
SENATE BILL No. 222

AM022202 has been incorporated into January 16, 2026 printing.

Synopsis: Family and social services administration matters.

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January 16, 2026

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

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2025 Regular Session of the General Assembly.

SENATE BILL No. 222

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

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

1 SECTION 1. IC 1-1-3.5-5, AS AMENDED BY P.L.9-2024,
2 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2026]: Sec. 5. (a) The governor shall forward a copy of the
4 executive order issued under section 3 of this chapter to:

- 5 (1) the director of the Indiana state library;
- 6 (2) the election division; and
- 7 (3) the Indiana Register.

8 (b) The director of the Indiana state library, or an employee of the
9 Indiana state library designated by the director to supervise a state data
10 center established under IC 4-23-7.1, shall notify each state agency
11 using population counts as a basis for the distribution of funds or
12 services of the effective date of the tabulation of population or
13 corrected population count.

14 (c) The agencies that the director of the Indiana state library must
15 notify under subsection (b) include the following:

16 (1) The state comptroller, for distribution of money from the
17 following:

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(A) The cigarette tax fund in accordance with IC 6-7-1-30.1.

(B) Excise tax revenue allocated under IC 7.1-4-7-8.

(C) The local road and street account in accordance with IC 8-14-2-4.

(2) The board of trustees of Ivy Tech Community College for the board's division of Indiana into service regions under IC 21-22-6-1.

(3) The division of disability, **aging**, and rehabilitative services, for establishing priorities for community residential facilities under IC 12-11-1.1 and IC 12-28-4-12.

(4) The department of state revenue, for distribution of money from the motor vehicle highway account fund under IC 8-14-1-3.

(5) The Indiana economic development corporation, for the evaluation of enterprise zone applications under IC 5-28-15.

(6) The alcohol and tobacco commission, for the issuance of permits under IC 7.1.

(7) The state board of accounts, for calculating the state share of salaries paid under IC 33-38-5, IC 33-39-6, and IC 33-41-2.

SECTION 2. IC 4-1-8-1, AS AMENDED BY P.L.9-2024, SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. (a) No individual may be compelled by any state agency, board, commission, department, bureau, or other entity of state government (referred to as "state agency" in this chapter) to provide the individual's Social Security number to the state agency against the individual's will, absent federal requirements to the contrary. However, the provisions of this chapter do not apply to the following:

(1) Department of state revenue.

(2) Department of workforce development.

(3) The programs administered by:

(A) the division of family resources;

(B) the division of mental health and addiction;

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

(D) the division of aging; and

(E) (D) the office of Medicaid policy and planning;
of the office of the secretary of family and social services.

(4) State comptroller.

(5) State personnel department.

(6) Secretary of state, with respect to the registration of broker-dealers, agents, and investment advisors.

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- (7) The lobby registration commission, with respect to the registration of lobbyists.
- (8) Indiana department of administration, with respect to bidders on contracts.
- (9) Indiana department of transportation, with respect to bidders on contracts.
- (10) Indiana professional licensing agency.
- (11) Department of insurance, with respect to licensing of insurance producers.
- (12) The department of child services.
- (13) A pension fund administered by the board of trustees of the Indiana public retirement system.
- (14) The state police benefit system.
- (15) The alcohol and tobacco commission.
- (16) The Indiana department of health, for purposes of licensing radiologic technologists under IC 16-41-35-29(c).

(b) The bureau of motor vehicles may, notwithstanding this chapter, require the following:

- (1) That an individual include the individual's Social Security number in an application for an official certificate of title for any vehicle required to be titled under IC 9-17.
- (2) That an individual include the individual's Social Security number on an application for registration.
- (3) That a corporation, limited liability company, firm, partnership, or other business entity include its federal tax identification number on an application for registration.
- (4) That an individual include the individual's Social Security number on an application for a license, a permit, or an identification card.

(c) The Indiana department of administration, the Indiana department of transportation, and the Indiana professional licensing agency may require an employer to provide its federal employer identification number.

(d) The department of correction may require a committed offender to provide the offender's Social Security number for purposes of matching data with the Social Security Administration to determine benefit eligibility.

(e) The Indiana gaming commission may, notwithstanding this chapter, require the following:

- (1) That an individual include the individual's Social Security number:
 - (A) in any application for a riverboat owner's license,

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1 supplier's license, or occupational license; or
2 (B) in any document submitted to the commission in the
3 course of an investigation necessary to ensure that gaming
4 under IC 4-32.3, IC 4-33, and IC 4-35 is conducted with
5 credibility and integrity.

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

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

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

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

32 (1) is an individual with a disability; and

33 (2) possesses the required knowledge, skill, and ability to
34 perform the essential functions of a position classification:

34 perform the essential functions of a position classification.

35 (A) with or without reasonable accommodation; or

36 (B) with special accommodation for supported employment

36 (B) with special accommodation for supported employment.

37 (c) An applicant with a disability who is certified under subsection

38 (b) may be appointed to a position in a classification for which the

39 applicant is certified.

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

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1 concerning the following:

2 (1) A safety order under IC 22-8-1.1.

3 (2) Any order that:

4 (A) imposes a sanction on a person or terminates a legal
5 right, duty, privilege, immunity, or other legal interest of a
6 person;

7 (B) is not described in section 4 or 5 of this chapter or
8 IC 4-21.5-4; and

9 (C) by statute becomes effective without a proceeding under
10 this chapter if there is no request for a review of the order
11 within a specified period after the order is issued or served.

12 (3) A notice of program reimbursement or equivalent
13 determination or other notice regarding a hospital's
14 reimbursement issued by the office of Medicaid policy and
15 planning or by a contractor of the office of Medicaid policy and
16 planning regarding a hospital's year end cost settlement.

17 (4) A determination of audit findings or an equivalent
18 determination by the office of Medicaid policy and planning or
19 by a contractor of the office of Medicaid policy and planning
20 arising from a Medicaid postpayment or concurrent audit of a
21 hospital's Medicaid claims.

22 (5) A license suspension or revocation under:

23 (A) IC 24-4.4-2;

24 (B) IC 24-4.5-3;

25 (C) IC 28-1-29;

26 (D) IC 28-7-5;

27 (E) IC 28-8-4.1;

28 (F) IC 28-8-5; or

29 (G) IC 28-8-6.

30 (6) An order issued by the secretary or the secretary's designee
31 against providers regulated by the office of the secretary, the
32 **division bureau of better** aging or the bureau of disabilities
33 services and not licensed by the Indiana department of health
34 under IC 16-27 or IC 16-28.

35 (b) When an agency issues an order described by subsection (a),
36 the agency shall give notice to the following persons:

37 (1) Each person to whom the order is specifically directed.

38 (2) Each person to whom a law requires notice to be given.

39 A person who is entitled to notice under this subsection is not a party
40 to any proceeding resulting from the grant of a petition for review
41 under section 7 of this chapter unless the person is designated as a
42 party in the record of the proceeding.

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(c) The notice must include the following:

- (1) A brief description of the order.
- (2) A brief explanation of the available procedures and the time limit for seeking administrative review of the order under section 7 of this chapter.
- (3) Any other information required by law.

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

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

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

- (1) is located in Indiana or outside Indiana;
- (2) contracts with the authority for the financing or refinancing of, or the lease or other acquisition of, health facility property that is located:
 - (A) in Indiana; or
 - (B) outside Indiana, if the financing, refinancing, lease, or other acquisition also includes a substantial component, as determined by the authority, for the benefit of a health facility or facilities located in Indiana;
- (3) is:

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1 (A) licensed under IC 12-25, IC 16-21, IC 16-28, or
2 corresponding laws of the state in which the property is
3 located;

4 (B) a regional blood center;

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

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

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

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

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

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

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

40 (4) in the case of a person, corporation, municipal corporation,
41 political subdivision, or other entity located outside Indiana, is
42 owned or controlled by, under common control with, affiliated

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1 with, or part of an obligated group that includes an entity that
2 provides one (1) or more of the following services or facilities in
3 Indiana:

4 (A) A facility that provides:

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

10 (B) A residential facility for:

- 11 (i) individuals with a physical, mental, or emotional
12 disability;
- 13 (ii) individuals with a physical or mental illness; or
- 14 (iii) the elderly.

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

17 SECTION 6. IC 5-10-8-7.3, AS AMENDED BY P.L.143-2022,
18 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
19 JULY 1, 2026]: Sec. 7.3. (a) As used in this section, "covered
20 individual" means an individual who is:

- 21 (1) covered under a self-insurance program established under
22 section 7(b) of this chapter to provide group health coverage; or
- 23 (2) entitled to services under a contract with a prepaid health
24 care delivery plan that is entered into or renewed under section
25 7(c) of this chapter.

26 (b) As used in this section, "early intervention services" means
27 services provided to a first steps child under IC 12-12.7-2 and 20
28 U.S.C. 1432(4).

29 (c) As used in this section, "first steps child" means an infant or
30 toddler from birth through two (2) years of age who is enrolled in the
31 Indiana first steps program and is a covered individual.

32 (d) As used in this section, "first steps program" refers to the
33 program established under IC 12-12.7-2 and 20 U.S.C. 1431 et seq. to
34 meet the needs of:

- 35 (1) children who are eligible for early intervention services; and
- 36 (2) their families.

37 The term includes the coordination of all available federal, state, local,
38 and private resources available to provide early intervention services
39 within Indiana.

40 (e) As used in this section, "health benefits plan" means a:

- 41 (1) self-insurance program established under section 7(b) of this
42 chapter to provide group health coverage; or

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3 (f) A health benefits plan that provides coverage for early
4 intervention services shall reimburse the first steps program a monthly
5 fee established by the division of disability, **aging**, and rehabilitative
6 services established by IC 12-9-1-1. Except when the monthly fee is
7 less than the product determined under IC 12-12.7-2-23(b), the
8 monthly fee shall be provided instead of claims processing of
9 individual claims.

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

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

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1 the property taxes are first due and payable. The application may be
2 filed in person or by mail. If mailed, the mailing must be postmarked
3 on or before the last day for filing.

4 (b) Proof of blindness may be supported by:
5 (1) the records of the division of family resources or the division
6 of disability, **aging**, and rehabilitative services; or
7 (2) the written statement of a physician who is licensed by this
8 state and skilled in the diseases of the eye or of a licensed
9 optometrist.

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

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

18 (e) This section expires January 1, 2027.

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

23 (1) is employed by; **or**
24 (2) **is a member of**; **or**
25 (2) (3) serves as a volunteer for;
26 a public safety agency, **a 9-8-8 crisis response center (as defined in**
27 **IC 12-21-8-1), or a mobile crisis team (as defined in IC 12-21-8-3)**
28 **certified by the division of mental health and addiction under**
29 **IC 12-21-8-10**, and whose duties include responding rapidly to an
30 emergency.

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

35 (1) A law enforcement officer.
36 (2) A firefighter, including a volunteer firefighter.
37 (3) A corrections officer.
38 (4) A public safety telecommunicator.
39 (5) An emergency medical technician, emergency medical
40 responder, or paramedic.
41 (6) An individual performing emergency management services
42 subject to the order or control of, or under a request of, the state



1 or local government, including a volunteer health practitioner
2 registered under IC 10-14-3.5.

3 (7) Any individual serving in an employee or volunteer capacity
4 for a public safety agency whose duties include rapid emergency
5 response.

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

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

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

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

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

20 (1) educational and occupational qualifications for employment
21 as a probation officer;

22 (2) compensation of probation officers;

23 (3) protection of probation records and disclosure of information
24 contained in those records;

25 (4) presentence investigation reports;

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

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

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

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

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



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

4 The staff of the office of judicial administration may include a
5 probation case management coordinator and probation case
6 management assistant.

13 (1) Eligibility standards.

14 (2) Testing requirements and procedures.

18 (4) Procedures and requirements for placement in residential
19 special education institutions or facilities under IC 20-35-6-2.

20 (5) Development and implementation of individual education
21 programs for eligible children in:

22 (A) accordance with applicable requirements of state and
23 federal laws and rules; and

24 (B) coordination with:

25 (i) individual case plans; and

26 (ii) informal adjustment programs or dispositional
27 decrees entered by courts having juvenile jurisdiction
28 under IC 31-34 and IC 31-37.

29 (6) Sources of federal, state, and local funding that is or may be
30 available to support special education programs for children for
31 whom proceedings have been initiated under IC 31-34 and
32 IC 31-37.

33 Training for probation departments may be provided jointly with
34 training provided to child welfare caseworkers relating to the same
35 subject matter.

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5 (2) methods and procedure for the administration of probation,
6 including investigation, supervision, workloads, record keeping,
7 and reporting; and

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

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

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

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

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

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

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

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

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

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

- (A) A city, a town, a county, or another political subdivision of Indiana.
- (B) An agency of the state.
- (C) An agency of the United States.
- (D) A political subdivision of another state.
- (E) A hospital owned or operated by a unit of government described in clauses (A) through (D).
- (F) A building authority organized for the purpose of constructing facilities to be leased to units of government.
- (G) A corporation incorporated under IC 23-7-1.1 (before its repeal August 1, 1991) or IC 23-17.
- (H) A nonprofit corporation incorporated in another state.
- (I) A university or college.

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

- (A) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
- (B) The Council on Quality and Leadership in Supports for People with Disabilities, or its successor.
- (C) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
- (D) The National Commission on Quality Assurance, or its successor.
- (E) An independent national accreditation organization approved by the secretary.

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

- (1) With respect to a particular division, the director of the division.
- (2) With respect to a particular state institution, the director who has administrative control of and responsibility for the state institution.
- (3) For purposes of IC 12-10-15, the term refers to the director of the **division bureau of better aging**.
- (4) For purposes of IC 12-25, the term refers to the director of the division of mental health and addiction.
- (5) For purposes of IC 12-26, the term:

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(H) (I) IC 12-19.

(+) (J) IC 12-20.

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

(A) IC 12-21.

(B) IC 12-22.

(C) IC 12-23.

(D) IC 12-25.

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

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

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

(2) IC 12-12-1.

(3) IC 12-12-6.

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

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

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

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

(4) For purposes of IC 12-10-21, the meaning set forth in IC 12-10-21.3

(4) (5) For purposes of IC 12-15-12.7, the meaning set forth in IC 12-15-12.7-1

IC 12-15-12.7-1.



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

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

SECTION 21. IC 12-7-2-146.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 146.2. "Program participant", for purposes of IC 12-10-21, has the meaning set forth in IC 12-10-21-4.**

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

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

(+) (A) a school based nurse; or

(2) (B) another provider who:

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

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

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

- (A) is enrolled in the Indiana Medicaid program; and
- (B) maintains a valid agreement, as prescribed by the office, to make determinations concerning presumptive eligibility.

SECTION 23. IC 12-7-2-180.1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 180.1. "Special needs", for purposes of ~~IC 12-10.5~~, **IC 12-10**, has the meaning set forth in ~~IC 12-10.5-1.2~~, **IC 12-10-22-2**.

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

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

(2) repeals the department of mental health rule.

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

(1) has not been superseded or repealed as provided in



1 subsection (a); and
 2 (2) provides authority to the department of mental health that has
 3 been transferred to the division of disability, **aging**, and
 4 rehabilitative services under P.L.9-1991;
 5 that rule shall be interpreted to constitute an authorization to the
 6 division of disability, **aging**, and rehabilitative services and not the
 7 department of mental health.

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

15 (1) supersedes in whole or in part the department of mental
 16 health rule; or
 17 (2) repeals the department of mental health rule.

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

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

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

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

35 (1) supersedes in whole or in part the department of mental
 36 health rule; or
 37 (2) repeals the department of mental health rule.

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

40 (1) has not been superseded or repealed as provided in
 41 subsection (a); and
 42 (2) provides authority to the department of mental health that has



1 been transferred to the division of disability, **aging**, and
 2 rehabilitative services under P.L.9-1991;

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

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

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

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

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

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

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

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

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

32 (1) supersedes in whole or in part the department of mental
 33 health 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
 38 subsection (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 29. IC 12-8-1.5-6, AS AMENDED BY P.L.56-2023,
4 SECTION 84, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2026]: Sec. 6. (a) The secretary and the commissioner of the
6 Indiana department of health shall cooperate to coordinate family and
7 social services programs with related programs administered by the
8 Indiana department of health.

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

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

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

15 (3) Coordinating activities between the programs of the division
16 of family resources and the maternal and child health programs
17 of the Indiana department of health.

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

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

23 (c) The office shall cooperate with the Indiana department of
24 health in providing the information required for the commissioner of
25 the Indiana department of health or the commissioner's designee to
26 complete the:

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

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

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

36 (1) Program responsibilities for the provision of care and
37 treatment for individuals with a developmental disability and
38 long term care recipients.

39 (2) Responsibilities to educate and inform vendors of the proper
40 billing procedures.

41 (3) Responsibilities in administering the state plan.

42 (4) Responsibilities for Medicaid fiscal and quality



1 accountability and audits for developmental disability and long
 2 term care services.

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

5 (6) That the office and the division agree that, within the limits
 6 of 42 U.S.C. 1396 et seq., individuals with a developmental
 7 disability and long term care recipients cannot be excluded from
 8 services on the basis of diagnosis unless these services are
 9 otherwise provided and reimbursed under the state plan.

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

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

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

22 (10) Policies to facilitate communication between the office and
 23 the division.

24 (11) Any additional provisions that enhance communication
 25 between the office and the division or facilitate more efficient or
 26 effective delivery of developmental disability or long term care
 27 services.

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

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

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

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

41 (i) IC 12-10-6.

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



(B) Epilepsy services.

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

- (A) The child development associate scholarship program.
- (B) The dependent care program.
- (C) Migrant day care.
- (D) The commodities program.
- (E) The migrant nutrition program.
- (F) Any emergency shelter program.
- (G) The energy weatherization program.

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

(5) The group.

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

- (A) The purchases are made under a contract between the state agency and the office of the secretary.
- (B) The contract includes a requirement that the office of the secretary perform the duties and exercise the powers described in this chapter.
- (C) The contract is approved by the budget agency.

(7) The division of mental health and addiction.

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

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

- (1) The rehabilitation services bureau established by IC 12-12-1-1.
- (2) The bureau of disabilities services established by IC 12-11-1.1-1.
- (3) The bureau of child development services established by IC 12-12.7-1-1.

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

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

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1 intellectual and developmental disabilities. The council will provide
 2 technical expertise and lived experiences and advise on specific areas
 3 such as:

4 (1) technology;
 5 (2) health;
 6 (3) policy;
 7 (4) law;
 8 (5) marketing;
 9 (6) public relations;
 10 (7) provider services; and
 11 (8) advocacy.

12 SECTION 35. IC 12-9-5-1, AS AMENDED BY P.L.210-2015,
 13 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 14 JULY 1, 2026]: Sec. 1. The division shall administer money
 15 appropriated or allocated to the division by the state, including money
 16 appropriated or allocated from the following:

17 (1) The federal Vocational Rehabilitation Act (29 U.S.C. 701).
 18 (2) The federal Social Services Block Grant in-home services for
 19 the elderly and disabled (42 U.S.C. 1397 et seq.).
 20 (3) The federal Randolph Sheppard Act (20 U.S.C. 107 et seq.).
 21 (4) Medicaid waiver in-home services for the elderly and
 22 disabled (42 U.S.C. 1396 et seq.) for treatment of developmental
 23 disabilities.
 24 (5) Improving Access to Assistive Technology for Individuals
 25 with Disabilities Act (29 U.S.C. 3001 et seq.).
 26 (6) The federal Social Security Act Payments for Vocational
 27 Rehabilitation Services (42 U.S.C. 422).
 28 (7) Part C of the federal Individuals with Disabilities Education
 29 Act, Subchapter III (20 U.S.C. 1431 et seq.).
 30 **(8) The federal Older Americans Act (42 U.S.C. 3001 et seq.).**
 31 **(9) The United States Department of Agriculture (7 U.S.C.**
 32 **612c et seq.).**
 33 **(8) (10) Money appropriated or allocated to the division to**
 34 **administer a program under this title.**
 35 **(9) (11) Other funding sources that are designated by the general**
 36 **assembly or that are available from the federal government under**
 37 **grants that are consistent with the duties of the division.**

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

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

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

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

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

(3) Supported employment for a person with developmental disabilities.
(4) Epilepsy service centers program.
(5) Epilepsy clinic program.
(6) Medicaid waivers for in-home services for treatment of developmental disabilities.

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

(b) This section expires December 31, 2027.

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

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

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

(1) The federal Older Americans Act. ~~under IC 12-9.1-4-1.~~
(2) Area agencies on aging services under this article.
(3) Adult protective services under IC 12-10-3.
(4) Room and board assistance and assistance to residents in county homes under IC 12-10-6.
(5) Adult guardianship program under IC 12-10-7.

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(6) Community and home options for the elderly and individuals with a disability under IC 12-10-10.

(7) Long term care advocacy under IC 12-10-13.

(8) Nutrition services and home delivered meals.

(9) Title III B supportive services.

(10) Title III D in-home services.

(11) Aging programs under the Social Services Block Grant.

(12) United States Department of Agriculture elderly feeding program.

(13) Title V senior employment.

(14) PASARR under older adult services.

SECTION 41. IC 12-10-1-6, AS AMENDED BY P.L.146-2023, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) The area agencies on aging designated by the bureau in each planning and service region shall do the following:

(1) Determine the needs and resources of the aged in the area.

(2) Coordinate, in cooperation with other agencies or organizations in the area, region, district, or county, all programs and activities providing health, recreational, educational, or social services for the aged.

(3) Secure local matching money from public and private sources to provide, improve, or expand the sources available to meet the needs of the aged.

(4) Develop, in cooperation with the division and in accordance with the regulations of the commissioner of the federal Administration on Aging, an area plan for each planning and service area to provide for the following:

(A) A comprehensive and coordinated system for the delivery of services needed by the aged in the area.

(B) The collection and dissemination of information and referral sources.

(C) The effective and efficient use of all resources meeting the needs of the aged.

(D) The inauguration of new services and periodic evaluation of all programs and projects delivering services to the aged, with special emphasis on the low income and minority residents of the planning and service area.

(E) The establishment, publication, and maintenance of a toll free telephone number to provide information, counseling, and referral services for the aged residents of the planning and service area.

(5) Conduct case management (as defined in IC 12-10-10-1).

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(6) Perform any other functions required by regulations established under the Older Americans Act (42 U.S.C. 3001 et seq.).

(7) Establish a dementia care specialist program as required by IC 12-10-5.7-4.

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

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

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

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

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

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

(b) A specialist may work with the state dementia coordinator under ~~IC 12-9.1-5-4~~ **IC 12-10-20-4** to administer the program through the following actions:

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

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

(A) has dementia; or

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

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

(4) Providing any other service that is determined to be appropriate by the division or area agency that supports the aims and goals of the dementia strategic plan under ~~IC 12-9.1-5~~

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1 **IC 12-10-20** or supports a data collection and evaluation plan to
 2 determine health outcomes tied to the dementia care specialist
 3 programming.

4 SECTION 43. IC 12-10-5.7-5, AS ADDED BY P.L.146-2023,
 5 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 6 JULY 1, 2026]: Sec. 5. A specialist may follow any guidelines or
 7 training requirements developed by the dementia care specialist
 8 coordinator under ~~IC 12-9.1-5-4.~~ **IC 12-10-20-4.**

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

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

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

29 (c) A service coordinator employed by the division may:
 30 (1) evaluate a person seeking admission to a home or facility
 31 under subsection (a); or
 32 (2) evaluate a person who has been admitted to a home or facility
 33 under subsection (a), including a review of the existing
 34 evaluations in the person's record at the home or facility.

35 If the service coordinator determines the person evaluated under this
 36 subsection has an intellectual disability, the service coordinator may
 37 recommend an alternative placement for the person.

38 (d) Except as provided in section 5 of this chapter, residential care
 39 consists of only room, board, and laundry, along with minimal
 40 administrative direction. The recipient may retain from the recipient's
 41 income a monthly personal allowance of fifty-two dollars (\$52). This
 42 amount is exempt from income eligibility consideration by the division

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1 and may be exclusively used by the recipient for the recipient's
 2 personal needs. However, if the recipient's income is less than the
 3 amount of the personal allowance, the division shall pay to the
 4 recipient the difference between the amount of the personal allowance
 5 and the recipient's income. A reserve or an accumulated balance from
 6 such a source, together with other sources, may not be allowed to
 7 exceed the state's resource allowance allowed for adults eligible for
 8 state supplemental assistance or Medicaid as established by the rules
 9 of the office of Medicaid policy and planning.

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

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

23 (g) The personal allowance for one (1) month for an individual
 24 described in subsection (a) is the amount that an individual would be
 25 entitled to retain under subsection (d) plus an amount equal to one-half
 26 (1/2) of the remainder of:

27 (1) gross earned income for that month; minus
 28 (2) the sum of:

29 (A) sixteen dollars (\$16); plus
 30 (B) the amount withheld from the person's paycheck for that
 31 month for payment of state income tax, federal income tax,
 32 and the tax prescribed by the federal Insurance Contribution
 33 Act (26 U.S.C. 3101 et seq.); plus
 34 (C) transportation expenses for that month; plus
 35 (D) any mandatory expenses required by the employer as a
 36 condition of employment.

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

40 (i) The director of the division may contract with the division of
 41 mental health and addiction or the division of disability, **aging**, and
 42 rehabilitative services to purchase services for individuals with a



1 mental illness or a developmental disability by providing money to
 2 supplement the appropriation for community based residential care
 3 programs established under IC 12-22-2 or community based residential
 4 programs established under IC 12-11-1.1-1.

5 (j) A person with a mental illness may not be placed in a Christian
 6 Science facility listed and certified by the Commission for
 7 Accreditation of Christian Science Nursing Organizations/Facilities,
 8 Inc., unless the facility is licensed under IC 16-28.

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

13 (1) The director of the division of aging or the director's
 14 designee.

15 (2) The chairman of the Indiana state commission on aging or
 16 the chairman's designee.

17 (3) Three (3) citizens nominated by two (2) or more
 18 organizations that:

19 (A) represent senior citizens; and

20 (B) have statewide membership.

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

24 (4) One (1) citizen nominated by one (1) or more organizations
 25 that:

26 (A) represent individuals with disabilities, including
 27 individuals who are less than eighteen (18) years of age;
 28 and

29 (B) have statewide membership.

30 (5) One (1) citizen nominated by one (1) or more organizations
 31 that:

32 (A) represent individuals with mental illness; and

33 (B) have statewide membership.

34 (6) One (1) provider who provides services under IC 12-10-10.

35 (7) One (1) licensed physician, physician assistant, or registered
 36 nurse who specializes either in the field of gerontology or in the
 37 field of disabilities.

38 (8) Two (2) home care services advocates or policy specialists
 39 nominated by two (2) or more:

40 (A) organizations;

41 (B) associations; or

42 (C) nongovernmental agencies;



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

4 (9) Two (2) members of the senate, who may not be members of
 5 the same political party, appointed by the president pro tempore
 6 of the senate with the advice of the minority leader of the senate.

7 (10) Two (2) members of the house of representatives, who may
 8 not be members of the same political party, appointed by the
 9 speaker of the house of representatives with the advice of the
 10 minority leader of the house of representatives.

11 (11) The executive director of the Indiana housing and
 12 community development authority or the executive director's
 13 designee.

14 (12) One (1) citizen nominated by one (1) or more organizations
 15 that:

16 (A) represent direct service workers; and
 17 (B) have statewide membership.

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

25 (b) The members of the board designated by subsection (a)(3)
 26 through (a)(8) and (a)(12) shall be appointed by the governor for terms
 27 of four (4) years. The initial term of the member appointed under
 28 subsection (a)(12) is three (3) years and the length of each successive
 29 term is four (4) years. The term of a member of the board expires as
 30 follows:

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

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

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

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



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

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

Chapter 20. Dementia Strategic Plan

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

16 Sec. 2. (a) The dementia strategic plan must include the
17 following:

- (1) Proposed state actions.**
- (2) Implementation steps.**
- (3) Recommendations to carry out the purposes of the dementia strategic plan.**

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

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

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

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

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

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

(A) Educate health care providers on:

- (i) the importance of early detection and diagnosis of Alzheimer's disease and dementia;
- (ii) the importance of an annual wellness visit for cognitive health; and
- (iii) Medicare having a billing code for individuals with cognitive impairment.



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

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

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

(A) Analyze dementia specific training requirements for paid professionals engaged in the care of individuals with dementia in institutions and home and community based settings.

(B) Increase the number of individuals pursuing careers in dementia care and geriatric occupations to meet future state needs.

(C) Enhance the capacity of adult protective services workers and law enforcement to properly respond to individuals with dementia.

(4) Identify strategies to increase access to home and community based services for individuals with dementia, including the following:

(A) Identify the type, cost, and variety of dementia services in Indiana.

(B) Assess capacity and access to adult day care, respite care, assisted living, and long term care services.

(C) Identify methods to expand Indiana's health care system capacity to meet the growing number and needs of individuals with Alzheimer's disease and dementia.

(5) Identify strategies to enhance the quality of care for individuals with dementia, including the following:

(A) Assess quality care measures for long term care facilities, assisted living facilities, and residential programs available to care for individuals with dementia.

(B) Uncover any existing gaps in dementia services and determine a plan to cover the gap in service.

(C) Identify methods to improve dementia services provided in home and community based settings.

(6) Recommend strategies to decrease health disparities

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concerning dementia in ethnic and racial populations in Indiana.

(7) Identify and increase state based support for Alzheimer's disease research through Indiana universities and other resources.

(8) Identify needed state policies or actions to act upon findings under this section and implement the recommendations of the dementia strategic plan, setting forth a time frame for implementation.

Sec. 3. (a) The bureau shall submit annually:

(1) a summary of the dementia strategic plan; and
(2) a report concerning outcomes from implementation of the dementia strategic plan;

to the general assembly.

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

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

(1) Coordinate implementation of the dementia strategic plan.

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

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

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

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

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

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

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

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Chapter 21. Yellow Dot Motor Vehicle Medical Information Program

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

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

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

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

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

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

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

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

(b) The bureau shall administer the program.

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

- (1) The program participant's name.
- (2) A photograph of the program participant.
- (3) The contact information for not more than two (2) emergency contacts for the program participant.
- (4) The program participant's medical information, including medical conditions, recent surgeries, allergies, and current medications.
- (5) The program participant's hospital preference.
- (6) The contact information for not more than two (2) health

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care providers of the program participant.

(7) The date the program participant completed the form.

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

(1) A statement that the program acts as a facilitator only, and that all information supplied on the medical information form is the sole responsibility of the program participant.

(2) A statement that the program participant supplies the medical information voluntarily, and that the program participant authorizes the disclosure and use of the medical information for the purposes described in section 9(b) of this chapter.

Sec. 7. (a) The bureau may provide for, assist in, or authorize the printing of the medical information form and assembling of a yellow dot folder containing:

(1) the medical information form; and

(2) a yellow dot decal with adhesive backing.

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

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

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

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

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

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

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

(1) identify the program participant;

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



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

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

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

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

(2) disseminates or fails to disseminate any information from the yellow dot folder to other emergency medical responders, other responders, hospitals, or any health care providers that render emergency medical treatment to the program participant.

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

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

Chapter 22. Caretaker Support Program

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

(1) provides ongoing care for an individual who:

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

(B) has special needs; and

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

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

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

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

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

Sec. 3. The caretaker support program is established

Sec. 3. The caretaker support program is established.

Sec. 4. (a) The bureau shall administer the caretaker support

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1 program established by this chapter.

2 (b) The bureau shall do the following:

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

6 (2) Administer any money for the caretaker support
7 program that is appropriated by the general assembly.

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

10 (1) a caretaker; or
11 (2) an individual with special needs being taken care of by a
12 caretaker;

13 are eligible for the caretaker support program.

14 Sec. 6. Caretaker support program services include the
15 following services administered by the area agencies on aging:

16 (1) Information for caretakers about available services.
17 (2) Assistance to caretakers in gaining access to the services.
18 (3) Individual counseling, organization of support groups,
19 and caretaker training to assist caretakers in making
20 decisions and solving problems in the individual's role as
21 caretaker.

22 (4) Respite care to offer caretakers temporary relief from
23 caretaker responsibilities.

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

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

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

30 (1) include protections for the rights, safety, and welfare of
31 individuals with special needs receiving care from a
32 caretaker under this chapter, including reasonable
33 monitoring and reporting requirements;

34 (2) serve distinct populations, including:

35 (A) the aged;
36 (B) persons with developmental disabilities; and

37 (C) persons with physical disabilities;

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

40 (3) not create barriers to the availability of home and
41 community based services under IC 12-10-10 and
42 IC 12-10-11.5 by imposing costly or unduly burdensome



1 **requirements on caretakers or other service providers,**
 2 **including:**

3 (A) requirements for proof of financial responsibility;
 4 and
 5 (B) monitoring, enforcement, reporting, or other
 6 administrative requirements; and
 7 **(4) otherwise comply with IC 12-10-10, IC 12-10-11.5, and**
 8 **this chapter.**

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

12 **Chapter 23. Continuum of Care**

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

14 (1) provide standards for the training of; and
 15 (2) promote best practices for;
 16 **continuum of care program providers.**

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

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

20 (1) include protections for the rights, safety, and welfare of
 21 individuals receiving care under this chapter;
 22 (2) serve distinct populations, including:

23 (A) the aged;
 24 (B) individuals with developmental disabilities; and
 25 (C) individuals with physical disabilities;
 26 **in a manner that recognizes, and appropriately responds to,**
 27 **the particular needs of the population; and**
 28 **(3) otherwise comply with IC 12-10-10, IC 12-10-11.5, and**
 29 **this chapter.**

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

35 (1) requirements for proof of financial responsibility; and
 36 (2) monitoring, enforcement, reporting, or other
 37 administrative requirements.

38 **Sec. 4. The continuum of care provided under this article must**
 39 **include services that support prevention and treatment of mental**
 40 **illness and addiction.**

41 SECTION 51. IC 12-10.5 IS REPEALED [EFFECTIVE JULY 1,
 42 2026]. (Respite Care Services).

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1 SECTION 52. IC 12-12-2-7, AS AMENDED BY P.L.68-2017,
2 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2026]: Sec. 7. The commission shall do the following:
4 (1) Advise the rehabilitation services bureau concerning the
5 bureau's performance in the following areas:
6 (A) Eligibility and order of selection.
7 (B) Scope, extent, and effectiveness of services.
8 (C) Functions of state agencies in addition to vocational
9 rehabilitation affecting individuals in achieving
10 rehabilitation goals.
11 (2) Advise the division of disability, **aging**, and rehabilitative
12 services and the rehabilitation services bureau concerning the
13 state plan, applications, and the strategic plan.
14 (3) Review and analyze the effectiveness and consumer
15 satisfaction with the functions of the agencies dealing with
16 persons with disabilities and with vocational rehabilitation
17 services.
18 (4) Prepare and submit an annual report to the governor and the
19 rehabilitation services administration commissioner in
20 accordance with federal requirements concerning:
21 (A) the status of vocational rehabilitation programs in
22 Indiana; and
23 (B) recommendations concerning the implementation and
24 progress toward advancing competitive integrated
25 employment for individuals with disabilities as described in
26 IC 22-9-11.
27 (5) Coordinate with other councils in Indiana.
28 (6) Advise and provide for coordination and working
29 relationships between the state agency and the Independent
30 Living Council and Independent Living centers.
31 (7) Develop a statewide plan to support the advancement of
32 competitive integrated employment, including self-employment,
33 as the first and preferred option when providing services to
34 individuals with disabilities. The plan, at a minimum, must
35 include the following:
36 (A) Identification of barriers to employment for individuals
37 with disabilities.
38 (B) An analysis of federal, state, and local agency policies
39 concerning the provision of services to individuals with
40 disabilities, including the impact of those policies on
41 opportunities for competitive integrated employment.
42 (C) Recommendations to advance competitive integrated

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1 employment for individuals with disabilities.

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

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

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

14 (A) The Indiana School for the Blind and Visually
 15 Impaired.
 16 (B) The division of disability, **aging**, and rehabilitative
 17 services.
 18 (C) The division of special education of the department of
 19 education.

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

22 (A) The division of disability, **aging**, and rehabilitative
 23 services.
 24 (B) On request, organizations serving the blind or visually
 25 impaired and the Indiana department of health.

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

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

34 (1) has the primary duty of initially contacting the visually
 35 impaired individual or the individual's family; and
 36 (2) shall notify the division of disability, **aging**, and
 37 rehabilitative services and the department of education of the
 38 school's findings.

39 SECTION 56. IC 12-15-1-14.5, AS AMENDED BY THE
 40 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
 41 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 42 JULY 1, 2026]: Sec. 14.5. (a) The office of the secretary shall prepare

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1 a report on the provision of Medicaid services, including Medicaid
2 home and community based waiver services, to recipients who have
3 medically complex conditions. The report must include the following,
4 categorized by whether the recipient was less than, or at least, eighteen
5 (18) years of age:

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

8 (A) the state plan;

9 (B) a Medicaid waiver; or

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

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

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

15 (A) The state plan.

16 (B) A Medicaid waiver.

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

18 (b) Not later than September 1, 2025, and each September 1
19 thereafter, the office of the secretary shall submit the report described
20 in subsection (a) to the following:

21 (1) The Medicaid advisory commission, established by
22 IC 12-15-33-2.

23 (2) The Medicaid oversight committee, in an electronic format
24 under IC 5-14-6.

25 (3) The budget committee.

26 (4) The legislative council, in an electronic format under
27 IC 5-14-6.

28 (5) The division of disability and rehabilitative services advisory
29 council established under IC 12-9-4.

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

36 (1) The potential benefits and risks to recipients and family
37 caregivers.

38 (2) Training and certification requirements.

39 (3) Implementation challenges and strategies to address the
40 challenges.

41 (4) Any potential fiscal impact of implementing a complex care
42 assistant program in Indiana.



1 SECTION 57. IC 12-15-1.3-15, 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. 15. (a) As used in this section, "division" refers to
 5 the division of disability, **aging**, and rehabilitative services established
 6 by IC 12-9-1-1.

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

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

14 (1) Death of a primary caregiver.

15 (2) The primary caregiver is at least eighty (80) years of age.

16 (3) There is evidence of abuse or neglect in the current
 17 institutional or home placement.

18 (4) There is evidence of other health and safety risks, as
 19 determined by the division director, where other available
 20 services through:

21 (A) the Medicaid program and other federal, state, and local
 22 public programs; and

23 (B) supports that families and communities provide;
 24 are insufficient to address the other health and safety risks, as
 25 determined by the division director.

26 (d) The division shall report on a quarterly basis the following
 27 information to the division of disability and rehabilitative services
 28 advisory council established by IC 12-9-4-2 concerning each Medicaid
 29 waiver for which the office has been approved under this section to
 30 administer an emergency placement priority for individuals described
 31 in this section:

32 (1) The number of applications for emergency placement priority
 33 waivers.

34 (2) The number of individuals served on the waiver.

35 (3) The number of individuals on a wait list for the waiver.

36 (e) Before July 1, 2021, the division, in coordination with the task
 37 force established by IC 12-11-15.5-2 (**before its expiration**), shall
 38 establish new priority categories for individuals served by a waiver.

39 (f) The office may adopt rules under IC 4-22-2 necessary to
 40 implement this section.

41 SECTION 58. IC 12-15-4-1.5, AS ADDED BY P.L.126-2025,
 42 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

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1 JULY 1, 2026]: Sec. 1.5. (a) The office of the secretary shall establish
 2 the following:

3 (1) Performance standards for ~~hospitals~~ **providers** to use in
 4 making presumptive eligibility determinations.

5 (2) An appeals process for a ~~hospital~~ **provider** that disputes a
 6 determination that a presumptive eligibility standard was
 7 violated.

8 The office of the secretary shall limit presumptive eligibility
 9 determination to qualified ~~hospitals~~ **providers**.

10 (b) A ~~hospital~~ **provider** shall do the following when making a
 11 presumptive eligibility determination:

12 (1) Notify the office of the secretary of each presumptive
 13 eligibility determination not later than five (5) business days
 14 after the date of the determination.

15 (2) Assist individuals whom the ~~hospital~~ **provider** determines
 16 are presumptively eligible with completing and submitting a full
 17 Medicaid application.

18 (3) Notify the applicant in writing and on all relevant forms with
 19 plain language and large print that if the applicant:

20 (A) does not file a full Medicaid application with the office
 21 of the secretary before the last day of the following month,
 22 presumptive eligibility will end on that last day; and

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

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

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

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

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

41 (d) Each single violation by a ~~hospital~~ **provider** of any of the
 42 performance standards under subsection (c) counts as one (1) violation

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1 for the presumptive eligibility determination. Each subsequent
2 violation of a performance standard is an additional violation for
3 purposes of this section.

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

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

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

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

20 (f) If the office of the secretary determines that a **hospital provider**
21 has failed to meet any of the presumptive eligibility standards under
22 this section in any presumptive eligibility determination by the **hospital**
23 **provider** for a second time within a twelve (12) month period of a first
24 violation, the office of the secretary shall notify the **hospital provider**
25 in writing not later than five (5) days after the determination that a
26 second violation has occurred. The written notice must include the
27 following:

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

31 (2) Notice that the **hospital's provider's** applicable staff must
32 participate in mandatory training on **hospital provider**
33 presumptive eligibility rules and standards that is performed by
34 the office of the secretary, and information concerning the date,
35 time, and location of the training by the office.

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

39 (4) Notice that a third violation by the **hospital provider** of a
40 presumptive eligibility standard within a twelve (12) month
41 period from the second violation will result in the **hospital**
42 **provider** no longer being qualified to make presumptive



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

6 (g) If the office of the secretary determines that a **hospital**
7 **provider** has failed to meet any of the presumptive eligibility standards
8 under this section in any presumptive eligibility determination by the
9 **hospital provider** for a third time within a twelve (12) month period of
10 the second violation by the **hospital provider**, the office of the
11 secretary shall notify the **hospital provider** in writing not later than five
12 (5) days from a determination that a presumptive eligibility standard
13 was violated by the **hospital provider** for the third time. The written
14 notice must include the following:

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

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

20 or presumptive eligibility standards.
21 (3) Notice that, effective immediately from receipt of the notice,
22 the **hospital provider** is no longer qualified to make presumptive
23 eligibility determinations for the Medicaid program.

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

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

(b) Notwithstanding any other law, rule, or bulletin, a home

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1 **health agency licensed under IC 16-27-1 may continue to provide**
2 **services to a Medicaid recipient and receive Medicaid**
3 **reimbursement for the services while the home health agency's**
4 **application for Medicare enrollment is pending if the home health**
5 **agency:**

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

11 **before April 1, 2026.**

12 SECTION 61. IC 12-15-32-10, AS AMENDED BY P.L.141-2006,
13 SECTION 55, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
14 JULY 1, 2026]: Sec. 10. (a) An applicant for Medicaid who desires to
15 be placed in a community residential facility must first receive a
16 diagnostic evaluation to be provided by the division of disability,
17 **aging**, and rehabilitative services.

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

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

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

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

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

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



1 educational and not punitive in nature.

2 (4) The publication of an annual report that must be subject to

3 public comment before issuance to the federal Department of

4 Health and Human Services and to the Indiana legislative

5 council by December 1 of each year. The report issued to the

6 legislative council must be in an electronic format under

7 IC 5-14-6.

8 (5) The development of a working agreement for the board to

9 clarify the areas of responsibility with related boards or agencies,

10 including the following:

11 (A) The Indiana board of pharmacy.

12 (B) The medical licensing board of Indiana.

13 (C) The SURS staff.

14 (6) The establishment of a grievance and appeals process for

15 physicians or pharmacists under this chapter.

16 (7) The publication and dissemination of educational

17 information to physicians and pharmacists regarding the board

18 and the DUR program, including information on the following:

19 (A) Identifying and reducing the frequency of patterns of

20 fraud, abuse, gross overuse, or inappropriate or medically

21 unnecessary care among physicians, pharmacists, and

22 recipients.

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

24 (C) Therapeutic appropriateness.

25 (D) Overutilization or underutilization.

26 (E) Appropriate use of generic drugs.

27 (F) Therapeutic duplication.

28 (G) Drug-disease contraindications.

29 (H) Drug-drug interactions.

30 (I) Incorrect drug dosage and duration of drug treatment.

31 (J) Drug allergy interactions.

32 (K) Clinical abuse and misuse.

33 (8) The adoption and implementation of procedures designed to

34 ensure the confidentiality of any information collected, stored,

35 retrieved, assessed, or analyzed by the board, staff to the board,

36 or contractors to the DUR program that identifies individual

37 physicians, pharmacists, or recipients.

38 (9) The implementation of additional drug utilization review

39 with respect to drugs dispensed to residents of nursing facilities

40 shall not be required if the nursing facility is in compliance with

41 the drug regimen procedures under 410 IAC 16.2-3.1 and 42

42 CFR 483.60.

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3 (A) Medicaid's fee for service program;
4 (B) a risk based managed care program, if the office
5 provides a prescription drug benefit and subject to
6 IC 12-15-5; and
7 (C) the children's health insurance program under
8 IC 12-17.6;

9 in consultation with the therapeutics committee.

10 (11) The approval of the review and maintenance of the
11 preferred drug list at least two (2) times per year.

12 (12) The preparation and submission of a report concerning the
13 preferred drug list at least one (1) time per year to the interim
14 study committee on public health, behavioral health, and human
15 services established by IC 2-5-1.3-4 in an electronic format
16 under IC 5-14-6.

17 (13) The collection of data reflecting prescribing patterns related
18 to treatment of children diagnosed with attention deficit disorder
19 or attention deficit hyperactivity disorder.

20 (14) Advising the Indiana comprehensive health insurance
21 association established by IC 27-8-10-2.1 concerning
22 implementation of chronic disease management and
23 pharmaceutical management programs under IC 27-8-10-3.5.

24 (b) The board shall use the clinical expertise of the therapeutics
25 committee in developing a preferred drug list. The board shall also
26 consider expert testimony in the development of a preferred drug list.

27 (c) In researching and developing a preferred drug list under
28 subsection (a)(10), the board shall do the following:

29 (1) Use literature abstracting technology.

30 (2) Use commonly accepted guidance principles of disease
31 management.

32 (3) Develop therapeutic classifications for the preferred drug list.
33 (4) Give primary consideration to the clinical efficacy or
34 appropriateness of a particular drug in treating a specific medical
35 condition.

36 (5) Include in any cost effectiveness considerations the cost
37 implications of other components of the state's Medicaid
38 program and other state funded programs.

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

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

11 (1) in a therapeutic classification:

12 (A) that has not been reviewed by the board; and
13 (B) for which prior authorization is not required;

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

16 (f) The board may not exclude a drug from the preferred drug list
17 based solely on price.
18 (g) The following requirements apply to a preferred drug list
19 developed under subsection (c)(10):

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

23 (A) To override a prospective drug utilization review alert.
24 (B) To permit reimbursement for a medically necessary
25 brand name drug that is subject to generic substitution
26 under JC 16-42-22-10.

27 (C) To prevent fraud, abuse, waste, overutilization, or
28 inappropriate utilization.

29 (D) To permit implementation of a disease management
30 program.
31 (E) To implement other initiatives permitted by state or
32
33

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

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

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

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

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

16 SECTION 63, IC 12-16-1-1, AS AMENDED BY P.L.56-2023,
17 SECTION 114, IS AMENDED TO READ AS FOLLOWS
18 [EFFECTIVE JULY 1, 2026]: Sec. 1. As used in this chapter, "affected
19 agency" means any of the following:

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

24 SECTION 64. IC 12-16-2.5-5, AS AMENDED BY P.L.56-2023,
25 SECTION 115, IS AMENDED TO READ AS FOLLOWS
26 [EFFECTIVE JULY 1, 2026]: Sec. 5. The hospital care for the indigent
27 program does not apply to inmates and patients of institutions of the
28 department of correction, the Indiana department of health, the division
29 of mental health and addiction, ~~the division of aging~~, or the division of
30 disability, **aging**, and rehabilitative services.

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

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

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

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

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

11 (1) is applicable only to micro facilities;

12 (2) incorporates waivers or variances from the office of the
13 secretary's rules applicable to providers under this article; and
14 (3) provides for a balance between the goals of:

15 (A) increasing the availability of child care, particularly in
16 geographic areas facing a critical shortage of child care, by
17 reducing the costs of operating a micro facility; and
18 (B) ensuring the health and safety of children for whom a
19 micro facility provides child care.

23 (1) allowing a micro facility to be operated in either a residential
24 or nonresidential building;

25 (2) prescribing educational requirements for staff members of a
26 micro facility that are tailored to the needs of providing child
27 care to groups of thirty (30) children or less; and

28 (3) allowing for supervision of children of diverse age groups in
29 a manner that maximizes use of limited facility space.

30 (c) Not later than March 1, 2025, the office of the secretary s

31 establish and administer a pilot program under which

32 (1) a licensee under IC 12-7-2-28.4 or IC 12-7-2-28.8 that:

33 (A) operates an existing micro facility; or

34 (B) proposes to begin operating a new micro facility not

35 more than sixty (60) days after the date of the licensee's

36 application for this application.

36 application under this subdivision;
37 may apply to participate in the pilot program in a manner
38

38 prescribed by the office of the secretary;
39 (2) the office of the secretary shall select at least three (3)

40 licensees that apply under subdivision (1) and:
41 (A) allow a selected licensee described in subdivision

42 (1)(A) to operate the licensee's existing micro facility; and

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(B) allow a selected licensee described in subdivision (1)(B) to operate the licensee's proposed micro facility;

under the regulatory model developed under subsection (a); and
(3) the office of the secretary shall:

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

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

13 (1) that are geographically diverse from one another; and
14 (2) in which there exists a critical shortage of child care
15 providers.

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

20 SECTION 67. IC 12-17.2-7.6-5, AS ADDED BY P.L.92-2024,
21 SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
22 JULY 1, 2026]: Sec. 5. This chapter expires ~~January 1, 2027~~. **January**
23 **1, 2028.**

24 SECTION 68. IC 12-21-2-3, AS AMENDED BY P.L.104-2024,
25 SECTION 47, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
26 JULY 1, 2026]: Sec. 3. The secretary or the secretary's designee shall
27 do the following:

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

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

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

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

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

41 (A) Standards for the operation of private institutions that
42 are licensed under IC 12-25 for the diagnosis, treatment,



1 and care of individuals with psychiatric disorders,
2 addictions, or other abnormal mental conditions.
3 (B) Licensing or certifying community residential programs
4 described in IC 12-22-2-3.5 for individuals with serious
5 mental illness (SMI), serious emotional disturbance (SED),
6 or chronic addiction (CA) with the exception of psychiatric
7 residential treatment facilities.
8 (C) Subject to IC 12-29-2-21, certifying community mental
9 health centers to operate in Indiana.
10 (D) Establish exclusive geographic primary service areas
11 for community mental health centers. The rules must
12 include the following:
13 (i) Criteria and procedures to justify the change to the
14 boundaries of a community mental health center's
15 primary service area.
16 (ii) Criteria and procedures to justify the change of an
17 assignment of a community mental health center to a
18 primary service area.
19 (iii) A provision specifying that the criteria and
20 procedures determined in items (i) and (ii) must
21 include an option for the county and the community
22 mental health center to initiate a request for a change
23 in primary service area or provider assignment.
24 (iv) A provision specifying the criteria and procedures
25 determined in items (i) and (ii) may not limit an
26 eligible consumer's right to choose or access the
27 services of any provider who is certified by the division
28 of mental health and addiction to provide public
29 supported mental health services.
30 (E) **The implementation and administration of**
31 **certification requirements and standards for the**
32 **following:**
33 (i) **Certified community behavioral health clinics.**
34 (ii) **Recovery community organizations.**
35 (iii) **Recovery residences, for residential care and**
36 **supported housing for chronic addiction in a**
37 **recovery residence.**
38 (iv) **Certified peers.**
39 (6) Institute programs, in conjunction with an accredited college
40 or university and with the approval, if required by law, of the
41 commission for higher education, for the instruction of students
42 of mental health and other related occupations. The programs

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1 may be designed to meet requirements for undergraduate and
 2 postgraduate degrees and to provide continuing education and
 3 research.

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

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

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

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

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

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

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

27 (14) Provide that the standards for services provided by recovery
 28 residences for residential care and supported housing for chronic
 29 addiction, when used as a recovery residence, to
 30 (A) be certified through an entity approved by the division
 31 **or the division's designee** to ensure adherence to standards
 32 determined by the National Alliance for Recovery
 33 Residences (NARR) or a similar entity; and
 34 (B) meet other standards established by the division under
 35 rules adopted under IC 4-22-2. division.

36 (15) Provide that the standards for services provided by recovery
 37 community organizations for behavioral health recovery, when
 38 used as a recovery community organization, (A) be certified
 39 through an entity approved by the division **or the division's**
 40 **designee** to ensure adherence to standards determined by the
 41 Indiana Recovery Network or similar entity that certifies
 42 recovery community organizations; and

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1 The supervision required under this subsection may be performed
 2 remotely.

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

10 (1) wing;
 11 (2) unit; or

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

14 (b) The notice required under subsection (a) must meet the
 15 following conditions:

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

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

20 (3) Contain the:

21 (A) business telephone number of the superintendent of the
 22 state institution; and

23 (B) toll free telephone number for filing complaints with the
 24 division that is administratively in charge of the state
 25 institution.

26 (4) State that if a resident, the legal representative of the
 27 resident, or another individual designated by the resident is
 28 unable to obtain the information described in subsection (a) from
 29 the individual in charge of each shift, the resident, the legal
 30 representative of the resident, or other individual designated by
 31 the resident may do any of the following:

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

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

36 (c) The director of the:

37 (1) division of disability, **aging**, and rehabilitative services; and
 38 (2) division of mental health and addiction;

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

40 SECTION 72. IC 12-24-11-2, AS AMENDED BY P.L.99-2007,

41 SECTION 117, IS AMENDED TO READ AS FOLLOWS
 42 [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) This section applies to an



1 individual who has a primary diagnosis of developmental disability.

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

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

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

19 AUTHORIZATION TO RELEASE

20 MEDICAL AND TREATMENT

21 RECORDS

22 I agree to permit _____
23 (name of state institution)

24 to release a copy of the medical and treatment records of

25 _____ to _____
26 (patient's name) (name of local agency
27 serving the needs of
28 individuals with a developmental
29 disability)

30 _____ (date) _____ (signature)

31 _____ (address)

32 _____ (signature of individual (relationship to patient if
33 securing release of signature is not that of the
34 medical and treatment patient)
35 records)

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

- 3 (1) The patient's name.
- 4 (2) The address of the patient's intended residence.
- 5 (3) The patient's medical records.

6 (4) A complete description of the treatment the patient was
7 receiving at the state institution at the time of the patient's
8 discharge.

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

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

- 14 (1) the patient's name; and
- 15 (2) the address of the patient's intended residence;

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

42 SECTION 75. IC 12-26-7-3, AS AMENDED BY P.L.9-2020.

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1 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 2 JULY 1, 2026]: Sec. 3. (a) A petition filed under section 2 of this
 3 chapter must include a physician's written statement that states both of
 4 the following:

5 (1) The physician has examined the individual within the past
 6 thirty (30) days.

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

8 (A) mentally ill and either dangerous or gravely disabled; and
 9 (B) in need of custody, care, or treatment in a facility for a
 10 period expected to be more than ninety (90) days.

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

15 (1) The community mental health center has evaluated the
 16 individual.

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

19 (c) The physician who makes the statement required by subsection

20 (a) may be affiliated with the community mental health center that
 21 makes the report required by subsection (b).

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

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

38 SECTION 77. IC 12-28-4-5, AS AMENDED BY P.L.99-2007,
 39 SECTION 140, IS AMENDED TO READ AS FOLLOWS
 40 [EFFECTIVE JULY 1, 2026]: Sec. 5. For residential facilities for
 41 individuals with a developmental disability that are not certified for
 42 financial participation under the Medicaid program, the division of

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1 disability, **aging**, and rehabilitative services shall approve appropriate
2 staffing limitations consistent with the program needs of the residents
3 as a part of the division's rate setting procedures.

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

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

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

33 SECTION 80. IC 12-28-4-13, AS AMENDED BY P.L.99-2007,
34 SECTION 145, IS AMENDED TO READ AS FOLLOWS
35 [EFFECTIVE JULY 1, 2026]: Sec. 13. (a) The division of disability,
36 **aging**, and rehabilitative services may operate a program known as the
37 development and lease effort. Under the program, the division of
38 disability, **aging**, and rehabilitative services may develop contracts
39 under which the state agrees to lease buildings from private parties for
40 use as residential facilities for individuals with a mental illness or
41 individuals with autism or other individuals with a developmental
42 disability. Notwithstanding any other law, each contract may include



1 provisions that ensure the following:

2 (1) That the state will lease a building for not more than ten (10)
 3 years for use as a residential facility for individuals with autism.
 4 (2) That the state will retain the right to extend the term of the
 5 lease for not more than ten (10) years at the conclusion of the first
 6 ten (10) years.
 7 (3) That the state will retain the right to sublease the building to
 8 a person who agrees to operate the building as a residential
 9 facility for individuals with autism under this chapter.

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

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

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

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

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

31 (A) A sanitary and safe environment for residents and
 32 employees.

33 (B) Classification of supervised group living facilities.

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

36 (4) Develop standards for the approval of entities providing
 37 supported living services.

38 SECTION 82. IC 12-28-5-16, AS AMENDED BY P.L.99-2007,
 39 SECTION 149, IS AMENDED TO READ AS FOLLOWS
 40 [EFFECTIVE JULY 1, 2026]: Sec. 16. The division of disability,
 41 **aging**, and rehabilitative services is the primary state agency
 42 responsible for planning, developing, coordinating, and implementing

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1 the plan and program of supervised group living facilities and services,
 2 including developmental and vocational services, needed for
 3 individuals with a developmental disability residing in those facilities.
 4 Other state agencies authorized by law or rule to carry out activities and
 5 control money that have a direct bearing upon the provision of
 6 supervised group living services shall enter into memoranda of
 7 understanding or contracts with the division of disability, **aging**, and
 8 rehabilitative services to ensure a coordinated utilization of resources
 9 and responsibilities.

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

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

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

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

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

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

29 (A) the reimbursement rate in effect on June 30, 2015;
 30 multiplied by
 31 (B) five percent (5%).

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

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1 allocation for Residential Habilitation and Support (Level 2) under 460
2 IAC 13-3-5.

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

7 (1) the division of disability, **aging**, and rehabilitative services,
8 for a community intellectual disability and other developmental
9 disabilities center; and
10 (2) the president of the board of directors of each center;
11 the amount of money that will be provided to the center under this
12 chapter.

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

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

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

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

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

27 (1) incorporated under IC 23-7-1.1 (before its repeal August 1,
28 1991) or IC 23-17;

29 (2) organized for the purpose of providing services for individuals
30 with an intellectual disability and other individuals with a
31 developmental disability;

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

34 (4) accredited for the services provided by one (1) of the
35 following organizations:

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

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

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

42 (D) The National Commission on Quality Assurance, or its



successor.

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

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

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

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

(1) nursing services; or

(2) nursing services and at least one (1) home health service; for compensation.

(b) The term does not include the following:

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

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

(3) A person that:

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

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

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

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

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

SECTION 87. IC 16-27-4-5, AS AMENDED BY P.L.141-2006, SECTION 83, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) As used in this chapter, "personal services"

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1 agency" means a person that provides or offers to provide a personal
 2 service for compensation, whether through the agency's own employees
 3 or by arrangement with another person.

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

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

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

14 (3) A person that:

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

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

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

22 SECTION 88. IC 16-28.5-2-2, AS ADDED BY P.L.147-2023,
 23 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 24 JULY 1, 2026]: Sec. 2. A housing with services establishment that
 25 offers memory care services must register with the ~~division of aging~~
 26 **bureau of better aging** established by ~~IC 12-9.1-1-1~~ **IC 12-10-1-1**.

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

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

33 (2) The commissioner of the Indiana department of administration
 34 or the commissioner's designee.

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

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

39 (5) The commissioner of the state department or the
 40 commissioner's designee.

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



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

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

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

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

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

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

38 (1) the owner of the mental health record;
39 (2) responsible for the record's safekeeping; and
40 (3) entitled to retain possession of the record.

41 The information contained in the mental health record belongs to the
42 patient involved as well as to the provider. The provider shall maintain

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1 the original mental health record or a microfilm of the mental health
2 record for at least seven (7) years.

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

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

8 (A) Are employed by:

9 (i) the provider at the same facility or agency;
10 (ii) a managed care provider (as defined in IC 12-7-2-127); or
11 (iii) a health care provider or mental health care provider, if
12 the mental health records are needed to provide health care or
13 mental health services to the patient.

14 (B) Are involved in the planning, provision, and monitoring of
15 services.

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

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

21 (4) For research conducted in accordance with IC 16-39-5-3 and
22 the rules of the division of mental health and addiction, the rules
23 of the division of disability, **aging**, and rehabilitative services, the
24 rules of the provider, or the rules of the Indiana archives and
25 records administration and the oversight committee on public
26 records.

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

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

34 (7) To a law enforcement agency if any of the following
35 conditions are met:

36 (A) A patient escapes from a facility to which the patient is
37 committed under IC 12-26.

38 (B) The superintendent of the facility determines that failure to
39 provide the information may result in bodily harm to the patient
40 or another individual.

41 (C) A patient commits or threatens to commit a crime on
42 facility premises or against facility personnel.



3 (i) the information to be released is limited to medications
4 currently prescribed for the patient or to the patient's history
5 of adverse medication reactions; and

6 (ii) the provider determines that the release of the medication
7 information will assist in protecting the health, safety, or
8 welfare of the patient.

9 Mental health records released under this clause must be
10 maintained in confidence by the law enforcement agency
11 receiving them.

12 (8) To a coroner or medical examiner, in the performance of the
13 individual's duties.

14 (9) To a school in which the patient is enrolled if the
15 superintendent of the facility determines that the information will
16 assist the school in meeting educational needs of the patient.

17 (10) To the extent necessary to satisfy reporting requirements
18 under the following statutes:
19 (A) IC 12-10-3-10

19 (A) IC 12-10-3-10.
20 (B) IC 12-24-17-5.
21 (C) IC 16-41-2-3.
22 (D) IC 16-49-3-3.
23 (E) IC 16-49-4-5.
24 (F) IC 16-49-6-6.
25 (G) IC 16-49.5-2-6
26 (H) IC 16-50-1-8.
27 (I) IC 31-25-3-2.
28 (J) IC 31-33-5-4.
29 (K) IC 34-30-16-2.
30 (L) IC 35-46-1-13.

31 (11) To the extent necessary to satisfy release of information
32 requirements under the following statutes:

33 (A) IC 12-24-11-2.

34 (B) IC 12-24-12-3, IC 12-24-12-4, and IC 12-24-12-6.

35 (C) IC 12-26-11.

36 (12) To another health care provider in a health care emergency.

37 (13) For legitimate business purposes as described in
38 IC 16-39-5-3.

39 (14) Under a court order under IC 16-39-3.

40 (15) With respect to records from a mental health or
41 developmental disability facility, to the United States Secret
42 Service if the following conditions are met:



(A) The request does not apply to alcohol or drug abuse records described in 42 U.S.C. 290dd-2 unless authorized by a court order under 42 U.S.C. 290dd-2(b)(2)(c).

(B) The request relates to the United States Secret Service's protective responsibility and investigative authority under 18 U.S.C. 3056, 18 U.S.C. 871, or 18 U.S.C. 879.

(C) The request specifies an individual patient.

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

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

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

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

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

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

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1 to protecting the information in compliance with state and federal
 2 privacy laws:

3 (1) A licensed mental health professional.

4 (2) A licensed paramedic.

5 (3) A representative of a mobile integrated healthcare program (as
 6 described in IC 16-31-12).

7 (4) A representative of a mental health community paramedicine
 8 program.

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

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

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

19 SECTION 95. IC 16-40-1-2, AS AMENDED BY P.L.146-2008,

20 SECTION 449, IS AMENDED TO READ AS FOLLOWS

21 [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) Except as provided in
 22 subsection (b), each:

23 (1) physician;

24 (2) superintendent of a hospital;

25 (3) director of a local health department;

26 (4) director of a local office of the department of child services;

27 (5) director of the division of disability, **aging**, and rehabilitative
 28 services;

29 (6) superintendent of a state institution serving individuals with
 30 a disability; or

31 (7) superintendent of a school corporation;

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

35 (b) Each:

36 (1) physician holding an unlimited license to practice medicine;

37 or

38 (2) optometrist licensed under IC 25-24-1;

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

42 SECTION 96. IC 16-41-18.5-2, AS AMENDED BY THE

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

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

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

17 (1) Local health departments.
18 (2) Schools.
19 (3) The ~~division~~ **bureau** of better aging.
20 (4) Employer wellness programs.
21 (5) Physicians and other health care providers.
22 (6) Hospitals.

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

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

40 SECTION 98. IC 16-41-18.6-2, AS AMENDED BY THE
41 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
42 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

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1 JULY 1, 2026]: Sec. 2. (a) The state department may promote a
 2 national Parkinson's disease organization's initiatives to educate and
 3 train physicians, other health care providers, and human services
 4 providers on the most current and accurate scientific and medical
 5 information regarding the following concerning Parkinson's disease:

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

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

- 15 (1) Local health departments.
- 16 (2) Schools.
- 17 (3) The ~~division bureau~~ of better aging.
- 18 (4) Employer wellness programs.
- 19 (5) Physicians and other health care providers.
- 20 (6) Hospitals.

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

- 26 (1) Local health departments.
- 27 (2) Schools.
- 28 (3) ~~Division Bureau~~ of better aging.
- 29 (4) Area agencies on aging.
- 30 (5) Employer wellness programs.
- 31 (6) Physicians and other health care providers.
- 32 (7) Accident and sickness insurance companies and health
 33 maintenance organizations.
- 34 (8) Hospitals.
- 35 (9) Women's health organizations.
- 36 (10) Nonprofit entities.
- 37 (11) Community organizations.

38 SECTION 100. IC 20-26-11-8, AS AMENDED BY P.L.86-2018,
 39 SECTION 176, IS AMENDED TO READ AS FOLLOWS
 40 [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) A student who is placed in a
 41 state licensed private or public health care facility or child care facility:
 42 (1) by or with the consent of the department of child services;



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

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

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

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

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

(c) A student who is placed in:

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

may attend school in the school corporation in which the institution is located. The state shall pay the transfer tuition of the student, unless

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1 another entity is required to pay the transfer tuition as a result of a
 2 placement described in subsection (a) or (b) or another state is
 3 obligated to pay the transfer tuition.

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

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

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

24 (e) If a student to whom subsection (d) applies is attending school
 25 in a school corporation that is not the school corporation in which the
 26 student has legal settlement, the school corporation in which the
 27 student has legal settlement shall pay transfer tuition to the school
 28 corporation in which the student is enrolled in school if all of the
 29 following conditions apply:

30 (1) The student was previously placed in a child caring institution
 31 licensed under IC 31-27-3.

32 (2) While placed in the child caring institution, the student was
 33 enrolled in a school that is:

34 (A) administered by the school corporation in which the child
 35 caring institution is located; and

36 (B) located at the child caring institution.

37 (3) The student was moved from the child caring institution to a
 38 licensed foster family home supervised by the child caring
 39 institution either:

40 (A) with the approval of the department of child services and
 41 the court having jurisdiction over the student in a case under
 42 IC 31-34; or



(B) by a court order in a case under IC 31-37.

(4) After moving from the child caring institution to the foster family home, the student continues to attend the school located at the child caring institution.

(5) The legal settlement of the student was determined by a juvenile court under IC 31-34-20-5, IC 31-34-21-10, IC 31-37-19-26, or IC 31-37-20-6.

(f) A student:

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

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

SECTION 101. IC 20-35-3-1, AS AMENDED BY P.L.150-2024, SECTION 64, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. (a) The secretary of education shall appoint a state advisory council on the education of children with disabilities. The state advisory council's duties consist of providing policy guidance concerning special education and related services for children with disabilities. The secretary of education shall appoint at least seventeen (17) members who serve for a term of four (4) years. Vacancies shall be filled in the same manner for the unexpired balance of the term.

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

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

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

- (1) Parents of children with disabilities.
- (2) Individuals with disabilities.
- (3) Teachers.
- (4) Representatives of postsecondary educational institutions that prepare special education and related services personnel.
- (5) State and local education officials.

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(6) Administrators of programs for children with disabilities.

(7) Representatives of state agencies involved in the financing or delivery of related services to children with disabilities, including the following:

(A) The commissioner of the Indiana department of health or the commissioner's designee.

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

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

(D) The director of the department of child services or the director's designee.

(8) Representatives of nonpublic schools and freeway schools.

(9) One (1) or more representatives of vocational, community, or business organizations concerned with the provision of transitional services to children with disabilities.

(10) Representatives of the department of correction.

(11) A representative from each of the following:

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

(B) The Indiana School for the Deaf board.

(12) A representative from the Arc of Indiana.

(d) The responsibilities of the state advisory council are as follows:

(1) To advise the secretary of education and the state board regarding all rules pertaining to children with disabilities.

(2) To advise the department of unmet needs within Indiana in the education of children with disabilities.

(3) To provide public comment on rules proposed by the state board regarding the education of children with disabilities.

(4) To advise the department in developing evaluations and reporting data to the United States Secretary of Education under 20 U.S.C. 1418.

(5) To advise the department in developing corrective action plans to address findings identified in federal monitoring reports under 20 U.S.C. 1400 et seq.

(6) To advise the department in developing and implementing policies related to the coordination of services for children with disabilities.

(e) The state advisory council shall do the following:

(1) Organize with a chairperson selected by the secretary of education.

(2) Meet as often as necessary to conduct the council's business

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1 at the call of the chairperson, upon ten (10) days written notice,
 2 but not less than four (4) times a year.

3 (f) Members of the state advisory council are entitled to reasonable
 4 amounts for expenses necessarily incurred in the performance of their
 5 duties.

6 (g) The secretary of education shall do the following:

7 (1) Designate the director to act as executive secretary of the state
 8 advisory council.

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

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

14 SECTION 102. IC 20-35-8-2, AS AMENDED BY P.L.56-2023,
 15 SECTION 197, IS AMENDED TO READ AS FOLLOWS
 16 [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) The state board shall adopt
 17 rules under IC 4-22-2 to establish limits on the amount of
 18 transportation that may be provided in the student's individualized
 19 education program. Unless otherwise specially shown to be essential
 20 by the child's individualized education program, in case of residency in
 21 a public or private facility, these rules must limit the transportation
 22 required by the student's individualized education program to the
 23 following:

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

26 (2) Round trip transportation each school holiday period.

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

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

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

34 (1) in a facility operated by:

35 (A) the Indiana department of health;

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

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

39 (2) at the Indiana School for the Blind and Visually Impaired; or
 40 (3) at the Indiana School for the Deaf;

41 the school corporation in which the student has legal settlement shall
 42 pay the cost of transportation required by the student's individualized

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

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

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

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

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

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

28 (3) The federal Social Security Act.

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

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

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

40 (3) The federal Social Security Act.

41 SECTION 104. IC 21-15-2-1, AS AMENDED BY P.L.22-2018,
 42 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

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1 JULY 1, 2026]: Sec. 1. (a) This section applies to the board of trustees
 2 of the following state educational institutions:

- 3 (1) Ball State University.
- 4 (2) Indiana University.
- 5 (3) Indiana State University.
- 6 (4) Purdue University.
- 7 (5) University of Southern Indiana.

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

- 11 (1) scholarships;
- 12 (2) fellowships;
- 13 (3) loans; and
- 14 (4) remissions of fees, tuition, charges, or other funds;

15 on the basis of financial need, excellence of academic achievement or
 16 potential achievement, or any other basis that the board of trustees
 17 finds to be reasonably related to the educational purposes and
 18 objectives of the institution.

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

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

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

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

- 37 (1) The Servicemen's Readjustment Act of 1944, as amended, and

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1 other acts of Congress granting a right, privilege, or benefit to
 2 veterans.

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

7 (3) The federal Social Security Act.

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

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

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

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

24 (3) The federal Social Security Act.

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

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

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

40 SECTION 108. IC 22-3-2-2.3, AS AMENDED BY P.L.141-2006,
 41 SECTION 104, IS AMENDED TO READ AS FOLLOWS
 42 [EFFECTIVE JULY 1, 2026]: Sec. 2.3. (a) As used in this section,

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1 "volunteer worker" means a person who:

2 (1) performs services:

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

4 (B) for which the person does not receive compensation of any

5 nature; and

6 (2) has been approved and accepted as a volunteer worker by the

7 director of:

8 (A) the division of disability, **aging**, and rehabilitative services;

9 or

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

11 (b) Services of any nature performed by a volunteer worker for a

12 state institution (as defined in IC 12-7-2-184) are governmental

13 services. A volunteer worker is subject to the medical benefits

14 described under this chapter through IC 22-3-6. However, a volunteer

15 worker is not under this chapter through IC 22-3-6.

16 SECTION 109. IC 22-3-12-2, AS AMENDED BY P.L.141-2006,

17 SECTION 105, IS AMENDED TO READ AS FOLLOWS

18 [EFFECTIVE JULY 1, 2026]: Sec. 2. When any compensable injury

19 requires the filing of a first report of injury by an employer, the

20 employer's worker's compensation insurance carrier or the self-insured

21 employer shall forward a copy of the report to the central office of the

22 division of disability, **aging**, and rehabilitative services, rehabilitation

23 services bureau at the earlier of the following occurrences:

24 (1) When the compensable injury has resulted in temporary total

25 disability of longer than twenty-one (21) days.

26 (2) When it appears that the compensable injury may be of such

27 a nature as to permanently prevent the injured employee from

28 returning to the injured employee's previous employment.

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

30 SECTION 237, IS AMENDED TO READ AS FOLLOWS

31 [EFFECTIVE JULY 1, 2026]: Sec. 3.9. (a) "Governmental employee"

32 means an individual employed by the office of the secretary of family

33 and social services, the division of family resources, the division of

34 mental health and addiction, the division of disability, **aging**, and

35 rehabilitative services, **the division of aging**; the department of

36 correction, the department of child services, or the Indiana department

37 of health in one (1) of the following classifications:

38 (1) 2AA3 Behavioral clinician 3.

39 (2) 2AA4 Behavioral clinician 4.

40 (3) 2AA5 Clinical associate 5.

41 (4) 2FL1 Mental health administrator 1.

42 (5) 2FL2 Mental health administrator 2.



(6) 2FL3 Mental health administrator 3.
(7) 2AN3 Substance abuse counselor 3.
(8) 2AN4 Substance abuse counselor 4.
(9) 2AN5 Substance abuse counselor 5.
(10) 2AH2 Social services specialist 2.
(11) 2AH3 Social services specialist 3.
(12) 2AH4 Social services specialist 4.
(13) 2AI1 Psychiatric services director 1.
(14) 2AE2 Psychiatric social services specialist 2.
(15) 2AE3 Psychiatric social services specialist 3.
(16) 2AP2 Family case manager 2.
(17) 2AP3 Family case manager trainee 3.
(18) 7AP3 Family case manager supervisor 3.
(19) 7AP4 Family case manager supervisor 4.

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

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

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

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

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

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

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

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

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

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

- 35 (1) Personnel expenses related to the operation of the program.
- 36 (2) Special training for:
 - 37 (A) a prosecuting attorney;
 - 38 (B) a deputy prosecuting attorney;
 - 39 (C) support staff for a prosecuting attorney or deputy
 40 prosecuting attorney; or
 - 41 (D) a law enforcement officer.
- 42 (3) Employment of a deputy prosecutor or prosecutorial support



1 staff.

2 (4) Victim assistance.

3 (5) Electronic legal research.

4 (6) Office equipment, including computers, computer software,
5 communication devices, office machinery, furnishings, and office
6 supplies.

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

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

10 (A) substance abuse;

11 (B) child abuse;

12 (C) domestic violence;

13 (D) operating while intoxicated; and

14 (E) juvenile delinquency.

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

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

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

29 SECTION 115. IC 33-37-8-6, AS AMENDED BY P.L.187-2015,
30 SECTION 39, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
31 JULY 1, 2026]: Sec. 6. (a) Except as provided in subsection (b), upon
32 receipt of monthly claims submitted on oath to the fiscal body by a
33 program listed in section 5(b) of this chapter, the county fiscal body
34 shall appropriate from the county fund to the program or fund the
35 amount collected for the program under IC 33-37-5.

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

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

40 (2) Special training for:

41 (A) a prosecuting attorney;

42 (B) a deputy prosecuting attorney;

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(C) support staff for a prosecuting attorney or deputy prosecuting attorney; or
(D) a law enforcement officer.

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

(4) Victim assistance.

(5) Electronic legal research.

(6) Office equipment, including computers, computer software, communication devices, office machinery, furnishings, and office supplies.

(7) Expenses of a criminal investigation and prosecution.

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

- (A) substance abuse;
- (B) child abuse;
- (C) domestic violence;
- (D) operating while intoxicated; and
- (E) juvenile delinquency.

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

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

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

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

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

SECTION 118. IC 35-46-1-13, AS AMENDED BY P.L.5-2022,

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1 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 2 JULY 1, 2026]: Sec. 13. (a) A person who:

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

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

13 commits a Class B misdemeanor.

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

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

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

29 SECTION 119. IC 36-2-14-18, AS AMENDED BY P.L.186-2025,
 30 SECTION 255, IS AMENDED TO READ AS FOLLOWS
 31 [EFFECTIVE JULY 1, 2026]: Sec. 18. (a) Notwithstanding
 32 IC 5-14-3-4(b)(1), when a coroner investigates a death, the office of the
 33 coroner is required to make available for public inspection and copying
 34 the following:

35 (1) The name, age, address, sex, and race of the deceased.

36 (2) The address where the dead body was found, or if there is no
 37 address the location where the dead body was found and, if
 38 different, the address where the death occurred, or if there is no
 39 address the location where the death occurred.

40 (3) The name of the agency to which the death was reported and
 41 the name of the person reporting the death.

42 (4) The name of any public official or governmental employee



1 present at the scene of the death and the name of the person
 2 certifying or pronouncing the death.
 3 (5) Information regarding an autopsy (requested or performed)
 4 limited to the date, the person who performed the autopsy, where
 5 the autopsy was performed, and a conclusion as to:
 6 (A) the probable cause of death;
 7 (B) the probable manner of death; and
 8 (C) the probable mechanism of death.
 9 (6) The location to which the body was removed, the person
 10 determining the location to which the body was removed, and the
 11 authority under which the decision to remove the body was made.
 12 (7) The records required to be filed by a coroner under section 6
 13 of this chapter and the verdict and the written report required
 14 under section 10 of this chapter.
 15 (b) A county coroner or a coroner's deputy who receives an
 16 investigatory record from a law enforcement agency shall treat the
 17 investigatory record with the same confidentiality as the law
 18 enforcement agency would treat the investigatory record.
 19 (c) Notwithstanding any other provision of this section, a coroner
 20 shall make available a full copy of an autopsy report, other than a
 21 photograph, a video recording, or an audio recording of the autopsy,
 22 upon the written request of a parent of the decedent, an adult child of
 23 the decedent, a next of kin of the decedent, or an insurance company
 24 investigating a claim arising from the death of the individual upon
 25 whom the autopsy was performed. A parent of the decedent, an adult
 26 child of the decedent, a next of kin of the decedent, and an insurance
 27 company are prohibited from publicly disclosing any information
 28 contained in the report beyond that information that may otherwise be
 29 disclosed by a coroner under this section. This prohibition does not
 30 apply to information disclosed in communications in conjunction with
 31 the investigation, settlement, or payment of the claim.
 32 (d) 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:
 36 (1) the director of the division of disability, **aging**, and
 37 rehabilitative services established by IC 12-9-1-1; **or**
 38 (2) the director of the division of mental health and addiction
 39 established by IC 12-21-1-1; **or**
 40 (3) the director of the division of aging established by
 41 IC 12-9-1-1;
 42 in connection with a division's review of the circumstances surrounding



1 the death of an individual who received services from a division or
2 through a division at the time of the individual's death.

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

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

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

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

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

23 (f) Notwithstanding any other provision of this section, a coroner
24 shall make available, upon written request, a full copy of an autopsy
25 report, including a photograph, a video recording, or an audio recording
26 of the autopsy, to the local fetal-infant mortality review team
27 established under IC 16-49-6 for purposes of the local fetal-infant
28 mortality review team conducting a review or an investigation of the
29 circumstances surrounding a fetal death or an infant death (as defined
30 in IC 16-49-6). An autopsy report made available under this subsection
31 is confidential and shall not be disclosed to another individual or
32 agency, unless otherwise authorized or required by law.

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

38 (h) Notwithstanding any other provision of this section, and except
39 as otherwise provided in this subsection, a coroner may make available,
40 upon written request, a full copy of an autopsy report to the peer review
41 committee (as defined in IC 34-6-2.1-145) of a hospital at which the
42 decedent was treated immediately before death for purposes of the



1 hospital's peer review activities. An autopsy report made available
 2 under this subsection:

3 (1) may not include:
 4 (A) a photograph;
 5 (B) a video recording; or
 6 (C) an audio recording;
 7 of the autopsy; and
 8 (2) is confidential and may not be disclosed to another individual
 9 or agency, unless otherwise authorized or required by law.

10 However, if immediately making available an autopsy report under this
 11 subsection will interfere with the coroner's investigation or other legal
 12 proceedings related to the decedent's death, the coroner may delay
 13 making available the requested autopsy related information until the
 14 investigation or other legal proceedings are concluded.

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

18 (1) the autopsy report; or
 19 (2) if applicable, any other report, including a toxicology report,
 20 requested by the coroner as part of the coroner's investigation;
 21 whichever is completed last.

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

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

29 (l) The court shall grant a petition filed under subsection (j) if the
 30 prosecuting attorney proves by a preponderance of the evidence that
 31 public access or dissemination of the information specified in
 32 subsection (a) would create a significant risk of harm to the criminal
 33 investigation of the death. The court shall state in the order the reasons
 34 for granting or denying the petition. An order issued under this
 35 subsection must use the least restrictive means and duration possible
 36 when restricting access to the information. Information to which access
 37 is restricted under this subsection is confidential.

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

41 (1) the public interest will be served by allowing access; and
 42 (2) access to the information specified in subsection (a) would not



1 create a significant risk to the criminal investigation of the death.
 2 The person petitioning the court for modification or termination shall
 3 serve a copy of the petition on the prosecuting attorney and the coroner.

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

6 (1) summarily grant, modify, or dismiss the petition; or
 7 (2) set the matter for hearing.

8 If the court sets the matter for hearing, upon the motion of any party or
 9 upon the court's own motion, the court may close the hearing to the
 10 public.

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

13 (1) the public interest will be served by allowing access; and
 14 (2) access to the information specified in subsection (a) would not
 15 create a significant risk to the criminal investigation of the death;
 16 the court shall modify or terminate its order restricting access to the
 17 information. In ruling on a request under this subsection, the court shall
 18 state the court's reasons for granting or denying the request.

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

20 (1) 455 IAC 1.
 21 (2) 455 IAC 2.
 22 (3) 455 IAC 3.

23 (4) Any other rules the office of the secretary of family and social services identifies to the publisher of the Indiana Administrative Code and Indiana Register concerning aging that are to be transferred.

24 (b) The office of the secretary of family and social services shall submit a statement to the publisher of the Indiana Administrative Code and Indiana Register under IC 4-22-7-7 indicating which rules the secretary of family and social services determines should transfer under subsection (a)(4).

25 (c) The publisher of the Indiana Administrative Code and Indiana Register shall transfer 470 IAC 3.1 from the division of family resources to the division of disability, aging, and rehabilitative services.

26 (d) This SECTION expires December 31, 2026.



1 SECTION 121. [EFFECTIVE JULY 1, 2026] **(a) The legislative**
2 **services agency shall prepare legislation for introduction in the**
3 **2027 regular session of the general assembly to make appropriate**
4 **changes in statutes that are required by this act.**
5 **(b) This SECTION expires December 31, 2027.**
6 SECTION 122. **An emergency is declared for this act.**

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