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SENATE BILL No. 222

Proposed Changes to January 16, 2026 printing by AM022202

DIGEST OF PROPOSED AMENDMENT

Home health agencies. Allows certain home health agencies to continue to provide services to a Medicaid recipient and receive Medicaid reimbursement while the agency's Medicare enrollment application is pending if the agency submitted the application or initiated the enrollment process before April 1, 2026.

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:

18 (A) The cigarette tax fund in accordance with

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1 IC 6-7-1-30.1.
2 (B) Excise tax revenue allocated under IC 7.1-4-7-8.
3 (C) The local road and street account in accordance with
4 IC 8-14-2-4.
5 (2) The board of trustees of Ivy Tech Community College for the
6 board's division of Indiana into service regions under
7 IC 21-22-6-1.
8 (3) The division of disability, **aging**, and rehabilitative services,
9 for establishing priorities for community residential facilities
10 under IC 12-11-1.1 and IC 12-28-4-12.
11 (4) The department of state revenue, for distribution of money
12 from the motor vehicle highway account fund under IC 8-14-1-3.
13 (5) The Indiana economic development corporation, for the
14 evaluation of enterprise zone applications under IC 5-28-15.
15 (6) The alcohol and tobacco commission, for the issuance of
16 permits under IC 7.1.
17 (7) The state board of accounts, for calculating the state share of
18 salaries paid under IC 33-38-5, IC 33-39-6, and IC 33-41-2.

19 SECTION 2. IC 4-1-8-1, AS AMENDED BY P.L.9-2024,
20 SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
21 JULY 1, 2026]: Sec. 1. (a) No individual may be compelled by any
22 state agency, board, commission, department, bureau, or other entity of
23 state government (referred to as "state agency" in this chapter) to
24 provide the individual's Social Security number to the state agency
25 against the individual's will, absent federal requirements to the
26 contrary. However, the provisions of this chapter do not apply to the
27 following:
28 (1) Department of state revenue.
29 (2) Department of workforce development.
30 (3) The programs administered by:
31 (A) the division of family resources;
32 (B) the division of mental health and addiction;
33 (C) the division of disability, **aging**, and rehabilitative
34 services; **and**
35 (D) **the division of aging;** and
36 (E) (D) the office of Medicaid policy and planning;
37 of the office of the secretary of family and social services.
38 (4) State comptroller.
39 (5) State personnel department.
40 (6) Secretary of state, with respect to the registration of
41 broker-dealers, agents, and investment advisors.
42 (7) The lobby registration commission, with respect to the

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

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

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

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

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

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

- (A) has a record of; or
- (B) is regarded as;

having an impairment described in subdivision (1).

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

(1) is an individual with a disability; and

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

(A) with or without reasonable accommodation; or

35 (B) with special accommodation for supported employment.

an applicant with a disability who is certified under sub-

37 (b) may be appointed to a position in a classification for which the
38 applicant is certified.

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

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1 (1) A safety order under IC 22-8-1.1.
2 (2) Any order that:
3 (A) imposes a sanction on a person or terminates a legal
4 right, duty, privilege, immunity, or other legal interest of a
5 person;
6 (B) is not described in section 4 or 5 of this chapter or
7 IC 4-21.5-4; and
8 (C) by statute becomes effective without a proceeding under
9 this chapter if there is no request for a review of the order
10 within a specified period after the order is issued or served.
11 (3) A notice of program reimbursement or equivalent
12 determination or other notice regarding a hospital's
13 reimbursement issued by the office of Medicaid policy and
14 planning or by a contractor of the office of Medicaid policy and
15 planning regarding a hospital's year end cost settlement.
16 (4) A determination of audit findings or an equivalent
17 determination by the office of Medicaid policy and planning or
18 by a contractor of the office of Medicaid policy and planning
19 arising from a Medicaid postpayment or concurrent audit of a
20 hospital's Medicaid claims.
21 (5) A license suspension or revocation under:
22 (A) IC 24-4.4-2;
23 (B) IC 24-4.5-3;
24 (C) IC 28-1-29;
25 (D) IC 28-7-5;
26 (E) IC 28-8-4.1;
27 (F) IC 28-8-5; or
28 (G) IC 28-8-6.
29 (6) An order issued by the secretary or the secretary's designee
30 against providers regulated by the office of the secretary, the 1
31 division bureau of better aging or the bureau of disabilities
32 services and not licensed by the Indiana department of health
33 under IC 16-27 or IC 16-28.
34 (b) When an agency issues an order described by subsection (a),
35 the agency shall give notice to the following persons:
36 (1) Each person to whom the order is specifically directed.
37 (2) Each person to whom a law requires notice to be given.
38 A person who is entitled to notice under this subsection is not a party
39 to any proceeding resulting from the grant of a petition for review
40 under section 7 of this chapter unless the person is designated as a
41 party in the record of the proceeding.
42 (c) The notice must include the following:

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

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

31 subdivision, or other entity, public or private, that
32 (1) is located in Indiana or outside Indiana;
33 (2) contracts with the authority for the financing or refinancing
34 of, or the lease or other acquisition of, health facility property
35 that is located:

36 (A) in Indiana; or
37 (B) outside Indiana, if the financing, refinancing, lease, or
38 other acquisition also includes a substantial component, as
39 determined by the authority, for the benefit of a health
40 facility or facilities located in Indiana;

41 (3) is:
42 (A) licensed under IC 12-25, IC 16-21, IC 16-28, or

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

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1 provides one (1) or more of the following services or facilities in
 2 Indiana:

3 (A) A facility that provides:
 4 (i) health care;
 5 (ii) habilitation, rehabilitation, or therapeutic services;
 6 (iii) medical research;
 7 (iv) training or teaching of health care personnel; or
 8 (v) any related supporting services.

9 (B) A residential facility for:
 10 (i) individuals with a physical, mental, or emotional
 11 disability;
 12 (ii) individuals with a physical or mental illness; or
 13 (iii) the elderly.
 14 (C) A licensed child caring institution providing residential
 15 care described in IC 12-7-2-29(1).

16 SECTION 6. IC 5-10-8-7.3, AS AMENDED BY P.L.143-2022,

17 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 18 JULY 1, 2026]: Sec. 7.3. (a) As used in this section, "covered
 19 individual" means an individual who is:

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

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

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

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

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

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

39 (e) As used in this section, "health benefits plan" means a:
 40 (1) self-insurance program established under section 7(b) of this
 41 chapter to provide group health coverage; or
 42 (2) contract with a prepaid health care delivery plan that is

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

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

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

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

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1 filed in person or by mail. If mailed, the mailing must be postmarked
 2 on or before the last day for filing.

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

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

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

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

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

22 (1) is employed by; or
 23 (2) **is a member of**; or
 24 (2) (3) serves as a volunteer for;

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

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

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

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1 registered under IC 10-14-3.5.

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

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

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

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

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

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

19 (1) educational and occupational qualifications for employment
20 as a probation officer;
21 (2) compensation of probation officers;
22 (3) protection of probation records and disclosure of information
23 contained in those records;
24 (4) presentence investigation reports;
25 (5) a schedule of progressive probation incentives and violation
26 sanctions, including judicial review procedures; and
27 (6) qualifications for probation officers to administer probation
28 violation sanctions under IC 35-38-2-3(e).

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

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

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

42 (1) the implementation and management of probation case

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classification; and

(2) the development and use of workload information.

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

(f) The conference shall, in cooperation with the department of child services and the department of education, provide probation departments with training and technical assistance relating to special education services and programs that may be available for delinquent children or children in need of services. The subjects addressed by the training and technical assistance must include the following:

(1) Eligibility standards.

(2) Testing requirements and procedures.

(3) Procedures and requirements for placement in programs provided by school corporations or special education cooperatives under IC 20-35-5.

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

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

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

(B) coordination with:

(i) individual case plans; and

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

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

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

(g) The conference shall, in cooperation with the division of mental health and addiction (IC 12-21) and the division of disability, **aging**, and rehabilitative services (IC 12-9-1), provide probation departments with training and technical assistance concerning mental illness, addictive disorders, intellectual disabilities, and developmental disabilities, including evidence based treatment programs for mental illness and addictive disorders and cognitive behavior treatment.

(h) The conference shall make recommendations to courts and

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1 probation departments concerning:

2 (1) selection, training, distribution, and removal of probation

3 officers;

4 (2) methods and procedure for the administration of probation,

5 including investigation, supervision, workloads, record keeping,

6 and reporting; and

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

8 (i) The conference may delegate any of the functions described in

9 this section to the advisory committee or the office of judicial

10 administration.

11 SECTION 12. IC 12-7-2-24, AS AMENDED BY P.L.241-2023,

12 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

13 JULY 1, 2026]: Sec. 24. "Bureau" means the following:

14 (1) For purposes of IC 12-10, the bureau of **better aging and**

15 ~~in-home services~~ established by IC 12-10-1-1.

16 (2) For purposes of IC 12-11, the bureau of disabilities services

17 established by IC 12-11-1.1-1.

18 (3) For purposes of IC 12-12, the rehabilitation services bureau

19 of the division of disability, **aging**, and rehabilitative services

20 established by IC 12-12-1-1.

21 SECTION 13. IC 12-7-2-24.8 IS AMENDED TO READ AS

22 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 24.8. "Caretaker", for

23 purposes of ~~IC 12-10.5~~, IC 12-10, has the meaning set forth in

24 ~~IC 12-10.5-1-1~~, IC 12-10-22-1.

25 SECTION 14. IC 12-7-2-26.4 IS ADDED TO THE INDIANA

26 CODE AS A **NEW** SECTION TO READ AS FOLLOWS

27 [EFFECTIVE JULY 1, 2026]: Sec. 26.4. "Certified peer", for

28 purposes of IC 12-21, means an individual who is trained and

29 certified by the division of mental health and addiction or an

30 approved nationally accredited certification body to provide

31 ongoing support to individuals and families of individuals who are

32 receiving mental health or substance use recovery supports and

33 services.

34 SECTION 15. IC 12-7-2-39, AS AMENDED BY P.L.117-2015,

35 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

36 JULY 1, 2026]: Sec. 39. "Community intellectual disability and other

37 developmental disabilities centers", for purposes of IC 12-29 (except

38 as provided in IC 12-29-3-6), means a program of services that meets

39 the following conditions:

40 (1) Is approved by the division of disability, **aging**, and

41 rehabilitative services.

42 (2) Is organized for the purpose of providing multiple services

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1 for persons with developmental disabilities.

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

3 the following:

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

5 of Indiana.

6 (B) An agency of the state.

7 (C) An agency of the United States.

8 (D) A political subdivision of another state.

9 (E) A hospital owned or operated by a unit of government

10 described in clauses (A) through (D).

11 (F) A building authority organized for the purpose of

12 constructing facilities to be leased to units of government.

13 (G) A corporation incorporated under IC 23-7-1.1 (before

14 its repeal August 1, 1991) or IC 23-17.

15 (H) A nonprofit corporation incorporated in another state.

16 (I) A university or college.

17 (4) Is accredited for the services provided by one (1) of the

18 following organizations:

19 (A) The Commission on Accreditation of Rehabilitation

20 Facilities (CARF), or its successor.

21 (B) The Council on Quality and Leadership in Supports for

22 People with Disabilities, or its successor.

23 (C) The Joint Commission on Accreditation of Healthcare

24 Organizations (JCAHO), or its successor.

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

26 successor.

27 (E) An independent national accreditation organization

28 approved by the secretary.

29 SECTION 16. IC 12-7-2-64, AS AMENDED BY P.L.149-2016,

30 SECTION 42, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

31 JULY 1, 2026]: Sec. 64. "Director" refers to the following:

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

33 division.

34 (2) With respect to a particular state institution, the director who

35 has administrative control of and responsibility for the state

36 institution.

37 (3) For purposes of IC 12-10-15, the term refers to the director

38 of the **division bureau of better aging**.

39 (4) For purposes of IC 12-25, the term refers to the director of

40 the division of mental health and addiction.

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

42 (A) refers to the director who has administrative control of

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1 and responsibility for the appropriate state institution; and
 2 (B) includes the director's designee.

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

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

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

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

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

15 (4) (3) The division of mental health and addiction established
 16 by IC 12-21-1-1.

17 (b) The term refers to the following:

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

21 (A) IC 12-9.

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

23 (C) ~~IC 12-11.~~

24 (D) ~~IC 12-12.~~

25 (E) ~~IC 12-12.7.~~

26 (F) ~~IC 12-28-5.~~

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

29 (A) ~~IC 12-9.1.~~

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

31 (C) ~~IC 12-10.5.~~

32 (3) (2) For purposes of the following statutes, the division of
 33 family resources established by IC 12-13-1-1:

34 (A) IC 12-8-12.

35 (B) IC 12-13.

36 (C) IC 12-14.

37 (D) IC 12-15.

38 (E) IC 12-16.

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

40 (G) ~~IC 12-17.2.~~

41 (H) ~~IC 12-18.~~

42 (I) ~~IC 12-19.~~



⊕ (J) L 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.

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

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

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

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

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

- (1) IC 12-8-1.5-10.
- (2) IC 12-12-1.
- (3) IC 12-12-6.

SECTION 20. IC 12-7-2-146, AS AMENDED BY P.L.174-2025, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 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

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

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

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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 subsection (a); and

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

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

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

14 (1) supersedes in whole or in part the department of mental
15 health rule; or
16 (2) makes the department of mental health rule inapplicable.

(2) repeals the department of mental health rule.

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

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

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

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

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

36 (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 subsection (c); and

40 subsection (a), and
41 (2) provides authority to the department of mental health that has
42 been transferred to the division of disability, **aging**, and

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

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

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

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

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

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

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

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

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1 department of mental health.

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

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

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

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

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

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

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

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

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

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

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

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

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

40 (3) Responsibilities in administering the state plan.

41 (4) Responsibilities for Medicaid fiscal and quality
 42 accountability and audits for developmental disability and long

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1 term care services.

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

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

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

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

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

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

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

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

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

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

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

40 (i) IC 12-10-6.

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

42 (B) Epilepsy services.

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(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.

12 (5) The group.

14 purchase of services if all the following apply:
15 (A) The purchases are made under a contract between the

state agency and the office of the secretary.

17 (B) The contract includes a requirement that the office of
18 the secretary perform the duties and exercise the powers

19 described in this chapter.
20 (C) The contract is approved by the budget agency.

21 (7) The division of mental health and addiction.

22 SECTION 32. IC 12-9-1-1, AS AMENDED BY P.L.141-2006,

23 SECTION 31, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
24 JULY 1, 2026]: Sec. 1. The division of disability, **aging**, and
25 rehabilitative services is established.

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

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

34 IC 12-12.7-1-1.

38 JULY 1, 2026]: Sec. 2. The division of disability and rehabilitative
39 services advisory council is established to advise and assist the division
40 of disability, **aging**, and rehabilitative services in its effort to develop
41 and sustain a system of supports and services for people with
42 intellectual and developmental disabilities. The council will provide

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1 technical expertise and lived experiences and advise on specific areas
 2 such as:

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

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

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

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

41 (1) Programs established under any of the following statutes:
 42 (A) This article.

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1 with a disability under IC 12-10-10.
2 (7) Long term care advocacy under IC 12-10-13.
3 (8) Nutrition services and home delivered meals.
4 (9) Title III B supportive services.
5 (10) Title III D in-home services.
6 (11) Aging programs under the Social Services Block Grant.
7 (12) United States Department of Agriculture elderly feeding
8 program.
9 (13) Title V senior employment.
10 (14) PASARR under older adult services.

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

15 (1) Determine the needs and resources of the aged in the area.
16 (2) Coordinate, in cooperation with other agencies or
17 organizations in the area, region, district, or county, all programs
18 and activities providing health, recreational, educational, or
19 social services for the aged.
20 (3) Secure local matching money from public and private
21 sources to provide, improve, or expand the sources available to
22 meet the needs of the aged.
23 (4) Develop, in cooperation with the division and in accordance
24 with the regulations of the commissioner of the federal
25 Administration on Aging, an area plan for each planning and
26 service area to provide for the following:
27 (A) A comprehensive and coordinated system for the
28 delivery of services needed by the aged in the area.
29 (B) The collection and dissemination of information and
30 referral sources.
31 (C) The effective and efficient use of all resources meeting
32 the needs of the aged.
33 (D) The inauguration of new services and periodic
34 evaluation of all programs and projects delivering services
35 to the aged, with special emphasis on the low income and
36 minority residents of the planning and service area.
37 (E) The establishment, publication, and maintenance of a
38 toll free telephone number to provide information,
39 counseling, and referral services for the aged residents of
40 the planning and service area.
41 (5) Conduct case management (as defined in IC 12-10-10-1).
42 (6) Perform any other functions required by regulations

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

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

16 SECTION 42. IC 12-10-5.7-4, AS ADDED BY P.L.146-2023,

17 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
18 JULY 1, 2026]: Sec. 4. (a) An area agency may establish a dementia
19 care specialist program under which an area agency may designate an
20 employee as a dementia care specialist for the area agency to
21 administer the program.

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

25 (1) Conducting education and outreach activities to increase
26 community awareness of dementia and resources available to
27 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:

31 (A) has dementia; or
32 (B) suffers from symptoms of dementia or a related
33 cognitive disease.

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

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

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1 determine health outcomes tied to the dementia care specialist
 2 programming.

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

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

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

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

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

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

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

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

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

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

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

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

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

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1 supplement the appropriation for community based residential care
 2 programs established under IC 12-22-2 or community based residential
 3 programs established under IC 12-11-1.1-1.

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

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

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

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

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

18 (A) represent senior citizens; and
 19 (B) have statewide membership.

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

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

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

28 (B) have statewide membership.

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

31 (A) represent individuals with mental illness; and
 32 (B) have statewide membership.

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

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

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

39 (A) organizations;
 40 (B) associations; or

41 (C) nongovernmental agencies;

42 that advocate on behalf of home care consumers, including an

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organization listed in subdivision (3) that represents senior citizens or persons with disabilities.

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

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

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

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

(A) represent direct service workers; and

(B) have statewide membership.

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

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

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

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

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

42 (1) the area agencies on aging; and

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

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

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

Chapter 20. Dementia Strategic Plan

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

Sec. 2. (a) The dementia strategic plan must include the 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

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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.

(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.

(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.

31 **(5) Identify strategies to enhance the quality of care for**
32 **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.

41 (6) Recommend strategies to decrease health disparities
42 concerning dementia in ethnic and racial populations in

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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 JC 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 working in a dementia care specialist program.

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

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 JC 12-10-5.7

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

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

Chapter 21. Yellow Dot Motor Vehicle Medical Information

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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 care providers of the program participant.**

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(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

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1 contact about the location and general condition of the
 2 program participant; and

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

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

11 (1) is unable to make contact with the program participant's
 12 emergency contact after a good faith attempt; or
 13 (2) disseminates or fails to disseminate any information from
 14 the yellow dot folder to other emergency medical responders,
 15 other responders, hospitals, or any health care providers that
 16 render emergency medical treatment to the program
 17 participant.

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

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

25 **Chapter 22. Caretaker Support Program**

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

28 (1) provides ongoing care for an individual who:

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

30 (B) has special needs; and

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

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

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

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

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

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

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

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(b) The bureau shall do the following:

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

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

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

(1) a caretaker; or

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

are eligible for the caretaker support program.

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

(1) Information for caretakers about available services.

(2) Assistance to caretakers in gaining access to the services.

(3) Individual counseling, organization of support groups, and caretaker training to assist caretakers in making decisions and solving problems in the individual's role as caretaker.

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

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

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

Sec. 9. Rules adopted under this chapter must:

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

(2) serve distinct populations, including:

(A) the aged;

(B) persons with developmental disabilities; and

(C) persons with physical disabilities;

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

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

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

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

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

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

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

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

17 (C) The division of special education of the department of
 18 education.

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

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

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

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

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

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

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

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

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

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

7 (A) the state plan;

8 (B) a Medicaid waiver; or

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

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

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

14 (A) The state plan.

15 (B) A Medicaid waiver.

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

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

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

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

24 (3) The budget committee.

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

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

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

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

37 (2) Training and certification requirements.

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

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

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

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

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

13 (1) Death of a primary caregiver.

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

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

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

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

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

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

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

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

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

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

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

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

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1 the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

40 (d) Each single violation by a ~~hospital~~ **provider** of any of the
41 performance standards under subsection (c) counts as one (1) violation
42 for the presumptive eligibility determination. Each subsequent

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1 violation of a performance standard is an additional violation for
 2 purposes of this section.

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

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

11 (2) Notice that a second finding on noncompliance with a
 12 standard will result in a requirement that the **hospital's**
 13 **provider's**¹ applicable staff participate in mandatory training on
 14 **hospital provider** presumptive eligibility rules and standards
 15 that is performed by the office of the secretary.

16 (3) A description of the available appeal procedures that the¹
 17 **hospital provider** may use to dispute the finding of a violation
 18 of presumptive eligibility standards.

19 (f) If the office of the secretary determines that a **hospital**
 20 **provider**¹ has failed to meet any of the presumptive eligibility
 21 standards under this section in any presumptive eligibility
 22 determination by the **hospital provider** for a second time within a
 23 twelve (12) month period of a first violation, the office of the secretary
 24 shall notify the **hospital provider**¹ in writing not later than five (5)
 25 days after the determination that a second violation has occurred. The
 26 written notice must include the following:

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

30 (2) Notice that the **hospital's** **provider's** applicable staff must
 31 participate in mandatory training on **hospital provider**¹
 32 presumptive eligibility rules and standards that is performed by
 33 the office of the secretary, and information concerning the date,
 34 time, and location of the training by the office.

35 (3) A description of the available appeal procedures that the¹
 36 **hospital provider** may use to dispute the finding of a violation
 37 of presumptive eligibility standards.

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



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

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

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

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

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

23 (h) If a **hospital provider** appeals a finding of a violation of
 24 presumptive eligibility standards described in subsection (g), the **[L]**
 25 **hospital provider** must provide clear and convincing evidence during
 26 the appeals process that the standard was met by the **hospital**
 27 **provider**.

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

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

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

41 **(b) Notwithstanding any other law, rule, or bulletin, a home**
 42 **health agency licensed under IC 16-27-1 may continue to provide**

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1 services to a Medicaid recipient and receive Medicaid
 2 reimbursement for the services while the home health agency's
 3 application for Medicare enrollment is pending if the home health
 4 agency:

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

10 before April 1, 2026.

11 1 SECTION 6~~↔~~[1]. IC 12-15-32-10, AS AMENDED BY
 12 P.L.141-2006, SECTION 55, IS AMENDED TO READ AS
 13 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10. (a) An applicant for
 14 Medicaid who desires to be placed in a community residential facility
 15 must first receive a diagnostic evaluation to be provided by the division
 16 of disability, **aging**, and rehabilitative services.

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

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

22 SECTION 6~~↔~~[2]. IC 12-15-35-28, AS AMENDED BY
 23 P.L.213-2025, SECTION 114, IS AMENDED TO READ AS
 24 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 28. (a) The board has
 25 the following duties:

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

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

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

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- (A) The Indiana board of pharmacy.
- (B) The medical licensing board of Indiana.
- (C) The SURS staff.

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

- (A) Identifying and reducing the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and recipients.
- (B) Potential or actual severe or adverse reactions to drugs.
- (C) Therapeutic appropriateness.
- (D) Overutilization or underutilization.
- (E) Appropriate use of generic drugs.
- (F) Therapeutic duplication.
- (G) Drug-disease contraindications.
- (H) Drug-drug interactions.
- (I) Incorrect drug dosage and duration of drug treatment.
- (J) Drug allergy interactions.
- (K) Clinical abuse and misuse.

(8) The adoption and implementation of procedures designed to ensure the confidentiality of any information collected, stored, retrieved, assessed, or analyzed by the board, staff to the board, or contractors to the DUR program that identifies individual physicians, pharmacists, or recipients.

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

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

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1 drug list for:

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

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

4 provides a prescription drug benefit and subject to

5 IC 12-15-5; and

6 (C) the children's health insurance program under

7 IC 12-17.6;

8 in consultation with the therapeutics committee.

9 (11) The approval of the review and maintenance of the

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

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

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

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

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

15 under IC 5-14-6.

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

17 to treatment of children diagnosed with attention deficit disorder

18 or attention deficit hyperactivity disorder.

19 (14) Advising the Indiana comprehensive health insurance

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

21 implementation of chronic disease management and

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

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

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

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

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

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

28 (1) Use literature abstracting technology.

29 (2) Use commonly accepted guidance principles of disease

30 management.

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

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

33 appropriateness of a particular drug in treating a specific medical

34 condition.

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

36 implications of other components of the state's Medicaid

37 program and other state funded programs.

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

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

40 preferred drug list.

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

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

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

10 (1) in a therapeutic classification:
 11 (A) that has not been reviewed by the board; and
 12 (B) for which prior authorization is not required; or
 13 (2) the sole drug in a new therapeutic classification that has not
 14 been reviewed by the board.

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

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

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

- 22 (A) To override a prospective drug utilization review alert.
- 23 (B) To permit reimbursement for a medically necessary
- 24 brand name drug that is subject to generic substitution
- 25 under IC 16-42-22-10.
- 26 (C) To prevent fraud, abuse, waste, overutilization, or
- 27 inappropriate utilization.
- 28 (D) To permit implementation of a disease management
- 29 program.
- 30 (E) To implement other initiatives permitted by state or
- 31 federal law.

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

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

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

- 41 (1) The cost of administering the preferred drug list.
- 42 (2) Any increase in Medicaid physician, laboratory, or hospital

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1 costs or in other state funded programs as a result of the
 2 preferred drug list.

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

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

7 (A) approved; and
 8 (B) disapproved.

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

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

15 SECTION 6~~↔~~[3]. IC 12-16-1-1, AS AMENDED BY
 16 P.L.56-2023, SECTION 114, IS AMENDED TO READ AS
 17 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. As used in this
 18 chapter, "affected agency" means any of the following:

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

23 SECTION 6~~↔~~[4]. IC 12-16-2.5-5, AS AMENDED BY
 24 P.L.56-2023, SECTION 115, IS AMENDED TO READ AS
 25 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. The hospital care for
 26 the indigent program does not apply to inmates and patients of
 27 institutions of the department of correction, the Indiana department of
 28 health, the division of mental health and addiction, **the division of**
 29 **aging**, or the division of disability, **aging**, and rehabilitative services.

30 SECTION 6~~↔~~[5]. IC 12-16-10.5-1, AS AMENDED BY
 31 P.L.141-2006, SECTION 58, IS AMENDED TO READ AS
 32 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. The division shall,
 33 with the advice of the division's medical staff, the division of mental
 34 health and addiction, **the division of aging**, the division of disability,
 35 **aging**, and rehabilitative services, and other individuals selected by the
 36 director of the division, adopt rules under IC 4-22-2 to do the
 37 following:

38 (1) Provide for review and approval of services paid under the
 39 hospital care for the indigent program.
 40 (2) Establish limitations consistent with medical necessity on the
 41 duration of services to be provided.
 42 (3) Specify the amount of and method for reimbursement for

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1 services.

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

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

10 (1) is applicable only to micro facilities;

11 (2) incorporates waivers or variances from the office of the
12 secretary's rules applicable to providers under this article; and

13 (3) provides for a balance between the goals of:

14 (A) increasing the availability of child care, particularly in
15 geographic areas facing a critical shortage of child care, by
16 reducing the costs of operating a micro facility; and

17 (B) ensuring the health and safety of children for whom a
18 micro facility provides child care.

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

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

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

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

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

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

32 (A) operates an existing micro facility; or

33 (B) proposes to begin operating a new micro facility not
34 more than sixty (60) days after the date of the licensee's
35 application under this subdivision;

36 may apply to participate in the pilot program in a manner
37 prescribed by the office of the secretary;

38 (2) the office of the secretary shall select at least three (3)
39 licensees that apply under subdivision (1) and:

40 (A) allow a selected licensee described in subdivision

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

42 (B) allow a selected licensee described in subdivision

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(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).

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

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

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

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

19 SECTION 6-~~6~~7. IC 12-17.2-7.6-5, AS ADDED BY
20 P.L.92-2024, SECTION 28, IS AMENDED TO READ AS FOLLOWS
21 [EFFECTIVE JULY 1, 2026]: Sec. 5. This chapter expires ~~January 1,~~
22 ~~2027.~~ **January 1, 2028.**

23 SECTION 6-~~7~~[8]. IC 12-21-2-3, AS AMENDED BY
24 P.L.104-2024, SECTION 47, IS AMENDED TO READ AS
25 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 3. The secretary or the
26 secretary's designee shall do the following:

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

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

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

36 assistant directors, bureau heads, and superintendents.
37 (4) Study the entire problem of mental health, mental illness, and
38 addictions existing in Indiana.

39 (3) Adopt rules under IC 12-22-2 for the following.
40 (A) Standards for the operation of private institutions that
41 are licensed under IC 12-25 for the diagnosis, treatment,
42 and care of individuals with psychiatric disorders

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addictions, or other abnormal mental conditions.

(B) Licensing or certifying community residential programs described in IC 12-22-2-3.5 for individuals with serious mental illness (SMI), serious emotional disturbance (SED), or chronic addiction (CA) with the exception of psychiatric residential treatment facilities.

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

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

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

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

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

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

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

(i) Certified community behavioral health clinics.

(ii) Recovery community organizations.

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

(iv) Certified peers.

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

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1 postgraduate degrees and to provide continuing education and
 2 research.

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

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

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

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

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

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

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

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

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



1 IC 12-7-2-3.1).

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

4 SECTION 7~~0~~¹[1]. IC 12-24-1-8, AS AMENDED BY
5 P.L.141-2006, SECTION 63, IS AMENDED TO READ AS
6 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) Each state
7 institution shall post a notice that a resident, the legal representative of
8 the resident, or another individual designated by the resident may
9 request from the individual in charge of each shift information that
10 designates the names of all nursing personnel or direct care staff on
11 duty by job classification for the:

12 (1) wing;
13 (2) unit; or

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

16 (b) The notice required under subsection (a) must meet the
17 following conditions:

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

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

22 (3) Contain the:

23 (A) business telephone number of the superintendent of the
24 state institution; and

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

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

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

38 (c) The director of the:

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

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

42 SECTION 7~~0~~¹[2]. IC 12-24-11-2, AS AMENDED BY

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

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

**AUTHORIZATION TO RELEASE
MEDICAL AND TREATMENT
RECORDS**

25 I agree to permit _____
26 (name of state institution)

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

28 _____ to _____
29 (patient's name) (name of local agency
30 serving the needs of
31 individuals with a developmental
32 disability)

33 _____
34 (date) _____ (signature)

35 _____
36 (address)

37 _____
38 (signature of individual (relationship to patient if
39 securing release of
40 medical and treatment
41
1) signature is not that of the
patient)

41 records)
42 (e) If a patient knowingly signs the form for the release of medical

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

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

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

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

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

22 SECTION 7~~3~~²²₁₈₇₋₂₀₁₅ [3]. IC 12-24-12-10, AS AMENDED BY
 23 P.L.187-2015, SECTION 22, IS AMENDED TO READ AS
 24 FOLLOWING [EFFECTIVE JULY 1, 2026]: Sec. 10. (a) Upon admission
 25 to a state institution administered by the division of mental health and
 26 addiction, the gatekeeper is one (1) of the following:

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

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

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

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

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

39 (3) An individual who is immediately subject to a civil
 40 commitment upon the individual's release from incarceration in
 41 a facility administered by the department of correction or the
 42 Federal Bureau of Prisons, or upon being charged with or

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

6 SECTION 7~~4~~4. IC 12-26-6-8, AS AMENDED BY P.L.9-2020,

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

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

23 (1) That the community mental health center has evaluated the
24 individual.

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

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

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

39 (f) If the court makes a finding under subsection (a) (including a
40 finding in reference to a child under IC 31-37-18-3), the court shall
41 transmit any information required by the office of judicial
42 administration to the office of judicial administration for transmission

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1 to the NICS (as defined in IC 35-47-2.5-2.5) in accordance with
 2 IC 33-24-6-3.

3 SECTION 7~~4~~5. IC 12-26-7-3, AS AMENDED BY P.L.9-2020,
 4 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 5 JULY 1, 2026]: Sec. 3. (a) A petition filed under section 2 of this
 6 chapter must include a physician's written statement that states both of
 7 the following:

8 (1) The physician has examined the individual within the past
 9 thirty (30) days.

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

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

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

18 (1) The community mental health center has evaluated the
 19 individual.

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

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

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

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

41 SECTION 7~~6~~7. IC 12-28-4-5, AS AMENDED BY P.L.99-2007,
 42 SECTION 140, IS AMENDED TO READ AS FOLLOWS

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1 [EFFECTIVE JULY 1, 2026]: Sec. 5. For residential facilities for
 2 individuals with a developmental disability that are not certified for
 3 financial participation under the Medicaid program, the division of
 4 disability, **aging**, and rehabilitative services shall approve appropriate
 5 staffing limitations consistent with the program needs of the residents
 6 as a part of the division's rate setting procedures.

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

18 SECTION 7~~8~~⁹[9]. IC 12-28-4-12, AS AMENDED BY
 19 P.L.141-2006, SECTION 72, IS AMENDED TO READ AS
 20 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 12. (a) Subject to the
 21 availability of money and consistent with needs assessment, the
 22 division of disability, **aging**, and rehabilitative services shall give
 23 priority to the establishment of residential facilities, other than the
 24 facilities described in section 3 of this chapter, in counties in which the
 25 ratio of the number of residential facility beds to county population is
 26 in the lowest twenty-five percent (25%) when compared to all other
 27 Indiana counties. The division of disability, **aging**, and rehabilitative
 28 services may operate residential facilities established under this
 29 section.

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

37 SECTION ~~79~~⁸⁰[80]. IC 12-28-4-13, AS AMENDED BY
 38 P.L.99-2007, SECTION 145, IS AMENDED TO READ AS
 39 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 13. (a) The division of
 40 disability, **aging**, and rehabilitative services may operate a program
 41 known as the development and lease effort. Under the program, the
 42 division of disability, **aging**, and rehabilitative services may develop

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

6 (1) That the state will lease a building for not more than ten (10)
 7 years for use as a residential facility for individuals with autism.
 8 (2) That the state will retain the right to extend the term of the
 9 lease for not more than ten (10) years at the conclusion of the first
 10 ten (10) years.

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

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

17 SECTION 8~~⑩~~⑪. IC 12-28-5-10, AS AMENDED BY
 18 P.L.210-2015, SECTION 62, IS AMENDED TO READ AS
 19 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10. The division of
 20 disability, **aging**, and rehabilitative services shall do the following:

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

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

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

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

37 (B) Classification of supervised group living facilities.

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

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

42 SECTION 8~~⑩~~⑪. IC 12-28-5-16, AS AMENDED BY

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

14 SECTION 8~~22~~³ [3]. IC 12-28-5-18.5, AS ADDED BY
 15 P.L.213-2015, SECTION 137, IS AMENDED TO READ AS
 16 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 18.5. (a) The division
 17 of disability, **aging**, and rehabilitative services shall increase the
 18 reimbursement rate for services provided to an individual who receives
 19 services:

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

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

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

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

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

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

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

36 (B) five percent (5%).

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

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

8 SECTION 8~~↔~~[4]. IC 12-29-1-7, AS AMENDED BY
 9 P.L.117-2015, SECTION 29, IS AMENDED TO READ AS
 10 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7. (a) On the first
 11 Monday in October, the county auditor shall certify to:

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

15 (2) the president of the board of directors of each center;
 16 the amount of money that will be provided to the center under this
 17 chapter.

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

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

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

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

27 SECTION 8~~↔~~[5]. IC 12-29-3-6, AS AMENDED BY
 28 P.L.117-2015, SECTION 30, IS AMENDED TO READ AS
 29 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) As used in this
 30 section, "community mental retardation and other developmental
 31 disabilities center" means a community center that is:

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

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

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

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

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

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(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.

(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 8~~5~~6. 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

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1 IC 12-15-43.

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

4 SECTION 8~~6~~⁷ IC 16-27-4-5, AS AMENDED BY
5 P.L.141-2006, SECTION 83, IS AMENDED TO READ AS
6 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) As used in this
7 chapter, "personal services agency" means a person that provides or
8 offers to provide a personal service for compensation, whether through
9 the agency's own employees or by arrangement with another person.

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

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

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

20 (3) A person that:

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

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

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

28 SECTION 8~~7~~⁸ IC 16-28.5-2-2, AS ADDED BY P.L.147-2023,

29 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
30 JULY 1, 2026]: Sec. 2. A housing with services establishment that
31 offers memory care services must register with the **division of aging**
32 **bureau of better aging** established by ~~IC 12-9.1-1-1~~ IC 12-10-1-1.

33 SECTION 8~~8~~⁹ IC 16-32-2-3, AS AMENDED BY P.L.56-2023,

34 SECTION 152, IS AMENDED TO READ AS FOLLOWS
35 [EFFECTIVE JULY 1, 2026]: Sec. 3. The committee shall be
36 composed of the following members:

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

39 (2) The commissioner of the Indiana department of administration
40 or the commissioner's designee.

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

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

3 (5) The commissioner of the state department or the
 4 commissioner's designee.

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

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

9 SECTION ~~89~~⁹⁰. IC 16-32-2-4, AS AMENDED BY
 10 P.L.141-2006, SECTION 87, IS AMENDED TO READ AS
 11 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 4. The members of the
 12 committee shall be reimbursed for expenses at a rate equal to that of
 13 state employees on a per diem basis by the division of disability, **aging**,
 14 and rehabilitative services.

15 SECTION 9~~8~~⁹. IC 16-32-2-5, AS AMENDED BY
 16 P.L.141-2006, SECTION 88, IS AMENDED TO READ AS
 17 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. The director of the
 18 division of disability, **aging**, and rehabilitative services shall designate
 19 a staff member to act as executive secretary to the committee.

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

29 (1) The name of the patient.

30 (2) The type of action taken.

31 (3) The date of the action.

32 (4) The reason for the action.

33 (5) The names of the treating physician, the physician
 34 independent of the appropriate facility, and any other physician
 35 who entered an opinion that was contrary to the treating
 36 physician's opinion.

37 SECTION 9~~8~~⁹. IC 16-39-2-2, AS AMENDED BY
 38 P.L.141-2006, SECTION 90, IS AMENDED TO READ AS
 39 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. A record for each
 40 patient receiving mental health services shall be maintained by the
 41 provider. The mental health record must contain the information that
 42 the division of mental health and addiction, the division of disability,

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1 **aging**, and rehabilitative services, or the state department requires by
 2 rule. The provider is:

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

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

10 SECTION 9~~↔~~[\[4\]](#). IC 16-39-2-6, AS AMENDED BY
 11 P.L.243-2025, SECTION 11, IS AMENDED TO READ AS
 12 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) Without the
 13 consent of the patient, the patient's mental health record may only be
 14 disclosed as follows:

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

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1 conditions are met:

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

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

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

9 (D) A patient is in the custody of a law enforcement officer or
10 agency for any reason and:
11 (i) the information to be released is limited to medications
12 currently prescribed for the patient or to the patient's history
13 of adverse medication reactions; and
14 (ii) the provider determines that the release of the medication
15 information will assist in protecting the health, safety, or
16 welfare of the patient.

17 Mental health records released under this clause must be
18 maintained in confidence by the law enforcement agency
19 receiving them.

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

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

25 (10) To the extent necessary to satisfy reporting requirements
26 under the following statutes:

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

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

41 (A) IC 12-24-11-2.
42 (B) IC 12-24-12-3, IC 12-24-12-4, and IC 12-24-12-6.

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1 (C) IC 12-26-11.

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

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

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

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

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

15 (C) The request specifies an individual patient.

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

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

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

25 (i) the patient's name, age, and address;

25 (i) the patient's name, age, and address;
26 (ii) the date of the patient's admission to or discharge from
27 the facility; and

27 the facility, and
28 (iii) any information that indicates whether or not the patient
29 has a history of violence or presents a danger to the person
30 under protection.

30 under protection.
31 (16) To the statewide bureau of disabilities services ombudsman
32 established under IC 12-11-13, in the performance of the
33 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

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1 patient's individualized mental health safety plan from a psychiatric
2 crisis center, psychiatric inpatient unit, or psychiatric residential
3 treatment provider. Each psychiatric crisis center, psychiatric inpatient
4 unit, and psychiatric residential treatment provider shall, upon request
5 and without the consent of the patient, share a patient's individualized
6 mental health safety plan that is in the standard format established by
7 the division of mental health and addiction under IC 12-21-5-6 with the
8 following individuals who demonstrate proof of licensure and commit
9 to protecting the information in compliance with state and federal
10 privacy laws:

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

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

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

27 SECTION 9~~44~~5. IC 16-40-1-2, AS AMENDED BY
28 P.L.146-2008, SECTION 449, IS AMENDED TO READ AS
29 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) Except as
30 provided in subsection (b), each:

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1 maintenance organizations.
 2 (8) Hospitals.
 3 (9) Women's health organizations.
 4 (10) Nonprofit entities.
 5 (11) Community organizations.

6 SECTION 9~~7~~8. IC 16-41-18.6-2, AS AMENDED BY THE
 7 TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL
 8 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 9 JULY 1, 2026]: Sec. 2. (a) The state department may promote a
 10 national Parkinson's disease organization's initiatives to educate and
 11 train physicians, other health care providers, and human services
 12 providers on the most current and accurate scientific and medical
 13 information regarding the following concerning Parkinson's disease:

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

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

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

29 SECTION 9~~8~~9. IC 16-41-18.6-3, AS ADDED BY
 30 P.L.108-2011, SECTION 2, IS AMENDED TO READ AS FOLLOWS
 31 [EFFECTIVE JULY 1, 2026]: Sec. 3. The state department may
 32 participate in identifying the appropriate partners to aid in the
 33 education components of this chapter, including the following:

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

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(9) Women's health organizations.

(10) Nonprofit entities.

(11) Community organizations.

SECTION ~~99~~[100]. IC 20-26-11-8, AS AMENDED BY P.L.86-2018, SECTION 176, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) A student who is placed in a state licensed private or public health care facility or child care facility:

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

(2) by a court order; or

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

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

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

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

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

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

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

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

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

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

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

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4 (3) The student was moved from the child caring institution to a
5 licensed foster family home supervised by the child caring
6 institution either:

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

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

17 (f) A student:

17 (1) A student:

18 (1) who is placed in a facility, home, or institution described in

19 subsection (a), (b), or (c);

20 (2) to whom neither subsection (d) nor (e) applies; and

21 (3) for whom there is no other entity or person required to pay

22 transfer tuition;

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

SECTION 10~~↔~~[1]. 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.

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

40 (1) citizens of Indiana;
41 (2) representative of the state's population; and
42 (3) selected on the basis of their involvement in or concern with



the education of children with disabilities.

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

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

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

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(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.

10 (2) Meet as often as necessary to conduct the council's business
11 at the call of the chairperson, upon ten (10) days written notice,
12 but not less than four (4) times a year.

16 (g) The secretary of education shall do the following:

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

the performance of the state advisory council's powers and duties.

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

take action.

SECTION 10~~↔~~[2]. IC 20-35-8-2, AS AMENDED BY P.L.56-2023, SECTION 197, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) The state board shall adopt rules under IC 4-22-2 to establish limits on the amount of transportation that may be provided in the student's individualized education program. Unless otherwise specially shown to be essential by the child's individualized education program, in case of residency in a public or private facility, these rules must limit the transportation required by the student's individualized education program to the following:

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

36 (2) Round trip transportation each school holiday period.

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

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

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(c) If a student receives a special education:

- (1) in a facility operated by:
 - (A) the Indiana department of health;
 - (B) the division of disability, **aging**, and rehabilitative services;
or
 - (C) the division of mental health and addiction;
- (2) at the Indiana School for the Blind and Visually Impaired; or
- (3) at the Indiana School for the Deaf;

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

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

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

SECTION 10 ~~[3]~~ [3]. IC 21-12-2-2, AS ADDED BY P.L.22-2018, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) This section applies to an individual who receives financial benefits or financial resources from the following sources:

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

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

(3) The federal Social Security Act.

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

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

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

(3) The federal Social Security Act.

9 SECTION 10~~3~~[4]. IC 21-15-2-1, AS AMENDED BY
10 P.L.22-2018, SECTION 2, IS AMENDED TO READ AS FOLLOWS
11 [EFFECTIVE JULY 1, 2026]: Sec. 1. (a) This section applies to the
12 board of trustees of the following state educational institutions:

(1) Ball State University.

(2) Indiana University.

(3) Indiana State University.

(4) Purdue University.

(5) University of Southern Indiana.

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

(1) scholarships;

(2) fellowships;

(3) loans; and

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

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

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

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

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

(3) The federal Social Security Act.

42 SECTION 10~~44~~[5]. IC 21-15-2-3, AS AMENDED BY

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

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

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

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

17 (3) The federal Social Security Act.

18 SECTION 10~~↔~~[↔][6]. IC 21-15-2-5, AS ADDED BY P.L.22-2018,
 19 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 20 JULY 1, 2026]: Sec. 5. (a) This section applies to the board of trustees
 21 of Vincennes University.

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

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

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

34 (3) The federal Social Security Act.

35 SECTION 10~~↔~~[↔][7]. IC 21-38-6-1, AS AMENDED BY
 36 P.L.143-2022, SECTION 53, IS AMENDED TO READ AS
 37 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 1. (a) An employee
 38 health plan that provides coverage for early intervention services shall
 39 reimburse the first steps program a monthly fee established by the
 40 division of disability, **aging**, and rehabilitative services. Except when
 41 the monthly fee is less than the product determined under
 42 IC 12-12.7-2-23(b), the monthly fee shall be provided instead of claims

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1 processing of individual claims.

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

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

9 SECTION 10~~7~~⁸[8]. IC 22-3-2-2.3, AS AMENDED BY
 10 P.L.141-2006, SECTION 104, IS AMENDED TO READ AS
 11 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2.3. (a) As used in this
 12 section, "volunteer worker" means a person who:

13 (1) performs services:

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

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

19 (A) the division of disability, **aging**, and rehabilitative services;
 20 or
 21 (B) the division of mental health and addiction.

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

27 SECTION 10~~8~~⁹[9]. IC 22-3-12-2, AS AMENDED BY
 28 P.L.141-2006, SECTION 105, IS AMENDED TO READ AS
 29 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. When any
 30 compensable injury requires the filing of a first report of injury by an
 31 employer, the employer's worker's compensation insurance carrier or
 32 the self-insured employer shall forward a copy of the report to the
 33 central office of the division of disability, **aging**, and rehabilitative
 34 services, rehabilitation services bureau at the earlier of the following
 35 occurrences:

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

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

41 SECTION ~~109~~¹¹⁰[110]. IC 25-23.6-1-3.9, AS AMENDED BY
 42 P.L.56-2023, SECTION 237, IS AMENDED TO READ AS

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

- 8 (1) 2AA3 Behavioral clinician 3.
- 9 (2) 2AA4 Behavioral clinician 4.
- 10 (3) 2AA5 Clinical associate 5.
- 11 (4) 2FL1 Mental health administrator 1.
- 12 (5) 2FL2 Mental health administrator 2.
- 13 (6) 2FL3 Mental health administrator 3.
- 14 (7) 2AN3 Substance abuse counselor 3.
- 15 (8) 2AN4 Substance abuse counselor 4.
- 16 (9) 2AN5 Substance abuse counselor 5.
- 17 (10) 2AH2 Social services specialist 2.
- 18 (11) 2AH3 Social services specialist 3.
- 19 (12) 2AH4 Social services specialist 4.
- 20 (13) 2A11 Psychiatric services director 1.
- 21 (14) 2AE2 Psychiatric social services specialist 2.
- 22 (15) 2AE3 Psychiatric social services specialist 3.
- 23 (16) 2AP2 Family case manager 2.
- 24 (17) 2AP3 Family case manager trainee 3.
- 25 (18) 7AP3 Family case manager supervisor 3.
- 26 (19) 7AP4 Family case manager supervisor 4.

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

32 SECTION 11~~↔~~11. IC 27-8-12-7.1, AS AMENDED BY
 33 P.L.141-2006, SECTION 109, IS AMENDED TO READ AS
 34 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7.1. The department of
 35 insurance shall adopt rules under IC 4-22-2 that establish standards for
 36 the qualification of a long term care policy under IC 12-15-39.6. The
 37 rules must include the following:

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

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

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

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

28 SECTION 11~~↔~~[3]. IC 29-3-3-5, AS AMENDED BY
29 P.L.141-2006, SECTION 110, IS AMENDED TO READ AS
30 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. The chief of social
31 services (or a person designated by the chief of social services) at any
32 institution under the control of the division of mental health and
33 addiction or the division of disability, **aging**, and rehabilitative services
34 may execute the necessary documents to make applications on behalf
35 of a patient in the institution to receive public assistance or to transfer
36 the patient to an alternate care facility without the appointment of a
37 guardian or other order of court.

38 SECTION 11~~38~~[4]. IC 33-37-8-4, AS AMENDED BY
39 P.L.187-2015, SECTION 38, IS AMENDED TO READ AS
40 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 4. (a) Except as
41 provided in subsection (b), upon receipt of monthly claims submitted
42 on oath to the fiscal body by a program listed in section 3(b) of this

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1 chapter, the fiscal body of the city or town shall appropriate from the
2 city or town fund to the program the amount collected for the program
3 fee under IC 33-37-5.

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

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

8 (2) Special training for:

9 (A) a prosecuting attorney;

10 (B) a deputy prosecuting attorney;

11 (C) support staff for a prosecuting attorney or deputy
12 prosecuting attorney; or

13 (D) a law enforcement officer.

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

16 (4) Victim assistance.

17 (5) Electronic legal research.

18 (6) Office equipment, including computers, computer software,
19 communication devices, office machinery, furnishings, and office
20 supplies.

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

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

24 (A) substance abuse;

25 (B) child abuse;

26 (C) domestic violence;

27 (D) operating while intoxicated; and

28 (E) juvenile delinquency.

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

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

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

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1 SECTION 11~~4~~[5]. IC 33-37-8-6, AS AMENDED BY
 2 P.L.187-2015, SECTION 39, IS AMENDED TO READ AS
 3 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. (a) Except as
 4 provided in subsection (b), upon receipt of monthly claims submitted
 5 on oath to the fiscal body by a program listed in section 5(b) of this
 6 chapter, the county fiscal body shall appropriate from the county fund
 7 to the program or fund the amount collected for the program under
 8 IC 33-37-5.

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

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

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1 attorney or law enforcement and that is agreed upon by the county
 2 fiscal body and the prosecuting attorney.

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

6 SECTION 11~~↔[6]~~. IC 34-30-2.1-129.7 IS REPEALED
 7 [EFFECTIVE JULY 1, 2026]. ~~Sec. 129.7. IC 12-9.1-6-10 (Concerning~~
 8 ~~information provided by a participant in the yellow dot motor vehicle~~
 9 ~~medical information program).~~

10 SECTION 11~~↔[7]~~. IC 34-30-2.1-136.5 IS ADDED TO THE
 11 INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS
 12 [EFFECTIVE JULY 1, 2026]: **Sec. 136.5. IC 12-10-21-10**
 13 **(Concerning information provided by a participant in the yellow**
 14 **dot motor vehicle medical information program).**

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

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

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

28 commits a Class B misdemeanor.

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

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

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

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1 endangered individual commits a Class A infraction.

2 SECTION 11~~8~~[9]. IC 36-2-14-18, AS AMENDED BY
 3 P.L.186-2025, SECTION 255, IS AMENDED TO READ AS
 4 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 18. (a) Notwithstanding
 5 IC 5-14-3-4(b)(1), when a coroner investigates a death, the office of the
 6 coroner is required to make available for public inspection and copying
 7 the following:

- 8 (1) The name, age, address, sex, and race of the deceased.
- 9 (2) The address where the dead body was found, or if there is no
 10 address the location where the dead body was found and, if
 11 different, the address where the death occurred, or if there is no
 12 address the location where the death occurred.
- 13 (3) The name of the agency to which the death was reported and
 14 the name of the person reporting the death.
- 15 (4) The name of any public official or governmental employee
 16 present at the scene of the death and the name of the person
 17 certifying or pronouncing the death.
- 18 (5) Information regarding an autopsy (requested or performed)
 19 limited to the date, the person who performed the autopsy, where
 20 the autopsy was performed, and a conclusion as to:
 - 21 (A) the probable cause of death;
 - 22 (B) the probable manner of death; and
 - 23 (C) the probable mechanism of death.
- 24 (6) The location to which the body was removed, the person
 25 determining the location to which the body was removed, and the
 26 authority under which the decision to remove the body was made.
- 27 (7) The records required to be filed by a coroner under section 6
 28 of this chapter and the verdict and the written report required
 29 under section 10 of this chapter.
- 30 (b) A county coroner or a coroner's deputy who receives an
 31 investigatory record from a law enforcement agency shall treat the
 32 investigatory record with the same confidentiality as the law
 33 enforcement agency would treat the investigatory record.
- 34 (c) Notwithstanding any other provision of this section, a coroner
 35 shall make available a full copy of an autopsy report, other than a
 36 photograph, a video recording, or an audio recording of the autopsy,
 37 upon the written request of a parent of the decedent, an adult child of
 38 the decedent, a next of kin of the decedent, or an insurance company
 39 investigating a claim arising from the death of the individual upon
 40 whom the autopsy was performed. A parent of the decedent, an adult
 41 child of the decedent, a next of kin of the decedent, and an insurance
 42 company are prohibited from publicly disclosing any information

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1 contained in the report beyond that information that may otherwise be
 2 disclosed by a coroner under this section. This prohibition does not
 3 apply to information disclosed in communications in conjunction with
 4 the investigation, settlement, or payment of the claim.

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

- 9 (1) the director of the division of disability, **aging**, and
 10 rehabilitative services established by IC 12-9-1-1; **or**
 11 (2) the director of the division of mental health and addiction
 12 established by IC 12-21-1-1; **or**
 13 (3) ~~the director of the division of aging established by~~
 14 ~~IC 12-9.1-1-1~~,

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

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

- 22 (1) the department of child services established by IC 31-25-1-1,
 23 including an office of the department located in the county where
 24 the death occurred;
- 25 (2) the statewide child fatality review committee established by
 26 IC 16-49-4; or
- 27 (3) a county child fatality review team or regional child fatality
 28 review team established under IC 16-49-2 for the area where the
 29 death occurred;

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

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

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1 mortality review team conducting a review or an investigation of the
 2 circumstances surrounding a fetal death or an infant death (as defined
 3 in IC 16-49-6). An autopsy report made available under this subsection
 4 is confidential and shall not be disclosed to another individual or
 5 agency, unless otherwise authorized or required by law.

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

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

18 (1) may not include:
 19 (A) a photograph;
 20 (B) a video recording; or
 21 (C) an audio recording;

22 of the autopsy; and

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

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

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

33 (1) the autopsy report; or

34 (2) if applicable, any other report, including a toxicology report,
 35 requested by the coroner as part of the coroner's investigation;
 36 whichever is completed last.

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

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

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1 on the petition.

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

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

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

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

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

21 (1) summarily grant, modify, or dismiss the petition; or
 22 (2) set the matter for hearing.

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

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

28 (1) the public interest will be served by allowing access; and
 29 (2) access to the information specified in subsection (a) would not
 30 create a significant risk to the criminal investigation of the death;
 31 the court shall modify or terminate its order restricting access to the
 32 information. In ruling on a request under this subsection, the court shall
 33 state the court's reasons for granting or denying the request.

34 SECTION 1~~19~~20. [EFFECTIVE JULY 1, 2026] (a) The
 35 publisher of the Indiana Administrative Code and Indiana Register
 36 shall transfer rules concerning aging from the title of the Indiana
 37 Administrative Code for the division of aging to the title of the
 38 Indiana Administrative Code for the division of disability, aging,
 39 and rehabilitative services. The rules to be transferred include the
 40 following:

41 (1) 455 IAC 1.
 42 (2) 455 IAC 2.

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(3) 455 IAC 3.

(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.

(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).

(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.

(d) This SECTION expires December 31, 2026.

SECTION 12~~⑩~~[1]. [EFFECTIVE JULY 1, 2026] (a) The legislative services agency shall prepare legislation for introduction in the 2027 regular session of the general assembly to make appropriate changes in statutes that are required by this act.

(b) This SECTION expires December 31, 2027.

SECTION 122. An emergency is declared for this act.

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