behavioral health professional (OBHP), as
3 defined in 440 IAC 11-1-12.
- 4 (C) Emergency medical services personnel licensed under
5 IC 16-31.
- 6 (D) Law enforcement based coresponder behavioral health
7 teams.
- 8 (c) Crisis response services provided by a mobile crisis team must
9 be provided under the supervision of:
- 10 (1) a behavioral health professional licensed under IC 25-23.6;
11 (2) a licensed physician; or
12 (3) an advanced practice registered nurse (as defined in
13 IC 12-7-2-3.1).
- 14 The supervision required under this subsection may be performed
15 remotely.
- 16 SECTION 71. IC 12-24-1-8, AS AMENDED BY P.L.141-2006,
17 SECTION 63, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
18 JULY 1, 2026]: Sec. 8. (a) Each state institution shall post a notice that
19 a resident, the legal representative of the resident, or another individual
20 designated by the resident may request from the individual in charge
21 of each shift information that designates the names of all nursing
22 personnel or direct care staff on duty by job classification for the:
- 23 (1) wing;
24 (2) unit; or
25 (3) other area as routinely designated by the state institution;
26 where the resident resides.
- 27 (b) The notice required under subsection (a) must meet the
28 following conditions:
- 29 (1) Be posted in a conspicuous place that is readily accessible to
30 residents and the public.
31 (2) Be at least 24 point font size on a poster that is at least eleven
32 (11) inches wide and seventeen (17) inches long.
33 (3) Contain the:
- 34 (A) business telephone number of the superintendent of the
35 state institution; and
36 (B) toll free telephone number for filing complaints with the
37 division that is administratively in charge of the state
38 institution.
- 39 (4) State that if a resident, the legal representative of the resident,
40 or another individual designated by the resident is unable to
41 obtain the information described in subsection (a) from the
42 individual in charge of each shift, the resident, the legal



- 1 representative of the resident, or other individual designated by
- 2 the resident may do any of the following:
- 3 (A) Contact the superintendent of the state institution.
- 4 (B) File a complaint with the division that is administratively
- 5 in charge of the state institution by using the division's toll free
- 6 telephone number.
- 7 (c) The director of the:
- 8 (1) division of disability, **aging**, and rehabilitative services; and
- 9 (2) division of mental health and addiction;
- 10 may adopt rules under IC 4-22-2 to carry out this section.

11 SECTION 72. IC 12-24-11-2, AS AMENDED BY P.L.99-2007,
 12 SECTION 117, IS AMENDED TO READ AS FOLLOWS
 13 [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) This section applies to an
 14 individual who has a primary diagnosis of developmental disability.

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

17 (c) If a patient is admitted to a state institution, the staff of the state
 18 institution shall, before the patient is discharged, ask the patient
 19 whether the patient's medical and treatment records may be sent to a
 20 service coordinator employed by the division of disability, **aging**, and
 21 rehabilitative services under IC 12-11-2.1 so the service coordinator
 22 may send the records to local agencies serving the needs of individuals
 23 with a developmental disability in the area in which the patient will
 24 reside.

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

32 AUTHORIZATION TO RELEASE
 33 MEDICAL AND TREATMENT
 34 RECORDS

35 I agree to permit _____
 36 (name of state institution)
 37 to release a copy of the medical and treatment records of
 38 _____ to _____
 39 (patient's name) (name of local agency
 40 serving the needs of
 41 individuals with a developmental
 42 disability)



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(date)	(signature)
	(address)
(signature of individual securing release of medical and treatment records)	(relationship to patient if signature is not that of the patient)

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

- (1) The patient's name.
- (2) The address of the patient's intended residence.
- (3) The patient's medical records.
- (4) A complete description of the treatment the patient was 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 73. 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.



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

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

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

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

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

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

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

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

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

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

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

33 (1) That the community mental health center has evaluated the
34 individual.

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

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

41 (e) If a commitment ordered under subsection (a) is to a state
42 institution administered by the division of disability, **aging**, and



1 rehabilitative services, the record of commitment proceedings must
 2 include a report from a service coordinator employed by the division
 3 of disability, **aging**, and rehabilitative services stating that, based on a
 4 diagnostic assessment of the individual, commitment to a state
 5 institution administered by the division of disability, **aging**, and
 6 rehabilitative services under this chapter is appropriate.

7 (f) If the court makes a finding under subsection (a) (including a
 8 finding in reference to a child under IC 31-37-18-3), the court shall
 9 transmit any information required by the office of judicial
 10 administration to the office of judicial administration for transmission
 11 to the NICS (as defined in IC 35-47-2.5-2.5) in accordance with
 12 IC 33-24-6-3.

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

18 (1) The physician has examined the individual within the past
 19 thirty (30) days.

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

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

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

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

28 (1) The community mental health center has evaluated the
 29 individual.

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

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

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



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

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

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

28 SECTION 79. IC 12-28-4-12, AS AMENDED BY P.L.141-2006,
29 SECTION 72, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
30 JULY 1, 2026]: Sec. 12. (a) Subject to the availability of money and
31 consistent with needs assessment, the division of disability, **aging**, and
32 rehabilitative services shall give priority to the establishment of
33 residential facilities, other than the facilities described in section 3 of
34 this chapter, in counties in which the ratio of the number of residential
35 facility beds to county population is in the lowest twenty-five percent
36 (25%) when compared to all other Indiana counties. The division of
37 disability, **aging**, and rehabilitative services may operate residential
38 facilities established under this section.

39 (b) Before the division of disability, **aging**, and rehabilitative
40 services takes any steps to establish a residential facility under this
41 section, the division shall place at least two (2) legal advertisements in
42 a newspaper having a general circulation in the county. These



1 advertisements must be aimed at recruiting private parties to serve as
 2 operators of residential facilities in the county. The advertisements
 3 must be published at intervals at least one (1) month apart.

4 SECTION 80. IC 12-28-4-13, AS AMENDED BY P.L.99-2007,
 5 SECTION 145, IS AMENDED TO READ AS FOLLOWS
 6 [EFFECTIVE JULY 1, 2026]: Sec. 13. (a) The division of disability,
 7 **aging**, and rehabilitative services may operate a program known as the
 8 development and lease effort. Under the program, the division of
 9 disability, **aging**, and rehabilitative services may develop contracts
 10 under which the state agrees to lease buildings from private parties for
 11 use as residential facilities for individuals with a mental illness or
 12 individuals with autism or other individuals with a developmental
 13 disability. Notwithstanding any other law, each contract may include
 14 provisions that ensure the following:

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

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

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

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

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

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

35 (2) Determine how the provision of developmental or vocational
 36 services for residents in these geographic areas affects the
 37 availability of developmental or vocational services to individuals
 38 with a developmental disability living in their own homes and,
 39 beginning July 1, 2012, report the findings to the division of
 40 disability and rehabilitative services advisory council established
 41 by IC 12-9-4-2.

42 (3) Develop standards for licensure of supervised group living



1 facilities regarding the following:

2 (A) A sanitary and safe environment for residents and
3 employees.

4 (B) Classification of supervised group living facilities.

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

7 (4) Develop standards for the approval of entities providing
8 supported living services.

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

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

28 (1) under a waiver under the federal home and community based
29 services program; and

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

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

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

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

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

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

42 (A) the reimbursement rate in effect on June 30, 2015;



1 multiplied by
2 (B) five percent (5%).

3 (c) For purposes of this section, the division of disability, **aging**, and
4 rehabilitative services shall use the daily service hour grid in 460
5 IAC 13-5-2 multiplied by the number of days in the state fiscal year to
6 establish the annual Residential Habilitation and Support (Level 2)
7 hours for each individual. The annual hours times the restored
8 Residential Habilitation and Support (Level 2) hourly rate shall
9 establish the maximum annual Residential Habilitation and Support
10 (Level 2) funding allocation for the individual regardless of whether
11 the Residential Habilitation and Support (Level 2) are authorized and
12 paid on a per unit or per day basis, except in those cases where the
13 division approves a budget modification request to increase the annual
14 allocation for Residential Habilitation and Support (Level 2) under 460
15 IAC 13-3-5.

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

20 (1) the division of disability, **aging**, and rehabilitative services,
21 for a community intellectual disability and other developmental
22 disabilities center; and

23 (2) the president of the board of directors of each center;
24 the amount of money that will be provided to the center under this
25 chapter.

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

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

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

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

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

40 (1) incorporated under IC 23-7-1.1 (before its repeal August 1,
41 1991) or IC 23-17;

42 (2) organized for the purpose of providing services for individuals



1 with an intellectual disability and other individuals with a
2 developmental disability;

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

5 (4) accredited for the services provided by one (1) of the
6 following organizations:

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

9 (B) The Council on Quality and Leadership in Supports for
10 People with Disabilities, or its successor.

11 (C) The Joint Commission on Accreditation of Healthcare
12 Organizations (JCAHO), or its successor.

13 (D) The National Commission on Quality Assurance, or its
14 successor.

15 (E) An independent national accreditation organization
16 approved by the secretary.

17 (b) The county executive of a county may authorize the furnishing
18 of financial assistance to a community ~~mental retardation and~~
19 **intellectual or** other developmental disabilities center serving the
20 county.

21 (c) Upon the request of the county executive, the county fiscal body
22 may appropriate annually, from the general fund of the county, money
23 to provide financial assistance in an amount not to exceed the amount
24 that could be collected from the annual tax levy of sixty-seven
25 hundredths of one cent (\$0.0067) on each one hundred dollars (\$100)
26 of taxable property.

27 SECTION 86. IC 16-27-1-2, AS AMENDED BY P.L.210-2021,
28 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
29 JULY 1, 2026]: Sec. 2. (a) As used in this chapter, "home health
30 agency" means a person that provides or offers to provide:

31 (1) nursing services; or

32 (2) nursing services and at least one (1) home health service;

33 for compensation.

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

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

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

40 (3) A person that:

41 (A) is approved by the division of disability, **aging**, and
42 rehabilitative services to provide supported living services or



1 supported living supports to individuals with developmental
 2 disabilities;
 3 (B) is subject to rules adopted under IC 12-11-2.1; and
 4 (C) serves only individuals with developmental disabilities who
 5 are in a placement authorized under IC 12-11-2.1-4.

6 (4) A person providing services under the Program of
 7 All-Inclusive Care for the Elderly (PACE) described in
 8 IC 12-15-43.

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

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

17 (b) The term does not include the following:
 18 (1) An individual who provides personal services only to the
 19 individual's family or to not more than three (3) individuals per
 20 residence and not more than a total of seven (7) individuals
 21 concurrently. As used in this subdivision, "family" means the
 22 individual's spouse, child, parent, parent-in-law, grandparent,
 23 grandchild, brother, brother-in-law, sister, sister-in-law, aunt,
 24 aunt-in-law, uncle, uncle-in-law, niece, and nephew.

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

27 (3) A person that:
 28 (A) is approved by the division of disability, **aging**, and
 29 rehabilitative services to provide supported living services or
 30 supported living support to individuals with developmental
 31 disabilities;
 32 (B) is subject to rules adopted under IC 12-11-2.1; and
 33 (C) serves only individuals with developmental disabilities who
 34 are in a placement authorized under IC 12-11-2.1-4.

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

40 SECTION 89. IC 16-32-2-3, AS AMENDED BY P.L.56-2023,
 41 SECTION 152, IS AMENDED TO READ AS FOLLOWS
 42 [EFFECTIVE JULY 1, 2026]: Sec. 3. The committee shall be



- 1 composed of the following members:
- 2 (1) The director of the division of disability, **aging**, and
- 3 rehabilitative services or the director's designee.
- 4 (2) The commissioner of the Indiana department of administration
- 5 or the commissioner's designee.
- 6 (3) The executive director of the governor's planning council on
- 7 people with disabilities.
- 8 (4) The director of the division of mental health and addiction or
- 9 the director's designee.
- 10 (5) The commissioner of the state department or the
- 11 commissioner's designee.
- 12 (6) Three (3) members appointed by the governor to represent the
- 13 public at large.
- 14 (7) A representative of the central coordinating agency described
- 15 in section 7(8) of this chapter.
- 16 SECTION 90. IC 16-32-2-4, AS AMENDED BY P.L.141-2006,
- 17 SECTION 87, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 18 JULY 1, 2026]: Sec. 4. The members of the committee shall be
- 19 reimbursed for expenses at a rate equal to that of state employees on a
- 20 per diem basis by the division of disability, **aging**, and rehabilitative
- 21 services.
- 22 SECTION 91. IC 16-32-2-5, AS AMENDED BY P.L.141-2006,
- 23 SECTION 88, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 24 JULY 1, 2026]: Sec. 5. The director of the division of disability, **aging**,
- 25 and rehabilitative services shall designate a staff member to act as
- 26 executive secretary to the committee.
- 27 SECTION 92. IC 16-36-3-10, AS AMENDED BY P.L.141-2006,
- 28 SECTION 89, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 29 JULY 1, 2026]: Sec. 10. The superintendent shall compile a report of
- 30 all medically necessary treatments approved under this chapter during
- 31 each calendar quarter and send the report to the director of the division
- 32 of mental health and addiction or the director of the division of
- 33 disability, **aging**, and rehabilitative services not more than one (1)
- 34 month after the end of that quarter. The report must contain the
- 35 following information:
- 36 (1) The name of the patient.
- 37 (2) The type of action taken.
- 38 (3) The date of the action.
- 39 (4) The reason for the action.
- 40 (5) The names of the treating physician, the physician
- 41 independent of the appropriate facility, and any other physician
- 42 who entered an opinion that was contrary to the treating



1 physician's opinion.
 2 SECTION 93. IC 16-39-2-2, AS AMENDED BY P.L.141-2006,
 3 SECTION 90, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 4 JULY 1, 2026]: Sec. 2. A record for each patient receiving mental
 5 health services shall be maintained by the provider. The mental health
 6 record must contain the information that the division of mental health
 7 and addiction, the division of disability, **aging**, and rehabilitative
 8 services, or the state department requires by rule. The provider is:

- 9 (1) the owner of the mental health record;
 10 (2) responsible for the record's safekeeping; and
 11 (3) entitled to retain possession of the record.

12 The information contained in the mental health record belongs to the
 13 patient involved as well as to the provider. The provider shall maintain
 14 the original mental health record or a microfilm of the mental health
 15 record for at least seven (7) years.

16 SECTION 94. IC 16-39-2-6, AS AMENDED BY P.L.243-2025,
 17 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 18 JULY 1, 2026]: Sec. 6. (a) Without the consent of the patient, the
 19 patient's mental health record may only be disclosed as follows:

- 20 (1) To individuals who meet the following conditions:
 21 (A) Are employed by:
 22 (i) the provider at the same facility or agency;
 23 (ii) a managed care provider (as defined in IC 12-7-2-127); or
 24 (iii) a health care provider or mental health care provider, if
 25 the mental health records are needed to provide health care or
 26 mental health services to the patient.
 27 (B) Are involved in the planning, provision, and monitoring of
 28 services.
 29 (2) To the extent necessary to obtain payment for services
 30 rendered or other benefits to which the patient may be entitled, as
 31 provided in IC 16-39-5-3.
 32 (3) To the patient's court appointed counsel and to the Indiana
 33 protection and advocacy services commission.
 34 (4) For research conducted in accordance with IC 16-39-5-3 and
 35 the rules of the division of mental health and addiction, the rules
 36 of the division of disability, **aging**, and rehabilitative services, the
 37 rules of the provider, or the rules of the Indiana archives and
 38 records administration and the oversight committee on public
 39 records.
 40 (5) To the division of mental health and addiction for the purpose
 41 of data collection, research, and monitoring managed care
 42 providers (as defined in IC 12-7-2-127) who are operating under



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



- 1 (L) IC 35-46-1-13.
- 2 (11) To the extent necessary to satisfy release of information
- 3 requirements under the following statutes:
- 4 (A) IC 12-24-11-2.
- 5 (B) IC 12-24-12-3, IC 12-24-12-4, and IC 12-24-12-6.
- 6 (C) IC 12-26-11.
- 7 (12) To another health care provider in a health care emergency.
- 8 (13) For legitimate business purposes as described in
- 9 IC 16-39-5-3.
- 10 (14) Under a court order under IC 16-39-3.
- 11 (15) With respect to records from a mental health or
- 12 developmental disability facility, to the United States Secret
- 13 Service if the following conditions are met:
- 14 (A) The request does not apply to alcohol or drug abuse records
- 15 described in 42 U.S.C. 290dd-2 unless authorized by a court
- 16 order under 42 U.S.C. 290dd-2(b)(2)(c).
- 17 (B) The request relates to the United States Secret Service's
- 18 protective responsibility and investigative authority under 18
- 19 U.S.C. 3056, 18 U.S.C. 871, or 18 U.S.C. 879.
- 20 (C) The request specifies an individual patient.
- 21 (D) The director or superintendent of the facility determines
- 22 that disclosure of the mental health record may be necessary to
- 23 protect a person under the protection of the United States Secret
- 24 Service from serious bodily injury or death.
- 25 (E) The United States Secret Service agrees to only use the
- 26 mental health record information for investigative purposes and
- 27 not disclose the information publicly.
- 28 (F) The mental health record information disclosed to the
- 29 United States Secret Service includes only:
- 30 (i) the patient's name, age, and address;
- 31 (ii) the date of the patient's admission to or discharge from
- 32 the facility; and
- 33 (iii) any information that indicates whether or not the patient
- 34 has a history of violence or presents a danger to the person
- 35 under protection.
- 36 (16) To the statewide bureau of disabilities services ombudsman
- 37 established under IC 12-11-13, in the performance of the
- 38 ombudsman's duties.
- 39 (b) If a licensed mental health professional, a licensed paramedic,
- 40 a representative of a mobile integrated healthcare program (as
- 41 described in IC 16-31-12), or a representative of a mental health
- 42 community paramedicine program in the course of rendering a



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

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

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

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

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

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

- 36 (1) physician;
- 37 (2) superintendent of a hospital;
- 38 (3) director of a local health department;
- 39 (4) director of a local office of the department of child services;
- 40 (5) director of the division of disability, **aging**, and rehabilitative
 41 services;
- 42 (6) superintendent of a state institution serving individuals with



1 a disability; or
 2 (7) superintendent of a school corporation;
 3 who diagnoses, treats, provides, or cares for a person with a disability
 4 shall report the disabling condition to the state department within sixty
 5 (60) days.
 6 (b) Each:
 7 (1) physician holding an unlimited license to practice medicine;
 8 or
 9 (2) optometrist licensed under IC 25-24-1;
 10 shall file a report regarding a person who is blind or has a visual
 11 impairment with the office of the secretary of family and social services
 12 in accordance with IC 12-12-9.

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

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

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

30 (1) Local health departments.
 31 (2) Schools.
 32 (3) The ~~division bureau~~ **bureau of better** aging.
 33 (4) Employer wellness programs.
 34 (5) Physicians and other health care providers.
 35 (6) Hospitals.

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

41 (1) Local health departments.
 42 (2) Schools.



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

11 SECTION 98. IC 16-41-18.6-2, AS AMENDED BY THE
 12 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
 13 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 14 JULY 1, 2026]: Sec. 2. (a) The state department may promote a
 15 national Parkinson's disease organization's initiatives to educate and
 16 train physicians, other health care providers, and human services
 17 providers on the most current and accurate scientific and medical
 18 information regarding the following concerning Parkinson's disease:

- 19 (1) Diagnosis.
- 20 (2) Treatment.
- 21 (3) Risks and benefits of medications.
- 22 (4) Research advances.
- 23 (5) Therapeutic decision making, including medical best practices
- 24 for diagnosing and treatment.

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

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

34 SECTION 99. IC 16-41-18.6-3, AS ADDED BY P.L.108-2011,
 35 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 36 JULY 1, 2026]: Sec. 3. The state department may participate in
 37 identifying the appropriate partners to aid in the education components
 38 of this chapter, including the following:

- 39 (1) Local health departments.
- 40 (2) Schools.
- 41 (3) ~~Division~~ **Bureau of better** aging.
- 42 (4) Area agencies on aging.



- 1 (5) Employer wellness programs.
 2 (6) Physicians and other health care providers.
 3 (7) Accident and sickness insurance companies and health
 4 maintenance organizations.
 5 (8) Hospitals.
 6 (9) Women's health organizations.
 7 (10) Nonprofit entities.
 8 (11) Community organizations.
- 9 SECTION 100. IC 20-26-11-8, AS AMENDED BY P.L.86-2018,
 10 SECTION 176, IS AMENDED TO READ AS FOLLOWS
 11 [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) A student who is placed in a
 12 state licensed private or public health care facility or child care facility:
 13 (1) by or with the consent of the department of child services;
 14 (2) by a court order; or
 15 (3) by a child placing agency licensed by the department of child
 16 services;
 17 may attend school in the school corporation in which the facility is
 18 located. If the school corporation in which the facility is located is not
 19 the school corporation in which the student has legal settlement, the
 20 school corporation in which the student has legal settlement shall pay
 21 the transfer tuition of the student.
- 22 (b) A student who is placed in a state licensed private or public
 23 health care or child care facility by a parent may attend school in the
 24 school corporation in which the facility is located if:
 25 (1) the placement is necessary for the student's physical or
 26 emotional health and well-being and, if the placement is in a
 27 health care facility, is recommended by a physician; and
 28 (2) the placement is projected to be for not less than fourteen (14)
 29 consecutive calendar days or a total of twenty (20) calendar days.
- 30 The school corporation in which the student has legal settlement shall
 31 pay the transfer tuition of the student. The parent of the student shall
 32 notify the school corporation in which the facility is located and the
 33 school corporation of the student's legal settlement, if identifiable, of
 34 the placement. Not later than thirty (30) days after this notice, the
 35 school corporation of legal settlement shall either pay the transfer
 36 tuition of the transferred student or appeal the payment by notice to the
 37 department. The acceptance or notice of appeal by the school
 38 corporation must be given by certified mail to the parent or guardian of
 39 the student and any affected school corporation. In the case of a student
 40 who is not identified as having a disability under IC 20-35, the state
 41 board shall make a determination on transfer tuition according to the
 42 procedures in section 15 of this chapter. In the case of a student who



1 has been identified as having a disability under IC 20-35, the
 2 determination on transfer tuition shall be made under this subsection
 3 and the procedures adopted by the state board.

4 (c) A student who is placed in:

5 (1) an institution operated by the division of disability, **aging**, and
 6 rehabilitative services or the division of mental health and
 7 addiction; or

8 (2) an institution, a public or private facility, a home, a group
 9 home, or an alternative family setting by the division of disability,
 10 **aging**, and rehabilitative services or the division of mental health
 11 and addiction;

12 may attend school in the school corporation in which the institution is
 13 located. The state shall pay the transfer tuition of the student, unless
 14 another entity is required to pay the transfer tuition as a result of a
 15 placement described in subsection (a) or (b) or another state is
 16 obligated to pay the transfer tuition.

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

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

19 (2) by a court order; or

20 (3) by a child placing agency licensed by the department of child
 21 services;

22 in a foster family home or the home of a relative or other unlicensed
 23 caretaker that is not located in the school corporation in which the
 24 student has legal settlement. The student may attend school in either
 25 the school corporation in which the foster family home or other home
 26 is located or the school corporation in which the student has legal
 27 settlement. The department of child services and the student's foster
 28 parents or caretaker shall make the determination concerning where the
 29 student attends school unless that determination is made by a court that
 30 has jurisdiction over the student. If a licensed child placing agency is
 31 responsible for oversight of the foster family home in which the student
 32 is placed or for providing services to the student, the department of
 33 child services must consult with the licensed child placing agency
 34 concerning the determination of, or the recommendations made to the
 35 court concerning, where the student attends school. Except as provided
 36 in subsection (e), transfer tuition is not required for the student.

37 (e) If a student to whom subsection (d) applies is attending school
 38 in a school corporation that is not the school corporation in which the
 39 student has legal settlement, the school corporation in which the
 40 student has legal settlement shall pay transfer tuition to the school
 41 corporation in which the student is enrolled in school if all of the
 42 following conditions apply:



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



- 1 (1) citizens of Indiana;
 2 (2) representative of the state's population; and
 3 (3) selected on the basis of their involvement in or concern with
 4 the education of children with disabilities.
- 5 (c) A majority of the members of the state advisory council must be
 6 individuals with disabilities or the parents of children with disabilities.
 7 Members must include the following:
- 8 (1) Parents of children with disabilities.
 9 (2) Individuals with disabilities.
 10 (3) Teachers.
 11 (4) Representatives of postsecondary educational institutions that
 12 prepare special education and related services personnel.
 13 (5) State and local education officials.
 14 (6) Administrators of programs for children with disabilities.
 15 (7) Representatives of state agencies involved in the financing or
 16 delivery of related services to children with disabilities, including
 17 the following:
- 18 (A) The commissioner of the Indiana department of health or
 19 the commissioner's designee.
 20 (B) The director of the division of disability, **aging**, and
 21 rehabilitative services or the director's designee.
 22 (C) The director of the division of mental health and addiction
 23 or the director's designee.
 24 (D) The director of the department of child services or the
 25 director's designee.
- 26 (8) Representatives of nonpublic schools and freeway schools.
 27 (9) One (1) or more representatives of vocational, community, or
 28 business organizations concerned with the provision of
 29 transitional services to children with disabilities.
 30 (10) Representatives of the department of correction.
 31 (11) A representative from each of the following:
- 32 (A) The Indiana School for the Blind and Visually Impaired
 33 board.
 34 (B) The Indiana School for the Deaf board.
- 35 (12) A representative from the Arc of Indiana.
- 36 (d) The responsibilities of the state advisory council are as follows:
- 37 (1) To advise the secretary of education and the state board
 38 regarding all rules pertaining to children with disabilities.
 39 (2) To advise the department of unmet needs within Indiana in the
 40 education of children with disabilities.
 41 (3) To provide public comment on rules proposed by the state
 42 board regarding the education of children with disabilities.



- 1 (4) To advise the department in developing evaluations and
 2 reporting data to the United States Secretary of Education under
 3 20 U.S.C. 1418.
- 4 (5) To advise the department in developing corrective action
 5 plans to address findings identified in federal monitoring reports
 6 under 20 U.S.C. 1400 et seq.
- 7 (6) To advise the department in developing and implementing
 8 policies related to the coordination of services for children with
 9 disabilities.
- 10 (e) The state advisory council shall do the following:
- 11 (1) Organize with a chairperson selected by the secretary of
 12 education.
- 13 (2) Meet as often as necessary to conduct the council's business
 14 at the call of the chairperson, upon ten (10) days written notice,
 15 but not less than four (4) times a year.
- 16 (f) Members of the state advisory council are entitled to reasonable
 17 amounts for expenses necessarily incurred in the performance of their
 18 duties.
- 19 (g) The secretary of education shall do the following:
- 20 (1) Designate the director to act as executive secretary of the state
 21 advisory council.
- 22 (2) Furnish all professional and clerical assistance necessary for
 23 the performance of the state advisory council's powers and duties.
- 24 (h) The affirmative votes of a majority of the members appointed to
 25 the state advisory council are required for the state advisory council to
 26 take action.
- 27 SECTION 102. IC 20-35-8-2, AS AMENDED BY P.L.56-2023,
 28 SECTION 197, IS AMENDED TO READ AS FOLLOWS
 29 [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) The state board shall adopt
 30 rules under IC 4-22-2 to establish limits on the amount of
 31 transportation that may be provided in the student's individualized
 32 education program. Unless otherwise specially shown to be essential
 33 by the child's individualized education program, in case of residency in
 34 a public or private facility, these rules must limit the transportation
 35 required by the student's individualized education program to the
 36 following:
- 37 (1) The student's first entrance and final departure each school
 38 year.
- 39 (2) Round trip transportation each school holiday period.
- 40 (3) Two (2) additional round trips each school year.
- 41 (b) If a student is a transfer student receiving special education in
 42 a public school, the state or school corporation responsible for the



1 payment of transfer tuition under IC 20-26-11-1 through IC 20-26-11-4
 2 shall pay the cost of transportation required by the student's
 3 individualized education program.

4 (c) If a student receives a special education:

5 (1) in a facility operated by:

6 (A) the Indiana department of health;

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

8 or

9 (C) the division of mental health and addiction;

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

11 (3) at the Indiana School for the Deaf;

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

17 (d) If a student is placed in a private facility under IC 20-35-6-2 in
 18 order to receive a special education because the student's school
 19 corporation cannot provide an appropriate special education program,
 20 the school corporation in which the student has legal settlement shall
 21 pay the cost of transportation required by the student's individualized
 22 education program. However, if the student's legal settlement cannot
 23 be ascertained, the state board shall pay the cost of transportation
 24 required by the student's individualized education program.

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

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

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

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

41 (3) The federal Social Security Act.

42 (b) When determining financial eligibility for need based financial



1 aid available to a veteran student (as defined in IC 21-41-12-2), the
 2 commission shall exclude any financial benefit or financial resources
 3 received by the veteran student from any of the following sources:

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

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

11 (3) The federal Social Security Act.

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

16 (1) Ball State University.

17 (2) Indiana University.

18 (3) Indiana State University.

19 (4) Purdue University.

20 (5) University of Southern Indiana.

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

24 (1) scholarships;

25 (2) fellowships;

26 (3) loans; and

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

28 on the basis of financial need, excellence of academic achievement or
 29 potential achievement, or any other basis that the board of trustees
 30 finds to be reasonably related to the educational purposes and
 31 objectives of the institution.

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

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

40 (2) The federal Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.)
 41 and amendments to that statute, including programs administered
 42 by the division of disability, **aging**, and rehabilitative services



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

2 (3) The federal Social Security Act.

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

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

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

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

20 (3) The federal Social Security Act.

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

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

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

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

37 (3) The federal Social Security Act.

38 SECTION 107. IC 21-38-6-1, AS AMENDED BY P.L.143-2022,
39 SECTION 53, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
40 JULY 1, 2026]: Sec. 1. (a) An employee health plan that provides
41 coverage for early intervention services shall reimburse the first steps
42 program a monthly fee established by the division of disability, **aging**,



1 and rehabilitative services. Except when the monthly fee is less than
 2 the product determined under IC 12-12.7-2-23(b), the monthly fee shall
 3 be provided instead of claims processing of individual claims.

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

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

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

15 (1) performs services:

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

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

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

21 (A) the division of disability, **aging**, and rehabilitative services;
 22 or

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

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

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

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

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

42 SECTION 110. IC 25-23.6-1-3.9, AS AMENDED BY P.L.56-2023,



1 SECTION 237, IS AMENDED TO READ AS FOLLOWS
 2 [EFFECTIVE JULY 1, 2026]: Sec. 3.9. (a) "Governmental employee"
 3 means an individual employed by the office of the secretary of family
 4 and social services, the division of family resources, the division of
 5 mental health and addiction, the division of disability, **aging**, and
 6 rehabilitative services, ~~the division of aging~~, the department of
 7 correction, the department of child services, or the Indiana department
 8 of health in one (1) of the following classifications:

- 9 (1) 2AA3 Behavioral clinician 3.
- 10 (2) 2AA4 Behavioral clinician 4.
- 11 (3) 2AA5 Clinical associate 5.
- 12 (4) 2FL1 Mental health administrator 1.
- 13 (5) 2FL2 Mental health administrator 2.
- 14 (6) 2FL3 Mental health administrator 3.
- 15 (7) 2AN3 Substance abuse counselor 3.
- 16 (8) 2AN4 Substance abuse counselor 4.
- 17 (9) 2AN5 Substance abuse counselor 5.
- 18 (10) 2AH2 Social services specialist 2.
- 19 (11) 2AH3 Social services specialist 3.
- 20 (12) 2AH4 Social services specialist 4.
- 21 (13) 2AI1 Psychiatric services director 1.
- 22 (14) 2AE2 Psychiatric social services specialist 2.
- 23 (15) 2AE3 Psychiatric social services specialist 3.
- 24 (16) 2AP2 Family case manager 2.
- 25 (17) 2AP3 Family case manager trainee 3.
- 26 (18) 7AP3 Family case manager supervisor 3.
- 27 (19) 7AP4 Family case manager supervisor 4.

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

33 SECTION 111. IC 27-8-12-7.1, AS AMENDED BY P.L.141-2006,
 34 SECTION 109, IS AMENDED TO READ AS FOLLOWS
 35 [EFFECTIVE JULY 1, 2026]: Sec. 7.1. The department of insurance
 36 shall adopt rules under IC 4-22-2 that establish standards for the
 37 qualification of a long term care policy under IC 12-15-39.6. The rules
 38 must include the following:

- 39 (1) The standards adopted under section 7 of this chapter.
- 40 (2) The requirement that an insurer or other person who issues a
 41 qualified long term care policy must at a minimum offer to each
 42 policyholder or prospective policyholder a policy that provides



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

13 SECTION 112. IC 27-8-27-6, AS AMENDED BY P.L.143-2022,

14 SECTION 75, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

15 JULY 1, 2026]: Sec. 6. (a) A health insurance plan that provides

16 coverage for early intervention services shall reimburse the first steps

17 program a monthly fee established by the division of disability, **aging**,

18 and rehabilitative services. Except when the monthly fee is less than

19 the product determined under IC 12-12.7-2-23(b), the monthly fee shall

20 be provided instead of claims processing of individual claims.

21 (b) A health insurance plan may not require authorization for

22 services specified in the covered individual's individualized family

23 service plan, if those services are a covered benefit under the plan,

24 once the individualized family service plan is signed by a physician, an

25 advanced practice registered nurse, or a physician assistant.

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

27 to ensure compliance with this section.

28 SECTION 113. IC 29-3-3-5, AS AMENDED BY P.L.141-2006,

29 SECTION 110, IS AMENDED TO READ AS FOLLOWS

30 [EFFECTIVE JULY 1, 2026]: Sec. 5. The chief of social services (or

31 a person designated by the chief of social services) at any institution

32 under the control of the division of mental health and addiction or the

33 division of disability, **aging**, and rehabilitative services may execute

34 the necessary documents to make applications on behalf of a patient in

35 the institution to receive public assistance or to transfer the patient to

36 an alternate care facility without the appointment of a guardian or other

37 order of court.

38 SECTION 114. IC 33-37-8-4, AS AMENDED BY P.L.187-2015,

39 SECTION 38, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

40 JULY 1, 2026]: Sec. 4. (a) Except as provided in subsection (b), upon

41 receipt of monthly claims submitted on oath to the fiscal body by a

42 program listed in section 3(b) of this chapter, the fiscal body of the city



1 or town shall appropriate from the city or town fund to the program the
2 amount collected for the program fee under IC 33-37-5.

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

- 6 (1) Personnel expenses related to the operation of the program.
7 (2) Special training for:
8 (A) a prosecuting attorney;
9 (B) a deputy prosecuting attorney;
10 (C) support staff for a prosecuting attorney or deputy
11 prosecuting attorney; or
12 (D) a law enforcement officer.
13 (3) Employment of a deputy prosecutor or prosecutorial support
14 staff.
15 (4) Victim assistance.
16 (5) Electronic legal research.
17 (6) Office equipment, including computers, computer software,
18 communication devices, office machinery, furnishings, and office
19 supplies.
20 (7) Expenses of a criminal investigation and prosecution.
21 (8) An activity or program operated by the prosecuting attorney
22 that is intended to reduce or prevent criminal activity, including:
23 (A) substance abuse;
24 (B) child abuse;
25 (C) domestic violence;
26 (D) operating while intoxicated; and
27 (E) juvenile delinquency.
28 (9) The provision of evidence based mental health and addiction,
29 intellectual disability, developmental disability, autism, and
30 co-occurring autism and mental illness forensic treatment services
31 to reduce the risk of recidivism in a program administered or
32 coordinated by a provider certified or licensed by the division of
33 mental health and addiction or the division of disability, **aging**,
34 and rehabilitative services with expertise in providing evidence
35 based forensic treatment services.
36 (10) Any other purpose that benefits the office of the prosecuting
37 attorney or law enforcement and that is agreed upon by the county
38 fiscal body and the prosecuting attorney.

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

42 SECTION 115. IC 33-37-8-6, AS AMENDED BY P.L.187-2015,



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

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

- 10 (1) Personnel expenses related to the operation of the program.
11 (2) Special training for:
12 (A) a prosecuting attorney;
13 (B) a deputy prosecuting attorney;
14 (C) support staff for a prosecuting attorney or deputy
15 prosecuting attorney; or
16 (D) a law enforcement officer.
17 (3) Employment of a deputy prosecutor or prosecutorial support
18 staff.
19 (4) Victim assistance.
20 (5) Electronic legal research.
21 (6) Office equipment, including computers, computer software,
22 communication devices, office machinery, furnishings, and office
23 supplies.
24 (7) Expenses of a criminal investigation and prosecution.
25 (8) An activity or program operated by the prosecuting attorney
26 that is intended to reduce or prevent criminal activity, including:
27 (A) substance abuse;
28 (B) child abuse;
29 (C) domestic violence;
30 (D) operating while intoxicated; and
31 (E) juvenile delinquency.
32 (9) The provision of evidence based mental health and addiction,
33 intellectual disability, developmental disability, autism, and
34 co-occurring autism and mental illness forensic treatment services
35 to reduce the risk of recidivism in a program administered or
36 coordinated by a provider certified or licensed by the division of
37 mental health and addiction or the division of disability, **aging**,
38 and rehabilitative services with expertise in providing evidence
39 based forensic treatment services.
40 (10) Any other purpose that benefits the office of the prosecuting
41 attorney or law enforcement and that is agreed upon by the county
42 fiscal body and the prosecuting attorney.



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

4 SECTION 116. IC 34-30-2.1-129.7 IS REPEALED [EFFECTIVE
 5 JULY 1, 2026]. ~~Sec. 129.7. IC 12-9.1-6-10 (Concerning information
 6 provided by a participant in the yellow dot motor vehicle medical
 7 information program).~~

8 SECTION 117. IC 34-30-2.1-136.5 IS ADDED TO THE INDIANA
 9 CODE AS A **NEW SECTION TO READ AS FOLLOWS**
 10 [EFFECTIVE JULY 1, 2026]: **Sec. 136.5. IC 12-10-21-10**
 11 **(Concerning information provided by a participant in the yellow**
 12 **dot motor vehicle medical information program).**

13 SECTION 118. IC 35-46-1-13, AS AMENDED BY P.L.5-2022,
 14 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 15 JULY 1, 2026]: Sec. 13. (a) A person who:

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

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

26 commits a Class B misdemeanor.

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

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

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

42 SECTION 119. IC 36-2-14-18, AS AMENDED BY P.L.186-2025,



1 SECTION 255, IS AMENDED TO READ AS FOLLOWS
2 [EFFECTIVE JULY 1, 2026]: Sec. 18. (a) Notwithstanding
3 IC 5-14-3-4(b)(1), when a coroner investigates a death, the office of the
4 coroner is required to make available for public inspection and copying
5 the following:

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

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

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



1 apply to information disclosed in communications in conjunction with
2 the investigation, settlement, or payment of the claim.

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

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

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

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

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

16 (e) 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:

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

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

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

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

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



1 in IC 16-49-6). An autopsy report made available under this subsection
 2 is confidential and shall not be disclosed to another individual or
 3 agency, unless otherwise authorized or required by law.

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

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

16 (1) may not include:

- 17 (A) a photograph;
- 18 (B) a video recording; or
- 19 (C) an audio recording;

20 of the autopsy; and

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

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

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

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

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

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

42 (l) The court shall grant a petition filed under subsection (j) if the



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

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

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

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

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

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

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

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

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

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

32 **SECTION 120. [EFFECTIVE JULY 1, 2026] (a) The publisher of**
 33 **the Indiana Administrative Code and Indiana Register shall**
 34 **transfer rules concerning aging from the title of the Indiana**
 35 **Administrative Code for the division of aging to the title of the**
 36 **Indiana Administrative Code for the division of disability, aging,**
 37 **and rehabilitative services. The rules to be transferred include the**
 38 **following:**

- 39 (1) 455 IAC 1.
- 40 (2) 455 IAC 2.
- 41 (3) 455 IAC 3.
- 42 (4) Any other rules the office of the secretary of family and



1 social services identifies to the publisher of the Indiana
2 Administrative Code and Indiana Register concerning aging
3 that are to be transferred.
4 (b) The office of the secretary of family and social services shall
5 submit a statement to the publisher of the Indiana Administrative
6 Code and Indiana Register under IC 4-22-7-7 indicating which
7 rules the secretary of family and social services determines should
8 transfer under subsection (a)(4).
9 (c) The publisher of the Indiana Administrative Code and
10 Indiana Register shall transfer 470 IAC 3.1 from the division of
11 family resources to the division of disability, aging, and
12 rehabilitative services.
13 (d) This SECTION expires December 31, 2026.
14 SECTION 121. [EFFECTIVE JULY 1, 2026] (a) The legislative
15 services agency shall prepare legislation for introduction in the
16 2027 regular session of the general assembly to make appropriate
17 changes in statutes that are required by this act.
18 (b) This SECTION expires December 31, 2027.
19 SECTION 122. An emergency is declared for this act.



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 12-9-1-1-1;"~~.

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.

COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 222, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 45, between lines 12 and 13, begin a new paragraph and insert:

ES 222—LS 6626/DI 104



"SECTION 60. IC 12-15-13-10 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: **Sec. 10. (a) This section applies to a home health agency that is:**

- (1) licensed under IC 16-27-1;**
- (2) enrolled as a Medicaid provider; and**
- (3) in good standing as a Medicaid provider, as determined by the office of the secretary.**

(b) Notwithstanding any other law, rule, or bulletin, a home health agency licensed under IC 16-27-1 may continue to provide services to a Medicaid recipient and receive Medicaid reimbursement for the services while the home health agency's application for Medicare enrollment is pending if the home health agency:

- (1) submitted a Medicare enrollment application to the federal Centers for Medicare and Medicaid Services; or**
- (2) initiated the enrollment process with a federal Centers for Medicare and Medicaid Services approved accrediting organization;**

before April 1, 2026."

Page 90, after line 40, begin a new paragraph and insert:

"SECTION 121. An emergency is declared for this act."

Re-number all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 222 as printed January 16, 2026.)

BARRETT

Committee Vote: yeas 12, nays 0.

