



February 13, 2015

SENATE BILL No. 465

DIGEST OF SB 465 (Updated February 11, 2015 12:30 pm - DI 104)

Citations Affected: IC 5-1; IC 6-1.1; IC 10-13; IC 12-7; IC 12-9; IC 12-10; IC 12-11; IC 12-12.7; IC 12-13; IC 12-14; IC 12-15; IC 12-17; IC 12-17.2; IC 12-17.6; IC 12-19; IC 12-20; IC 12-23; IC 12-25; IC 12-26; IC 12-28; IC 12-29.

Synopsis: FSSA matters. Makes multiple changes to the administration of the office of the secretary of family and social services. Requires the division of aging to: (1) meet with stakeholders to collaborate on changes in the health facility preadmission screening assessment process; and (2) submit a written report to the general assembly before November 1, 2015, concerning any recommendations for statutory changes to the process. Expires the health facility preadmission screening assessment process statute June 30, 2016. Repeals the step ahead comprehensive early childhood grant program. Repeals Medicaid eligibility parameters concerning patients in an institution for the mentally diseased. Removes language that prohibited a Medicaid copayment for services furnished to individuals by a health maintenance organization. Makes changes in the manner that voter registration applications and declinations can be transferred. Removes language that provided an incentive payment to the offices of prosecuting attorneys for the investigation or prosecution of food stamp fraud. Repeals language concerning public records reports of Medicaid recipients. Makes technical and conforming changes.

Effective: July 1, 2015.

Miller Patricia

January 14, 2015, read first time and referred to Committee on Health & Provider Services.
February 12, 2015, amended, reported favorably — Do Pass.

SB 465—LS 7391/DI 104



February 13, 2015

First Regular Session 119th General Assembly (2015)

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

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

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

SENATE BILL No. 465

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 5-1-16-1, AS AMENDED BY P.L.99-2007,
2 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2015]: Sec. 1. As used in this chapter:
4 "Authority" refers to the Indiana finance authority.
5 "Bonds" includes bonds, refunding bonds, notes, interim
6 certificates, bond anticipation notes, and other evidences of
7 indebtedness of the authority, issued under this chapter.
8 "Building" or "buildings" or similar words mean any building or part
9 of a building or addition to a building for health care purposes. The
10 term includes the site for the building (if a site is to be acquired),
11 equipment, heating facilities, sewage disposal facilities, landscaping,
12 walks, drives, parking facilities, and other structures, facilities,
13 appurtenances, materials, and supplies that may be considered
14 necessary to render a building suitable for use and occupancy for health
15 care purposes.
16 "Cost" includes the following:

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- 1 (1) The cost and the incidental and related costs of the
 2 acquisition, repair, restoration, reconditioning, refinancing, or
 3 installation of health facility property.
 4 (2) The cost of any property interest in health facility property,
 5 including an option to purchase a leasehold interest.
 6 (3) The cost of constructing health facility property, or an addition
 7 to health facility property, acquiring health facility property, or
 8 remodeling health facility property.
 9 (4) The cost of architectural, engineering, legal, trustee,
 10 underwriting, and related services; the cost of the preparation of
 11 plans, specifications, studies, surveys, and estimates of cost and
 12 of revenue; and all other expenses necessary or incident to
 13 planning, providing, or determining the need for or the feasibility
 14 and practicability of health facility property.
 15 (5) The cost of financing charges, including premiums or
 16 prepayment penalties and interest accrued during the construction
 17 of health facility property or before the acquisition and
 18 installation or refinancing of such health facility property for up
 19 to two (2) years after such construction, acquisition, and
 20 installation or refinancing and startup costs related to health
 21 facility property for up to two (2) years after such construction,
 22 acquisition, and installation or refinancing.
 23 (6) The costs paid or incurred in connection with the financing of
 24 health facility property, including out-of-pocket expenses, the cost
 25 of any policy of insurance; the cost of printing, engraving, and
 26 reproduction services; and the cost of the initial or acceptance fee
 27 of any trustee or paying agent.
 28 (7) The costs of the authority, incurred in connection with
 29 providing health facility property, including reasonable sums to
 30 reimburse the authority for time spent by its agents or employees
 31 in providing and financing health facility property.
 32 (8) The cost paid or incurred for the administration of any
 33 program for the purchase or lease of or the making of loans for
 34 health facility property, by the authority and any program for the
 35 sale or lease of or making of loans for health facility property to
 36 any participating provider.
 37 "County" means any county in the state that owns and operates a
 38 county hospital.
 39 "Health facility property" means any tangible or intangible property
 40 or asset owned or used by a participating provider and which:
 41 (1) is determined by the authority to be necessary or helpful,
 42 directly or indirectly, to provide:



- 1 (A) health care;
 2 (B) medical research;
 3 (C) training or teaching of health care personnel;
 4 (D) habilitation, rehabilitation, or therapeutic services; or
 5 (E) any related supporting services;
 6 regardless of whether such property is in existence at the time of,
 7 or is to be provided after the making of, such finding;
 8 (2) is a residential facility for:
 9 (A) individuals with a physical, mental, or emotional
 10 disability;
 11 (B) individuals with a physical or mental illness; or
 12 (C) the elderly; or
 13 (3) is a licensed child caring institution providing residential care
 14 described in IC 12-7-2-29(1) or corresponding provisions of the
 15 laws of the state in which the property is located.
 16 "Health facility" means any facility or building that is:
 17 (1) owned or used by a participating provider;
 18 (2) located:
 19 (A) in Indiana; or
 20 (B) outside Indiana, if the participating provider that operates
 21 the facility or building, or an affiliate of the participating
 22 provider, also operates a substantial health facility or facilities,
 23 as determined by the authority, in Indiana; and
 24 (3) utilized, directly or indirectly:
 25 (A) in:
 26 (i) health care;
 27 (ii) habilitation, rehabilitation, or therapeutic services;
 28 (iii) medical research;
 29 (iv) the training or teaching of health care personnel; or
 30 (v) any related supporting services;
 31 (B) to provide a residential facility for:
 32 (i) individuals with a physical, mental, or emotional
 33 disability;
 34 (ii) individuals with a physical or mental illness; or
 35 (iii) the elderly; or
 36 (C) as a child caring institution and provides residential care
 37 described in IC 12-7-2-29(1) or corresponding provisions of
 38 the laws of the state in which the facility or building is located.
 39 "Net revenues" means the revenues of a hospital remaining after
 40 provision for proper and reasonable expenses of operation, repair,
 41 replacement, and maintenance of the hospital.
 42 "Participating provider" means a person, corporation, municipal



1 corporation, political subdivision, or other entity, public or private,
2 which:

3 (1) is located in Indiana or outside Indiana;
4 (2) contracts with the authority for the financing or refinancing of,
5 or the lease or other acquisition of, health facility property that is
6 located:

7 (A) in Indiana; or

8 (B) outside Indiana, if the financing, refinancing, lease, or
9 other acquisition also includes a substantial component, as
10 determined by the authority, for the benefit of a health facility
11 or facilities located in Indiana;

12 (3) is:

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

16 (B) a regional blood center;

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

22 (D) an entity that:

23 (i) contracts with the division of disability and rehabilitative
24 services or the division of mental health and addiction to
25 provide the program described in IC 12-11-1.1-1(e) or
26 IC 12-22-2; or

27 (ii) provides a similar program under the laws of the state in
28 which the entity is located;

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

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

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

42 (H) an integrated health care system between or among



1 providers, a health care purchasing alliance, a health insurer
 2 or third party administrator that is a participant in an integrated
 3 health care system, a health maintenance or preferred provider
 4 organization, or a foundation that supports a health care
 5 provider; or

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

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

15 (A) A facility that provides:

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

21 (B) A residential facility for:

- 22 (i) individuals with a physical, mental, or emotional
- 23 disability;
- 24 (ii) individuals with a physical or mental illness; or
- 25 (iii) the elderly.

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

28 "Regional blood center" means a nonprofit corporation or
 29 corporation created under 36 U.S.C. 1 that:

30 (1) is:

- 31 (A) accredited by the American Association of Blood Banks;
- 32 or
- 33 (B) registered or licensed by the Food and Drug
- 34 Administration of the Department of Health and Human
- 35 Services; and

36 (2) owns and operates a health facility that is primarily engaged
 37 in:

- 38 (A) drawing, testing, processing, and storing human blood and
- 39 providing blood units or components to hospitals; or
- 40 (B) harvesting, testing, typing, processing, and storing human
- 41 body tissue and providing this tissue to hospitals.

42 SECTION 2. IC 6-1.1-18.5-10, AS AMENDED BY P.L.112-2012,



1 SECTION 37, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
2 JULY 1, 2015]: Sec. 10. (a) The ad valorem property tax levy limits
3 imposed by section 3 of this chapter do not apply to ad valorem
4 property taxes imposed by a civil taxing unit to be used to fund:

5 (1) community mental health centers under:

6 (A) IC 12-29-2-1.2, for only those civil taxing units that
7 authorized financial assistance under IC 12-29-1 before 2002
8 for a community mental health center as long as the tax levy
9 under this section does not exceed the levy authorized in 2002;

10 (B) IC 12-29-2-2 through IC 12-29-2-5; and

11 (C) IC 12-29-2-13; or

12 (2) community ~~mental retardation~~ **intellectual disability** and
13 other developmental disabilities centers under IC 12-29-1-1;

14 to the extent that those property taxes are attributable to any increase
15 in the assessed value of the civil taxing unit's taxable property caused
16 by a general reassessment of real property under IC 6-1.1-4-4 or a
17 reassessment of real property under a reassessment plan prepared under
18 IC 6-1.1-4-4.2 that took effect after February 28, 1979.

19 (b) For purposes of computing the ad valorem property tax levy
20 limits imposed on a civil taxing unit by section 3 of this chapter, the
21 civil taxing unit's ad valorem property tax levy for a particular calendar
22 year does not include that part of the levy described in subsection (a).

23 (c) This subsection applies to property taxes first due and payable
24 after December 31, 2008. Notwithstanding subsections (a) and (b) or
25 any other law, any property taxes imposed by a civil taxing unit that are
26 exempted by this section from the ad valorem property tax levy limits
27 imposed by section 3 of this chapter may not increase annually by a
28 percentage greater than the result of:

29 (1) the assessed value growth quotient determined under section
30 2 of this chapter; minus

31 (2) one (1).

32 (d) For a county that:

33 (1) did not impose an ad valorem property tax levy in 2008 for the
34 county general fund to provide financial assistance under
35 IC 12-29-1 (community ~~mental retardation~~ **intellectual disability**
36 and other developmental disabilities center) or IC 12-29-2
37 (community mental health center); and

38 (2) determines for 2009 or a later calendar year to impose a levy
39 as described in subdivision (1);

40 the ad valorem property tax levy limits imposed under section 3 of this
41 chapter do not apply to the part of the county's general fund levy that
42 is used in the first calendar year for which a determination is made



1 under subdivision (2) to provide financial assistance under IC 12-29-1
 2 or IC 12-29-2. The department of local government finance shall
 3 review a county's proposed budget that is submitted under IC 12-29-1-1
 4 or IC 12-29-2-1.2 and make a final determination of the amount to
 5 which the levy limits do not apply under this subsection for the first
 6 calendar year for which a determination is made under subdivision (2).

7 (e) The ad valorem property tax levy limits imposed under section
 8 3 of this chapter do not apply to the county's general fund levy in the
 9 amount determined by the department of local government finance
 10 under subsection (d) in each calendar year following the calendar year
 11 for which the determination under subsection (b) is made.

12 SECTION 3. IC 10-13-3-36, AS AMENDED BY P.L.121-2009,
 13 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 14 JULY 1, 2015]: Sec. 36. (a) The department may not charge a fee for
 15 responding to a request for the release of a limited criminal history
 16 record if the request is made by a nonprofit organization:

17 (1) that has been in existence for at least ten (10) years; and

18 (2) that:

19 (A) has a primary purpose of providing an individual
 20 relationship for a child with an adult volunteer if the request
 21 is made as part of a background investigation of a prospective
 22 adult volunteer for the organization;

23 (B) is a home health agency licensed under IC 16-27-1;

24 (C) is a community ~~mental retardation~~ **intellectual disability**
 25 and other developmental disabilities center (as defined in
 26 IC 12-7-2-39);

27 (D) is a supervised group living facility licensed under
 28 IC 12-28-5;

29 (E) is an area agency on aging designated under IC 12-10-1;

30 (F) is a community action agency (as defined in
 31 IC 12-14-23-2);

32 (G) is the owner or operator of a hospice program licensed
 33 under IC 16-25-3; or

34 (H) is a community mental health center (as defined in
 35 IC 12-7-2-38).

36 (b) Except as provided in subsection (d), the department may not
 37 charge a fee for responding to a request for the release of a limited
 38 criminal history record made by the department of child services or the
 39 division of family resources if the request is made as part of a
 40 background investigation of an applicant for a license under IC 12-17.2
 41 or IC 31-27.

42 (c) The department may not charge a fee for responding to a request



1 for the release of a limited criminal history if the request is made by a
 2 school corporation, special education cooperative, or nonpublic school
 3 (as defined in IC 20-18-2-12) as part of a background investigation of
 4 a prospective or current employee or a prospective or current adult
 5 volunteer for the school corporation, special education cooperative, or
 6 nonpublic school.

7 (d) As used in this subsection, "state agency" means an authority, a
 8 board, a branch, a commission, a committee, a department, a division,
 9 or another instrumentality of state government, including the executive
 10 and judicial branches of state government, the principal secretary of the
 11 senate, the principal clerk of the house of representatives, the executive
 12 director of the legislative services agency, a state elected official's
 13 office, or a body corporate and politic, but does not include a state
 14 educational institution. The department may not charge a fee for
 15 responding to a request for the release of a limited criminal history if
 16 the request is made:

17 (1) by a state agency; and

18 (2) through the computer gateway that is administered by the
 19 office of technology established by IC 4-13.1-2-1.

20 (e) The department may not charge a fee for responding to a request
 21 for the release of a limited criminal history record made by the Indiana
 22 professional licensing agency established by IC 25-1-5-3 if the request
 23 is:

24 (1) made through the computer gateway that is administered by
 25 the office of technology; and

26 (2) part of a background investigation of a practitioner or an
 27 individual who has applied for a license issued by a board (as
 28 defined in IC 25-1-9-1).

29 (f) The department may not charge a church or religious society a
 30 fee for responding to a request for the release of a limited criminal
 31 history record if:

32 (1) the church or religious society is a religious organization
 33 exempt from federal income taxation under Section 501 of the
 34 Internal Revenue Code;

35 (2) the request is made as part of a background investigation of a
 36 prospective or current employee or a prospective or current adult
 37 volunteer; and

38 (3) the employee or volunteer works in a nonprofit program or
 39 ministry of the church or religious society, including a child care
 40 ministry registered under IC 12-17.2-6.

41 (g) The department may not charge the school of education of a
 42 public or private postsecondary educational institution a fee for



1 responding to a request for the release of a limited criminal history
 2 record if the request is made as part of a background investigation of
 3 a student before or after the student begins the student's field or
 4 classroom experience. However, the department may charge the
 5 student a fee for responding to a request for the release of a limited
 6 criminal history record.

7 SECTION 4. IC 12-7-2-6 IS REPEALED [EFFECTIVE JULY 1,
 8 2015]. Sec. 6. "AFDC" refers to the Aid to Families with Dependent
 9 Children program.

10 SECTION 5. IC 12-7-2-39, AS AMENDED BY P.L.141-2006,
 11 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 12 JULY 1, 2015]: Sec. 39. "Community ~~mental retardation~~ **intellectual**
 13 **disability** and other developmental disabilities centers", for purposes
 14 of IC 12-29 (except as provided in IC 12-29-3-6), means a program of
 15 services that meets the following conditions:

16 (1) Is approved by the division of disability and rehabilitative
 17 services.

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

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

22 (A) A city, a town, a county, or another political subdivision
 23 of Indiana.

24 (B) An agency of the state.

25 (C) An agency of the United States.

26 (D) A political subdivision of another state.

27 (E) A hospital owned or operated by a unit of government
 28 described in clauses (A) through (D).

29 (F) A building authority organized for the purpose of
 30 constructing facilities to be leased to units of government.

31 (G) A corporation incorporated under IC 23-7-1.1 (before its
 32 repeal August 1, 1991) or IC 23-17.

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

34 (I) A university or college.

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

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

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

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



1 (D) The National Commission on Quality Assurance, or its
2 successor.

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

5 SECTION 6. IC 12-7-2-77.1 IS ADDED TO THE INDIANA CODE
6 AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY
7 1, 2015]: **Sec. 77.1. "Endangered adult medical alert" means an**
8 **alert indicating that law enforcement officials are searching for a**
9 **missing endangered adult.**

10 SECTION 7. IC 12-7-2-87.8 IS AMENDED TO READ AS
11 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 87.8. "Food retailer",
12 for purposes of IC 12-13-14, has the meaning set forth in
13 ~~IC 12-13-14-1~~; **IC 12-13-14-1(f)**.

14 SECTION 8. IC 12-7-2-119 IS REPEALED [EFFECTIVE JULY 1,
15 2015]. ~~Sec. 119. "Institution for the mentally diseased", for purposes of~~
16 ~~IC 12-15-2-9, has the meaning set forth in IC 12-15-2-9.~~

17 SECTION 9. IC 12-7-2-127.5 IS AMENDED TO READ AS
18 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 127.5. "Medicaid
19 inpatient utilization rate", for purposes of ~~IC 12-15-16-6~~; **IC 12-15-16**
20 **and IC 12-15-17-1**, has the meaning set forth in ~~IC 12-15-16-6(b)~~;
21 **IC 12-15-16-2(a)**.

22 SECTION 10. IC 12-7-2-130 IS AMENDED TO READ AS
23 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 130. "Mental illness"
24 means the following:

25 (1) For purposes of IC 12-23-5, IC 12-24, and IC 12-26, a
26 psychiatric disorder that:

27 (A) substantially disturbs an individual's thinking, feeling, or
28 behavior; and

29 (B) impairs the individual's ability to function.

30 The term includes ~~mental retardation~~; **intellectual disability**,
31 alcoholism, and addiction to narcotics or dangerous drugs.

32 (2) For purposes of IC 12-28-4 and IC 12-28-5, a psychiatric
33 disorder that:

34 (A) substantially disturbs an individual's thinking, feeling, or
35 behavior; and

36 (B) impairs the individual's ability to function.

37 The term does not include developmental disability.

38 SECTION 11. IC 12-7-2-131.3, AS ADDED BY P.L.140-2005,
39 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
40 JULY 1, 2015]: Sec. 131.3. "Missing endangered adult", for purposes
41 of IC 12-10-18, means an individual at least eighteen (18) years of age
42 who is reported missing to a law enforcement agency and is, or is



- 1 believed to be:
- 2 (1) a temporary or permanent resident of Indiana;
- 3 (2) at a location that cannot be determined by an individual
- 4 familiar with the missing individual; and
- 5 (3) incapable of returning to the missing individual's residence
- 6 without assistance by reason of:
- 7 (A) mental illness;
- 8 (B) ~~mental retardation~~; **intellectual disability**;
- 9 (C) dementia; or
- 10 (D) another physical or mental incapacity of managing or
- 11 directing the management of the individual's property or
- 12 providing or directing the provision of self-care.
- 13 SECTION 12. IC 12-7-2-136, AS AMENDED BY P.L.99-2007,
- 14 SECTION 47, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 15 JULY 1, 2015]: Sec. 136. "Patient" means the following:
- 16 (1) For purposes of IC 12-24-1-4, an individual who is admitted
- 17 to a state institution for observation, diagnosis, or treatment.
- 18 (2) For purposes of IC 12-24-7, the meaning set forth in
- 19 IC 12-24-7-1.
- 20 (3) For purposes of IC 12-24-6, IC 12-24-13, IC 12-24-14, and
- 21 IC 12-24-15, an individual with a mental illness, an individual
- 22 who appears to have a mental illness, or an individual with ~~mental~~
- 23 ~~retardation~~ **an intellectual disability** who is:
- 24 (A) in or under the supervision and control of a state
- 25 institution; or
- 26 (B) because of mental illness, under the supervision and
- 27 control of a circuit, superior, or juvenile court.
- 28 (4) For purposes of IC 12-24-17, the meaning set forth in
- 29 IC 12-24-17-2.
- 30 (5) For purposes of IC 12-27, an individual receiving mental
- 31 health services or developmental training. The term includes a
- 32 client of a service provider.
- 33 SECTION 13. IC 12-7-2-150 IS AMENDED TO READ AS
- 34 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 150. "Psychiatric
- 35 disorder", for purposes of section 130(2) of this chapter, means a
- 36 mental disorder or disease. The term does not include the following:
- 37 (1) ~~Mental retardation~~. **Intellectual disability**.
- 38 (2) A developmental disability.
- 39 (3) Alcoholism.
- 40 (4) Addiction to narcotic or dangerous drugs.
- 41 SECTION 14. IC 12-7-2-174.8 IS REPEALED [EFFECTIVE JULY
- 42 1, 2015]. Sec. ~~174.8~~. "~~Endangered adult medical alert~~" means an alert



1 indicating that law enforcement officials are searching for a missing
2 endangered adult.

3 SECTION 15. IC 12-7-2-175 IS AMENDED TO READ AS
4 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 175. "Service
5 provider", for purposes of IC 12-27, means any of the following:

- 6 (1) A state institution.
7 (2) A private psychiatric hospital licensed under IC 12-25.
8 (3) A community mental health center.
9 (4) A community ~~mental retardation~~ **intellectual disability** and
10 other developmental disabilities center.
11 (5) A service provider certified by the division of mental health
12 and addiction to provide substance abuse treatment programs.
13 (6) A service provider or program receiving money from or
14 through a division.
15 (7) Any other service provider, hospital, clinic, program, agency,
16 or private practitioner if the individual receiving mental health
17 services or developmental training was admitted without the
18 individual's consent.
19 (8) A managed care provider (as defined in ~~IC 12-7-2-127(b)~~):
20 **IC 12-7-2-127).**

21 SECTION 16. IC 12-7-2-178.9 IS ADDED TO THE INDIANA
22 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
23 [EFFECTIVE JULY 1, 2015]: **Sec. 178.9. "SNAP" refers to the**
24 **federal Supplemental Nutrition Assistance Program under 7 U.S.C.**
25 **2011 et seq.**

26 SECTION 17. IC 12-7-2-186, AS AMENDED BY P.L.160-2012,
27 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
28 JULY 1, 2015]: Sec. 186. "State plan", for purposes of:

- 29 (1) IC 12-8-6.5, refers to the state Medicaid plan for the Medicaid
30 program; **and**
31 (2) **IC 12-12-8, has the meaning set forth in IC 12-12-8-3.8.**

32 SECTION 18. IC 12-9-2-6, AS AMENDED BY P.L.99-2007,
33 SECTION 58, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
34 JULY 1, 2015]: Sec. 6. (a) The director may act for the division in
35 entering into contracts for the disbursal of money and the providing of
36 service for approved community ~~mental retardation~~ **intellectual**
37 **disability** and other developmental disability centers where constructed
38 and operated or maintained by private nonprofit organizations, a local
39 public agency, or any other state agency that the director determines to
40 be best suited to advance programs for individuals with developmental
41 disabilities.

42 (b) Before entering into a contract under this section, the director



1 shall submit the contract to the attorney general for approval as to form
2 and legality.

3 (c) A contract under this section must do the following:

4 (1) Specify the services to be provided and the client populations
5 to whom services must be provided.

6 (2) Specify that the definition of developmental disability set forth
7 in IC 12-7-2-61 must be used to determine the eligibility of an
8 individual for reimbursement of the center by the division for the
9 center's services for individuals with a developmental disability.
10 The division shall reimburse the centers at rates established by
11 rule.

12 (3) Provide for a reduction in funding for failure to comply with
13 terms of the contract.

14 SECTION 19. IC 12-10-3-2 IS AMENDED TO READ AS
15 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 2. (a) Except as
16 provided in subsection (b), as used in this chapter, "endangered adult"
17 means an individual who is:

18 (1) at least eighteen (18) years of age;

19 (2) incapable by reason of mental illness, ~~mental retardation;~~
20 **intellectual disability**, dementia, habitual drunkenness, excessive
21 use of drugs, or other physical or mental incapacity of managing
22 or directing the management of the individual's property or
23 providing or directing the provision of self-care; and

24 (3) harmed or threatened with harm as a result of:

25 (A) neglect;

26 (B) battery; or

27 (C) exploitation of the individual's personal services or
28 property.

29 (b) For purposes of IC 12-10-3-17, IC 35-42-2-1, and
30 IC 35-46-1-13, "endangered adult" means an individual who is:

31 (1) at least eighteen (18) years of age;

32 (2) incapable by reason of mental illness, ~~mental retardation;~~
33 **intellectual disability**, dementia, or other physical or mental
34 incapacity of managing or directing the management of the
35 individual's property or providing or directing the provision of
36 self-care; and

37 (3) harmed or threatened with harm as a result of:

38 (A) neglect; or

39 (B) battery.

40 (c) An individual is not an endangered adult solely:

41 (1) for the reason that the individual is being provided spiritual
42 treatment in accordance with a recognized religious method of



1 healing instead of specified medical treatment if the individual
 2 would not be considered to be an endangered adult if the
 3 individual were receiving the medical treatment; or
 4 (2) on the basis of being physically unable to provide self care
 5 when appropriate care is being provided.

6 SECTION 20. IC 12-10-6-2.1, AS AMENDED BY P.L.6-2012,
 7 SECTION 89, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 8 JULY 1, 2015]: Sec. 2.1. (a) An individual who is incapable of residing
 9 in the individual's own home may apply for residential care assistance
 10 under this section. The determination of eligibility for residential care
 11 assistance is the responsibility of the division. Except as provided in
 12 subsection (h), an individual is eligible for residential care assistance
 13 if the division determines that the individual:

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

23 (b) Individuals with ~~mental retardation~~ **an intellectual disability**
 24 may not be admitted to a home or facility that provides residential care
 25 under this section.

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

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

32 If the service coordinator determines the person evaluated under this
 33 subsection has ~~mental retardation~~, **an intellectual disability**, the
 34 service coordinator may recommend an alternative placement for the
 35 person.

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



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

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

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

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

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

26 (2) the sum of:

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

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

32 (C) transportation expenses for that month; plus

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

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

38 (i) The director of the division may contract with the division of
 39 mental health and addiction or the division of disability and
 40 rehabilitative services to purchase services for individuals with a
 41 mental illness or a developmental disability by providing money to
 42 supplement the appropriation for community based residential care



1 programs established under IC 12-22-2 or community based residential
2 programs established under IC 12-11-1.1-1.

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

7 SECTION 21. IC 12-10-11.5-5 IS AMENDED TO READ AS
8 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 5. The state shall
9 provide access to the following long term care services that are
10 appropriate and needed for an individual who is eligible for these
11 services under this chapter:

12 (1) Any home and community based service that is available
13 through:

14 (A) the community and home options to institutional care for
15 the elderly and disabled program; or

16 (B) any state Medicaid waiver.

17 (2) Personal care services.

18 (3) Self-directed care.

19 (4) Assisted living.

20 (5) Adult ~~foster~~ **family** care.

21 (6) Adult day care services.

22 (7) The provision of durable medical equipment or devices.

23 (8) Housing modifications.

24 (9) Adaptive medical equipment and devices.

25 (10) Adaptive nonmedical equipment and devices.

26 (11) Any other service that is necessary to maintain an individual
27 in a home and community based setting.

28 SECTION 22. IC 12-10-12-35 IS ADDED TO THE INDIANA
29 CODE AS A NEW SECTION TO READ AS FOLLOWS
30 [EFFECTIVE JULY 1, 2015]: **Sec. 35. (a) Before September 1, 2015,**
31 **the division shall meet with stakeholders, including representatives**
32 **of:**

33 **(1) the area agencies on aging;**

34 **(2) hospitals licensed under IC 16-21;**

35 **(3) health facilities licensed under IC 16-28; and**

36 **(4) other advocacy groups for the elderly;**

37 **to collaborate on the implementation of changes in the health**
38 **facility preadmission screening assessment process for individuals.**

39 **(b) Before November 1, 2015, the division shall submit a written**
40 **report to the general assembly in an electronic format under**
41 **IC 5-14-6 on any recommendations for statutory changes to the**
42 **health facility preadmission screening assessment process that**



1 **were determined in any meetings held under subsection (a).**

2 SECTION 23. IC 12-10-12-36 IS ADDED TO THE INDIANA
3 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
4 [EFFECTIVE JULY 1, 2015]: **Sec. 36. This chapter expires June 30,**
5 **2016.**

6 SECTION 24. IC 12-11-1.1-1, AS AMENDED BY P.L.130-2013,
7 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
8 JULY 1, 2015]: Sec. 1. (a) The bureau of developmental disabilities
9 services is established within the division.

10 (b) The bureau shall plan, coordinate, and administer the provision
11 of individualized, integrated community based services for individuals
12 with a developmental disability and their families, within the limits of
13 available resources. The planning and delivery of services must be
14 based on future plans of the individual with a developmental disability
15 rather than on traditional determinations of eligibility for discrete
16 services, with an emphasis on the preferences of the individual with a
17 developmental disability and that individual's family.

18 (c) Services for individuals with a developmental disability must be
19 services that meet the following conditions:

- 20 (1) Are provided under public supervision.
- 21 (2) Are designed to meet the developmental needs of individuals
22 with a developmental disability.
- 23 (3) Meet all required state and federal standards.
- 24 (4) Are provided by qualified personnel.
- 25 (5) To the extent appropriate, are provided in home and
26 community based settings in which individuals without
27 disabilities participate.
- 28 (6) Are provided in conformity with a service plan developed
29 under IC 12-11-2.1-2.

30 (d) The bureau shall approve entities to provide community based
31 services and supports as follows:

- 32 (1) Beginning July 1, 2011, the bureau shall ensure that an entity
33 approved to provide day services, identified day habilitation,
34 including facility based or community based habilitation,
35 prevocational services, or employment services under home and
36 community based services waivers is accredited by an approved
37 national accrediting body described in subsection (j).
- 38 (2) Beginning July 1, 2012, the bureau shall ensure that an entity
39 approved to provide residential habilitation and support services
40 under home and community based services waivers is accredited
41 by an approved national accrediting body. However, if an entity
42 is accredited to provide home and community based services



1 under subdivision (1) other than residential habilitation and
 2 support services, the bureau may extend the time that the entity
 3 has to comply with this subdivision until the earlier of the
 4 following:

5 (A) The completion of the entity's next scheduled accreditation
 6 survey.

7 (B) July 1, 2015.

8 (e) Subject to subsection (k), the bureau shall initially approve,
 9 reapprove, and monitor community based residential, habilitation, and
 10 employment service providers that provide alternatives to placement of
 11 individuals with a developmental disability in state institutions and
 12 health facilities licensed under IC 16-28 for individuals with a
 13 developmental disability. The services must simulate, to the extent
 14 feasible, patterns and conditions of everyday life that are as close as
 15 possible to ~~normal~~. **the conditions in which individuals without**
 16 **disabilities participate**. The community based service categories
 17 include the following:

18 (1) Supervised group living programs, which serve at least four
 19 (4) individuals and not more than eight (8) individuals, are funded
 20 by Medicaid, and are licensed by the ~~community residential~~
 21 ~~facilities council~~. **division**.

22 (2) Supported living service arrangements to meet the unique
 23 needs of individuals in integrated settings. Supported living
 24 service arrangements providing residential services may not serve
 25 more than four (4) unrelated individuals in any one (1) setting.
 26 However, a program that:

27 (A) is in existence on January 1, 2013, as a supervised group
 28 living program described in subdivision (1); and

29 (B) has more than four (4) individuals residing as part of the
 30 program;

31 may convert to a supported living service arrangement under this
 32 subdivision and continue to provide services to up to the same
 33 number of individuals in the supported living setting.

34 (f) To the extent that services described in subsection (e) are
 35 available and meet the individual's needs, an individual is entitled to
 36 receive services in the least restrictive environment possible.

37 (g) Community based services under subsection (e)(1) or (e)(2)
 38 must consider the needs of and provide choices and options for:

39 (1) individuals with a developmental disability; and

40 (2) families of individuals with a developmental disability.

41 (h) The bureau shall administer a system of service coordination to
 42 carry out this chapter.



1 (i) The bureau may issue orders under IC 4-21.5-3-6 against a
 2 provider that violates rules issued by the bureau for programs in which
 3 the provider is providing services in accordance with section 11 of this
 4 chapter.

5 (j) For purposes of subsections (d) and (k), "approved national
 6 accrediting body" means any of the following:

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

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

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

13 ~~(4) The National Committee for Quality Assurance, or its~~
 14 ~~successor.~~

15 ~~(5) (4) The ISO-9001 human services QA system.~~

16 ~~(6) (5) The Council on Accreditation, or its successor.~~

17 ~~(7) (6) An independent national accreditation organization~~
 18 ~~approved by the secretary.~~

19 (k) An entity that is accredited by an approved national accrediting
 20 body is not subject to reapproval surveys or routine monitoring surveys
 21 by the division, bureau, or bureau of quality improvement services,
 22 including any reapproval survey under a home and community based
 23 services waiver. However, the bureau may perform validation surveys
 24 and complaint investigations of an entity accredited by an approved
 25 national accrediting body.

26 SECTION 25. IC 12-11-1.1-3 IS AMENDED TO READ AS
 27 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 3. The division may
 28 contract with:

29 (1) community ~~mental retardation~~ **intellectual disability** and
 30 other developmental disabilities centers;

31 (2) corporations; or

32 (3) individuals;

33 that are approved by the division to provide the services described in
 34 this chapter.

35 SECTION 26. IC 12-11-8-1 IS AMENDED TO READ AS
 36 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. As used in this
 37 chapter, "autism" means a neurological disorder that is described in the
 38 Diagnostic and Statistical Manual of Mental Disorders, ~~Fourth~~ **Fifth**
 39 Edition, Washington, D.C., American Psychiatric Association, ~~1994,~~
 40 ~~pages 70 and 71.~~ **2013.**

41 SECTION 27. IC 12-11-8-2 IS AMENDED TO READ AS
 42 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 2. The Developmental



1 Training Center at Indiana University in Bloomington shall operate an
 2 autism resource center to be known as the ~~institute~~ **Indiana resource**
 3 **center** for autism.

4 SECTION 28. IC 12-11-8-3, AS AMENDED BY P.L.99-2007,
 5 SECTION 85, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 6 JULY 1, 2015]: Sec. 3. (a) The ~~institute~~ **Indiana resource center** for
 7 autism in cooperation with the appropriate state agencies shall do the
 8 following:

9 (1) Provide informational services about autism.

10 (2) Provide an information system for services provided to
 11 individuals with autism and their families by federal, state, local,
 12 and private agencies.

13 (3) Develop a data base from information received by the
 14 division, the division of mental health and addiction, the
 15 department of education, and the state department of health
 16 relative to the services provided to individuals with autism and
 17 their families.

18 (4) Offer training and technical assistance to providers of services
 19 and families of individuals with autism.

20 (5) Research methods for assessing, planning, implementing, and
 21 evaluating programs for individuals with autism and their
 22 families.

23 (6) Develop model curricula and resource materials for providers
 24 of services and families of individuals with autism.

25 (7) Conduct one (1) time every three (3) years a statewide needs
 26 assessment study designed to determine the following:

27 (A) The status of services provided to individuals with autism
 28 and their families.

29 (B) The need for additional or alternative services for
 30 individuals with autism and their families.

31 (b) The ~~institute~~ **Indiana resource center** for autism shall deliver
 32 to the general assembly in an electronic format under IC 5-14-6 the
 33 results of the needs assessment study required by subsection (a)(7)
 34 before December 1 of each year in which the study is conducted.

35 SECTION 29. IC 12-12.7-2-3, AS ADDED BY P.L.93-2006,
 36 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 37 JULY 1, 2015]: Sec. 3. (a) As used in this chapter, "early intervention
 38 services" means developmental services that meet the following
 39 conditions:

40 (1) Are provided under public supervision.

41 (2) Are designed to meet the developmental needs of infants and
 42 toddlers with disabilities in at least one (1) of the areas specified



- 1 in section 4(a)(1) of this chapter.
 2 (3) Meet all required state and federal standards.
 3 (4) Are provided by qualified personnel, including the following:
 4 (A) Early childhood special educators, early childhood
 5 educators, and special educators.
 6 (B) Speech and language pathologists and audiologists.
 7 (C) Occupational therapists.
 8 (D) Physical therapists.
 9 (E) Psychologists.
 10 (F) Social workers.
 11 (G) Nurses.
 12 (H) Nutritionists.
 13 (I) Family therapists.
 14 (J) Orientation and mobility specialists.
 15 (K) Pediatricians and other physicians.
 16 (5) To the maximum extent appropriate, are provided in natural
 17 environments, including the home and community settings in
 18 which children without disabilities participate.
 19 (6) Are provided in conformity with an individualized family
 20 service plan adopted in accordance with ~~20 U.S.C. 1435.~~ **20**
 21 **U.S.C. 1436.**
 22 (b) The term includes the following services:
 23 (1) Family training, counseling, and home visits.
 24 (2) Special instruction.
 25 (3) Speech and language pathology, audiology, and sign language
 26 and cued language services.
 27 (4) Occupational therapy.
 28 (5) Physical therapy.
 29 (6) Psychological services.
 30 (7) Service coordination services.
 31 (8) Medical services only for diagnostic, evaluation, or
 32 consultation purposes.
 33 (9) Early identification, screening, and assessment services.
 34 (10) Other health services necessary for an infant or a toddler to
 35 benefit from the services.
 36 (11) Vision services.
 37 (12) Supportive technology services.
 38 (13) Transportation and related costs that are necessary to enable
 39 an infant or a toddler and the infant's or toddler's family to receive
 40 early intervention services.
 41 SECTION 30. IC 12-12.7-2-5, AS ADDED BY P.L.93-2006,
 42 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



- 1 JULY 1, 2015]: Sec. 5. The purposes of this chapter are as follows:
 2 (1) To enhance the development and minimize the potential for
 3 developmental delay of infants and toddlers with disabilities.
 4 (2) To reduce educational costs to the state by minimizing the
 5 need for special education and related services after infants and
 6 toddlers with disabilities reach school age.
 7 (3) To minimize the likelihood of institutionalization and
 8 maximize the potential for independent living of individuals with
 9 disabilities.
 10 (4) To enhance the capacity of families to meet the special needs
 11 of infants and toddlers with disabilities.
 12 (5) To comply with 20 U.S.C. 1431 through ~~1445~~ **1444**.

13 SECTION 31. IC 12-12.7-2-6, AS ADDED BY P.L.93-2006,
 14 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 15 JULY 1, 2015]: Sec. 6. (a) The division shall do the following:

- 16 (1) Carry out the general administration and supervision of
 17 programs and activities receiving assistance under this chapter,
 18 monitor programs and activities implemented by the state,
 19 regardless of whether the programs and activities are receiving
 20 assistance under this chapter, and ensure that the state complies
 21 with 20 U.S.C. 1431 through ~~1445~~ **1444** in implementing this
 22 chapter.
 23 (2) Identify and coordinate all available resources from federal,
 24 state, local, and private sources, ~~including public and private~~
 25 ~~insurance coverage and using use all existing~~ applicable resources
 26 to the full extent of the resources.
 27 (3) Develop procedures to ensure that early intervention services
 28 are provided to infants and toddlers with disabilities and their
 29 families in a timely manner pending the resolution of disputes
 30 among public agencies and providers.
 31 (4) Resolve disputes within an agency or between agencies.
 32 (5) Enter into formal interagency agreements that define the
 33 financial responsibility of each agency for paying for early
 34 intervention services consistent with Indiana law and procedures
 35 for resolving disputes, including all additional components
 36 necessary to ensure meaningful cooperation and coordination.
 37 (6) Develop and implement utilization review procedures for
 38 services provided under this chapter.
 39 (b) The state shall designate an individual or entity responsible for
 40 assigning financial responsibility among appropriate agencies under
 41 this chapter.

42 SECTION 32. IC 12-12.7-2-15, AS ADDED BY P.L.93-2006,



1 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
2 JULY 1, 2015]: Sec. 15. The council shall do the following:

3 (1) Advise and assist the division in the performance of the
4 responsibilities set forth in section 6 of this chapter, particularly
5 the following:

6 (A) Identification of sources of fiscal and other support for
7 services for early intervention programs.

8 (B) Use of existing resources to the full extent in
9 implementing early intervention programs.

10 (C) Assignment of financial responsibility to the appropriate
11 agency.

12 (D) Promotion of interagency agreements.

13 (E) Development and implementation of utilization review
14 procedures.

15 (2) Advise and assist the division in the preparation of
16 applications required under 20 U.S.C. 1431 through ~~1445~~ **1444**.

17 (3) Prepare and submit an annual report to the governor, the
18 general assembly, and the United States Secretary of Education by
19 November 1 of each year concerning the status of early
20 intervention programs for infants and toddlers with disabilities
21 and their families. A report submitted under this subdivision to
22 the general assembly must be in an electronic format under
23 IC 5-14-6.

24 (4) Periodically request from the agencies responsible for
25 providing early childhood intervention services for infants and
26 toddlers with disabilities and preschool special education
27 programs written reports concerning the implementation of each
28 agency's respective programs.

29 (5) Make recommendations to the various agencies concerning
30 improvements to each agency's delivery of services.

31 (6) Otherwise comply with 20 U.S.C. 1441.

32 SECTION 33. IC 12-12.7-2-18, AS ADDED BY P.L.93-2006,
33 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
34 JULY 1, 2015]: Sec. 18. Upon the recommendations of the council, the
35 division shall adopt rules under IC 4-22-2 providing for a statewide
36 system of coordinated, comprehensive, multidisciplinary, interagency
37 programs that provide appropriate early intervention services to all
38 infants and toddlers with disabilities and their families to the extent
39 required under 20 U.S.C. 1431 through ~~1445~~ **1444**.

40 SECTION 34. IC 12-12.7-2-20, AS ADDED BY P.L.93-2006,
41 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
42 JULY 1, 2015]: Sec. 20. To the extent required in 20 U.S.C. 1431



- 1 through ~~1445~~, **1444**, the statewide system must include the following:
- 2 (1) A definition of the term "developmentally delayed" to be used
- 3 in carrying out the programs under this chapter.
- 4 (2) The timetables necessary for ensuring that the appropriate
- 5 early intervention services are available to all infants and toddlers
- 6 with disabilities before the beginning of the fifth year of the state's
- 7 participation under 20 U.S.C. 1431 through ~~1445~~. **1444**.
- 8 (3) A timely, comprehensive, multidisciplinary evaluation of the
- 9 functioning of each infant and toddler with disabilities in Indiana
- 10 and the needs of the families, to appropriately assist in the
- 11 development of the infant and toddler with disabilities program.
- 12 (4) For each infant and toddler with disabilities in Indiana, an
- 13 individualized family service plan in accordance with 20 U.S.C.
- 14 1436, including case management services consistent with the
- 15 individualized family service plan.
- 16 (5) A comprehensive system for identifying infants and toddlers
- 17 with disabilities, including a system for making referrals to
- 18 service providers that:
- 19 (A) includes time lines; and
- 20 (B) provides for the participation by primary referral sources.
- 21 (6) A public awareness program.
- 22 (7) A central directory that includes early intervention services,
- 23 resources, experts, and research and demonstration projects being
- 24 conducted.
- 25 (8) A comprehensive system of personnel development.
- 26 (9) A policy pertaining to contracting or making other
- 27 arrangements with service providers to provide early intervention
- 28 services in Indiana, consistent with 20 U.S.C. 1431 through ~~1445~~
- 29 **1444** and including the contents of the application used and the
- 30 conditions of the contract or other arrangements.
- 31 (10) A procedure for securing timely reimbursement of funds
- 32 used under this chapter in accordance with 20 U.S.C. 1440(a).
- 33 (11) Procedural safeguards with respect to programs under this
- 34 chapter as required under 20 U.S.C. 1439.
- 35 (12) Policies and procedures relating to the establishment and
- 36 maintenance of standards to ensure that personnel necessary to
- 37 carry out this chapter are appropriately and adequately prepared
- 38 and trained, including the following:
- 39 (A) The establishment and maintenance of standards that are
- 40 consistent with any state approved or recognized certification,
- 41 licensing, registration, or other comparable requirements that
- 42 apply to the area in which the personnel are providing early



- 1 intervention services.
- 2 (B) To the extent the standards are not based on the highest
- 3 requirements in Indiana applicable to the specific profession
- 4 or discipline, the steps the state is taking to require the
- 5 retraining or hiring of personnel that meet appropriate
- 6 professional requirements in Indiana.
- 7 (13) A system for compiling data on the following:
- 8 (A) The number of infants and toddlers with disabilities and
- 9 their families in Indiana in need of appropriate early
- 10 intervention services, which may be based on a sampling of
- 11 data.
- 12 (B) The number of infants, toddlers, and families of infants
- 13 and toddlers served.
- 14 (C) The types of services provided, which may be based on a
- 15 sampling of data.
- 16 (D) Other information required under 20 U.S.C. 1431 through
- 17 ~~1445~~; **1444**.
- 18 SECTION 35. IC 12-13-5-1, AS AMENDED BY P.L.145-2006,
- 19 SECTION 75, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 20 JULY 1, 2015]: Sec. 1. The division shall administer or supervise the
- 21 public welfare activities of the state. The division has the following
- 22 powers and duties:
- 23 (1) The administration of old age assistance, ~~aid to dependent~~
- 24 ~~children~~; TANF, and assistance to the needy blind and persons
- 25 with disabilities, excluding assistance to children with special
- 26 health care needs.
- 27 (2) The administration of the licensing and inspection under
- 28 IC 12-17.2.
- 29 (3) The provision of services to county governments, including
- 30 the following:
- 31 (A) Organizing and supervising county offices for the effective
- 32 administration of public welfare functions.
- 33 (B) Compiling statistics and necessary information concerning
- 34 public welfare problems throughout Indiana.
- 35 (C) Researching and encouraging research into crime,
- 36 delinquency, physical and mental disability, and the cause of
- 37 dependency.
- 38 (4) Prescribing the form of, printing, and supplying to the county
- 39 offices blanks for applications, reports, affidavits, and other forms
- 40 the division considers necessary and advisable.
- 41 (5) Cooperating with the federal Social Security Administration
- 42 and with any other agency of the federal government in any



1 reasonable manner necessary and in conformity with IC 12-13
 2 through IC 12-19 to qualify for federal aid for assistance to
 3 persons who are entitled to assistance under the federal Social
 4 Security Act. The responsibilities include the following:

5 (A) Making reports in the form and containing the information
 6 that the federal Social Security Administration Board or any
 7 other agency of the federal government requires.

8 (B) Complying with the requirements that a board or agency
 9 finds necessary to assure the correctness and verification of
 10 reports.

11 (6) Appointing from eligible lists established by the state
 12 personnel board employees of the division necessary to effectively
 13 carry out IC 12-13 through IC 12-19. The division may not
 14 appoint a person who is not a citizen of the United States and who
 15 has not been a resident of Indiana for at least one (1) year
 16 immediately preceding the person's appointment unless a
 17 qualified person cannot be found in Indiana for a position as a
 18 result of holding an open competitive examination.

19 (7) Assisting the office of Medicaid policy and planning in fixing
 20 fees to be paid to ophthalmologists and optometrists for the
 21 examination of applicants for and recipients of assistance as
 22 needy blind persons.

23 (8) When requested, assisting other departments, agencies,
 24 divisions, and institutions of the state and federal government in
 25 performing services consistent with this article.

26 (9) Acting as the agent of the federal government for the
 27 following:

28 (A) In welfare matters of mutual concern under IC 12-13
 29 through IC 12-19, except for responsibilities of the department
 30 of child services under IC 31-25-2.

31 (B) In the administration of federal money granted to Indiana
 32 in aiding welfare functions of the state government.

33 (10) Administering additional public welfare functions vested in
 34 the division by law and providing for the progressive codification
 35 of the laws the division is required to administer.

36 (11) Supervising day care centers.

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

39 SECTION 36. IC 12-13-6-1, AS AMENDED BY P.L.234-2005,
 40 SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 41 JULY 1, 2015]: Sec. 1. The following bureaus are established within
 42 the division:

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1 (1) A bureau of child ~~development~~ **care**.

2 (2) A bureau of economic independence.

3 SECTION 37. IC 12-13-7-2, AS AMENDED BY P.L.234-2005,
4 SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2015]: Sec. 2. The division is the single state agency
6 responsible for administering the following:

7 (1) The Child Care and Development Block Grant under 42
8 U.S.C. 9858 et seq. The division shall apply to the United States
9 Department of Health and Human Services for a grant under the
10 Child Care Development Block Grant.

11 (2) ~~The federal Food Stamp Program under 7 U.S.C. 2011 et seq.~~
12 **SNAP.**

13 SECTION 38. IC 12-13-7-6 IS AMENDED TO READ AS
14 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 6. ~~(a) The food stamp
15 bureau shall provide an incentive payment to the offices of prosecuting
16 attorneys for the investigation or prosecution of food stamp fraud under
17 the federal Food Stamp Program (7 U.S.C. 2011 et seq.); as provided
18 by 7 CFR 277.15.~~

19 ~~(b) The incentive payments shall be made by the auditor of state
20 upon request of the food stamp bureau. Payments must be deposited in
21 the county treasury for distribution on a quarterly basis and in equal
22 shares to the following:~~

23 ~~(1) The county general fund.~~

24 ~~(2) The operating budget of the offices of prosecuting attorneys.~~

25 ~~(c) Notwithstanding IC 36-2-5-2 and IC 36-3-6, distribution of the
26 money from the county treasury shall be made without first obtaining
27 an appropriation from the county fiscal body. The amount that a county
28 receives and the terms under which the incentive payments are made
29 must be consistent with the federal law and regulations governing the
30 federal Food Stamp Program (7 U.S.C. 2011 et seq.).~~

31 ~~(d) The director of the division shall adopt rules under IC 4-22-2
32 necessary to administer and supervise the federal Food Stamp Program
33 in Indiana. **SNAP.**~~

34 SECTION 39. IC 12-13-14-1 IS AMENDED TO READ AS
35 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. (a) As used in this
36 chapter, "automated teller machine" means an electronic hardware
37 device owned or operated by or on behalf of a financial institution or
38 retailer that is capable of dispensing currency and responding to
39 balance inquiries through the use of a magnetic stripe card issued by or
40 on behalf of the division for distribution of assistance through an EBT
41 system as described in this chapter.

42 (b) As used in this chapter, "commission" refers to the electronic



- 1 benefits transfer commission established by this chapter.
- 2 (c) As used in this chapter, "Department" refers to the United States
3 Department of Health and Human Services.
- 4 (d) As used in this chapter, "EBT program" means an electronic
5 benefits transfer program.
- 6 (e) As used in this chapter, "financial institution" means a bank,
7 trust company, savings institution, credit union, or any other
8 organization:
- 9 (1) whose principal business activity is providing banking or
10 financial services to the public; and
- 11 (2) that is organized, supervised, and authorized to do business in
12 Indiana under IC 28 or Title 12 of the United States Code.
- 13 (f) As used in this chapter, "food retailer" means a retailer that:
- 14 (1) sells food items to consumers; and
- 15 (2) has been authorized under 7 CFR 278 to participate in ~~the~~
16 ~~food stamp program.~~ **SNAP.**
- 17 (g) As used in this chapter, "person" includes any individual or
18 entity described in IC 6-2.5-1-3.
- 19 (h) As used in this chapter, "point of sale terminal" means an
20 electronic hardware device that is:
- 21 (1) used at a retailer's place of business where consumers pay for
22 goods or services; and
- 23 (2) capable of:
- 24 (A) initiating a request for authorization of a purchase of
25 tangible personal property;
- 26 (B) disbursing currency from an account;
- 27 (C) initiating a balance inquiry for an account; or
- 28 (D) distributing assistance through an EBT system as
29 described in this chapter.
- 30 (i) As used in this chapter, "primary business" means more than fifty
31 percent (50%) of the gross retail income (as defined in IC 6-2.5-1-5)
32 attributable to the location or premises where the business is located.
- 33 (j) As used in this chapter, "retailer" means a person that, in the
34 ordinary course of business:
- 35 (1) sells or transfers tangible personal property; or
- 36 (2) provides or performs services for compensation;
37 to consumers.
- 38 (k) As used in this chapter, "Secretary" refers to the Secretary of the
39 United States Department of Agriculture.
- 40 SECTION 40. IC 12-13-14-2 IS AMENDED TO READ AS
41 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 2. The division may do
42 the following:

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- 1 (1) Under:
 2 (A) 7 U.S.C. 2016(I); and
 3 (B) 7 CFR 272, 274, 276, 277, and 278;
 4 make an application for approval from the Secretary for
 5 implementation by the division of an EBT program in Indiana for
 6 **food stamp SNAP** assistance.
 7 (2) If required at any time by federal law or regulation, make an
 8 application for approval from the Department for implementation
 9 by the division of an EBT program in Indiana for assistance under
 10 the Title IV-A assistance program as provided in 42 U.S.C. 601
 11 et seq.
 12 (3) After receiving approval from the Secretary and, if required,
 13 the Department, implement a fully functional and operating EBT
 14 program under this chapter to provide an alternative method of
 15 delivering:
 16 (A) **food stamp SNAP** assistance; and
 17 (B) assistance under the Title IV-A assistance program in
 18 Indiana.
 19 (4) Contract with vendors for supplies and services to implement
 20 an EBT program according to IC 5-22-17.
 21 (5) Adopt rules under IC 4-22-2 to implement the EBT program.
 22 SECTION 41. IC 12-13-14-3, AS AMENDED BY P.L.1-2009,
 23 SECTION 101, IS AMENDED TO READ AS FOLLOWS
 24 [EFFECTIVE JULY 1, 2015]: Sec. 3. (a) The electronic benefits
 25 transfer commission is established.
 26 (b) The commission consists of eight (8) members appointed by the
 27 secretary of family and social services as follows:
 28 (1) Two (2) employees of the office of the secretary of family and
 29 social services.
 30 (2) Two (2) members of the Indiana Grocers and Convenience
 31 Store Association, nominated by the chief executive officer of the
 32 Indiana Grocers and Convenience Store Association for
 33 consideration by the secretary of family and social services.
 34 (3) Two (2) members of the Indiana Bankers Association,
 35 nominated by the chief executive officer of the Indiana Bankers
 36 Association for consideration by the office of the secretary of
 37 family and social services.
 38 (4) Two (2) persons representing recipients of **food stamp SNAP**
 39 benefits or ~~Aid to Families with Dependent Children (AFDC)~~
 40 **TANF** benefits. One (1) person shall be nominated by the Indiana
 41 Food and Nutrition Network, and one (1) person shall be
 42 nominated by the Indiana Coalition for Human Services for



- 1 consideration by the secretary of family and social services.
- 2 (c) The terms of office shall be for three (3) years. The members
3 serve at the will of the secretary of family and social services. A
4 vacancy on the commission shall be filled by the secretary of family
5 and social services in the same manner the original appointment was
6 made.
- 7 (d) The secretary of family and social services shall appoint the
8 initial chairperson from among the members of the commission. The
9 commission shall meet on the call of the chairperson. When the
10 chairperson's term expires, the commission shall elect a new
11 chairperson from among the membership of the commission.
- 12 (e) The division shall provide staff needed for the commission to
13 operate under this chapter.
- 14 (f) The commission members are not eligible for per diem
15 reimbursement or reimbursement for expenses incurred for travel to
16 and from commission meetings.
- 17 SECTION 42. IC 12-14-1.5-6, AS AMENDED BY P.L.258-2013,
18 SECTION 87, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
19 JULY 1, 2015]: Sec. 6. A county director or designated employee may
20 use any of the following methods to transmit voter registration
21 applications or declinations under section 4 of this chapter:
- 22 (1) Hand delivery to the circuit court clerk or board of
23 registration.
- 24 (2) Delivery by the United States Postal Service, using first class
25 mail.
- 26 **(3) Electronic transfer, after approval by the co-directors of
27 the election division.**
- 28 SECTION 43. IC 12-14-25-5 IS AMENDED TO READ AS
29 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 5. A designated
30 employee may use any of the following methods to transmit voter
31 registration applications or declinations under section 3 or 4 of this
32 chapter:
- 33 (1) Hand delivery to the circuit court clerk or board of
34 registration.
- 35 ~~(2) Certified mail, return receipt requested.~~ **Delivery by the
36 United States Postal Service, using first class mail.**
- 37 **(3) Electronic transfer, after approval by the co-directors of
38 the election division.**
- 39 SECTION 44. IC 12-14-29-6, AS AMENDED BY P.L.184-2014,
40 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
41 JULY 1, 2015]: Sec. 6. A court may modify or revoke an order issued
42 under this chapter concerning a federal Supplemental Nutrition



1 ~~Assistance Program SNAP~~ eligible individual or a TANF eligible
2 individual at any time.

3 SECTION 45. IC 12-14-29-7, AS AMENDED BY P.L.158-2014,
4 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2015]: Sec. 7. A court shall immediately notify the division of
6 family resources local office:

7 (1) upon the court's finding of probable cause that an individual
8 has committed a felony offense during the period in which the
9 individual is eligible for TANF or the federal ~~Supplemental~~
10 ~~Nutrition Assistance Program; SNAP; or~~

11 (2) when an individual has been terminated from:

12 (A) a reentry court program;

13 (B) an evidence-based mental health and addiction forensic
14 treatment services program administered or coordinated by a
15 provider certified by the division of mental health and
16 addiction to provide mental health or addiction treatment as
17 part of the person's probation or community corrections; or

18 (C) the Marion County superior court pilot project described
19 in IC 11-12-3.8-6;

20 during the period in which the individual is eligible for TANF or
21 the federal ~~Supplemental Nutrition Assistance Program. SNAP.~~

22 SECTION 46. IC 12-15-1-15 IS AMENDED TO READ AS
23 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 15. (a) The office shall
24 administer the program of assignment, enforcement, and collection of
25 rights of payments for medical care that is provided for under 42 U.S.C.
26 1396k.

27 (b) The office may enter into contracts to administer the program
28 described in subsection (a).

29 (c) ~~The administrator of the office of the secretary~~ shall adopt rules
30 under IC 4-22-2 to implement this section.

31 SECTION 47. IC 12-15-2-1 IS AMENDED TO READ AS
32 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. As used in this
33 chapter, "federal income poverty level" means the ~~nonfarm income~~
34 ~~official poverty line as determined annually by the federal Office of~~
35 ~~Management and Budget. poverty guidelines updated periodically in~~
36 ~~the Federal Register by the United States Department of Health~~
37 ~~and Human Services under 42 U.S.C. 9902(2).~~

38 SECTION 48. IC 12-15-2-3.5, AS ADDED BY P.L.278-2013,
39 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
40 JULY 1, 2015]: Sec. 3.5. An individual:

41 (1) who is:

42 (A) at least sixty-five (65) years of age; or



- 1 (B) disabled, as determined by the Supplemental Security
 2 Income program; and
 3 (2) whose income and resources do not exceed those levels
 4 established by the Supplemental Security Income program;
 5 is eligible to receive Medicaid assistance if the individual's family
 6 income does not exceed one hundred percent (100%) of the federal
 7 income poverty level for the same size family, **using income counting**
 8 **standards and criteria established by the federal Social Security**
 9 **Administration.**
- 10 SECTION 49. IC 12-15-2-9 IS REPEALED [EFFECTIVE JULY 1,
 11 2015]. Sec. 9: (a) As used in this section, "institution for the mentally
 12 diseased" includes a facility that meets the requirements and
 13 regulations under 42 U.S.C. 1396 et seq.
- 14 (b) Except as provided in subsections (c) and (d), an individual who:
 15 (1) is less than twenty-one (21) years of age or at least sixty-five
 16 (65) years of age who has been found to be eligible for Medicaid
 17 under section 2, 3, 4, 5, or 6 of this chapter; and
 18 (2) is a patient in an institution for the mentally diseased;
 19 is eligible to receive Medicaid:
- 20 (c) Psychiatric services may extend until twenty-two (22) years of
 21 age or until treatment has ended, whichever occurs first.
- 22 (d) Intermediate care facility services may be provided in a mental
 23 health institution.
- 24 SECTION 50. IC 12-15-5-1, AS AMENDED BY P.L.274-2013,
 25 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 26 JULY 1, 2015]: Sec. 1. Except as provided in IC 12-15-2-12,
 27 IC 12-15-6, and IC 12-15-21, the following services and supplies are
 28 provided under Medicaid:
- 29 (1) Inpatient hospital services.
 30 (2) Nursing facility services.
 31 (3) Physician's services, including services provided under
 32 IC 25-10-1 and IC 25-22.5-1.
 33 (4) Outpatient hospital or clinic services.
 34 (5) Home health care services.
 35 (6) Private duty nursing services.
 36 (7) Physical therapy and related services.
 37 (8) Dental services.
 38 (9) Prescribed laboratory and x-ray services.
 39 (10) Prescribed drugs and pharmacist services.
 40 (11) Eyeglasses and prosthetic devices.
 41 (12) Optometric services.
 42 (13) Diagnostic, screening, preventive, and rehabilitative services.



- 1 (14) Podiatric medicine services.
 2 (15) Hospice services.
 3 (16) Services or supplies recognized under Indiana law and
 4 specified under rules adopted by the office.
 5 (17) Family planning services except the performance of
 6 abortions.
 7 (18) Nonmedical nursing care given in accordance with the tenets
 8 and practices of a recognized church or religious denomination to
 9 an individual qualified for Medicaid who depends upon healing
 10 by prayer and spiritual means alone in accordance with the tenets
 11 and practices of the individual's church or religious denomination.
 12 (19) Services provided to individuals described in IC 12-15-2-8.
 13 ~~and IC 12-15-2-9.~~
 14 (20) Services provided under IC 12-15-34 and IC 12-15-32.
 15 (21) Case management services provided to individuals described
 16 in IC 12-15-2-11 and IC 12-15-2-13.
 17 (22) Any other type of remedial care recognized under Indiana
 18 law and specified by the United States Secretary of Health and
 19 Human Services.
 20 (23) Examinations required under IC 16-41-17-2(a)(10).
 21 SECTION 51. IC 12-15-6-4 IS AMENDED TO READ AS
 22 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 4. A copayment applies
 23 to all services except the following:
 24 (1) Services furnished to individuals less than eighteen (18) years
 25 of age.
 26 (2) Services furnished to pregnant women if the services relate to
 27 the pregnancy or to any other medical condition that might
 28 complicate the pregnancy.
 29 (3) Services furnished to individuals who are inpatients in
 30 hospitals, nursing facilities, including intermediate care facilities
 31 for the mentally retarded, and other medical institutions.
 32 (4) Emergency services as defined by regulations adopted by the
 33 Secretary of the United States Department of Health and Human
 34 Services.
 35 ~~(5) Services furnished to individuals by health maintenance~~
 36 ~~organizations in which the individuals are enrolled.~~
 37 ~~(6) (5) Family planning services and supplies described in 42~~
 38 ~~U.S.C. 1396d(a)(4)(C).~~
 39 ~~(7) (6) Physical examinations to determine the need for medical~~
 40 ~~services.~~
 41 SECTION 52. IC 12-15-27-4 IS REPEALED [EFFECTIVE JULY
 42 1, 2015]. Sec. 4. ~~(a) The office shall keep a file that contains a report~~



1 showing the name and identification number of each recipient and the
 2 amount of medical assistance received each month under the Medicaid
 3 program.

4 (b) The report under subsection (a) is a public record open to public
 5 inspection at all times during the regular office hours of the office.

6 (c) A person who desires to examine a record, other than in
 7 pursuance of official duties as provided under Medicaid, must sign a
 8 written request to examine the record. The request must contain an
 9 agreement on the part of the signer that the signer will not utilize
 10 information gained from the information for religious, commercial, or
 11 political purposes.

12 SECTION 53. IC 12-15-35-28, AS AMENDED BY P.L.53-2014,
 13 SECTION 105, IS AMENDED TO READ AS FOLLOWS
 14 [EFFECTIVE JULY 1, 2015]: Sec. 28. (a) The board has the following
 15 duties:

16 (1) The adoption of rules to carry out this chapter, in accordance
 17 with the provisions of IC 4-22-2 and subject to any office
 18 approval that is required by the federal Omnibus Budget
 19 Reconciliation Act of 1990 under Public Law 101-508 and its
 20 implementing regulations.

21 (2) (1) The implementation of a Medicaid retrospective and
 22 prospective DUR program as outlined in this chapter, including
 23 the approval of software programs to be used by the pharmacist
 24 for prospective DUR and recommendations concerning the
 25 provisions of the contractual agreement between the state and any
 26 other entity that will be processing and reviewing Medicaid drug
 27 claims and profiles for the DUR program under this chapter.

28 (3) (2) The development and application of the predetermined
 29 criteria and standards for appropriate prescribing to be used in
 30 retrospective and prospective DUR to ensure that such criteria
 31 and standards for appropriate prescribing are based on the
 32 compendia and developed with professional input with provisions
 33 for timely revisions and assessments as necessary.

34 (4) (3) The development, selection, application, and assessment
 35 of interventions for physicians, pharmacists, and patients that are
 36 educational and not punitive in nature.

37 (5) (4) The publication of an annual report that must be subject to
 38 public comment before issuance to the federal Department of
 39 Health and Human Services and to the Indiana legislative council
 40 by December 1 of each year. The report issued to the legislative
 41 council must be in an electronic format under IC 5-14-6.

42 (6) (5) The development of a working agreement for the board to



- 1 clarify the areas of responsibility with related boards or agencies,
 2 including the following:
- 3 (A) The Indiana board of pharmacy.
 - 4 (B) The medical licensing board of Indiana.
 - 5 (C) The SURS staff.
- 6 ~~(7)~~ **(6)** The establishment of a grievance and appeals process for
 7 physicians or pharmacists under this chapter.
- 8 ~~(8)~~ **(7)** The publication and dissemination of educational
 9 information to physicians and pharmacists regarding the board
 10 and the DUR program, including information on the following:
- 11 (A) Identifying and reducing the frequency of patterns of
 12 fraud, abuse, gross overuse, or inappropriate or medically
 13 unnecessary care among physicians, pharmacists, and
 14 recipients.
 - 15 (B) Potential or actual severe or adverse reactions to drugs.
 - 16 (C) Therapeutic appropriateness.
 - 17 (D) Overutilization or underutilization.
 - 18 (E) Appropriate use of generic drugs.
 - 19 (F) Therapeutic duplication.
 - 20 (G) Drug-disease contraindications.
 - 21 (H) Drug-drug interactions.
 - 22 (I) Incorrect drug dosage and duration of drug treatment.
 - 23 (J) Drug allergy interactions.
 - 24 (K) Clinical abuse and misuse.
- 25 ~~(9)~~ **(8)** The adoption and implementation of procedures designed
 26 to ensure the confidentiality of any information collected, stored,
 27 retrieved, assessed, or analyzed by the board, staff to the board, or
 28 contractors to the DUR program that identifies individual
 29 physicians, pharmacists, or recipients.
- 30 ~~(10)~~ **(9)** The implementation of additional drug utilization review
 31 with respect to drugs dispensed to residents of nursing facilities
 32 shall not be required if the nursing facility is in compliance with
 33 the drug regimen procedures under 410 IAC 16.2-3.1 and 42 CFR
 34 483.60.
- 35 ~~(11)~~ **(10)** The research, development, and approval of a preferred
 36 drug list for:
- 37 (A) Medicaid's fee for service program;
 - 38 (B) Medicaid's primary care case management program;
 - 39 (C) Medicaid's risk based managed care program, if the office
 40 provides a prescription drug benefit and subject to IC 12-15-5;
 41 and
 - 42 (D) the children's health insurance program under IC 12-17.6;



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



1 may not be automatically required for a single source drug that is newly
2 approved by the federal Food and Drug Administration, and that is:

3 (1) in a therapeutic classification:

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

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

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

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

10 (g) The following requirements apply to a preferred drug list
11 developed under subsection (a)(11):

12 (1) Except as provided by IC 12-15-35.5-3(b) and
13 IC 12-15-35.5-3(c), the office or the board may require prior
14 authorization for a drug that is included on the preferred drug list
15 under the following circumstances:

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

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

20 (C) To prevent fraud, abuse, waste, overutilization, or
21 inappropriate utilization.

22 (D) To permit implementation of a disease management
23 program.

24 (E) To implement other initiatives permitted by state or federal
25 law.

26 (2) All drugs described in IC 12-15-35.5-3(b) must be included on
27 the preferred drug list.

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

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

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

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

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

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



- 1 (4) The number of times prior authorization was requested, and
- 2 the number of times prior authorization was:
- 3 (A) approved; and
- 4 (B) disapproved.
- 5 (i) The board shall provide the first report required under subsection
- 6 (h) not later than six (6) months after the board submits an initial
- 7 preferred drug list to the office.
- 8 SECTION 54. IC 12-15-35.5-7, AS AMENDED BY P.L.229-2011,
- 9 SECTION 145, IS AMENDED TO READ AS FOLLOWS
- 10 [EFFECTIVE JULY 1, 2015]: Sec. 7. (a) Subject to subsections (b) and
- 11 (c), the office may place limits on quantities dispensed or the frequency
- 12 of refills for any covered drug as required by law or for the purpose of:
- 13 (1) preventing fraud, abuse, or waste;
- 14 (2) preventing overutilization, inappropriate utilization, or
- 15 inappropriate prescription practices that are contrary to:
- 16 (A) clinical quality and patient safety; and
- 17 (B) accepted clinical practice for the diagnosis and treatment
- 18 of mental illness and the considerations specified in subsection
- 19 (h); or
- 20 (3) implementing a disease management program.
- 21 (b) Before implementing a limit described in subsection (a), the
- 22 office shall:
- 23 (1) consider quality of care and the best interests of Medicaid
- 24 recipients;
- 25 (2) seek the advice of the drug utilization review board,
- 26 established by IC 12-15-35-19, at a public meeting of the board;
- 27 and
- 28 (3) publish a provider bulletin that complies with the
- 29 requirements of IC 12-15-13-6.
- 30 (c) Subject to subsection (d), the board may establish and the office
- 31 may implement a restriction on a drug described in section 3(b) of this
- 32 chapter if:
- 33 (1) the board determines that data provided by the office indicates
- 34 that a situation described in ~~IC 12-15-35-28(a)(8)(A)~~
- 35 **IC 12-15-35-28(a)(7)(A)** through ~~IC 12-15-35-28(a)(8)(K)~~
- 36 **IC 12-15-35-28(a)(7)(K)** requires an intervention to:
- 37 (A) prevent fraud, abuse, or waste;
- 38 (B) prevent overutilization, inappropriate utilization, or
- 39 inappropriate prescription practices that are contrary to:
- 40 (i) clinical quality and patient safety; and
- 41 (ii) accepted clinical practice for the diagnosis and treatment
- 42 of mental illness; or



- 1 (C) implement a disease management program; and
 2 (2) the board approves and the office implements an educational
 3 intervention program for providers to address the situation.
- 4 (d) A restriction established under subsection (c) for any drug
 5 described in section 3(b) of this chapter:
 6 (1) must comply with the procedures described in
 7 IC 12-15-35-35;
 8 (2) may include requiring a recipient to be assigned to one (1)
 9 practitioner and one (1) pharmacy provider for purposes of
 10 receiving mental health medications;
 11 (3) may not lessen the quality of care; and
 12 (4) must be in the best interest of Medicaid recipients.
- 13 (e) Implementation of a restriction established under subsection (c)
 14 must provide for the dispensing of a temporary supply of the drug for
 15 a prescription not to exceed seven (7) business days, if additional time
 16 is required to review the request for override of the restriction. This
 17 subsection does not apply if the federal Food and Drug Administration
 18 has issued a boxed warning under 21 CFR 201.57(e) that applies to the
 19 drug and is applicable to the patient.
- 20 (f) Before implementing a restriction established under subsection
 21 (c), the office shall:
 22 (1) seek the advice of the mental health Medicaid quality advisory
 23 committee established by IC 12-15-35-51; and
 24 (2) publish a provider bulletin that complies with the
 25 requirements of IC 12-15-13-6.
- 26 (g) Subsections (c) through (f):
 27 (1) apply only to drugs described in section 3(b) of this chapter;
 28 and
 29 (2) do not apply to a restriction on a drug described in section
 30 3(b) of this chapter that was approved by the board and
 31 implemented by the office before April 1, 2003.
- 32 (h) Restrictions referred to in subsection (c) to prevent
 33 overutilization, inappropriate utilization, or inappropriate prescription
 34 practices that are contrary to accepted clinical practices may include
 35 the implementation of the following:
 36 (1) Encouraging dosages that enhance recipient adherence to a
 37 drug regimen.
 38 (2) Encouraging monotherapy with limitations on the number of
 39 drugs from a specific drug class that a recipient may be taking at
 40 any one (1) time when there is no documentation of the severity
 41 and intensity of the target symptoms.
 42 (3) Limiting the total number of scheduled psychiatric



1 medications that a recipient may be taking at any one (1) time,
2 when such limit is based on:

3 (A) established best practices; or

4 (B) guidelines implemented by the division of mental health
5 and addiction for mental health state operated facilities.

6 (4) Encouraging, in accordance with IC 16-42-22-10, generic
7 substitution when such a substitution would result in a net cost
8 savings to the Medicaid program.

9 (i) Restrictions under subsection (h) may be overridden through the
10 prior authorization review process in cases in which the prescriber
11 demonstrates medical necessity for the prescribed medication.

12 SECTION 55. IC 12-17-12-21 IS REPEALED [EFFECTIVE JULY
13 1, 2015]. ~~Sec. 21. During 1992 a committee of the general assembly
14 shall review the need to continue the school age child care program.
15 The committee shall submit the committee's recommendations to the
16 general assembly before October 15, 1992.~~

17 SECTION 56. IC 12-17-19 IS REPEALED [EFFECTIVE JULY 1,
18 2015]. (Step Ahead Comprehensive Early Childhood Grant Program).

19 SECTION 57. IC 12-17.2-2-4 IS AMENDED TO READ AS
20 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 4. (a) The division shall
21 adopt rules under IC 4-22-2 concerning the licensing and inspection of
22 child care centers and child care homes after consultation with the
23 following:

24 (1) State department of health.

25 (2) Fire prevention and building safety commission.

26 ~~(3) The board.~~

27 (b) The rules adopted under subsection (a) shall be applied by the
28 division and state fire marshal in the licensing and inspection of
29 applicants for a license and licensees under this article.

30 SECTION 58. IC 12-17.6-3-5 IS AMENDED TO READ AS
31 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 5. A child may, **in any**
32 **manner determined by the office**, apply at an **enrollment center** as
33 **provided in IC 12-15-4-1** to receive health care services from the
34 program if the child meets the eligibility requirements of section 2 of
35 this chapter.

36 SECTION 59. IC 12-19-1-18, AS AMENDED BY P.L.44-2009,
37 SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
38 JULY 1, 2015]: Sec. 18. (a) After petition to and with the approval of
39 the judge of a circuit court of the county where an applicant for or
40 recipient of public assistance resides (or, if a superior court has probate
41 jurisdiction in the county, the superior court that has probate
42 jurisdiction where the recipient of public assistance resides), a county



- 1 office may take the actions described in subsection (b) if:
- 2 (1) an applicant for public assistance is physically or mentally
- 3 incapable of completing an application for assistance; or
- 4 (2) a recipient of public assistance:
- 5 (A) is incapable of managing the recipient's affairs; or
- 6 (B) refuses to:
- 7 (i) take care of the recipient's money properly; or
- 8 (ii) comply with the director of the division's rules and
- 9 policies.
- 10 (b) If the conditions of subsection (a) are satisfied, the county office
- 11 may designate a responsible person to do the following:
- 12 (1) Act for the applicant or recipient.
- 13 (2) Receive on behalf of the recipient the assistance the recipient
- 14 is eligible to receive under any of the following:
- 15 (A) This chapter.
- 16 (B) IC 12-10-6.
- 17 (C) IC 12-14-1 through ~~IC 12-14-9.5~~ **IC 12-14-3.**
- 18 **(D) IC 12-14-5 through IC 12-14-8.**
- 19 ~~(E)~~ **(E)** IC 12-14-13 through IC 12-14-19.
- 20 ~~(F)~~ **(F)** IC 12-15.
- 21 ~~(G)~~ **(G)** IC 16-35-2.
- 22 (c) A fee for services provided under this section may be paid to the
- 23 responsible person in an amount not to exceed ten dollars (\$10) each
- 24 month. The fee may be allowed:
- 25 (1) in the monthly assistance award; or
- 26 (2) by vendor payment if the fee would cause the amount of
- 27 assistance to be increased beyond the maximum amount permitted
- 28 by statute.
- 29 SECTION 60. IC 12-20-6-1, AS AMENDED BY P.L.73-2005,
- 30 SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 31 JULY 1, 2015]: Sec. 1. (a) A township trustee may not extend aid to an
- 32 individual or a household unless an application and affidavit setting
- 33 forth the personal condition of the individual or household has been
- 34 filed with the trustee within one hundred eighty (180) days before the
- 35 date aid is extended.
- 36 (b) An individual filing an application and affidavit on behalf of a
- 37 household must provide the names of all household members and any
- 38 information necessary for determining the household's eligibility for
- 39 township assistance. The application must be on the form prescribed by
- 40 the state board of accounts.
- 41 (c) An applicant for utility assistance under IC 12-20-16-3(a) must
- 42 comply with IC 12-20-16-3(d).



1 (d) The township trustee may not extend additional or continuing
 2 aid to an individual or a household unless the individual or household
 3 files an affidavit with the request for assistance affirming how, if at all,
 4 the personal condition of the individual or the household has changed
 5 from that set forth in the individual's or household's most recent
 6 application.

7 (e) The township trustee shall assist an applicant for township
 8 assistance in completing a township assistance application if the
 9 applicant:

10 (1) has a mental or physical disability, including ~~mental~~
 11 ~~retardation~~, **an intellectual disability**, cerebral palsy, blindness,
 12 or paralysis;

13 (2) has dyslexia; or

14 (3) cannot read or write the English language.

15 SECTION 61. IC 12-23-9-6 IS AMENDED TO READ AS
 16 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 6. (a) The administrator
 17 in charge of a certified treatment facility may determine who shall be
 18 admitted for treatment.

19 (b) If an individual is refused admission, the administrator shall
 20 refer the individual to another approved public treatment facility for
 21 treatment if possible and appropriate.

22 (c) The administrator's determinations under this section are subject
 23 to rules adopted under ~~IC 12-23-1-6(6)~~. **IC 12-23-1-6(7)**.

24 SECTION 62. IC 12-23-9-7 IS AMENDED TO READ AS
 25 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 7. If a patient receiving
 26 inpatient care leaves a certified treatment facility, the patient shall be
 27 encouraged to consent to appropriate outpatient or intermediate
 28 treatment. If the administrator in charge of the treatment facility
 29 believes that the patient is an alcoholic who requires help, the bureau
 30 may assist the patient in obtaining supportive services and residential
 31 facilities. ~~(as defined in IC 12-7-2-165)~~.

32 SECTION 63. IC 12-25-1-1 IS AMENDED TO READ AS
 33 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. A private institution
 34 for the treatment and care of individuals with psychiatric disorders,
 35 developmental disabilities, **or** convulsive disturbances **or other**
 36 ~~abnormal mental conditions~~ must meet the following conditions:

37 (1) Employ physicians holding an unlimited license to practice
 38 medicine available for medical care that individuals may
 39 reasonably be expected to need.

40 (2) Have the facilities and accommodations that the individuals
 41 may reasonably be expected to need.

42 SECTION 64. IC 12-26-11-1 IS AMENDED TO READ AS



1 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. The superintendent
 2 of a facility to which an individual was committed under IC 12-26-6 or
 3 IC 12-26-7 or to which the individual's commitment was transferred
 4 under this chapter, may transfer the commitment of the individual to:

- 5 (1) a state institution;
- 6 (2) a community mental health center;
- 7 (3) a community ~~mental retardation~~ **intellectual disability** and
 8 other developmental disabilities center;
- 9 (4) a federal facility;
- 10 (5) a psychiatric unit of a hospital licensed under IC 16-21;
- 11 (6) a private psychiatric facility licensed under IC 12-25;
- 12 (7) a community residential program for the developmentally
 13 disabled described in IC 12-11-1.1-1(e)(1) or
 14 IC 12-11-1.1-1(e)(2); or
- 15 (8) an intermediate care facility for the mentally retarded
 16 (ICF/MR) that is licensed under IC 16-28 and is not owned by the
 17 state;

18 if the transfer is likely to be in the best interest of the individual or
 19 other patients.

20 SECTION 65. IC 12-28-1-6, AS AMENDED BY P.L.99-2007,
 21 SECTION 133, IS AMENDED TO READ AS FOLLOWS
 22 [EFFECTIVE JULY 1, 2015]: Sec. 6. (a) The Indiana protection and
 23 advocacy services commission is established. The commission is
 24 composed of thirteen (13) members who represent or who are
 25 knowledgeable about the needs of individuals served by the
 26 commission, including ~~mental retardation~~, **intellectual disabilities**,
 27 cerebral palsy, epilepsy, autism, and mental illness to be appointed as
 28 follows:

- 29 (1) Four (4) members to be appointed by the governor.
- 30 (2) Nine (9) members to be appointed by a majority vote of
 31 commission members.

32 (b) An official or employee of a branch of state government that
 33 delivers services to individuals with a developmental disability, with
 34 a mental illness, or seeking or receiving vocational rehabilitation
 35 services is not eligible for membership on the commission.

36 (c) One (1) member of the senate appointed by the president pro
 37 tempore of the senate and one (1) member of the house of
 38 representatives appointed by the speaker of the house of representatives
 39 serve in an advisory nonvoting capacity to the commission.

40 SECTION 66. IC 12-28-4-3, AS AMENDED BY P.L.99-2007,
 41 SECTION 138, IS AMENDED TO READ AS FOLLOWS
 42 [EFFECTIVE JULY 1, 2015]: Sec. 3. Residential facilities for



1 individuals with a developmental disability must have sufficient
 2 qualified training and habilitation support staff so that the residential
 3 facility, regardless of organization or design, has appropriately
 4 qualified and adequately trained staff (not necessarily qualified ~~mental~~
 5 ~~retardation~~ **intellectual disability** professionals (as defined in ~~42 CFR~~
 6 ~~442.401)~~ **42 CFR 483.430**) to conduct the activities of daily living,
 7 self-help, and social skills that are minimally required based on each
 8 recipient's needs and, if appropriate, for federal financial participation
 9 under the Medicaid program.

10 SECTION 67. IC 12-28-5-10, AS AMENDED BY P.L.6-2012,
 11 SECTION 99, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 12 JULY 1, 2015]: Sec. 10. The division of **disability and rehabilitative**
 13 **services** shall do the following:

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

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

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

28 (A) A sanitary and safe environment for residents and
 29 employees.

30 (B) Classification of supervised group living facilities.

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

33 (4) Develop standards for the approval of entities providing
 34 supported living services.

35 SECTION 68. IC 12-28-5-12, AS AMENDED BY P.L.229-2011,
 36 SECTION 151, IS AMENDED TO READ AS FOLLOWS
 37 [EFFECTIVE JULY 1, 2015]: Sec. 12. (a) The division may license
 38 only those supervised group living facilities that:

39 (1) meet the standards established under section 10 of this
 40 chapter; and

41 (2) are necessary to provide adequate services to individuals with
 42 a developmental disability in that geographic area.



1 (b) Notwithstanding ~~431 IAC 1.1-3-7(c) and 431 IAC 1.1-3-7(d);~~
 2 **460 IAC 9-3-7(c) and 460 IAC 9-3-7(d)**, the division shall license one
 3 (1) supervised group living facility that is located less than one
 4 thousand (1,000) feet from another supervised group living facility or
 5 a sheltered workshop under the following conditions:

6 (1) Both of the supervised group living facilities meet all
 7 standards for licensure as provided in section 10(3) of this
 8 chapter.

9 (2) Both of the supervised group living facilities are built on land
 10 that is owned by one (1) private entity.

11 (3) The supervised group living facilities provides job
 12 opportunities for residents of the supervised group living
 13 facilities, as appropriate.

14 (c) The division may approve an entity to provide supported living
 15 services only if the entity meets the standards established under section
 16 10 of this chapter.

17 SECTION 69. IC 12-29-1-1, AS AMENDED BY P.L. 182-2009(ss),
 18 SECTION 299, IS AMENDED TO READ AS FOLLOWS
 19 [EFFECTIVE JULY 1, 2015]: Sec. 1. (a) The county executive of a
 20 county may authorize the furnishing of financial assistance to a
 21 community ~~mental retardation~~ **intellectual disability** and other
 22 developmental disabilities center that is located or will be located in
 23 the county.

24 (b) Assistance authorized under this section shall be used for the
 25 following purposes:

26 (1) Constructing a center.

27 (2) Operating a center.

28 (c) Upon request of the county executive, the county fiscal body
 29 may appropriate annually from the county's general fund the money to
 30 provide financial assistance for the purposes described in subsection
 31 (b). The appropriation may not exceed the amount that could be
 32 collected from an annual tax levy of not more than three and
 33 thirty-three hundredths cents (\$0.0333) on each one hundred dollars
 34 (\$100) of taxable property within the county.

35 (d) For purposes of this subsection, "first calendar year" refers to the
 36 first calendar year after 2008 in which the county imposes an ad
 37 valorem property tax levy for the county general fund to provide
 38 financial assistance under this chapter. If a county did not provide
 39 financial assistance under this chapter in 2008, the county for a
 40 following calendar year:

41 (1) may propose a financial assistance budget; and

42 (2) shall refer its proposed financial assistance budget for the first



1 calendar year to the department of local government finance
 2 before the tax levy is advertised.
 3 The ad valorem property tax levy to fund the budget for the first
 4 calendar year is subject to review and approval under IC 6-1.1-18.5-10.
 5 SECTION 70. IC 12-29-1-2 IS AMENDED TO READ AS
 6 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 2. (a) If a community
 7 ~~mental retardation~~ **intellectual disability** and other developmental
 8 disabilities center is organized to provide services to at least two (2)
 9 counties, the county executive of each county may authorize the
 10 furnishing of financial assistance for the purposes described in section
 11 1(b) of this chapter.
 12 (b) Upon the request of the county executive of the county, the
 13 county fiscal body of each county may appropriate annually from the
 14 county's general fund the money to provide financial assistance for the
 15 purposes described in section 1(b) of this chapter. The appropriation of
 16 each county may not exceed the amount that could be collected from
 17 an annual tax levy of three and thirty-three hundredths cents (\$0.0333)
 18 on each one hundred dollars (\$100) of taxable property within the
 19 county.
 20 SECTION 71. IC 12-29-1-3 IS AMENDED TO READ AS
 21 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 3. (a) The county
 22 executive of each county whose residents may receive services from a
 23 community ~~mental retardation~~ **intellectual disability** and other
 24 developmental disabilities center may authorize the furnishing of a
 25 share of financial assistance for the purposes described in section 1(b)
 26 of this chapter if the following conditions are met:
 27 (1) The facilities for the center are located in a state adjacent to
 28 Indiana.
 29 (2) The center is organized to provide services to Indiana
 30 residents.
 31 (b) Upon the request of the county executive of a county, the county
 32 fiscal body of the county may appropriate annually from the county's
 33 general fund the money to provide financial assistance for the purposes
 34 described in section 1(b) of this chapter. The appropriations of the
 35 county may not exceed the amount that could be collected from an
 36 annual tax levy of three and thirty-three hundredths cents (\$0.0333) on
 37 each one hundred dollars (\$100) of taxable property within the county.
 38 SECTION 72. IC 12-29-1-4 IS AMENDED TO READ AS
 39 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 4. (a) Bonds of a
 40 county may be issued for the construction and equipment or the
 41 improvement of a building to house a community ~~mental retardation~~
 42 **intellectual disability** and other developmental disabilities center.



1 (b) If services are provided to at least two (2) counties:
 2 (1) bonds of the counties involved may be issued to pay the
 3 proportionate cost of the project in the proportion determined and
 4 agreed upon by the fiscal bodies of the counties involved; or
 5 (2) bonds of one (1) county may be issued and the remaining
 6 counties may annually appropriate to the county issuing the bonds
 7 amounts to be applied to the payment of the bonds and interest on
 8 the bonds in the proportion agreed upon by the county fiscal
 9 bodies of the counties involved.

10 SECTION 73. IC 12-29-1-7, AS AMENDED BY P.L.141-2006,
 11 SECTION 78, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 12 JULY 1, 2015]: Sec. 7. (a) On the first Monday in October, the county
 13 auditor shall certify to:
 14 (1) the division of disability and rehabilitative services, for a
 15 community ~~mental retardation~~ **intellectual disability** and other
 16 developmental disabilities center; and
 17 (2) the president of the board of directors of each center;
 18 the amount of money that will be provided to the center under this
 19 chapter.

20 (b) The county payment to the center shall be paid by the county
 21 treasurer to the treasurer of each center's board of directors in the
 22 following manner:
 23 (1) One-half (1/2) of the county payment to the center shall be
 24 made on the second Monday in July.
 25 (2) One-half (1/2) of the county payment to the center shall be
 26 made on the second Monday in December.

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



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 465, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 10, between lines 13 and 14, begin a new paragraph and insert:
 "SECTION 8. IC 12-7-2-119 IS REPEALED [EFFECTIVE JULY 1, 2015]. ~~Sec. 119. "Institution for the mentally diseased"~~, for purposes of IC 12-15-2-9; has the meaning set forth in IC 12-15-2-9."

Page 16, between lines 24 and 25, begin a new paragraph and insert:
 "SECTION 21. IC 12-10-12-35 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 35. (a) Before September 1, 2015, the division shall meet with stakeholders, including representatives of:**

- (1) the area agencies on aging;**
- (2) hospitals licensed under IC 16-21;**
- (3) health facilities licensed under IC 16-28; and**
- (4) other advocacy groups for the elderly;**

to collaborate on the implementation of changes in the health facility preadmission screening assessment process for individuals.

(b) Before November 1, 2015, the division shall submit a written report to the general assembly in an electronic format under IC 5-14-6 on any recommendations for statutory changes to the health facility preadmission screening assessment process that were determined in any meetings held under subsection (a).

SECTION 22. IC 12-10-12-36 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 36. This chapter expires June 30, 2016."**

Page 23, delete lines 9 through 42.

Page 24, delete lines 1 through 19.

Page 32, delete lines 40 through 42, begin a new paragraph and insert:

"SECTION 48. IC 12-15-2-9 IS REPEALED [EFFECTIVE JULY 1, 2015]. ~~Sec. 9. (a) As used in this section, "institution for the mentally diseased"~~ includes a facility that meets the requirements and regulations under 42 U.S.C. 1396 et seq.

- (b) Except as provided in subsections (c) and (d), an individual who:**
- (1) is less than twenty-one (21) years of age or at least sixty-five (65) years of age who has been found to be eligible for Medicaid**



under section 2, 3, 4, 5, or 6 of this chapter; and
 (2) is a patient in an institution for the mentally diseased;
 is eligible to receive Medicaid:

(c) Psychiatric services may extend until twenty-two (22) years of age or until treatment has ended; whichever occurs first.

(d) Intermediate care facility services may be provided in a mental health institution."

Page 33, delete lines 1 through 22, begin a new paragraph and insert:

"SECTION 49. IC 12-15-5-1, AS AMENDED BY P.L.274-2013, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. Except as provided in IC 12-15-2-12, IC 12-15-6, and IC 12-15-21, the following services and supplies are provided under Medicaid:

- (1) Inpatient hospital services.
- (2) Nursing facility services.
- (3) Physician's services, including services provided under IC 25-10-1 and IC 25-22.5-1.
- (4) Outpatient hospital or clinic services.
- (5) Home health care services.
- (6) Private duty nursing services.
- (7) Physical therapy and related services.
- (8) Dental services.
- (9) Prescribed laboratory and x-ray services.
- (10) Prescribed drugs and pharmacist services.
- (11) Eyeglasses and prosthetic devices.
- (12) Optometric services.
- (13) Diagnostic, screening, preventive, and rehabilitative services.
- (14) Podiatric medicine services.
- (15) Hospice services.
- (16) Services or supplies recognized under Indiana law and specified under rules adopted by the office.
- (17) Family planning services except the performance of abortions.
- (18) Nonmedical nursing care given in accordance with the tenets and practices of a recognized church or religious denomination to an individual qualified for Medicaid who depends upon healing by prayer and spiritual means alone in accordance with the tenets and practices of the individual's church or religious denomination.
- (19) Services provided to individuals described in IC 12-15-2-8, and ~~IC 12-15-2-9.~~
- (20) Services provided under IC 12-15-34 and IC 12-15-32.



(21) Case management services provided to individuals described in IC 12-15-2-11 and IC 12-15-2-13.

(22) Any other type of remedial care recognized under Indiana law and specified by the United States Secretary of Health and Human Services.

(23) Examinations required under IC 16-41-17-2(a)(10).

SECTION 50. IC 12-15-6-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 4. A copayment applies to all services except the following:

(1) Services furnished to individuals less than eighteen (18) years of age.

(2) Services furnished to pregnant women if the services relate to the pregnancy or to any other medical condition that might complicate the pregnancy.

(3) Services furnished to individuals who are inpatients in hospitals, nursing facilities, including intermediate care facilities for the mentally retarded, and other medical institutions.

(4) Emergency services as defined by regulations adopted by the Secretary of the United States Department of Health and Human Services.

~~(5) Services furnished to individuals by health maintenance organizations in which the individuals are enrolled.~~

~~(6)~~ (5) Family planning services and supplies described in 42 U.S.C. 1396d(a)(4)(C).

~~(7)~~ (6) Physical examinations to determine the need for medical services."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 465 as introduced.)

MILLER PATRICIA, Chairperson

Committee Vote: Yeas 11, Nays 0.

