First Regular Session of the 121st General Assembly (2019)

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 2018 Regular and Special Session of the General Assembly.

HOUSE ENROLLED ACT No. 1006

AN ACT to amend the Indiana Code concerning family law and juvenile law.

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

SECTION 1. IC 31-9-2-129.5, AS AMENDED BY P.L.48-2012, SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 129.5. "Therapeutic foster family home", for purposes of IC 31-27, means a foster family home:

(1) that provides care to:

(A) a child; or

(B) an individual at least eighteen (18) but less than twenty (20) twenty-one (21) years of age receiving collaborative care under IC 31-28-5.8;

who has serious emotional disturbances, significant behavioral health needs and functional impairments, or developmental or physical disabilities;

(2) in which the child or individual receives treatment in a family home through an integrated array of services supervised and supported by qualified program staff from:

(A) the department of child services;

(B) a managed care provider that contracts with the division of mental health and addiction; or

(C) a licensed child placing agency; and

(3) that meets the additional requirements of IC 31-27-4-2.

SECTION 2. IC 31-25-2-5, AS AMENDED BY P.L.128-2012,



SECTION 86, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 5. (a) The department shall ensure that the department maintains staffing levels of family case managers so that each region has enough family case managers to allow caseloads to be at not more than:

(1) twelve (12) active cases relating to initial assessments, including investigations of an allegation of child abuse or neglect; or

(2) seventeen (17) children twelve (12) families monitored and supervised in active cases relating to ongoing in-home services; or

(3) thirteen (13) children monitored and supervised in active cases relating to ongoing services who are in out-of-home placements.

(b) The department shall comply with the maximum caseload ratios described in subsection (a).

SECTION 3. IC 31-25-2-21, AS AMENDED BY P.L.124-2017, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 21. (a) As used in this section, "transitional services plan" means a plan that provides information concerning the following to an individual described in subsection (b):

(1) Education.

(2) Employment.

(3) Housing.

(4) Health care, including information concerning the individual's eligibility and participation in the Medicaid program.

(5) Development of problem solving skills.

(6) Available local, state, and federal financial assistance.

(b) The department shall implement a program that provides a transitional services plan to the following:

(1) An individual who has become or will become:

(A) eighteen (18) years of age; or

(B) emancipated;

while receiving foster care.

(2) An individual who:

(A) is at least eighteen (18) but less than twenty (20) twenty-one (21) years of age; and

(B) is receiving collaborative care under IC 31-28-5.8.

(c) A transitional services plan for an individual described in subsection (b) shall contain a document that:

(1) describes the rights of the individual with respect to:

(A) education, health, visitation, and court participation;



(B) the right to be provided with the individual's medical documents and any other medical information; and

(C) the right to stay safe and avoid exploitation; and

(2) includes a signed acknowledgment by the individual that the:(A) individual has been provided with a copy of the document described in subdivision (1); and

(B) rights contained in the document have been explained to the individual in an age appropriate manner.

(d) The individual's child representatives selected by the individual under IC 31-34-15-7 or IC 31-37-19-1.7 may participate in the development of a transitional services plan for the individual.

(e) The department, as part of the program described in this section, in cooperation with the office of Medicaid policy and planning, shall include, as part of the transitional services plan for an individual described in subsection (b), the enrollment of the individual in the Medicaid program.

(f) The department shall adopt rules under IC 4-22-2, including emergency rules under IC 4-22-2-37.1, necessary to implement the program described in this section.

SECTION 4. IC 31-28-5.8-4, AS AMENDED BY P.L.13-2013, SECTION 78, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 4. As used in this chapter, "older youth" means an individual who is at least eighteen (18) years of age but less than twenty (20) twenty-one (21) years of age.

SECTION 5. IC 31-28-5.8-5, AS AMENDED BY P.L.104-2015, SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 5. (a) An older youth who received foster care under a court order on the day the individual attains eighteen (18) years of age is eligible to receive collaborative care services under applicable rules of the department at any time until the individual becomes twenty (20) twenty-one (21) years of age.

(b) An older youth may request the department to petition a juvenile court for approval of a collaborative care agreement under this chapter.

(c) A court may grant a petition described in subsection (b) if the court finds, consistent with applicable rules of the department, that the older youth is:

(1) employed;

HEA 1006

(2) attending school or a vocational or educational certification or degree program;

(3) participating in a program or activity designed to promote, or remove barriers to, employment; or

(4) incapable of performing any of the activities in subdivisions



(1) through (3) due to a medical condition documented by regularly updated information in the older youth's current case plan.

(d) A child who:

(1) is at least seventeen (17) years and six (6) months of age;

(2) is receiving foster care under a court order; and

(3) expects to be eligible for collaborative care under this chapter when the child becomes an older youth;

may request the department to start the process of planning for collaborative care under this chapter.

SECTION 6. IC 31-33-7-8, AS AMENDED BY P.L.162-2011, SECTION 44, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 8. (a) This section applies if the department receives a report of suspected child abuse or neglect from:

(1) a hospital;

(2) a community mental health center;

(3) a managed care provider (as defined in IC 12-7-2-127(b));

IC 12-7-2-127);

(4) a referring physician;

(5) a dentist;

(6) a licensed psychologist;

(7) a school;

(8) a child caring institution licensed under IC 31-27;

(9) a group home licensed under IC 31-27 or IC 12-28-4;

(10) a secure private facility; or

(11) a child placing agency (as defined in IC 31-9-2-17.5).

(b) Not later than thirty (30) forty-five (45) days after the date the department initiates an assessment or investigation of a report of suspected child abuse or neglect from a person described in subsection (a), the department shall send a report to:

(1) the administrator of the hospital;

(2) the community mental health center;

(3) the managed care provider;

(4) the referring physician;

(5) the dentist;

(6) the principal of the school;

(7) a licensed psychologist;

(8) a child caring institution licensed under IC 31-27;

(9) a group home licensed under IC 31-27 or IC 12-28-4;

(10) a secure private facility; or

(11) a child placing agency (as defined in IC 31-9-2-17.5).

The report must contain the items listed in subsection (d) that are



known at the time the report is sent.

(c) The administrator, director, referring physician, dentist, licensed psychologist, or principal may appoint a designee to receive the report.

(d) A report made by the department under this section must contain the following information:

(1) The name of the alleged victim of child abuse or neglect.

(2) The name of the alleged perpetrator and the alleged perpetrator's relationship to the alleged victim.

(3) Whether the assessment is closed.

(4) Whether the department has made an assessment of the case and has not taken any further action.

(5) The caseworker's name and telephone number.

(6) The date the report is prepared.

(7) Other information that the department may prescribe.

(e) A report made under this section:

(1) is confidential; and

(2) may be made available only to:

(A) the agencies named in this section; and

(B) the persons and agencies listed in IC 31-33-18-2.

SECTION 7. IC 31-33-8-1, AS AMENDED BY P.L.205-2013, SECTION 339, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1. (a) The department shall initiate an appropriately thorough child protection assessment of every report of known or suspected child abuse or neglect the department receives, whether in accordance with this article or otherwise.

(b) If a report of known or suspected child abuse or neglect is received from a judge or prosecutor requesting the department to initiate a child protection assessment, the department shall initiate an assessment in accordance with this section.

(c) If a report of known or suspected child abuse or neglect is received from:

(1) medical personnel;

(2) school personnel;

(3) a social worker;

(4) law enforcement officials or personnel;

(5) judiciary personnel; or

(6) prosecuting attorney personnel;

the department shall forward the report to the local office to determine if the department will initiate an assessment in accordance with this section.

(d) If the department believes that a child is in imminent danger of serious bodily harm, the department shall initiate an onsite assessment



immediately, but not later than one (1) hour, two (2) hours, after receiving the report.

(e) If the report alleges a child may be a victim of child abuse, the assessment shall be initiated immediately, but not later than twenty-four (24) hours after receipt of the report.

(f) If reports of child neglect are received, the assessment shall be initiated within a reasonably prompt time, but not later than five (5) days, with the primary consideration being the well-being of the child who is the subject of the report.

(g) If the report alleges that a child lives with a parent, guardian, or custodian who is married to or lives with a person who:

(1) has been convicted of:

(A) neglect of a dependent under IC 35-46-1-4; or

(B) a battery offense under IC 35-42-4; or

(2) is required to register as a sex or violent offender under IC 11-8-8;

the department shall initiate an assessment within a reasonably prompt time, but not later than five (5) days after the department receives the report, with the primary consideration being the well-being of the child who is the subject of the report.

(h) If the safety or well-being of a child appears to be endangered or the facts otherwise warrant, the assessment shall be initiated regardless of the time of day.

(i) If a report alleges abuse or neglect and involves a child care ministry that is exempt from licensure under IC 12-17.2-6, the department and the appropriate law enforcement agency shall jointly conduct an investigation. The investigation shall be conducted under the requirements of this section and section 2(b) of this chapter.

SECTION 8. IC 31-34-1-1, AS AMENDED BY P.L.2-2005, SECTION 76, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1. A child is a child in need of services if before the child becomes eighteen (18) years of age:

(1) the child's physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal, or neglect of the child's parent, guardian, or custodian to supply the child with necessary food, clothing, shelter, medical care, education, or supervision: and

(A) when the parent, guardian, or custodian is financially able to do so; or

(B) due to the failure, refusal, or inability of the parent, guardian, or custodian to seek financial or other reasonable means to do so; and



(2) the child needs care, treatment, or rehabilitation that:

(A) the child is not receiving; and

(B) is unlikely to be provided or accepted without the coercive intervention of the court.



Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____

