



April 10, 2015

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# ENGROSSED

## SENATE BILL No. 465

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DIGEST OF SB 465 (Updated April 8, 2015 7:45 pm - DI 77)

**Citations Affected:** IC 4-13; IC 11-10; IC 11-12; IC 12-7; IC 12-8; IC 12-9; IC 12-10; IC 12-11; IC 12-12; 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 12-23; IC 12-25; IC 12-28; IC 25-23.4; IC 34-30; IC 36-2; noncode.

**Synopsis:** Human services and health matters. Makes the department of correction (department) an inmate's authorized representative for applying for Medicaid for inmates who are potentially eligible for Medicaid and who incur medical care expenses that are not otherwise reimbursable. Requires the department and the office of the secretary of family and social services to enter into an agreement in which the department pays the state share of the Medicaid costs incurred for the inmate. Amends the definition of "autism" for purposes of the laws concerning the institute for autism, services for individuals with a developmental disability development, and the lease effort program. Makes multiple changes to the administration of the office of the secretary of family and social services. Moves the authority to operate a disability determination bureau from the division of disability and rehabilitative services (division) to the office of the secretary. 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  
(Continued next page)

**Effective:** Upon passage; July 1, 2015.

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## Miller Patricia, Kenley

(HOUSE SPONSORS — CLERE, BROWN T, BROWN C)

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January 14, 2015, read first time and referred to Committee on Health & Provider Services.  
February 12, 2015, amended, reported favorably — Do Pass.  
February 16, 2015, read second time, ordered engrossed. Engrossed.  
February 17, 2015, read third time, passed. Yeas 50, nays 0.

HOUSE ACTION

March 3, 2015, read first time and referred to Committee on Public Health.  
April 9, 2015, amended, reported — Do Pass.

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## Digest Continued

changes to the process. Repeals the law that requires the division to operate a disability determination bureau that adjudicates whether a state employee is entitled to long term disability benefits. 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 certain Medicaid copayment for services. 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 the sheriff the individual's authorized representative for applying for Medicaid for individuals subject to lawful detention who are potentially eligible for Medicaid. Makes changes to the community and home options to institutional care for the elderly and disabled board (board). Provides for four year terms on the board and staggers the terms of the members. Repeals the law that requires the director of the division of family resources to appoint the director of each county office of family resources. Provides that the director of the division of family resources appoints the assistants with the county. (Currently the appointments are made by the county director.) Requires a sheriff to enter into an agreement with the office of the secretary of family and social services to pay the state share of the Medicaid costs incurred for the individuals. Specifies reimbursement for the services provided. Extends the date by which a midwife is required to submit certain information to obtain an exemption from certain certification requirements. Amends the midwife birth certification requirements. Provides that a physician who signs a collaborative agreement with a certified direct entry midwife may not be held: (1) jointly or severally liable for the actions or omissions of a certified direct entry midwife; or (2) liable for the collaboration or work with the certified direct entry midwife, except in cases of gross negligence or reckless conduct. Makes technical and conforming changes.

**ES 465—LS 7391/DI 104**



April 10, 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.

## ENGROSSED SENATE BILL No. 465

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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 4-13-2-20, AS AMENDED BY P.L.234-2007,  
2 SECTION 72, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
3 JULY 1, 2015]: Sec. 20. (a) Except as otherwise provided in this  
4 section ~~IC 42-17-19-19~~, or IC 12-8-10-7, payment for any services,  
5 supplies, materials, or equipment shall not be paid from any fund or  
6 state money in advance of receipt of such services, supplies, materials,  
7 or equipment by the state.  
8 (b) With the prior approval of the budget agency, payment may be  
9 made in advance for any of the following:  
10 (1) War surplus property.  
11 (2) Property purchased or leased from the United States  
12 government or its agencies.  
13 (3) Dues and subscriptions.  
14 (4) License fees.  
15 (5) Insurance premiums.  
16 (6) Utility connection charges.

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- 1 (7) Federal grant programs where advance funding is not  
2 prohibited and, except as provided in subsection (i), the  
3 contracting party posts sufficient security to cover the amount  
4 advanced.
- 5 (8) Grants of state funds authorized by statute.
- 6 (9) Employee expense vouchers.
- 7 (10) Beneficiary payments to the administrator of a program of  
8 self-insurance.
- 9 (11) Services, supplies, materials, or equipment to be received  
10 from an agency or from a body corporate and politic.
- 11 (12) Expenses for the operation of offices that represent the state  
12 under contracts with the Indiana economic development  
13 corporation and that are located outside Indiana.
- 14 (13) Services, supplies, materials, or equipment to be used for  
15 more than one (1) year under a discounted contractual  
16 arrangement funded through a designated leasing entity.
- 17 (14) Maintenance of equipment and maintenance of software if  
18 there are appropriate contractual safeguards for refunds as  
19 determined by the budget agency.
- 20 (15) Exhibits, artifacts, specimens, or other unique items of  
21 cultural or historical value or interest purchased by the state  
22 museum.
- 23 (c) Any agency and any state educational institution may make  
24 advance payments to its employees for duly accountable expenses  
25 exceeding ten dollars (\$10) incurred through travel approved by:
- 26 (1) the employee's respective agency director, in the case of an  
27 agency; and
- 28 (2) a duly authorized person, in the case of any state educational  
29 institution.
- 30 (d) The auditor of state may, with the approval of the budget agency  
31 and of the commissioner of the Indiana department of administration:
- 32 (1) appoint a special disbursing officer for any agency or group of  
33 agencies whenever it is necessary or expedient that a special  
34 record be kept of a particular class of disbursements or when  
35 disbursements are made from a special fund; and
- 36 (2) approve advances to the special disbursing officer or officers  
37 from any available appropriation for the purpose.
- 38 (e) The auditor of state shall issue the auditor's warrant to the  
39 special disbursing officer to be disbursed by the disbursing officer as  
40 provided in this section. Special disbursing officers shall in no event  
41 make disbursements or payments for supplies or current operating  
42 expenses of any agency or for contractual services or equipment not



1 purchased or contracted for in accordance with this chapter and  
 2 IC 5-22. No special disbursing officer shall be appointed and no money  
 3 shall be advanced until procedures covering the operations of special  
 4 disbursing officers have been adopted by the Indiana department of  
 5 administration and approved by the budget agency. These procedures  
 6 must include the following provisions:

7 (1) Provisions establishing the authorized levels of special  
 8 disbursing officer accounts and establishing the maximum  
 9 amount which may be expended on a single purchase from special  
 10 disbursing officer funds without prior approval.

11 (2) Provisions requiring that each time a special disbursing officer  
 12 makes an accounting to the auditor of state of the expenditure of  
 13 the advanced funds, the auditor of state shall request that the  
 14 Indiana department of administration review the accounting for  
 15 compliance with IC 5-22.

16 (3) A provision that, unless otherwise approved by the  
 17 commissioner of the Indiana department of administration, the  
 18 special disbursing officer must be the same individual as the  
 19 procurements agent under IC 4-13-1.3-5.

20 (4) A provision that each disbursing officer be trained by the  
 21 Indiana department of administration in the proper handling of  
 22 money advanced to the officer under this section.

23 (f) The commissioner of the Indiana department of administration  
 24 shall cite in a letter to the special disbursing officer the exact purpose  
 25 or purposes for which the money advanced may be expended.

26 (g) A special disbursing officer may issue a check to a person  
 27 without requiring a certification under IC 5-11-10-1 if the officer:

28 (1) is authorized to make the disbursement; and

29 (2) complies with procedures adopted by the state board of  
 30 accounts to govern the issuance of checks under this subsection.

31 (h) A special disbursing officer is not personally liable for a check  
 32 issued under subsection (g) if:

33 (1) the officer complies with the procedures described in  
 34 subsection (g); and

35 (2) funds are appropriated and available to pay the warrant.

36 (i) For contracts entered into between the department of workforce  
 37 development or the Indiana commission for career and technical  
 38 education and:

39 (1) a school corporation (as defined in IC 20-18-2-16); or

40 (2) a state educational institution;

41 the contracting parties are not required to post security to cover the  
 42 amount advanced.



1 SECTION 2. IC 11-10-3-6, AS AMENDED BY P.L.205-2013,  
 2 SECTION 169, IS AMENDED TO READ AS FOLLOWS  
 3 [EFFECTIVE JULY 1, 2015]: Sec. 6. (a) This section:

4 (1) does not apply in the case of a person who is subject to lawful  
 5 detention by a county sheriff and is:

6 (A) covered under private health coverage for health care  
 7 services; or

8 (B) willing to pay for the person's own health care services;  
 9 ~~and~~

10 **(2) does not apply to an inmate receiving inpatient services**  
 11 **under section 7 of this chapter; and**

12 ~~(3)~~ (3) does not affect copayments required under section 5 of this  
 13 chapter.

14 (b) The following definitions apply throughout this section:

15 (1) "Charge description master" means a listing of the amount  
 16 charged by a hospital for each service, item, and procedure:

17 (A) provided by the hospital; and

18 (B) for which a separate charge exists.

19 (2) "Health care service" means the following:

20 (A) Medical care.

21 (B) Dental care.

22 (C) Eye care.

23 (D) Any other health care related service.

24 The term includes health care items and procedures.

25 (c) Except as provided in subsection (d), when the department or a  
 26 county is responsible for payment for health care services provided to  
 27 a person who is committed to the department, the department shall  
 28 reimburse:

29 (1) a physician licensed under IC 25-22.5;

30 (2) a hospital licensed under IC 16-21-2; or

31 (3) another health care provider;

32 for the cost of a health care service at the federal Medicare  
 33 reimbursement rate for the health care service provided plus four  
 34 percent (4%).

35 (d) If there is no federal Medicare reimbursement rate for a health  
 36 care service described in subsection (c), the department shall do the  
 37 following:

38 (1) If the health care service is provided by a hospital, the  
 39 department shall reimburse the hospital an amount equal to  
 40 sixty-five percent (65%) of the amount charged by the hospital  
 41 according to the hospital's charge description master.



1 (2) If the health care service is provided by a physician or another  
 2 health care provider, the department shall reimburse the physician  
 3 or health care provider an amount equal to sixty-five percent  
 4 (65%) of the amount charged by the physician or health care  
 5 provider.

6 SECTION 3. IC 11-10-3-7, AS ADDED BY P.L.205-2013,  
 7 SECTION 170, IS AMENDED TO READ AS FOLLOWS  
 8 [EFFECTIVE JULY 1, 2015]: Sec. 7. **(a)** If the department or a county  
 9 incurs medical care expenses in providing medical care to an inmate  
 10 who is committed to the department and the medical care expenses are  
 11 not reimbursed, the department or the county shall attempt to determine  
 12 the amount, if any, of the medical care expenses that may be paid:

13 (1) by a policy of insurance that is maintained by the inmate and  
 14 that covers medical care, dental care, eye care, or any other health  
 15 care related service; or

16 (2) by Medicaid.

17 **(b) For an inmate who:**

18 **(1) is committed to the department and resides in a**  
 19 **department facility or jail;**

20 **(2) incurs or will incur medical care expenses that are not**  
 21 **otherwise reimbursable;**

22 **(3) is unwilling or unable to pay for the inmate's own health**  
 23 **care services; and**

24 **(4) is potentially eligible for Medicaid (IC 12-15);**

25 **the department is the inmate's Medicaid authorized representative**  
 26 **and may apply for Medicaid on behalf of the inmate.**

27 **(c) The department and the office of the secretary of family and**  
 28 **social services shall enter into a written memorandum of**  
 29 **understanding providing that the department shall reimburse the**  
 30 **office of the secretary for administrative costs and the state share**  
 31 **of the Medicaid costs incurred for an inmate.**

32 **(d) Reimbursement under this section for reimbursable health**  
 33 **care services provided by a health care provider, including a**  
 34 **hospital, to an inmate as an inpatient in a hospital must be as**  
 35 **follows:**

36 **(1) For inmates eligible and participating in the Indiana**  
 37 **check-up plan (IC 12-15-44.2), the reimbursement rates**  
 38 **described in IC 12-15-44.2-14.**

39 **(2) For inmates other than those described in subdivision (1)**  
 40 **who are eligible under the Medicaid program, the**  
 41 **reimbursement rates provided under the Medicaid program,**  
 42 **except that reimbursement for inpatient hospital services shall**



- 1           be reimbursed at rates equal to the fee-for-service rates  
 2           described in IC 16-21-10-8(a)(1).  
 3           **Hospital assessment fee funds collected under IC 16-21-10 or the**  
 4           **Indiana check-up plan trust fund (IC 12-15-44.2-17) may not be**  
 5           **used as the state share of Medicaid costs for the reimbursement of**  
 6           **health care services provided to the inmate as an inpatient in the**  
 7           **hospital.**
- 8           SECTION 4. IC 11-12-5-5.5, AS AMENDED BY P.L.205-2011,  
 9           SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 10          JULY 1, 2015]: Sec. 5.5. (a) As used in this section, "charge  
 11          description master" means a listing of the amount charged by a hospital  
 12          for each service, item, and procedure:  
 13                  (1) provided by the hospital; and  
 14                  (2) for which a separate charge exists.
- 15          (b) As used in this section, "health care services" includes health  
 16          care items and procedures.
- 17          (c) As used in this section, "lawful detention" means the following:  
 18                  (1) Arrest.  
 19                  (2) Custody following surrender in lieu of arrest.  
 20                  (3) Detention in a penal facility.  
 21                  (4) Detention for extradition or deportation.  
 22                  (5) Custody for purposes incident to any of the above, including  
 23                  transportation, medical diagnosis or treatment, court appearances,  
 24                  work, or recreation.
- 25          The term does not include supervision of a person on probation or  
 26          parole or constraint incidental to release with or without bail.
- 27          (d) This section:  
 28                  (1) does not apply in the case of a person who is subject to lawful  
 29                  detention by a county sheriff and is:  
 30                          (A) covered under private health coverage for health care  
 31                          services; or  
 32                          (B) willing to pay for the person's own health care services;  
 33                          and  
 34                  (2) **does not apply to an inmate receiving inpatient services**  
 35                  **under IC 36-2-13-19; and**  
 36                  (3) does not affect copayments required under section 5 of this  
 37                  chapter.
- 38          (e) Except as provided in subsections (f) and (g), a county that is  
 39          responsible for payment for health care services provided to a person  
 40          who is subject to lawful detention by the county's sheriff shall  
 41          reimburse:  
 42                  (1) a physician licensed under IC 25-22.5;





1 (2) a hospital licensed under IC 16-21-2; or  
 2 (3) another health care provider;  
 3 for the cost of a health care service at the federal Medicare  
 4 reimbursement rate for the health care service provided plus four  
 5 percent (4%).

6 (f) Except as provided in subsection (g), if there is no federal  
 7 Medicare reimbursement rate for a health care service described in  
 8 subsection (e), the county shall do the following:

9 (1) If the health care service is provided by a hospital, the county  
 10 shall reimburse the hospital an amount equal to sixty-five percent  
 11 (65%) of the amount charged by the hospital according to the  
 12 hospital's charge description master.

13 (2) If the health care service is provided by a physician or another  
 14 health care provider, the county shall reimburse the physician or  
 15 health care provider an amount equal to sixty-five percent (65%)  
 16 of the amount charged by the physician or health care provider.

17 (g) A county described in subsection (e) or (f) may reimburse a  
 18 health care provider described in subsection (e)(1), (e)(2), or (e)(3) at  
 19 a lower reimbursement rate than the rate required by subsection (e) or  
 20 (f) if the county enters into an agreement with a health care provider  
 21 described in subsection (e)(1), (e)(2), or (e)(3) to reimburse the health  
 22 care provider for a health care service at the lower reimbursement rate.

23 SECTION 5. IC 12-7-2-6 IS REPEALED [EFFECTIVE JULY 1,  
 24 2015]. Sec. 6. "AFDC" refers to the Aid to Families with Dependent  
 25 Children program.

26 SECTION 6. IC 12-7-2-19, AS AMENDED BY P.L.188-2013,  
 27 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 28 JULY 1, 2015]: Sec. 19. (a) "Autism", for purposes of IC 12-11-8, has  
 29 the meaning set forth in IC 12-11-8-1.

30 (b) "Autism", for purposes of IC 12-11-1.1-6 and IC 12-28-4-13,  
 31 refers to the characteristics of a neurological disorder, an autism  
 32 spectrum disorder that is described in the most recent edition of the  
 33 Diagnostic and Statistical Manual of Mental Disorders of the American  
 34 Psychiatric Association.

35 SECTION 7. IC 12-7-2-77.1 IS ADDED TO THE INDIANA CODE  
 36 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
 37 1, 2015]: Sec. 77.1. "Endangered adult medical alert" means an  
 38 alert indicating that law enforcement officials are searching for a  
 39 missing endangered adult.

40 SECTION 8. IC 12-7-2-87.8 IS AMENDED TO READ AS  
 41 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 87.8. "Food retailer",



1 for purposes of IC 12-13-14, has the meaning set forth in  
 2 ~~IC 12-13-14-1~~. **IC 12-13-14-1(f)**.

3 SECTION 9. IC 12-7-2-119 IS REPEALED [EFFECTIVE JULY 1,  
 4 2015]. ~~Sec. 119. "Institution for the mentally diseased"~~, for purposes of  
 5 ~~IC 12-15-2-9~~; has the meaning set forth in ~~IC 12-15-2-9~~.

6 SECTION 10. IC 12-7-2-127.5 IS AMENDED TO READ AS  
 7 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 127.5. "Medicaid  
 8 inpatient utilization rate", for purposes of ~~IC 12-15-16-6~~, **IC 12-15-16**  
 9 **and IC 12-15-17-1**, has the meaning set forth in ~~IC 12-15-16-6(b)~~.  
 10 **IC 12-15-16-2(a)**.

11 SECTION 11. IC 12-7-2-174.8 IS REPEALED [EFFECTIVE JULY  
 12 1, 2015]. ~~Sec. 174.8. "Endangered adult medical alert" means an alert~~  
 13 ~~indicating that law enforcement officials are searching for a missing~~  
 14 ~~endangered adult.~~

15 SECTION 12. IC 12-7-2-178.9 IS ADDED TO THE INDIANA  
 16 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 17 [EFFECTIVE JULY 1, 2015]: **Sec. 178.9. "SNAP" refers to the**  
 18 **federal Supplemental Nutrition Assistance Program under 7 U.S.C.**  
 19 **2011 et seq.**

20 SECTION 13. IC 12-7-2-186, AS AMENDED BY P.L.160-2012,  
 21 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 22 JULY 1, 2015]: Sec. 186. "State plan", for purposes of:

23 (1) IC 12-8-6.5, refers to the state Medicaid plan for the Medicaid  
 24 program; and

25 (2) **IC 12-12-8**, has the meaning set forth in **IC 12-12-8-3.8**.

26 SECTION 14. IC 12-8-1.5-16 IS ADDED TO THE INDIANA  
 27 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 28 [EFFECTIVE JULY 1, 2015]: **Sec. 16. The office of the secretary**  
 29 **may, through agreement with the federal government, operate a**  
 30 **disability determination bureau that adjudicates claims for Social**  
 31 **Security Disability Insurance and Supplemental Security Income.**

32 SECTION 15. IC 12-8-1.5-17 IS ADDED TO THE INDIANA  
 33 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 34 [EFFECTIVE JULY 1, 2015]: **Sec. 17. The office of the secretary**  
 35 **may, through agreement with the federal government, operate a**  
 36 **disability determination bureau that enters into an interim**  
 37 **assistance agreement with the Social Security Administration**  
 38 **under 42 U.S.C. 1302 and 42 U.S.C. 1383.**

39 SECTION 16. IC 12-8-10-7, AS AMENDED BY P.L.1-2005,  
 40 SECTION 127, IS AMENDED TO READ AS FOLLOWS  
 41 [EFFECTIVE JULY 1, 2015]: Sec. 7. (a) When a state agency selects  
 42 a grantee agency under section 6 of this chapter, the state agency shall



1 determine whether the purchase of service format can be used as the  
 2 procedure for reimbursing the grantee agency. The state agency has  
 3 exclusive authority to make this determination, but the state agency  
 4 shall seek to use the purchase of service format whenever possible.

5 (b) If a state agency determines that the purchase of service format  
 6 can be used with a particular grantee agency, the state agency shall  
 7 notify the group of the state agency's decision. The group shall then  
 8 follow the procedure described in section 8 of this chapter.

9 (c) If a state agency determines that the purchase of service format  
 10 cannot be used with a particular grantee agency, the state agency shall  
 11 select the contract format that is to be used. If a state agency selects a  
 12 contract format under this subsection, the state agency shall notify the  
 13 group of the state agency's decision. The group shall then follow the  
 14 procedure described in section 8 of this chapter.

15 (d) Notwithstanding IC 4-13-2-20 ~~IC 12-17-19-19~~, or any other law,  
 16 a contract format selected under subsection (b) or (c) may include  
 17 provisions for advance funding as follows:

18 (1) For not more than one-sixth (1/6) of the contract amount if the  
 19 annual contract amount is at least fifty thousand dollars  
 20 (\$50,000).

21 (2) For not more than one-half (1/2) of the contract amount if the  
 22 annual contract amount is less than fifty thousand dollars  
 23 (\$50,000).

24 (3) For interim payments, with subsequent reconciliation of the  
 25 amounts paid under the contract and the cost of the services  
 26 actually provided.

27 SECTION 17. IC 12-9-1-3, AS AMENDED BY P.L.1-2007,  
 28 SECTION 114, IS AMENDED TO READ AS FOLLOWS  
 29 [EFFECTIVE JULY 1, 2015]: Sec. 3. The division consists of the  
 30 following bureaus:

31 ~~(1) Disability determination bureaus required or permitted under~~  
 32 ~~IC 12-9-6.~~

33 ~~(2)~~ (1) The rehabilitation services bureau established by  
 34 IC 12-12-1-1.

35 ~~(3)~~ (2) The bureau of developmental disabilities services  
 36 established by IC 12-11-1.1-1.

37 ~~(4)~~ (3) The bureau of quality improvement services established by  
 38 IC 12-12.5-1-1.

39 ~~(5)~~ (4) The bureau of child development services established by  
 40 IC 12-12.7-1-1.

41 SECTION 18. IC 12-9-5-1, AS AMENDED BY P.L.1-2007,  
 42 SECTION 115, IS AMENDED TO READ AS FOLLOWS

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1 [EFFECTIVE JULY 1, 2015]: Sec. 1. The division shall administer  
 2 money appropriated or allocated to the division by the state, including  
 3 money appropriated or allocated from the following:

- 4 (1) The federal Vocational Rehabilitation Act (29 U.S.C. 701).  
 5 (2) The federal Social Services Block Grant in-home services for  
 6 the elderly and disabled (42 U.S.C. 1397 et seq.).  
 7 (3) The federal Randolph Sheppard Act (20 U.S.C. 107 et seq.).  
 8 (4) Medicaid waiver in-home services for the elderly and disabled  
 9 (42 U.S.C. 1396 et seq.) for treatment of developmental  
 10 disabilities.  
 11 ~~(5) Office of Disability Determination (42 U.S.C. 1302 and 42~~  
 12 ~~U.S.C. 1383).~~  
 13 ~~(6)~~ (5) Improving Access to Assistive Technology for Individuals  
 14 with Disabilities Act (29 U.S.C. 3001 et seq.).  
 15 ~~(7)~~ (6) The federal Social Security Act Payments for Vocational  
 16 Rehabilitation Services (42 U.S.C. 422).  
 17 ~~(8)~~ (7) Part C of the federal Individuals with Disabilities  
 18 Education Act, Subchapter III (20 U.S.C. 1431 et seq.).  
 19 ~~(9)~~ (8) Money appropriated or allocated to the division to  
 20 administer a program under this title.  
 21 ~~(10)~~ (9) Other funding sources that are designated by the general  
 22 assembly or that are available from the federal government under  
 23 grants that are consistent with the duties of the division.

24 SECTION 19. IC 12-9-6 IS REPEALED [EFFECTIVE JULY 1,  
 25 2015]. (Disability Determination Bureaus).

26 SECTION 20. IC 12-10-11-2, AS AMENDED BY P.L.145-2006,  
 27 SECTION 68, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 28 JULY 1, 2015]: Sec. 2. (a) The board consists of the following fifteen  
 29 (15) members:

- 30 (1) The director of the division of **family resources aging** or the  
 31 director's designee.  
 32 (2) The chairman of the Indiana state commission on aging or the  
 33 chairman's designee.  
 34 (3) Three (3) citizens **at least sixty (60) years of age**, nominated  
 35 by two (2) or more organizations that:  
 36 (A) represent senior citizens **or individuals with dementia**;  
 37 and  
 38 (B) have statewide membership.  
 39 (4) One (1) citizen **less than sixty (60) years of age** nominated by  
 40 one (1) or more organizations that:



- 1 (A) represent individuals with disabilities, **including**  
 2 **individuals who are less than eighteen (18) years of age;**  
 3 and  
 4 (B) have statewide membership.
- 5 (5) One (1) citizen ~~less than sixty (60) years of age~~ nominated by  
 6 one (1) or more organizations that:  
 7 (A) represent individuals with mental illness; and  
 8 (B) have statewide membership.
- 9 (6) One (1) provider who provides services under IC 12-10-10.  
 10 (7) One (1) licensed physician, **physician assistant, or nurse or**  
 11 **nurse practitioner** who specializes either in the field of  
 12 gerontology or in the field of disabilities.
- 13 (8) Two (2) home care services advocates or policy specialists  
 14 nominated by two (2) or more:  
 15 (A) organizations;  
 16 (B) associations; or  
 17 (C) nongovernmental agencies;  
 18 that advocate on behalf of home care consumers, including an  
 19 organization listed in subdivision (3) that represents senior  
 20 citizens or persons with disabilities.
- 21 (9) Two (2) members of the senate, who may not be members of  
 22 the same political party, appointed by the president pro tempore  
 23 of the senate with the advice of the minority leader of the senate.
- 24 (10) Two (2) members of the house of representatives, who may  
 25 not be members of the same political party, appointed by the  
 26 speaker of the house of representatives with the advice of the  
 27 minority leader of the house of representatives.
- 28 The members of the board listed in subdivisions (9) and (10) are  
 29 nonvoting members.
- 30 (b) The members of the board designated by subsection (a)(3)  
 31 through (a)(8) shall be appointed by the governor for terms of ~~two (2)~~  
 32 **four (4) years. The term of a member of the board expires July 1,**  
 33 **but a member may continue to serve until a successor is appointed.**  
 34 In case of a vacancy, the governor shall appoint an individual to serve  
 35 for the remainder of the unexpired term.
- 36 (c) The division shall establish notice and selection procedures to  
 37 notify the public of the board's nomination process described in this  
 38 chapter. Information must be distributed through:  
 39 (1) the area agencies on aging; and  
 40 (2) all organizations, associations, and nongovernmental agencies  
 41 that work with the division on home care issues and programs.
- 42 **(d) Notwithstanding subsection (b):**



1 (1) the terms of all the board members designated by  
2 subsection (a)(3) through (a)(8) expire July 1, 2015;

3 (2) the governor shall reappoint each board member who on  
4 June 30, 2015, had at least one (1) full year remaining on the  
5 member's term as a member of the board; and

6 (3) the initial appointments beginning July 1, 2015, must be  
7 staggered as follows:

8 (A) One (1) year for one (1) member appointed under  
9 subsection (a)(3) and (a)(5).

10 (B) Two (2) years for one (1) member appointed under  
11 subsection (a)(3), (a)(6), and (a)(8).

12 (C) Three (3) years for one (1) member appointed under  
13 subsection (a)(3) and (a)(7).

14 (D) Four (4) years for one (1) member appointed under  
15 subsection (a)(4) and (a)(8).

16 **This subsection expires July 1, 2019.**

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

22 (1) Any home and community based service that is available  
23 through:

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

26 (B) any state Medicaid waiver.

27 (2) Personal care services.

28 (3) Self-directed care.

29 (4) Assisted living.

30 (5) Adult foster family care.

31 (6) Adult day care services.

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

33 (8) Housing modifications.

34 (9) Adaptive medical equipment and devices.

35 (10) Adaptive nonmedical equipment and devices.

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

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

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

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

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

12           SECTION 23. IC 12-10-12-36 IS ADDED TO THE INDIANA  
 13 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
 14 [EFFECTIVE JULY 1, 2015]: **Sec. 36. This chapter expires June 30,**  
 15 **2016.**

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

20           (b) The bureau shall plan, coordinate, and administer the provision  
 21 of individualized, integrated community based services for individuals  
 22 with a developmental disability and their families, within the limits of  
 23 available resources. The planning and delivery of services must be  
 24 based on future plans of the individual with a developmental disability  
 25 rather than on traditional determinations of eligibility for discrete  
 26 services, with an emphasis on the preferences of the individual with a  
 27 developmental disability and that individual's family.

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

- 30           (1) Are provided under public supervision.  
 31           (2) Are designed to meet the developmental needs of individuals  
 32 with a developmental disability.  
 33           (3) Meet all required state and federal standards.  
 34           (4) Are provided by qualified personnel.  
 35           (5) To the extent appropriate, are provided in home and  
 36 community based settings in which individuals without  
 37 disabilities participate.  
 38           (6) Are provided in conformity with a service plan developed  
 39 under IC 12-11-2.1-2.

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



1 (1) Beginning July 1, 2011, the bureau shall ensure that an entity  
 2 approved to provide day services, identified day habilitation,  
 3 including facility based or community based habilitation,  
 4 prevocational services, or employment services under home and  
 5 community based services waivers is accredited by an approved  
 6 national accrediting body described in subsection (j).

7 (2) Beginning July 1, 2012, the bureau shall ensure that an entity  
 8 approved to provide residential habilitation and support services  
 9 under home and community based services waivers is accredited  
 10 by an approved national accrediting body. However, if an entity  
 11 is accredited to provide home and community based services  
 12 under subdivision (1) other than residential habilitation and  
 13 support services, the bureau may extend the time that the entity  
 14 has to comply with this subdivision until the earlier of the  
 15 following:

16 (A) The completion of the entity's next scheduled accreditation  
 17 survey.

18 (B) July 1, 2015.

19 (e) Subject to subsection (k), the bureau shall initially approve,  
 20 reapprove, and monitor community based residential, habilitation, and  
 21 employment service providers that provide alternatives to placement of  
 22 individuals with a developmental disability in state institutions and  
 23 health facilities licensed under IC 16-28 for individuals with a  
 24 developmental disability. The services must simulate, to the extent  
 25 feasible, patterns and conditions of everyday life that are as close as  
 26 possible to ~~normal~~: **the conditions in which individuals without**  
 27 **disabilities participate**. The community based service categories  
 28 include the following:

29 (1) Supervised group living programs, which serve at least four  
 30 (4) individuals and not more than eight (8) individuals, are funded  
 31 by Medicaid, and are licensed by the ~~community residential~~  
 32 ~~facilities council~~: **division**.

33 (2) Supported living service arrangements to meet the unique  
 34 needs of individuals in integrated settings. Supported living  
 35 service arrangements providing residential services may not serve  
 36 more than four (4) unrelated individuals in any one (1) setting.

37 However, a program that:

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

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





- 1           may convert to a supported living service arrangement under this  
 2           subdivision and continue to provide services to up to the same  
 3           number of individuals in the supported living setting.
- 4           (f) To the extent that services described in subsection (e) are  
 5           available and meet the individual's needs, an individual is entitled to  
 6           receive services in the least restrictive environment possible.
- 7           (g) Community based services under subsection (e)(1) or (e)(2)  
 8           must consider the needs of and provide choices and options for:  
 9                (1) individuals with a developmental disability; and  
 10              (2) families of individuals with a developmental disability.
- 11          (h) The bureau shall administer a system of service coordination to  
 12          carry out this chapter.
- 13          (i) The bureau may issue orders under IC 4-21.5-3-6 against a  
 14          provider that violates rules issued by the bureau for programs in which  
 15          the provider is providing services in accordance with section 11 of this  
 16          chapter.
- 17          (j) For purposes of subsections (d) and (k), "approved national  
 18          accrediting body" means any of the following:  
 19                (1) The Commission on Accreditation of Rehabilitation Facilities  
 20                (CARF), or its successor.  
 21                (2) The Council on Quality and Leadership In Supports for People  
 22                with Disabilities, or its successor.  
 23                (3) The Joint Commission on Accreditation of Healthcare  
 24                Organizations (JCAHO), or its successor.  
 25                ~~(4) The National Committee for Quality Assurance, or its~~  
 26                ~~successor.~~  
 27                ~~(5) (4) The ISO-9001 human services QA system.~~  
 28                ~~(6) (5) The Council on Accreditation, or its successor.~~  
 29                ~~(7) (6) An independent national accreditation organization~~  
 30                ~~approved by the secretary.~~
- 31          (k) An entity that is accredited by an approved national accrediting  
 32          body is not subject to reapproval surveys or routine monitoring surveys  
 33          by the division, bureau, or bureau of quality improvement services,  
 34          including any reapproval survey under a home and community based  
 35          services waiver. However, the bureau may perform validation surveys  
 36          and complaint investigations of an entity accredited by an approved  
 37          national accrediting body.
- 38          SECTION 25. IC 12-11-8-1 IS AMENDED TO READ AS  
 39          FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. As used in this  
 40          chapter, "autism" means a ~~neurological disorder~~, **an autism spectrum**  
 41          **disorder** that is described in the **most recent edition of the** Diagnostic  
 42          and Statistical Manual of Mental Disorders ~~Fourth Edition~~;



1 ~~Washington, D.C., of the American Psychiatric Association. 1994,~~  
 2 ~~pages 70 and 71.~~

3 SECTION 26. IC 12-11-8-2 IS AMENDED TO READ AS  
 4 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 2. The Developmental  
 5 Training Center at Indiana University in Bloomington shall operate an  
 6 autism resource center to be known as the ~~institute~~ **Indiana resource**  
 7 **center** for autism.

8 SECTION 27. IC 12-11-8-3, AS AMENDED BY P.L.99-2007,  
 9 SECTION 85, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 10 JULY 1, 2015]: Sec. 3. (a) The ~~institute~~ **Indiana resource center** for  
 11 autism in cooperation with the appropriate state agencies shall do the  
 12 following:

- 13 (1) Provide informational services about autism.  
 14 (2) Provide an information system for services provided to  
 15 individuals with autism and their families by federal, state, local,  
 16 and private agencies.  
 17 (3) Develop a data base from information received by the  
 18 division, the division of mental health and addiction, the  
 19 department of education, and the state department of health  
 20 relative to the services provided to individuals with autism and  
 21 their families.  
 22 (4) Offer training and technical assistance to providers of services  
 23 and families of individuals with autism.  
 24 (5) Research methods for assessing, planning, implementing, and  
 25 evaluating programs for individuals with autism and their  
 26 families.  
 27 (6) Develop model curricula and resource materials for providers  
 28 of services and families of individuals with autism.  
 29 (7) Conduct one (1) time every three (3) years a statewide needs  
 30 assessment study designed to determine the following:  
 31 (A) The status of services provided to individuals with autism  
 32 and their families.  
 33 (B) The need for additional or alternative services for  
 34 individuals with autism and their families.

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

39 SECTION 28. IC 12-12-1-4.1, AS AMENDED BY P.L.160-2012,  
 40 SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 41 JULY 1, 2015]: Sec. 4.1. (a) The bureau may do the following:



- 1 (1) Establish vocational rehabilitation centers separately or in
- 2 conjunction with community rehabilitation centers.
- 3 (2) Contract with governmental units and other public or private
- 4 organizations to provide any of the vocational rehabilitation
- 5 services permitted or required by this article, IC 12-8-1.5-10,
- 6 ~~IC 12-9-6~~, and IC 12-11-6.
- 7 (3) Provide or contract for the provision of other services that are
- 8 consistent with the purposes of this article, IC 12-8-1.5-10,
- 9 ~~IC 12-9-6~~, and IC 12-11-6.
- 10 (b) When entering into contracts for job development, placement,
- 11 or retention services, the bureau shall contract with governmental units
- 12 and other public or private organizations or individuals that are
- 13 accredited by one (1) of the following organizations:
- 14 (1) The Commission on Accreditation of Rehabilitation Facilities
- 15 (CARF), or its successor.
- 16 (2) The Council on Quality and Leadership in Supports for People
- 17 with Disabilities, or its successor.
- 18 (3) The Joint Commission on Accreditation of Healthcare
- 19 Organizations (JCAHO), or its successor.
- 20 (4) The National Commission on Quality Assurance, or its
- 21 successor.
- 22 (5) An independent national accreditation organization approved
- 23 by the secretary.
- 24 (c) To the extent that the accreditation requirements of an
- 25 accrediting organization listed in subsection (b) do not cover a specific
- 26 requirement determined by the bureau to be necessary for a contracted
- 27 service under subsection (a), the bureau shall include these specific
- 28 requirements as part of the bureau's contract for job development,
- 29 placement, or retention services.
- 30 SECTION 29. IC 12-12.7-2-3, AS ADDED BY P.L.93-2006,
- 31 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 32 JULY 1, 2015]: Sec. 3. (a) As used in this chapter, "early intervention
- 33 services" means developmental services that meet the following
- 34 conditions:
- 35 (1) Are provided under public supervision.
- 36 (2) Are designed to meet the developmental needs of infants and
- 37 toddlers with disabilities in at least one (1) of the areas specified
- 38 in section 4(a)(1) of this chapter.
- 39 (3) Meet all required state and federal standards.
- 40 (4) Are provided by qualified personnel, including the following:
- 41 (A) Early childhood special educators, early childhood
- 42 educators, and special educators.



- 1 (B) Speech and language pathologists and audiologists.
- 2 (C) Occupational therapists.
- 3 (D) Physical therapists.
- 4 (E) Psychologists.
- 5 (F) Social workers.
- 6 (G) Nurses.
- 7 (H) Nutritionists.
- 8 (I) Family therapists.
- 9 (J) Orientation and mobility specialists.
- 10 (K) Pediatricians and other physicians.
- 11 (5) To the maximum extent appropriate, are provided in natural
- 12 environments, including the home and community settings in
- 13 which children without disabilities participate.
- 14 (6) Are provided in conformity with an individualized family
- 15 service plan adopted in accordance with ~~20 U.S.C. 1435~~ **20**
- 16 **U.S.C. 1436**.
- 17 (b) The term includes the following services:
- 18 (1) Family training, counseling, and home visits.
- 19 (2) Special instruction.
- 20 (3) Speech and language pathology, audiology, and sign language
- 21 and cued language services.
- 22 (4) Occupational therapy.
- 23 (5) Physical therapy.
- 24 (6) Psychological services.
- 25 (7) Service coordination services.
- 26 (8) Medical services only for diagnostic, evaluation, or
- 27 consultation purposes.
- 28 (9) Early identification, screening, and assessment services.
- 29 (10) Other health services necessary for an infant or a toddler to
- 30 benefit from the services.
- 31 (11) Vision services.
- 32 (12) Supportive technology services.
- 33 (13) Transportation and related costs that are necessary to enable
- 34 an infant or a toddler and the infant's or toddler's family to receive
- 35 early intervention services.
- 36 SECTION 30. IC 12-12.7-2-5, AS ADDED BY P.L.93-2006,
- 37 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 38 JULY 1, 2015]: Sec. 5. The purposes of this chapter are as follows:
- 39 (1) To enhance the development and minimize the potential for
- 40 developmental delay of infants and toddlers with disabilities.



1 (2) To reduce educational costs to the state by minimizing the  
 2 need for special education and related services after infants and  
 3 toddlers with disabilities reach school age.

4 (3) To minimize the likelihood of institutionalization and  
 5 maximize the potential for independent living of individuals with  
 6 disabilities.

7 (4) To enhance the capacity of families to meet the special needs  
 8 of infants and toddlers with disabilities.

9 (5) To comply with 20 U.S.C. 1431 through ~~1445~~ **1444**.

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

13 (1) Carry out the general administration and supervision of  
 14 programs and activities receiving assistance under this chapter,  
 15 monitor programs and activities implemented by the state,  
 16 regardless of whether the programs and activities are receiving  
 17 assistance under this chapter, and ensure that the state complies  
 18 with 20 U.S.C. 1431 through ~~1445~~ **1444** in implementing this  
 19 chapter.

20 (2) Identify and coordinate all available resources from federal,  
 21 state, local, and private sources, ~~including public and private~~  
 22 ~~insurance coverage~~ and ~~using~~ ~~use~~ all ~~existing~~ applicable resources  
 23 to the full extent of the resources.

24 (3) Develop procedures to ensure that early intervention services  
 25 are provided to infants and toddlers with disabilities and their  
 26 families in a timely manner pending the resolution of disputes  
 27 among public agencies and providers.

28 (4) Resolve disputes within an agency or between agencies.

29 (5) Enter into formal interagency agreements that define the  
 30 financial responsibility of each agency for paying for early  
 31 intervention services consistent with Indiana law and procedures  
 32 for resolving disputes, including all additional components  
 33 necessary to ensure meaningful cooperation and coordination.

34 (6) Develop and implement utilization review procedures for  
 35 services provided under this chapter.

36 (b) The state shall designate an individual or entity responsible for  
 37 assigning financial responsibility among appropriate agencies under  
 38 this chapter.

39 SECTION 32. IC 12-12.7-2-15, AS ADDED BY P.L.93-2006,  
 40 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 41 JULY 1, 2015]: Sec. 15. The council shall do the following:



- 1 (1) Advise and assist the division in the performance of the  
 2 responsibilities set forth in section 6 of this chapter, particularly  
 3 the following:
- 4 (A) Identification of sources of fiscal and other support for  
 5 services for early intervention programs.
  - 6 (B) Use of existing resources to the full extent in  
 7 implementing early intervention programs.
  - 8 (C) Assignment of financial responsibility to the appropriate  
 9 agency.
  - 10 (D) Promotion of interagency agreements.
  - 11 (E) Development and implementation of utilization review  
 12 procedures.
- 13 (2) Advise and assist the division in the preparation of  
 14 applications required under 20 U.S.C. 1431 through ~~1445~~ **1444**.
- 15 (3) Prepare and submit an annual report to the governor, the  
 16 general assembly, and the United States Secretary of Education by  
 17 November 1 of each year concerning the status of early  
 18 intervention programs for infants and toddlers with disabilities  
 19 and their families. A report submitted under this subdivision to  
 20 the general assembly must be in an electronic format under  
 21 IC 5-14-6.
- 22 (4) Periodically request from the agencies responsible for  
 23 providing early childhood intervention services for infants and  
 24 toddlers with disabilities and preschool special education  
 25 programs written reports concerning the implementation of each  
 26 agency's respective programs.
- 27 (5) Make recommendations to the various agencies concerning  
 28 improvements to each agency's delivery of services.
- 29 (6) Otherwise comply with 20 U.S.C. 1441.
- 30 SECTION 33. IC 12-12.7-2-18, AS ADDED BY P.L.93-2006,  
 31 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 32 JULY 1, 2015]: Sec. 18. Upon the recommendations of the council, the  
 33 division shall adopt rules under IC 4-22-2 providing for a statewide  
 34 system of coordinated, comprehensive, multidisciplinary, interagency  
 35 programs that provide appropriate early intervention services to all  
 36 infants and toddlers with disabilities and their families to the extent  
 37 required under 20 U.S.C. 1431 through ~~1445~~ **1444**.
- 38 SECTION 34. IC 12-12.7-2-20, AS ADDED BY P.L.93-2006,  
 39 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 40 JULY 1, 2015]: Sec. 20. To the extent required in 20 U.S.C. 1431  
 41 through ~~1445~~ **1444**, the statewide system must include the following:



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



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





1 through IC 12-19 to qualify for federal aid for assistance to  
 2 persons who are entitled to assistance under the federal Social  
 3 Security Act. The responsibilities include the following:

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

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

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

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

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

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

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

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

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

35 (11) Supervising day care centers.

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

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

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



1 (2) A bureau of economic independence.

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

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

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

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

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

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

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

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

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

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

41 (b) As used in this chapter, "commission" refers to the electronic  
42 benefits transfer commission established by this chapter.



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



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



1 (c) The terms of office shall be for three (3) years. The members  
 2 serve at the will of the secretary of family and social services. A  
 3 vacancy on the commission shall be filled by the secretary of family  
 4 and social services in the same manner the original appointment was  
 5 made.

6 (d) The secretary of family and social services shall appoint the  
 7 initial chairperson from among the members of the commission. The  
 8 commission shall meet on the call of the chairperson. When the  
 9 chairperson's term expires, the commission shall elect a new  
 10 chairperson from among the membership of the commission.

11 (e) The division shall provide staff needed for the commission to  
 12 operate under this chapter.

13 (f) The commission members are not eligible for per diem  
 14 reimbursement or reimbursement for expenses incurred for travel to  
 15 and from commission meetings.

16 SECTION 42. IC 12-14-1.5-6, AS AMENDED BY P.L.258-2013,  
 17 SECTION 87, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 18 JULY 1, 2015]: Sec. 6. A county director or designated employee may  
 19 use any of the following methods to transmit voter registration  
 20 applications or declinations under section 4 of this chapter:

21 (1) Hand delivery to the circuit court clerk or board of  
 22 registration.

23 (2) Delivery by the United States Postal Service, using first class  
 24 mail.

25 **(3) Electronic transfer, after approval by the co-directors of  
 26 the election division.**

27 SECTION 43. IC 12-14-25-5, AS AMENDED BY HEA 1139-2015,  
 28 SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 29 JULY 1, 2015]: Sec. 5. A designated employee may use any of the  
 30 following methods to transmit voter registration applications or  
 31 declinations under section 3 or 4 of this chapter:

32 (1) Hand delivery to the county voter registration office.

33 (2) Delivery by the United States Postal Service, using first class  
 34 mail.

35 **(3) Electronic transfer, after approval by the co-directors of  
 36 the election division.**

37 SECTION 44. IC 12-14-29-6, AS AMENDED BY P.L.184-2014,  
 38 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 39 JULY 1, 2015]: Sec. 6. A court may modify or revoke an order issued  
 40 under this chapter concerning a federal Supplemental Nutrition  
 41 Assistance Program SNAP eligible individual or a TANF eligible  
 42 individual at any time.



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

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

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

10 (A) a reentry court program;

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

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

18 during the period in which the individual is eligible for TANF or  
 19 the federal ~~Supplemental Nutrition Assistance Program~~. **SNAP**.

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

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

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

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

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

39 (1) who is:

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

41 (B) disabled, as determined by the Supplemental Security  
 42 Income program; and



1 (2) whose income and resources do not exceed those levels  
 2 established by the Supplemental Security Income program;  
 3 is eligible to receive Medicaid assistance if the individual's family  
 4 income does not exceed one hundred percent (100%) of the federal  
 5 income poverty level for the same size family, **using income counting**  
 6 **standards and criteria established by the federal Social Security**  
 7 **Administration.**

8 SECTION 49. IC 12-15-2-9 IS REPEALED [EFFECTIVE JULY 1,  
 9 2015]. Sec. 9: (a) As used in this section, "institution for the mentally  
 10 diseased" includes a facility that meets the requirements and  
 11 regulations under 42 U.S.C. 1396 et seq.

12 (b) Except as provided in subsections (c) and (d), an individual who:  
 13 (1) is less than twenty-one (21) years of age or at least sixty-five  
 14 (65) years of age who has been found to be eligible for Medicaid  
 15 under section 2, 3, 4, 5, or 6 of this chapter; and  
 16 (2) is a patient in an institution for the mentally diseased;  
 17 is eligible to receive Medicaid:

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

20 (d) Intermediate care facility services may be provided in a mental  
 21 health institution:

22 SECTION 50. IC 12-15-4-2.5 IS ADDED TO THE INDIANA  
 23 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 24 [EFFECTIVE JULY 1, 2015]: Sec. 2.5. (a) The department of  
 25 correction is, for an inmate described in IC 11-10-3-7(b), the  
 26 inmate's Medicaid authorized representative.

27 (b) A sheriff who:

28 (1) agrees to the requirements set forth in IC 36-2-13-19; and

29 (2) applies for Medicaid for a person who:

30 (A) is subject to lawful detention; and

31 (B) is described in IC 36-2-13-19;

32 is the inmate's Medicaid authorized representative.

33 SECTION 51. IC 12-15-5-1, AS AMENDED BY P.L.274-2013,  
 34 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 35 JULY 1, 2015]: Sec. 1. Except as provided in IC 12-15-2-12,  
 36 IC 12-15-6, and IC 12-15-21, the following services and supplies are  
 37 provided under Medicaid:

38 (1) Inpatient hospital services.

39 (2) Nursing facility services.

40 (3) Physician's services, including services provided under  
 41 IC 25-10-1 and IC 25-22.5-1.

42 (4) Outpatient hospital or clinic services.



- 1 (5) Home health care services.
- 2 (6) Private duty nursing services.
- 3 (7) Physical therapy and related services.
- 4 (8) Dental services.
- 5 (9) Prescribed laboratory and x-ray services.
- 6 (10) Prescribed drugs and pharmacist services.
- 7 (11) Eyeglasses and prosthetic devices.
- 8 (12) Optometric services.
- 9 (13) Diagnostic, screening, preventive, and rehabilitative services.
- 10 (14) Podiatric medicine services.
- 11 (15) Hospice services.
- 12 (16) Services or supplies recognized under Indiana law and
- 13 specified under rules adopted by the office.
- 14 (17) Family planning services except the performance of
- 15 abortions.
- 16 (18) Nonmedical nursing care given in accordance with the tenets
- 17 and practices of a recognized church or religious denomination to
- 18 an individual qualified for Medicaid who depends upon healing
- 19 by prayer and spiritual means alone in accordance with the tenets
- 20 and practices of the individual's church or religious denomination.
- 21 (19) Services provided to individuals described in IC 12-15-2-8.
- 22 ~~and IC 12-15-2-9.~~
- 23 (20) Services provided under IC 12-15-34 and IC 12-15-32.
- 24 (21) Case management services provided to individuals described
- 25 in IC 12-15-2-11 and IC 12-15-2-13.
- 26 (22) Any other type of remedial care recognized under Indiana
- 27 law and specified by the United States Secretary of Health and
- 28 Human Services.
- 29 (23) Examinations required under IC 16-41-17-2(a)(10).
- 30 SECTION 52. IC 12-15-6-4 IS AMENDED TO READ AS
- 31 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 4. A copayment applies
- 32 to all services except the following:
- 33 (1) Services furnished to individuals less than eighteen (18) years
- 34 of age.
- 35 (2) Services furnished to pregnant women if the services relate to
- 36 the pregnancy or to any other medical condition that might
- 37 complicate the pregnancy.
- 38 (3) ~~Services furnished to individuals who are inpatients in~~
- 39 ~~hospitals, nursing facilities, including intermediate care facilities~~
- 40 ~~for the mentally retarded, and other medical institutions.~~





1           ~~(4)~~ **(3)** Emergency services as defined by regulations adopted by  
 2           the Secretary of the United States Department of Health and  
 3           Human Services.

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

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

8           ~~(7)~~ **(5)** Physical examinations to determine the need for medical  
 9           services.

10          SECTION 53. IC 12-15-27-4 IS REPEALED [EFFECTIVE JULY  
 11          1, 2015]. Sec. 4. (a) The office shall keep a file that contains a report  
 12          showing the name and identification number of each recipient and the  
 13          amount of medical assistance received each month under the Medicaid  
 14          program:

15          (b) The report under subsection (a) is a public record open to public  
 16          inspection at all times during the regular office hours of the office:

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

23          SECTION 54. IC 12-15-35-28, AS AMENDED BY P.L.53-2014,  
 24          SECTION 105, IS AMENDED TO READ AS FOLLOWS  
 25          [EFFECTIVE JULY 1, 2015]: Sec. 28. (a) The board has the following  
 26          duties:

27          (1) The adoption of rules to carry out this chapter, in accordance  
 28          with the provisions of IC 4-22-2 and subject to any office  
 29          approval that is required by the federal Omnibus Budget  
 30          Reconciliation Act of 1990 under Public Law 101-508 and its  
 31          implementing regulations:

32          (2) **(1)** The implementation of a Medicaid retrospective and  
 33          prospective DUR program as outlined in this chapter, including  
 34          the approval of software programs to be used by the pharmacist  
 35          for prospective DUR and recommendations concerning the  
 36          provisions of the contractual agreement between the state and any  
 37          other entity that will be processing and reviewing Medicaid drug  
 38          claims and profiles for the DUR program under this chapter.

39          (3) **(2)** The development and application of the predetermined  
 40          criteria and standards for appropriate prescribing to be used in  
 41          retrospective and prospective DUR to ensure that such criteria  
 42          and standards for appropriate prescribing are based on the



- 1 compendia and developed with professional input with provisions  
 2 for timely revisions and assessments as necessary.
- 3 ~~(4)~~ (3) The development, selection, application, and assessment  
 4 of interventions for physicians, pharmacists, and patients that are  
 5 educational and not punitive in nature.
- 6 ~~(5)~~ (4) The publication of an annual report that must be subject to  
 7 public comment before issuance to the federal Department of  
 8 Health and Human Services and to the Indiana legislative council  
 9 by December 1 of each year. The report issued to the legislative  
 10 council must be in an electronic format under IC 5-14-6.
- 11 ~~(6)~~ (5) The development of a working agreement for the board to  
 12 clarify the areas of responsibility with related boards or agencies,  
 13 including the following:
- 14 (A) The Indiana board of pharmacy.
  - 15 (B) The medical licensing board of Indiana.
  - 16 (C) The SURS staff.
- 17 ~~(7)~~ (6) The establishment of a grievance and appeals process for  
 18 physicians or pharmacists under this chapter.
- 19 ~~(8)~~ (7) The publication and dissemination of educational  
 20 information to physicians and pharmacists regarding the board  
 21 and the DUR program, including information on the following:
- 22 (A) Identifying and reducing the frequency of patterns of  
 23 fraud, abuse, gross overuse, or inappropriate or medically  
 24 unnecessary care among physicians, pharmacists, and  
 25 recipients.
  - 26 (B) Potential or actual severe or adverse reactions to drugs.
  - 27 (C) Therapeutic appropriateness.
  - 28 (D) Overutilization or underutilization.
  - 29 (E) Appropriate use of generic drugs.
  - 30 (F) Therapeutic duplication.
  - 31 (G) Drug-disease contraindications.
  - 32 (H) Drug-drug interactions.
  - 33 (I) Incorrect drug dosage and duration of drug treatment.
  - 34 (J) Drug allergy interactions.
  - 35 (K) Clinical abuse and misuse.
- 36 ~~(9)~~ (8) The adoption and implementation of procedures designed  
 37 to ensure the confidentiality of any information collected, stored,  
 38 retrieved, assessed, or analyzed by the board, staff to the board, or  
 39 contractors to the DUR program that identifies individual  
 40 physicians, pharmacists, or recipients.
- 41 ~~(10)~~ (9) The implementation of additional drug utilization review  
 42 with respect to drugs dispensed to residents of nursing facilities



1 shall not be required if the nursing facility is in compliance with  
 2 the drug regimen procedures under 410 IAC 16.2-3.1 and 42 CFR  
 3 483.60.

4 ~~(H)~~ **(10)** The research, development, and approval of a preferred  
 5 drug list for:

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

7 (B) Medicaid's primary care case management program;

8 (C) Medicaid's risk based managed care program, if the office  
 9 provides a prescription drug benefit and subject to IC 12-15-5;  
 10 and

11 (D) the children's health insurance program under IC 12-17.6;  
 12 in consultation with the therapeutics committee.

13 ~~(I)~~ **(11)** The approval of the review and maintenance of the  
 14 preferred drug list at least two (2) times per year.

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

20 ~~(K)~~ **(13)** The collection of data reflecting prescribing patterns  
 21 related to treatment of children diagnosed with attention deficit  
 22 disorder or attention deficit hyperactivity disorder.

23 ~~(L)~~ **(14)** Advising the Indiana comprehensive health insurance  
 24 association established by IC 27-8-10-2.1 concerning  
 25 implementation of chronic disease management and  
 26 pharmaceutical management programs under IC 27-8-10-3.5.

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

30 (c) In researching and developing a preferred drug list under  
 31 subsection ~~(a)(11)~~, **(a)(10)**, the board shall do the following:

32 (1) Use literature abstracting technology.

33 (2) Use commonly accepted guidance principles of disease  
 34 management.

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

36 (4) Give primary consideration to the clinical efficacy or  
 37 appropriateness of a particular drug in treating a specific medical  
 38 condition.

39 (5) Include in any cost effectiveness considerations the cost  
 40 implications of other components of the state's Medicaid program  
 41 and other state funded programs.



1 (d) Prior authorization is required for coverage under a program  
2 described in subsection ~~(a)(11)~~ **(a)(10)** of a drug that is not included on  
3 the preferred drug list.

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

15 (1) in a therapeutic classification:

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

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

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

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

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

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

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

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

32 (C) To prevent fraud, abuse, waste, overutilization, or  
33 inappropriate utilization.

34 (D) To permit implementation of a disease management  
35 program.

36 (E) To implement other initiatives permitted by state or federal  
37 law.

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

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



- 1 (4) The board may add a drug that has been approved by the  
 2 federal Food and Drug Administration to the preferred drug list.
- 3 (h) At least one (1) time each year, the board shall provide a report  
 4 to the interim study committee on public health, behavioral health, and  
 5 human services established by IC 2-5-1.3-4 in an electronic format  
 6 under IC 5-14-6. The report must contain the following information:
- 7 (1) The cost of administering the preferred drug list.  
 8 (2) Any increase in Medicaid physician, laboratory, or hospital  
 9 costs or in other state funded programs as a result of the preferred  
 10 drug list.  
 11 (3) The impact of the preferred drug list on the ability of a  
 12 Medicaid recipient to obtain prescription drugs.  
 13 (4) The number of times prior authorization was requested, and  
 14 the number of times prior authorization was:
- 15 (A) approved; and  
 16 (B) disapproved.
- 17 (i) The board shall provide the first report required under subsection  
 18 (h) not later than six (6) months after the board submits an initial  
 19 preferred drug list to the office.
- 20 SECTION 55. IC 12-15-35.5-7, AS AMENDED BY SEA 171-2015,  
 21 SECTION 35, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 22 JULY 1, 2015]: Sec. 7. (a) Subject to subsections (b) and (c), the office  
 23 may place limits on quantities dispensed or the frequency of refills for  
 24 any covered drug as required by law or for the purpose of:
- 25 (1) preventing fraud, abuse, or waste;  
 26 (2) preventing overutilization, inappropriate utilization, or  
 27 inappropriate prescription practices that are contrary to:  
 28 (A) clinical quality and patient safety; and  
 29 (B) accepted clinical practice for the diagnosis and treatment  
 30 of mental illness and the considerations specified in subsection  
 31 (h); or  
 32 (3) implementing a disease management program.
- 33 (b) Before implementing a limit described in subsection (a), the  
 34 office shall:
- 35 (1) consider quality of care and the best interests of Medicaid  
 36 recipients;  
 37 (2) seek the advice of the drug utilization review board,  
 38 established by IC 12-15-35-19, at a public meeting of the board;  
 39 and  
 40 (3) publish a provider bulletin that complies with the  
 41 requirements of IC 12-15-13-6.



1 (c) Subject to subsection (d), the board may establish and the office  
 2 may implement a restriction on a drug described in section 3(b) of this  
 3 chapter if:

4 (1) the board determines that data provided by the office indicates  
 5 that a situation described in ~~IC 12-15-35-28(a)(8)(A)~~  
 6 **IC 12-15-35-28(a)(7)(A)** through ~~IC 12-15-35-28(a)(8)(K)~~  
 7 **IC 12-15-35-28(a)(7)(K)** requires an intervention to:

8 (A) prevent fraud, abuse, or waste;

9 (B) prevent overutilization, inappropriate utilization, or  
 10 inappropriate prescription practices that are contrary to:

11 (i) clinical quality and patient safety; and

12 (ii) accepted clinical practice for the diagnosis and treatment  
 13 of mental illness; or

14 (C) implement a disease management program; and

15 (2) the board approves and the office implements an educational  
 16 intervention program for providers to address the situation.

17 (d) A restriction established under subsection (c) for any drug  
 18 described in section 3(b) of this chapter:

19 (1) must comply with the procedures described in  
 20 IC 12-15-35-35;

21 (2) may include requiring a recipient to be assigned to one (1)  
 22 practitioner and one (1) pharmacy provider for purposes of  
 23 receiving mental health medications;

24 (3) may not lessen the quality of care; and

25 (4) must be in the best interest of Medicaid recipients.

26 (e) Implementation of a restriction established under subsection (c)  
 27 must provide for the dispensing of a temporary supply of the drug for  
 28 a prescription not to exceed seven (7) business days, if additional time  
 29 is required to review the request for override of the restriction. This  
 30 subsection does not apply if the federal Food and Drug Administration  
 31 has issued a boxed warning under 21 CFR 201.57(c)(1) that applies to  
 32 the drug and is applicable to the patient.

33 (f) Before implementing a restriction established under subsection  
 34 (c), the office shall:

35 (1) seek the advice of the mental health Medicaid quality advisory  
 36 committee established by IC 12-15-35-51; and

37 (2) publish a provider bulletin that complies with the  
 38 requirements of IC 12-15-13-6.

39 (g) Subsections (c) through (f):

40 (1) apply only to drugs described in section 3(b) of this chapter;  
 41 and



- 1 (2) do not apply to a restriction on a drug described in section 3(b)  
 2 of this chapter that was approved by the board and implemented  
 3 by the office before April 1, 2003.
- 4 (h) Restrictions referred to in subsection (c) to prevent  
 5 overutilization, inappropriate utilization, or inappropriate prescription  
 6 practices that are contrary to accepted clinical practices may include  
 7 the implementation of the following:
- 8 (1) Encouraging dosages that enhance recipient adherence to a  
 9 drug regimen.
- 10 (2) Encouraging monotherapy with limitations on the number of  
 11 drugs from a specific drug class that a recipient may be taking at  
 12 any one (1) time when there is no documentation of the severity  
 13 and intensity of the target symptoms.
- 14 (3) Limiting the total number of scheduled psychiatric  
 15 medications that a recipient may be taking at any one (1) time,  
 16 when such limit is based on:
- 17 (A) established best practices; or  
 18 (B) guidelines implemented by the division of mental health  
 19 and addiction for mental health state operated facilities.
- 20 (4) Encouraging, in accordance with IC 16-42-22-10, generic  
 21 substitution when such a substitution would result in a net cost  
 22 savings to the Medicaid program.
- 23 (i) Restrictions under subsection (h) may be overridden through the  
 24 prior authorization review process in cases in which the prescriber  
 25 demonstrates medical necessity for the prescribed medication.
- 26 SECTION 56. IC 12-17-12-21 IS REPEALED [EFFECTIVE JULY  
 27 1, 2015]. ~~Sec. 21. During 1992 a committee of the general assembly~~  
 28 ~~shall review the need to continue the school age child care program.~~  
 29 ~~The committee shall submit the committee's recommendations to the~~  
 30 ~~general assembly before October 15, 1992.~~
- 31 SECTION 57. IC 12-17-19 IS REPEALED [EFFECTIVE JULY 1,  
 32 2015]. (Step Ahead Comprehensive Early Childhood Grant Program).
- 33 SECTION 58. IC 12-17.2-2-4 IS AMENDED TO READ AS  
 34 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 4. (a) The division shall  
 35 adopt rules under IC 4-22-2 concerning the licensing and inspection of  
 36 child care centers and child care homes after consultation with the  
 37 following:
- 38 (1) State department of health.  
 39 (2) Fire prevention and building safety commission.  
 40 ~~(3) The board.~~



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

4 SECTION 59. IC 12-17.6-3-5 IS AMENDED TO READ AS  
 5 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 5. A child may, **in any**  
 6 **manner determined by the office**, apply at an **enrollment center as**  
 7 **provided in IC 12-15-4-1** to receive health care services from the  
 8 program if the child meets the eligibility requirements of section 2 of  
 9 this chapter.

10 SECTION 60. IC 12-19-1-2 IS REPEALED [EFFECTIVE JULY 1,  
 11 2015]. Sec. 2. ~~(a) The director of the division shall appoint a county~~  
 12 ~~director for each county office.~~

13 ~~(b) A county director must be a citizen of the United States.~~

14 SECTION 61. IC 12-19-1-7, AS AMENDED BY P.L.100-2012,  
 15 SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 16 JULY 1, 2015]: Sec. 7. (a) The ~~county~~ **director of the division or the**  
 17 **director's designee** shall appoint the number of assistants necessary to  
 18 administer the welfare activities within the county that are administered  
 19 by the division under IC 12-13 through IC 12-19 or by an  
 20 administrative rule. ~~with the approval of the director of the division.~~

21 (b) The division, for personnel performing activities described in  
 22 subsection (a), shall determine the compensation of the assistants  
 23 within the salary ranges of the pay plan adopted by the state personnel  
 24 department and approved by the budget agency, with the advice of the  
 25 budget committee, and within lawfully established appropriations.

26 SECTION 62. IC 12-19-1-18, AS AMENDED BY P.L.44-2009,  
 27 SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 28 JULY 1, 2015]: Sec. 18. (a) After petition to and with the approval of  
 29 the judge of a circuit court of the county where an applicant for or  
 30 recipient of public assistance resides (or, if a superior court has probate  
 31 jurisdiction in the county, the superior court that has probate  
 32 jurisdiction where the recipient of public assistance resides), a county  
 33 office may take the actions described in subsection (b) if:

34 (1) an applicant for public assistance is physically or mentally  
 35 incapable of completing an application for assistance; or

36 (2) a recipient of public assistance:

37 (A) is incapable of managing the recipient's affairs; or

38 (B) refuses to:

39 (i) take care of the recipient's money properly; or

40 (ii) comply with the director of the division's rules and  
 41 policies.





1 (b) If the conditions of subsection (a) are satisfied, the county office  
2 may designate a responsible person to do the following:

3 (1) Act for the applicant or recipient.

4 (2) Receive on behalf of the recipient the assistance the recipient  
5 is eligible to receive under any of the following:

6 (A) This chapter.

7 (B) IC 12-10-6.

8 (C) IC 12-14-1 through ~~IC 12-14-9.5~~ **IC 12-14-3**.

9 **(D) IC 12-14-5 through IC 12-14-8.**

10 ~~(E)~~ **(E)** IC 12-14-13 through IC 12-14-19.

11 ~~(F)~~ **(F)** IC 12-15.

12 ~~(G)~~ **(G)** IC 16-35-2.

13 (c) A fee for services provided under this section may be paid to the  
14 responsible person in an amount not to exceed ten dollars (\$10) each  
15 month. The fee may be allowed:

16 (1) in the monthly assistance award; or

17 (2) by vendor payment if the fee would cause the amount of  
18 assistance to be increased beyond the maximum amount permitted  
19 by statute.

20 SECTION 63. IC 12-23-9-6 IS AMENDED TO READ AS  
21 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 6. (a) The administrator  
22 in charge of a certified treatment facility may determine who shall be  
23 admitted for treatment.

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

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

29 SECTION 64. IC 12-23-9-7 IS AMENDED TO READ AS  
30 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 7. If a patient receiving  
31 inpatient care leaves a certified treatment facility, the patient shall be  
32 encouraged to consent to appropriate outpatient or intermediate  
33 treatment. If the administrator in charge of the treatment facility  
34 believes that the patient is an alcoholic who requires help, the bureau  
35 may assist the patient in obtaining supportive services and residential  
36 facilities. ~~(as defined in IC 12-7-2-165)~~.

37 SECTION 65. IC 12-25-1-1 IS AMENDED TO READ AS  
38 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. A private institution  
39 for the treatment and care of individuals with psychiatric disorders,  
40 developmental disabilities, **or** convulsive disturbances **or other**  
41 **abnormal mental conditions** must meet the following conditions:



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

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

6 SECTION 66. IC 12-28-5-10, AS AMENDED BY P.L.6-2012,  
 7 SECTION 99, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 8 JULY 1, 2015]: Sec. 10. The division of **disability and rehabilitative**  
 9 **services** shall do the following:

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

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

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

24 (A) A sanitary and safe environment for residents and  
 25 employees.

26 (B) Classification of supervised group living facilities.

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

29 (4) Develop standards for the approval of entities providing  
 30 supported living services.

31 SECTION 67. IC 12-28-5-12, AS AMENDED BY P.L.229-2011,  
 32 SECTION 151, IS AMENDED TO READ AS FOLLOWS  
 33 [EFFECTIVE JULY 1, 2015]: Sec. 12. (a) The division may license  
 34 only those supervised group living facilities that:

35 (1) meet the standards established under section 10 of this  
 36 chapter; and

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

39 (b) Notwithstanding ~~431 IAC 1.1-3-7(c) and 431 IAC 1.1-3-7(d);~~  
 40 **460 IAC 9-3-7(c) and 460 IAC 9-3-7(d)**, the division shall license one  
 41 (1) supervised group living facility that is located less than one



1 thousand (1,000) feet from another supervised group living facility or  
 2 a sheltered workshop under the following conditions:

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

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

8 (3) The supervised group living facilities provides job  
 9 opportunities for residents of the supervised group living  
 10 facilities, as appropriate.

11 (c) The division may approve an entity to provide supported living  
 12 services only if the entity meets the standards established under section  
 13 10 of this chapter.

14 SECTION 68. IC 25-23.4-3-1, AS AMENDED BY THE  
 15 TECHNICAL CORRECTIONS BILL OF THE 2015 GENERAL  
 16 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 17 UPON PASSAGE]: Sec. 1. (a) This section does not apply to an  
 18 individual who has a license under IC 25-23-1-13.1 to practice  
 19 midwifery as a certified nurse midwife and is practicing within the  
 20 scope of that license.

21 (b) After July 1, ~~2014~~, **2017**, an individual may not engage in the  
 22 practice of midwifery unless:

23 (1) the individual is issued a certificate by a board under  
 24 IC 25-1-5 and is acting within the scope of the person's license; or

25 (2) the individual has a certified direct entry midwife certificate  
 26 under this article and has a collaborative agreement with a  
 27 physician as set forth in this article.

28 (c) To become certified as a certified direct entry midwife, an  
 29 applicant must satisfy the following requirements:

30 (1) Be at least twenty-one (21) years of age.

31 (2) Possess at least:

32 (A) an associate degree in nursing, associate degree in  
 33 midwifery accredited by the Midwifery Education  
 34 Accreditation Council (MEAC), or other similar science  
 35 related associate degree; or

36 (B) a bachelor's degree;

37 from a postsecondary educational institution.

38 (3) Satisfactorily complete educational curriculum approved by:

39 (A) the Midwifery Education Accreditation Council (MEAC)  
 40 or a successor organization; or

41 (B) the educational equivalent of a Midwifery Education  
 42 Accreditation Council curriculum approved by the board.



- 1 (4) Acquire and document practical experience as outlined in the  
 2 Certified Professional Midwife credentialing process in  
 3 accordance with the standards of the North American Registry of  
 4 Midwives or a successor organization.
- 5 (5) Obtain certification by an accredited association in adult  
 6 cardiopulmonary resuscitation that is approved by the board.
- 7 (6) Complete the program sponsored by the American Academy  
 8 of Pediatrics in neonatal resuscitation, excluding endotracheal  
 9 intubation and the administration of drugs.
- 10 (7) Comply with the birth requirements of the Certified  
 11 Professional Midwife credentialing process, observe an additional  
 12 twenty (20) births, ~~be directly supervised by a physician for~~  
 13 **attend** twenty (20) births **conducted by a physician**, assist with  
 14 an additional twenty (20) births, and act as the primary attendant  
 15 for an additional twenty (20) births.
- 16 (8) Provide proof to the board that the applicant has obtained the  
 17 Certified Professional Midwife credential as administered by the  
 18 North American Registry of Midwives or a successor  
 19 organization.
- 20 (9) Present additional documentation or certifications required by  
 21 the board. The board may adopt standards that require more  
 22 training than required by the North American Registry of  
 23 Midwives.
- 24 (10) Maintain sufficient liability insurance.
- 25 (d) The board may exempt an applicant from the following:
- 26 (1) The education requirements in subsection (c)(2) if the  
 27 applicant provides proof to the board that the applicant is enrolled  
 28 in a program that will satisfy the requirements of subsection  
 29 (c)(2). An exemption under this subdivision applies for an  
 30 individual for not more than two (2) years. This subdivision  
 31 expires June 30, ~~2016~~. **2018**.
- 32 (2) The education requirements in subsection (c)(3) if the  
 33 applicant provides:
- 34 (A) proof to the board that the applicant has delivered over one  
 35 hundred (100) births as a primary attendant; and  
 36 (B) a letter of reference from a licensed physician with whom  
 37 the applicant has informally collaborated.
- 38 This subdivision expires June 30, ~~2015~~. **2017**.
- 39 (3) The requirement that a physician directly supervise twenty  
 40 (20) births in subsection (c)(7) if the applicant provides:
- 41 (A) proof to the board that the applicant has delivered over one  
 42 hundred (100) births as a primary attendant; and



- 1 (B) a letter of reference from a licensed physician with whom  
 2 the applicant has informally collaborated.  
 3 This subdivision expires June 30, ~~2015~~: **2017**.
- 4 SECTION 69. IC 25-23.4-8-2 IS ADDED TO THE INDIANA  
 5 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 6 [EFFECTIVE JULY 1, 2015]: **Sec. 2. (a) A physician who signs a**  
 7 **collaborative agreement with a certified direct entry midwife**  
 8 **under this article may not be held jointly or severally liable for the**  
 9 **actions or omissions of a certified direct entry midwife.**
- 10 (b) **Except in cases of gross negligence or reckless conduct in**  
 11 **regard to a physician's collaboration with a certified direct entry**  
 12 **midwife, the physician may not be held liable for the collaboration**  
 13 **or work with the certified direct entry midwife.**
- 14 SECTION 70. IC 34-30-2-99.8 IS ADDED TO THE INDIANA  
 15 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 16 [EFFECTIVE JULY 1, 2015]: **Sec. 99.8. IC 25-23.4-8-2 (Concerning**  
 17 **a physician for the errors or omissions of a certified direct entry**  
 18 **midwife).**
- 19 SECTION 71. IC 36-2-13-19 IS ADDED TO THE INDIANA  
 20 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 21 [EFFECTIVE JULY 1, 2015]: **Sec. 19. (a) This section applies to a**  
 22 **person who:**
- 23 (1) **is subject to lawful detention;**  
 24 (2) **incurs or will incur medical care expenses that are not**  
 25 **otherwise reimbursable during the lawful detention;**  
 26 (3) **is unwilling or unable to pay for the person's own health**  
 27 **care services; and**  
 28 (4) **is potentially eligible for Medicaid (IC 12-15).**
- 29 (b) **For a person described in subsection (a), the sheriff is the**  
 30 **person's Medicaid authorized representative and may apply for**  
 31 **Medicaid on behalf of the person.**
- 32 (c) **A sheriff and the office of the secretary of family and social**  
 33 **services shall enter into a written memorandum of understanding**  
 34 **providing that the sheriff shall reimburse the office of the secretary**  
 35 **for administrative costs and the state share of the Medicaid costs**  
 36 **incurred for a person described in this section.**
- 37 (d) **Reimbursement under this section for reimbursable health**  
 38 **care services provided by a health care provider, including a**  
 39 **hospital, to a person as an inpatient in a hospital must be as**  
 40 **follows:**



1           (1) For individuals eligible under the Indiana check-up plan  
2           (IC 12-15-44.2), the reimbursement rates described in IC 12-15-44.2-14.  
3           (2) For individuals other than those described in subdivision  
4           (1) who are eligible under the Medicaid program, the  
5           reimbursement rates provided under the Medicaid program,  
6           except that reimbursement for inpatient hospital services shall  
7           be reimbursed at rates equal to the fee-for-service rates  
8           described in IC 16-21-10-8(a)(1).  
9           Hospital assessment fee funds collected under IC 16-21-10 or the  
10          Indiana check-up plan trust fund (IC 12-15-44.2-17) may not be  
11          used as the state share of Medicaid costs for the reimbursement of  
12          health care services provided to the person as an inpatient in the  
13          hospital.  
14          (e) The state share of all claims reimbursed by Medicaid for a  
15          person described in subsection (a) shall be paid by the county.  
16          SECTION 72. [EFFECTIVE JULY 1, 2015] (a) Before October 1,  
17          2016, the office of the secretary of family and social services shall  
18          report to the general assembly in an electronic format under  
19          IC 5-14-6 the following information:  
20                  (1) The number of individuals who received health care  
21                  services under:  
22                          (A) IC 11-10-3-7(b), as amended by this act; and  
23                          (B) IC 36-2-13-19, as added by this act.  
24                  (2) The total reimbursement cost for these individuals.  
25          (b) This SECTION expires December 31, 2016.  
26          SECTION 73. An emergency is declared for this act.



## 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.



## COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 465, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, delete lines 1 through 16, begin a new paragraph and insert:

"SECTION 1. IC 4-13-2-20, AS AMENDED BY P.L.234-2007, SECTION 72, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 20. (a) Except as otherwise provided in this section ~~IC 12-17-19-19~~, or IC 12-8-10-7, payment for any services, supplies, materials, or equipment shall not be paid from any fund or state money in advance of receipt of such services, supplies, materials, or equipment by the state.

(b) With the prior approval of the budget agency, payment may be made in advance for any of the following:

- (1) War surplus property.
- (2) Property purchased or leased from the United States government or its agencies.
- (3) Dues and subscriptions.
- (4) License fees.
- (5) Insurance premiums.
- (6) Utility connection charges.
- (7) Federal grant programs where advance funding is not prohibited and, except as provided in subsection (i), the contracting party posts sufficient security to cover the amount advanced.
- (8) Grants of state funds authorized by statute.
- (9) Employee expense vouchers.
- (10) Beneficiary payments to the administrator of a program of self-insurance.
- (11) Services, supplies, materials, or equipment to be received from an agency or from a body corporate and politic.
- (12) Expenses for the operation of offices that represent the state under contracts with the Indiana economic development corporation and that are located outside Indiana.
- (13) Services, supplies, materials, or equipment to be used for more than one (1) year under a discounted contractual arrangement funded through a designated leasing entity.
- (14) Maintenance of equipment and maintenance of software if there are appropriate contractual safeguards for refunds as determined by the budget agency.



(15) Exhibits, artifacts, specimens, or other unique items of cultural or historical value or interest purchased by the state museum.

(c) Any agency and any state educational institution may make advance payments to its employees for duly accountable expenses exceeding ten dollars (\$10) incurred through travel approved by:

(1) the employee's respective agency director, in the case of an agency; and

(2) a duly authorized person, in the case of any state educational institution.

(d) The auditor of state may, with the approval of the budget agency and of the commissioner of the Indiana department of administration:

(1) appoint a special disbursing officer for any agency or group of agencies whenever it is necessary or expedient that a special record be kept of a particular class of disbursements or when disbursements are made from a special fund; and

(2) approve advances to the special disbursing officer or officers from any available appropriation for the purpose.

(e) The auditor of state shall issue the auditor's warrant to the special disbursing officer to be disbursed by the disbursing officer as provided in this section. Special disbursing officers shall in no event make disbursements or payments for supplies or current operating expenses of any agency or for contractual services or equipment not purchased or contracted for in accordance with this chapter and IC 5-22. No special disbursing officer shall be appointed and no money shall be advanced until procedures covering the operations of special disbursing officers have been adopted by the Indiana department of administration and approved by the budget agency. These procedures must include the following provisions:

(1) Provisions establishing the authorized levels of special disbursing officer accounts and establishing the maximum amount which may be expended on a single purchase from special disbursing officer funds without prior approval.

(2) Provisions requiring that each time a special disbursing officer makes an accounting to the auditor of state of the expenditure of the advanced funds, the auditor of state shall request that the Indiana department of administration review the accounting for compliance with IC 5-22.

(3) A provision that, unless otherwise approved by the commissioner of the Indiana department of administration, the special disbursing officer must be the same individual as the procurements agent under IC 4-13-1.3-5.



(4) A provision that each disbursing officer be trained by the Indiana department of administration in the proper handling of money advanced to the officer under this section.

(f) The commissioner of the Indiana department of administration shall cite in a letter to the special disbursing officer the exact purpose or purposes for which the money advanced may be expended.

(g) A special disbursing officer may issue a check to a person without requiring a certification under IC 5-11-10-1 if the officer:

- (1) is authorized to make the disbursement; and
- (2) complies with procedures adopted by the state board of accounts to govern the issuance of checks under this subsection.

(h) A special disbursing officer is not personally liable for a check issued under subsection (g) if:

- (1) the officer complies with the procedures described in subsection (g); and
- (2) funds are appropriated and available to pay the warrant.

(i) For contracts entered into between the department of workforce development or the Indiana commission for career and technical education and:

- (1) a school corporation (as defined in IC 20-18-2-16); or
- (2) a state educational institution;

the contracting parties are not required to post security to cover the amount advanced.

SECTION 2. IC 11-10-3-6, AS AMENDED BY P.L.205-2013, SECTION 169, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 6. (a) This section:

(1) does not apply in the case of a person who is subject to lawful detention by a county sheriff and is:

- (A) covered under private health coverage for health care services; or
  - (B) willing to pay for the person's own health care services;
- and**

**(2) does not apply to an inmate receiving inpatient services under section 7 of this chapter; and**

~~(3)~~ (3) does not affect copayments required under section 5 of this chapter.

(b) The following definitions apply throughout this section:

(1) "Charge description master" means a listing of the amount charged by a hospital for each service, item, and procedure:

- (A) provided by the hospital; and
- (B) for which a separate charge exists.

(2) "Health care service" means the following:



- (A) Medical care.
- (B) Dental care.
- (C) Eye care.
- (D) Any other health care related service.

The term includes health care items and procedures.

(c) Except as provided in subsection (d), when the department or a county is responsible for payment for health care services provided to a person who is committed to the department, the department shall reimburse:

- (1) a physician licensed under IC 25-22.5;
- (2) a hospital licensed under IC 16-21-2; or
- (3) another health care provider;

for the cost of a health care service at the federal Medicare reimbursement rate for the health care service provided plus four percent (4%).

(d) If there is no federal Medicare reimbursement rate for a health care service described in subsection (c), the department shall do the following:

- (1) If the health care service is provided by a hospital, the department shall reimburse the hospital an amount equal to sixty-five percent (65%) of the amount charged by the hospital according to the hospital's charge description master.
- (2) If the health care service is provided by a physician or another health care provider, the department shall reimburse the physician or health care provider an amount equal to sixty-five percent (65%) of the amount charged by the physician or health care provider.

SECTION 3. IC 11-10-3-7, AS ADDED BY P.L.205-2013, SECTION 170, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 7. **(a)** If the department or a county incurs medical care expenses in providing medical care to an inmate who is committed to the department and the medical care expenses are not reimbursed, the department or the county shall attempt to determine the amount, if any, of the medical care expenses that may be paid:

- (1) by a policy of insurance that is maintained by the inmate and that covers medical care, dental care, eye care, or any other health care related service; or
- (2) by Medicaid.

**(b) For an inmate who:**

- (1) is committed to the department and resides in a department facility or jail;**



**(2) incurs or will incur medical care expenses that are not otherwise reimbursable;**

**(3) is unwilling or unable to pay for the inmate's own health care services; and**

**(4) is potentially eligible for Medicaid (IC 12-15);**

**the department is the inmate's Medicaid authorized representative and may apply for Medicaid on behalf of the inmate.**

**(c) The department and the office of the secretary of family and social services shall enter into a written memorandum of understanding providing that the department shall reimburse the office of the secretary for administrative costs and the state share of the Medicaid costs incurred for an inmate.**

**(d) Reimbursement under this section for reimbursable health care services provided by a health care provider, including a hospital, to an inmate as an inpatient in a hospital must be as follows:**

**(1) For inmates eligible and participating in the Indiana check-up plan (IC 12-15-44.2), the reimbursement rates described in IC 12-15-44.2-14.**

**(2) For inmates other than those described in subdivision (1) who are eligible under the Medicaid program, the reimbursement rates provided under the Medicaid program, except that reimbursement for inpatient hospital services shall be reimbursed at rates equal to the fee-for-service rates described in IC 16-21-10-8(a)(1).**

**Hospital assessment fee funds collected under IC 16-21-10 or the Indiana check-up plan trust fund (IC 12-15-44.2-17) may not be used as the state share of Medicaid costs for the reimbursement of health care services provided to the inmate as an inpatient in the hospital.**

**SECTION 4. IC 11-12-5-5.5, AS AMENDED BY P.L.205-2011, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 5.5. (a) As used in this section, "charge description master" means a listing of the amount charged by a hospital for each service, item, and procedure:**

**(1) provided by the hospital; and**

**(2) for which a separate charge exists.**

**(b) As used in this section, "health care services" includes health care items and procedures.**

**(c) As used in this section, "lawful detention" means the following:**

**(1) Arrest.**

**(2) Custody following surrender in lieu of arrest.**



- (3) Detention in a penal facility.
- (4) Detention for extradition or deportation.
- (5) Custody for purposes incident to any of the above, including transportation, medical diagnosis or treatment, court appearances, work, or recreation.

The term does not include supervision of a person on probation or parole or constraint incidental to release with or without bail.

(d) This section:

(1) does not apply in the case of a person who is subject to lawful detention by a county sheriff and is:

(A) covered under private health coverage for health care services; or

(B) willing to pay for the person's own health care services;  
and

**(2) does not apply to an inmate receiving inpatient services under IC 36-2-13-19; and**

~~(2)~~ **(3)** does not affect copayments required under section 5 of this chapter.

(e) Except as provided in subsections (f) and (g), a county that is responsible for payment for health care services provided to a person who is subject to lawful detention by the county's sheriff shall reimburse:

(1) a physician licensed under IC 25-22.5;

(2) a hospital licensed under IC 16-21-2; or

(3) another health care provider;

for the cost of a health care service at the federal Medicare reimbursement rate for the health care service provided plus four percent (4%).

(f) Except as provided in subsection (g), if there is no federal Medicare reimbursement rate for a health care service described in subsection (e), the county shall do the following:

(1) If the health care service is provided by a hospital, the county shall reimburse the hospital an amount equal to sixty-five percent (65%) of the amount charged by the hospital according to the hospital's charge description master.

(2) If the health care service is provided by a physician or another health care provider, the county shall reimburse the physician or health care provider an amount equal to sixty-five percent (65%) of the amount charged by the physician or health care provider.

(g) A county described in subsection (e) or (f) may reimburse a health care provider described in subsection (e)(1), (e)(2), or (e)(3) at a lower reimbursement rate than the rate required by subsection (e) or



(f) if the county enters into an agreement with a health care provider described in subsection (e)(1), (e)(2), or (e)(3) to reimburse the health care provider for a health care service at the lower reimbursement rate."

Delete pages 2 through 8.

Page 9, delete lines 1 through 6.

Page 9, delete lines 10 through 42, begin a new paragraph and insert:

"SECTION 6. IC 12-7-2-19, AS AMENDED BY P.L.188-2013, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 19. (a) "Autism", for purposes of IC 12-11-8, has the meaning set forth in IC 12-11-8-1.

(b) "Autism", for purposes of IC 12-11-1.1-6 and IC 12-28-4-13, refers to ~~the characteristics of a neurological disorder;~~ **an autism spectrum disorder** that is described in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association."

Page 10, delete lines 1 through 4.

Page 10, delete lines 22 through 42.

Page 11, delete lines 1 through 40.

Page 12, delete lines 3 through 20.

Page 12, delete lines 32 through 42, begin a new paragraph and insert:

"SECTION 10. IC 12-8-1.5-16 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION** TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 16. The office of the secretary may, through agreement with the federal government, operate a disability determination bureau that adjudicates claims for Social Security Disability Insurance and Supplemental Security Income.**

SECTION 11. IC 12-8-1.5-17 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION** TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 17. The office of the secretary may, through agreement with the federal government, operate a disability determination bureau that enters into an interim assistance agreement with the Social Security Administration under 42 U.S.C. 1302 and 42 U.S.C. 1383.**

SECTION 12. IC 12-8-10-7, AS AMENDED BY P.L.1-2005, SECTION 127, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 7. (a) When a state agency selects a grantee agency under section 6 of this chapter, the state agency shall determine whether the purchase of service format can be used as the procedure for reimbursing the grantee agency. The state agency has





exclusive authority to make this determination, but the state agency shall seek to use the purchase of service format whenever possible.

(b) If a state agency determines that the purchase of service format can be used with a particular grantee agency, the state agency shall notify the group of the state agency's decision. The group shall then follow the procedure described in section 8 of this chapter.

(c) If a state agency determines that the purchase of service format cannot be used with a particular grantee agency, the state agency shall select the contract format that is to be used. If a state agency selects a contract format under this subsection, the state agency shall notify the group of the state agency's decision. The group shall then follow the procedure described in section 8 of this chapter.

(d) Notwithstanding IC 4-13-2-20 ~~IC 12-17-19-19~~, or any other law, a contract format selected under subsection (b) or (c) may include provisions for advance funding as follows:

(1) For not more than one-sixth (1/6) of the contract amount if the annual contract amount is at least fifty thousand dollars (\$50,000).

(2) For not more than one-half (1/2) of the contract amount if the annual contract amount is less than fifty thousand dollars (\$50,000).

(3) For interim payments, with subsequent reconciliation of the amounts paid under the contract and the cost of the services actually provided.

SECTION 13. IC 12-9-1-3, AS AMENDED BY P.L.1-2007, SECTION 114, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 3. The division consists of the following bureaus:

~~(1) Disability determination bureaus required or permitted under IC 12-9-6.~~

~~(2)~~ (1) The rehabilitation services bureau established by IC 12-12-1-1.

~~(3)~~ (2) The bureau of developmental disabilities services established by IC 12-11-1.1-1.

~~(4)~~ (3) The bureau of quality improvement services established by IC 12-12.5-1-1.

~~(5)~~ (4) The bureau of child development services established by IC 12-12.7-1-1.

SECTION 14. IC 12-9-5-1, AS AMENDED BY P.L.1-2007, SECTION 115, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. The division shall administer



money appropriated or allocated to the division by the state, including money appropriated or allocated from the following:

- (1) The federal Vocational Rehabilitation Act (29 U.S.C. 701).
- (2) The federal Social Services Block Grant in-home services for the elderly and disabled (42 U.S.C. 1397 et seq.).
- (3) The federal Randolph Sheppard Act (20 U.S.C. 107 et seq.).
- (4) Medicaid waiver in-home services for the elderly and disabled (42 U.S.C. 1396 et seq.) for treatment of developmental disabilities.
- ~~(5) Office of Disability Determination (42 U.S.C. 1302 and 42 U.S.C. 1383).~~
- ~~(6) (5) Improving Access to Assistive Technology for Individuals with Disabilities Act (29 U.S.C. 3001 et seq.).~~
- ~~(7) (6) The federal Social Security Act Payments for Vocational Rehabilitation Services (42 U.S.C. 422).~~
- ~~(8) (7) Part C of the federal Individuals with Disabilities Education Act, Subchapter III (20 U.S.C. 1431 et seq.).~~
- ~~(9) (8) Money appropriated or allocated to the division to administer a program under this title.~~
- ~~(10) (9) Other funding sources that are designated by the general assembly or that are available from the federal government under grants that are consistent with the duties of the division.~~

SECTION 15. IC 12-9-6 IS REPEALED [EFFECTIVE JULY 1, 2015]. (Disability Determination Bureaus)."

Delete pages 13 through 15.

Page 16, delete lines 1 through 6, begin a new paragraph and insert: "SECTION 16. IC 12-10-11-2, AS AMENDED BY P.L.145-2006, SECTION 68, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 2. (a) The board consists of the following fifteen (15) members:

- (1) The director of the division of ~~family resources~~ **aging** or the director's designee.
- (2) The chairman of the Indiana state commission on aging or the chairman's designee.
- (3) Three (3) citizens ~~at least sixty (60) years of age~~, nominated by two (2) or more organizations that:
  - (A) represent senior citizens **or individuals with dementia**;
  - and
  - (B) have statewide membership.
- (4) One (1) citizen ~~less than sixty (60) years of age~~ nominated by one (1) or more organizations that:



- (A) represent individuals with disabilities, **including individuals who are less than eighteen (18) years of age;** and
- (B) have statewide membership.
- (5) One (1) citizen ~~less than sixty (60) years of age~~ nominated by one (1) or more organizations that:
  - (A) represent individuals with mental illness; and
  - (B) have statewide membership.
- (6) One (1) provider who provides services under IC 12-10-10.
- (7) One (1) licensed physician, **physician assistant, or nurse or nurse practitioner** who specializes either in the field of gerontology or in the field of disabilities.
- (8) Two (2) home care services advocates or policy specialists nominated by two (2) or more:
  - (A) organizations;
  - (B) associations; or
  - (C) nongovernmental agencies;
 that advocate on behalf of home care consumers, including an organization listed in subdivision (3) that represents senior citizens or persons with disabilities.
- (9) Two (2) members of the senate, who may not be members of the same political party, appointed by the president pro tempore of the senate with the advice of the minority leader of the senate.
- (10) Two (2) members of the house of representatives, who may not be members of the same political party, appointed by the speaker of the house of representatives with the advice of the minority leader of the house of representatives.

The members of the board listed in subdivisions (9) and (10) are nonvoting members.

(b) The members of the board designated by subsection (a)(3) through (a)(8) shall be appointed by the governor for terms of ~~two (2)~~ **four (4) years. The term of a member of the board expires July 1, but a member may continue to serve until a successor is appointed.** In case of a vacancy, the governor shall appoint an individual to serve for the remainder of the unexpired term.

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

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

**(d) Notwithstanding subsection (b):**



- (1) the terms of all the board members designated by subsection (a)(3) through (a)(8) expire July 1, 2015;
- (2) the governor shall reappoint each board member who on June 30, 2015, had at least one (1) full year remaining on the member's term as a member of the board; and
- (3) the initial appointments beginning July 1, 2015, must be staggered as follows:
- (A) One (1) year for one (1) member appointed under subsection (a)(3) and (a)(5).
- (B) Two (2) years for one (1) member appointed under subsection (a)(3), (a)(6), and (a)(8).
- (C) Three (3) years for one (1) member appointed under subsection (a)(3) and (a)(7).
- (D) Four (4) years for one (1) member appointed under subsection (a)(4) and (a)(8).

**This subsection expires July 1, 2019."**

Page 19, delete lines 26 through 40, begin a new paragraph and insert:

"SECTION 27. IC 12-11-8-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. As used in this chapter, "autism" means a ~~neurological disorder~~, **an autism spectrum disorder** that is described in the **most recent edition of the** Diagnostic and Statistical Manual of Mental Disorders ~~Fourth Edition~~, ~~Washington, D.C., of the American Psychiatric Association. 1994~~, ~~pages 70 and 71~~."

Page 20, between lines 34 and 35, begin a new paragraph and insert:

"SECTION 29. IC 12-12-1-4.1, AS AMENDED BY P.L.160-2012, SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 4.1. (a) The bureau may do the following:

- (1) Establish vocational rehabilitation centers separately or in conjunction with community rehabilitation centers.
- (2) Contract with governmental units and other public or private organizations to provide any of the vocational rehabilitation services permitted or required by this article, IC 12-8-1.5-10, ~~IC 12-9-6~~, and IC 12-11-6.
- (3) Provide or contract for the provision of other services that are consistent with the purposes of this article, IC 12-8-1.5-10, ~~IC 12-9-6~~, and IC 12-11-6.

(b) When entering into contracts for job development, placement, or retention services, the bureau shall contract with governmental units and other public or private organizations or individuals that are accredited by one (1) of the following organizations:



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

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

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

(4) The National Commission on Quality Assurance, or its successor.

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

(c) To the extent that the accreditation requirements of an accrediting organization listed in subsection (b) do not cover a specific requirement determined by the bureau to be necessary for a contracted service under subsection (a), the bureau shall include these specific requirements as part of the bureau's contract for job development, placement, or retention services."

Page 30, line 28, after "IC 12-14-25-5" insert ", AS AMENDED BY HEA 1139-2015, SECTION 32,".

Page 30, line 33, delete "circuit court clerk or board of" and insert "county voter registration office.".

Page 30, delete line 34.

Page 30, line 35, delete "Certified mail, return receipt requested. Delivery by the" and insert "Delivery by the United States Postal Service, using first class mail.".

Page 30, delete line 36.

Page 32, between lines 23 and 24, begin a new paragraph and insert: "SECTION 50. IC 12-15-4-2.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 2.5. (a) The department of correction is, for an inmate described in IC 11-10-3-7(b), the inmate's Medicaid authorized representative.**

**(b) A sheriff who:**

**(1) agrees to the requirements set forth in IC 36-2-13-19; and**

**(2) applies for Medicaid for a person who:**

**(A) is subject to lawful detention; and**

**(B) is described in IC 36-2-13-19;**

**is the inmate's Medicaid authorized representative."**

Page 33, strike lines 29 through 31.

Page 33, line 32, strike "(4)" and insert "(3)".

Page 33, line 37, delete "(5)" and insert "(4)".

Page 33, line 39, delete "(6)" and insert "(5)".

Page 36, line 20, delete "(a)(12)" and insert "(a)(10)".



Page 36, line 32, strike "(a)(11)" and insert "**(a)(10)**".

Page 37, line 11, strike "(a)(11):" and insert "**(a)(10):**".

Page 38, line 8, delete "P.L.229-2011," and insert "SEA 171-2015, SECTION 35,".

Page 38, line 9, delete "SECTION 145,".

Page 39, line 18, delete "21 CFR 201.57(e)" and insert "21 CFR 201.57(c)(1)".

Page 40, between lines 35 and 36, begin a new paragraph and insert:  
"SECTION 59. IC 12-19-1-2 IS REPEALED [EFFECTIVE JULY 1, 2015]. Sec. 2. (a) ~~The director of the division shall appoint a county director for each county office.~~

(b) ~~A county director must be a citizen of the United States.~~

SECTION 60. IC 12-19-1-7, AS AMENDED BY P.L.100-2012, SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 7. (a) ~~The county director~~ **of the division or the director's designee** shall appoint the number of assistants necessary to administer the welfare activities within the county that are administered by the division under IC 12-13 through IC 12-19 or by an administrative rule. ~~with the approval of the director of the division.~~

(b) The division, for personnel performing activities described in subsection (a), shall determine the compensation of the assistants within the salary ranges of the pay plan adopted by the state personnel department and approved by the budget agency, with the advice of the budget committee, and within lawfully established appropriations."

Page 41, delete lines 29 through 42.

Page 42, delete lines 1 through 14.

Page 42, delete line 42.

Delete page 43.

Page 44, delete lines 1 through 9.

Page 45, delete lines 17 through 42, begin a new paragraph and insert:

"SECTION 65. IC 25-23.4-3-1, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2015 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. (a) This section does not apply to an individual who has a license under IC 25-23-1-13.1 to practice midwifery as a certified nurse midwife and is practicing within the scope of that license.

(b) After July 1, ~~2014~~, **2017**, an individual may not engage in the practice of midwifery unless:

(1) the individual is issued a certificate by a board under IC 25-1-5 and is acting within the scope of the person's license; or



- (2) the individual has a certified direct entry midwife certificate under this article and has a collaborative agreement with a physician as set forth in this article.
- (c) To become certified as a certified direct entry midwife, an applicant must satisfy the following requirements:
- (1) Be at least twenty-one (21) years of age.
  - (2) Possess at least:
    - (A) an associate degree in nursing, associate degree in midwifery accredited by the Midwifery Education Accreditation Council (MEAC), or other similar science related associate degree; or
    - (B) a bachelor's degree;
 from a postsecondary educational institution.
  - (3) Satisfactorily complete educational curriculum approved by:
    - (A) the Midwifery Education Accreditation Council (MEAC) or a successor organization; or
    - (B) the educational equivalent of a Midwifery Education Accreditation Council curriculum approved by the board.
  - (4) Acquire and document practical experience as outlined in the Certified Professional Midwife credentialing process in accordance with the standards of the North American Registry of Midwives or a successor organization.
  - (5) Obtain certification by an accredited association in adult cardiopulmonary resuscitation that is approved by the board.
  - (6) Complete the program sponsored by the American Academy of Pediatrics in neonatal resuscitation, excluding endotracheal intubation and the administration of drugs.
  - (7) Comply with the birth requirements of the Certified Professional Midwife credentialing process, observe an additional twenty (20) births, ~~be directly supervised by a physician for~~ **attend** twenty (20) births **conducted by a physician**, assist with an additional twenty (20) births, and act as the primary attendant for an additional twenty (20) births.
  - (8) Provide proof to the board that the applicant has obtained the Certified Professional Midwife credential as administered by the North American Registry of Midwives or a successor organization.
  - (9) Present additional documentation or certifications required by the board. The board may adopt standards that require more training than required by the North American Registry of Midwives.
  - (10) Maintain sufficient liability insurance.



- (d) The board may exempt an applicant from the following:
- (1) The education requirements in subsection (c)(2) if the applicant provides proof to the board that the applicant is enrolled in a program that will satisfy the requirements of subsection (c)(2). An exemption under this subdivision applies for an individual for not more than two (2) years. This subdivision expires June 30, ~~2016~~. **2018.**
  - (2) The education requirements in subsection (c)(3) if the applicant provides:
    - (A) proof to the board that the applicant has delivered over one hundred (100) births as a primary attendant; and
    - (B) a letter of reference from a licensed physician with whom the applicant has informally collaborated.
 This subdivision expires June 30, ~~2015~~. **2017.**
  - (3) The requirement that a physician directly supervise twenty (20) births in subsection (c)(7) if the applicant provides:
    - (A) proof to the board that the applicant has delivered over one hundred (100) births as a primary attendant; and
    - (B) a letter of reference from a licensed physician with whom the applicant has informally collaborated.
 This subdivision expires June 30, ~~2015~~. **2017.**

SECTION 66. IC 25-23.4-8-2 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION** TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 2. (a) A physician who signs a collaborative agreement with a certified direct entry midwife under this article may not be held jointly or severally liable for the actions or omissions of a certified direct entry midwife.**

**(b) Except in cases of gross negligence or reckless conduct in regard to a physician's collaboration with a certified direct entry midwife, the physician may not be held liable for the collaboration or work with the certified direct entry midwife.**

SECTION 67. IC 34-30-2-99.8 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION** TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 99.8. IC 25-23.4-8-2 (Concerning a physician for the errors or omissions of a certified direct entry midwife).**

SECTION 68. IC 36-2-13-19 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION** TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 19. (a) This section applies to a person who:**

- (1) is subject to lawful detention;**





- (2) incurs or will incur medical care expenses that are not otherwise reimbursable during the lawful detention;
- (3) is unwilling or unable to pay for the person's own health care services; and
- (4) is potentially eligible for Medicaid (IC 12-15).

(b) For a person described in subsection (a), the sheriff is the person's Medicaid authorized representative and may apply for Medicaid on behalf of the person.

(c) A sheriff and the office of the secretary of family and social services shall enter into a written memorandum of understanding providing that the sheriff shall reimburse the office of the secretary for administrative costs and the state share of the Medicaid costs incurred for a person described in this section.

(d) Reimbursement under this section for reimbursable health care services provided by a health care provider, including a hospital, to a person as an inpatient in a hospital must be as follows:

- (1) For individuals eligible under the Indiana check-up plan (IC 12-15-44.2), the reimbursement rates described in IC 12-15-44.2-14.
- (2) For individuals other than those described in subdivision (1) who are eligible under the Medicaid program, the reimbursement rates provided under the Medicaid program, except that reimbursement for inpatient hospital services shall be reimbursed at rates equal to the fee-for-service rates described in IC 16-21-10-8(a)(1).

Hospital assessment fee funds collected under IC 16-21-10 or the Indiana check-up plan trust fund (IC 12-15-44.2-17) may not be used as the state share of Medicaid costs for the reimbursement of health care services provided to the person as an inpatient in the hospital.

(e) The state share of all claims reimbursed by Medicaid for a person described in subsection (a) shall be paid by the county.

SECTION 69. [EFFECTIVE JULY 1, 2015] (a) Before October 1, 2016, the office of the secretary of family and social services shall report to the general assembly in an electronic format under IC 5-14-6 the following information:

- (1) The number of individuals who received health care services under:
  - (A) IC 11-10-3-7(b), as amended by this act; and
  - (B) IC 36-2-13-19, as added by this act.
- (2) The total reimbursement cost for these individuals.



**(b) This SECTION expires December 31, 2016.**  
**SECTION 70. An emergency is declared for this act."**  
Delete pages 46 through 47.  
Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 465 as printed February 13, 2015.)

CLERE

Committee Vote: yeas 13, nays 0.

